

Case Management of Jose Fabella Center

It is holistic and has the following programs:

A. Assessment/Diagnostic Program - the primary program of Jose Fabella Center is the accomplishment of an integrated and comprehensive assessment resulting from multi-disciplinary effort. It is a process wherein the resident's felt needs are identified likewise its causes as well as how it will impede the resident's social functioning. From the gathered information, an appropriate and responsive intervention plan will be formulated to address the problem of the resident. The intervention goals are directed to enhance the solving skills and use of existing resources by the resident.

B. Temporary Shelter Program – refers to provision of temporary haven with a homelike atmosphere setting wherein one's basic needs are provided such as food, clothing, and others. Also, the residents are given opportunities to train in improving their basic personal hygiene and grooming; to engage in performing simple household chores; and to socialize aiming to improve their interpersonal relationship. Life skills training are also imparted by the house parents with the help of other services.

C. Productivity Development Program - refers to the process of identifying the resident's interest, capacity, and capability. Subsequently, the conduct of short-term training courses and other economics exposures wherein the residents will gain skills to enable them to engage in productive activities, i.e., job placement, self-employment, livelihood projects and others.

Case Management is a form of helping the displaced individuals, group and families in crisis situation, street dwellers, persons with disabilities and other needy individuals to improve their quality of life and to become empowered.

Office or Division:	Jose Fabella Center (JFC)/ Protective Services Division
Classification:	Complex
Type of Transaction:	Government to Government (G2G) transaction Government to Citizens (G2C) Transaction, Government to Business entities (G2B) transaction
Who may avail:	<ul style="list-style-type: none"> ➤ Hereunder are the clients who can avail the center's services: <ul style="list-style-type: none"> A. Target Clientele <p style="text-align: center;">The center shall accept and accommodate non-residents of the 17 LGUs of Metro – Manila – individuals, groups and families in crisis situation which</p>

includes reached out street dwellers; except for those referrals requiring immediate medical intervention and hospital management, they will be accessed to other centers or institutions that can provide their needed program and services.

The clientele groups of Jose Fabella Center are categorized as follows:

1) *Mendicants/Beggars* – these are individuals who are found begging in the streets and other public places including Indigenous People (Badjao, Aeta, and Igorot etc.).

2) *Vagrants* – these are individuals who wander idly from place to place without lawful or visible means of support. They are divided into two groups:

a. *Vagrants* without physical disabilities

b. *Psychotic* vagrants

3) *Transients* – these are individuals, groups and families who were found stranded in Metro Manila and without established residence in the Metropolis, or any means to support their basic needs. They are assisted to find employment and residence or reintegrated with their families in provinces.

4) *Improved Male Mental Patients* – these are individuals with mental ailment who have been diagnosed by a psychiatrist (NCMH or any hospital) to be considered as an improved mental patient and found to be abandoned and requiring a place to stay.

5) *Male Trafficked Victims* – these are individuals who were recruited, transported, transferred or harbored without the knowledge or consent of the victims within or across national borders by means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power, taking advantage of the vulnerability of the person or giving/receiving payments for the purpose of exploitation, forced labor services, slavery, servitude or of the removal/sales of organ.

3. Illegibility Requirements

The following shall be the eligibility requirements for admission in Jose Fabella Center:

a. Male or Female whether referred as an

	<p>individual and/ or groups must be 18 to 59 years old (except for minors or children who are with their parents or relatives when referred to the center);</p> <p>b. Resident without communicable diseases (CD), and if found with medical illness after initial physical examination, the referring party shall be advised to refer the resident to the nearest hospital.</p> <p>c. Resident who is not under the influence of drugs and/or alcohol.</p> <p>d. Resident who is not from NCR.</p>
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CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral Letter (1 original copy)	from referring LGUs/agencies
2. Social Case Study Report/Case Summary (1 original copy)	Referring LGUs/agencies
3. Medical abstract or examination; drug test result if indicated (1 original copy)	Referring LGUs/agencies
4. Police and/or Barangay blotter except for massive outreach (1 original copy)	Referring LGUs/agencies
5. Admission Slip	JFC- Social Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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I. Admission of the Client Phase

