1.0 REFERENCES

1.1 Republic Act No. 9165 otherwise known as the Comprehensive Dangerous Drugs Act of 2002;
1.2 Executive Order No. 66, Series of 2018 re: Institutionalizing the Philippine Anti-Ilegal Drugs Strategy;
1.3 Memorandum of Agreement between Dangerous Drugs Board (DDB) and Bureau of Jail Management and Penology (BJMP) re: Grant of financial assistance for the construction of jail buildings intended for the Kanlungan sa Pilipan, a jail-based reformatory drug rehabilitation program dated January 29, 2020;
1.4 Memorandum Circular re: Guidelines for the Implementation of the Katatagan Kontra Droga sa Konmunidad (KKDK) effective June 28, 2019;
1.5 Dangerous Drugs Board (DDB) Board Regulation No. 7, Series of 2019 re: Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs and Services;
1.6 Department of Health (DOH) Manual of Operations for the Accreditation of Drug Abuse Treatment and Rehabilitation Centers 2019;
1.7 Revised BJMP Comprehensive Operations Manual 2015; and
1.8 Therapeutic Community Modality Program (TCMP) Manual 2013.

2.0 BACKGROUND

The BJMP has always been supportive of the campaign against illegal drugs of the national government. The anti-illegal drugs campaign brought to the fore in 2016 by the present administration has propelled the Jail Bureau to further intensify its institutional efforts to ensure drug-free personnel, PDL, workplaces and jail facilities through drug clearing operations, greyhounds and search and seizure operations, random drug testing for PDL and personnel, and reformatory programs for PDL. In fact, the Jail Bureau has even extended assistance to some local government units all over the country in the form of capability building through the Barangay-based Rehabilitation Program (BBRP) trainings for community-based drug rehabilitation program implementers.

Prepared By:  
Leilani M. Banotan, RSW, MSW  
Social Welfare Officer III  
Chief, Behavioral Management Section

Reviewed By:  
DENNIS U. ROCAMORA, CESE  
Jail Chief Superintendent  
Deputy Chief for Operations of the Jail Bureau/  
Quality Management Representative

Approved By:  
ALLAN S. IRAL, CESE  
Jail Director  
Chief, BJMP

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In 2017, Section 23 of Republic Act No. 9165 was declared unconstitutional for being contrary to the rule-making authority of the Supreme Court under Section 5(5), Article VIII of the 1987 Philippine Constitution. Consequently, plea bargaining in drug cases was allowed through A.M. No. 18-03-16-SC providing the **Adoption of the Plea Bargaining Framework in Drug Cases**. Under this framework, PDL charged with certain violations of the provisions of Republic Act No. 9165 may plea bargain and may be sentenced to six (6) months drug rehabilitation.

Plea bargaining for drug cases favorably contributed to the decongestion program of courts and jails. Nonetheless, BJMP as a key stakeholder in public safety, aims to maximize the same opportunity to contribute to the attainment of effective and lasting rehabilitation of violators of the Comprehensive Dangerous Drugs Act of 2002. This is because the BJMP recognizes the importance of drug rehabilitation among illegal drug users. Based on its long experience in corrections and as supported by findings of various studies, the BJMP has noted that untreated offenders with substance abuse issues are more likely to relapse to drug abuse and return to criminal behavior than treated offenders. Consequently, this can lead to re-arrest and re-incarceration, jeopardizing both public health and public safety.

Additionally, the Philippine Anti-Illegal Drugs Strategy (PADS) endorses a comprehensive and balanced approach to the country's illegal drugs problem. Accordingly, intensified law enforcement balanced with rehabilitation interventions is a more effective course to interrupt the drug abuse and criminal behavior cycle of offenders with drug abuse problems. This drug abuse treatment can be done in jails or prisons to be followed by community-based aftercare and reintegration into their respective communities.

Following the unprecedented judicial and executive issuances addressing the problem on illegal drugs, the BJMP lobbied with the Dangerous Drugs Board (DDB) for assistance in the establishment of drug rehabilitation centers in jails. This proactive action on the part of the Jail Bureau has successfully resulted in the grant of financial assistance by the latter for the construction of facilities intended for the Kanlungan sa Piitan (KSP), a jail-based reformatory drug rehabilitation catering to PDL who plea bargained under A.M. No. 18-03-16-SC.

### 3.0 PURPOSE

This policy aims to:

3.1 Create identified facilities as reformation centers within the Jail Bureau exclusively dedicated for PDL sentenced to suffer the penalty of six (6) months drug rehabilitation under the Plea Bargaining Framework in Drug Cases provided in A.M. No. 18-03-16-SC;

3.2 Prescribe the minimum standards for the establishment and operation of reformation centers within the Jail Bureau; and

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3.3 Serve as reference document in the future application for accreditation of BJMP reformation centers.

4.0 SCOPE/COVERAGE

This policy is applicable to the jail facilities constructed with the financial support from the Dangerous Drugs Board (DDB) specifically intended for drug rehabilitation and to all other jail facilities established by the Jail Bureau as reformation centers.

