

Funding and Service Agreement¹

Centre for Drug Counselling

I Service Definition

Introduction

1. Centre for Drug Counselling (CDC) is community-based drug treatment and rehabilitation service to help drug abusers (especially adult drug abusers), ex-drug abusers and their family members deal with problems related to drug abuse and to launch preventive education and publicity programmes to various target groups, especially for those who study/receive training/work in post-secondary education institutions, vocational training organisations and vulnerable industries in the drug scene.

Purpose and objectives

2. The four objectives of the CDC are:
- to provide counselling and assistance to drug abusers, especially adult drug abusers, to help them abstain from their drug abusing habits;
 - to provide counselling and supportive services to ex-drug abusers to help them go through the process of social rehabilitation and integration into the community;
 - to provide counselling and supportive services to family members of drug abusers and ex-drug abusers to help them deal with problems resulting from drug abuse; and
 - to combat drug abuse problem through preventive education and publicity programmes to various target groups, especially for those who study/receive training/work in post-secondary education institutions, vocational training organisations and vulnerable industries in the drug scene.

Nature of service

3. The services include:
- providing casework service to drug abusers, ex-drug abusers and their family members to help them deal with problems resulting from drug abuse;

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

- organising therapeutic, educational, developmental, and supportive groups for the drug abusers, ex-drug abusers and their family members;
- providing supportive services for family members of drug abusers and ex-drug abusers;
- running preventive education and publicity programmes to disseminate the anti-drug message and to combat the drug abuse problem; and
- organising drug preventive mass activities such as annual activities, training, and educational programmes.

Target group

4. The target groups of CDC are:

- drug abusers (especially adult drug abusers), and ex-drug abusers (including drug treatment and rehabilitation centre (DTRC) discharges), and their family members;
- 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.

II Performance Standards

5. The service operator will meet the following performance standards:

Outputs

<u>Output Standard</u>	<u>Output Indicator in a year</u>	<u>Agreed Level</u>
1	Total number of cases served with case plan ^{Note 1}	464 ^{Note 2}
1(a)	Total number of drug abuser/ex-drug abuser ^{Note 3} cases	371 * (out of the no. of cases in OS1)
1(b)	Total number of adult drug abuser/ex-drug abuser ^{Note 3} cases aged 21 and over ^{Note 4}	325 * (out of the no. of cases in OS1)

<u>Output Standard</u>	<u>Output Indicator in a year</u>	<u>Agreed Level</u>
1(c)	Total number of DTRC discharger cases ^{Note 5} referred by DTRCs	No requirement level * # (out of the no. of cases in OS1)
1(d)	Total number of DTRC discharger cases ^{Note 5} , aged 21 and over, referred by DTRCs	No requirement level * # (out of the caseload in OS1)
2	Total number of group sessions ^{Note 6}	336
3	Total number of drug preventive education and publicity programme sessions ^{Note 7}	60
3(a)	Total number of drug preventive education and publicity programme sessions, specifically organised for the post-secondary education institutions ^{Note 8} , vocational training organisations ^{Note 9} and/or vulnerable industries in the drug scene ^{Note 10}	20 (out of the no. of programme sessions in OS3)

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

* For statistical purpose, an individual case may at the same time be reported under 1(a), 1(b), 1(c) and 1(d) as appropriate.

The number of cases is captured for statistical purpose thus with no requirement level.

Outcome

<u>Outcome Standard</u>	<u>Outcome Indicator in a year</u>	<u>Agreed Level</u>
1	Percentage of cases closed with achieved case plans	90%
2	Percentage of drug-free cases upon termination ^{Note 11}	50%
3	Percentage of group participants reported that the group has achieved its group objectives ^{Note 12}	80%

<u>Outcome Standard</u>	<u>Outcome Indicator in a year</u>	<u>Agreed Level</u>
4	Percentage of participants of drug preventive education and publicity programmes specifically organised for post-secondary education institutions, vocational training organisations and/or vulnerable industries in the drug scene, with participants reported to have increased awareness and knowledge on the harmful effects of drug abuse Note 13	80%

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

Essential service requirements

6. The service is rendered by registered social workers.

Quality

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

III Obligations of SWD to Service Operators

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

IV Basis of Subventions

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

Funding

10. An annual subvention (excluding rent and rates) 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 for employing registered social workers 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.

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.

Explanatory notes:

1. Cases served with case plan – refers to the cases served with case plan to drug abusers/ex-drug abusers with drug-related problem and/or their family members. The case plan should include four components: i) a plan worked out between the caseworker and the drug abuser/ex-drug abuser and/or the family member with agreed direction on a feasible drug treatment and rehabilitation plan; ii) a specific time frame; iii) specific actions to be taken by the caseworker, the drug abuser/ex-drug abuser and/or the family member in working towards the agreed direction; and iv) goals that can be evaluated.

