
1. INTRODUCTION

This Manual of Operations for Drug Abuse Treatment and Rehabilitation Centers shall serve as standard reference material to aid administrators and practitioners in the management and operations of the different Drug Treatment and Rehabilitation Centers in the Philippines. This Manual presents the minimum standards for facilities, services and resources recommended by the Department of Health (DOH) for this type of health care facility. These same standards will be uniformly applied by the DOH as basis for accreditation of Drug Abuse Treatment and Rehabilitation Centers in the country.

Legal Basis:

Republic Act 9165 otherwise known as “Comprehensive Dangerous Drug Act of 2002, mandates the Department of Health to regulate, oversee and monitor the integration, coordination and supervision of all drug rehabilitation, intervention, aftercare and follow-up programs, projects and activities as well as the establishment, operations, maintenance and management of Drug Abuse Treatment Rehabilitation Centers nationwide.

General Objective:

1. To ensure efficient and effective delivery of drug abuse treatment and rehabilitation services.

Specific Objective:

1. To establish and maintain acceptable standards for operation of Drug Abuse Treatment and Rehabilitation Centers.
2. To provide useful information for decision-making, administrative planning and development.
3. To provide standards and guide for the accreditation and monitoring of drug abuse treatment and rehabilitation services in the country.

Application:

This Manual shall be used by all Drug Abuse Treatment Rehabilitation Centers in the Philippines, both government and non-government owned or operated. For the DOH to issue a Certificate of Accreditation, compliance with the standards and guidelines embodied in this Manual is required. Higher levels or quality of care shall be acceptable only if the recommended minimum standards presented in this Manual have been met.

2. ORGANIZATION AND PERSONNEL

Organization:

The Center shall be a legally constituted entity. For a single proprietorship, it must be registered with the Department of Trade and Industry and for a corporate entity; it must be registered with the Securities and Exchange Commission.

Its organization and structure shall contribute effectively to the goals of Republic Act 9165. It shall develop broad community and professional acceptance in order to implement its goals effectively.

The organization shall clearly define the purpose, scope, direction and goals of the Center. It shall document and disseminate the Center's values, vision statement, mission and philosophy.

Classification of Drug Abuse Treatment and Rehabilitation Centers:

1. Ownership
 - 1.1 Government – operated and maintained partially or wholly by the national, provincial, city or municipal government, or any other government agency.
 - 1.2 Private – privately owned, established and operated with funds through donation, principal, investment or other means, by any individual, corporation, association or organization.
2. Institutional character
 - 2.1 Institution-based – a Center that operates within any institution.
 - 2.2 Freestanding – a Center that operates separately from any other institution.
3. Service Capability
 - 3.1 Non-residential Treatment and Rehabilitation Center (Out-patient Center) – a health facility that provides diagnosis, treatment and management of drug dependents on an outpatient basis. It maybe a drop-in/walk-in Center or any other office/facility used by support groups that provide consultation or counseling. From time to time, it may provide temporary shelter for patients in crisis for not more than twenty- four (24) hours.
 - 3.2 Residential Treatment and Rehabilitation Center (In-patient Center) – a health facility that provides comprehensive rehabilitation services utilizing, among others, any of the accepted modalities: Multidisciplinary Team Approach, Therapeutic Community Approach and/or Spiritual Services towards the rehabilitation of a drug dependent.

Personnel Requirement

General Qualifications for all personnel:

1. must be drug-free
2. must have no pending administrative or criminal records
3. must be mentally and physically fit
4. with good moral character
5. if foreigner, working permit issued by the Bureau of Immigration and Deportation is required.

Non-Residential Treatment and Rehabilitation Center

1. One (I) DOH Accredited Physician (Part-Time)
Duties and Responsibilities:
 - a. responsible for the diagnosis and treatment of drug dependents
 - b. oversees the aftercare and follow-up of recovering drug dependents
 - c. makes the necessary referral
 - d. attends court hearings, writes medical reports
 - e. supervises clinical personnel (nurses, social worker, psychologist)
 - f. ensures adequate and accurate, timeliness of reports
 - g. performs other duties and functions that are relevant to the position
2. One (1) Licensed Nurse
Duties and Responsibilities:
 - a. provides appropriate nursing care to all patients
 - b. prepares status reports of all patients
 - c. assists the physician in the treatment process
 - d. conducts group and individual counselling sessions
 - e. administers medication as prescribed by the physician
 - f. conducts relevant anti-drug abuse program within the catchment area
 - g. performs other duties and functions that are relevant to the position
3. One (1) Licensed Social Worker/Psychologist (Part-time)
Duties and Responsibilities:
 - a. assists the physician in the treatment process
 - b. does regular visitation to each patient
 - c. provides counselling to patients and their co-dependents
 - d. follow-up domiciliary services to patients
 - e. responsible for developing aftercare and follow-up program for social worker
 - f. does social case study of all patients
 - g. conducts psychological testing and evaluation when required-for psychologist
*In the absence of a psychologist in the Center, patients should be referred to a trained psychologist for psychological testing.
 - h. performs other duties and functions that are relevant to the position

