# Funding and Service Agreement[1]

# Centre for Drug Counselling

## I Service Definition

### Introduction

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

(a) to provide counselling and assistance to drug abusers, especially adult drug abusers, to help them abstain from their drug-abusing habits;

(b) to provide counselling and supportive services to ex-drug abusers to help them go through the process of social rehabilitation and integration into the community;

(c) to provide counselling and supportive services to family members of drug abusers and ex-drug abusers to help them deal with problems resulting from drug abuse;

(d) to maintain active collaboration with stakeholders and professionals concerned in the identification and intervention process to support drug abusers, their children and family members;

(e) to provide medical support services to motivate drug abusers to seek early

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

assistance and stay with the treatment programme, to help change the drug abusing behaviour and reduce the demand for further specialist medical treatment in Substance Abuse Clinics (SACs) and/or other specialist clinics later on for those who are in the early stage of developing psychiatric and/ or chronic health problems and to educate the general public the potential harms caused by drug-abusing;

(f) to enhance pregnant drug abusers or drug-abusing parents' parenting efficacy, self-esteem and family relationship;

(g) to combat drug abuse problem through preventive education and publicity programmes to various target groups, especially for those who study/receive training/work in post-secondary education institutions, vocational training organisations and vulnerable industries in the drug scene; and

(h) any other services to meet the changing service demand and drug abuse scenes.

## Service Nature and Contents

3. The services provided by CDC include:

(a) providing casework service to drug abusers, ex-drug abusers and their family members to help them deal with problems resulting from drug abuse;

(b) organising therapeutic, educational, developmental, and supportive groups for the drug abusers, ex-drug abusers and their family members;

(c) providing supportive services for family members of drug abusers and ex-drug abusers;

(d) providing 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 their significant others to enhance their capacity on parenting, childcare and household management;

(e) providing peer support service (PSS) for drug abusers, ex-drug abusers and their 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;

(f) providing medical/ allied health support service comprising body checks, drug tests, motivational interviews and drug-related consultation in connection with the treatment and rehabilitation of the drug abusers and ex-drug abusers; and making case referrals to medical specialist treatment, SACs

and/or other mode of drug treatment and rehabilitation programmes as appropriate;

(g) running preventive education and publicity programmes to disseminate the anti-drug message and to combat the drug abuse problem; and

(h) organising drug preventive mass activities such as annual activities, training, and educational programmes.

**Target Service Users**

4. The target service users of CDC are:

(a) drug abusers / potential drug abusers (especially adult drug abusers), and ex-drug abusers (including drug treatment and rehabilitation centre (DTRC) dischargees), and their family members;

(b) students/trainees and staff of post-secondary education institutions and vocational training organisations;

(c) workers and employers of vulnerable industries in the current drug scene; and

(d) general public.

## 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 11); 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:

| Service Output Standard | Service Output Indicator | Agreed Level |
|---|---|---|
| 1 | Total number of cases served with case plan [Note 1] [of which at least 42 are pregnant drug abuser or drug-abusing parent cases] | 484 |
| 1(a) | Total number of drug abuser/ex-drug abuser [Note 2] cases | 387 (out of the no. of cases in OS1) |
| 1(b) | Total number of adult drug abuser/ ex-drug abuser [Note 2] cases aged 21 and over [Note 3] | 339 (out of the no. of cases in OS1) |
| 1(c) | Total number of DTRC dischargee cases [Note 4] referred by DTRCs | No requirement # |
| 1(d) | Total number of DTRC dischargee cases [Note 4], aged 21 and over, referred by DTRCs | No requirement # |
| 1(e) | Total number of pregnant drug abuser or drug-abusing parent cases | 42 [Note 5] (out of the no. of cases in OS1) |
| 2 | Total number of new/reactivated cases | 5 |
| 3 | Total number of cases involving stakeholders [Note 6] concerned | 8 |
| 4 | Total number of professional collaborations [Note 7] for pregnant drug abuser or drug-abusing parent cases | 210 |

| | | |
|---|---|---|
| 5 | Total number of brief counselling/consultation sessions Note 8 provided to drug abusers and/or their family members by social workers for engagement in drug treatment service | 60 |
| 6 | Total number of family relationship building group sessions Note 9 | 40 |
| 7 | Total number of direct service hours Note 10 conducted or assisted by FA(s) Note 11 | 535 |
| 8 | Total number of drug abusers/potential drug abusers, received medical support service Note 12 | 104 |
| 9 | Total number of medical consultation/treatment sessions Note13 provided to drug abusers/potential drug abusers | 308 |
| 10 | Total number of nursing care sessions Note 14 provided to drug abusers/potential drug abusers conducted by the nursing staff | 208 |
| 11 | Total number of anti-drug public health education/ training sessions conducted/assisted by the nursing staff | 30 Note 15 |
| 12 | Total number of drug abusers referred to DTRCs/SACs/medical specialist treatment (other than the medical appointment reported in OS9) Note 16 | 50 |