For definition of drug abusers and ex-drug abusers, please refer to Explanatory Note 3 hereunder for details. For definition of family members, this refers to those cases involving only family members and/or significant others but not the drug abusers/ex-drug abusers who are not yet motivated to be involved in the intervention direct. The purposes are to help the family motivate/facilitate the drug abuser/ex-drug abuser to come for counselling service direct and to give support to the family members to address problems that have resulted from the drug abuser/ex-drug abuser's drug problem. To avoid double counting and in line with the one-family-one-case principle, once the drug abuser/ex-drug abuser is engaged in the casework process, the drug abuser/ex-drug abuser should be taken as the principal client of the case and that the case of family members and/or significant others should be subsumed into the caseload of the drug abuser/ex-drug abuser and no longer be regarded as an individual case.

2. Number of cases served with case plan is calculated from 58 cases x 8 (number of social worker of the service of the organisation). Reference is drawn to the notional establishment of social worker as at 1.4.2000 i.e. only the 2 ASWOs and 6 SWAs at frontline level are counted, while the 1 SWO at supervisory level is not counted.
3. Drug abuser - refers to the person who has used/reported to have used psychotropic substance and/or opiate drugs at least once over the past 6 months upon revelation of drug abuse history in the initial contact. For ex-drug abuser who has already ceased using drugs for over 6 months, case intervention should be primarily on drug-related problem(s) (e.g. relapse prevention, family relationship and/or health problems arising from drug abuse, etc.), or otherwise the ex-drug abuser should be referred to integrated family service centre and/or other service unit as appropriate for follow-up. Each drug abuser/ex-drug abuser should only be reported once to avoid double counting.
4. Cases aged 21 and over – refers to those cases aged 21 and over at the time of opening the cases.
5. DTRC dischargée cases – refers to those cases referred by Caritas Wong Yiu Nam

Centre and/or self-financing DTRCs which do not have provision of social worker for their aftercare service, upon their discharge from the DTRC for professional support and aftercare service in the community.

6. Groups - refers to those groups which require purposeful intervention of social workers to assist drug abusers, ex-drug abusers, their family members and/or persons at risk to enhance their awareness on drugs and abstain from drug abuse, to enhance their problem solving skills and develop necessary life skills or to assist the family members to understand the problem/treatment of drug abuse and their role in helping the drug abusers/ex-drug abusers. Each group should preferably have 6 or more enrolled participants and at least 4 sessions. One session should last for at least 1 hour. In case of a whole day counselling programme, a maximum of 3 sessions can be counted.
7. Preventive education and publicity programme sessions - refers to drug preventive education and publicity programme sessions to the general public and/or specific target groups in the community. The programmes may be in the formats of talks, workshops, groups and mass programmes, exhibitions, publication of educational booklets, media interviews/programmes, webpage, production and publication of promotional souvenirs/items, etc. General public may refer to local community organisations/groups (such as, residents' organisations, uniform groups, parents associations, youth groups, etc.) and general public at large. In case the preventive education and publicity programme is held in the formats of talks, workshops and/or group, one session should last for at least 1 hour. In case of a whole day training programme, a maximum of 3 sessions can be counted.
8. Post-secondary education institutions – refers to post-secondary education institutions, such as universities, community colleges, adult education centres, and those undertaking Yijin Project (毅進計劃) and/or any other programme courses at post-secondary level.
9. Vocational training organisations – refers 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. This should not overlap the “post-secondary education institutions” mentioned above.
10. Vulnerable industries in the drug scene – examples of such industries in the current drug scene are driving industry, catering and beverage industry (such as, karaokes and pubs, etc.), and hair-dressing/beauty saloons, etc. Other industries/trade sectors may be identified by the Service Operator or the SWD as the latest drug scene evolves.

11. Drug-free cases upon termination - refers to drug abusers who have achieved any one of the followings upon termination of case:
 - (a) achieved complete abstinence for at least 1 year;
 - (b) successfully detoxified for at least 90 days; and/or
 - (c) recovered after relapse for at least 90 days.

12. Group participants reported the group has achieved its group objectives – group participants should be asked to complete a post-group feedback form for evaluating whether the group has achieved its group objectives, among other evaluation items as deemed appropriate. For statistical purpose, calculation of Outcome Standard 3 will be based on the number of participant feedback forms collected.

13. Increased awareness and knowledge on the harmful effects of drug abuse – as compared with the level before intervention, the participants reported to have increased awareness and knowledge on the 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. Calculation of Outcome Standard 4 will be based on the number of participant feedback forms collected.