

Funding and Service Agreement¹

Counselling Centre for Psychotropic Substance Abusers

I Service Definition

Introduction

Counselling Centre for Psychotropic Substance Abusers (CCPSA) is a non-residential drug treatment and rehabilitation service which provides drug treatment, rehabilitation and preventive education services. The Centre also provides on-site medical support service (OSMSS) including procurement of drug-related medical consultation service from the community and provision of nursing care service for the drug abusers.

Purpose and Objectives

2. The purpose of CCPSAs is to provide counselling and assistance to those who are habitual/occasional/potential psychotropic substance abusers (PSAs) and to young people who are at risk with a view to assisting them to abstain from abusing psychotropic substance. The specific objectives of the service are:

- (a) to help PSAs abstain from their drug-taking habits and develop a healthy lifestyle;
- (b) to increase the awareness of those vulnerable to drug abuse and to steer them away from drugs;
- (c) to reach out to PSAs for timely and early intervention;
- (d) to provide counselling and assistance to family members of PSAs so as to help them deal with the problems;
- (e) to provide professional training for allied professionals with a view to facilitating their assistance to PSAs;
- (f) to maintain active collaboration with stakeholders and professionals concerned in the identification and intervention process to support PSAs, their children and family members;
- (g) to provide preventive education and publicity programmes to students of secondary schools, post-secondary institutions and vocational training

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

organisations, and the general public at community level;

- (h) to motivate PSAs to seek early assistance and stay with the treatment programme through medical support services; and
- (i) to enhance pregnant drug abusers or drug-abusing parents' parenting efficacy, self-esteem and family relationship.

Service Nature and Contents

3. The services provided by CCPSAs include:

- (a) treatment and rehabilitative services for PSAs comprising assessment service, matching of mode of detoxification, relapse prevention, and individual and group counselling service to help them resume normal functioning;
- (b) outreaching service to PSAs for early identification and intervention;
- (c) counselling and support services for early discharges and/or relapse prevention/aftercare services for needy discharges from residential drug treatment and rehabilitation centres (DTRCs), ex-probationers, and inmates released from correctional facilities managed by the Correctional Services Department (CSD) for rehabilitation of drug abuse problem;
- (d) preventive education programmes for students of secondary schools, post-secondary institutions and vocational training organisations; potential or occasional PSAs; and for the general public at community level;
- (e) counselling service and supportive programmes for family members of PSAs;
- (f) peer support service (PSS) for PSAs and family members by providing emotional and empathetic support to facilitate early identification, engagement, treatment and rehabilitation, as well as for preventive education and publicity programmes for the general public;
- (g) expert information and advice on substance and substance abuse;
- (h) professional training for allied professionals and stakeholders who are working with habitual/occasional/potential PSAs;
- (i) for those CCPSAs with land boundary control point(s) in their serving district(s), outreaching and crisis intervention service or preventive programmes to address cross-boundary psychotropic substance abuse problem;

- (j) medical/ allied health support service for PSAs comprising body checks, drug tests, motivational interviews and drug-related consultation in connection with the treatment and rehabilitation of the PSAs; case referrals to medical specialist treatment, Substance Abuse Clinics and/or other mode of drug treatment and rehabilitation programmes as appropriate;
- (k) supportive services, such as family relationship building group sessions and family aide service, for pregnant drug abusers or drug-abusing parents and/or their family members and/or significant others, to enhance their capacity on parenting, childcare and household management; and
- (l) any other services to meet the changing service demand and drug abuse scenes.

Target Service Users

4. The target service users served by CCPSAs include:

- (a) habitual PSAs who have developed physical and/or psychological dependence on drugs;
- (b) occasional PSAs who use psychotropic substance for various reasons without medical consultation;
- (c) potential PSAs who are in high risk environment/situation and/or ignorant of the risks and consequences of such abuse;
- (d) ex-probationers, inmates released from correctional facilities managed by CSD and dischargees from DTRCs in need of professional support and aftercare service regarding rehabilitation of drug abuse problem in the community;
- (e) significant others of PSAs, such as parents, families, school personnel and employers, etc.;
- (f) allied professionals who are working with potential, occasional or habitual PSAs; and
- (g) stakeholders and the general public, especially young people, at community level.

