

## **Funding and Service Agreement<sup>1</sup>**

### **Suicide Crisis Intervention Centre**

#### **I Service Definition**

##### **Introduction**

The Suicide Crisis Intervention Centre (the Centre) aims to provide immediate crisis intervention and intensive counselling service to those who are in crisis situation and at moderate/high suicidal risk through a package of integrated services. Apart from the core crisis intervention service, the Centre also works with other service units operated under its agency and other related organisations to render other preventive and supportive service to persons affected by suicidal behaviours.

##### **Objectives**

The objectives of Suicide Crisis Intervention Centre are :

- (a) to provide round-the-clock immediate crisis intervention and intensive service counselling to persons in crisis situation and at moderate/high suicidal risk through an integrated approach;
- (b) to help suicidal persons to regain confidence in life, aware of their competency and potential to cope, build up resiliency with stress and strengthen capacity to cope with future crisis;
- (c) to provide supportive services to survivors and other persons affected by suicidal behaviours proactively by different means such as through internet; and
- (d) to carry out related work on suicide prevention through synergy with other service units or agencies.

##### **Nature of service**

The Centre should provide prompt round-the-clock and intensive crisis service to persons in crisis situation and at moderate/high suicidal risk. Crisis intervention will normally last for 2 weeks, followed by an intensive intervention phase of about six weeks. During the six to eight weeks, outreaching service, intensive counselling and

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<sup>1</sup> This Funding and Service Agreement is a sample document for reference only.

therapeutic group sessions will be provided to help service users tide over the suicidal crisis. For very acute cases, the Centre will maintain daily contacts with the service users; while for cases that have become stabilized, an average of two to three contacts per week will be made. When the crisis is over and the service users become stable, they will be referred out to other welfare service units (e.g. Integrated Family Service Centre) for follow-up services as appropriate. For cases in need of a longer period of supportive counselling, aftercare services up to 12 weeks will be provided by the Centre for prevention of subsequent suicidal attempts. Furthermore, service users will be provided an extended telephone follow-up thrice for risk assessment in the six-month period after case termination.

The services provided by the Centre include:

- (a) outreaching service to persons at moderate/high suicidal risk for crisis intervention;
- (b) intensive counselling/intervention service for around 6-8 weeks;
- (c) therapeutic group sessions for suicidal persons, survivors and other persons affected by suicidal behaviours;
- (d) aftercare services to persons in need of emotional support and brief counselling for a period up to 12 weeks to prevent subsequent attempts;
- (e) a family helpline for family members or persons in close contacts with suicidal persons for making suicide related enquiries and referrals;
- (f) support group service to suicidal persons, survivors and other persons affected by suicidal behaviours;
- (g) designated services to survivors including reaching-out service, continual counselling case service for at least 6-month period and volunteer training group service;
- (h) cyber services of regular searches of blogs and social media messages for early identification to those with suicidal tendency and managing/updating the blog of the Centre to convey meaningful and positive life attitude;
- (i) mutual referral network with the police, hospitals, related service units and local organisations, etc. to identify and assist suicidal persons and survivors;

- (j) consultation service to other agencies by giving advice on handling suicidal cases; and
- (k) training activities and public education programmes on suicide prevention through synergy with other related units.

**Target group**

The services provided by the Centre target to persons in crisis situation and at moderate/high suicidal risk. Supportive and preventive services will also be arranged for survivors and other persons affected by suicidal behaviours to facilitate the outcome of intervention for prevention of subsequent suicidal attempts.

**II Performance Standards**

The service operator shall meet the following performance standards:

**Outputs**

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u> (per year)
1	Number of new/reactivated cases receiving crisis intervention <sup>Note 1</sup> /intensive counselling <sup>Note 2</sup>	1,200
2	Number of therapeutic group sessions <sup>Note 3</sup> conducted	32
3	Number of cases provided with aftercare services <sup>Note 4</sup>	160
4	Number of support group <sup>Note 5</sup> or volunteer training group <sup>Note 6</sup> sessions conducted to survivors and other persons affected by suicidal behaviors	42
5	Number of new individuals/families engaged through the family helpline <sup>Note 7</sup>	200
6	Number of surviving families reached out <sup>Note 8</sup>	650
7	Number of counselling cases of surviving families newly taken up <sup>Note 9</sup>	100
8	Number of searches of blogs and social media messages	110,000

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level (per year)</u>
9	conducted <sup>Note 10</sup> Number of bloggers and social media accounts holders with suicidal tendency engaged in service(s) <sup>Note 11</sup>	300
10	Number of consultations offered to other agencies/personnel through means such as phone, on site and case conferences	160
11	Number of training materials produced for service users/professionals	2
12	Number of programmes or training activities conducted for service publicity such as mass programme, joint programme with related unit, conference and public seminar	6

### Outcomes

<u>Outcome Standard</u>	<u>Outcome Indicator</u> <sup>Note 12</sup>	<u>Agreed Level (per year)</u>
1	Percentage of closed cases with no or low suicidal risk upon receiving crisis intervention/intensive counselling	<b>85%</b>
2	Percentage of service users showing enhanced resiliency to adversities upon receiving crisis intervention/intensive counselling	<b>75%</b>
3	Percentage of service users showing low distress level upon receiving therapeutic group treatment	<b>85%</b>
4	Percentage of service users indicating satisfaction upon receiving support group or volunteer training group service	<b>85%</b>
5	Percentage of survivors having positive change upon receiving counselling case service	<b>75%</b>

(Key on definitions attached at the end of this Agreement)

**Essential Service Requirements**

- (a) The Centre should normally have at least 8 registered social workers/qualified clinical psychologists apart from a clinical director who should be a registered social worker with a recognised degree in social work.
- (b) The emergency outreaching duties to suicidal persons should be performed by a registered social worker / qualified clinical psychologist.