5.0 DEFINITION OF TERMS

5.1 Center - shall refer to the BJMP Reformation Center.

5.2 Drug Dependency Examination (DDE) - shall refer to the medical examination conducted by a DOH-accredited Physician to evaluate the extent of drug abuse of a person and to determine whether he/she is a drug dependent or not, which includes history taking, intake interview, determination of a criterion for drug dependency, mental and physical status, medical and psychiatric complications and co-morbidities, and the detection of the dangerous drugs in body specimens through laboratory procedures. It contains an assessment of the extent of drug dependency, medical complications, and presence of co-morbidities, and recommend appropriate intervention.¹

5.3 Drug Rehabilitation – shall refer to the dynamic process, including after-care and follow-up treatment, directed towards the physical, emotional/psychological, vocational, social and spiritual change/enhancement of a drug dependent to enable him/her to live without dangerous drugs, enjoy the fullest life compatible with his/her capabilities and potentials and render him/her able to become a law-abiding and productive member of the community.²

5.4 Kanlungan sa Pitan (KSP) - shall refer to the jail-based/facility-based reformatory drug rehabilitation program of the Jail Bureau.

5.5 Person Deprived of Liberty (PDL) – shall refer to a person committed to the custody of BJMP.

5.6 Rehabilitation- shall refer to the comprehensive approach of facilitating physical, psychological, behavioral, social, cultural, spiritual, educational and vocational interventions that create conditions for the individual to attain the highest possible level of functional ability.

¹ Para Q, Annex F of Dangerous Drugs Board (DDB) Board Regulation No.7, Series of 2019
² Section 3. nn of the IRR of R.A. 9165

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5.7 **Reformation Center**- shall refer to the BJMP facility established to cater to the reformatory drug rehabilitation of PDL sentenced to six (6) months drug rehabilitation under the plea bargaining framework in drug cases.

5.8 **Reformatory drug rehabilitation** - shall refer to a type of drug rehabilitation process of rectifying or modifying negative attitude and behavior of a person to enable him to be more productive and acceptable to the society, which may include facilitating the reintegration of the individual back to his family and community. ³

5.9 **Reintegration**- shall refer to any social intervention with the aim of facilitating re-entry of the resident who has completed the reformatory programs into the community.

5.10 **Resident** - shall refer to the PDL who is successfully admitted to the Center for drug rehabilitation.

5.11 **Treatment** - shall refer to the manner of handling or managing of PDL or residents.

6.0 **PROCEDURES/DETAILS AND GUIDELINES**

6.1 **GENERAL GUIDELINES**

6.1.1 The jail facilities constructed with the financial grant of the DDB are hereby established as reformation centers intended for the Kanlungan sa Piitan program of the Jail Bureau.

6.1.2 The Center shall cater only to PDL who meet the following requirements:

a. Sentenced to suffer the penalty of six (6) months drug rehabilitation under the drug plea bargaining framework ordered by the court to undergo the same in the BJMP established reformation center;

b. DDE result ranges from low to moderate level of dependence; and

c. No legal impediments, pending cases or remaining penalties unserved.

6.1.3 The reformation center shall be classified as District Jail that can accept referrals of PDL from different localities. If the reformation center is constructed within the compound of an existing jail, it shall be annexed to the existing jail but it shall have a separate organizational structure, staffing, operational management, and financial management.

³ DDB Board Regulation No. 2, series of 2018

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6.1.4 Establishment of reformation centers shall be approved by the DILG.

6.1.5 The reformation center shall be officially named after the jail to where it is annexed to. Example are as follows: Malabalay District Jail Annex- Kanlungan sa Piitan or Argao District Jail Annex- Kanlungan sa Piitan.

6.1.6 The Center shall be under the direct supervision of the Regional Director who has jurisdiction over the place where it is located. However, the Center Director may directly consult with the Director for Welfare and Development or the Director for Health Service on technical matters regarding residents’ care.

6.1.7 There shall be a separate and exclusive Manual of Operation that will provide specific protocols as to referral, screening, admission, management, and discharge of residents, documentation and records management, as well as the day-to-day operation of the Center.

6.1.8 All other existing BJMP policies and manuals shall be supplementary to the Manual of Operation of the Center.

6.1.9 PDL admission to the Center shall be continuous and strictly on “first-come, first-served basis” until full bed capacity is reached.

6.1.10 Prior to the completion of the six months’ drug rehabilitation sentence, it shall be the responsibility of the Center Director to report to the court for further disposition of any resident who is unable to achieve satisfactory rehabilitation results based on the evaluation and recommendations of his or her treatment team.

6.2 PERSONNEL REQUIREMENT

6.2.1 General Qualifications

1. Graduate of four-year course educational background in any behavioral or health sciences;
2. Mentally and physically fit;
3. Drug free; and
4. With no pending administrative or criminal records.

