CITIZEN CHARTER ANTI-DRUG ABUSE COUNCIL OF PASIG (ADCOP)

1. TREATMENT AND REHABILITATION PROGRAM

A program for drug dependent individual with that was recommend by the accredited physician to undergo treatment and rehabilitation program for effective management of physical and mental conditions arising from an individual's drug abuse.

| Office or Division: | ANTI-DRUG ABUSE COUNCIL OF PASIG (ADCOP) |
|-------------------------|--|
| Classification: | Simple |
| Type of Transaction: | G2C – Government to Citizens G2G – Government to Government |
| Who may avail: | Families with members that needs help for their child/parents/husband/wife or immediate relatives who is a drug dependent that needs treatment and be admitted to Rehabilitation Center. |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---|---|
| 1. Barangay Clearance | Barangay where the requesting party reside –Barangay |
| Barangay Indigency Blotter | Drug Rehabilitation Processing Desk |
| 4. Birth Certificate (patient) | Philippine Statistic Authority (PSA) |
| 5. Cedula | Treasurer's Office (2 nd floor) |
| 6. 2x2 picture (patient) | |
| 7 0 10 | Regional Trial Court (Docket Section) |
| Court Clearance Medical Evaluation | City Health Office-SATOP |
| Drug Dependency Examination 10. Endorsement Letter | ADCOP |
| 11. DDB Application Form J 12. Court Order | Regional Trial Court Pasig (office of the Clerk of Court) |
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| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|---|--|---|--|--|
| 1. | Intake Interview (Petitioner: Family Member: Parents, Children, Husband, Wife) | Family to go to Barangay Drug Rehabilitation Processing Desk for Intake interview and initial requirements for rehab. | none | 30 mins. | Barangay Drug Rehab. processing desk focal person |
| 2. | Petitioner will submit the xerox copy of the Intake Interview form and the original copy of the initial requirements to ADCOP | ADCOP received the initial original requirements and intake interview, coordinate with rehab processing desk focal persoj | none | 15 mins. | Rema Fernadez Lilibeth Mendoza ADCOP Staff |
| 3. | Application for court clearance of the patient | Assist the petitioner to Regional Trial Court , Docket section: 1. Barangay Clearance | 85.00 | 2 days | William Tabbu Melencio Larion ADCOP staff |
| 4. | Pick-up of patient | ADCOP will coordinate with the barangay to pick-up the patient and bring them to the quarantine facility | none | 30 mins1hr. | ADCOP Staff Barangay Security Force |
| 5. | Patient will undergo Swab Test | ADCOP will coordinate with City Health Office – Quarantine Facility Rizal High School | none | 2-3 days | Dr. Joseph Panaligan |
| 6. | Patient quarantine for 10 days | Waiting for the result of SWAB test and the 10 days quarantine | None | 10 days | Dr. Stuart Santos |
| 7. | Temporary Shelter | After 10 days quarantine patient will transfer to ADCOP holding center to process all the requirement for rehab | None | | Rema Fernandez |
| 8. | Patient will undergo Drug Dependency Examination (DDE) | If the result of Swab Test is Negative, ADCOP will coordinate to SATOP for Drug Dependency Examination (DDE) to be held in ADCOP office and If the result is Positive patient will immediately transfer to Rizal High Facility for 14 days quarantine supported by documents. | none | 2-3 hours | Dr. Amelito Javier Dr. Fracis JeorgeLucas DOH- Accredited Physician, SATOP |
| 3. | Patient will undergo medical examination Super Health Center Barangay Sumilang | Drug Dependency Examination Chest X ray Urinalysis CBC Fecalysis Blood Chemistry (Mega Rehab) ECG above 35 years Old Cardio Clearance Pregnancy test (If girl) | None 120.00 32.00 84.00 28.00 800.00 300.00 500.00 200.00 | 1 day pick up result in the afternoon | William Tabbu Melencio Larion |
| 4. | Application for Court Order | Assist the petitioner to RTC at the office of the clerk of court to apply for court order | 5.00 | 1 day pick up in the afternoon | RTC Drug Court in line with the assigned judge thru raffle of cases |
| 5. | Admission to rehabilitation center | ADCOP will prepare all the needed requirements: Swab Test, 72 hours submit to DOH-TRC Drug Dependency Examination Also, will coordinate to rehab. center informing them about the admission | Memorandum of Agreement (shoulder by the city government of pasig) 3,500/month | DOH-TRC, Bicutan Taguig 4 hours, travel and waiting of admission | Driver Melencio Larion Johnrey Del Rosario Escort William Tabbu Rex Peralta |

| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------|--------------|---------------|--|--|-----------------------|
| | | | 5,800 for 18mos. Aftercare program | DOH-TRC, Mega Rehab, Nueva Ecija 2am -6:00pm depend on the traffic Travel and waiting of admission | |
| TOTAL: | | | 45 mins./ transaction 2-3 days for patient as branch with many cas | | |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|--|--|--|--|
| How to send feedback | Client and family are inform to submit to the office of any complaint through verbal (txt/call) and written report: 09151653865 | | | |
| How feedback is processed | All gathered feedback from the complainant will be: 1. Encoded 2. Verify 3. Address to the concern person 4. Make a memorandum for action | | | |
| How to file a complaint | Submit/send Written complaint report to ADCOP Office Txt to cellphone no. 09151653865 email address <u>adcop.pasig.official2000@gmail.com/</u> Ugnayan | | | |
| How complaints are processed | Have a dialog with the family and other concern personalities involve that can be helpful to resolve the problem Verify the authenticity of the report, if true, file an action depend on the complaint | | | |
| Contact Information | Send your feedback/complaints to 09151653865 or email address adcop.pasig.official2000@gmail.com | | | |

2. KASUNDUAN PROGRAM

A tripartite agreement among student offenders and parents, school officials and city government representing. ADCOP as response to the number of students being reach out for drug related activities during school hours. And undergo several intervention for 3 months as they report in the office ones a week as part of the program.

| Office or Division: | ANTI-DRUG ABUSE COUNCIL OF PASIG (ADCOP) |
|-------------------------|--|
| Classification: | Complex |
| Type of Transaction: | G2C – Government to Citizens G2G – Government to Government |
| Who may avail: | Schools through guidance counselor/ Students who caught inside the school premises that involved in using and selling illegal drugs. |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|---|
| Birth Certificate 2x2 picture Folder (long) Notebook Pen Medical Assessment Barangay Clearance | For client City Health Office -SATOP Barangay where the requesting party reside |
| | |

| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
|------|---|--|--------------------|---------------------------------|--|
| 1 | Indorsed by the Guidance Counselor/Glad Coordinators to ADCOP the students together with their parents (compulsory) | ADCOP will accommodate them together with the endorsement letter from the school. | None | 30 mins. | Guidance counselor/ Teacher |
| 2 | Intake interview | ADCOP staff will do the intake interview to the students and their parents and inform them the needed requirements and about Kasunduan program | None | 30 mins. | Eleen Bueno Registered Social Worker facilitate the process and assisted by : Rema Fernandez Nicia Francisco Rejine Joy Garcia ADCOP staff |
| 3 | Medical Assessment | ADCOP will assist students and parent to SATOP office, student to undergo medical assessment and drug test | None | 30 mins. | Dr. Amelito Javier Dr. Francis George Lucas Accredited Physician |
| 4 | Brief Orientation | Brief orientation to the family regarding the program its obj. and goal, Schedule of reporting, Do's and Don'ts's, Awareness on RA 9165 | None | 45 mins. | Ma. Eleen Bueno Registered Social Worker, ADCOP |
| 5 | Signing of Kasunduan Form: Student & Parent; School Principal and ADCOP | A tripartite agreement, ADCOP will discuss and explain the signing of KP | none | 15 mins. | Ma. Eleen Bueno Registered Social Worker, ADCOP |
| 6 | Submit requirements | ADCOP will took the requirements and file it properly for future reference | None | 10 mins. | Ma. Eleen Bueno Registered Social Worker, ADCOP |
| тот, | TOTAL: | | | 2 hours and 40 3 months prog | D mins./ transaction |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|--|--|--|--|
| How to send feedback | Client and family are inform to submit to the office of any complaint through verbal (txt/call) and written report: 09151653865 | | | |
| How feedback is processed | All gathered feedback from the complainant will be: 1. Encoded 2. Verify 3. Address to the concern person 4. Make a memorandum for action | | | |
| How to file a complaint | Submit/send 4. Written complaint report to ADCOP Office 1. Txt to cellphone no. 09151653865 2. email address adcop.pasig.official2000@gmail.com | | | |
| How complaints are processed | Have a dialog with the family and other concern personalities involve that can be helpful to resolve the problem Verify the authenticity of the report if true file an action depend on the complaint | | | |
| Contact Information | Send your feedback/complaints to 09151653865 or email address adcop.pasig.official2000@gmail.com | | | |

