

Funding and Service Agreement¹

Halfway House

I Service Definition

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 in mental recovery with history of criminal violence or assessed disposition to violence², in an integrated way together with ordinary persons in mental recovery who are also in need of community rehabilitation service.

Purpose and Objectives

2. 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

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

Service Nature and Contents

3. The services provided by Halfway House include 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;
 - (v) domestic skills;
 - (vi) group living skills; and
 - (vii) positive use of leisure time.

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

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

- (c) facilitation of the re-alignment of relationship with family members;
- (d) preparation for an independent living after discharge from the Halfway House; and
- (e) Visiting Medical Practitioner Scheme (VMPS) to service users under this Funding and Service Agreement (FSA) (please refer to the Service Brief of VMPS at **Annex I**).

Target Service Users and Eligibility Criteria

- 4. The target service users of HWH are -
 - Persons, aged 15 or above, in mental recovery who are in need of residential care in the community for a transitional period.
 - For Halfway House with Special Provision, 25% of the places are provided for discharged mental patients with assessed disposition to violence.

Referrals

- 5. Referrals are made through the Central Referral System for Rehabilitation Services (CRSRehab) operated by the Social Welfare Department (SWD).

II. Service Performance Standards

- 6. The Service Operator is required to meet the service performance standards including the Service Outputs and Service Outcomes Standards as shown at **Annex II**.

Essential Service Requirements

- 7. The Service Operator must comply with the following Essential Service Requirements (ESRs):–
 - (a) staff are arranged to work on shifts to provide 24-hour service per day round the year;
 - (b) provision of sufficient and varied food appropriate to the age and health of the residents;
 - (c) staffing requirement includes registered social worker³ (for Half-way House with Special Provision, staffing should include a registered social worker with recognised degree in social work);

³ A registered social worker refers to a person who is registered under the Social Workers Registration Ordinance (Cap.505).

- (d) referrals are handled in compliance with the CRSRehab Manual of Procedures;
- (e) the services are 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); and
- (f) the visiting medical practitioners engaged in Visiting Medical Practitioner Scheme (VMPS) shall possess qualification recognised in Hong Kong under the Medical Registration Ordinance (Cap. 161).

Service Quality Standards

8. The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

III. Subvention

9. The Service is subvented by the SWD under the Lump Sum Grant Subvention System for a time-defined period as set out at **Annex II**. The Service Operator is required to observe the guidelines and rules of subvention as set out in the latest Lump Sum Grant Subvention Manual, circulars, other 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. The basis of subvention is set out in the offer and notification letter issued by the SWD to the Service Operator.

10. The amount of subvention has taken into account the personal emoluments (PE) of staff, including provident fund for employing qualified professionals and supporting staff, and other charges (covering all other relevant operating expenses including programmes, air-conditioning, central administration, 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 FSA, payment of subventions will be made on a monthly basis.

IV. Validity Period

12. This FSA is valid for a time-defined period as with the dates set out at **Annex II**. Should the Service Operator be in breach of any terms of 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. 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. 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.

V. Other References

16. Apart from this FSA, the Service Operator shall also comply with the requirements/commitments set out in the Service Specifications, and the Service Operator's proposals and supplementary information, if any. When these documents are in conflict, this FSA shall prevail.

Annex IVisiting 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

Terms and Requirements of Specific Service Unit

I. Validity Period

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

II. Service Capacity

| Service | Capacity |
|---------------------|----------|
| Halfway House (HWH) | x places |

III. Service Performance Standards

The Service Operator shall meet the following service performance standards:

Service Outputs**For HWH Service**

| <u>Service Output Standard (OS)</u> | <u>Service Output Indicator</u> | <u>Agreed Level</u> |
|-------------------------------------|---|---------------------|
| 1 | Average enrolment rate in a year ^(Note 1) | 95% |
| 2 | Rate of service users successfully discharged in a year ^(Note 2) | 13% |
| 3 | Rate of achieving individual plans in a year ^(Note3) | 98% |

For VMPS

| <u>Service Output Standard (OS)</u> | <u>Service Output Indicator</u> | <u>Agreed Level</u> |
|-------------------------------------|--|-----------------------------------|
| 4 | No. of clinical visits conducted in a year ^(Note 4) | 80 (preferably on a weekly basis) |
| 5 | Percentage of service users having received at least one health assessment in a year ^(Note 5) | 95% |
| 6 | No. of staff training on health care / infection control organised in a year | 1 |
| 7 | No. of health care talks delivered to service users and/or their families in a year | 1 |
| 8 | No. of hygiene audits conducted for infection prevention and control in a year | 2 |

