

Funding and Service Agreement¹

Support Services at Centre for Drug Counselling

This is a supplementary Funding and Service Agreement (FSA) applicable to the support services including on-site medical support service (OSMSS) and peer support service (PSS) of Centre for Drug Counselling (CDC). It should be applied together with the FSA of CDC (previously named as Centre for Drug Abusers, Ex-drug Abusers and Their Family Members).

I Service Definition

Introduction

OSMSS

1. The OSMSS at CDC is an initiative to enable early and timely medical intervention to drug abusers. This medical support service can help identify and motivate drug abusers for seeking early treatment and rehabilitation services, assess their health condition, help abusers stay with the treatment programme and make timely referrals to the Substance Abuse Clinics (SACs) or Drug Treatment and Rehabilitation Centres (DTRCs) as and when appropriate. The service encompasses procurement of drug-related medical consultation service from the community and provision of nursing care service for the drug abusers.

PSS

2. PSS is provided by peer support workers (PSWs) ^{Note 1} to strengthen the capability of CDC in early identification, engagement, treatment, rehabilitation and support for drug abusers and family members, as well as in delivering anti-drug preventive education and publicity programmes.

Purpose and objectives

3. The specific objectives of the support services are stated as follows:

OSMSS

- For drug abusers and potential drug abusers, especially adult drug abusers, to deter drug abuse behaviour or heighten abusers' awareness to seek treatment

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

early through advice by medical practitioners on the potential harms of drug abuse or any signs of health deterioration arising from drug abuse;

- For those who are in the early stage of developing psychiatric and/ or chronic health problems, to help change the drug abusing behaviour and reduce the demand for further specialist medical treatment in SACs and/ or other specialist clinics later on by providing timely medical intervention; and
- For the general public, to help educate the potential harms caused by drug abusing behaviour.

PSS

- For drug abusers/potential drug abusers and family members, to strengthen the support of CD in parallel with the professional service and assistance; and
- For the general public, to strengthen the delivery of anti-drug preventive education and publicity programmes.

Nature of service

4. On top of the existing services provided by CDC, the Service Operator should also provide support services at CDC as follows:

OSMSS

- Body checks, drug tests, motivational interviews, and drug-related consultation in connection to the treatment and rehabilitation of the drug abusers;
- Case referrals to specialist treatment, SACs and/ or other mode of drug treatment and rehabilitation programmes as appropriate;
- Brief counselling/ consultation provided to drug abusers who are not yet cases served with case plan and/ or their family, by nursing staff for engagement in the drug treatment service; and
- Anti-drug public health education/ training to post-secondary education institutions, vocational training organisations, vulnerable industries in the drug scene, stakeholders and professionals as conducted/ assisted by the nursing staff.

PSS

- Emotional and empathetic support for drug abusers/potential drug abusers and

family members to facilitate early identification, engagement, treatment and rehabilitation; and

- PSS activities including interviews, visits, escort service, group sessions, and preventive education and publicity programmes.

Target group

5. The target groups for support services include:

OSMSS

- For medical consultation service:
 - Drug abusers and potential drug abusers, especially adult drug abusers, with weak motivation to receive or sustain on counselling in the treatment and rehabilitation process; and
 - Drug abusers, especially adult drug abusers, who are at early stage of developing psychiatric problems and/or health problems arising from drug abuse.
- For brief counselling/ consultation service:
 - Drug abusers who are not yet cases served with case plan and/ or their family.
- For anti-drug public education and publicity:
 - Students/ trainees and staff of the post-secondary education institutions and the vocational training organisations;
 - Workers and employers of the vulnerable industries in the current drug scene; and
 - General public.

