

**LEGISLATIVE COUNCIL  
PANEL ON WELFARE SERVICES**

**Subcommittee on Residential and Community Care Services  
for Persons with Disabilities and the Elderly**

**Follow up to meeting on 28 March 2011**

**The Pilot Scheme on Home Care Service for Persons with Severe  
Disabilities and Integrated Community Centre for Mental Wellness**

At the meeting of the Legislative Council (LegCo) Panel on Welfare Services Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly (the Committee) on 28 March 2011, the Committee requested the Administration to provide the following supplementary information:

- (i) The service specification of the Pilot Scheme on Home Care Service for Persons with Severe Disabilities (English version only);  
and
- (ii) The Funding and Service Agreement of Integrated Community Centre for Mental Wellness (English version only).

The requested information is at Annexes 1 and 2.

Social Welfare Department  
April 2011

**SERVICE SPECIFICATION ON  
THE PILOT SCHEME ON HOME CARE SERVICE FOR  
PERSONS WITH SEVERE DISABILITIES**

**PURPOSE**

The Social Welfare Department (SWD) is inviting, through this Service Specification (the Specification), non-governmental organisations (NGOs) providing subvented rehabilitation services for persons with severe disabilities in Kwun Tong (KT) or Tuen Mun (TM) district to submit an application for the operation of a Pilot Scheme on Home Care Service for Persons with Severe Disabilities (the Scheme). The Scheme will be tried out in KT and TM districts and this Specification states the requirements and provisions for the operation of the Scheme.

**APPLICANT**

2. It is a mandatory requirement that the NGO applicant should be a bona-fide non-profit making agency with tax exempted status under Section 88 of the Inland Revenue Ordinance (Cap.112) and providing subvented rehabilitation services for persons with severe disabilities in KT or TM district respectively. NGOs operating subvented rehabilitation services for persons with severe disabilities in KT district are eligible to submit proposals in KT district while those operating services in TM district are eligible to submit proposals in TM district. For those eligible NGOs operating services in both KT and TM districts, they can apply for the operation of the Scheme in one district only. Proposals submitted by the same NGO in both districts will not be accepted.

**DURATION OF THE SCHEME**

3. The Scheme is allocated for a time-limited period of three years from March 2011 to February 2014. SWD will review the effectiveness of the service, and subject to resources available, assess the need for continuation of the service.

**PREPARATORY PERIOD**

4. A preparatory period with provision of i) an officer-in-charge being a registered social worker for two months; and ii) a physiotherapist / occupational therapist and a nurse for a month prior to the target operation date of the Scheme will

be supported to facilitate staff recruitment, training and orientation, intake of cases, case processing and preparation for admission of cases.

## **TARGET OPERATION DATE**

5. The target commencement date for the Scheme is **March 2011**.

## **BACKGROUND INFORMATION**

6. As set out in the Hong Kong Rehabilitation Programme Plan 2007, the policy objectives of the Government for the provision of community care and support services for persons with disabilities (PWDs) are to make available training and support to PWDs according to their needs, assist them in developing their potential, enable them to continue living independently at home and prepare them for full integration into the community. These services also aim at strengthening the caring capacity of their family members / carers so as to provide a better quality of life for PWDs and their family members / carers. To this end, SWD provides a range of community care and support services which seek to assist PWDs in developing their physical, mental and social capabilities to the fullest possible extent, to promote their integration into the community as well as to relieve the stress of their family members / carers.

7. In spite of the provision of various types of community care and support services, demand for residential care services is increasing. Some 7 000 PWDs are on the waiting lists for various types of residential care service and the situation is most acute for those with severe disabilities. Given the severity of the conditions of persons with severe physical and / or mental disabilities and the level and intensity of care they require, the Government is mindful of their special caring needs and the immense pressure faced by their family members / carers in caring for them at home.

8. As announced in the Budget Speech 2010-11, the Government has earmarked \$163 million from the Lotteries Fund (LF) to implement a pilot scheme on 3-year basis to provide persons with severe disabilities with home-based personal care, rehabilitation training and nursing care services with a view to strengthening the community support to persons with severe disabilities and relieving the pressure on their family members / carers.

9. The Scheme will provide persons with severe disabilities who are living in the community of KT and TM districts and are on the waiting lists for subvented residential care services at Hostel for Severely Mentally Handicapped Persons (HSMH), Hostel for Severely Physically Handicapped Persons (HSPH) and Care and Attention Home for Severely Disabled Persons (C&A/SD) with a package of home-based support services to meet their care, training and nursing care needs. These enhanced support services seek to facilitate these PWDs' continued living at home while waiting for residential care service, and help relieve the stress of their

family members / carers.

