



COMMUNITY-BASED REHABILITATION PROGRAM



BACKGROUND

The Community-Based Rehabilitation Program (CBRP) is one of the three pillars of MASA MASID. The CBRP is a holistic approach in rehabilitating the surrendered drug personalities and aims to focus on the healing of the body, mind, and soul through counseling and other therapeutic sessions.

According to statistics, 94% of the surrenderers are considered "low risk". Meaning, their level of drug addiction is relatively low and may not be accepted in conventional rehabilitation facilities. They will also be needing different kind of interventions, thus, the CBRP was conceptualized.

The CBRP will be facilitated by a network of volunteer experts in the community called the Community Rehabilitation Network or CRN. The CRN is composed of volunteers who are experts and practitioners in the medical and psycho-social fields. The members of the CRN may be medical doctors, psychologists, psychiatrists, guidance counselors, teachers, members of the faith-based organizations, or anyone who is willing and able to facilitate the conduct of the CBRP.

Through the CBRP, the drug surrenderers will be given a second chance in life. The stigma that has been associated to them will be removed. By accepting, nurturing, and caring for them, they will choose to live a drug-free life.

TURN-OVER OF SURRENDERERS TO COMMUNITY-BASED REHABILITATION PROGRAM

Before the surrenderers are enrolled in the CBRP, they will first undergo an initial screening to be conducted by DOH or Medical Health Unit of the LGU.

- The surrenderer will be classified as low risk or high-risk.
- Low risk surrenderers will be further profiled whether they should be turned-over to a community-based rehabilitation program or undergo an out-patient facility-based rehabilitation program.



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REHABILITATION PROCESS

STEP 1: ORGANIZATION

The Community Rehabilitation Network (CRN) shall be organized by the MASA MASID Team. The CRN shall be composed of volunteers in the community.



Once convened, the CRN shall be oriented on their duties and responsibilities in the community-based rehabilitation program.

The CRN should strategize on how they would implement the Community-Based Rehabilitation Program. The members should also design their rehab program that would enable them to maximize the resources available in the community.



The design of their program should be flexible for all the enrollees in the program. It should cater to the specific needs of the patients.





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STEP 2: ENROLLMENT TO THE PROGRAM



The surrenderers, accompanied by their families, shall submit themselves to the Community Rehabilitation Network (CRN) for registration and recording.

They will fill-out a Personal Data Sheet, which shall be recorded in a registry. This registry should be maintained by the members of the CRN. Consolidated data shall be regularly submitted to the UBAS Expanded TWG for recording and monitoring purposes which should remain confidential.



The surrenderer and a family member shall sign a Conditions of Admission or a Consent Form, agreeing that the patient will undergo this kind of treatment and that an unannounced drug testing will be conducted within the rehabilitation process.

Once the patient has accomplished these steps, he/she must pledge his/her commitment to finish the rehabilitation program.



Pledge of Commitment



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STEP 3: ORIENTATION OF THE PROGRAM

A general orientation of the program will be given to both the patient and their families. They will be given an overview of the coverage of the rehabilitation program. The presence of the family is important to make the patients feel that they will not be alone as they go through the process.



Once done with the general orientation, the patients will be given a more in-depth orientation of the program. The mechanics will be discussed and the expectations from the patients will be set.



Simultaneous to the patients' orientation, the families will also be oriented of what is expected from them. The Community Rehabilitation Network (CRN) must encourage the families to be the strongest support group of the patients during this time of need.





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STEP 4: COMMUNITY-BASED REHABILITATION PROGRAM PROPER

The Community-based Rehabilitation Program (CBRP) will run for eight (8) weeks or forty-eight (48) days and will be handled by the Community Rehabilitation Network (CRN) who may be composed of a team of experts such as doctors, psychologists, guidance counselors and other community volunteers. Weekdays shall be dedicated for counselling/therapy sessions while weekends shall be dedicated for community service and religious services.

IMPLEMENTATION OF THE "CARE PROGRAMS"

Patient's Care

- Sessions involving the understanding of the individual patient
- Sharing of experiences
- Lectures/seminars on the effects of drug abuse, HIV/AIDS and the like
- Individual/Group counseling
- Skills training
- Physical activities
- Community service



Family Care

- Counseling
- Family therapy
- Parenting & family development programs



Community Care

- Community awareness seminars
- Recruitment of volunteers for the CRN
- Mobilization of the Basic Ecclesiastical Communities, Religious and Civic Organizations and other institutions
- "Adopt a Drug Patient" where an individual or a family may serve as sponsors for the needs of the patient such as food and other materials



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STEP 5: EVALUATION

After accomplishing the Care Programs, drug recovering patients will undergo an unannounced drug test. This is also the period where the patients will be assessed on how well they fared with the activities done. Those with negative results shall be awarded a Certificate of Program Completion issued by the Community Rehabilitation Network (CRN).





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AFTERCARE

After completing the Community-based Rehabilitation Program (CBRP), the drug recovering patient shall undergo the Aftercare Program to be conducted by the DSWD. In this phase, they shall undergo programs which will help them be reintegrated back to their communities as productive members.