II Service Performance Standards**Essential Service Requirements**

5. The Service Operator shall meet the following essential service requirements (ESRs):

- (a) The service is rendered by registered social worker(s), registered nurse(s) (psychiatric), peer support worker(s) (PSW) ^(Note 18) and family aide(s) (FA) ^(Note 21); and
- (b) Medical and allied health care services should be procured from/provided by medical and health care professionals who (i) are registered with respective boards or councils governed by related ordinances in Hong Kong where applicable; or (ii) possess qualifications commonly adopted by local medical institutions of the Hospital Authority, the Department of Health and/or the private sector.

Service Output and Outcome Standards

6. The Service Operator shall meet the following service output and outcome standards:

| <u>Service Output Standard</u> | <u>Service Output Indicator</u> | <u>Agreed Level</u> |
|--------------------------------|---|---|
| 1 | Total no. of outreaching sessions (of which at least (a) 36 sessions should be conducted during night time outside opening hours) ^(Note 1) to PSAs ^(Note 2) for early identification and intervention | 72 (a) 36 |
| 2 | Total no. of PSAs newly identified through proactive means/methods ^(Note 3) | 60 |
| 3 | Total no. of PSAs aged under 21 newly identified through proactive means/methods ^(Note 3) | 10 (out of the no. of PSAs in OS2) |
| 4 | Total no. of cases served with case plan ^(Note 4) (of which at least (a) 238 PSA cases and (b) 42 pregnant drug abuser or drug-abusing parent cases) | 280 ^(Note 4 & 13) (a) 238 (b) 42 |
| 5 | Total no. of new/reactivated cases | 65 ^(Note 13) (out of the no. of cases in OS4) |

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|----|--|--|
| 6 | Total no. of cases involving stakeholders concerned ^(Note 5) | 118 (out of the no. of cases in OS4) |
| 7 | Total no. of professional collaborations ^(Note 6) for pregnant drug abuser or drug-abusing parent cases | 210 |
| 8 | Total no. of counselling group sessions ^(Note 7) provided by social worker and/or nursing staff | 240 ^(Note 13) |
| 9 | Total no. of brief counselling/consultation sessions provided to PSAs and/or their family members ^(Note 8) by social worker and/or nursing staff for engagement in drug treatment service | 160 ^(Note 13) |
| 10 | Total no. of preventive education and publicity programme ^(Note 9) sessions (including professional training sessions ^(Note 10)) provided by social worker and/or nursing staff | 104 |
| 11 | Percentage of schools served ^(Note 11) | 80 % of the total no. of secondary schools in the catchment area or the equivalent amount of anti-drug services provided ^(Note 12 & 13) |
| 12 | Total no. of PSAs received medical support service ^(Note 14) | 104 |
| 13 | Total no. of medical consultation/treatment sessions ^(Note 15) provided to PSAs | 308 |
| 14 | Total no. of nursing care sessions ^(Note 16) provided to PSAs by nursing staff | 208 |

Service-specific Sections (LSG)**Funding and Service Agreement**

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| 15 | Total no. of PSS sessions ^(Note 17) conducted or assisted by PSW(s) ^(Note 18) [of which at least (a) 150 sessions are conducted or assisted by PSW(s) who is/are ex-PSA(s)/ex-drug abuser(s)] | 300 (a) 150 |
| 16 | Total no. of family relationship building group sessions ^(Note 19) | 40 |
| 17 | Total no. of direct service hours ^(Note 20) conducted or assisted by FA(s) ^(Note 21) | 535 |

