

## **Best Crisis Intervention Section**

### **2023 DSWD PRAISE Group Award**

#### **Award Definition**

This award shall be given to recognize the delivery of timely and appropriate integrated services such as direct financial and material assistance and benefits to the DSWD's service users.

#### **Assessment Criteria**

| <b>CRITERIA</b>   | <b>SCORE</b> |
|---|--------------|
| <b>1. Efficiency of Service Provision</b> refers to the ability of the CIU to address and satisfy clients' needs. It includes the ratio of psychosocial services rendered by Social Workers over total clients served, the timely release of assistance, and capacity development program for staff | <b>25</b>    |
| <b>2. Crisis Intervention Monitoring System (CrIMS) installed and operational in the CIU</b> - able to update the CrIMS for the covered period of evaluation  | <b>15</b>    |
| <b>3. Standard Reporting System is established, observed, complied, completed and timely submission of reportorial requirements</b> - submitted complete, timely and accurate set of reports using the prescribed reporting templates (statistical, financial, narrative)                           | <b>15</b>    |
| <b>4. Budget Utilization</b> refers to the utilization of funds based on the annual accomplishment of CIU Field Offices vis-à-vis its approved fund allocation and monthly disbursement plan  | <b>15</b>    |
| <b>5. Physical Structure (office, waiting area, comfort rooms)</b>  | <b>15</b>    |
| <b>6. Good practices</b> refers to the set of exemplary practices of Functional Unit in adherence to DSWD AO 5 series of 2016 or the Good Practice Documentation guidelines   | <b>15</b>    |
| <b>Total</b>  | <b>100</b>   |

#### **Eligibility Criteria**

- ☐ Members of the Team could either be on a permanent, temporary, coterminous, contractual or casual status of employment in the DSWD as well as the COS, as applicable, subject to existing budgeting and auditing rules and regulations (group certification)
- ☐ Average rating of all members have at least Very *Satisfactory* performance rating for three (3) annual rating periods, with members at least 10% of the total number having Satisfactory ratings prior to the nomination (group performance rating certificate)
- ☐ All members have not been found guilty of any administrative or criminal offense involving moral turpitude and/or with no pending case at the time of nomination (certificate of no pending case/complaint/grievance, For COS/MOA workers Self-Certification to be noted by Head of OBSU)
- ☐ The designated Special Disbursing Officer (SDO), if any, has no overdue unliquidated cash advances, suspensions, and/or disallowances or deficiencies due to controllable factors as of the time/date of submission of nominations (certification)
- ☐ Must have accomplishments, which the group is being recognized for, within the last three (3) years prior to the nomination, and have been consistently and continuously carried out during said period (supporting documents)

### Nomination Details

|                             |  |
|-----------------------------|--|
| <b>Field Office</b>         |  |
| <b>Number of Personnel</b>  |  |
| <b>Name of CIU Head</b>     |  |
| <b>Position</b>             |  |
| <b>Designation (if any)</b> |  |
| <b>Contact Nos.</b>         |  |
| <b>Email Address</b>        |  |

|                             |  |
|-----------------------------|--|
| <b>Name of Nominator</b>    |  |
| <b>Position</b>             |  |
| <b>Designation (if any)</b> |  |
| <b>Office/Division/Unit</b> |  |
| <b>Contact Nos.</b>         |  |
| <b>Email Address</b>        |  |
| <b>Date of Submission</b>   |  |

Additional information about the Nominee:

|  |                              |                             |       |                 |
|--|------------------------------|-----------------------------|-------|-----------------|
| Were you a previous DSWD PRAISE CO/FO Nominee?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: | Award category: |
| Were you a previous DSWD PRAISE CO/FO Winner?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: | Award category: |
| Were you a previous DSWD PRAISE National Finalist?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: | Award category: |
| Were you a previous DSWD PRAISE National winner/awardee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Year: | Award category: |

### Nomination Form and Write-up:

- ☐ Each nomination requires the submission of one (1) original nomination packet containing the fully accomplished DSWD PRAISE Nomination Form and other documentary requirements neatly packaged to the PRAISE CO/FO Committee for screening
- ☐ The write-up must highlight outstanding accomplishments manifested within the last three years;
- ☐ Presentation of accomplishments or norms manifested should be in order of significance, complete with descriptions and should adhere to the following pointers:
  - o Use specific terms;
  - o State outstanding accomplishments or exemplary norms displayed and impact in brief factual and in bullet form;
  - o Present Impact of accomplishments by indicating how it was sustained/adopted, problems addressed, savings generated, people/office benefited and/or transactions facilitated

### I. Executive Summary

Write an overall statement on the delivery of timely and appropriate direct financial benefits to the DSWD's service users of the Crisis Intervention Unit.

## **II. Efficiency of Service Provision**

*a.) Briefly describe how do the CIU address and satisfy client's needs*

*b.) Based on reports, please present:*

- Ratio of psychosocial services rendered by Social Workers over total clients served
- Timely release of assistance (either through cash outright or guarantee letters)
- Capacity Development Plan

*b.) Attach the following means of verification, as applicable or available*

- Narrative report
- Statistical report
- Capacity Development Program (within 3 years)
- Awards/citations/commendations received
- Guarantee Letters
- MOA
- Copy of guidelines and cases handled
- PDS of staff
- Certificate of training

## **III. Crisis Intervention Monitoring System (CrIMS) installed and operational in the CIU**

*a.) Present updated and encoded data on CrIMS*

*b.) Attach the following means of verification, as applicable or available*  
*- records of encoded GIS (random sampling)*

## **IV. Standard Reporting System is established, observed, complied, completed and timely submission of reportorial requirements**

*a.) Present statistical and financial reports using prescribed reporting templates*

*b.) Attach the following means of verification, as applicable or available*  
*- Statistical and financial report*  
*- Narrative report*

## **V. Budget Utilization**

*a.) Present the utilization rate*

*b.) Present the monthly disbursement plan*

*c.) Describe how funds were utilized efficiently and effectively by the CIU*

*d.) Attach the following means of verification, as applicable or available*  
*- Monthly Financial Report*

## **VI. Physical Structure** (office, waiting area, comfort rooms)

*a.) Briefly describe the CIU amenities that provide waiting clients with convenience and comfort*

*b.) Attach the following means of verification, as applicable or available*

- *Narrative Report with photo documentation*

**VII. Good practices** (set of exemplary practices of CIU Field Offices, not necessarily certified as KM product)

*a.) Discuss the good practice/s of the FO CIU in efficiently delivering services to the clients*

*b.) Attach the following means of verification, as applicable or available*

- *Good practice documentation*

- *Photos/ Videos*

### Certification

We attest to all facts contained herein and authorize the use of this information for publication. We understand that the PRAISE Committee will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation. Any misrepresentation made by the signatories shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

**Printed Name and Signature:**

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**Nominee**

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**Nominator**