Funding and Service Agreement[1]
Counselling Centre for Psychotropic Substance Abusers

I Service Definition

Introduction

1. The Counselling Centre for Psychotropic Substance Abusers (CCPSA) is a non-residential drug treatment and rehabilitation service which provides drug treatment, rehabilitation and preventive education services. The Centre also provides on-site medical support service (OSMSS) including procurement of drug-related medical consultation service from the community and provision of nursing care service for the drug abusers.

Purpose and objectives

2. CCPSAs aim at providing counselling and assistance to those who are habitual/ occasional/potential psychotropic substance abusers (PSAs) and to young people who are at risk with a view to assisting them to abstain from abusing psychotropic substance. The specific objectives of the service are:

- to help PSAs abstain from their drug-taking habits and develop a healthy lifestyle;
- to increase the awareness of those vulnerable to drug abuse and to steer them away from drugs;
- to reach out to PSAs for timely and early intervention;
- to provide counselling and assistance to family members of PSAs so as to help them deal with the problems;
- to provide professional training for allied professionals with a view to facilitating their assistance to PSAs;
- to maintain active collaboration with stakeholders concerned in the identification and intervention process for PSAs;
- to provide preventive education and publicity programmes to students of secondary schools, post-secondary institutions and vocational training organisations, and the general public at community level; and
- to motivate PSAs to seek early assistance and stay with the treatment programme through medical support services.

[1] This Funding and Service Agreement is a sample document for reference only.

Nature of the service

3. The services provided by CCPSAs include:

- treatment and rehabilitative services for PSAs comprising assessment service, matching of mode of detoxification, relapse prevention, and individual and group counselling service to help them resume normal functioning;

- outreaching service to PSAs for early identification and intervention;

- counselling and support services for early dischargees and/or relapse prevention/aftercare services for needy dischargees from residential drug treatment and rehabilitation centres (DTRCs), ex-probationers, and inmates released from correctional facilities managed by the Correctional Services Department (CSD) for rehabilitation of drug abuse problem;

- preventive education programmes for students of secondary schools, post-secondary institutions and vocational training organisations, potential or occasional PSAs, and for the general public at community level;

- counselling service and supportive programmes for family members of PSAs;

- peer support service (PSS) for PSAs and family members by providing emotional and empathetic support to facilitate early identification, engagement, treatment and rehabilitation, as well as for preventive education and publicity programmes for the general public;

- expert information and advice on substance and substance abuse;

- professional training for allied professionals and stakeholders who are working with habitual/occasional/potential PSAs;

- for those CCPSAs with land boundary control point(s) in the serving district(s), outreaching and crisis intervention service or preventive programmes to address cross-boundary psychotropic substance abuse problem;

- medical support service for PSAs comprising body checks, drug tests, motivational interviews and drug-related consultation in connection with the treatment and rehabilitation of the PSAs; case referrals to medical specialist treatment, Substance Abuse Clinics and/or other mode of drug treatment and rehabilitation programmes as appropriate; and

- any other services to meet the changing service demand and drug abuse scenes.

Target Groups

4. The target groups served by CCPSAs include:

(a) habitual PSAs who have developed physical and/or psychological dependence on drugs;

(b) occasional PSAs who use psychotropic substance for various reasons without medical consultation;

(c) potential PSAs who are in high risk environment/situation and/or ignorant of the risks and consequences of such abuse;

(d) Ex-probationers, inmates released from correctional facilities managed by CSD and dischargees from DTRCs in need of professional support and aftercare service regarding rehabilitation of drug abuse problem in the community;

(e) significant others of PSAs, such as parents, families, school personnel and employers etc;

(f) allied professionals who are working with potential, occasional or habitual PSAs; and

(g) stakeholders and the general public, especially young people, at community level.

II Performance Standards

5. The Service Operator will meet the following performance standards:

Outputs

Output Standard (OS)	Output indicator in a year	Agreed Level
1	Total no. of outreaching sessions (of which at least 36 sessions should be conducted during night time outside opening hours) (Note 1) to PSAs (Note 2) for early identification and intervention	72 (36)
2	Total no. of PSAs newly identified through proactive means/methods (Note 3)	60
3	Total no. of PSAs aged under 21 newly identified through proactive means/methods (Note 3)	10 (out of the no. of PSAs in OS2)