## DEFINITION OF TERMS

10. The following are terms used in the Specification -

**Mentally Handicapped Persons**<sup>Note 1</sup> With reference to the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, 1994 (DSM-IV), a mentally handicapped person (or person with mental retardation) refers to one with the following features -

- (a) significantly sub-average intellectual functioning - an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test; and
- (b) concurrent deficits or impairment in present adaptive functioning (i.e. the person's effectiveness in meeting the standards expected for his / her age by his / her cultural group) in at least two of the following skill areas: communication, self-care, home living, social / interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.

**Physically Handicapped Persons** Having regard to the advice of the Hong Kong Medical Association in 1994, the following definition for Physically Handicapped Persons is adopted -

Persons who have disabilities of orthopaedic, musculoskeletal or neurological origin, which mainly affect locomotor functions, and constitute a disadvantage or restriction in one or more aspects of daily living activities.

**Individual Care Plan** It means an organised approach to identify the care, training and nursing care needs of a service user, develop strategies to meet his / her needs, and review the effectiveness of strategies used.

**Operator** The NGO which is commissioned by the Director of Social Welfare to provide the service in accordance with the Specification.

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<sup>Note 1</sup> For the purpose of the Specification, Severely Mentally Handicapped Persons refer to those with intellectual disability of IQ level 20-40.

**Service Users** Refer to mentally or physically handicapped persons who are the users of the service detailed in the Specification.

Words in singular construe the same meaning as if they were in the plural form.  
Words in capital construe the same meaning as if they were in small letters.

## **OBJECTIVES**

11. The Scheme aims at strengthening the support for persons with severe disabilities and relieving the stress of family members / carers through the provision of a package of home-based support services meeting the care, training and nursing care needs of persons with severe disabilities while waiting for residential care service. The specific objectives of the Scheme are as below -

- (a) to provide a package of home-based support services for services users to enable their continuous stay in community;
- (b) to provide training and support to family members / carers of service users with a view to enhancing their caring capability;
- (c) to promote the quality of life of service users; and
- (d) to relieve the stress of family members / carers of service users.

## **SCOPE OF SERVICE**

12. The Operator is required to meet the holistic and specific needs of individual service users by providing a well-planned and coordinated range of services facilitative to their continuous living in the community. It should work in close collaboration and coordination with other social welfare units and helping agents, in particular, the caseworkers of service users or any other operators of welfare service units offering services to the service users. Services should be arranged to commensurate with the need and as agreed with the service users and their family members / carers. Services should normally be provided during service operating hours. The Operator should be ready to deliver services on Sundays, public holidays and outside the regular service operating hours as pre-arranged and agreed between the Operator, the service users and / or their family members / carers.

13. To meet the needs of individual service users, the Operator should provide, perform, arrange or purchase the following services -

### Core Services

- (a) **Personal care** including but not limited to providing transfer, personal

hygiene, feeding or assistance with eating, purchase of meals, dressed-up and changing of clothes, showering or bathing, grooming including hair washing, hair cutting, shaving, nail cutting and toileting, disposal of urine and bowel waste of incontinence care;

- (b) **Nursing care** including but not limited to making clinical observation and monitor of vital signs such as taking blood pressure, pulse, temperature and body weight, supervision on medications, gastric tube feeding, Foley's catheter care, wound care, urine testing, stoma care, incontinence care, respiratory care, diabetic care, infection control, peritoneal dialysis;
- (c) **Rehabilitation training** including but not limited to providing maintenance rehabilitation exercises, general physical exercise, and any other therapeutic exercises or activities as advised by medical and para-medical professional, environmental risk assessment and home modifications;
- (d) **Escort service** including but not limited to attending medical follow up appointment at hospitals / clinics, attending schools and services / activities at rehabilitation welfare units; and
- (e) **Carer support service** including but not limited to providing training to family members / carers thus to enhance their caring capability and making referrals for other appropriate services.

#### Support Service

- (f) **Home respite service** including but not limited to providing short-term home relief to family members / carers who need a short break in their care duties.