6.2.2 Positions with corresponding Duties and Responsibilities

1. One (1) Center Director (full-time)
   a. Must have a minimum rank of Jail Senior Inspector;
   b. Minimum of three (3) years experience in rehabilitation/development work;

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c. With educational background in any behavioral or health sciences; and

d. Adequate training on Therapeutic Community Modality Program (TCMP) and other trainings pertinent to treatment and rehabilitation.

Duties and Responsibilities:

a. Directly responsible for the day-to-day activities and needs of the Center;
b. Coordinates all medical/dental, social, psychological, and spiritual services of the Center;
c. Responsible for all external inter-agency coordination of the Center;
d. Establishes and maintains the referral network of the Center;
e. Oversees the entire rehabilitation program; and
f. Provides policy direction for the Center.

2. One (1) Assistant Center Director (full-time)

a. Must have a minimum rank of Jail Inspector;
b. Minimum of three (3) years experience in rehabilitation/development work;
c. With educational background in any behavioral science, public administration, public safety, or communications; and

d. Adequate training on TCMP and other trainings pertinent to treatment and rehabilitation.

Duties and Responsibilities:

a. Assists the Center Director in supervising the day-to-day activities and needs of the center;
b. Coordinates all security, administrative, and support services;
c. Responsible for the residential needs, maintenance, upkeep and security of the Center; and

d. Responsible for the personnel management of the Center.

3. One (1) Physician (On call)

a. Holder of educational degree in Doctor of Medicine;
b. With physician’s license;
c. With at least one (1) year experience in the practice of medicine; and

d. With adequate training and DOH accreditation on Drug Dependency Examination (DDE).

Duties and Responsibilities:

a. Directly responsible for the diagnosis and treatment of all medical and minor surgical problems of patients;
b. Oversees all medical treatment of residents;
c. Responsible for writing and submission of medical reports of residents;

d. Assesses and recommends medical discharge, transfer or referral of residents; and

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e. Performs other duties and functions that are relevant to the position.

4. One (1) Psychiatrist (on call)
   a. Must have an educational degree in Doctor of Medicine;
   b. With Diplomate Board of the Specialty Board of Philippine Psychiatry; and
   c. With at least one (1) year experience in the practice of psychiatry.

Duties and Responsibilities:
   a. Evaluates, diagnoses, and treats residents with mental disorders;
   b. Holds regular lectures/discussions with center staff and residents on mental health and well-being;
   c. Responsible for writing and submission of all psychiatric reports and other pertinent documents of residents;
   d. In special cases of severe psychiatric disorder, recommends transfer or referral of patients to other treatment centers for appropriate treatment; and
   e. Performs other duties and functions that are relevant to the position.

5. One (1) Dentist (on call)
   a. With a degree in Dental Medicine or Dental Surgery; and
   b. With at least one (1) year experience in the practice of dental medicine.

Duties and Responsibilities:
   a. Attends to all dental referrals of the center;
   b. Holds regular lectures/discussions with residents regarding dental and oral care; and
   c. Performs other duties and functions that are relevant to the position.

6. One (1) Medical Technologist (on-call)
   a. Must be a Registered Medical Technologist; and
   b. Must have adequate training on drug testing analysis.

Duties and Responsibilities:
   a. Attends to all laboratory referrals of the center;
   b. Conducts urine surveillance monitoring;
   c. Conducts random drug testing (spot drug testing); and
   d. Performs other duties and functions that are relevant to the position.

7. Center Nurse (full-time)
   a. Must be a Registered nurse;
   b. Must have a minimum of three (3) years experience as staff nurse in a hospital or residential facility;
   c. With adequate training on SBIRT and other drug assessment tools; and

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d. With basic orientation on TCMP and other trainings pertinent to treatment and rehabilitation.

**Note:** Ratio is 1 nurse for every 50 residents per shift.

**Duties and Responsibilities:**

a. Assists the physician/psychiatrist in the medical/psychiatric treatment process;

b. Provides appropriate nursing care to all residents;

c. Conducts regular health monitoring of all residents;

d. Administers medication as prescribed by the physician;

e. Provides health education lectures to residents;

f. Conducts health-related counseling to residents;

g. Facilitates all medical and psychiatric referrals of residents upon order of physician or psychiatrist; and

h. Performs other duties and functions that are relevant to the position.

8. **Social Worker (full-time)**

a. Must be a Registered Social Worker;

b. With adequate training and experience on case management or social work in residential facility;

c. Must have an adequate training on TCMP and other trainings pertinent to treatment and rehabilitation; and

d. Must be a certified Katatagan, Kalusugan at Damayan sa Komunidad (KKDK) facilitator.

**Note:** Ratio is 1 social worker for every 50 residents.

**Duties and Responsibilities:**

a. Conducts social case studies for all residents;

b. Acts as case manager of residents;

c. Facilitates family services;

d. Conducts home visitation;

e. Provides psycho-social counseling;

f. Assists the Center Director in establishing and maintaining the referral network of the Center;

g. Prepares progress reports and other pertinent documents;

h. Facilitates referrals and follow ups for residents to be discharged; and

i. Performs other duties and functions that are relevant to the position.

