

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

### **Agency-based Clinical Psychological Service**

#### **I Service Definition**

##### **Introduction**

Agency-based Clinical Psychological Service (ABCPS) provides psychological support services to persons with developmental disabilities. It also offers consultation and demonstration to rehabilitation service unit staff and family members/carers on training programme and treatment of service users.

##### **Purpose and objectives**

The ABCPS in rehabilitation service provide professional advice and consultation to unit staff in regard to the training and management of the clients. Clinical Psychologist (CP) will provide direct treatment services and consultation to the unit staff in matters relating to the assessment of disabled clients' psychological and intellectual functioning and contribute to the formulation of treatment programmes which can help them in their cognitive, emotional and behavioural development.

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

The ABCPS is delivered through regular visits to the rehabilitation service units. During the visits, the CP will engage in various clinical activities, such as behavioural management program, Individualised Educational Program or Individualised Training Program, planning and evaluation, parent counselling and advice on behavioural management, and classroom observation and follow-up discussion. It covers a range of programmes as follows:

- (a) clinical assessments
- (b) clinical consultations and treatments
- (c) service consultation and recommendations on environmental restructuring and training schedules etc.
- (d) parents/carers education
- (e) program and curriculum development
- (f) staff skills training and enhancement

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

**Target group**

Persons with developmental disabilities including those with autistic features, who are users of rehabilitation service units as stipulated in the Rehabilitation Programme Plan including Early Education and Training Centres, Special Child Care Centres, Sheltered Workshops, Day Activity Centres, Hostels for Moderately Mentally Handicapped Persons, Hostels for Severely Mentally and/or Physically Handicapped Persons, Care and Attention Homes for Severely Disabled Persons, and Supported Hostels for Mentally/Physically Handicapped Persons. The ABCPS serves only rehabilitation service units under their employing agencies.

**II Performance Standards**

The service operators should meet the following performance standards:

**Outputs**

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
1.	No. of clinical visits in a year	228 x establishment of CP of the service of the agency as at 1.4.2000
2.	No. of clinical assessment/ consultation/ treatment sessions in a year - (a) adult service; (b) pre-school service	(a) 570 x establishment of CP of the service of the agency as at 1.4.2000 (b) 200 x establishment of CP of the service of the agency as at 1.4.2000
3.	No. of service consultation/ staff / parent training sessions in a year	106 x establishment of CP of the service of the agency as at 1.4.2000

\* Output Standard 3 only applies to CPs providing service to disabled pre-schoolers primarily.

**Outcomes**

<u>Outcome Standard</u>	<u>Outcome Indicator</u>	<u>Agreed Level</u>
1	Percentage of service users <sup>2</sup> indicating satisfaction after receiving the clinical assessment/ consultation/ treatment in a year.	75% <sup>3</sup>

**Essential service requirements**

(a) Qualified CP\*\* is the essential staff of the service.

(b) Service should be given to autistic cases.

\*\* Agency serving disabled pre-schoolers primarily may appoint Educational Psychologist on holding-against basis subject to the Social Welfare Department (SWD)’s approval.

**Quality**

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

**III Obligations of SWD to Service Operators**

SWD will undertake the duties set out in the General Obligations of SWD to service operators.

**IV Basis of Subvention**

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

<sup>2</sup> Service users refer to those having completed “Service Users Satisfaction Form” after receiving clinical assessment/ consultation/ treatment of ABCPS.

<sup>3</sup> The outcome indicator is measured through the designated questionnaire completed by service user after receiving the clinical assessment/ consultation/ treatment of ABCPS. The rate in a year is computed as follows:

$$\frac{\text{No. of service users indicating satisfaction [i.e. rated as “Fully agreed” or “Agreed”] to the clinical assessment/ consultation/ treatment of ABCPS in a year}}{\text{Total no. of service users completing service evaluation questionnaires after receiving the clinical assessment/ consultation/ treatment of ABCPS in a year}} \times 100\%$$

**Funding**

An annual subvention will be allocated on the Lump Sum Grant (LSG) mode to the Service Operator. 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, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures, as well as the relevant Guidance Notes for specific services. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments, if applicable, and other charges in line with the price adjustment factor (currently the Composite Consumer Price Index), if applicable. The Government will not accept any liabilities or financial implication arising from the services beyond the approved funding.

**Payment arrangement, internal control and financial reporting requirements**

Upon the Service Operator's acceptance of the Funding and Service Agreement, 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 shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the 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 authorised 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 a cash basis and non-cash items such as depreciation, staff leave accrual, etc. should not be included in the AFR.

**Notes and Definitions****Outputs:**

**Clinical visits** refer to rehabilitation service unit visits conducted purely for clinical services excluding travelling time and other administrative/paper work. One clinical visit is equivalent to 1/2 day of service where “half day” refers to a continuous duration of at least 3 hours. For clinical visit lasting for less than 3 hours but at least more than 1.5 hours, they may be regarded as 0.5 visit but it should not be cumulative.

**Clinical assessment** aims at obtaining profiles of service users’ baseline functioning in specific area and then monitoring subsequent changes over time whereas **clinical consultation** refers to the offer of advice and demonstration regarding planning and implementation of individual or group treatment programmes. **Clinical treatment** includes both individual (one-to-one basis) and group (ranged from 2 to 10 clients) sessions. It is direct hands-on treatment with the application of specific and purposeful activities/methods to maintain, develop, and improve the behavioural management and cognitive functioning of clients. Both type of treatment sessions should be provided to referred cases. Each clinical intervention session should last not less than 30 minutes excluding preparation time and follow-up work; and should not be cumulative in calculation.

**Service consultation** are conducted on referral basis. One service consultation is recognised if it lasts not less than half an hour. Examples of service consultation include environmental restructuring, program planning and evaluation, training schedules/ packages and classroom management. **Staff training** or **parent training** refers to workshops/seminars/ talks with specialised topic or theme conducted on group basis ranged from 2 to 10 persons generally. Those group sessions should last not less than one and a half hours. For both types of activities, a whole day service consultation/staff training event is recognised as 2 sessions and should not be cumulative in calculation.