

Funding and Service Agreement¹**Non-medical Voluntary Drug Treatment and Rehabilitation Services****I Service definition****Introduction**

Non-medical voluntary drug treatment and rehabilitation services cater for the needs of those drug abusers who wish voluntarily to seek residential treatment, rehabilitation and social reintegration through a non-medical model. These services provide non-medical drug treatment and rehabilitation programme as well as aftercare services to the drug abusers and their families basing on spiritual philosophy and social work inputs.

Purpose and objectives

2. The purpose of non-medical voluntary drug treatment and rehabilitation services is to help drug abusers to quit drug addiction through detoxification, treatment, rehabilitation and aftercare services. The ultimate purpose of the above services is to help the abusers to start a new healthy life.
3. The specific objectives of the above service are to help drug abusers:
 - (a) to quit drug habit;
 - (b) to re-integrate into the community by continuation of treatment at halfway house and aftercare services; and
 - (c) to bring about new direction in life and subsequently positive change in behavior.

Service Nature and Contents

4. The services of non-medical drug treatment and rehabilitation services include:
 - (a) providing residential detoxification and rehabilitation programmes to the drug abusers;
 - (b) organising rehabilitation programmes such as religious activities, counselling, peer support, recreation and sport, work therapy, vocational and developmental training for the residents;

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

- (c) providing counselling and supportive programmes for the family members of the residents;
- (d) procuring medical and allied health care, and drug-testing service for residents and rehabilitated drug abusers under aftercare service;
- (e) providing nursing care services including but not limited to daily nursing duties, administration and supervision of medication, and delivering health care talks for staff, residents and/or their families;
- (f) providing peer support service (PSS) for residents and their family members by providing emotional and empathetic support to facilitate detoxification, treatment, rehabilitation, and relapse prevention;
- (g) providing halfway house service to prepare the residents to start a new life in the society; and
- (h) providing aftercare service to the rehabilitated drug abusers to help them achieve and maintain a drug free life.

Target Service Users

5. The non-medical voluntary drug treatment and rehabilitation services serve drug or psychotropic substance abusers. Individual centre has its own admission criteria in terms of age and sex.

II Service Performance Standards

Essential Service Requirements

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

- (a) 24-hour care per day with at least one full-time staff member present at all time;
- (b) The service is rendered by registered social worker(s), registered nurse(s) and peer support worker(s); and
- (c) 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

7. The Service Operator shall meet the service output and outcome standards as specified at **Annex**.

Service Quality Standards

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

III Obligation of the Social Welfare Department (SWD) to Service Operators

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

IV Basis of Subventions

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

Funding

11. 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 personal emoluments, including provident fund, 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.

12. 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 correspondences 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 adjustment 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

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

14. 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.

15. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and annual financial statements of the non-governmental organization (NGO) as a whole as audited by a certified public accountant holding a practicing certificate as defined in the Professional Accountants Ordinance (Cap. 50) and signed by two authorized 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

16. 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.

17. 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

18. 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.

19. 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.

20. 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.

21. 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

22. 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.

Annex

Non-medical Voluntary Drug Treatment and Rehabilitation Services**Service Output and Outcome Standards**

<u>Service Output Standard</u>	<u>Service Output Indicator</u>	<u>Agreed Level</u>
1a	Rate of placement occupancy ^{Note 1} (Male) in residential programme in a year	80%
1b	Rate of placement occupancy ^{Note 1} (Female) in residential programme in a year	65%
2	Total no. of vocational training sessions ^{Note 2} in a year	600*
2a	Total no. of accredited vocational training sessions ^{Note 3} in a year	200* (out of the total no. of sessions in OS2)
3	Total no. of hours for rendering counselling/ conducting programmes ^{Note 4} to the residents by registered social worker(s) in a year	630
4	Total no. of programmes ^{Note 5} rendered to the family members of the residents in a year	36
5	Total no. of medical consultation/treatment sessions ^{Note 6} provided to residents in a year	104*
6	In addition to the daily nursing duties, total no. of health care talks for staff, residents and / or their families provided by nursing staff in a year	4

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7	Total no. of peer support service (PSS) sessions ^{Note 7} conducted or assisted by peer support workers (PSWs) ^{Note 8} in a year	200*
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* Actual agreed level of respective service operator will be subject to the number of subvented places and agreement with service operator.