9. **One (1) Psychologist (full-time)**

a. Must be a Registered Psychologist;

b. Must have an adequate training on TCMP and other trainings pertinent to treatment and rehabilitation; and

c. Must be a certified (KKDK) facilitator.

**Note:** Ratio is 1 psychologist for every 50 residents.
Duties and Responsibilities:

a. Conducts psychological testing and evaluation for all admitted residents;
b. Takes charge of all psychological and behavioral program/activities of the Center;
c. Provides psychological counseling to residents and families;
d. Supervises the counselor; and

e. Performs other duties and functions that are relevant to the position.

10. Counselor (full-time)

a. Must have an educational background in AB/BS Psychology;
b. Must be a Licensed Psychometrician;
c. Must have adequate training on TCMP and other trainings pertinent to treatment and rehabilitation; and

d. Must be a certified KKDK facilitator.

Note: Ratio is 1 counselor for every 50 residents.

Duties and Responsibilities:

a. Facilitates KKDK counseling to the residents;
b. Assists the social worker or psychologist in facilitating psychological and social interventions; and

c. Performs other duties and functions as may be assigned.

11. House Parent (full-time)

a. Must have an educational background on behavioral sciences, education, food sciences, hotel and management course;
b. Must have adequate training on TCMP and other trainings pertinent to treatment and rehabilitation; and

c. Must have basic training on housekeeping and food safety.

Note: Ratio is 1 house parent for every 50 residents per shift.

Duties and Responsibilities:

a. Supervises the preparation of well-balanced diet of the patients;
b. Ensures the cleanliness and orderliness of the facility;
c. Serves as the facility maintenance officer (building administrator);
d. Supervises the patients in the laundry department;

e. Takes charge in the inventory, marketing, and proper storage of food and non-food supplies of the center; and

f. Performs other duties and functions as may be assigned.

12. One (1) Administrative Officer (full-time)

a. Must have an educational background in office administration, computer science, or information technology;
b. Must have adequate training on data management and protection; and

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c.Must have at least one year experience in personnel management.

Duties and Responsibilities:
  a. Assists the Center Director in all personnel management processes;
  b. Serves as the data protection officer of the Center;
  c. Serves as the property custodian and supply accountable officer; and
  d. Performs other all other administrative duties as may be assigned.

13. One (1) Records Officer (full-time)
  a. Must have an educational background in office administration, computer science, or information technology; and
  b. With at least one year experience in general administrative work.

Note: Ratio is 1 Records Officer for every 100 residents.

Duties and Responsibilities:
  a. Responsible for data encoding and record filing of residents’ records;
  b. Prepares the monthly and annual statistical reports of the center;
  c. Ensures proper and timely release of residents documents/records; and
  d. Performs other duties and functions that are relevant to the position.

14. Paralegal Officer (full time)
  a. Must have an educational background in behavioral science or communications, preferably with LLB/JD units or background in law;
  b. Must have adequate training on paralegal; and
  c. With at least one year experience in jail paralegal work.

Duties and Responsibilities:
  a. Conducts the initial screening of all referrals from jails and prepares list of potential admissions for final approval of the Center Director;
  b. Conducts seminars on residents’ rights to center staff and residents;
  c. Acts as liaison officer between the Center and the courts;
  d. Assists the social worker in the proper discharge of the residents from the Center; and
  e. Performs other duties and functions that are relevant to the position.

15. Chief, Safety and Security Unit (full-time)
  a. Must have a minimum rank of Senior Jail Officer 4 or SJO4;
  b. Must have an educational background in criminology science or public safety;
  c. With basic orientation on TCMP and other trainings pertinent to treatment and rehabilitation; and
  d. With appropriate training on disaster risk reduction and management.

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Duties and Responsibilities:
   a. Ensures 24/7 safety and security of the center;
   b. Supervises all custodial and escorting activities;
   c. Facilitates orientations/seminars on safety and security to all staff, resident and visitors;
   d. Organizes and facilitates regular safety drills in coordination with other relevant government agencies; and
   e. Performs other special tasks as may be assigned.

16. Custodial Officer (full-time)
   a. Must have an educational background in criminology science or public safety; and
   b. With basic orientation on TCMP and other trainings pertinent to treatment and rehabilitation.

Note: Ratio for 51-100 resident population is to four (4) custodial officers per shift.

Duties and Responsibilities:
   a. Provides custodial and escorting services;
   b. Supervises the regular headcount of residents;
   c. Maintains peace and order within the Center premises; and
   d. Performs other special tasks as may be assigned based on possession technical qualifications.

