### FUNDING AND SERVICE AGREEMENT<sup>1</sup>

#### **Integrated Community Centre for Mental Wellness**

#### (A) Service Definition

#### (1) <u>Introduction</u>

The Integrated Community Centre for Mental Wellness (ICCMW) (the Service) provides one-stop, district-based and integrated community social rehabilitation support services for persons in mental recovery, persons with suspected mental health problems, their family members and carers. The Service also provides public education programmes on mental wellness for the residents living in the serving district.

## (2) <u>Purpose and Objectives</u>

The Service provides social rehabilitation support services for persons in mental recovery and persons with suspected mental health problems with the following objectives –

- (a) to provide one-stop, district-based and outreaching support services for persons in mental recovery or persons with mental health needs living/studying in the serving district<sup>2</sup> in order to improve their social adjustment capabilities, to prepare them for re-integration with the community, and to help them develop their social and vocational skills to the fullest extent through multi-professional intervention;
- (b) to enhance family members'/carers' knowledge of mental illness and coping abilities in taking care of persons in mental recovery and persons with mental health needs living/studying in the serving district<sup>1</sup>;
- (c) to build up capacity of frontline professionals in handling cases with complicated mental health and/or other issues;
- (d) to raise public awareness on the importance of mental wellness; and
- (e) to enhance the social functioning of persons in mental recovery and persons with suspected mental health problems who are living in private

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

To facilitate ICCMW's collaboration with school social workers and school personnel (if applicable) in supporting secondary school students who are in mental recovery or with mental health needs, such cases referred by school social workers will primarily be served by the ICCMW according to the respective schools' locations. However, depending on the needs of individual cases and professional assessment, ICCMWs should exercise flexibility for serving secondary school cases according to the residential address of secondary school students.

residential care homes for persons with disabilities (RCHDs) in the serving district, and to facilitate their connection with the community.

#### (3) Service Nature and Contents

The Service Operator shall meet the holistic and individual needs of service users by providing a range of services to facilitate their recovery, rehabilitation and integration into the society, which include but are not limited to the following services –

- (a) social work service including formulation of individual rehabilitation plan, outreaching visits, counselling and referral to/networking with community resources where necessary;
- (b) clinical psychological service<sup>3</sup> including psychological assessment and diagnosis and psychotherapy for individuals or families, clinical groups and programmes, clinical supervision and case consultation for the staff of the Service and professional training for frontline professionals and peer supporters working with the service users;
- (c) occupational therapy service including occupational needs assessment and life skills training<sup>4</sup>;
- (d) pre-vocational training on occupational skill training and work attitude as well as self-confidence, motivation, interpersonal skills, etc.;
- (e) nursing service including counselling on medication, drug compliance and personal hygiene, mental health talks, seminars, etc.;
- (f) supervision on follow-up attendance at psychiatric hospital/clinic for persons in mental recovery discharged from half-way houses;
- (g) referral of cases to the Community Psychiatric Service of respective clusters of the Hospital Authority for clinical assessment and psychiatric treatment;
- (h) therapeutic groups, supportive groups, interest classes, linkage activities, volunteer groups, social and recreational programmes, etc. for service users;
- (i) community and public education programmes for promoting mental

The Service Operator is provided with additional resources for providing clinical psychological service for service users who are not receiving such service from the Hospital Authority or Social Welfare Department.

<sup>&</sup>lt;sup>4</sup> Life skills training includes but not limited to (i) self-care skills such as personal hygiene, grooming, eating habit and arrangement of daily routine; (ii) home management skills such as laundry, meal planning, cooking, home safety, handling of emergency situations, etc.; (iii) health management such as basic health knowledge, relaxation strategies, awareness of seeking medical assistance and drug compliance; and (iv) basic community living skills such as using community facilities, purchase of daily necessities, banking, social skills, road safety, building social network, etc.

wellness; and

(j) peer support service<sup>5</sup>.