4	Total no. of cases served with case plan (Note 4)	260 (Note 4 & 12)
5	Total no. of new/reactivated cases	60 (Note 12) (out of the no. of cases in OS4)
6	Total no. of cases involving stakeholders concerned (Note 5)	110 (out of the no. of cases in OS4)
7	Total no. of counselling group sessions (Note 6) provided by social worker and/or nursing staff	240 (Note 12)
8	Total no. of brief counselling/consultation sessions provided to PSAs and/or their family members (Note 7) by social worker and/or nursing staff for engagement in drug treatment service	100 (Note 12)
9	Total no. of preventive education and publicity programme (Note 8) sessions (including professional training sessions (Note 9)) provided by social worker and/or nursing staff	104
10	Percentage of schools served (Note 10)	80 % of the total no. of schools in the catchment area (Note 11 & 12)
11	Total no. of PSAs received medical support service (Note 13)	104
12	Total no. of medical consultation/treatment sessions (Note 14) provided to PSAs	208
13	Total no. of nursing care sessions (Note 15) provided to PSAs by nursing staff	208
14	Total no. of PSS sessions (Note 16) conducted or assisted by peer support workers (Note 17) (PSWs) [of which at least 150 sessions are conducted or assisted by PSW(s) who is/are ex-PSA(s)/ex-drug abuser(s)]	300 (150)

(For the explanatory notes, please refer to the Appendix attached to this Agreement.)

Outcomes

Outcome Standard (OC)	Outcome indicator in a year	Agreed Level
1	Successful rate of cases closed with achieved case plan (Note 18)	55%
2	Percentage of drug-free PSA cases before termination (Note 19)	55%
3	Percentage of PSA cases successful in involving family members in casework process (Note 20)	40%
4	Among the schools served (Note 10), percentage of the schools with personnel or students reported to have increased awareness and knowledge on the harmful effects of drug abuse (Note 21)	90%
5	Percentage of PSAs having received medical support service reported to have increased awareness and knowledge on the harmful effects of drug abuse (Note 21)	80%
6.	Percentage of service users of PSS reported to have increased awareness and knowledge on the harmful effects of drug abuse/increased understanding on rehabilitation of drug abuse (Note 21)	80%

(For the explanatory notes, please refer to the Appendix attached to this Agreement.)

Essential service requirements

6. The service is rendered by registered social workers, registered nurse (psychiatric) and PSWs (Note 17).

7. Medical consultation/treatment service should be procured from/provided by medical practitioner(s) who possesses qualifications recognised under the Hong Kong Medical Registration Ordinance, registered Chinese medicine practitioner(s), registered dentist(s), qualified clinical psychologist(s), physiotherapist(s) and occupational therapist(s).

Quality

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

III Obligations of Social Welfare Department (SWD) to Service Operator

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

Sections.

IV Basis of Subvention

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

Funding

11. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period. This lump sum has taken into account the personal emoluments, including provident fund for employing registered social workers, qualified professionals, PSWs and supporting staff, school programme fee 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.

12. 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. 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

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

14. 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.

15. 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.

Corruption Prevention and Probity Requirements

16. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. The Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, the Service Operator shall avoid and declare any conflict of interest.

17. The Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial/fund management, procurement, staff administration, delivery of services/activities, management of maintenance works as set out in the "Best Practice Checklist on Governance and Internal Control in Non-Governmental Organisations" and the "Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants" issued by the Independent Commission Against Corruption.

V Validity Period

18. This FSA is valid for a time-defined period. 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.

19. 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.

20. 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 project.

VI Other References

221. Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the respective Service Specifications, 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.

Service-specific Sections Funding and Service Agreement

Explanatory notes:

1. Outreaching sessions – They refer to the different methods to reach out/contact PSAs and hidden drug abusers outside office/schools such as visits to black spots and private setting etc. Each session should be of at least one hour with direct contact with the suspected/identified PSAs. A minimum of 36 sessions in the year should be conducted during night time outside opening hours of the CCPSA.

2. PSAs[2] – They refer to those people who have used/reported to have used psychotropic substance at least once over the past six months upon revelation of drug abuse history. Each PSA should only be reported once to avoid double counting.

3. Proactive means/methods include outreaching attempts, introduction by friends and family members/relatives, advertisement/promotion such as pamphlets, banners and posters, and social media/Internet platform such as Facebook, webpage, WhatsApp, WeChat, SMS, etc. Referrals from professionals such as social workers, teachers, courts, police, medical officers, etc. or referrals from community stakeholders such as district council members, etc. are excluded.

4. No. of cases served with case plan – No. of active cases as at 1st April of the current financial year + Total no. of new and reactivated cases in the year. Cases refer to PSAs or family member cases.

   PSA cases also include ex-probationers, inmates released from correctional facilities managed by CSD and dischargees from DTRCs in need of professional support and aftercare service regarding rehabilitation of drug abuse problem in the community within three months upon completion of statutory supervision/discharge/completion of subvented aftercare service, though they may not have used/report to have used psychotropic substance once over the past six months.

   Female drug abusers with pregnancy or infants under the age of one can also be included as PSA cases if they have used/reported to have used psychotropic substance at least once over the past 12 months upon revelation of drug abuse history.