### **OFFICE BASE, FITTINGS AND FURNISHINGS**

14. SWD will identify in Kwun Tong and Tuen Mun suitable premises, each of around 150m<sup>2</sup> (internal floor area), as office base for the operation of the Scheme. After the premises are secured, SWD will submit application to the Lotteries Fund Advisory Committee (LFAC) for LF grants to be disbursed to the Operator for the fitting-out works of the premises and the purchase of furniture and equipment (F&E). The Operator would be responsible for the fitting-out works of the premises to fulfill statutory requirements and minimum Schedule of Accommodation (SoA) and Technical Schedules (TS) standards imposed by SWD. Subject to approval of LFAC, two lump sum grants will be allocated to the Operator for fitting-out the premises and the purchase of F&E. No LF application needs to be separately made by the Operator for this Scheme. Subject to the endorsement of relevant authority,

the Operator may go for higher fitting-out standards at its own resources. The Government or LF will not, however, accept any liability, recurrent or capital for any higher standard work items, including but not limited to any subsequent renovation or replacement of these items. The Operator has to observe the conditions of the grants set out in the approval letters and in accordance with the procedures and requirements set out in the *LF Manual*.

15. The Operator is required to submit to SWD details of the works programme for implementing the fitting-out works and a plan for orchestrating the implementation of the service for monitoring by SWD staff in order that the office can commence operation on schedule.

## **MAINTENANCE AND PUBLIC RELATIONS**

16. The Operator must maintain the premises, furniture and equipment in a condition that provide a safe physical environment free from obstruction and fire hazard for the protection of service users, staff and visitors.

17. The Operator should co-ordinate and interface with other social welfare units and helping agents, in particular, the caseworkers of service users or any other operators of welfare service units offering services to service users, so as to provide appropriate services to service users meeting their needs. Besides, the Operator should also develop a public relations strategy to inform neighbours of the Scheme and its service in order to maintain a good relationship with them and to facilitate smooth operation of services.

## **TARGET SERVICE USERS**

18. The target service users under the Scheme should meet the following criteria :

- (a) Severe mentally and / or physically handicapped persons aged 15 and above who are
  - On the waiting list for residential care services of HSMH, HSPH or C&A/SD; and
  - Living in KT or TM districts.

(b) Carers of the eligible service users.

19. The Scheme will be provided to all eligible service users, except those PWDs already admitted for long-term placement of subvented residential care service or hospitals. For service users who are taking accommodation in the boarding section of the special school, services would only be provided during the period when they stay at home during home leave. For eligible service users living

in self-financing / private homes for persons with disabilities, personal care services should not be provided as these services would have been provided by the home operator as the regular service to the service users. In this regard, SWD has conducted a survey with the referring workers of the service users waitlisting for subvented residential care services at HSMH, HSPH and C&A/SD in July 2010. Based on the return from the referring workers, the profile of the service users and their expressed needs are summarized at *Annex 1*.

20. Upon full operation of the Scheme, it is expected that a total of about 540 persons with severe disabilities will be served. However, it is noted that the number of cases eligible for the Scheme will change from time to time due to a number of factors, e.g. new applicants for residential care service, turnover of service users, change of accommodation status of the applicants now on the waiting list, etc. Further considering that not all service users will need the full package of services, SWD will review the demand for and utilization of the services. The Operator is required to provide service to other eligible service users living in the neighbouring district as deemed appropriate.

## **SERVICE IMPLEMENTATION**

### ***Components of Service Package***

21. Under the Scheme, the Operator is required to intake the cases upon the receipt of referrals from SWD. On assessment, the needs of a service user should be identified by a multi-disciplinary team with the individual care plan formulated incorporating views and agreement between the Operator, service user and / or family member / carer. Based on the agreed care plan, the Operator could provide either a package of home-based support services or individual services to meet the care, training and nursing care needs of service user including personal care and escort service, occupational therapy (OT) / physiotherapy (PT) rehabilitation training service and nursing care service.

22. For reference of calculation and planning purpose, a full package of services to be provided for a service user is regarded as the provision of about 76 hours of personal care and escort service, two visits by an OT/PT and one visit by a nurse in a month<sup>Note 2</sup>. For service users who do not require a full package of services, they can choose to receive services on an individual or hourly basis.

### ***Service Hours***

23. Under the Scheme, services should normally be provided during service

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<sup>Note 2</sup> The calculation of a full package of services is for planning purpose and reference only. Service provision will be delivered according to the assessed needs of service users which are mutually agreed between the Operator, service users and / or their family members / carers.



operating hours. To meet the needs of service users, the Operator should be prepared to deliver the services on Sundays, public holidays and outside the regular service operating hours of the organisations, which are pre-arranged and agreed between the Operator, service users and / or their family members / carers. The Operator should exercise his flexibility to provide, arrange or purchase other services required to enhance the service users' quality of life in the home environment.