| <u>Service Outcome Standard</u> | <u>Service Outcome Indicator</u> | <u>Agreed Level</u> |
|---------------------------------|---|---------------------|
| 1 | Successful rate of cases closed with achieved case plan ^(Note 22) | 55% |
| 2 | Percentage of drug-free PSA cases before termination ^(Note 23) | 55% |
| 3 | Percentage of PSA cases successful in involving family members in casework process ^(Note 24) | 40% |
| 4 | Among the schools served ^(Note 11) , percentage of the schools with personnel or students reported to have increased awareness and knowledge on the harmful effects of drug abuse ^(Note 25) | 90% |
| 5 | Percentage of PSAs having received medical support service reported to have increased awareness and knowledge on the harmful effects of drug abuse ^(Note 25) | 80% |
| 6. | Percentage of service users of PSS reported to have increased awareness and knowledge on the harmful effects of drug abuse/increased understanding on rehabilitation of drug abuse ^(Note 25) | 80% |
| 7 | Percentage of pregnant drug abusers or drug-abusing parents indicating their parenting efficacy, self-esteem and family relationship was improved | 75% |
| 8 | Percentage of pregnant drug abusers or drug-abusing parents indicating that they have reduced drug use or even quitted drugs | 75% |

| | | |
|----|---|------|
| 9 | Percentage of pregnant drug abusers or drug-abusing parents receiving supportive service from more than one stakeholder concerned | 75% |
| 10 | Percentage of PSWs who attended paid job-related training ^(Note 26) at least once a year | 100% |

Service Quality Standards

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

III Obligations of the Social Welfare Department (SWD) to Service Operator

8. The SWD will undertake the responsibilities set out in the General Obligations of the SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

IV Basis of Subventions

9. The basis of subventions is set out in the offer and notification letters issued by the SWD to the Service Operator.

Funding

10. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period . This lump sum has taken into account the personal emoluments, including provident fund for employing registered social workers, qualified professionals, PSWs, FAs and supporting staff, and other charges (covering 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, rates, Government rent and management fees (Rent and Rates) in respect of premises recognised by the 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 conditions and requirements set out in the latest LSG Subvention Manual, LSG Circulars, guidelines, management letters and relevant correspondence issued by the SWD on subvention policies and procedures. The LSG allocation will be subject to adjustments including salary adjustments in line with civil

service pay adjustments and other charges in line with price adjustment factor (currently the Composite Consumer Price Index). The Government will not accept any liabilities or financial implication arising from the service beyond the approved funding.

Payment Arrangement, Internal Control and Financial Reporting Requirements

12. Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

13. The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the service and make them available for inspection by the Government representative.

14. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the non-governmental organisation (NGO) as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Cap. 50) and signed by two authorised representatives of the NGO, i.e. the chairperson of the governing board and the NGO Head in accordance with the requirements as stipulated in the latest LSG Subvention Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, provisions and accruals, etc. should not be included in the AFR.

Corruption Prevention and Probity Requirements

15. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. The Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, the Service Operator shall avoid and declare any conflict of interest.

16. The Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial/fund management, procurement, staff administration, delivery of services/activities, management of maintenance works as set out in the "Corruption Prevention Guide on Governance and Internal Control for Non-Governmental Organisations" and the "Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants" issued by the Independent Commission Against Corruption.

V Validity Period

17. This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of condition of the 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.

18. Where there is any change to the 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.

19. Continuation of the 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.

20. 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.

VI Other References

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

Explanatory Notes

1. Outreaching sessions refer to the different methods to reach out/contact PSAs and hidden drug abusers outside office/schools such as visits to black spots and private setting, etc. Each session should be of at least one hour with direct contact with the suspected/identified PSAs. A minimum of 36 sessions in the year should be conducted during night time outside opening hours of the CCPSA.
2. PSAs² refer to those people who have used/reported to have used psychotropic substance at least once over the past six months upon revelation of drug abuse history. Each PSA should only be reported once to avoid double counting.
3. Proactive means/methods include outreaching attempts, introduction by friends and family members/relatives, advertisement/promotion such as pamphlets, banners and posters, and social media/Internet platform such as Facebook, webpage, WhatsApp, WeChat, SMS, etc. Referrals from professionals such as social workers, teachers, courts, police, medical officers, etc. or referrals from community stakeholders such as district council members, etc. are excluded.
4. No. of cases served with case plan – no. of active cases as at 1st April of the current financial year + Total no. of new and reactivated cases in the year. Cases refer to PSAs or family member cases.