4. One (1) Clerk

Duties and Responsibilities

- a. gathers pertinent data of patients and conducts intake interview
- b. encodes/types reports and/or referrals to be submitted in courts and other agencies
- c. ensures cleanliness and orderliness in the office
- d. ensures confidentiality of all records of patients
- e. performs other duties and functions that are relevant to the position

Residential Treatment and Rehabilitation Center

1. One (1) Center Program Director/Administrator:

- a. minimum of three (3) years experience as rehabilitation worker
- b. adequate training not only on the modality being utilized but also other training pertinent to treatment and rehabilitation and/or background in any behavioural sciences
- c. at least two (2) years college education
- d. if former drug dependent, must be drug free for three (3) years

Duties and Responsibilities:

- a. directly responsible for the day to day activities and needs of the Center
- b. coordinates all medical, social, psychological and spiritual services of the Center;
- c. oversees the entire rehabilitation program
- d. responsible for the residential needs, maintenance, upkeep and security of the Center
- e. responsible for the personnel management of the Center
- f. provides policy direction for the Center

2. One (1) DOH Accredited Physician (On call)

Duties and Responsibilities:

- a. directly responsible for the diagnosis, treatment of all medical, minor surgical, psychological problems of patients
- b. oversees the entire treatment process
- c. responsible for writing progress report and submit medical reports and other pertinent documents
- d. in coordination with other staff, he/she recommends for discharge, transfer or referral of patients
- e. performs other duties and functions that are relevant to the position

3. One (1) Licensed Dentist (on call)

Duties and Responsibilities

- a. attends to all dental referrals
- a. performs other duties and functions that are relevant to the position

4. One (1) Licensed Nurse/Midwife- ratio: 1 nurse/midwife for every 50 patients

Duties and Responsibilities:

- a. assists the physician in the treatment process

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- b. does regular visitation to every patient
 - c. administers medication as prescribed by the physician
 - d. provides counselling to patients
 - e. attends to emergency cases
 - f. performs other duties and functions that are relevant to the position
5. One (1) Licensed Social Worker– ratio: 1 licensed social worker for every 50 patients
- Duties and Responsibilities
- a. conducts social case studies for all admitted patients in the Center
 - b. assess the social status of the patient
 - c. responsible for house visits
 - d. conducts counselling
 - e. performs other duties and functions that are relevant to the position
6. One (1) Psychologist- ratio: 1 psychologist for every 50 patients
- Duties and Responsibilities:
- a. responsible for psychological testing and evaluation for all admitted patients
 - b. provides psychological counselling
 - c. conducts psychological and behavioural program of the Center
 - d. performs other duties and functions that are relevant to the position
7. One (1) Clerk -ratio: 1 clerk for every 100 patients
- Duties and Responsibilities
- a. ensures confidentiality of all records of patients
 - b. ensures cleanliness and orderliness in the office
 - c. performs other duties and functions that are relevant to the position
8. Non-professional Staff- ratio: 4 non-professional staff for every 100 patients
- Duties and Responsibilities
- a. supervises the preparation of well-balanced diet of the patients
 - b. maintains the cleanliness and orderliness of the facility
 - c. goes on periodic duty
 - d. provides security
 - e. performs other functions/tasks as assigned

3. EQUIPMENT AND PHYSICAL PLANT

Equipment/Instruments

A. Non-Residential Treatment and Rehabilitation Center

1. bench
2. cabinet with lock
3. clinical weighing scale
4. examining table
5. examining light
6. sphygmomanometer
7. stethoscope
8. table/chairs
9. telephone
10. computer/ typewriter

B. Residential Treatment and Rehabilitation Center

1. beds or double decked beds or its suitable equivalent - one bed for every patient
2. cabinet and locker
3. dining table
4. electric fan
5. emergency medical cabinet/first aid kit
6. examining light
7. fire extinguishers
8. recreational equipment
9. refrigerator
10. sofa set
11. sphygmomanometer
12. stethoscope
13. stove
14. table and chairs
15. telephone
16. thermometer
17. tv and/or karaoke
18. typewriter/computer
19. weighing scale

Physical Plant

A Drug Abuse Treatment and Rehabilitation Center shall be exclusively for the treatment and rehabilitation of drug dependents. The Center shall not provide services to patients with primary psychotic behaviour. Patients exhibiting psychosis as a result or consequence of certain dangerous drug use shall be referred to a psychiatric care facility. However, patients with borderline psychosis may be admitted or be allowed to stay in the Center provided that there is a psychiatrist's order and if it poses no harm to the other patients.

