

# **Mental Health and Addiction Services**

## **Needs Assessment and Service Coordination Infant, Child, Adolescent and Youth Services**

### **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              |
|---|-------------------|
| Published on NSFL   | June 2009         |
| <b>Amended:</b> clarified reporting requirements, completed PU table. Corrected title, edited for consistency   | March 2013        |
| <b>Amended:</b> added MHA51S 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](mailto:NSF@tewhatuora.govt.nz)

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

### 3. Introduction

This tier three service specification for Needs Assessment and Service Coordination for Infant, Child, Adolescent and Youth (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 work with the infant, child, adolescent or youth, their family/whānau and significant others, to assess their needs and plan and co-ordinate appropriate services.

Needs assessments are undertaken to identify individual strengths and supports/activities required that are likely to lead to resilience and recovery outcomes for the individual and their family/whānau.

### 5. Service objectives

#### 5.1 General

To facilitate the access of infants, children, adolescent and youth to a range of community-based resilience, recovery and support services. Access to those services is facilitated through the processes of comprehensive support needs assessment and prioritisation according to identified needs in a timely fashion.

#### 5.2 Māori Health

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

### 6. Service Users

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

### 7. Access

Needs assessment/service co-ordination services may provide the above services to people with addictions in addition to those people with severe mental health problems, according to local requirements/agreements between funders and service providers.

### 8. Service Components

#### 8.1 Processes

The following processes apply but are not limited to: needs assessment, service planning, and co-ordination.

##### 8.1.1 Needs assessment:

The assessment process meets the requirement of the Standards for Needs Assessment and Service Co-ordination (Ministry of Health 1994) and utilises a recognised best practice assessment tool. The assessment process includes:

- identification and prioritisation of Service User needs both support and developmental needs within the context of their family/whānau
- gathering of the essential information
- independent advocacy, where required
- attention to any immediate needs that may interfere with the person's ability to participate in a support needs assessment
- attention to cultural needs
- attention to infant, child, adolescent or youth educational requirements and/or employment concerns within the family/whānau context
- attention to infant, child, adolescent or youth housing, social, recreational and financial concerns within the family/whānau context
- further specialist, cultural and/or clinical assessments as determined by the infant, child, adolescent or youth's need
- recognition and attention to support needs even when there is no obvious service response available.

Needs assessments are then repeated and updated at not greater than six monthly intervals as circumstances change.

Family/whānau are engaged, where possible, in the assessment process. Where a Service User is Māori, assessment will include a cultural needs assessment with their whānau present (in accordance with principles of informed consent) in the assessment process. The infant, child, adolescent or youth's preference within a family/whānau context in relation to access to Māori health and social service options will be identified as appropriate during the needs assessment process. Such access will be facilitated as required.

### **8.1.2 Service Planning:**

This includes:

- accessing an up-to-date directory on mental health/community services
- identification of current services involved in meeting aspects of the Service User's needs and remaining unmet needs
- identification of the Service User's own and natural supports
- identification of Service User's priorities and preference for service provision
- identification and documentation of actions that are necessary to address those unmet needs and to achieve agreed goals
- ensuring Service Users make connections with identified services.

When needs cannot be met from publicly funded services, referrals will be made to a range of other community-based services as appropriate in accordance with the assessment.

There will be monitoring of service provision, fine tuning and change of services to suit changing situations.

A formal review of service suitability will be undertaken at not more than six monthly intervals.

### **8.1.3 Co-ordination:**

This includes:

- facilitating access to community mental health and disability support services (where needed) that will enable people with mental illnesses to lead their lives as independently and productively as possible
- developing practical service and support options to address identified infant, child, adolescent or youth needs, utilising public, private and voluntary services
- prioritising the needs of the infant, child, adolescent or youth and management of demand for available services by determining the relative priority between those accessing services
- developing a service or 'lifestyle' plan
- matching available resources with needs
- managing an allocation for carer relief or home support
- access management to support services in accommodation settings.

## **8.2 Settings**

The Service is provided in a community based setting.

## **8.3 Key Inputs**

Services will be provided by:

- 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 qualifications in assessing, planning and co-ordination, Service Users, people with experience of disability, cultural workers and health professionals.
- Staff will have at least two years of working in the mental health sector, with an understanding around how to establish the correct service delivery for Service Users and the extent and limitations on what service providers can offer at a local level.

## **9. Service Linkages**

Linkages include, but are not limited to the following described in tier one Mental Health and Addiction Specialist 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

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 |
|---------|--|--|-----------------|
| MHI51A  | Infant, child, adolescent and youth services - NASC - Senior medical staff               | A needs assessments service to facilitate the access of infants, children, adolescent and youth to a range of community-based resilience, recovery and support services. The needs assessment process includes: developmental needs within the context of family/whanau, cultural needs, educational, housing social, recreational and financial concerns within the family/whanau context. The service is provided by senior medical staff trained in mental health intervention, treatment and support.              | FTE             |
| MHI51B  | Infant, child, adolescent and youth services – NASC – Junior medical                     | A needs assessments service to facilitate the access of infants, children, adolescent and youth to a range of community-based resilience, recovery and support services. The needs assessment process includes: developmental needs within the context of family/whanau, cultural needs, educational, housing social, recreational and financial concerns within the family/whanau context. The service is provided by junior medical staff trained in mental health intervention, treatment and support.              | FTE             |
| MHI51C  | Infant, child, adolescent and youth services - NASC – Nursing and/or allied health staff | A needs assessments service to facilitate the access of infants, children, adolescent and youth to a range of community-based resilience, recovery and support services. The needs assessment process includes: developmental needs within the context of family/whanau, cultural needs, educational, housing social, recreational and financial concerns within the family/whanau context. The service is provided by nurses and/or allied health staff trained in mental health intervention, treatment and support. | FTE             |
| MHI51D  | Infant, child, adolescent and youth services – NASC- Non clinical staff                  | A needs assessments service to facilitate the access of infants, children, adolescent and youth to a range of community-based resilience, recovery and support services. The needs assessment process includes: developmental needs within the context of family/whanau, cultural needs, educational, housing social, recreational and financial concerns within the family/whanau context. The service is provided by non-clinical staff trained in mental health intervention, treatment and support.                | FTE             |

| PU Code | PU Description                                      | PU Definition   | Unit of Measure |
|---------|---|---|-----------------|
| MHI51S  | Infant, child, adolescent and youth services - NASC | A needs assessments service to facilitate the access of infants, children, adolescent and youth to a range of community-based resilience, recovery and support services. The needs assessment process includes: developmental needs within the context of family/whanau, cultural needs, educational, housing social, recreational and financial concerns within the family/whanau context. | 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. |
| 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](mailto:performance_reporting@health.govt.nz)

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.

## 14. Glossary

Not required

## 15. Appendices

Not required

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<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.nsf.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services](http://www.nsf.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services)