## (4) Service Target

The target service users of the Service are persons living or studying in the serving district<sup>1</sup>, including –

- (a) persons in mental recovery aged 15 or above;
- (b) persons with suspected mental health problems aged 15 or above;
- (c) secondary school students with mental health needs;
- (d) family members/carers of (a) to (c);
- (e) local residents with interest in improving their mental health; and
- (f) residents of private RCHDs who are persons in mental recovery or persons with suspected mental health problems.

#### (5) Referrals

ICCMWs accept referrals from social workers, psychiatrists, allied health professionals, teachers, staff of other organisations or government departments, etc. Residents of the serving district may also approach ICCMWs directly for the Service.

### (B) <u>Service Performance Standards</u>

### (6) <u>Essential Service Requirements</u>

The Service Operator must comply with the following essential service requirements –

- (a) the opening hours of ICCMWs shall be no less than 44 hours per week;
- (b) the opening sessions of ICCMWs shall be no less than 11 sessions per week; and
- (c) occupational therapist<sup>6</sup>, qualified nurse (psychiatric)<sup>7</sup>, qualified clinical

The Service Operator is provided with additional resources for providing peer support service which is governed by the Funding and Service Agreement for Peer Support Service in Community Psychiatric Service Units.

Occupational therapist refers to the definition governed by the Supplementary Medical Professions Ordinance (Cap. 359).

Nurse includes Registered Nurse (Psychiatric), Registered Nurse, Enrolled Nurse (Psychiatric) and Enrolled Nurse, which refers to the definition governed by the Nurses Registration Ordinance (Cap.164).

psychologist<sup>8</sup> and registered social workers<sup>9</sup> (at least four social workers with a minimum of three years of social work experience in mental health service), are the essential staff of the Service.

### (7) <u>Service Output and Outcome Standards</u>

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

### (8) <u>Service Quality Standards</u>

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

#### (C) <u>Subvention</u>

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

#### (D) Validity Period

(12) This FSA is valid for a time-defined period as set out at <u>Annex I</u>. 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

<sup>&</sup>lt;sup>8</sup> Hire of service provided by qualified clinical psychologists is acceptable.

<sup>&</sup>lt;sup>9</sup> Registered social worker refers to the definition governed by the Social Workers Registration Ordinance (Cap. 505).

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.

## Annex I

## **Terms and Requirements of Specific Service Units**

Name of Service Operator:

Name of Service Unit:

## (A) Validity Period

This agreement is valid from (dd/mm/yyyy) to (dd/mm/yyyy).

## (B) Team Size and Establishment

Service units	Team size
	1.0 (Notional Team)

No. of clinical psychologist post for Service Operator	1.127
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## (C) Service Performance Standards

Service Output (for ICCMW)

Service		Agreed Level
Output Standards (OSs)	Service Output Indicators	ICCMW
1	Number of members served in a year (Note 1)	1 000
2	Number of new members served in a year (Note 2)	330

3	(a) Number of new/ reactivated cases served in a year (Note 3) (involving families or carers)	400 (90)
	(b) Number of cases with casework counselling provided for children (Note 4)	20
4	(a) Number of outreaching visits (Note 5) / office interview sessions (Note 6) conducted in a year	3 660
	(b) Number of outreaching visits conducted in a year	2 900
5	Number of individual centre-based or outreaching needs assessment/ training sessions of occupational therapy conducted in a year (Note 7)	1 650
6	Number of therapeutic groups conducted in a year (Note 8) (groups for children)	24 (2)
7	Number of interest class/ support group sessions conducted in a year (Note 9)	550
8	Number of linkage activities (Note 10) and/or programmes (Note 11) organised in a year (for secondary school students in school or other youth settings)	86 (20)
9	Number of participants joined the linkage activities and/or programmes in a year (Note 12) (for secondary school students in school or other youth settings)	3 330 (720)
10	Number of psycho-educational group/ programme sessions for families/ carers conducted in a year (Note 13)  (groups and sessions for children)	34 (2 groups & 14 sessions)

