

**FUNDING AND SERVICE AGREEMENT<sup>1</sup>****Halfway House****(A) Service Definition****(1) Introduction**

Halfway House provides community rehabilitation services for persons in mental recovery after a period of medical treatment to facilitate their re-integration into the community. For a Halfway House with Special Provision Service, it also serves persons<sup>2</sup> in mental recovery with history of criminal violence or assessed disposition to violence, in an integrated way together with ordinary persons in mental recovery who are also in need of community rehabilitation service.

**(2) Purpose and Objectives**

Halfway House for persons in mental recovery is to provide a transitional period of residential care to facilitate the residents to achieve an optimal level of functioning for the purpose of community re-integration by –

- (a) establishing a reasonably stable pattern of life, alleviating the effects of institutionalisation and developing their capacity to cope with daily living; and
- (b) providing a supportive environment conducive to personal development and independence

**(3) Service Nature and Contents**

The Service includes but not limited to –

- (a) accommodation and meals;
- (b) development and training of life skills such as :
  - (i) self-care skills;
  - (ii) social and communication skills;
  - (iii) community living skills;
  - (iv) work habits;

---

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

<sup>2</sup> The optimum ratio for these clients vis-à-vis other ordinary persons in mental recovery is 1:3

- (v) domestic skills;
- (vi) group living skills; and
- (vii) positive use of leisure time.
- (c) facilitation of the re-alignment of relationship with family members;
- (d) preparation for an independent living after discharge from the Halfway House;
- (e) visiting medical practitioner service (**Annex I**); and
- (f) residential respite service (RRS)<sup>3</sup>, if applicable (**Annex II**).

(4) **Target Service Users and Eligibility Criteria**

The target service users of the Service are persons in mental recovery<sup>4</sup> aged 15 or above, who are in need of residential care in the community for a transitional period.

(5) **Referrals**

Referrals are made through the Central Referral System for Rehabilitation Services (CRSRehab) administered by the Social Welfare Department (SWD). The Service Operator shall handle referrals according to the CRSRehab Manual of Procedures.

(B) **Service Performance Standards**

(6) **Essential Service Requirements**

The Service Operator must comply with the following Essential Service Requirements–

- (a) the Service is operated in compliance with the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613), its subsidiary legislation and the Code of Practice for Residential Care Homes (Persons with Disabilities);
- (b) staff of the Service are arranged to work on shifts to provide 24-hour service per day round the year;

---

<sup>3</sup> The Service Operator may use occasional vacant service place(s) [e.g. pending admission of HWH service user(s)] (if any) to provide RRS, and no referral made through the CRSRehab is required.

<sup>4</sup> For Halfway House with Special Provision, 25% of the places are provided for discharged mental patients with assessed disposition to violence.

- (c) registered social worker<sup>5</sup> is the essential staff of the Service; and
- (d) the visiting medical practitioner service must be provided by medical practitioners with qualifications recognised in Hong Kong under the Medical Registration Ordinance (Cap. 161).
- (e) Provision of sufficient and varied food appropriate to the age and health of the service residents.

(7) **Service Output and Outcome Standards**

The Service Operator is required to meet the service output and service outcome standards according to the Terms and Requirements of Specific Service Unit at **Annex III**.

(8) **Service Quality Standards**

The Service Operator shall meet the requirements of the 16 Service Quality Standards.

(C) **Subvention**

- (9) The Service is subvented by the SWD under the Lump Sum Grant (LSG) Subvention System and the basis of subvention is set out in the notification letter issued by the SWD. The Service Operator is required to observe the rules of subvention according to the prevailing LSG Subvention Manual, circulars, guidelines, management letters and relevant correspondence issued by the SWD. The Government will not accept any liabilities or financial implications arising from the Service other than the amount of subvention as approved by the SWD.
- (10) The amount of subvention has taken into account the personal emoluments of staff, including provident fund for employing qualified staff, and other charges (covering all other relevant operating expenses such as utilities, programme and administrative expenses, air-conditioning, minor repairs and maintenance, employees' compensation insurance and public liability insurance, etc.) applicable to the operation of the Service and recognised fee income, if any. Rent and rates in respect of the premises recognised by the SWD for delivery of the Service will be reimbursed separately on an actual cost basis.

---

<sup>5</sup> For Half-way House with Special Provision, staffing should include a registered social worker with recognised degree in social work and a registered social worker refers to a person who is registered under the Social Workers Registration Ordinance (Cap. 505).

- (11) Upon the Service Operator's acceptance of the Funding and Service Agreement (FSA), payment of subvention will be made on a monthly basis.