A. Non-Residential Treatment and Rehabilitation Center

The Center shall have at least a floor area of twenty five (25) square meters for the following:

1. business area
2. consultation, examination and treatment room with lavatory/sink
3. toilet with lavatory
4. multi purpose area that can double as the reception/waiting area and meeting area for group/family

B. Residential Treatment and Rehabilitation Center

The Center shall have at least four hundred (400) square meters (for 30 patients) for the following:

1. registration area/waiting area/reception
2. counselling/testing room
3. administrative office/Directors office (with secured storage files)
4. emergency clinic – must be located near the area where the Center personnel are on duty.
5. living quarters, separate rooms for male and female
6. toilet/bath/lavatory – one for every 10 patients
7. multi purpose area/recreational area
8. dining area
9. kitchen area with provision for security/lock of all sharp objects
10. area for outdoor activity

Guidelines in the Planning and Design of Treatment and Rehabilitation Facilities:

- a. The size of the facility must be adequate for the intended use- the building shall be well-ventilated and spacious for occupants to be relatively comfortable to allow privacy for the medical treatment area, counselling and group activities. The land area must whenever possible have enough space for sports and recreation and learning activities.
- b. The building should meet construction and safety standards, as well fire regulation and health and sanitation requirements.
- c. Bathroom and toilets – There shall be at least one bathroom, one toilet, and one lavatory is in good working conditions for every ten patients. The bathroom and toilets shall not be provided with locks except those for the exclusive use of administrative staff.
- d. Kitchen shall be clean at all times and shall be equipped with adequate basic cooking utensils and food storage and with provision to secure/locks all sharp objects.
- e. Dining area shall be clean, well-lighted, protected from insects and vermins, cheerfully decorated and shall be provided with chairs and tables.
- f. For residential facilities with bedrooms, the requirements are:
 1. The bed shall be placed at least 100 cm. or one (1) meter apart.
 2. If a double-decked bed is utilized, this shall have at least one- meter space from the ceiling and again between the upper and lower beds.
 3. The bedroom shall be clean and orderly at all times.

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- g. Emergency clinic shall accommodate patients who are physically sick. It must be well-secured, spacious enough for at least two patients and with provision for their personal hygiene and excretory functions. It must be visibly accessible for those who are on duty.
 - h. Adequate water supply and electricity must be available to the extent possible; there must be telephone and other means for outside communication.

GUIDELINES IN THE DESIGN OF NON – RESIDENTIAL TREATMENT AND REHABILITATION CENTER ¹
Minimum of Twenty Five (25) Square Meters in Floor Area

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Patient Reception Area / Group Meeting Area	<ul style="list-style-type: none"> ▪ receiving of patient ▪ group counseling, education and therapy ▪ follow – up and after care program 	<ul style="list-style-type: none"> ▪ clerk ▪ patient ▪ parents/guardians ▪ physician ▪ psychologist / social worker 		<ul style="list-style-type: none"> ▪ bench ▪ chair ▪ office table 	7.00 (accommodate 5 persons at a given time) ²	<ul style="list-style-type: none"> ▪ immediately accessible to patient ▪ located near entrance of the facility
Consultation, Examination and Treatment Room and Psychological Testing Area	<ul style="list-style-type: none"> ▪ drug abuse assessment and management ▪ emergency assistance for drug withdrawal and psychiatric illness 	<ul style="list-style-type: none"> ▪ patient ▪ nurse ▪ physician 	<ul style="list-style-type: none"> ▪ clinical weighing scale ▪ examining light ▪ examining table ▪ sphygmomano meter ▪ stethoscope ▪ psychological testing materials 	<ul style="list-style-type: none"> ▪ chair ▪ office table ▪ lavatory ▪ medicine cabinet 	7.43 ³	<ul style="list-style-type: none"> ▪ adjacent to patient reception area / group meeting area

¹ Refer to Annex A: Prototype Floor Plan of Non – Residential Treatment and Rehabilitation Center

² Based on 1.40 m²/person (unit area per person occupying the space at one time)

³ Clear floor area per examining table that includes space for passage of equipment