3. TAGAMASID NG PASIG

Ordinance establishing the "TAGAMASID NG PASIG" project as an important part of the anti-illegal drugs campaign of the city, defining the components and rewards system and providing funds thereof.

| Office or Division: | ANTI-DRUG ABUSE COUNCIL OF PASIG (ADCOP) |
|-------------------------|---|
| Classification: | Complex |
| Type of Transaction: | G2C – Government to Citizens G2G – Government to Government |
| Who may avail: | Concern individual in the community who has an information on the illegal activities occurred in the area. |

| WHERE TO SECURE |
|-----------------|
| Concern citizen |
| ADCOP |
| |

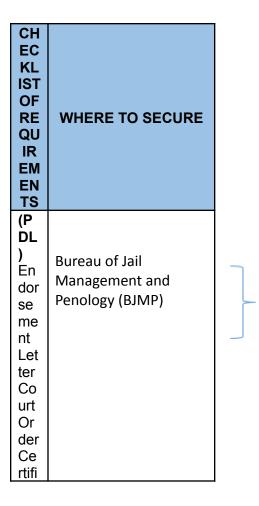
| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----|--|---|-----------------------|--------------------|---|
| 1 | Send information to TAGAMASID Hotline thru text 09055962553 | ADCOP will feedback to the received information from the concern citizen and we will ask for any documents regarding the information | none | 30 mins. | ADCOP Operation Team |
| 2 | Verification | ADCOP will conduct the verification of the send text messages. | none | 2-3 days | Concern Citizen |
| 3 | Surveillance and monitoring | Monitoring and surveillance for the veracity of report. New informant to balance the report and spotter in the area | none | 2-3 hours | ADCOP Staff |
| 4. | Information gathering | ADCOP completed the information gathering: 1. Pictures of subject 2. Pictures of Houses 3. Area where the illegal drugs place 4. Actual Sketch 5. Mapping of the whole area 6. Court order (Search Warrant) | None | 1-3 months | ADCOP Operation team |
| 4 | Fill-up Information Report Form (IRF) | Signing of IRF report form Tagamasid ng Pasig Reward Form | none | 30 mins. | ADCOP Staff |
| 5 | Test buy operation | ADCOP furnish the PNP and PDEA the copy of the completed information gathered | none | 10 days | PNP/PDEA assisted ADCOP operation Team |
| 6 | Buy Bust Operation or Search Warrant operation of the mandated agency to operate | Meeting with PNP, PDEA for the conduct of test buy operation | none | 1-2 month's | PNP/PDEA assisted ADCOP Operation Team |
| тот | | | | 1-2 months | |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|--|--|--|--|
| How to send feedback | Concern individual will send report through verbal (txt/call) and written form to ADCOP office and all information will be confidential and secure it in an envelope/folder | | | |
| How feedback is processed | All gathered feedback from the complainant will be: 5. Encoded 1. Verify 2. Address to the concern person 3. Make a memorandum for action | | | |
| How to file a complaint | Submit/send Written complaint report to ADCOP Office Txt to cellphone no. 09151653865 email address adcop.pasig.official2000@gmail.com | | | |
| How complaints are processed | Have a dialog with the family and other concern personalities involve that can be helpful to resolve the problem Verify the authenticity of the report if true file an action depend on the complaint | | | |
| Contact Information | Send your feedback/complaints to 09151653865 or email address adcop.pasig.official2000@gmail.com | | | |

