

Mental Health and Addiction Services

Infant, Child, Adolescent and Youth Acute Package of Care

Tier 3 Service Specification

September 2024

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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 |
| Amendments: Removal of unapproved Purchase Unit MHIK40. Minor editing changes for consistency. | February 2011 |
| Amendments: clarified reporting requirements, edited for consistency. | March 2013 |
| Amendments: added MHI45S 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. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier three service specification for Infant, Child, Adolescent and Youth Acute Package of Care (the Service) must be used in conjunction with tier one Mental Health and Addiction Services and tier two Infant, Child, Adolescent and Youth service specifications.

4. Service Definition

The Service will include acute packages of care that are:

- well integrated with other specialist child and youth mental health services
- focused to ensure active treatment, crisis intervention and prevention of the escalation or development of the Service User's illness, prevention of disability, and the prevention of the development of dependency
- supports the family and whānau to continue to care for / support the infant, child, adolescent or youth in the home
- conscious of the safety needs of the Service Users, their family and whānau and community, including staff, reflecting that some Service Users may present a risk of suicide, self-harm or danger to others
- delivered in accordance with a comprehensive system of risk management within which least restrictive intervention strategies will be determined.

5. Service objectives

5.1 General

To provide individually tailored packages of care / treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness / mental health problem.

Individualised treatment plans and relapse prevention plans are developed or refined for each person using the Service. These plans are comprehensive, based on assessed needs, and include identified goals for the period of treatment / care. Plans are developed in conjunction with the Service User and their family and whānau, with relevant community service involvement and, where appropriate, other carers.

The provider will be responsible for:

- the development and funding of individualised packages of treatment / care aimed at meeting the specific needs of each young person and their family and whānau
- reviewing and monitoring the safety and appropriateness of each acute package of care and modifying according to need
- ensuring an emphasis is placed on the provision of treatment and support in an environment and context that is safe and familiar for the young person and their family and whānau

- ensuring the service is delivered in a way that is appropriate for the age and developmental status of the Service User, by or under the supervision of staff with suitable child and youth expertise or experience
- ensuring that acute packages of care are culturally appropriate and safe for each individual and their family and whānau
- ensuring that criteria and guidelines are in place to manage entry to and exit from the service, including criteria for prioritisation of referrals
- ensuring that acute care funding is not used to duplicate existing services but is used to provide supports that are additional to those provided by existing health, welfare and support agencies and to those services provided by the other specialist child and adolescent mental health services
- management of the acute care funding within the annual budget and ensuring that the available funding is used efficiently and effectively.

It is expected that there will be resolution of the acute episode thereby avoiding hospital admission. The child, adolescent or youth is linked with appropriate ongoing supports.

The Service provider may enter into subcontracting arrangements with other organisations for the seamless delivery of components of the package but will be accountable for the total package deliverables.

Acute packages of care are expected to have a duration of less than three weeks at any one time. Any extension to this timeframe will be rare and expected to comply with locally agreed protocols.

5.2 Māori Health

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

6. Service Users

The Service Users include eligible infants, children, adolescents and youth.

7. Access

Access to the Service will be via the community-based specialist child and youth mental health service.

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 a community based setting.

8.3 Key Inputs

The Service is 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 with training, skills and expertise in mental health intervention, treatment and support, for infants, children, adolescents and youth
- staff with the ability to recognise underlying mental health and developmental issues.

9. Service Linkages

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

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 | Unit of Measure |
|---------|---|--|------------------|
| MHI40 | Infant, child, adolescent and youth acute care packages | Individually tailored packages of care/ treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness/mental health problem. The patients through the packages are to receive active treatment, crisis intervention and prevention of the escalation of illness, prevention of disability and development of dependency. The packages are provided by a multi-disciplinary team of people with skills and experience in mental health intervention, treatment and support | Occupied bed day |

| PU Code | PU Description | PU Definition | Unit of Measure |
|----------------|---|--|------------------------|
| MHI40A | Infant, child, adolescent and youth acute care packages - Senior medical staff | Individually tailored packages of care/ treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness/mental health problem. The patients through the packages are to receive active treatment, crisis intervention and prevention of the escalation of illness, prevention of disability and development of dependency. The packages are provided by senior medical staff, trained in mental health intervention, treatment and support. | FTE |
| MHI40B | Infant, child, adolescent and youth acute care packages - Junior medical staff | Individually tailored packages of care/ treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness/mental health problem. The patients through the packages are to receive active treatment, crisis intervention and prevention of the escalation of illness, prevention of disability and development of dependency. The packages are provided by junior medical staff, trained in mental health intervention, treatment and support. | FTE |
| MHI40C | Infant, child, adolescent and youth acute care packages – Nursing and/or allied staff | Individually tailored packages of care treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness. The patients through the packages are to receive active treatment, crisis intervention and prevention of the escalation of illness, prevention of disability and development of dependency. The packages are provided by nurses and/or allied health staff, trained in mental health intervention, treatment and support. | FTE |
| MHI40D | Infant, child, adolescent and youth acute care packages - Non-clinical staff | Individually tailored packages of care/ treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness/mental health problem. The patients through the packages are to receive active treatment, crisis intervention and prevention of the escalation of illness, prevention of disability and development of dependency. The packages are provided by non-clinical support staff. | FTE |
| MHI40E | Infant, child, adolescent and youth acute care packages – Cultural staff | Individually tailored packages of care/ treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness/mental health problem. The patients through the packages are to receive active treatment, crisis intervention and prevention of the escalation of illness, prevention of disability and development of dependency. The packages are provided by cultural staff. | FTE |
| MHI40S | Infant, child, adolescent and youth acute care packages | Individually tailored packages of care/ treatment for infants, children, adolescents and youth who are experiencing an acute episode of a serious mental illness/mental health problem. The patients through the packages are to receive active treatment, crisis intervention and prevention of the escalation of illness, prevention of disability and development of dependency | Service |

Explanations of the units of measure (UOM) from the purchase unit table.

| 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. |
| Occupied bed day | Total number of beds that are occupied each day over a designated period. For reporting purposes, count beds occupied as at 12 midnight of each day. Leave days, when the bed is not occupied at midnight are not counted. Counting formula is discharge date less admission date less leave days. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

13. Reporting Requirements

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: performance_reporting@health.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications¹ may be used for performance monitoring if specified as agreed with the Funder.

14. Glossary

Not required

15. Appendices

Not required

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.nsf.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services