Toilet lavatory	with	<ul style="list-style-type: none"> ▪ managing of personal hygiene 	<ul style="list-style-type: none"> ▪ clerk ▪ patient ▪ nurse ▪ physician ▪ psychologist / social worker 		<ul style="list-style-type: none"> ▪ lavatory ▪ water closet 	1.67	<ul style="list-style-type: none"> ▪ separate toilet and hand washing facility ▪ adjacent to consultation, examination and treatment room
Business Area		<ul style="list-style-type: none"> ▪ performance of personnel, accounting, records, supply and housekeeping 	<ul style="list-style-type: none"> ▪ clerk 	<ul style="list-style-type: none"> ▪ computer ▪ printer ▪ typewriter ▪ telephone 	<ul style="list-style-type: none"> ▪ cabinet ▪ chair ▪ office table 	5.02 ⁴	<ul style="list-style-type: none"> ▪ located near entrance

⁴ Work area per staff that includes space for a chair and a desk, space for occasional visitor, and space for aisle

GUIDELINES IN THE DESIGN OF RESIDENTIAL TREATMENT AND REHABILITATION CENTER ⁵
Minimum of Four Hundred (400) Square Meters in Floor Area

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Registration Area/ Waiting Area/Reception	<ul style="list-style-type: none"> ▪ receiving of patient 	<ul style="list-style-type: none"> ▪ clerk ▪ patient ▪ physician ▪ psychologist ▪ social worker 		<ul style="list-style-type: none"> ▪ bench ▪ chair ▪ desk 	7.00 (accommodate 5 persons at a given time)	<ul style="list-style-type: none"> ▪ immediately accessible to patient ▪ located near entrance
Emergency Clinic	<ul style="list-style-type: none"> ▪ drug abuse assessment and management ▪ emergency assistance for drug withdrawal and psychiatric illness 	<ul style="list-style-type: none"> ▪ patient ▪ nurse ▪ physician 	<ul style="list-style-type: none"> ▪ clinical weighing scale ▪ examining light ▪ examining table ▪ sphygmomano meter ▪ stethoscope ▪ thermometer 	<ul style="list-style-type: none"> ▪ bed ▪ lavatory 	7.43	<ul style="list-style-type: none"> ▪ adjacent to patient reception area

⁵ Refer to Annex B: Prototype Floor Plan of Residential Treatment and Rehabilitation Center

Counseling and Testing Room	<ul style="list-style-type: none"> ▪ drug abuse assessment and management ▪ individual counseling, education and therapy ▪ follow – up and after care program 	<ul style="list-style-type: none"> ▪ patient ▪ nurse ▪ physician 	<ul style="list-style-type: none"> ▪ psychological testing materials 	<ul style="list-style-type: none"> ▪ arm chairs ▪ office table 	7.43	<ul style="list-style-type: none"> ▪ adjacent to patient reception area
Living Quarters (female) with Toilet	<ul style="list-style-type: none"> ▪ lodging ▪ storing of personal belongings ▪ managing of personal hygiene 	<ul style="list-style-type: none"> ▪ patient 	<ul style="list-style-type: none"> ▪ electric fan 	<ul style="list-style-type: none"> ▪ bed ▪ cabinet 	111.45 (accommodate 15 persons at a given time) ⁶	<ul style="list-style-type: none"> ▪ segregated for privacy
Living Quarters (male) with Toilet	<ul style="list-style-type: none"> ▪ lodging ▪ storing of personal belongings ▪ managing of personal hygiene 	<ul style="list-style-type: none"> ▪ patient 	<ul style="list-style-type: none"> ▪ electric fan 	<ul style="list-style-type: none"> ▪ bed ▪ cabinet 	111.45 (accommodate 15 persons at a given time)	<ul style="list-style-type: none"> ▪ segregated for privacy

⁶ Based on 7.43 m²/bed (clear floor area per bed that includes space for single bed, space for occasional visitor, and toilet)

Dining Area	<ul style="list-style-type: none"> ▪ taking of meals 	<ul style="list-style-type: none"> ▪ patient 	<ul style="list-style-type: none"> ▪ electric fan 	<ul style="list-style-type: none"> ▪ chair ▪ table 	42.00 (accommodate 30 persons at a given time) ⁷	<ul style="list-style-type: none"> ▪ adjacent to kitchen
Kitchen	<ul style="list-style-type: none"> ▪ cold and dry storage ▪ food preparation ▪ cooking and baking ▪ serving and food assembly ▪ washing 	<ul style="list-style-type: none"> ▪ cook ▪ cooking aide 	<ul style="list-style-type: none"> ▪ electric fan ▪ refrigerator ▪ sink ▪ stove 	<ul style="list-style-type: none"> ▪ cabinet ▪ counter 	4.65	<ul style="list-style-type: none"> ▪ adjacent to dining area
Multi purpose area/recreational area	<ul style="list-style-type: none"> ▪ group counseling, education and therapy ▪ rehabilitation ▪ follow – up and after care program 	<ul style="list-style-type: none"> ▪ patient ▪ physician ▪ psychologist / social worker 	<ul style="list-style-type: none"> ▪ electric fan ▪ karaoke ▪ television 	<ul style="list-style-type: none"> ▪ chair ▪ table 	42.00 (accommodate 30 persons at a given time)	<ul style="list-style-type: none"> ▪ accessible from female and male ward