# Service Output (for clinical psychological service)

Service Output Standards (OSs)	Service Output Indicators	Agreed Level
11	Number of clinical individual sessions (Note 14) conducted for the service users (Note 15) of ICCMW in a year	234
12	Number of clinical group/ programme sessions (Note 16) conducted for the service users (Note 15) of ICCMW in a year (including no less than 1 clinical group with at least 8 sessions each)	20
13	Number of sessions of clinical supervision/ case consultation conducted by CP in a year (Note 17)	154
14	Number of professional training sessions conducted in a year (Note 18)	5

# Service Outcome (for ICCMW)

Service Outcome Standards (OCs)	Service Outcome Indicators	Agreed Level
1	Percentage of service users indicating satisfaction with the Service in a year (Note 19)	75%
2	Percentage of service users indicating enhancement of problem solving and coping capability after receiving the Service in a year (Note 19)	75%
3	Percentage of service users indicating enhancement of community support after receiving the Service in a year (Note 19)	75%
4	Percentage of children indicating ICCMW service helpful in a year (Note 20)	75%
5	Percentage of children indicating enhancement of mental health related knowledge after receiving the Service in a year (Note 20)	75%

## <u>Service Outcome</u> (for clinical psychological service)

Service Outcome Standards (OCs)	Service Outcome Indicators	Agreed Level
6	Service users indicating satisfaction after receiving clinical psychological service in ICCMW in a year (Note 21)	75%
7	Staff of ICCMW indicating enhancement of skills and knowledge in handling complicated cases after receiving clinical supervision/ case consultation from CP in a year (Note 22)	75%
8	Participants indicating the professional training useful for them to work with persons in mental recovery or persons with mental health needs in a year (Note 23)	75%

## D. Value-added Items

Subject to the Service Operator's proposal

# **Notes and Definitions**

(Note 1)	Members refer to individuals receiving service in the ICCMW who are persons in mental recovery or persons with suspected mental health problems. For members with suspected mental health problems, assessment by a social worker or psychiatric nurse is required. A member should be counted only once in a reporting year from 1 April to 31 March of the following year.
(Note 2)	New members refer to (a) individuals who are persons in mental recovery or persons with suspected mental health problems newly registered for the Service; or (b) re-registered members whose membership has ceased previously.
(Note 3)	New/reactivated cases refer to (a) service users in mental recovery, (b) service users with suspected mental health problems and/or (c) the family members/carers of (a) or (b), irrespective of whether consent has been given, receiving active intensive counselling/brief counselling/supportive casework in ICCMWs. Either (a), (b) or (c) can be regarded as the principal client of a case depending on the case situations and professional assessment.
(Note 4)	Children refer to those aged under 18 whose parents (living or not living under the same roof) or relatives/carers living under the same roof are persons in mental recovery or persons with mental health needs having received casework service from ICCMW.
(Note 5)	Outreaching visits refer to visits conducted by staff of the Service to service users at their residence or other places outside the ICCMWs. For outreaching visits conducted in pairs but with different roles performed by different professionals may be counted as two outreaching visits. Services provided under the Appropriate Adult Service for Mentally Incapacitated Person can be counted as outreaching visit.
(Note 6)	Office interview sessions refer to face-to-face interviews conducted by professional staff, such as social worker, nurse, etc. to service users. Group sessions should not be counted as face-to-face interview. Each office interview session should last for no less than 30 minutes.
(Note 7)	Each session of individual centre-based or outreaching need assessment/training should last for no less than 45 minutes. Only one session should be counted for cases involving more than one service user with the same objective and work plan.
(Note 8)	Therapeutic groups refer to groups conducted for members by qualified professionals with structured content and therapeutic objective(s). There should be at least 4 participants in a group with no less than 4 sessions; and each session of therapeutic groups should last for no less than one hour.