| | | |
|---|---|---|
| 13 | Total number of brief counselling/consultation sessions provided to drug abusers/potential drug abusers and/or their family members Note 8 by nursing staff for engagement in drug treatment service. | 30 |
| 14 | Total number of PSS sessions Note 17 conducted or assisted by PSW(s) Note 18 | 300 |
| 14(a) | Total number of PSS sessions Note 17 conducted or assisted by PSW(s) Note 18 who is/are ex-drug abuser(s)] | 150 (out of the no. in OS14) |
| 15 | Total number of group sessions Note 19 | 336 |
| 16 | Total number of drug preventive education and publicity programme sessions Note 20 | 60 |
| 16(a) | Total number of drug preventive education and publicity programme sessions, specifically organised for the post-secondary education institutions Note 21, vocational training organisations Note 22 and/or vulnerable industries in the drug scene Note 23 | 20 (out of the no. of programme sessions in OS16) |

*# The number of cases is captured for statistical purpose.*

| Service Outcome Standard | Service Outcome Indicator | Agreed Level |
|---|---|---|
| 1 | Percentage of drug abusers/potential drug abusers, having received medical support service reported to have increased awareness and knowledge on the harmful effects of drug abuse Note 24 | 80% |

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|---|---|---|
| 2 | 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 24 | 80% |
| 3 | Percentage of pregnant drug abusers or drug-abusing parents indicating their parenting efficacy, self-esteem and family relationship was improved | 75% |
| 4 | Percentage of pregnant drug abusers or drug-abusing parents indicating that they have reduced drug use or even quitted drugs | 75% |
| 5 | Percentage of pregnant drug abusers or drug-abusing parents receiving supportive service from more than one stakeholder concerned | 75% |
| 6 | Percentage of cases closed with achieved case plans | 90% |
| 7 | Percentage of drug-free cases upon termination Note 25 | 55% |
| 8 | Percentage of group participants reported that the group has achieved its group objectives Note 26 | 80% |
| 9 | Percentage of participants of drug preventive education and publicity programmes specifically organised for post-secondary education institutions, vocational training organisations and/or vulnerable industries in the drug scene, with participants reported to have increased awareness and knowledge on the harmful effects of drug abuse Note 24 | 80% |

| | | |
|---|---|---|
| 10 | Percentage of peer support workers who attended paid job-related training (Note 27) 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 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 system 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. Cases served with case plan refer to the cases served with case plan to drug abusers/ex-drug abusers with drug-related problem and/or their family members. The case plan should include four components: (i) a plan worked out between the social worker and the drug abuser/ex-drug abuser and/or the family member with agreed direction on a feasible drug treatment and rehabilitation plan; (ii) a specific time frame; (iii) specific actions to be taken by the social worker, the drug abuser/ex-drug abuser and/or the family member in working towards the agreed direction; and (iv) goals that can be evaluated.

   For definition of drug abusers and ex-drug abusers, please refer to Explanatory Note 2 hereunder for details.

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

2. Drug abuser refers to the person who has used/reported to have used psychotropic substance and/or opiate drugs at least once over the past six months upon revelation of drug abuse history in the initial contact. For ex-drug abuser who has already ceased using drugs for over six months, case intervention should be primarily on drug-related problem(s) (e.g. relapse prevention, family relationship and/or health problems arising from drug abuse, etc.), or otherwise the ex-drug abuser should be referred to Integrated Family Service Centres and/or other service units as appropriate for follow-up. Each drug abuser/ex-drug abuser should only be reported once to avoid double counting.

3. Cases aged 21 and over refer to those cases aged 21 and over at the time of opening the cases.

4. DTRC dischargee cases refer to those cases referred by Caritas Wong Yiu Nam Centre and/or self-financing DTRCs which do not have provision of social worker for their aftercare service, upon their discharge from the DTRC for professional support and aftercare service in the community.

5. To meet OS1, CDC is required to attain a minimum number of pregnant drug abusers or drug-abusing parent cases at 42 out of the total number of cases served at 484. Pregnant drug abusers or drug-abusing parents with children under the age of 12 can also be included as drug abusers if they have used/ reported to have used psychotropic substance and/or opiate drugs at least once over the past 12 months upon revelation of drug abuse history.