### ***Phased Implementation***

24. In view of the time required for the Operator to intake the cases, subject to approval of LFAC, a phased implementation approach will be adopted. The Operator is required to provide services to about 50% of eligible cases in the first three months, and about 80% of eligible cases in the fourth and fifth month from the date of commencement of the Scheme. Full implementation of the Scheme is expected to start from the sixth month onwards.

### ***Temporary office base***

25. Before an office base is made available for use, the Operator should propose a temporary base at its existing centres / offices readily available for accommodating the staff members of the Scheme. Besides, the Operator must have in place a central point of contact to handle enquiries from referring workers and the service users for the Scheme.

### ***Review***

26. The Operator will conduct a mid-term review by September 2012 after an 18-month operation with a view to keeping track the progress and refining the operational details as appropriate. A final review of the Scheme will be conducted by September 2013 after 30-month operation to assess the overall service effectiveness and performance of the Operator. The Operator should make use of reliable evaluation tools with objective outcome indicators measuring the physical functioning level of service users at pre-admission and before discharge stages, e.g. FIM<sup>TM</sup> Instrument, Barthel Index, Tinetti Assessment Tool, "Time Up and Go" Timed Stand Test or other ADL assessment scales. The Operator is also advised to collect feedback from service users and family members / carers and to conduct users' satisfaction survey as far as practicable.

## **ENTRY AND EXIT**

27. The Operator is required to accept referrals from SWD. To optimize utilization of resources and reduce unnecessary waiting time, the Operator should make first contact with the service users within 7 working days upon receiving the referrals. In general, the Operator should accept eligible applicants and provide appropriate services.

28. The Operator is required to have a clear operation manual and protocol for handling entry and exit of service users. Proper discharge plan should be developed well in advance of the discharge date and the reasons for discharge should be documented in individual case files. Referral or notification has to be made to other appropriate service units and concerned parties. In normal situation, service user may exit from the service on the following reasons -

- (a) the service user is admitted for long-term placement of subvented residential care service; or
- (b) the service user is hospitalized for a period of more than three months without a specific discharge plan; or
- (c) the service user decides to terminate the services; or
- (d) death of the service user.

**IMPLEMENTATION SCHEDULE**

29. The implementation schedule is as follows -

<u>Date</u>	<u>Task</u>
August 2010	Inviting proposals from NGOs
September 2010	Closing of submission of proposals <sup>Note 3</sup>
October 2010	<ul style="list-style-type: none"> <li>. Vetting of proposals</li> <li>. Making announcement of result</li> </ul>
November 2010	SWD to apply for LF grants
January 2011	The Operator to intake and admit cases
March 2011	The Operator to commence service

**ASSESSMENT OF PROPOSALS SUBMITTED BY NGOs**

30. A Vetting Committee will be set up by SWD to assess the proposals <sup>Note 3</sup>. The assessment will be based on the quality aspects of the proposals including

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<sup>Note 3</sup> SWD reserves the right of not proceeding to vet the proposal submitted should an applicant failing to comply with the 18-page requirement or making late submission of the proposal.

general operation of the service for service users and their carers, management support and service quality management, co-ordination and interfacing strategies, family participation, implementation plan and monitoring mechanism of the Scheme, value-added suggestions, relevant experience, and other merits of the proposals. Details of information to be included in the proposal are at **Annex 2**. Applicants may be invited to present their proposals to the Vetting Committee if needed. SWD reserves the ultimate right in allocation of the projects under the Scheme.

**FEE CHARGING**

31. The Operator will collect the fee charging for actual service provision from service users in accordance with the appropriate fee level as announced by SWD. The fees payable by service users of respective service types as of 2010-11 are as follows-

<u>Service</u>	<u>Fee Level</u>
Full package of services	▪ \$988 per month
Individual service	
• Personal care and escort service	▪ \$33 per hour
• Home visit by Physiotherapist / Occupational Therapist	▪ \$51 per visit
• Home visit by Nurse	▪ \$42 per visit

*Remarks : The Operator is not allowed to charge the service user for intake assessment conducted by PT/OT, nurse and social worker.*

32. For service users who do not require a full package of services, they can choose to receive the services on an individual basis. Should the total fee of individual services exceed \$988 in a month, the fee charge will be capped at \$988 per month for the service user.

33. The above fee levels are subject to revision upon further announcement by SWD. The Operator should develop a fee-charging policy and the procedures in handling the collection of service charges to avoid dispute and conflicts with the service users in case of any unplanned drop-off of service. The Operator should also develop a fee reduction / waiving mechanism to provide financial assistance for the service users who have financial difficulty in paying fees.