6.2.3 ORGANIZATION STRUCTURE (see Annex A)

6.2.4 MINIMUM RANK REQUIREMENT AND DURATION OF DEPLOYMENT TABLE

<table>
<thead>
<tr>
<th>FULL-TIME POSITIONS</th>
<th>RANK</th>
<th>DURATION OF DEPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Center Director</td>
<td>Jail Senior Inspector</td>
<td>3 years</td>
</tr>
<tr>
<td>2. Assistant Center Director</td>
<td>Jail Inspector</td>
<td>3 years</td>
</tr>
<tr>
<td>3. Administrative Officer</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>4. Paralegal Officer</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>5. Records Officer</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>6. Nurse</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>7. Social Worker</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>8. Psychologist</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>9. Counselor</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>10. House parent</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
<tr>
<td>11. Chief, Safety and Security Unit</td>
<td>Senior Jail Officer 4</td>
<td>3 years</td>
</tr>
<tr>
<td>12. Custodial Officer</td>
<td>Jail Officer 1</td>
<td>5 years</td>
</tr>
</tbody>
</table>

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ON-CALL POSITIONS

<table>
<thead>
<tr>
<th>Position</th>
<th>Designation</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physician</td>
<td>Jail Senior Inspector</td>
<td>3 years</td>
</tr>
<tr>
<td>2. Psychiatrist</td>
<td>Jail Senior Inspector</td>
<td>3 years</td>
</tr>
<tr>
<td>3. Dentist</td>
<td>Jail Officer 1</td>
<td>3 years</td>
</tr>
<tr>
<td>4. Medical Technologist</td>
<td>Jail Officer 1</td>
<td>3 years</td>
</tr>
</tbody>
</table>

6.3 TREATMENT MODALITIES TO BE USED

The Center shall use the Therapeutic Community (TC) as its main treatment modality. It shall also adopt the Katatagan, Kalusagan at Damayan sa Komunidad (KKDK) drug counseling as a pre-release intervention.

Therapeutic Community

TC refers to the treatment approach that uses the community and group dynamics for therapeutic purposes. It is a self-help model that emphasizes the therapeutic role of peer interactions and peer pressure to shape behavior, address psychological problems, challenge and modify faulty cognition, and acquire effective social and coping skills. TC is a globally known drug treatment modality which is also the modality widely and currently used by government and private drug rehabilitation centers in the country. The BJMP is able to gain expertise of TC being one of the pioneer government agencies that acquired the TC social technology from Daytop International funded by the US State Department in 1998. Since then, the BJMP has adopted TC as its main rehabilitation program.

TC, as a rehabilitation model, views the human person in totality. It has four major components addressing to the different aspects of a comprehensive rehabilitation: Behavioral, Psychological and Emotional, Intellectual and Spiritual, and Vocational/Survival Skills.

Katatagan, Kalusagan at Damayan sa Komunidad (KKDK)

KKDK is a drug counseling program developed by the Psychological Association of the Philippines (PAP) intended for people with drug abuse problem. The counseling program is composed of a total of twenty-four (24) modules: eighteen (18) modules to be facilitated to the residents in small group settings and six (6) family modules for the family members of the residents by certified KKDK-trained facilitators with each module running for a maximum duration of two (2) hours and two (2) modules per week. These modules were specially tailored to address the psycho-educational needs of residents and their families concerning drug abuse. KKDK counseling shall be provided to the residents during the last stages of treatment in preparation for the residents’ discharge.

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6.4 TREATMENT PRINCIPLES

6.4.1 Tailoring services to fit the needs of the individual are important parts of effective drug rehabilitation for criminal justice population. - Emphasized by this principle is the individualized approach of assessment being the first step to be undertaken bearing in mind that each resident depending on the level of drug dependence and other socio-economic factors will require different treatment interventions.

6.4.2 Treatment should target factors that are associated with criminal behavior. - This principle explains the link between the "criminal thinking" and illegal drug use and contextualize the cognitive behavioral interventions in the Therapeutic Community approach. "Criminal thinking" as explained is a combination of attitudes and beliefs that support a criminal lifestyle and criminal behavior, such as feeling entitled to have things in one's own way, feeling that one's criminal behavior is justified, failing to accept responsibility for one's actions, and consistently failing to anticipate or appreciate the consequences of one's behavior. This pattern of thinking often contributes to drug use and criminal behavior. Following this principle, the program should provide specific cognitive skills training to help the residents in recognizing errors in judgment that lead to drug abuse and criminal behaviors.

6.4.3 Self-help - The TC approach highlights the personal responsibility and ability of each resident admitted in the program to effect planned changes in order to realize the desired goals. This principle views residents as participants or the main actors in their rehabilitation.

6.4.4 The resident plays the dual-role of "client-therapist." - In the TC, there is a tacit agreement among the residents that everyone is flawed and it is the responsibility of each resident to point out the unhealthy behaviors that he or she observes among peers. This practice is not about passing judgment on one another but it is focused on raising awareness of behaviors or attitudes that need to be addressed (Perfas, 2014).