[2] As CCPSA is one of the most front-line service units to identify and come into contact with PSAs in the community, CCPSA should report PSAs to the Central Registry of Drug Abuse (CRDA) system which captures the drug trend and provides relevant drug abuse statistics in Hong Kong.

Family member cases refer to those cases involving only family members and/or significant others but not the PSAs who are not yet motivated to be involved in the intervention direct. The purposes are to help the family motivate the PSAs to come for receiving drug treatment service direct and to give support to the family members to address problems that have resulted from the PSAs' drug problem. To avoid double counting, once the PSA is engaged in the casework process, the PSA should be regarded as the principal client of the case and that the case of family members and/or significant others no longer exists and should be subsumed into the caseload of the PSA.

To meet OS4, CCPSA is also required to attain minimum number of PSA cases at 221 out of the total number of cases served at 260 while family member cases should not exceed 15% of the agreed level of OS4.

5. Cases involving stakeholders concerned – The ways of involving include telephone contact, joint interview, meetings, making referrals, etc. through which the caseworker will be facilitated in need assessment, identification of problems, setting of priorities and formulation and implementation of the helping process. Stakeholders concerned include schools, probation and community service orders offices, medical practitioners, nurses and allied health professionals (e.g. occupational therapists and clinical psychologists), government departments (e.g. Hong Kong Police Force and CSD), young people services (e.g. District Youth Outreaching Social Work Teams, Overnight Outreaching Service for Young Night Drifters and Community Support Service Scheme), family service units (e.g. Integrated Family Service Centres and Family and Child Protective Services Units), medical/mental health service units (e.g. Substance Abuse Clinics, Integrated Community Centres for Mental Wellness and Medical Social Services Units), DTRCs, etc.

6. Counselling groups – They refer to those groups which require purposeful intervention of social worker and/or nursing staff to assist PSAs or potential PSAs to enhance their awareness on drugs and abstain from substance abuse, to enhance their problem solving skills and develop necessary life skills, or to assist the family members to understand the problem/treatment of substance abuse and their role in helping the PSAs. Each group should have at least four sessions with preferably six or more enrolled participants. One session should last for at least one hour. In case of a whole day counselling programme, a maximum of three sessions can be counted.

7. Brief counselling/consultation sessions provided to PSAs and/or their family – They refer to early intervention strategy of engaging the PSAs and/or their family members that are not yet cases served with case plan. Each session should at least be one hour with direct contact with the PSAs and/or their family members. The total no. of sessions for each of these PSAs or his/her family should not be more than four.

8. Preventive education and publicity programmes – They refer to drug preventive education and publicity programmes for PSAs, students of secondary schools, post-secondary institutions and vocational training organisations, and the general public. The programmes to the general public may be in the format of talks, workshops, groups and mass programmes, exhibitions, publication of educational booklets, media interviews/programmes, webpage, production and publication of promotional souvenirs/items, etc. In case the preventive education and publicity programme is held in the format of talks, workshops and/or group, one session should last for at least one hour. In case of a whole day training programme, a maximum of three sessions can be counted.

9. Professional training sessions – They refer to training in the format of talks, seminars, group activities, etc. with content of expert information and advice on psychotropic substance abuse for allied professionals such as teachers, medical practitioners, health professionals, police, social workers, etc. with a view to facilitating their assistance to PSAs. One session should last for at least one hour. In case of a whole day training programme, a maximum of three sessions can be counted.

10. Schools served – They refer to secondary schools with subvented school social work service or private secondary schools on the list of Education Bureau (excluding schools participating in the Healthy School Programme with a drug testing component (HSP(DT), and international and English School Foundation (ESF) schools), post-secondary institutions (institutions) and vocational training organisations (organisations) in the respective catchment area provided with anti-drug services such as mass drug awareness programmes, drug education talks, counselling groups, etc. for at least one time in the year. To avoid double counting, a school/institution/organisation which has been provided with drug preventive programmes on several occasions within the financial year should only be reported once in OS10.

Post-secondary institutions refer to post-secondary education institutions, such as universities, community colleges, and those undertaking Yijin Project (毅進計劃) and/or any other programme courses at post-secondary level. Vocational training organisations refer to organisations, schools, institutes, companies and/or programmes for vocational training. This may include Vocational Training Centre, Institute of Vocational Education, Construction & Industry Training Authority, and those undertaking Youth Pre-employment Training Programme, Youth Work Experience and Training Scheme, and any programme courses for vocational training.

For those secondary schools participating in HSP(DT) which would be counted under OS10, CCPSAs shall redirect the resource to provide family work including family member/PSA cases plus brief counselling or counselling group according to the conversion formula, i.e. **1 school = 0.54 cases (plus 2.02 brief counselling sessions or 1.62 counselling group sessions).** For those secondary schools not participating in HSP(DT), they can opt to convert certain number of schools to family work according to the above conversion formula. CCPSAs should handle 23% of new/reactivated cases in a year against the total number of additional cases from conversion.