## FUNDING

34. Subject to approval, two lump sum grants of a total amount not exceeding \$160 million (excluding the capital costs for fitting-out the two office bases and the purchase of F&E as mentioned in paragraph 14 above) from LF will be allocated to the two selected NGOs to meet the operating expenses of the Scheme for three years as from the date of commencement of services as agreed by SWD. As a phased implementation approach will be adopted, the operating cost in the first year would take this factor into consideration <sup>Note 4</sup>. The lump sum has taken into account Personal Emoluments, including provident fund for employing registered social worker, physiotherapists, occupational therapists, nurses and supporting staff and other charges (covering all other relevant operating expenses including employee compensation insurance and public liability insurance) applicable to the operation of the Scheme with recognised fee income. Rent, rates and government rent in respect of the office base recognised by SWD for delivery of the Scheme will be reimbursed separately on an actual cost basis.

35. Supplementary grant will not be considered and the Government or LF will not accept any liabilities or financial implications arising from the Scheme beyond the approved funding. The Operator has to observe the principles and rules as provided for under the *LF Manual*.

## PAYMENT ARRANGEMENT, INTERNAL CONTROL AND FINANCIAL REPORTING REQUIREMENTS

36. Upon approval of the application, signing of the Service Agreement with SWD and confirmation of commencement of service, payment will be released to the Operator in accordance with the *LF Manual*. The grant to meet the operating cost would be disbursed in accordance with a pre-set payment schedule for the phased implementation. Payment will normally be made in advance on quarterly basis. Any surplus (including interest) of the grant paid over the recognized total expenditure of the Scheme will be clawed back by SWD and returned to LF. Any deficit exceeding the grant will be borne by the Operator.

37. The 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 Scheme and make them available for inspection by any authorized staff of SWD and the Audit Commission. The Operator shall submit annual financial report (AFR) and statements of the Scheme reviewed by a certified public accountant registered under

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<sup>Note 4</sup> Payment proportional to the phased implementation schedule mentioned in paragraph 24 above will be made as appropriate.

the *Professional Accountants Ordinance (Cap 50)* in accordance with the requirements as stipulated in the *LF Manual*.

## CRISIS MANAGEMENT AND CONTINGENCY PLAN

38. The Operator must develop operational guidelines for crisis management as well as a contingency plan to specify strategies ensuring the continuation of service, and should ensure that contingency plan can be activated at all times should the Scheme encounter difficulties in providing the service as stipulated in this Specification. SWD should be informed as soon as possible when the contingency plan is activated and alternative mode of service is provided.

39. Any back-up service provided must meet all the requirements of the Specification. In this regard, no additional allowance or compensation in any form will be payable by LF or the Government in activating the contingency plan.

## PERFORMANCE STANDARDS

### Outputs / Outcomes

40. The Operator is required to achieve the following minimum output requirements -

<u>Output Standard</u> (OS)	<u>Output Indicator</u>	<u>Agreed Level</u>	
		<u>Kwun Tong</u>	<u>Tuen Mun</u>
1.	Total number of service hours provided to meet all the training, care and nursing care needs of service users in a year	<b>247 896</b> <b>hours</b>	<b>256 347</b> <b>hours</b>
	• Service hours of personal care, escort service and maintenance exercise to be provided by personal care workers	240 768 <i>hours</i>	248 976 <i>hours</i>
	• Service hours of rehabilitation training service to be provided by PT/OT	4 752 <i>hours</i>	4 914 <i>hours</i>
	• Service hours of nursing care service	2 376 <i>hours</i>	2 457 <i>hours</i>
2.	Rate of reviewing individual care plans in a year	<b>98%</b>	<b>98%</b>

<u>Outcome Standard</u>	<u>Outcome Indicator</u>	<u>Agreed Level</u>	
		<u>Kwun Tong</u>	<u>Tuen Mun</u>
1.	Rate of service users being satisfied with the overall services delivered to them in a year	<b>80%</b>	<b>80%</b>
2.	Rate of family members / carers being satisfied with the overall services delivered to them in a year	<b>80%</b>	<b>80%</b>

41. The Operator is requested to indicate, if any, **additional output / outcome measures** and the levels of attainment they expect to achieve in their proposals, e.g. levels of attainment with the use of objective / measurable outcome indicators showing the effectiveness of the model / service in enabling service users to improve their functional status and to stay in the community while awaiting for residential care service or reducing the stress of family members / carers, etc. These output / outcome measures and levels of attainment will form an integral part of the Service Agreement.

