

## ADULT COMMUNITY SUPPORT SERVICES

### TIER LEVEL THREE

### SERVICE SPECIFICATION

**STATUS:**

Approved for recommended use for nationwide non-mandatory description of services to be provided.

**RECOMMENDED**

Review History	Date
Approved by Nationwide Service Framework Coordinating Group (NCG)	June 2009
Published on NSFL	June 2009
Working Party Review	April 2009
Consideration for next Service Specification Review	Within three years

Note: Contact the Service Specification Programme Manager, Sector Accountability and Funding, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>

**ADULT COMMUNITY SUPPORT SERVICES  
TIER THREE  
SERVICE SPECIFICATION  
MHA20C, MHA20D, MHA20E, MHA20F, MHA20D**

This tier three service specification for Adult Community Support Services (the Service) is linked to tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications.

It includes the following: Home-based Support Services, Community Support Work and Support for Independence.

### **1. Service Definition**

The Service will include:

- facilitating a recovery plan with the Service user and include any other persons that the Service user deems appropriate for the development of this recovery plan
- where possible, provision of culturally preferred support options for the Service user
- assisting the Service user to access a range of services, including community-based activities, social networks, health intervention, education, employment options, vocational and social services
- when appropriate, collaboration with clinical mental health services
- facilitating, where appropriate, linkages to natural supports and strengths within the family/whānau
- facilitating linkages to natural supports and strengths with the wider community to improve independence
- when required, assisting the Service user to manage household tasks and activities of daily living, including personal care
- the Service will ensure that an appropriate support worker is assigned to the Service user, that is, age, gender and culturally compatible
- support hours may be available seven days a week
- visits normally pre-arranged by mutual agreement between the Service user and support worker, but there should be flexibility to allow for unexpected needs
- documented support hours and service expectations that are clearly communicated to the service user.

The Service will be:

- person centred and responsive to individual consumer needs
- recovery focused and enable the service user to lead their own recovery
- able to provide choice, promote independence and value diversity
- aligned to community development
- aimed to have a family systems/whānau ora philosophy to facilitate ongoing sustainable recovery/whānau ora.

Active working relationships are established with other community agencies and where appropriate with community mental health services to ensure effective co-ordination of the service user's recovery plan.

## **2. Service Objectives**

The Service is person centred and will provide flexible mobile community-based support services for service users who are living independently, but not necessarily alone, in their community. The Services are for people living with mental illness who require support in relation to family/whānau, community living, education, employment and self-management of their wellbeing.

The Service may be provided to individual service users or delivered as a group programme, or a combination of both individual and group activity.

### **2.1 Māori Health**

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

## **3. Service Users**

The Service users are eligible adults as detailed in the tier two Adult Mental Health service specification.

## **4. Access**

### **4.1 Entry and Exit Criteria**

Referrals to the Service are from needs assessment/service co-ordination, community mental health teams, acute mental health inpatient services, self-referrals and referrals from whānau.

## **5. Service Components**

### **5.1 Processes**

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

### **5.2 Settings**

The Service is community based.

### **5.3 Key Inputs**

The Service is provided by staff with appropriate attitudes, qualifications, competencies, skills and experience in meeting the support needs of people with experience of mental illness and who are acceptable to the Service user.

## 6. Service Linkages

Linkages include, but are not limited to the following described in tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications.

## 7. Quality Requirements

The Service must comply with the Provider Quality Standards (PQS) described in the Operational Policy Framework (OPF) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

## 8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	Unit of Measure	Reporting Requirements
MHA20C	Adult community support services – Nurses & allied health staff	FTE	PRIMHD
MHA20D	Adult community support services – Non-clinical staff	FTE	PRIMHD
MHA20E	Adult community support services - Cultural staff	FTE	PRIMHD
MHA20F	Adult community support services - Peer support staff	FTE	PRIMHD
MHAK20D	Adult community support services - Kaupapa Māori - Non-clinical	FTE	PRIMHD

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

**After PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	Group sessions delivered
Monthly	Consultation/liaison training sessions
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Number of suicides of current clients
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number. of FTEs in each of these groups: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Psychology</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Maori Mental Health</li> <li>• Other</li> </ul>

**Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	First face-to-face contact with individual/family
Monthly	Follow up face-to-face contact with individual/family
Monthly	Group sessions delivered
Monthly	Face-to-face contact group
Monthly	Consultation/liaison contact
Monthly	Consultation/liaison training sessions
Monthly	Number completed support needs assessments
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Quarterly	Senior medical FTE
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Average length of stay
Quarterly	Number of suicides of current clients
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number of FTEs in each of these groups: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Psychology</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Maori Mental Health</li> <li>• Other</li> </ul>