

**Republic of the Philippines**  
**Department of Health**  
**CENTER FOR HEALTH DEVELOPMENT**  
 Dangerous Drug Abuse Treatment Program

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

City/Municipality: \_\_\_\_\_

Province: \_\_\_\_\_

Region: \_\_\_\_\_

**Indicators for Persons Who Use Drugs (PWUDs) for low and moderate risk PWUDs or those classified under Community-Based Drug Rehabilitation Program (CBDRP).**

Service	Rubric	Max Points	Total Points	Service/ Providers
<b>A. Case Management</b>				
<b>1. Informed Consent/Service Agreement</b>	<i>(1 point each)</i> <input type="checkbox"/> Client has signed the Informed Consent Service Agreement	1		
<b>2. Client Information Management System</b>	<i>(1 point each)</i> <input type="checkbox"/> Record per client <input type="checkbox"/> Client records are secured & confidential <input type="checkbox"/> Client records are updated annually	3		
<b>3. Treatment Card/Book per Client</b>	<i>(1 point each)</i> <input type="checkbox"/> Case Management/ Treatment book made per client <input type="checkbox"/> Treatment planning done with client/family <input type="checkbox"/> Client CBDRP treatment handbook provided to patients (recording client activities and assignment compliance with service provider) <input type="checkbox"/> Treatment plan used as basis for tracking progress of client and reflected in progress notes	4		
<b>4. *Intake Interview, Screening and Referral to Treatment (SBIRT)</b>	<i>(1 point each)</i> <i>All or none</i> <input type="checkbox"/> Clients go through screening <input type="checkbox"/> Screeners trained by DOH <input type="checkbox"/> Available use of ASSIST <input type="checkbox"/> Use of SRQ <input type="checkbox"/> Use of CARFFT for minors (evidence of linkages or availability of Local Social Worker) <input type="checkbox"/> DDE provided for high risk (evidence of linkages or availability of a DOH-Accredited Physician) <input type="checkbox"/> High risk clients referred to facilities (availability of resource mapping and linkages with service providers)	*10		
<b>B. *Available CBDRP Treatment/Interventions</b>				
<b>1. *Low/Moderate Risk and Mild Substance Use Dependence</b>	<i>(3 points each)</i> <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Individual/family program <input type="checkbox"/> Health psychoeducation <input type="checkbox"/> Psychosocial spiritual <input type="checkbox"/> Psychoeducation/advocacy <input type="checkbox"/> Counseling/coaching <input type="checkbox"/> Relapse management <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Recovery Skills <input type="checkbox"/> Life Skills <input type="checkbox"/> Motivational interviewing <input type="checkbox"/> Faith based interventions	36		

<b>2. *Non-Availability of Recovery Support &amp; Reintegration Services (Evidence of linkages must be present- MOA, Contract of Services etc.)</b>	<i>(2 points each)</i> <input type="checkbox"/> ALS <input type="checkbox"/> Vocational <input type="checkbox"/> Job Placement <input type="checkbox"/> Medical services <input type="checkbox"/> Dental Services <input type="checkbox"/> Counseling/coaching <input type="checkbox"/> Spiritual enhancement <input type="checkbox"/> Recreation programs <input type="checkbox"/> Socio-Civic Oriented <input type="checkbox"/> Monitoring of clients in Recovery Support	20		
<b>3. Aftercare/Support Groups (Kindly indicate which program/s is/are provided)</b>	<i>(3 points each)</i> <input type="checkbox"/> Narcotics Anonymous <input type="checkbox"/> Faith-based Programs <input type="checkbox"/> Other Support Groups	9		
<b>4. *Random Drug Testing</b>	<i>(1 point each)</i> <i>All or none</i> <input type="checkbox"/> Drug test done pre-treatment <input type="checkbox"/> Drug test done during treatment <input type="checkbox"/> Drug test done upon completion	*3		
<b>Please attach the following documents as Means of Verification (1 point each)</b>				
<input type="checkbox"/> *Policy (Ordinance, Executive Order, MOAs with other Service Providers to complete programs) <input type="checkbox"/> *Organogram of Community-Based Rehabilitation Program <input type="checkbox"/> *Annual Action Plan/Work and Financial Plan <input type="checkbox"/> Contingency plan during pandemic, disasters, emergencies <input type="checkbox"/> Treatment program for low risk <input type="checkbox"/> Treatment program for moderate risk <input type="checkbox"/> Community Support, Aftercare and Reintegration Plan	<input type="checkbox"/> Quarterly Report <input type="checkbox"/> Schedule of Monthly Activities <input type="checkbox"/> Special Order of Personnel Designated for CBDRP <input type="checkbox"/> Attendance of Clients <input type="checkbox"/> Individual Treatment Card Template <input type="checkbox"/> Referral to Aftercare Program Template <input type="checkbox"/> Certificate of Community Program Completion Template	14		
<b>TOTAL SCORE</b>		<b>100</b>		

**NOTE: Non-compliance to items In Red Fonts (\*) will mean automatic failure**

**LGU Program Score:** \_\_\_\_\_

**Prepared by:**

**Noted by:**

\_\_\_\_\_  
CBDRP Coordinator

\_\_\_\_\_  
City/Municipal Anti-Drug Abuse Operations Officer

**Attested by:**

**Approved by:**

\_\_\_\_\_  
Local Health Officer

\_\_\_\_\_  
City/Municipal Mayor