### **Essential Service Requirements**

42. The Operator is required to comply with the Essential Service Requirements (ESRs) as follows:

- (a) the Scheme should operate at least 6 days in a week with a minimum of 48 hours per week;
- (b) registered social worker with social work qualification, qualified physiotherapist, occupational therapist and nurse are the essential staff for the service; and
- (c) the operation of the Scheme should be under the supervision and guidance of a registered social worker.

### **Service Quality Standards**

43. The Operator is required to meet relevant requirement of the prevailing Service Quality Standards (SQSs) as announced by SWD.

## CONTROL MECHANISM

44. The selected NGO operator is required to sign a Service Agreement for implementing the Scheme for a period of three years. Continuation of service for the subsequent term will be subject to assessment on the need for continuation of the service, its effectiveness and the performance of the Operator. SWD reserves the right to re-allocate the project.

45. The Operator is required to comply with the requirements as laid down in the Specification, the Service Agreement, as well as the Operator's proposal and supplementary information, if any, as agreed with SWD. Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Operator who will be required to achieve new requirements in accordance with the specified implementation schedule.

46. SWD reserves the right to apply the following monitoring methods -

- (a) quarterly review of the statistics of service;
- (b) announced or unannounced visits at periodic intervals to examine in details the performance of the Operator, such as actual achievement of outputs / outcomes, compliance with the ESRs, service quality and standard achieved or not achieved, area of concern / complaint and outcome, etc.;
- (c) assessment of the implementation of SQSs; and
- (d) user satisfaction survey as and when necessary.

47. The Operator is required to provide quarterly statistical returns on the output requirements and those additional / new items pledged by the Operator, and other relevant information, as required in a prescribed format and time frame. This form may be revised to incorporate changes in requirements as stipulated in paragraph 40 above. On top of an annual progress report to be submitted to SWD, the Operator should conduct the mid-term review and the final review [re : paragraph 26 above]. The Operator should submit an overall evaluation report upon completion of the whole Scheme.

48. SWD reserves the right to suspend or terminate the agreement with the Operator before the expiry date should SWD find the Operator unable to deliver the agreed level of service, or continuation of service by the Operator would put the service users or public interest in jeopardy, in accordance with the evidence collected by SWD. Should the Operator be in breach of any terms of condition of the Service Agreement and fail to remedy the same in such manner and within such time as shall

be specified in a written notice from SWD that the same be remedied, SWD may after expiry of such notice, terminate the Service Agreement by giving 30 days' notice in writing to the Operator.

### **TRANSITIONAL ARRANGEMENT**

49. Upon expiry of the Service Agreement or if an agreement is subsequently entered into with a new operator, the Operator should cooperate with SWD to ensure proper transfer of service, office base, furniture and equipment to SWD or the successor operator.

**~ END ~**

Social Welfare Department  
August 2010



**Funding and Service Agreement  
(Lump Sum Grant)**

**Integrated Community Centre for Mental Wellness**

**I. Service Definition**

**Introduction**

1. The Integrated Community Centre for Mental Wellness (ICCMW) is to provide one-stop, district-based and integrated community social rehabilitation support services for persons diagnosed with mental illness or with suspected mental health problems living in the service area and their family members / carers. The ICCMW also provides public education on mental wellness to residents living in the service area.

**Purpose and objectives**

2. The objectives of the ICCMW are:
- (a) to provide one-stop, district-based and outreaching support services for persons with mental health problems or suspected mental health problems living in the service area in order to improve their social adjustment capabilities, to prepare them to re-adjust to community living, and to help them develop their social and vocational skills to the fullest extent;
  - (b) to enhance family members' / carers' knowledge of mental illness and coping abilities in taking care of their family members with mental health problems or suspected mental health problems living in the service area;
  - (c) to raise public awareness on the importance of mental wellness; and
  - (d) to enhance the social functioning and the linkage with the community

of the residents with mental health problems or suspected mental health problems living in the private residential care homes for persons with disabilities in the serving district.

**Nature of service**

3. The service operator is required to meet the holistic and individual needs of service users by providing a range of services facilitative to their rehabilitation and integration into society. To this end, the service operator will provide the following services tailor-made for target service users from 1 October 2010 in accordance with the service plan as stipulated in the proposal submitted to the Social Welfare Department (SWD):

3.1 Provision of social work services including:

- (a) Formulation of individual rehabilitation plan;
- (b) Outreaching visits;
- (c) Counseling; and
- (d) Referral to / networking with local welfare resources if necessary.