1. Submit the needed documentary requirements to Executive Officer on Duty (EOD)	1. Receive and assess the documents of the client.	None	10 minutes	<i>Executive Officer on Duty/ Social Welfare Officer II</i> JFC
2. Surrender personal valuables and money during inspection	2. Subject the client for inspection including their personal belongings	None	5 minutes	<i>Security Officer</i> JFC
3. Sign the waiver in case of refusal to	3. Assist in executing a	None	5 minutes	<i>Executive Officer on Duty/ Social</i>

surrender the valuable	waiver			<i>Welfare Officer II</i> JFC
4. Provide accurate data/information during Intake interview	4. At intake, the social worker or officer of the day will fill up the admission slip of the resident	None	30 minutes	<i>Executive Officer on Duty/ Social Welfare Officer II</i> JFC
5. Attend orientation on the center's policies, programs and services before the issuance of admission slip.	5. Conducts orientation on the center's policies, various programs and services.	None	1 hour	<i>SWO II, Medical Staff on Duty, Homelife staff on Duty, Houseparent on Duty</i> JFC
II. Preparation of Social Case Study Report Phase				
1. Provide data relevant to helping process	1. Conduct data collection as basis for the preparation of the initial social case study report. from interview, home visits, medical examination, psychological report, information from the referring agency and others	None	2 hours	<i>Social Welfare Officer II/ Case Manager</i> JFC
2. Confirm the accuracy of the data contained in the prepared Social Case Study Report	2. Prepare and submit Social Case Study Report	None	3 hours	<i>Social Welfare Officer II/ Case Manager</i> JFC
C. Helping Process Phase thru Rehabilitation Team Meeting				
1. Appear/ participate/ interact in the formulation of the intervention plan initiated by the	1. Conduct Intervention Planning - Collation of the reports, inputs	None	2 hours	<i>JFC's Rehabilitation Team Members (Resident, Center Head,</i>

multi-disciplinary members	and recommendations from the rehabilitation team members			<i>Social Welfare Officer III, Social Welfare Officer II, Houseparent, Manpower Development Officer, Medical Officer and Psychologist)</i> JFC
2. Cooperate in the implementation of the intervention plan by following the agreement with the team	2. Tap the resident/ Center's internal and external resources to strengthen the resident's residual capabilities for her/ his eventual reintegration to the community. >If they have families to go to, and on the basis of the assessment and case findings of their Social Worker, return or reunification with family which would address their problem is facilitated taking into consideration the favorable recommendation of the Social Worker from the LSWDO or Field Offices. They can also be accessed or transferred to other social welfare development	None	2 hours	<i>JFC's Rehabilitation Team Members (Resident, Center Head, Social Welfare Officer III, Social Welfare Officer II, Houseparent, Manpower Development Officer, Medical Officer and Psychologist)</i> JFC

	<p>agencies to avail further rehabilitative services.</p> <p>>All reached out, certified Badjaos and Aetas must be coordinated with the concerned Indigenous People's Team Leader for their eventual reintegration, or with the LSWDO, if the IP Team Leader is found to be in questionable character.</p> <p>The Rehabilitation Team Members shall submit report on the implementation of the agreed plan</p>			
<p>3. He must cooperate in the evaluation of the case by being open/honest with the team</p>	<p>3. The case manager should know the improvement attained in the life of the resident or if the intervention plan needs further improvement and to be more responsive in addressing the felt need of the resident.</p> <p>The evaluation is carried-out to determine the impact of the</p>	<p>None</p>	<p>2 hours</p>	<p><i>JFC's Rehabilitation Team Members (Resident, Center Head, Social Welfare Officer III, Social Welfare Officer II, Houseparent, Manpower Development Officer, Medical Officer and Psychologist) JFC</i></p>

	<p>intervention plan. If improvement is evident to the resident's situation, the case can already be terminated; if not, the case will be subject for re-evaluation and come up with another plan of action or revision.</p> <p>Case evaluation may be carried through these activities:</p> <p>Pre-discharge Conference is conducted for residents who are prepared for reintegration and/or transfer to other institutions, and for provision of after care services and/or continuous case management.</p> <p>Discharge Conference are conducted for residents who are escorted for discharge to their families and/or in employment outside Metro Manila.</p>			
4. He/ she must cooperate in the termination of the	4.The center must ensure the	None	2 hours	<i>JFC's Rehabilitation Team Members</i>

