

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

**Non-medical Voluntary Drug Treatment and Rehabilitation Services**

**I Service definition**

**Introduction**

1. The non-medical voluntary drug treatment and rehabilitation service caters for the needs of those drug abusers who wish voluntarily to seek residential treatment, rehabilitation and social reintegration through a non-medical model. These services provide non-medical drug treatment and rehabilitation programme as well as aftercare services to the drug abusers and their families basing on spiritual philosophy and social work inputs.

**Purpose and objectives**

2. The non-medical voluntary drug treatment and rehabilitation service aims at helping the drug abusers to quit drug addiction through detoxification, treatment, rehabilitation and aftercare services. The ultimate goal of the above service is to help the abusers to start a new healthy life.

The specific objectives of the above service are to help drug abusers:

- to quit drug habit;
- to re-integrate into the community by continuation treatment at halfway house and aftercare services; and
- to bring about new direction in life and subsequently positive change in behavior.

**Nature of the service**

3. The services provided by the non-medical drug treatment and rehabilitation centers include:

- providing residential detoxification and rehabilitation programmes to the drug abusers;
- organising rehabilitation programmes such as religious activities, counselling, peer support, recreation and sport, work therapy, vocational and developmental training for the residents;

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

- providing counselling and supportive programmes for the family members of the residents;
- providing half-way house service to prepare the residents to start a new life in the society; and
- providing aftercare service to the rehabilitated drug abusers to help them achieve and maintain a drug free life.

**Target group**

4. The non-medical voluntary drug treatment and rehabilitation centers serve drug or psychotropic substance abusers. Individual centre has its own admission criteria in terms of age and sex.

**II Performance standards****Outputs/Outcomes**

5. The service operator (organisation as a whole) will meet the following performance standards:

**Outputs**

<u>Output Standard</u>	<u>Output Indicators</u>	<u>Agreed Level</u>
1a	Rate of placement occupancy <sup>Note 1</sup> (Male) in residential programme in a year	80%
1b	Rate of placement occupancy <sup>Note 1</sup> (Female) in residential programme in a year	65%
2	Total no. of vocational training sessions <sup>Note 2</sup> in a year	400*
3	Total no. of hours for rendering counselling/ conducting programme <sup>Note 3</sup> to the residents by registered social worker(s) in a year	630*
4	Total no. of programmes <sup>Note 4</sup> rendered to the family members of the residents in a year	36

\* Actual agreed level of respective Agency will be subject to the number of subvented places and agreement with Agency.

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

**Outcomes**

<u>Outcome Standard</u>	<u>Outcome Indicators</u>	<u>Agreed Level</u>
1	Rate of completion of the agreed period of the residential programme <sup>Note 5</sup> in a year	50%
2	Rate of aftercare cases <sup>Note 6</sup> staying drug-free <sup>Note 7</sup> upon termination of aftercare service in a year	60%
3	Rate of aftercare cases having achieved one of the objectives upon termination of aftercare service : -settled with schooling / retraining -settled with employment -led a decent living <sup>Note 8</sup>	60%
4	Rate of graduates having improved family relationship <sup>Note 9</sup>	60%

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

**Essential service requirements**

6. 24-hour care per day with at least one full-time staff member present at all time.

**Quality**

7. The service operator will meet the requirements of the 16 Service Quality Standards (SQSs).

**III Obligations of SWD to the Service Operator**

8. SWD will undertake the duties set out in the General Obligations of SWD to the service operator as specified in the FSA Generic Section.

**IV Basis of Subvention**

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

**Funding**

10. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the service operator. This lump sum has taken into account personal emoluments, including provident fund, 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.

11. 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 in force on the use of subventions. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustment and other charges in line with 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**

12. The service operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control system 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.

13. The service operator has to submit annual financial report (AFR) and statements reviewed by a certified public accountant registered under the Professional Accountants Ordinance (Cap 50) in accordance with the requirements as stipulated in the latest LSG Manual and LSG Circulars in force. 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. Special or major capital expenditure items should only be included in the AFR if they had been thoroughly discussed in management board, well justified and documented.

**V. Other References**

14. 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 to all these documents will be closely monitored by SWD.

## Explanatory Notes:

- 1) Placement occupancy refers to the number of places of the organisation occupied, starting from the date of admission to the date of formal discharge. It includes residents on leave.
- 2) Vocational training includes (i) job skills training, such as computer training, handicraft-making, multi-media production etc and (ii) employment assistance counselling / programmes, such as fostering good working habit and cultivate good working attitude, so as to assist residents to secure a stable job. Vocational training may be conducted by the organisation or other institutions. A training session refers to training to one or more participants for at least one hour to half-day, e.g. a whole day training is regarded as two training sessions.
- 3) Counselling refers to counselling to residents on detoxification, drug abuse problem, other personal and relationship problems, adjustment to new living, preparation for discharge etc, to one or more residents for at least half an hour. Programme refers to activity with objectives set conducted to two or more residents for at least one hour or more. Counselling and programmes should be conducted by registered social worker.
- 4) Programme refers to activity which aims to help the family members to understand more about the residents and have better communication with them. The activity should have clear objectives set and be conducted to at least two or more family members of the residents for at least one hour or more.
- 5) “Completion of the agreed period of the residential programme” refers to the fulfilment by the residents of the agreed plans on the residential detoxification and rehabilitation programme within the planned period of time.
- 6) “Aftercare cases” refer to those residents who have received regular service for a minimum of three months from the organisation under the aftercare programme upon their completion of the agreed residential programme at training centre (Girl Centre of Operation Dawn Only) or halfway house.
- 7) “Drug-free” refers to complete drug abstinence of aftercare cases upon termination of aftercare service.
- 8) “Decent living” refers to those female service users having performed/resumed the role of housewife or those aged persons having reunited with their families/secured stable living including accommodation e.g. private premises or aged home, etc.
- 9) Improved family relationship refers to the situation where, as compared with the condition before intervention, graduates and their families have achieved reunion and/or reported to have better communication or understanding among themselves.