PSA cases also include ex-probationers, inmates released from correctional facilities managed by CSD and discharges from DTRCs in need of professional support and aftercare service regarding rehabilitation of drug abuse problem in the community within three months upon completion of statutory supervision/discharge/completion of subvented aftercare service, though they may not have used/report to have used psychotropic substance once over the past six months.

Pregnant drug abusers or drug-abusing parents with children under the age of 12 can also be included as PSA cases if they have used/reported to have used psychotropic substance at least once over the past 12 months upon revelation of drug abuse history.

Family member cases refer to those cases involving only family members and/or

² As CCPSA is one of the most front-line service units to identify and come into contact with PSAs in the community, CCPSA should report PSAs to the Central Registry of Drug Abuse (CRDA) system which captures the drug trend and provides relevant drug abuse statistics in Hong Kong.

significant others but not the PSAs who are not yet motivated to be involved in the intervention direct. The purposes are to help the family motivate the PSAs to come for receiving drug treatment service direct and to give support to the family members to address problems that have resulted from the PSAs' drug problem. To avoid double counting, once the PSA is engaged in the casework process, the PSA should be regarded as the principal client of the case and that the case of family members and/or significant others no longer exists and should be subsumed into the caseload of the PSA.

To meet OS4, CCPSA is also required to attain minimum number of PSA cases at 238 and minimum number of pregnant drug abusers and drug-abusing parent cases at 42 out of the total number of cases served at 280 while family member cases should not exceed 15% of the agreed level of OS4.

5. Cases involving stakeholders concerned – the ways of involving include telephone contacts, joint interviews, meetings, making referrals, etc. through which the social worker will be facilitated in need assessment, identification of problems, setting of priorities and formulation and implementation of the helping process. Stakeholders concerned include schools, probation and community service orders offices, medical practitioners, nurses and allied health professionals (e.g. occupational therapists and clinical psychologists), government departments (e.g. Hong Kong Police Force and CSD), young people services (e.g. District Youth Outreaching Social Work Teams, Overnight Outreaching Service for Young Night Drifters and Community Support Service Scheme), family service units (e.g. Integrated Family Service Centres and Family and Child Protective Services Units), medical/mental health service units (e.g. Substance Abuse Clinics, Integrated Community Centres for Mental Wellness and Medical Social Services Units), DTRCs, etc.
6. Professional collaborations refer to Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC), case reviews or discussions on case development or child care plans, medical consultation, etc. with professional inputs by social workers.
7. Counselling groups refer to those groups which require purposeful intervention of social worker and/or nursing staff to assist PSAs or potential PSAs to enhance their awareness on drugs and abstain from substance abuse, to enhance their problem-solving skills and develop necessary life skills, or to assist the family members to understand the problem/treatment of substance abuse and their role in helping the

PSAs. Each group should have at least four sessions with preferably six or more enrolled participants. One session should last for at least one hour. In case of a whole day counselling programme, a maximum of three sessions can be counted.

8. Brief counselling/consultation sessions provided to PSAs and/or their family members refer to early intervention strategy of engaging the PSAs and/or their family members that are not yet cases served with case plan. Each session should at least be one hour with direct contact with the PSAs and/or their family members. The total no. of sessions for each of these PSAs or his/her family should not be more than four.
9. Preventive education and publicity programmes refer to drug preventive education and publicity programmes for PSAs, students of secondary schools, post-secondary institutions and vocational training organisations, and the general public. The programmes to the general public may be in the format of talks, workshops, groups and mass programmes, exhibitions, publication of educational booklets, media interviews/programmes, webpage, production and publication of promotional souvenirs/items, etc. In case the preventive education and publicity programme is held in the format of talks, workshops and/or group, one session should last for at least one hour. In case of a whole day training programme, a maximum of three sessions can be counted.
10. Professional training sessions refer to training in the format of talks, seminars, group activities, etc. with content of expert information and advice on psychotropic substance abuse for allied professionals such as teachers, medical practitioners, health professionals, police, social workers, etc. with a view to facilitating their assistance to PSAs. One session should last for at least one hour. In case of a whole day training programme, a maximum of three sessions can be counted.
11. Schools served refer to secondary schools with subvented school social work service or private secondary schools on the list of Education Bureau [excluding schools participating in the Healthy School Programme with a drug testing component (HSP(DT)), and international and English School Foundation (ESF) schools], post-secondary institutions (Institutions) and vocational training organisations (Organisations) in the respective catchment area provided with anti-drug services such as mass drug awareness programmes, drug education talks, counselling groups, etc. for at least one time in the year. To avoid double counting, a secondary school which has been provided with drug preventive programmes on several occasions within the financial year should only be reported once in OS11.

