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|  | **All District Health Boards** |
| **ADDICTION SERVICES -****MANAGED WITHDRAWAL- HOME / COMMUNITY****MENTAL HEALTH AND ADDICTION SERVICES****TIER THREE****SERVICE SPECIFICATION** |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | **NON-MANDATORY** |
| **Review History** | **Date** |
| First Published on NSFL | January 2010 |
| **Amended**: clarified reporting requirements | February 2013 |
| **Amended:** added MHD78S purchase unit code, removed standard provider monitoring reporting tables. Minor editing. | April 2017 |
| Consideration for next Service Specification Review | Within five years |

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site <http://www.nsfl.health.govt.nz>

**ADDICTION SERVICES - MANAGED WITHDRAWAL- HOME / COMMUNITY**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHD78, MHD78A, MHD78B, MHD78C, MHD78D, MHD78S**

This tier three service specification for Managed Withdrawal- Home / Community Service (the Service) must be used in conjunction with the tier one Mental Health and Addiction Services and tier two Addiction Services service specifications.

1. **Service Definition**

Community managed withdrawal services are generally provided as a planned intervention, matching the needs of the Service Users. Involvement with and or entry to other substance abuse treatment services then usually occurs.

The Service is available within outpatient and community settings.

Assessments for managed withdrawal are conducted primarily by community clinicians in accordance with clinical guidelines. These are developed by the Service and subjected to peer review.

These Services will:

* perform the assessment
* facilitate access to any medical, nursing and/or general mental health service input required
* refer and arrange admission to the appropriate level of managed withdrawal service (see also Managed Withdrawal - Inpatient Services service specification, or to any other treatment services)
* provide mobile home managed withdrawal service or provide a community based managed withdrawal service (that is non-hospital 24-hour supervised care setting in the community)
* liaise with approved referrers regarding referral to community based alcohol and other drug treatment and or managed withdrawal
* facilitate access to medical, nursing or other mental health services as required
* provide consultation and or liaison to primary care workers and other health and social service workers
* medication may or may not be required to assist the managed withdrawal process
* ensure the Service User is linked into services to help support and maintain their recovery.

Wherever possible, managed withdrawal will form part of a negotiated treatment plan, rather than as an emergency service.

For crisis and or acute cases in some centres, generic community alcohol and other drug services (including Kaupapa Māori Mental Health Services) may refer to emergency services, the persons’ General Practitioner or to specialist inpatient managed withdrawal services. Such arrangements should be in accordance with pre-established referral protocols.

Upon discharge, attention will be paid to ensure the Service User is linked into services to help support and maintain their recovery.

1. **Service Objectives**

To provide programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people who experience co-existing mental health problems.

* 1. **Māori Health**

Refer to the tier one Mental Health and Addiction Services service specification.

**3. Service Users**

Refer to the tier one Mental Health and Addiction Services service specification.

**4. Access**

**4.1 Entry Criteria**

Referral is from other alcohol and other drug services, emergency services, and general practitioners in consultation with alcohol and other drug community assessment and treatment services.

**5. Service Components**

**5.1 Processes**

The processes include but are not limited to the following: engagement; assessment, information provision, treatment, medication management; consultation, liaison, advocacy, support, review process and discharge.

**5.2 Settings**

This Service may be provided in the Service User’s home or (in accordance with the needs of the individual) within alcohol and other drug treatment and or care facilities, or within a range of other community settings including marae or specifically designated managed withdrawal settings.

**5.3 Key Inputs**

Medical staff will provide oversight of this Service. The Service will be delivered by people with skills and experience in alcohol and other drug withdrawal, and who belong in one of the following categories:

* health professionals regulated by the Health Practitioners Competence Assurance Act 2003
* people regulated by the Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ) or another health or social service professional body.

**5.4. Pacific Health**

The Service must take account of key strategic frameworks, principles and be relevant to Pacific health needs and identified concerns. For regions that have significant Pacific populations, the Service must link service delivery to the improvement of Pacific health outcomes. Overall, the Service activity should contribute to reducing inequalities.

**6. Service Linkages**

Linkages are as described in tier one Mental Health and tier two Addiction Services and Addiction service specifications.

**7.** **Purchase Units and Reporting Requirements**

**7.1** Purchase Unit (PU) codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHD78 | Managed withdrawal home community | Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings.  | Available Bed Day |
| MHD78A | Managed withdrawal home community – Senior medical staff | Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by senior medical staff. | FTE |
| MHD78B | Managed withdrawal home community – Junior medical staff | Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by junior medical staff. | FTE |
| MHD78C | Managed withdrawal home community – Nursing and allied health staff | Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by nursing and allied health staff.  | FTE |
| MHD78D | Managed withdrawal home community – Non-clinical staff | Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings. The service is provided by non-clinical staff. | FTE |
| MHD78S | Managed withdrawal home community | Service providing programmes that support a controlled and safe withdrawal from alcohol and other drugs. The programmes will acknowledge and work with people with co-existing mental health problems. These programmes are available within outpatient and community settings | Service |

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| **Unit of Measure** | **Unit of Measure Definition** |
| Available Day Bed | Total number of inpatient beds that are available to be occupied during the period multiplied by the number of days they are available during that period. To be counted as available the bed must be resourced, and either empty or occupied by a user of this service. |
| FTE | Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement. |

**7.2 Reporting**

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email performance\_reporting@moh.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)