**Quality**

The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

**III. Obligation of SWD to the Service Operator**

SWD will undertake the duties set out in the General Obligation of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

**IV. Basis of Subvention**

The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

**Funding**

An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period as specified in the offer and notification letters issued by the SWD. This lump sum has taken into account the personal emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff and other charges (covering all other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation of the project and recognised fee income, if any. Rent and rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual and the LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments and other charges in line with the government-wide price adjustment factor. The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

### **Payment Arrangement, Internal Control and Financial Reporting Requirements**

Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

The service operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

The Service Operator has to submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the non-governmental organisation (NGO) as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorized representatives of the NGO, i.e. Chairperson/NGO Head/Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on cash basis and non-cash items like depreciation, staff leave accrual etc. should not be included in the AFR.

### **V. Validity Period**

This FSA is valid for a time-defined period as specified in the offer and notification letters issued by the SWD to the Service Operator. Should the Service Operator be in breach of any terms of condition of the Agreement and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD that the same be remedied, SWD may after expiry of such notice, terminate this Agreement by giving 30 days' notice in writing to the Service Operator.

Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Service Operator and the Service Operator

will be required to achieve new requirements in accordance with the specified implementation schedule.

Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. SWD reserves the right to reallocate the service.

## **VI. Other References**

Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the respective Service Specification, and the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail. The Service Operator's compliance with all these documents will be closely monitored by SWD.

<b>Keys</b>	<b>Definitions</b>
Note 1	Refer to cases with acute suicidal risk that require emergency response/ on the spot counselling for de-escalation of suicidal risk.
Note 2	Refer to cases in crisis situation that require intensive counselling service and/or group therapies, medical and social intervention.
Note 3	Therapeutic group is formed to facilitate intensive group counselling to service users and/or their family members. Each group should preferably have 6 or more participants and at least 4 sessions. Each group session normally lasts for 90 minutes or more.
Note 4	Aftercare services are rendered to service users who have overcome acute suicidal crisis but still in need of brief counselling to cope with stress and to build up resiliency. Aftercare cases should normally be completed in 12 weeks.
Note 5	Support group is formed for the purpose of providing emotional support and sharing of life experience by participants. Target participants are survivors, family members and other persons affected by suicidal behaviours. Each group should preferably have 6 or more participants and at least 4 sessions. Each group session normally lasts for 90 minutes or more.
Note 6	Volunteer training group is formed with an aim to equip survivors to join befriending service for other survivors. Each group should preferably have 6 or more participants and at least 4 sessions. Each group session normally lasts for no less than 90 minutes.
Note 7	Family helpline is set up for family members or persons in close contacts with suicidal persons for making suicide related enquiries and referrals.
Note 8	Surviving families reached out can be made through direct contact by crisis worker or through indirect contact by other disciplines such as police and social workers in other settings, etc., with the Centre's designated survivor services having been introduced.
Note 9	Refer to counselling case service to surviving families for a period of not less than 6 months to help them go through grief process by enhancing their resiliency.
Note 10	Regular searches of blogs through the popular search engines such as yahoo, google, and social media messages with suicide related keywords



to facilitate prevention through early identification of those bloggers and social media accounts holders with suicidal tendency.

Note 11 Refer to those bloggers and social media accounts holders having expressed suicidal intent repeatedly or deliberate suicidal plan as assessed by crisis worker. Crisis worker should initiate contact with those bloggers and social media accounts holders and engage them to use suitable service(s) as appropriate.

Note 12 Service operator should adopt the designated assessment tools as agreed below by the Department to measure the outcome level:

- Outcome Indicator 1 is measured by Items A(1- 4) and C of Suicide Assessment Chart. If a service user does not show any condition of moderate/high suicidal risk, he/she is assessed as low or no suicidal risk.
- Outcome Indicator 2 is measured by 抗逆力量表, with a pre- and post-test mechanism.
  - (i) For suicidal persons : measured by Items T1-T3;
  - (ii) For survivors and other persons affected by suicidal behaviors: measured by Items T6-T8.If a service user gets higher score in the post-test than in the pre-test, he/she is considered showing enhanced resiliency.
- Outcome Indicator 3 is measured by Q1-Q6 of 心理狀況量表 with a pre- and post-test mechanism. If a service user gets lower score in post-test than in the pre-test, he/she is considered showing low distress level after receiving therapeutic group treatment.
- Outcome Indicator 4 is measured by Item 3 of 支援性小組服務檢討表 or 訓練服務檢討表.
  - (i) If a service user gives point 5 or above in Item 3 of 支援性小組服務檢討表, he/she is considered showing satisfaction towards the support group service.
  - (ii) If a service user gives point 5 or above in Items 1.1 to 1.3 of 訓練服務檢討表, he/she is considered giving satisfactory comment towards volunteer training group service.
- Outcome Indicator 5 is measured by 情緒量表(自殺者親友個案), with a pre- and post-test mechanism. If a service user gets higher score in the post-test than in the pre-test, he/she is considered having positive change after receiving counselling case service.