5. Community Based Drug Rehabilitation Program (CBDRP) Reporting

Is an integrated model for drug users with mild severity of addiction. It provides a continuum of care from outreach and low threshold services through active coordination among a number of health, social and other non-specialist services needed to meet client's needs.

| Office or Division: | ANTI-DRUG ABUSE COUNCIL OF PASIG (ADCOP) |
|-------------------------|---|
| Classification: | Complex |
| Type of Transaction: | G2C – Government to Citizens G2G – Government to Government |
| Who may avail: | Persons Who Used Drugs (Surrenderee) Person Deprived of Liberty (PDL) After Care (Completed the Treatment and Rehabilitation) |



| CH EC KL IST F RU IR M EN TS | WHERE TO SECURE |
|---|-----------------|
| cat e of Dis charg e from J Det ain ee s Boki ng h ebr ug Certifi cat e Not book Folon g Pen 2X 2 pict ure | |

| CH EC KL IST F RE QU IR EM EN TS | WHERE TO SECURE |
|--|---|
| (Af ter car e) En dor se me | Mega Drug Abuse Treatment and Rehabilitation Center (MEGA DATRC) |
| nt Let Courtel ease Ore Certifi cat e of Completi on Pro gss Re or t Aft ease Pre | DOH-TRC Bicutan |

| CH EC KL IST F R U R EN TS | WHERE TO SECURE | |
|--|--|--|
| ve nti on Pla n Cefifit e of Te mora y Dis h arg e Cott el a se Or et to b ook P n | | |
| Pe rso ns Wh o Us ed | Barangay where the requesting party reside | |

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| Dr ug s (Surr en der ee) Ce rtifi cat e fro m Bar an ga y Sur ren der ee Bar an ga y Cle ara nc e Not eo k Pe n ce n ce r | | | | | |
|---|--|---|--------------------|--------------------|-----------------------|
| | | | | | |
| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| # 1 | CLIENT STEPS Submit an Endorsement letter and Court Release Order | ADCOP ACTIONS ADCOP will ask for the endorsement letter and court release order and properly file it in the folder for future reference ADCOP staff will do the | | | |

| | | and explain to them about their reporting | | | |
|-----|--|--|------|-------------------------------------|--|
| 3 | Submit the needed requirements stated above to ADCOP office | They will submit a Xerox/original copy of all the needed requirements to the office and filed it properly to their respective folder | none | 10 mins. | ADCOP Staff |
| 4 | Schedule of reporting for 6 months to PDL and surrenderee while 18 months for Aftercare clients (twice a month) | ADCOP will give the schedule of their reporting and inform them to bring notebook and pen every time they attend the program and of course pandemic wear face mask/shield | none | 15 mins. | ADCOP Staff |
| 5 | Endorsed to partner CSO for other intervention/program that can support their needs | ADCOP will coordinate to partner agency/office/churches that can provide any help to them | none | 30 mins | |
| тот | TOTAL : | | | 1 hour and 20 m 15 mins./Twice a | ins./ transaction a month reporting |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|---|--|--|--|
| How to send feedback | Client are inform regarding for any concern and complaints to the office through written and verbal report | | | |
| How feedback is processed | Feedback is gathered and process by the assign staff and it will be prepared for documentation and monitoring | | | |
| How to file a complaint | All gathered information/report will be filed and secured | | | |
| How complaints are processed | ADCOP will coordinate to concern individual, agency/office that can response to his/her problem and needs | | | |
| Contact Information | Send your feedback/complaits to 09556922524 or email address adcop.pasig.official2000@gmail.com | | | |