⁷ Based on 1.40 m²/person (unit area per person occupying the space at one time)

Outdoor Activity Area	<ul style="list-style-type: none"> ▪ group counseling, education and therapy ▪ rehabilitation ▪ follow – up and after care program 	<ul style="list-style-type: none"> ▪ patient ▪ physician ▪ psychologist / social worker 		<ul style="list-style-type: none"> ▪ bench 	42.00 (accommodate 30 persons at a given time)	<ul style="list-style-type: none"> ▪ accessible from female and male ward
Toilet	<ul style="list-style-type: none"> ▪ managing of personal hygiene 	<ul style="list-style-type: none"> ▪ clerk ▪ nurse ▪ physician ▪ psychologist / social worker 		<ul style="list-style-type: none"> ▪ lavatory ▪ water closet 	1.67	<ul style="list-style-type: none"> ▪ separate toilet and hand washing facility ▪ accessible from consultation, examination and treatment room ▪ accessible from administrative office
Administrative Office	<ul style="list-style-type: none"> ▪ performance of personnel, accounting, records, supply and housekeeping 	<ul style="list-style-type: none"> ▪ administrator ▪ clerk 	<ul style="list-style-type: none"> ▪ computer ▪ fire extinguisher ▪ printer ▪ telephone 	<ul style="list-style-type: none"> ▪ cabinet ▪ chair ▪ office tables 	10.04	<ul style="list-style-type: none"> ▪ immediately accessible to patient ▪ located near entrance of the facility

4. CLINICAL OPERATIONS AND SERVICES

Clinical Guidelines

Non-Residential Treatment and Rehabilitation Center

1. Intake interview and history taking must be accomplished immediately upon contact with patients and or relative of patients. It must include at least the following information: general data, presenting problem, referral information, and drug inventory.
2. A DOH accredited physician must conduct drug dependency examination immediately.
3. The intake interview and history taking shall be done by a social worker in preparation for a social case study report.
4. Psychological evaluation reports must be done within two (2) weeks from admission.
5. All patients requiring medical evaluation and examination must be seen and examined within three (3) days after the initial intake.
6. Findings and evaluation must be documented and properly filed in the individual patient case file.
7. Appropriate information referral notes shall be accomplished when referring patients to other agencies. It must at least include the following: general data, reasons for referral, actions already taken in the Center.
8. All therapeutics intervention must be properly documented to include among others list of medicines, dosage/frequency of intake.
9. Progress notes must be properly documented.
10. Diagnostic procedures that includes: psychological evaluation, all test results e.g. chest x-ray, laboratory examinations; drug screening test must be properly filed in the patient case file.
11. The Center shall maintain individual case file folder for each patient, which contains court orders, communications and other documents, which may be pertinent to the patients.
12. Family/group sessions including sessions with the community shall be properly documented and filed in a separate folder.

Residential Treatment and Rehabilitation Center

1. Intake interview must be done immediately upon contact with patient, relative of patient or referring person. It should include at least the following information: general data, presenting problem, referral information, and drug inventory.
2. All referrals for medical, surgical, psychiatric problems must be seen by the DOH accredited physician within twenty-four (24) hours.
3. All medical findings must be documented and properly filed in the individual patient case folder. Likewise, all medical orders for procedures, medications and other intervention shall be properly documented and filed.
4. Required diagnostic procedures such as chest x-ray, sputum examination, urinalysis ECG for patient 45 years old and above, must be requested within 24 hours after admissions.

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5. Psychological reports and social case studies must be done within two weeks from admission. This must be properly filed in the individual patient case folder.
 6. All treatment plan/intervention shall be properly documented to include medications – dose, frequency and duration.
 7. Progress notes shall be done for all cases at least once a month.
 8. Discharge plan shall also be documented.
 9. Accidents, incident reports, escape reports shall be accomplished within eight (8) hours of the event and should include details on the following: who, what, where, when, actions taken and disposition.
 10. All pertinent documents related to patients such as communications, court orders shall be properly filed in each patient's case folder.
 11. All medical reports and other documents submitted to court shall be properly filed in the patient's case folder.
 12. Rehabilitation service that includes treatment modalities, counselling program, recreational program, family program and other services shall be properly documented.

