

## COMMUNITY DAY PROGRAMME

### 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/>

**COMMUNITY DAY PROGRAMME  
TIER THREE  
SERVICE SPECIFICATION  
MHA16A, MHA16B, MHA16C, MHA16D, MHA16E, MHA16F**

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

### **1. Service Definition**

The Service will include:

- assessment or re-assessment of clinical conditions/functional abilities
- medication review and stabilisation
- specific programmes for symptom reduction, enhancement of function, and education and information
- a goal-oriented, recovery-focused, skill development programme that increases the service user's ability to manage their own illness, achieve life goals, develop positive relationships, develop problem-solving skills, consultation/support to family/whānau and significant others.

Individual Service user recovery plans will be developed in accordance with formally assessed needs. The plans are developed in conjunction with the service user and relevant carers, and with other health and social agencies and community mental health services actually or potentially involved in the person's care – enabling a comprehensive approach to meeting the identified needs. Progress against plans and identified goals will be reviewed at specified intervals, with modification of plans accordingly.

Plans will aim to:

- meet individual needs
- assist integration into the community
- maintain cultural links
- maintain family/whānau links
- educate the service user and their carers about illness, symptoms and the management of symptoms.

A comprehensive range of community-based development options will include:

- specialist assessment
- ongoing monitoring of symptoms and regular review of progress and treatment at specified intervals
- attention to matters in relation to maintenance of health, relapse prevention, early detection and intervention for relapses of illness, problem prevention and promotion of good mental health
- occupational therapy
- recreational activities

- social skills training
- domestic skills training
- assertiveness and self-esteem building
- development of cultural links
- access to vocational activities
- assistance and coaching with budgeting and financial goals.

It may also include:

- pharmacotherapy and bio-medical investigations and interventions
- psychological treatments/therapy

Where required, transport to and from the facility is provided or arranged by the service. Meals are provided at no cost to the Service user.

## **2. Service Objectives**

The Service provides an assessment, treatment, therapy and support, recovery-oriented rehabilitative programme. Day treatment programmes are fully integrated into the continuum of acute and support services to ensure the smooth transition for individuals from one service to another.

### **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**

Referral to the Service is from community or inpatient mental health services.

## **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:

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.

### 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 Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	Unit of Measure	Reporting Requirements
MHA16A	Community day programme - Senior medical staff	FTE	PRIMHD
MHA16B	Community day programme - Junior medical staff	FTE	PRIMHD
MHA16C	Community day programme - Nursing and/or allied staff	FTE	PRIMHD
MHA16D	Community day programme - Non-clinical staff	FTE	PRIMHD
MHA16E	Community day programme - Cultural staff	FTE	PRIMHD
MHA16F	Community day programme - Peer support staff	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
Quarterly	Number of "day places" available
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
Quarterly	Number of "day places" available
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>