(Note 9)	Interest classes/support groups can also serve the family members/carers of service users as well as residents of the serving district. There should be at least 4 participants in a group with no less than 4 sessions; and each session of interest classes/support groups should last for no less than one hour.
(Note 10)	Linkage activities are organised for promoting better understanding of persons in mental recovery and persons with mental health needs, and are jointly organised with other welfare service units, schools, local community organisations, commercial sector, etc. to promote inclusion, integration and community participation of persons in mental recovery and persons with mental health needs, to support/educate their carers (including school personnel), to develop their potential and positive personal value of persons in mental recovery and persons with mental health needs and enhance their family and interpersonal relationship.
(Note 11)	Programmes refer to social/recreational/educational activities organised to enhance participants' personal growth, social skills and awareness of the importance of mental wellness, positive psychology and help-seeking behaviour, etc.
(Note 12)	Participants include but are not limited to the residents of the serving district and secondary school students and school personnel of the schools served.
(Note 13)	Psycho-educational groups/ programmes refer to groups/programmes conducted for the families/carers by qualified professionals, such as social worker, nurse, occupational therapist, clinical psychologist, doctor, etc., with structured content and specific objectives to facilitate a better understanding of mental illness and mental health, for strengthening their coping ability as caregivers, relieving their stress and consolidating their mutual help network. ICCMW members can also enrol in these groups/programmes with justification(s) recorded. Each session of the psycho-educational groups/programmes should last for no less than one hour. For psycho-educational groups, there should be at least 4 participants with no less than 4 sessions.
(Note 14)	Clinical individual session refers to clinical assessment, intervention or treatment provided to the referred cases served by ICCMW(s) under the same NGO. Each clinical individual session should last for no less than 30 minutes excluding preparation time and follow-up work.
(Note 15)	Service users refer to (a) persons in mental recovery receiving ICCMW services; (b) persons with suspected mental health problems receiving ICCMW services; and (c) the family members and carers of (a) or (b) above, who are not receiving clinical psychological service of the Hospital Authority or Social Welfare Department.

(Note 16)	Clinical groups refer to groups conducted by clinical psychologist with structured and specialised content achieving desired therapeutic effect/psychological intervention in relation to mental wellness of the participants. There should be at least 4 participants with no less than 8 sessions in each group. Members of clinical group shall be service users of ICCMW while programmes may also include public members depending on the nature, theme and objective(s) of the programmes. Each session of the clinical group/programme should last for no less than 2 hours.
(Note 17)	Each session of clinical supervision/ case consultation conducted by CP should last for no less than 1 hour. There is no limit of number of ICCMW cases to be consulted in each session and number of ICCMW cases receiving clinical supervision/ case consultation should be reported separately as supplementary statistical information in the SPS Form.
(Note 18)	Professional training refers to the training sessions with specific topics and themes conducted for the frontline staff of ICCMW and/or other helping professionals and peer supporters of other service unit(s)/setting(s) working with mental health problems if deemed appropriate. NGOs are encouraged to provide collective training for the target participants, wherever practical, to achieve synergy. Whole day training programmes should be counted as 2 sessions.
(Note 19)	Service users (including secondary school students regardless of their age) refer to those having completed "User Satisfaction Form - A" (USF-A) (服務使用者意見調查問卷) as provided by SWD upon case closure or completion of therapeutic/supportive groups.
(Note 20)	Children refer to those having completed "User Satisfaction Form – B (for aged under 18)" (USF-B) (18 歲以下服務使用者意見調查問卷) as provided by SWD upon case closure or completion of therapeutic groups/psychoeducational groups/programmes.
(Note 21)	Service users refer to those having completed "User Satisfaction Form – C" (USF-C) upon completion of individual clinical sessions, clinical groups / programmes.
(Note 22)	Staff of ICCMW refer to those who have received clinical supervision/case consultation in the reporting year and completed "Staff Satisfaction Form – D" (USF-D) at the end of the financial year.
(Note 23)	Participants refer to those completed "Participant Satisfaction Form – E" (USF-E) after attending professional training.