Prescribed Services:

1. Medical service provides comprehensive health care services ranging from routine physical examination and screening procedure for diagnosis, treatment and follow-up of illnesses and other medical problems.
2. Psychiatric service provides therapy to drug abusers with behavioural and psychiatric disorders through, among others, chemotherapy, individual and group psychotherapy, family therapy and occupational therapy conducted by a psychiatric team. A psychiatric team shall include a psychiatrist, psychologist and social worker. This may include an occupational therapist and para-professional worker.
3. Psychological service assists the team in the assessment, diagnosis and management of drugs dependents through psychological testing and evaluation as well as in conducting therapy/counselling to patients and their families.
4. Social service assists the drug dependents help themselves cope their problems, facilitate and/or promote their interpersonal relationship and adjustment to the demands of a treatment program with the end view of helping the drug dependents' physical, social, moral and spiritual development.
5. Spiritual and religious services include the development of moral and spiritual values of the drug dependent. It has been noted that the spiritual foundation of patients has been very weak that this could not provide support to them to enable them to cope with their problems and conflicts. Strengthening the spiritual foundation would involve, among others, reorientation of moral values, spiritual renewal, bible study and other charismatic sessions. It aims to bring them closer to God and better relate to their fellowmen. Various religious and civic organizations can be contacted to provide services. Spiritual counselling shall be helpful in aiding and resolution of individual and family problems.

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6. Referral service involves the process of identifying accurately the problems of the patient and sending him to the agency that can provide the appropriate services.
 7. Sports and recreation services provide facilities for sports and recreation to offer patients the opportunity to engage in constructive activities and to establish peer relationship as an alternative to drug abuse. The emphasis in all activities should be on developing the discipline necessary to improve skills and on gaining respect for good physical health.
 8. Residential/house care service includes provision of basic foods, clothing and shelter.
 9. Aftercare and follow-up services provided to the patient after the primary rehabilitation program. Aftercare activities can be viewed as the first line of defence against relapse. The activities include attending self-help programs like Narcotics Anonymous (NA)/ Alcoholic Anonymous (AA) meetings, regular follow-up at treatment Center, individual and group counsellings sponsor/sponsee meetings, alumni association meetings, etc. This is for a period not exceeding eighteen (18) months and should be undertaken by the appropriate Center personnel.

Additional Services (optional)

1. Placement service provides assistance to drug dependents in obtaining work opportunities through open, self, and/or sheltered employment.
2. Volunteer service assists the organic staff of the Center to perform rehabilitation treatment services and/or administrative functions but do not receive compensation. It includes recruitment, selection and appointment of these individuals and/or organized groups and training on drug abuse prevention and rehabilitation. The services of volunteers are monitored and evaluated. Volunteers may include professionals, para-professionals, parents and youth organizations. They may perform functions, which may include patient management such as case findings, management, medical, psychiatric, psychological and social services. Paraprofessionals services include administrative, sports and recreation including spiritual and moral development services. Organized parents groups may extend peer-parent counselling or supportive encounters. Youth group's volunteers may provide self-help assistance, peer group confrontations and support and/or peer ministries counselling to drug dependents at the Center.
3. Educational opportunities shall be made available to patients while in the Center for the purpose of improving their skills, interests and capabilities on a particular vocational field of their choice. This aims to increase their self-esteem and their chance for employment. This may improve their work habits and thus make possible a more satisfactory and rewarding way of life. The educational opportunities come from a built-in schooling program and vocational training course that takes into account prevailing conditions in the local labor market, the economy of the community, the industrial and commercial needs of the community.

Recommended Treatment Approaches/Modalities:

1. Multidisciplinary Team Approach is a method in the treatment and rehabilitation of drug dependents which avails of the services and skills of a team composed of psychiatrist, psychologist, social worker, occupational therapist and other related disciplines in collaboration with the family and the drug dependent.
2. Therapeutic Community Approach views addiction as a symptomatic manifestation of a more complex psychological problem rooted in an interplay of emotional, social, physical and spiritual values. It is a highly structured program wherein the community is utilized as the primary vehicle to foster behavioural and attitudinal change. The patient receives the information and the impetus to change from being a part of the community. Role modelling and peer pressure play significant parts in the program.

The goal of every therapeutic community is to change the patients' self-destructive thinking and behavioural pattern, teach them personal responsibility, positivize their self-image, create a sense of human community and provide an environment in which human beings can grow and take responsibility and credit for the growth.