Service Outcomes**For HWH Service**

| <u>Service Outcome Standard (OC)</u> | <u>Service Outcome Indicator</u> | <u>Agreed Level</u> |
|--------------------------------------|--|---------------------|
| 1 | Percentage of service users indicating satisfaction with the overall services/programmes delivered to them in a year ^(Note 6) | 80% |
| 2 | Percentage of service users indicating enhancement of independent living skills in a year ^(Note 7) | 80% |
| 3 | Percentage of service users indicating enhancement of problem coping and solving capability in a year ^(Note 8) | 75% |

(Please refer to Notes and Definitions for explanation)

For VMPS

| <u>Service Outcome Standard (OC)</u> | <u>Service Outcome Indicator</u> | <u>Agreed Level</u> |
|--------------------------------------|--|---------------------|
| 4 | Percentage of service users indicating satisfaction with VMPS services in a year ^(Note 9) | 75% |
| 5 | Percentage of service users' family members/guardians/carers indicating satisfaction with VMPS services in a year ^(Note 10) | 75% |
| 6 | Percentage of staff indicating satisfaction with VMPS services in a year ^(Note 11) | 75% |

Notes and Definitions

(Note 1) **Enrolment** refers to the total number of enrolled persons as at the end of each month.

Average enrolment rate =

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

* Capacity: Total number of places including value-added places

(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) **Individual plan** refers to the plan conducted by the service unit to meet individual service user's needs. The plan should include goals, action identified and timeframes for achieving or reviewing plans. An **annual** individual plan should be set for each service user excluding those who stay in the service unit for less than 9 months. These individual plans should form the basis of regular case reviews which should be conducted at least annually for each service user. Achieving individual plans refers to individual plans being completed. Individual plans regarded to be completed include those plans having the achievement of original as well as revised specific goals or else target components arising from circumstantial changes or service users' changing needs / abilities e.g. deceased cases with revised plan of bereavement service for family members and / or other service users. Those success indicators should be designed and evaluated by staff.

Rate of achieving individual plans =

$$\frac{\text{Number of plans completed during the period}^1}{\text{Total number of plans required during the period}^2} \times 100 \%$$

¹ Total number of plans completed for all service users (excluding those service users with less than 9 months' stay) in a financial year.

² Total number of plans of all service users (excluding those service users with less than 9 months' stay) completed in a financial year.

(Note 4) Clinical visits refer to the visits conducted by the visiting medical practitioners to RCHDs to provide the range of programmes covered by VMPS, including medical treatment and management, health assessment, advice on maintenance of patient records, drug management and environmental hygiene, staff training, health talks and hygiene audits.

(Note 5) Percentage of service users having received at least one health assessment in a year =

$$\frac{\text{No. of service users having received one or more health assessment in the year}}{\text{Total no. of service users having been served in the year}} \times 100 \%$$

(Note 6) Service users' satisfaction refers to the outcome of service evaluation questionnaires conducted by the service unit to collect views from service users on the services provided by the service unit.

Service Users' satisfaction rate =

$$\frac{\text{No. of service users indicating satisfaction above average}^3}{\text{Total number of service users having completed service evaluation questionnaire in the year}} \times 100 \%$$

(Note 7) Percentage of service users indicating enhancement of independent living skills in the year

- i. 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.

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

$$\frac{\text{Number of service users indicating enhancement of independent living skills}^3}{\text{Total number of service users completed service evaluation questionnaires in the year}} \times 100 \%$$

(Note 8) Percentage of service users indicating enhancement of problem coping and solving capability

- i. **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.

³ It refers to respondents indicating “同意” or “非常同意” as shown in the “服務使用者意見調查問卷”.

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

$$\frac{\text{Number of service users indicating enhancement of problem coping and solving capability}^3}{\text{Total number of service users completed service evaluation questionnaires in the year}} \times 100 \%$$

(Note 9) Percentage of service users indicating satisfaction with VMPS services in a year =

$$\frac{\text{No. of service users indicating satisfaction}^4 \text{ with VMPS services}}{\text{Total no. of service users having completed the service evaluation questionnaires in the year}} \times 100 \%$$

(Note 10) Percentage of service users' family members/guardians/carers indicating satisfaction with VMPS services in a year =

$$\frac{\text{No. of service users' family members/guardians/carers indicating satisfaction}^4 \text{ with VMPS services}}{\text{Total no. of service users' family members/guardians/carers having completed the service evaluation questionnaires in the year}} \times 100 \%$$

(Note 11) Percentage of staff indicating satisfaction with VMPS services in a year =

$$\frac{\text{No. of staff indicating satisfaction}^4 \text{ with VMPS services}}{\text{Total no. of staff having completed the service evaluation questionnaires in the year}} \times 100 \%$$

⁴ It refers to respondents indicating “同意” or “非常同意” as shown in the “院舍外展醫生到診計劃-服務使用者/家屬/職員意見調查問卷” provided by the SWD.