6. 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 Correctional Services Department), 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.

7. 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.

8. Brief counselling/consultation sessions provided to drug abusers and/or their family members refer to early intervention strategy of engaging the drug abusers 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 drug abusers and/or their family members. The total no. of sessions for each of these drug abusers or his/her family should not be more than four.

9. 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.

10. 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 at the same time be reported under the OS4, 6, 11 and 15 as appropriate (same counting methods for respective OSs should be applied).

11. 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.

12. Drug abusers/potential drug abusers received medical support service refer to the number of drug abusers/potential drug abusers 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.

13. Medical consultation/treatment sessions should include three components:

    (i) conducted by those specified under ESRs for early identification of health problem of drug abusers/potential drug abusers such as body checks, drug tests, motivational interviews and drug-related consultation; and/or for handling drug-related health problem of drug abusers/potential drug abusers;
    (ii) funded under the OSMSS; and
    (iii) involved input from nursing staff and/or social worker(s).

14. Nursing care sessions may include assistance to medical practitioner(s) in medical appointments, direct health care and/or health counselling to drug abusers. This should not be reported under the OS13 for brief counselling/ consultation sessions at the same time to avoid double counting.

15. This may at the same time be reported under the OS 15, 16 and 16(a).

16. Referral will be counted on a case basis. Active cases requiring more than one referral to DTRCs/SACs/medical specialist treatment will be counted as one case in this OS12. Referrals to DTRCs will be counted for cases successfully attended at least one intake interview of the DTRC. Referrals to SACs/medical specialist treatment, for example, urological treatment and social hygiene treatment etc., will be counted upon written/ verbal confirmation from concerned clinics/centres is received.

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 at the same time be reported under the OS5, 6, 11, 13, 15, 16 and 16(a) as appropriate. (same counting methods for respective OSs should be applied).

18. PSWs refer to (i) ex-drug abusers or (ii) family members of ex-drug abusers/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 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. Groups refer to those groups which require purposeful intervention of social workers to assist drug abusers, ex-drug abusers, their family members and/or persons at risk to enhance their awareness on drugs and abstain from drug abuse, to enhance their problem-solving skills and develop necessary life skills or to assist the family members to understand the problem/treatment of drug abuse and their role in helping the drug abusers/ex-drug abusers. Each group should preferably have six or more enrolled participants and at least four sessions. 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.

20. Preventive education and publicity programme sessions – refer to drug preventive education and publicity programme sessions to the general public and/or specific target groups in the community. The programmes may be in the formats of talks, workshops, groups and mass programmes, exhibitions, publication of educational booklets, media interviews/programmes, webpage, production and publication of promotional souvenirs/items, etc. General public may refer to local community organisations/groups (such as residents' organisations, uniform groups, parents' associations, youth groups, etc.) and general public at large. In case the preventive education and publicity programme is held in the formats of talks, workshops and/or group, one session should last for at least one hour. In case of a whole day training programme, a maximum of three sessions can be counted.

21. Post-secondary education institutions refer to post-secondary education institutions, such as universities, community colleges, adult education centres, and/or any other programme courses at post-secondary level.

22. Vocational training organisations refer to organisations, schools, institutes, companies and/or programmes for vocational training. This should not overlap the "post-secondary education institutions" mentioned above.

23. Vulnerable industries in the drug scene – examples of such industries in the current drug scene are driving industry, catering and beverage industry (such as, karaokes and pubs, etc.), and hair-dressing/beauty salons, etc. Other industries/trade sectors may be identified by the Service Operator or the SWD as the latest drug scene

evolves.

24. 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, the participants/ service users 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 drugs, knowledge on the adverse effects of different types of drugs, etc.; and/or
(ii) rehabilitation of drug abuse, e.g. difficulties encountered, recovery experiences, risks and needs involved, etc.

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

25. Drug-free cases upon termination refer to drug abusers who have achieved any one of the followings upon termination of case:

(i) achieved complete abstinence for at least one year;
(ii) successfully detoxified for at least 90 days; and/or
(iii) recovered after relapse for at least 90 days.

26. Group participants reported the group has achieved its group objectives – group participants should be asked to complete a post-group feedback form for evaluating whether the group has achieved its group objectives, among other evaluation items as deemed appropriate. For statistical purpose, calculation of Outcome Standard 8 will be based on the number of participant feedback forms collected.

27. 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:

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