3. Hazelden-Minnesota Model views addiction as a disease, an involuntary condition caused by factors largely outside a person's control. The program consists of didactic lectures, cognitive-behavioural psychology, Alcoholic Anonymous principles / Twelve Steps Principles and biblio-therapy. It aims to treat patients with chemical dependency, endorsing a set of values and beliefs about the powerlessness of people over drug taking and turning to a Higher Power to help them combat the disease. In this modality, counsellors and patients collaborate in defining the path to recovery.
4. Spiritual Approach uses the Bible as the primary source of inspiration to change. It views drug addiction as a sin and encourages the patients to turn away from it and renew their relationships with the Lord.
5. Eclectic Approach aims at applying a holistic approach in the rehabilitation program. The spiritual and cognitive components of the Twelve Steps complement the behavioural aspects of the Therapeutic Community. The skills and services of rehabilitation professionals and paraprofessionals are made available. In doing so, different personality aspects of drug dependants are well addressed geared towards their rehabilitation and recovery.

Recommended Therapeutic Activities:

1. Psychotherapy is a form of treatment of problems of an emotional nature in which a trained person deliberately establishes professional relationship with a patient with object of remedying, modifying or retarding existing symptoms, mediating disturbed patterns of behaviour, and promoting positive personality growth and development.

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2. Counselling is a process of assistance extended by Center personnel, in an individual or group situation, to a needy patient(s). The process aims at enabling the individual to learn and pursue more realistic and satisfying solutions to his difficulties. It is problem oriented and helps the individual understand himself and develop the ability to take decisions and make choices.
 3. Individual therapy involves a one to one relationship between the counsellor and the patient with the primary aim of helping the latter get rid of a reduce his drug abusing behaviour so that he may be able to get involved in productive work and develop insights into his conditions.
 4. Group therapy is a form of therapy where the individual is help through group process. Each member of the group receives immediate feedback from the other members regarding his verbal and other forms of behaviour. Group support and encouragement are given to the subject on the premise that these are effective devices, which can produce positive results toward behavioural modification.
 5. Family therapy as a form of intervention is based on the recognition that the family, as a primary social unit, can be a source of problem leading to drug use. Family therapy may include restructuring of the family, environmental manipulation, strengthening of family communication and discovery of family members to help facilitate the rehabilitation of the drug dependent.
 6. Community work projects include among others, environmental and energy conservation projects, training in agriculture, tree planting and other socio-civic religious activities. The participation of patients in community projects can help them integrate into the local society and can also promote community understanding of their needs and recognize of their remaining potential and acceptance.
 7. Sheltered workshop provides training for skills development and employment with appropriate compensation in a controlled environment to increase self-esteem and chances for outside placement.
 8. Social reintegration is a process of assisting the patient to become socially and economically self-sustaining without the use of drugs upon his return to the community.

5. ADMINISTRATIVE AND OTHER SUPPORT SERVICES GUIDELINES

Records Management

The records room shall be secured but readily accessible to Center personnel. Records shall be so kept to allow careful and systematic management.

Patient files shall include referral, social case history, home visits, psychological test evaluation results, laboratory results, medical/psychiatric evaluation and therapy, progress notes, escape of patients, other forms of misdemeanour, outcome of case conference, recommendation of staff, discharge, follow-up and aftercare releases as well as closure reports. Documentation of services shall be part of Center record. Confidentiality of records shall be maintained at all times.

Administrative files shall include those communications prepared or received, fiscal and management documents, records of all procurement of supplies, building and other facilities and the outside environment within the compound. Personnel file shall likewise be part of the administrative files. It shall include complete and up to date records of all personnel data, employment agreement, job description, leaves, periodic performance, evaluation and medical treatment, transfer, retirement and records of administrative charges, if any.

Fiscal Management

The Center shall have a sound plan of financing which gives assurance of sufficient funds to enable it to carry out its defined purpose and provide appropriate services for drug dependents. A new Center shall have reasonable assurance of sufficient funds to carry it through the first year of operation. Funds shall be provided for employee benefits required by law. The Center shall submit their annual financial report.

The parent, spouse, guardian or any relative within the fourth degree of consanguinity of any person who is confined under the voluntary submission program or compulsory submission program shall be charged a certain percentage of the cost of his/her treatment and rehabilitation, following the Department of Social Welfare and Development's (DSWD) guidelines taking into consideration the economic status of the family of the person confined.

All private residential Centers shall allocate five (5) percent of the total beds for service patients. Government residential Centers must not exceed fifty percent of the total bed allocation for paying patients. Discounted rates shall be based on the prescribed guidelines by the DSWD.