CCPSAs should refer to the list of secondary schools participating in HSP(DT) (the list) in the 2021/22 school year to determine the amount of family work to be handled from October 2022 to March 2023 based on the conversion formula. Thereafter, CCPSAs should refer to the list in the latest school year to determine the amount of family work to be handled in each financial year, i.e. from the financial year of 2023-24 till the end of the validity of this FSA based on the conversion formula. For instance, CCPSAs should refer to the list in the 2022/23 school year to determine the amount of family work to be handled in the financial year 2023-24 based on the conversion formula.

11. Secondary schools with subvented school social work service (excluding those international and ESF schools) as at 31 March 2022 will serve as the base of the total number of schools in the respective catchment area for calculation of the output performance. If the CCPSA has attained 70% of the schools served (including those schools for conversion to family work), it can replace the remaining 10% of schools with equivalent number of work sites served with drug

preventive programme(s). A work site should have at least five employees/employers. To avoid double counting, a work site which has been provided with drug preventive programmes on several occasions within the financial year should only be reported once.

12. The output performance of relevant OSs, i.e. OS4 (Total no. of cases served), OS5 (Total no. of new/reactivated cases), OS7 (Total no. of counselling group sessions) and OS8 (Total no. of brief counselling/consultation sessions) would be assessed against the agreed level after deduction of the corresponding numbers of such activities for conversion under OS10 reported at the end of the financial year.

13. PSAs received medical support service – They refer to the number of PSAs receiving the first assessment on his/her medical condition and drug-related needs with the formulation of intervention/treatment plan provided by medical practitioner(s) or those specified under essential service requirements or nursing staff.

14. Medical consultation/ treatment sessions – They should include three components:
    i) conducted by those specified under essential service requirements for early identification of health problem of PSAs such as body checks, drug tests, motivational interviews and drug-related consultation; and/or for handling drug-related health problem of PSAs;
    ii) funded under the on-site medical support service; and
    iii) involved input from nursing staff and/or social worker(s).

15. Nursing care sessions – They may include assistance to medical practitioner(s) in medical appointments and under direct health care to PSAs. This should not be reported under the OS for brief counselling/consultation sessions at the same time to avoid double counting.

16. PSS sessions – They refer to interview sessions, outreaching visits, home visits, escort sessions, group sessions, and/or preventive education and publicity programme sessions etc. conducted by PSWs individually or paired up with professional staff, such as social worker, nurse, etc. with duration of not less than one hour per session. Subject to the nature of the service sessions and staff conditions, more than one PSWs may provide PSS in the same activity with specific duties. For example, if 2 PSWs provide PSS in the same activity with specific duties, 2 sessions may be counted. These activities may be at the same time reported

under the OS 1, 7, 8 and 9 as appropriate (same counting methods for respective OSs should be applied).

17. PSWs refer to (i) ex-PSAs/ex-drug abusers or (ii) family members of ex-PSAs/ex-drug abusers/PSAs/drug abusers who are ready and capable to provide emotional and empathetic support by (i) sharing their rehabilitation and recovery experiences or (ii) sharing their experiences in supporting the rehabilitation/recovery of PSAs/drug abusers, to facilitate early identification, engagement, treatment and rehabilitation, as well as to provide preventive education and publicity programmes for the general public, including the schools served.

18. Case plan – It should include four components:
    i) a plan worked out between the caseworker and the PSA/family members/significant others with agreed direction on a feasible drug treatment and rehabilitation plan for the PSA;
    ii) a specific time frame;
    iii) specific actions to be taken by the caseworker and/or the PSA/family members/significant others in working towards the agreed direction; and
    iv) goals that can be evaluated.

19. Drug-free PSA cases before termination – They refer to PSAs who have maintained drug-free for at least 90 days.

20. PSA cases successful in involving family members in casework process – They refer to those PSA cases involving family member(s) at either intake, intervention or termination stage of case. The ways of involving include telephone contacts, office interviews, home visits, meetings, etc. through which the family member(s) or the caseworker would understand the principal client's problems, family dynamics and/or the family member(s) would participate in the treatment process of the principal client.

21. Increased awareness and knowledge on the harmful effects of drug abuse/increased understanding of rehabilitation of drug abuse – as compared with the level before intervention, service users including PSAs, family members, and schools or students (or employers/employees if drug preventive programme is provided at work site), and the general public, etc. reported to have more awareness/knowledge/understanding on the following aspects:

- harmful effects of drug abuse, e.g. awareness towards the physical and psychological dependence on drug, knowledge on the adverse effects of different types of drug, etc.; and/or
- rehabilitation of drug abuse, e.g. difficulties encountered, recovery experiences, risks and needs involved, etc.

Calculation of the OC will be based on the number of participant feedback forms collected.