Mental Health and Addictions Services

Child, Adolescent and Youth Intensive Clinical Support Service

**Tier 3** Service Specification

September 2024

# Contents

1.	Status				
2.	Review History	2			
3.	Introduction				
4.	Service Definition				
5.	Service objectives				
6.	Service Users4				
7.	Access				
8.	Service Components				
8	8.1 Processes	4			
8	3.2 Settings	5			
8	8.3 Key Inputs	5			
9.	Service Linkages	5			
10.	Exclusions	5			
11.	Quality Requirements	5			
12.	Purchase Units and Reporting Requirements	6			
13.	Reporting	7			
Glo	ossary	7			
Ann	pendices	7			

### 1. Status

# Approved to be used for mandatory nationwide description of services to be provided.

### MANDATORY ☑ RECOMMENDED ☑

Recommended – these are centralized and recommended specifications to be used by Districts for purchasing services, they may be used to enable providers to transition to meeting a Mandatory specification over time. Districts are expected to move to a mandatory specification when renewing or varying an agreement].

## 2. Review History

Review History	Date	
First Published on NSFL	June 2009	
Amended: clarified reporting requirements, completed PU table. Corrected title, edited for consistency	April 2013	
<b>Amended:</b> added MHI46S purchase unit code, removed standard provider monitoring reporting tables. Minor editing.	April 2017	
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024	
Consideration for next Service Specification Review	Within five years	

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. <a href="https://www.nscalance.ncb///www.nscalance.ncb//www.nscal

Nationwide Service Framework Library web site here

### 3. Introduction

This tier three service specification for Child, Adolescent and Youth- Intensive Clinical Support Service (the Service) is linked to tier one Mental Health and Addiction Services and tier two Infant, Child, Adolescent and Youth service specifications.

### 4. Service Definition

The Service will include intensive clinical assessment and treatment services to children, adolescents and youth with serious mental health problems and complex needs. The Service will be mobile and able to be provided to children, adolescents and youth and their family/whānau or carers in their home/school environment.

The Service will also include but is not limited to:

- facilitation of a comprehensive assessment and the development of an individualised inter-agency plan for each child, adolescent or youth and their family/whānau
- development of an inter-agency team, including the primary care provider, specific to each child, adolescent or youth (with an identified 'case manager' who may or may not be a member of the intensive clinical support team)
- provision of evidence-based therapeutic interventions for individuals and their families/whānau (including medication where appropriate)
- development and implementation of intensive behavioural programmes in the child, adolescent or youth's home or school environment
- training and support with mental health issues for foster parents and other carers selected by CYF to provide care to this group of young people
- development and maintenance of a collaborative working relationship with all key agencies providing services to children, adolescents and youth in the local area
- management of access to support services and packages of care.

Service providers will ensure services:

- are individualised and tailored to the specific needs of each child, adolescent or youth and their family/whānau or carers
- are provided in the child, adolescent or youth's usual home or school environment
- access will not exclude children, adolescents and youth from using other mental health, education or welfare services for which they are eligible
- are integrated within the continuum of existing health, welfare and education service and providers will place an emphasis on working collaboratively with these other agencies.

The Service will place an emphasis on ensuring that whenever possible the child, adolescent or youth and their family/whānau are assisted to access existing health, social and education services within their local community.

It is expected that there will be improved access to services for the more complex client group.

# 5. Service objectives

#### 5.1.1 General

To provide intensive clinical assessment and treatment services that will enable children and youth who have serious mental health problems, and who face huge social adversity, such as serious parental mental illness, poverty and/ or long-term exclusion from school, and who are under the care of Child, Youth and Family Services (CYF), to achieve their maximum possible level of wellbeing.

ICSS services will ensure that Service Users live safely and effectively in a family/whānau environment and maintain appropriate social and educational relationships.

#### 5.1.2 Māori Health

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

### 6. Service Users

The Service Users are eligible children, adolescents and youth under the care of Child, Youth and Family services.

### 7. Access

### 7.1.1 Entry and Exit Criteria

The Service will be required to develop criteria and processes for access to the service in conjunction with the local CAMHS and CYF services. It is expected that decisions regarding access to the services will be made in conjunction with local CYF and CAMHS services, with an initial CAMHS assessment. Priority for access will be given to those young people with the most complex needs.