Security

The Center must be adequately secured to ensure safety from outside intrusion and to prevent escapes of patients and to ensure a drug free environment. There must be a fence or plant barriers around the area. Visitors shall be properly screened and controlled. A system of searching for dangerous drugs and items must be clearly documented and implemented.

Personnel Management

The Center must have a sound system of recruitment, selection and appointment of personnel to ensure that staff is competent and qualified to perform the services. Individual file (201) shall be maintained to include personal data sheet, service records, credentials, performance evaluation, etc.

Maintenance Program

The Center must have a preventive maintenance plan. Upkeep and maintenance of facility and equipment including vehicles shall be regularly conducted.

Training Program

All staff must keep abreast with current trends in treatment and rehabilitation programs. To ensure the enrichment of knowledge and skills enhancement of staff in the specialized are of rehabilitation, the Center must have a training program for all the personnel. The Center must allow attendance of its personnel to appropriate training programs. All members of the technical staff of the Center including volunteers shall undergo training. The training shall consist of pre-service training for future members of the staff, continuous in-service or in-house staff training for administrative and clinical staff.

Dietary Management

The Center shall ensure provision of a well-balanced diet and meeting the daily caloric needs. It shall respect the special dietary needs of the patient.

Statistical Report

The Center shall generate the following data:

1. Demographic profile of patients that include but not limited to age, sex, religion, occupation, address, educational attainment, socio-economic status, drug of abuse, average family income
2. Admissions/discharges classified as follows:
 - a. Completed
 - b. Discharges against medical advice
 - c. Transferred
 - d. Escapes

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- e. Readmissions/Relapse
 - f. Court committed – voluntary and compulsory
3. Mortality/Deaths
 - a. Accident
 - b. Illness
 - c. Suicide
 4. Morbidity classified as follows-
 - a. Accident
 - b. Illness
 - c. Attempted Suicide
 5. Patients undergoing aftercare and follow-up program
 6. Patient satisfaction survey/ complaints

The semi annual statistical report shall be submitted to the Bureau Health Facilities Services.

6. PATIENT RIGHTS

Patient rights during treatment and rehabilitation:

1. Patients are made aware of their rights. This shall be achieved by but is not limited to:
 - 1.1 Information is communicated in a way that is readily understood by the patient and repeated as necessary.
 - 1.2 Information on patient rights is displayed prominently in an appropriate area within the Center.
 - 1.3 Patients are informed when personal information is collected from them, why the information is needed and whom it will be disclosed to. Patients have the right to seek access to and correction of any personal information held about them.
2. Information is provided and communicated in a format best suitable to the individual patient and their family.
3. The Center shall provide patients and their families accurate and adequate information about service options to enable them to make an informed decision.
4. The Center shall define and observe the extent of patient rights to personal privacy and dignity during treatment and rehabilitation.

Cultural safety:

1. The Center shall identify, prepare for and respond to the culture, values and beliefs of the patients during their stay in the facility.
2. The Center shall respect the role of the family in maintaining a patient's values and beliefs.

Confidentiality:

1. The Center shall identify and communicate its obligations to the patient and family in relation to maintaining confidentiality and defines the situations where it is necessary to disclose information about the patient.
2. The Center shall have procedures that ensure relevant and necessary information about the patient is disclosed among service providers, and across relevant components of in-patient and community services.
3. The Center shall have a system in place, which ensures the security of patient related information.
4. Copies of the Center's policies on confidentiality including the process for dealing with breaches of confidentiality are available on request.

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5. All staff signs a confidentiality agreement upon employment and shall respect patient information as confidential.

Informed choice and informed consent:

1. The Center shall have policies/procedures for gathering and documenting informed choice and informed consent from patients and relatives.
2. The Center shall have procedures for gaining informed choice and informed consent for specific situations.

Physical privacy:

1. The Center shall provide adequate physical privacy.
2. The Center shall ensure that staff respects privacy and personal space of patients.
3. The Center shall ensure that patients have visual privacy when attending to or securing assistance with personal hygiene requirements.
4. The Center shall ensure that patients are able to have private interaction with family members, when appropriate.
5. The Center shall ensure that patients are able to receive telephone calls in private, when appropriate. In times when for security reasons calls may need to be monitored, patients are informed on this.

Disciplinary measures:

1. The Center shall ensure that disciplinary measures are humane and safe to the patients.
2. The Center shall prohibit the use of sex, any form of violence and life threatening disciplinary measures.
3. The Center shall ensure that use of restraints is covered by doctor's orders. No patient is restrained for more than six (6) hours to avoid medical complications.