**(D) Validity Period**

- (12) This FSA is valid for a time-defined period as set out at **Annex III**. Should the Service Operator breach any terms or condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from the SWD, the SWD may, after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.
- (13) Where there is any change to the service performance standards within the agreement period, the 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.
- (14) Renewal of the FSA 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. The SWD reserves the right to reallocate the Service.
- (15) The SWD may immediately terminate the FSA upon the occurrence of any of the following events –
- (a) the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;
  - (b) the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security;  
or
  - (c) the SWD reasonably believes that any of the events mentioned above is about to occur.

**(E) Others**

- (16) In addition to this FSA, the Service Operator shall also comply with the requirements according to the relevant Service Specifications, and the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail.

- END -

**Annex I****Visiting Medical Practitioner Service**

The Visiting Medical Practitioner Service (VMPS) provides primary medical care and support to service users of Residential Care Homes for Persons with Disabilities (RCHDs) under the subvention of the Social Welfare Department (SWD). It also offers consultation and training to the staff and family members/care-givers of RCHDs on health care management.

**Purpose and Objectives**

2. Through the VMPS, the Service Operators of RCHDs will be able to establish a service network with general medical practitioners for providing regular on-site medical consultation service for improvement of general health and preventive care.

**Service Nature and Contents**

3. Services under the VMPS are delivered through regular visits to RCHDs by medical practitioners, which cover a range of programmes as follows –

- (a) on-site medical treatment and management of episodic illnesses and sub-acute problems of service users, including service users discharged from hospitals or under specialist care, and liaise with hospital-based services as necessary;
- (b) regular health assessment and physical check-ups of service users;
- (c) advice/assistance in maintenance of proper patient records and medical history for service users and medication storage and management;
- (d) advice on measures regarding prevention and control of infectious disease as well as environmental hygiene of RCHDs;
- (e) telephone consultation on the management of emergency situations concerning the health of service users;
- (f) training on health care, infection control, etc., to the staff of the RCHDs;
- (g) talks on health promotion, management of chronic illness, etc., for service users and their family members; and
- (h) any other services as deemed appropriate and agreed between the RCHDs and the medical practitioners concerned.

**Fees and Charges**

4. The VMPS, including medications for minor ailments such as common cold, influenza, etc., should be provided free of charge to all service users. The Service Operator is recommended to explore a subsidy scheme for those service users who could not afford the medications not covered by the VMPS.

**Annex II****Respite Service for Persons with Disabilities**

Respite service, including residential (RRS) and day respite service (DRS), is a form of temporary support service provided by rehabilitation service units for persons with disabilities (PWDs)<sup>6</sup> to enable their family members or carers to take a break for attending to their personal affairs such as taking a vacation or attending medical appointment, so as to relieve the stress of carers.

**Service Target**

2. The target service users of respite service are PWDs aged 6 or above<sup>7</sup>, who are –
- (a) in need of personal care assistance and nursing support (if applicable) within the scope of service provided by the respective type of rehabilitation services;
  - (b) physically and mentally suitable for communal living without challenging behaviours; and
  - (c) free from active infectious diseases.

**Service Period**

3. The service period of respite service should be no more than 14 days under normal circumstances, or any duration as advised by the Social Welfare Department (SWD), so as to allow more PWDs to use the service. The Service Operator may extend the service period up to 42 days subject to the availability of vacancies. Consultation with SWD is required for special cases in need of respite service for more than 42 days.

**Applications**

4. Applicants may approach rehabilitation service units directly or through referrals by social workers of welfare service units (e.g. Medical Social Services Units, Integrated Family Services Centres, etc.), special schools or other rehabilitation service units. The vacancy position of RCHDs is available on the Vacancy Enquiry System for Respite Services / Emergency Placement (VES) at [www.ves.swd.gov.hk](http://www.ves.swd.gov.hk).

---

<sup>6</sup> PWDs include persons with intellectual and/or physical disability or persons in mental recovery.

<sup>7</sup> Some RCHDs only serve PWDs aged 15 or above.

5. Service users of RRS are required to observe the rules of admission to RCHDs, including medical examination by a registered medical practitioner prior to admission to an RCHD, by using the “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities”. For urgent cases that medical examinations cannot be conducted prior to admission, medical examination should be arranged within 3 calendar days after admission to the RCHD.

**Fees and Charges**

6. The service fees for respite service are specified by the SWD at a daily or hourly rate which is subject to review periodically. The Service Operator shall follow the fee-charging principles in accordance with the Lump Sum Grant Subvention Manual or service agreement, where applicable.