3.2 Provision of occupational therapy services including:

- (a) Occupational needs assessment;
- (b) Life skill training in the following areas, including but not limited to:
  - i. self-care skill training such as personal hygiene, clothing, eating habit and arrangement of daily routine;
  - ii. home management skill training such as laundry, menu planning, cooking, home safety, handling of emergency, etc.;
  - iii. health management training such as basic health knowledge, relaxation strategies, awareness of seeking medical assistance and drug compliance; and
  - iv. basic community living skill training such as usage of community facilities, purchase of daily necessities, banking,

social skills, road safety, building up social network, etc.

(c) Pre-vocational training on:

- i. occupational skill training and work attitude; and
- ii. self-confidence, motivation, interpersonal skills, etc.

- 3.3 Provision of nursing services including counseling on medication, drug compliance and personal hygiene, mental health talks, seminars, etc.
- 3.4 Supervision on follow-up attendance at psychiatric hospital / clinic for half-way house discharges.
- 3.5 Provision of therapeutic groups.
- 3.6 Referral of needy cases to the Community Psychiatric Service of respective clusters of the Hospital Authority for clinical assessment and necessary psychiatric treatment.
- 3.7 Provision of supportive groups, interest classes, linkage activities, volunteer groups, social and recreational programmes, etc. to meet the needs of the service users.
- 3.8 Provision of community and public education programmes with the theme of mental wellness.

### **Target groups**

4. The service users of the ICCMW include the following persons aged 15 and above living in the service area:

- (a) Discharged mental patients and / or out-patients of psychiatric hospitals / clinics;
- (b) Persons with, or suspected to have, mental health problems;
- (c) Family members / carers of the persons with mental health problems and/or suspected mental health problems;

- (d) Local residents with interest in improving their mental health; and
- (e) Residents with mental health problems or suspected mental health problems living in the private residential care homes for persons with disabilities.

### **Referrals**

5. These service users can self-approach the ICCMW or can be referred by social workers, psychiatrists, allied health workers, teachers, staff of other government departments, etc. for services as appropriate.

## **II. Performance Standards**

6. The ICCMW is required to achieve the performance standards in accordance with the team size in the specified districts as shown at the Annex I.

### **Essential service requirements**

7. The essential service requirements of the ICCMW are as follows:

7.1 Number of opening hours for ICCMW is not less than 44 hours per week.

7.2 Number of opening sessions for ICCMW is not less than 11 sessions per week.

7.3 Staffing requirement of the ICCMW includes occupational therapist, qualified nurse (psychiatry) and registered social workers, at least two of the social workers have at least three years of social work experience in mental health service.

### **Value-added service to be provided**

8. The value-added service, if available, is proposed by the service operator and indicated at the Annex I.

### **Quality**

9. The service operator will meet the requirements of the 16 Service Quality Standards (SQSs).

### **III. Obligations of SWD to Service Operator**

10. SWD will undertake the duties set out in the General Obligations of SWD to the service operator as specified in the FSA Generic Section.

### **IV. Basis of Subvention**

11. The basis of subvention is set out in the offer and notification letters issued by SWD to the service operator.

### **Funding**

12. An annual subvention (excluding rent and rates) will be allocated on a Lump Sum Grant (LSG) mode to the service operator for a time-defined period of five years from 1 October 2010 to 30 September 2015. This lump sum has taken into account Personal Emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff, and other charges (covering all other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation of the project and recognized fee income, if any. Rent and rates in respect of premises recognized by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

13. In receiving the LSG, the service operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual and the LSG Circulars in force on the use of subventions. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustment and other charges in line with government-wide price adjustment factor. The actual subvention allocation will also be adjusted in accordance with date of commencement of service and proposals regarding phased admission schedule, if applicable. SWD will not accept any liabilities or financial implication arising from the project beyond the approved funding.

**Payment Arrangement, Internal Control and Financial Reporting Requirements**

14. Upon your acceptance of the Funding and Service Agreement (FSA) and confirmation of commencement of service, payment of the LSG subventions will be made on monthly basis.

15. 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 project and make them available for inspection by the Government representative.

16. The service operator has to submit annual financial report (AFR) and statements reviewed by a certified public accountant registered under the Professional Accountants Ordinance (Cap 50) in accordance with the requirements as stipulated in the latest LSG Manual and LSG Circulars in force. The AFR should be prepared on cash basis and non-cash items like depreciation, staff leave accrual etc. should not be included in the AFR. Special or major capital expenditure items should only be included in the AFR if they had been thoroughly discussed in management board, well justified and documented.