Institutions and Organisations refer to universities, community colleges, and any programme courses for vocational training being listed in the website of Education Bureau. Except drug-related crises broken out in Institutions / Organisations which should be the respective CCPSA of the catchment area should respond to, CCPSAs are allowed to offer anti-drug services to any institution across the territory.

12. To make up for the number of secondary schools participating in HSP(DT) which are therefore excluded under OS11, CCPSAs shall redirect the resource to provide (i) anti-drug services to Institutions / Organisations and/or (ii) family work including family member/PSA cases plus brief counselling or counselling group according to the respective conversion formula as set out below -

- (i) 1 secondary school = 1 session of anti-drug service provided to Institutions / Organisations. One session of anti-drug service should last for at least one hour. In case of a whole day training programme, a maximum of three sessions can be counted.
- (ii) 1 secondary school = 0.54 case (plus 2.02 brief counselling sessions or 1.62 counselling group sessions). CCPSAs should handle 23% of new/reactivated cases in a year against the total number of additional cases from conversion.

The above conversion also applies to those secondary schools not participating in HSP(DT).

CCPSAs should refer to the list of secondary schools participating in HSP(DT) (the list) in the 2023/24 school year to determine the amount of family work to be handled from October 2024 to March 2025 based on the conversion formula. Thereafter, CCPSAs should refer to the list in the latest school year to determine the amount of family work to be handled in each financial year, i.e. from the financial year of 2024-25 till the end of the validity of this FSA based on the conversion formula. For instance, CCPSAs should refer to the list in the 2024/25 school year to determine the amount of family work to be handled in the financial year 2025-26 based on the conversion formula.

13. Secondary schools with subvented school social work service (excluding those international and ESF schools) as at 31 March 2024 will serve as the base of the total number of schools in the respective catchment area for calculation of the service output performance. If the CCPSA has attained 70% of the schools served (including those schools for conversion to family work), it can replace the remaining 10% of schools with equivalent number of work sites served with drug preventive programme(s). A work site should have at least five employees/employers. To

avoid double counting, a work site which has been provided with drug preventive programmes on several occasions within the financial year should only be reported once.

The service output performance of relevant OSs, i.e. OS4 (Total no. of cases served with case plan), OS5 (Total no. of new/reactivated cases), OS8 (Total no. of counselling group sessions provided by social worker and/or nursing staff) and OS9 (Total no. of brief counselling/consultation sessions provided to PSAs and/or their family members by social worker and/or nursing staff for engagement in drug treatment service) would be assessed against the agreed level after deduction of the corresponding numbers of such activities for conversion under OS11 reported at the end of the financial year.

14. PSAs received medical support service refer to the number of PSAs receiving the first assessment on his/her medical condition and drug-related needs with the formulation of intervention/treatment plan provided by medical practitioner(s) or those specified under ESRs or nursing staff.
15. Medical consultation/ treatment sessions should include three components:
 - (i) conducted by those specified under ESRs for early identification of health problem of PSAs such as body checks, drug tests, motivational interviews and drug-related consultation; and/or for handling drug-related health problem of PSAs;
 - (ii) funded under the OSMSS; and
 - (iii) involved input from nursing staff and/or social worker(s).
16. Nursing care sessions may include assistance to medical practitioner(s) in medical appointments, direct health care and/or health counselling to PSAs. This should not be reported under the OS9 for brief counselling/consultation sessions at the same time to avoid double counting.
17. PSS sessions refer to interview sessions, outreaching visits, home visits, escort sessions, group sessions, and/or preventive education and publicity programme sessions, etc. conducted by PSWs individually or paired up with professional staff, such as social worker, nurse, etc. with duration of not less than one hour per session. Subject to the nature of the service sessions and staff conditions, more than one PSWs may provide PSS in the same activity with specific duties. For example, if two PSWs provide PSS in the same activity with specific duties, two sessions may be