PSS

- Drug abusers/potential drug abusers and family members; and
- General public, including schools served

II Performance Standards

6. In addition to the performance standards of CDC for core service, the Service Operator will meet the following performance standards:

Outputs

<u>Output Standard (OS)</u>	<u>Output indicator in a year</u>	<u>Agreed Level</u>
1	Total number of drug abusers/ potential drug abusers, received medical support service ^{Note 2}	104
2	Total number of medical consultation/ treatment sessions ^{Note 3} provided to drug abusers/ potential drug abusers	208
3	Total number of nursing care sessions ^{Note 4} provided to drug abusers/ potential drug abusers conducted by the nursing staff	208
4	Total number of anti-drug public health education/ training sessions conducted/ assisted by the nursing staff	30 ^{Note 5}
5	Total number of drug abusers referred to DTRCs/SACs/ medical specialist treatment (other than the medical appointment reported in OS2) ^{Note 6}	50
6	Total number of brief counselling/ consultation sessions provided to drug abusers/ potential drug abusers and/or their family members ^{Note 7} by nursing staff for engagement in drug treatment service.	30
7	Total number of PSS sessions ^{Note 8} conducted or assisted by PSWs [of which at least 150 sessions are conducted or assisted by PSW(s) who is/are ex-drug abusers(s)]	300 (150)

Outcome

<u>Outcome Standard (OC)</u>	<u>Outcome indicator in a year</u>	<u>Agreed Level</u>
1	Percentage of drug abusers/potential drug abusers, having received medical support service reported to have increased awareness and knowledge on the harmful effects of drug abuse ^{Note 9}	80%
2	Percentage of service users of PSS reported to have increased awareness and knowledge on the harmful	80%

	effects of drug abuse/increased understanding on rehabilitation of drug abuse ^{Note 9}	
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Remarks : The above set of output and outcome standards will be applied to CDC as one service unit.

Essential service requirements (ESRs)

8. ESRs include:

- 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); and
- Staff Provision of a Registered Nurse (Psychiatric) and PSWs^{Note 1}.

Quality

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

III Obligations of Social Welfare Department to Service Operator

10. The Social Welfare Department (SWD) will undertake the duties set out in the General Obligations of SWD to Service Operator as specified in the FSA Generic Section.

IV Basis of Subvention

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

Funding

12. 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 qualifying professional staff and PSWs, 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.

13. 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 price adjustment factor, currently the Composite Consumer Price Index. 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

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

15. 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.

16. 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.

V Validity Period

17. 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.

18. 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.

19. 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

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

Explanatory notes:

- Note 1 : PSWs refer to (i) ex-drug abusers or (ii) family members of ex-drug abusers/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 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.
- Note 2 : Drug abusers/potential drug abusers received medical support service – refer to the number of drug abusers/ potential drug abusers 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 ESRs or nursing staff.
- Note 3 : Medical consultation/treatment sessions – should include three components: **i)** conducted by those specified under ESRs for early identification of health problem of drug abusers/potential drug abusers such as body checks, drug tests, motivational interviews and drug-related consultation; and/or for handling drug-related health problem of drug abusers/potential drug abusers; **ii)** funded under the OSMSS; **and iii)** involved input from nursing staff and/or social worker(s).
- Note 4 : Nursing care sessions – may include assistance to medical practitioner in medical appointments, direct health care and/or health counselling to drug abusers. This should not be reported under the OS 6 for brief counselling/consultation sessions at the same time to avoid double counting.
- Note 5 : This may at the same time be reported under the OS 2, 3 and 3(a) of the FSA of CDC’s core service as appropriate.
- Note 6 : Referral will be counted on a case basis. Active cases requiring more than one referral to DTRCs/SACs/medical specialist treatment will be counted as one case in this OS 5. Referrals to DTRCs will be counted for cases successfully attended at least one intake interview of the DTRC. Referrals to SACs/medical specialist treatment, for examples urological treatment, social hygiene treatment etc., will be counted upon written/verbal confirmation from concerned clinics/centres is received.
- Note 7 : Brief counselling/consultation sessions provided to drug abusers/potential drug abusers and/or their family – refers to early intervention strategy of engaging the drug abusers/potential drug
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abusers 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 drug abusers/potential drug abusers and/or their family members. The total number of sessions for each of these drug abusers/potential drug abusers or his/her family should not be more than four.

Note 8 PSS sessions 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. This may at the same time be reported under the OS 4 and 6 of this FSA and/or OS 2, 3 and 3(a) of the FSA of CDC's core service as appropriate (same counting methods for respective OSs should be applied).

Note 9 : As compared with the level before intervention, the service users including the drug abusers/potential drug abusers, family members and the general public, etc. reported to have increased awareness/knowledge/understanding on the following aspects:

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

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