**V. Validity Period**

17. This FSA is valid for a period of five years starting from 1 October 2010 to 30 September 2015. Should the service operator be in breach of any terms of condition of the Agreement and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD that the same be remedied, SWD may after expiry of such notice, terminate this Agreement 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, 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 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 service operator will be notified 3 months before expiry of the Agreement if the project is not renewed. SWD reserves the right to reallocate the project.

## **VI. Other References**

20. Apart from this FSA, the service operator should also comply with the requirements / commitments set out in the service operator's service plans and supplementary information, if any. The service operator's compliance to all these documents will be closely monitored by SWD.

**Integrated Community Centre for Mental Wellness (ICCMW)**

**Organization :**

**1. Performance Standards**

The agreed level of each output standard of a service unit is on a pro-rata basis with reference to the team size of each service unit.

<b><u>Output Standard</u></b>	<b>Output Indicators &amp; <u>[Notional Team Agreed Level]</u></b>	<b>Output Standards (OS) Agreed Level</b>
		<b><u>( per year )</u></b> <b>ICCMW</b> <b><u>(Notional Team Size)</u></b>
1	Total number of members <sup>1</sup> served in a year <sup>2</sup> [900]	900
2	Number of new members <sup>3</sup> served in a year (not applicable to the first year of service) [330]	330



3	Total number of outreaching visits <sup>4</sup> in a year [2 500]	2 500
4	Total number of individual centre-based or outreaching needs assessment / training sessions <sup>5</sup> of occupational therapy in a year [1 500]	1 500
5	Total number of therapeutic groups <sup>6</sup> conducted in a year [Not less than 20]	Not less than 20
6	Total number of sessions of interest classes / supportive groups <sup>7</sup> conducted in a year [ Not less than 500]	Not less than 500
7	Total number of linkage activities <sup>8</sup> and / or programmes <sup>9</sup> in a year [30]	30
8	Total number of participants <sup>10</sup> in linkage activities or programmes in a year [2 400]	2 400

**2. Value-added services to be provided**

Subject to the service operator’s proposal.

**Explanatory notes:**

- <sup>1</sup> Members refer to those who are individuals with diagnosis of mental illness or suspected mental health problems. For members with suspected mental health problems, social worker's assessment is required. To count the members with valid membership, they should receive service in the ICCMW in the reporting year. A member should not be counted more than once in the reporting year no matter the membership of a member has any changes within the reporting year. The counting of membership should re-start from 1 April of the reporting year.
- <sup>2</sup> To facilitate the data input, a reporting year refers to the financial year from 1 April to 31 March of the next year.
- <sup>3</sup> New members refer to those who are (i) individuals with mental health problems or suspected mental health problems; and (ii) re-registered members whose membership already ceased for not less than one year.
- <sup>4</sup> Outreaching visits refer to the visits to the clients with mental health problems or suspected mental health problems conducted at their residence or other places outside the premises of the service unit. Those places can be convenient to the clients at any welfare / public facilities such as parks, fast food shops, welfare casework units or children and youth centres in the vicinity of the clients' residence.
- <sup>5</sup> Each session of the individual centre-based or outreaching needs assessment / training should last not less than one hour.
- <sup>6</sup> Therapeutic groups are defined as the groups conducted to the members of the ICCMW by the qualified professionals in the ICCMW with structured content and the major objective(s) of any desired therapeutic effects to be achieved in relation to the mental wellness of the group members. The number of sessions and members of the group should not be less than four respectively. Each session of the therapeutic groups should last not less than one hour.
- <sup>7</sup> The interest classes / supportive groups can also serve the family members / carers of the target clients of the ICCMW as well as residents of the serving district. The number of sessions and members of each class / group should not be less than four respectively. Each session of the interest classes / supportive groups should last not less than one hour.

- <sup>8</sup> Linkage activities are geared to promote better understanding of persons with mental health problems and their needs, be jointly organized with other types of social services, schools, local community organizations, commercial sector, etc. to promote inclusion, integration and community participation of persons with mental health problems, to support / educate their carers, to develop the potential and positive personal values of persons with mental health problems, and enhance their family and interpersonal relationship.
- <sup>9</sup> Programmes refer to social / recreational / educational activities to enhance participants' personal growth, social skills and awareness of the importance of mental wellness, etc.
- <sup>10</sup> Participants can include residents of the serving district.