6.4.5 Safety is foremost. - Present jail conditions may not be ideal for treatment considering the lack of space, congestion, and security concerns. For this reason, personnel involved in the program implementation shall always coordinate with custodial personnel regarding schedule of activities and other pertinent observations related to safety and security. Custodial officers shall not leave the program implementers facilitating the program without safety and security measures in place.

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6.4.6 Use of multi-disciplinary approach.- Illegal drug use is a multifaceted issue that requires multidisciplinary approach. As there are many pathways to recovery and people respond differently to interventions, there is a need to find a harmonious combination of different rehabilitation approaches. Likewise, there is a need to involve different professionals from various fields who, by their specific trainings, can help provide a comprehensive rehabilitation program.

6.4.7 Family involvement in the treatment and rehabilitation process.- Families in the Philippine culture persist to be the main source of support for an individual. Additionally, majority of residents to be released from custody will be going back to their families and they identify their respective families as their inspiration to change their lives. Hence, residents are more likely to respond more positively to interventions when their families are involved. Families involved in the rehabilitation process are more likely to give better support to the residents. It is for these considerations that families should be involved in the rehabilitation at the very start.

6.4.8 Continuity of care is essential for recovering drug users re-entering the community.- This principle highlights the indispensability of aftercare. Although rehabilitation in jail initiates the process of reformation for the residents, follow-up and aftercare in the community is essential to sustaining rehabilitation gains from the Center. Therefore, there is a need for multi-sectoral and inter-coordination and collaboration among stakeholders in the criminal justice and public safety and the community in general to ensure continuous access to much needed follow-up and/or aftercare services and prevent relapse.

6.4.9 Recognition and protection of human rights and dignity of residents on drug rehabilitation.- Inhumane or degrading practices and punishment should never be a part of the rehabilitation process. Center staffs shall ensure informed consent and confidentiality in the various procedures and processes. Likewise, center staffs should adopt respectful and non-stigmatizing attitudes towards the residents and their families.

6.4.10 Community involvement and participation.- Drug Addiction is a social problem. Consequently, an effective drug rehabilitation necessitates the active involvement and participation of multi-level and multi-sectoral stakeholders (the courts, government agencies, non-government organizations, private/business sectors, community leaders, faith-based organizations, among others). Through the synergy, supportive network, and alliances among these stakeholders, a comprehensive care can be effectively and efficiently provided to residents and their families. Equally important to consider is a need to mainstream the social, moral, and economic value of drug

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rehabilitation to eventually change the negative public perception and facilitate community reintegration of the residents upon release.

6.5 STAGES AND PHASES OF TREATMENT

6.5.1 Pre-Admission Stage

Pre-admission consists mainly of the facilitation and screening of PDL referrals to the Center. Wardens of the referring jails may refer only PDL who meet the minimum requirements provided for in item 6.1.2. The referral shall include the memorandum of referral from the referring warden, a copy of court order, and a copy of DDE result. Incomplete referrals shall not be processed. All referrals from jails shall be initially screened by the Paralegal Officer of the Center who shall prepare a final roster of referrals listed according to the date of receipt of complete requirements. The Center Director shall approve referrals from the final roster based on “first-come, first-served basis.” Result of referral whether denied or accepted shall be communicated back to the referring warden. The PDL accepted in the Center and his or her family shall be notified by the Paralegal Officer of the referring jail about the successful referral and possible schedule of transfer of custody.

Referrals to the Center shall be continuous but admission to the Center is on “first-come, first-serve basis” until maximum bed capacity is reached. Reservation of slots is strictly prohibited. Pre-admission shall be completed within five (5) working days from receipt of referral.

6.5.2 Admission Proper Stage

All transfer of custody of PDL accepted to the Center shall be properly communicated to the Center prior to actual transfer. The transfer of custody of the person of PDL shall be accompanied with the original copies of the court order, DDE result, and PDL Health Record, and medical certificate certifying medical condition of PDL immediately prior to transfer.

Admission proper begins with the receipt of physical custody of newly admitted resident with accompanying records. Newly accepted PDL shall undergo immediate physical examination and general medical evaluation by the nurse. This will be followed by a comprehensive medical, mental, psychological and social assessment to be conducted by the concerned Center staff. Admission proper shall be completed within one (1) week from the date of admission.

6.5.3 Treatment Stage

All residents will undergo the different phases of treatment: Orientation, Core Treatment, Pre-Reentry and Re-Entry.