<u>Service Outcome Standard</u>	<u>Service Outcome Indicator</u>	<u>Agreed Level</u>
1	Percentage of completion of the agreed period of the residential programme ^{Note 9} in a year	50%
2	Percentage of aftercare cases ^{Note 10} staying drug-free ^{Note 11} upon termination of aftercare service in a year	60%
3	Percentage of aftercare cases having achieved one of the objectives upon termination of aftercare service: - settled with schooling / retraining - settled with employment - led a decent living ^{Note 12}	65%
4	Percentage of graduates having improved family relationship ^{Note 13}	60%
5	Percentage of service users who received medical and health care services, including medical consultation service and nursing care service, and reported to have increased motivation and determination to quit drugs	80%
6	Percentage of service users indicating improvement in occupational efficacy and self-esteem after having received accredited vocational training in a year	80%
7	Percentage of PSWs who attended paid job-related training ^{Note 14} at least once a year	100% ^{Note 15}

Explanatory Notes

1. Placement occupancy refers to the number of places of the service operator occupied, starting from the date of admission to the date of formal discharge. It includes residents on leave.
2. Vocational training includes (i) suitable, market-oriented and/or accredited job skills training and (ii) employment assistance counselling / programmes, such as fostering good working habit and cultivating good working attitude, so as to assist residents to enhance their employability. Vocational training may be conducted by individual(s), organisation(s) or other institution(s). A training session refers to training to one or more participants for at least one hour to half-day, e.g. a whole day training is regarded as two training sessions.
3. Accredited vocational training should meet at least one of the following criteria: (i) listed on the Qualifications Register (QR) under the Qualifications Framework (HKQF) under Education Bureau; or (ii) recognised by local and/or international professional bodies that demonstrate the training programmes have met the industry standards.
4. Counselling refers to counselling to residents on detoxification, drug abuse problem, other personal and relationship problems, adjustment to new living, preparation for discharge, etc., to one or more residents for at least half an hour. Programme refers to activity with objectives set conducted to two or more residents for at least one hour or more. Counselling and programmes should be conducted by registered social worker(s).
5. Programme refers to activity which aims to help the family members to understand more about the residents and have better communication with them. The activity should have clear objectives set and be conducted to at least two or more family members of the residents for at least one hour or more.
6. Medical consultation/treatment service should be (i) conducted by those specified under ESRs; (ii) funded under LSG; and (iii) involved input from nursing staff and/or social worker(s).
7. Peer Support Service (PSS) sessions refer to escort service, group sessions/activities for residents and/or their families conducted by peer support workers (PSWs) individually or paired up with professional staff, such as social

worker(s), nurse(s), etc. with duration of not less than one hour per session.

8. PSWs refer to drug rehabilitees who are ready and capable to (i) provide emotional and empathetic support by sharing their detoxification and rehabilitation experiences in supporting the detoxification/rehabilitation/aftercare/relapse prevention of drug abusers, (ii) render support to the family members of drug abusers during the process and (iii) support daily operation of the drug treatment and rehabilitation centres.
9. “Completion of the agreed period of the residential programme” refers to the fulfilment by the residents of the agreed plans on the residential detoxification and rehabilitation programme within the planned period of time.
10. “Aftercare cases” refer to those residents who have received regular service for a minimum of three months from the service operator under the aftercare programme upon their completion of the agreed residential programme at training centre or halfway house.
11. “Drug-free” refers to complete drug abstinence of aftercare cases upon termination of aftercare service.
12. “Decent living” refers to those service users having performed/resumed their family roles or those aged persons having reunited with their families/secured stable living including accommodation, e.g. private premises or Residential Care Homes for the Elderly, etc.
13. “Improved family relationship” refers to the situation where, as compared with the condition before intervention, graduates and their families have achieved reunion and/or reported to have better communication or understanding among themselves.
14. “Paid job-related training” refers to training that provides new skills or knowledge, that is 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.

15. Calculation for OC7 should be as follows:

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