<p>case by exerting effort to achieve the goal/ agreement with the team</p>	<p>following:</p> <p>a. That the goals and intervention plans set for resident has been met and attained rehabilitation.</p> <p>b. Resident has demonstrated the capability and capacity for independent living.</p> <p>c. Resident refuses assistance or would not cooperate with the intervention plan.</p> <p>d. Resident manifested deviant behavior, especially those that will endanger the lives of co-residents and staff of the center.</p> <p>e. Resident has been consistently committing infraction of the Center's rules and policies.</p> <p>f. Resident has already availed all of the social welfare service of the Center and the Department. welfare service of the Center and the Department.</p>			<p><i>(Resident, Center Head, Social Welfare Officer III, Social Welfare Officer II, Houseparent, Manpower Development Officer, Medical Officer and Psychologist)</i></p>
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TOTAL	None	13 hours, 50 minutes
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FEEDBACK AND COMPLAINTS MECHANISM
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<p>How to send feedback</p>	<p>The center shall establish and maintain a resident-partner suggestion box as a form of feedback mechanism that will be placed at the Administrative Office.</p> <p>Furthermore, feedback mechanism on the accomplishment or status of Jose Fabella Center is being sent and done thru Monitoring and evaluation in three (3) levels namely: The Jose Fabella Center level, Field Office, and the Central Office. It shall follow the guidelines provided by the Policy Development and Planning Bureau and Protective Services Bureau of the DSWD Central Office</p>
<p>How feedbacks are processed</p>	<p>The center's process of doing feedback are as follows:</p> <p>A. Level 1: The Jose Fabella Center</p> <p>The feedback on the Monitoring and evaluation of the over-all operation of the center shall be done by the Center Head. As an administrator, the Center Head should monitor and evaluate implementation of programs and services and see to it that it is responding to the needs and problems of each client. The Center Head is responsible for the implementation of the following activities:</p> <ol style="list-style-type: none"> 1. Conduct of performance contract mid-check

shall be done in the month of May and a Year-End Program Implementation Review to ensure effective operation.

2. Quarterly consultations/talakayan with clients shall be conducted to thresh out issues, concerns and recommendations of residents as regards to their stay in the center as well as the provision of programs and services. Minutes of the Meeting shall be documented and endorsed to the Field Office for monitoring on policy issues and technical assistance purposes.

3. Assessment of effects of programs/services/interventions to the residents shall be done on a quarterly basis and results are incorporated in the residents' intervention plan as necessary, or are utilized in the modification/development of policies and programs.

4. Restorative/corrective measure as a result of the monitoring shall be effected or instituted to remedy gaps in the implementation of the Center's programs and services. Regular feedback from the residents and staff will be gathered to ensure effectiveness of the programs and services and complaints/suggestions are responded.

5. Unit records, incidents logbook and staff monthly/quarterly accomplishment reports are reviewed by the respective Unit Heads and shall provide their inputs that may enhance staff capacities in the delivery of service.

6. Accomplishment reports shall be properly noted and signed by the respective signatories and shall be readily accessible for review.

B. Level 2: DSWD – NCR

The Field Office shall conduct monitoring and evaluation of center management and operation that may be done on a quarterly and annual schedule or as the need arises. This includes Document Review, Interview with the staff and residents/Focused Group Discussion, General Staff Meeting, Year – End Program Review. Activities such as these shall be properly documented with minute's proceedings. The FO should look in the following areas:

1. Case Management
2. Program Management
3. Administration and Organization
4. Helping Strategies and Interventions
5. Facility Management

C. Level 3: DSWD Central Office

The Protective Services Bureau, National Inspectorate Committee and Standards Bureau shall be responsible for the monitoring and evaluation of services to look into its effects/ impact on the rehabilitation of the residents. Management interventions in response to organizational, administrative or services-related issues and problems shall be properly documented and shall effect the agreement reached and/or recommendations as instructed.

<p>How to file a complaint</p>	<p>The complaint shall be filed in accordance with the Civil Service rules and regulations and shall be imposed in the following manner:</p> <ul style="list-style-type: none"> ➤ For staff with plantilla item, non-compliance to work assignments and requirements of the Center and Field Office will be dealt with in accordance to the Rules and Regulations of the Civil Service Commission. For MOA/JO staff, non-compliance to work assignment will be grounds for non-renewal of contract; ➤ Any misdemeanor of a staff, misunderstanding or disagreements between staff shall be discussed and deliberated in the Grievance Committee of the Center after it has been discussed between and among them and their supervisor.
<p>How complaints are processed</p>	<p>The complaints are process in accordance with the procedure prescribed by the Civil Service Commission</p>
<p>Contact information of CCB, PCC, ARTA</p>	<p>ARTA: 8-478-5093 complaints@arta.gov.ph PCC: pcc@malacanang.gov.ph 8888 CCB: email@contactcenterngbayan.gov.ph 0908-881-6565</p>