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a. Orientation Phase

Orientation phase coincides with the admission proper stage. The main goal of this phase is to assist the newly admitted resident to engage into his/her treatment. Through the orientation processes and activities, the newly admitted resident will be familiarized with the new environment, develops positive relationships with Center staff especially with their assigned case managers, informed of the cardinal rules, the different house rules and trained on TC communication tools. Orientation phase shall be conducted for a period of two (2) weeks.

b. Core Treatment

This phase is devoted for the resident to work on the different goals identified in his/her treatment plan. Completion of the core treatment phase shall be based upon the resident making significant progress on his or her treatment plan. The goals of this phase include personal development and acquisition of emotional, social, educational and vocational competencies. Core treatment phase shall be for a period of twelve (12) weeks.

c. Pre-Reentry

Pre-Reentry phase focuses on re-building of relationship with family. Family involvement in the treatment process will be increased during this phase. Also, the KKDK counseling, as part of relapse prevention, commences during phase. Vocational assessment and sheltered workshops will be provided to the resident during this phase. Pre-reentry shall be for a period of four (4) weeks. All interventions started in this phase will be continued in the succeeding phase.

d. Re-entry

The main focus of this phase is the preparation of the resident towards successful transition to life in his or her respective community after rehabilitation. Goals to be achieved include development of social support network, completion of KKDK counseling, recovery-supportive living arrangement, self-care, and enhancement of vocational competence. Re-entry phase shall be for a period of five (5) weeks.

Diagram of Stages and Phases of Treatment Diagram (see attached Annex B)

Family Interventions

Family involvement is very crucial in the complete rehabilitation of the residents. Family members of residents shall be invited to participate in the selected activities. They shall also be required to undergo the six (6) KKDK Family Modules with atleast two modules per week. Other family interventions may be provided based on approved treatment plan or recommendations of concern staff.

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6.5.4 Discharge Stage

Discharge means actual release of the resident from the BJMP custody. Discharge shall be co-facilitated by the social worker and the paralegal officer. Social worker shall ensure that necessary referrals for follow-up and aftercare shall have been facilitated prior to discharge while the paralegal officer shall ensure that the court is informed of the discharge and that all legal documents/records pertaining to the discharge are complete and in order.

6.6 ROLES AND RESPONSIBILITIES OF KEY DIRECTORATES AND REGIONAL UNITS

6.6.1 Directorate for Welfare and Development (DWD)

a. Prepares the Manual of Operation for Reformation Center;
b. Facilitates the initial capability building of the Center personnel;
c. Provides technical support upon request;
d. Conducts monitoring through actual jail visits/inspections;
e. Submits status reports to the Command Group regarding the overall performance of all reformation centers; and
f. Subject to the approval of the Command Group, furnishes copy of reports of the Reformation Center to other agencies for whatever legal purposes.

6.6.2 Directorate for Personnel and Records Management (DPRM)

a. Incharge of the selection and deployment of qualified personnel to the Center;
b. Ensures adequate staffing of the Center for effective and efficient operation; and

c. Provides technical support in the personnel and records management of the Center.

6.6.3 Directorate for Health Service (DHS)

a. Recommends to the DPRM competent health personnel to be deployed in the Center;
b. Ensures continuous capability building of health personnel of the Center; and

c. Provides technical support in terms of the medical management of residents in the Center.

6.6.4 Regional Director of the Jail Bureau

a. Ensures information dissemination about the Reformation Center in his/her area of responsibility;

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b. Directly supervises the management and administration of the Center;
c. Provides all necessary financial and logistical support to ensure effective and efficient operation of the Center;
d. Endorses for approval the annual OPB; and
e. Conducts resource mobilization with different stakeholders for the benefit of the Center.

**6.6.5 Regional Welfare and Development Division**

a. Provides support in terms of capability building of personnel in the Center;
b. Assists DWD in monitoring the compliances of the Center; and
c. Assists the Regional Director of the Jail Bureau in the advocacy and resource mobilization activities for the benefit of the Center.

**6.6.6 Regional Operations Division**

a. Provides technical support in terms of the security and safety of the Center; and
b. Ensures continuous capability enhancement of the custodial officers deployed in the Center.

**6.6.7 Regional Health Service Division**

a. Provides technical support in terms of ensuring adequate patient's care; and
b. Ensures continuous capability enhancement of the health personnel deployed in the Center.

**6.7 TRAINING REQUIREMENT OF PERSONNEL**

All personnel to be assigned in the Center should have completed the mandatory pre-service trainings. For future members of the staff, they must be provided with the appropriate pre-service trainings to ensure that they have the proper competencies in drug rehabilitation work. Continuous in-service or in-house staff training shall likewise be provided by the Center to ensure the enrichment of knowledge and skills enhancement of staff and to keep them abreast with current trends in treatment and rehabilitation programs. Technical staffs must obtain the certification trainings required of their respective positions.

**6.7.1 MANDATORY PRE-SERVICE TRAININGS**

a. Therapeutic Community (TC) training for all Center staff.

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d. Screening, Brief Intervention, Referral to Treatment (SBIRT) Training for nurses.


f. Training on Food Preparation, Food Handling, and Food Safety for house parents.

g. Seminar on Stakeholder Engagement/Management and Referral for Center Director, Assistant Center Director, Chiefs of Units and Social Workers.