6. Barangay Drug Clearing Program Process

- a. Mandated by Comprehensive Dangerous Drug Act of 2002, Republic Act 9165, Declaring Drug Cleared Barangay and a Drug Free City.
- a. Barangay Dug Clearing Program is in line with the given parameters of PDEA

| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE | PROCESSING | PERSON RESPONSIBLE |
|---|--|---|---------------|----------------|-----------------------|
| | BOOK 1 Application Letter | Address to the Regional Director of PDEA, Adrian Alvarino | PAID None | TIME 1 mins | Barangayt |
| | Resolutions/Executive Order Reactivation of Annual Budget Plan/ Investment plan Revitalization Monitoring Mechanism Attachments ✓ EO's Resolutions House Cluster and Rehab referral desk Photograph of Rehab referral desk ✓ BADAC action Plan | Barangay will submit the Resolutions/ Executive Order signed by Barangay Council to the ADCOP Office | None | 2 weeks | Barangay |
| | PDEA-PNP Certified Watch list | Barangay will request the Certified Watch list of PDEA through ADCOP | None | 2 weeks | PDEA |
| | DOH Training Certificates | Xerox Copy of Certificate as Accredited Physician to be submitted to ADCOP | None | 1 mins | CHO-SATOP |
| | House Visitation 2016 2017 2018 2019 2020 | PNP sub-station to submit the compilation on the CBDRP | None | 2 weeks | PNP Sub station |
| | Implementation of Intervention Program Attachments: | | None | 5 mins. | |

| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|---|-----------------------|--------------------|-----------------------|
| | a. Activity Design Modules b. Summary of Drug test Results(3 Times) | Intervention Program design by ADCOP & Barangay for Clientele Brgy. Requested for drug test of PWUDs/PDL & Aftercare to ADCOP CHO-SATOP | | | |
| | c. List of Surrendered (DDE)d. AAR of Implementation | medical assessment to Client ✓ Seminars, intervention of Clients | | | |
| | Color Coded PDEA_PNP Confidential Barangay Watch List | Barangay Submitted color coded watch list to ADCOP (assisted by ADCOP) | | | |
| | BOOK 2 PDEA- PNP Certified BADAC Watch list | Xerox copy of certified watch list submitted to ADCOP | | | |
| | Color Coded PDEA-PNP CBWL | Color coded certified by ADCOP, PDEA, and PNP | | | |
| | Monitoring Tool | Submit to ADCOP spot report, death certificate, certification of current status of Client, certificate completion intervention, | | | |

| # | CLIENT STEPS | ADCOP ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|--|-------------------------------------|--------------------|-----------------------|
| | | rehabilitation program | | | |
| | Profiling of Identified Individuals | Submit to ADCOP list of PWUDS, PDL & Aftercare | | | |
| | BADAC Summary of Identified Individuals (Under White Tabbing/List of Non-Residence) | Submit to ADCOP | | | |
| | | | 1 hour and 20 m 15 mins./Twice a | | |
| | TOTAL : | | | | monurreporting |

| FEEDBACK AND COMPLAINTS MECHANISM | | | | |
|-----------------------------------|---|--|--|--|
| How to send feedback | Client are inform regarding for any concern and complaints to the office through written and verbal report | | | |
| How feedback is processed | Feedback is gathered and process by the assign staff and it will be prepared for documentation and monitoring | | | |
| How to file a complaint | All gathered information/report will be filed and secured | | | |
| How complaints are processed | ADCOP will coordinate to concern individual, agency/office that can response to his/her problem and needs | | | |

| Contact Information | Send your feedback/complaits to 09556922524 or email address adcop.pasig.official2000@gmail.com |
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