

## **Funding and Service Agreement<sup>1</sup>**

### **Halfway House Service for Ex-drug Abusers**

#### **I Service Definition**

##### **Introduction**

Halfway House Service for Ex-drug Abusers provides transitory accommodation and rehabilitation services to the ex-drug abusers for their community re-integration after receiving the drug treatment programme in the drug treatment and rehabilitation centres of the Service Operator.

##### **Purpose and Objectives**

2. The purpose and objectives of Halfway House Service for Ex-drug Abusers is to provide living accommodation in a semi-protective and supportive environment for the ex-drug abusers newly discharged from the treatment and rehabilitation centres of the Service Operator so as to facilitate their re-integration into society.

##### **Service Nature and Contents**

3. The service includes:

- (a) providing transitory accommodation to the discharged ex-drug abusers of the Service Operator's voluntary drug treatment centres before they are able to lead an independent living in the community.
- (b) procuring medical and allied health care, and drug-testing services for the residents;
- (c) 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;
- (d) 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; and

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<sup>1</sup> This Funding and Service Agreement is a sample document for reference only

- (e) providing various programmes e.g. vocational training, groups, counselling, training and activities to the residents to cultivate their interests in healthy hobbies, develop a productive lifestyle and prepare for re-integrating into the community.

## **Target Service Users**

4. The halfway house serves the discharged ex-drug abusers of Service Operator's voluntary drug treatment and rehabilitation centres.

## **II Service Performance Standards**

### **Essential Service Requirements**

5. The Service Operator shall meet the following essential service requirements (ESRs):
- (a) 24-hour care per day with at least one 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**

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	Rate of placement occupancy in residential programme per halfway house per year <sup>Note 1</sup>	95%
2	Total no. of hours for rendering groups, counseling, training and activities <sup>Note 2</sup> to the	480

	residents by registered social worker per year	
3	Total no. of accredited vocational training sessions <sup>Note 3</sup> in a year	182
4	Total no. of medical consultation / treatment sessions <sup>Note 4</sup> provided to residents in a year	166
5	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
6	Total no. of peer support service (PSS) <sup>Note 5</sup> sessions conducted or assisted by peer support workers (PSWs) <sup>Note 6</sup> in a year	200

<u>Service Outcome Standard</u>	<u>Service Outcome Indicator</u>	<u>Agreed Level</u>
1	Percentage of achieving case plans <sup>Note 7</sup> with goals accomplished per halfway house per year	65%
2	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%
3	Percentage of service users indicating improvement in occupational efficacy and self-esteem after having received accredited vocational training in a year	80%
4	Percentage of PSWs who attended paid job-related training <sup>Note 8</sup> at least once a year	100%

### **Service Quality Standards**

7. The Service operators shall meet the requirements of the 16 Service Quality Standards (SQSs).

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

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 Service Agreement (FSA) Generic Sections.

**IV Basis of Subventions**

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

10. The Service Operator is required to comply with the conditions and requirements on the use of the social welfare subventions as set out in the latest Guide to Social Welfare Subventions, latest Lump Sum Grant Subvention Manual, guidelines, circulars, management letters and correspondence issued by the SWD on subvention policies and procedures. Payment of subventions will be made upon the Service Operator's acceptance of FSA. 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.

**Corruption Prevention and Probity Requirements**

11. 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.

12. 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**

13. 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.

14. 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.

15. 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.

16. 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**

17. 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. Placement occupancy refers to the number of places of the halfway house occupied, starting from the date of admission to the date of formal discharge. The normal duration of placement is three to six months.
2. Groups, counselling, training and activities should be conducted by the registered social worker subvented by the Social Welfare Department. They should last for at least half an hour with specific objectives gearing to reintegration of the residents such as drug abstinence and relapse prevention, cultivating interest in healthy hobbies, developing life skills, financial management, improving interpersonal and family relationship, etc.
3. Accredited vocational training should meet at least one of the following criteria: (i) listed on the Qualification Register (QR) under the Qualification 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. 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).
5. 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.
6. 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 halfway house.
7. Case plan refers to a goal-oriented plan which is agreed between the social worker and the resident. The case plan aims at helping the resident in maintaining a drug free life and re-integration into community, for instance, drug abstinence, family reunion, securing a stable accommodation, in gainful employment, etc.
8. 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.

Calculation for OC4 should be as follows:

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