counted. These activities may be at the same time reported under the OS 1, 8, 9, 10 and 16 as appropriate (same counting methods for respective OSs should be applied).

18. Peer support workers (PSWs) refer to (i) ex-PSAs/ex-drug abusers or (ii) family members of ex-PSAs/ex-drug abusers/PSAs/drug abusers who are ready and capable to provide emotional and empathetic support by (i) sharing their rehabilitation and recovery experiences or (ii) sharing their experiences in supporting the rehabilitation/recovery of PSAs/drug abusers, to facilitate early identification, engagement, treatment and rehabilitation, as well as to provide preventive education and publicity programmes for the general public, including the schools served.
19. Family relationship building group sessions are conducted by social worker involving at least two different cases / families (including parents and their children for each case) in the form of parenting coaching and fostering positive interaction to facilitate parent-child relationship building and prepare for family reunion of those children who are placed out of home care. Each session should last for at least one hour. In case of a whole day programme, a maximum of three sessions can be counted.
20. Direct service hours refer to face-to-face activities mainly for pregnant drug abusers or drug-abusing parents and/or other significant others whom would provide support to them, including interview sessions, outreaching visits, home visits, escort sessions, group sessions, video calls, family activities and/or training sessions on parenting training, household management and childcare, etc. conducted by FAs individually or paired up with professional staff, such as social worker, nurse, etc. These activities may be at the same time reported under the OS 1, 7, 8, 10 and 16 as appropriate (same counting methods for respective OSs should be applied).
21. Family aides (FAs) refer to family aides, ward attendants or post-natal care helpers who provide support services to pregnant drug abusers or drug-abusing parents and/or other significant others on parenting training, household management and childcare, etc.
22. Case plan should include four components:
 - (i) a plan worked out between the social worker and the PSA/family members/significant others with agreed direction on a feasible drug treatment and rehabilitation plan for the PSA;
 - (ii) a specific time frame;
 - (iii) specific actions to be taken by the social worker and/or the PSA/family

members/significant others in working towards the agreed direction; and

(iv) goals that can be evaluated.

23. Drug-free PSA cases before termination refer to PSAs who have maintained drug-free for at least 90 days.

24. PSA cases successful in involving family members in casework process refer to those PSA cases involving family member(s) at either intake, intervention or termination stage of case. The ways of involving include telephone contacts, office interviews, home visits, meetings, etc. through which the family member(s) or the social worker would understand the principal client's problems, family dynamics and/or the family member(s) would participate in the treatment process of the principal client.

25. Increased awareness and knowledge on the harmful effects of drug abuse/increased understanding of rehabilitation of drug abuse – as compared with the level before intervention, service users including PSAs, family members, and schools or students (or employers/employees if drug preventive programme is provided at work site), and the general public, etc. reported to have increased awareness/ knowledge/ understanding on the following aspects:

- (i) harmful effects of drug abuse, e.g. awareness towards the physical and psychological dependence on drug, knowledge on the adverse effects of different types of drug, etc.; and/or
- (ii) rehabilitation of drug abuse, e.g. difficulties encountered, recovery experiences, risks and needs involved, etc.

Calculation of the OC will be based on the number of participant feedback forms collected.

26. Paid job-related trainings refer to trainings that provide new skills or knowledge, that are necessary for efficient and productive performance of the employee's current work or future employment except those on-the-job training provided by the employer and free training programmes.

Calculation of OC will be as follows:

$$\frac{\text{Total no. of paid job-related training sessions to PSW in a year}}{\text{the establishment of PSWs (i.e. 2 as at 1 October 2024)}} \times 100\%$$