#### 7.1.2 Distance

Not Required

#### 7.1.3 Time

The Service will offer flexibility in the hours of operation to ensure that, where possible, services are provided at times most convenient to the young person and their family/whānau. Whilst the Service is not required to provide 24-hour, seven days per week crisis services it will ensure that current Service Users have access to appropriate afterhours crisis services.

# 8. Service Components

#### 8.1 Processes

The following processes apply but are not limited to: assessment, treatment, intervention and support, review and discharge.

### 8.2 Settings

The Service is provided in community based settings.

### 8.3 Key Inputs

The Services are provided by a multi-disciplinary team of people with skills and experience in mental health intervention, treatment and support, made up of:

- health professionals regulated by the Health Practitioners Competence Assurance Act 2003
- people regulated by a health or social service professional body
- people who interact with Service Users and who are not subjected to regulatory requirements under legislation or by any other means
- staff that are highly skilled and experienced clinicians who are versed in a range of interventions for Service Users with high mental health needs. The ability to work safely, relatively autonomously and with inter-agency partners is required.
- mentors who are not health professionals may be brokered to assist the individual Service User.

Each clinical full-time equivalent (FTE) working in the Service will have a caseload of between four and six people at any one time depending on the Service User acuity, level of agency involvement and model of service delivery. It is therefore expected that the frequency and intensity of contact between the Service Users and clinicians will be much greater than would be expected in a general community mental health service.

The consequent level of clinical supervision will also be more frequent than for general community mental health services.

# 9. Service Linkages

Linkages include, but are not limited to the following described in tier one Mental Health and Addiction Services and tier two Infant, Child, Adolescent and Youth service specifications.

### 10. Exclusions

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

# 11. Quality Requirements

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

# 12. Purchase Units and Reporting Requirements

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU Code	PU Description	PU Definition	PU Measure
MHI46A	Child, adolescent and youth intensive clinical support - Senior medical staff	Mobile service to provide intensive clinical assessment and treatment to enable children, adolescents and youth with serious mental health problems and needs achieve their maximum possible level of wellbeing. The service includes: parental mental illness, poverty, and/or long term exclusion from school. The service is to be delivered by senior medical staff with skill and experience in mental health intervention, treatment and support	FTE
MHI46B	Child, adolescent and youth intensive clinical support - Junior medical staff	Mobile service to provide intensive clinical assessment and treatment to enable children, adolescents and youth with serious mental health problems and needs achieve their maximum possible level of wellbeing. The service includes: parental mental illness, poverty, and/or long term exclusion from school. The service is to be delivered by junior medical staff with skill and experience in mental health intervention, treatment and support	FTE
MHI46C	Child, adolescent and youth intensive clinical support – Nursing and/or allied health staff	Mobile service to provide intensive clinical assessment and treatment to enable children, adolescents and youth with serious mental health problems and needs achieve their maximum possible level of wellbeing. The service includes: parental mental illness, poverty, and/or long term exclusion from school. The service is to be delivered by nurses and/or allied health and social support with skill and experience in mental health intervention, treatment and support	FTE
MHI46D	Child, adolescent and youth intensive clinical support – Non clinical staff	Mobile service to provide intensive clinical assessment and treatment to enable children, adolescents and youth with serious mental health problems and needs achieve their maximum possible level of wellbeing. The service includes: parental mental illness, poverty, and/or long term exclusion from school. The service is to be delivered by non-clinical staff with skill and experience in mental health intervention, treatment and support	FTE
MHI46S	Child, adolescent and youth intensive clinical support	Mobile service to provide intensive clinical assessment and treatment to enable children, adolescents and youth with serious mental health problems and needs achieve their maximum possible level of wellbeing. The service includes: parental mental illness, poverty, and/or long term exclusion from school. The service is to be delivered by staff with skill and experience in mental health intervention, treatment and support	Service

Explanations of the units of measure (UOM) from the above table are here:

Unit of Measure	Unit of Measure Definition
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

# 13. 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.

Unless otherwise specified in the agreement, the following reporting information will be emailed to The Performance Reporting Team at: <a href="mailto:performance\_reporting@health.govt.nz">performance\_reporting@health.govt.nz</a>

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications<sup>1</sup> may be used for performance monitoring if specified as agreed with the Funder.

# **Glossary**

Not required

# **Appendices**

Not required

<sup>&</sup>lt;sup>1</sup> 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