6.7.2 CONTINUOUS IN-SERVICE OR IN-HOUSE TRAININGS

a. TC Enhancement trainings for all Center staff.
b. Disaster Risk Management training for all Center staff.
c. Mental Health and Psychosocial Support (MHPSS) for all Center staff.
d. Stress Management and Wellness for all Center staff.
e. Personnel Information and Education (PI&E) for all Center staff.

6.8 REPORTORIAL REQUIREMENT

The Center shall prepare the usual operational reports of jails in addition to the specific reports prescribed in the Manual of Operations for Reformation Center.

7.0. MONITORING CLAUSE

The Directorate for Welfare and Development (DWD) shall be responsible for monitoring the establishment of reformation centers within the Jail Bureau and compliance to the minimum standards prescribed by this policy.

8.0. FINANCIAL CLAUSE

The Region having jurisdiction of the Center shall prepare the initial budget for the establishment and initial operation of the Center. Thereafter, it shall be the Center Director who shall prepare the annual Operations, Plans, and Budget of the Center for its continuous operation.

9.0. SEPARABILITY CLAUSE

In the event that any provision or part of this policy is declared invalid by competent authority, all other provisions not affected by such declaration shall remain valid and effective.

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10.0 REPEALING CLAUSE

All other existing issuances that are inconsistent with this policy are hereby amended or modified accordingly.

11.0 EFFECTIVITY

This Circular shall take effect fifteen (15) days after its filing at the Office of the National Administrative Register (ONAR) at University of the Philippines Law Center in consonance with Sections 3 and 4, Chapter 2, Book II of Executive Order No. 292, otherwise known as the “The Administrative Code of 1987.”

12.0. ANNEXES

Annex A: Organizational Structure
Annex B: Diagram of Stages and Phases of Treatment

Prepared By:
Leilani M. Banotan, RSW, MSW
Social Welfare Officer III
Chief, Behavioral Management Section

Reviewed By:
DENNIS U ROCAMORA, CESE
Jail Chief Superintendent
Deputy Chief for Operations of the Jail Bureau/Quality Management Representative

Approved By:
ALLAN S IRAL, CESE
Jail Director
Chief, BJMP

"Changing Lives, Building a Safer Nation"
Annex A

**BJMP Reformation Center**
**ORGANIZATIONAL STRUCTURE**

Center Director
(1)(F)

Assistant Center Director
(1)(F)

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**Administrative and Support Services Unit (ASSU)**
- House parent (4) (F) (S)
- Administrative Officer (1) (F)
- PDL Records Officer (1) (F)
- Medical Doctor (1) (OC)
- Psychiatrist (1) (OC)
- Dentist (1) (OC)
- Medical Technologist (1) (OC)
- Paralegal Officer (1) (F)
- Case Manager/Social Worker (2) (F)
- Psychologist (1) (F)
- Counselor (1) (F)
- Custodial Officer (13) (F) (S)

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**Clinical Unit (CU)**
- Nurse (4) (F) (S)

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**Operational Treatment and Rehabilitation Unit (OTRU)**
- Paralegal Officer (1) (F)
- Case Manager/Social Worker (2) (F)
- Psychologist (1) (F)
- Counselor (1) (F)
- Custodial Officer (13) (F) (S)

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**Safety and Security Unit (SSU)**
- Chief, Safety and Security (1) (F)

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**Legend:**
a. (1)- number of personnel
b. (F)- full-time position
c. (OC)- on-call
d. (S)- Shifting

**Summary**
- Residential facility: 60 bed-capacity
- Total Positions: 16 (Full Time-12/On-call-4)
- Total Personnel: 35
Annex B: DIAGRAM OF STAGES AND PHASES OF TREATMENT

**Pre-Admission Stage**
- Wardens refer the PDL sentenced to undergo six months' drug rehabilitation to the Center. DDE result must be low to mild dependence.
- Initial screening of referrals
- Acceptance or denial of referrals communicated to the referring jails.

*Duration: One (1) week*

**Admission Stage**
- Transfer of custody of PDL accepted to the Center
- Comprehensive Assessment
  (Medical/ Mental Health/ Dental/Psychological/ Social)

*Duration: One (1) week*

**Treatment Stage**

- **Orientation Phase**
  1. General Program orientation
  2. Seminar on TC Concepts
  3. Training on TC communication Tools

*Duration: Two (2) weeks*

- **Core Treatment Phase**
  1. Resident is immersed in the different program activities of the TC.
  2. Resident works on his/her goals based on Treatment plan

*Duration: Twelve (12) weeks*

- **Pre-Reentry Phase**
  1. Vocational assessment and start of vocational trainings
  2. Start of KKDK counseling
  3. Family interventions

*Duration: four (4) weeks*

- **Re-Entry Phase**
  1. Vocational enhancement or completion of vocational trainings
  2. Resident's referral to community resources
  3. Completion of KKDK counseling
  4. Building of social support systems

*Duration: Five (5) weeks*

**Discharge Stage**
- Pre-discharge counseling
- Resident's discharge communicated to the court and his/her family
- Actual release of resident from BJMP custody

*Duration: One (1) week*

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