**Rehabilitation and Medical Social Services Branch  
Social Welfare Department**



**Annex III****Terms and Requirements of Specific Service Unit**

Name of Service Operator: \_\_\_\_\_

Name of Service Unit: \_\_\_\_\_

**(A) Validity Period**

This agreement is valid from \_\_\_\_\_ to \_\_\_\_\_

**(B) Service Capacity**

<b>Service</b>	<b>Capacity</b>
Halfway House (HWH)	_____places

**(C) Performance Standards**Service Output (for HWH)

<b>Service Output Standard (OS)</b>	<b>Service Output Indicator</b>	<b>Agreed Level</b>
1	Average enrolment rate in a year <sup>(Note 1)</sup>	95%
2	Rate of service users successfully discharged in a year <sup>(Note 2)</sup>	13%

**Service Output** (for Visiting Medical Practitioner Service (VMPS))

<b>Service Output Standard (OS)</b>	<b>Service Output Indicator</b>	<b>Agreed Level</b>
3	Number of clinical visits conducted in a year <sup>(Note 3)</sup>	80 (preferably on a weekly basis)
4	Percentage of service users having received at least one health assessment in a year <sup>(Note 4)</sup>	95%
5	Number of staff training on health care / infection control organised in a year	1
6	Number of health care talks delivered to service users and/or their families in a year	1
7	Number of hygiene audits conducted for infection prevention and control in a year	2

**Service Outcome**

<b>Service Outcome Standard (OC)</b>	<b>Service Outcome Indicator</b>	<b>Agreed Level</b>
1	Percentage of service users indicating satisfaction with the Service in a year <sup>(Note 5)</sup>	80%
2	Percentage of service users indicating enhancement of independent living skills in a year <sup>(Note 6)</sup>	80%
3	Percentage of service users indicating enhancement of problem coping and solving capability in a year <sup>(Note 7)</sup>	75%

(Please refer to Notes and Definitions for explanation)

Notes and Definitions**(Note 1) Average enrolment rate in a year**

Enrolment refers to the total number of service users receiving service in the HWH as at the end of each month.

Capacity refers to the total number of places, including value-added places (if any), as at the end of each month as approved by the SWD.

$$\frac{\text{Sum of month-end enrolments of the 12 months}}{\text{Sum of approved capacity of the 12 months}} \times 100 \%$$

**(Note 2) Successfully discharged cases** refer to those service users who are no longer in need of the same type of services and their names have been deleted from the enrolment register of the service units. In other words, this group of service users does not constitute further demand on the same type of service that they are discharged from. The rate refers to the proportion of the service users who can be successfully discharged from the service units out of the total number of service capacity.

**Rate of service users successfully discharged =**

$$\frac{\text{Total number of service users successfully discharged}}{\text{Capacity}} \times 100\%$$

**(Note 3) Clinical visits** refer to the visits conducted by visiting medical practitioners to provide the range of programmes covered by VMPS, including medical treatment and management, health assessment, advice on maintenance of patient records, medication management and environmental hygiene, staff training, health talks and hygiene audits.

**(Note 4) Percentage of service users having received at least one health assessment in a year =**

$$\frac{\text{Number of service users having received one or more health assessment in the year}}{\text{Total number of service users having been served in the year}} \times 100 \%$$

**(Note 5) Service users' satisfaction** refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from service users on the Service.

**Service users' satisfaction rate =**

$$\frac{\text{Number of service users indicating satisfaction}^8}{\text{Total number of service users having completed service evaluation questionnaire in the year}} \times 100 \%$$

**(Note 6) Percentage of service users indicating enhancement of independent living skills in a year**

Service users' enhancement of independent living skills refers to the outcome of service evaluation questionnaires conducted by the service unit to collect views from service users on enhancement of independent living skills.

**Percentage of service users indicating enhancement of independent living skills =**

$$\frac{\text{Number of service users indicating enhancement of independent living skills}^8}{\text{Total number of service users completed service evaluation questionnaires in the year}} \times 100 \%$$

**(Note 7) Percentage of service users indicating enhancement of problem coping and solving capability**

**Service users' enhancement of problem coping and solving capability** refers to the outcome of service evaluation questionnaires conducted by the service unit to collect views from service users on enhancement of problem coping and solving capability.

**Percentage of service users indicating enhancement of problem coping and solving capability =**

$$\frac{\text{Number of service users indicating enhancement of problem coping and solving capability}^8}{\text{Total number of service users completed service evaluation questionnaires in the year}} \times 100 \%$$

---

<sup>8</sup> It refers to respondents indicating “同意” or “非常同意” as shown in the “住宿服務 – 服務使用者／家屬意見調查問卷” provided by the SWD.