

Balancing Care and Capacity: A Policy Evaluation of Social Welfare Services for Psychotic Homeless Individuals

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ABSTRACT

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Urban social welfare policies face complex challenges in managing psychotic homeless individuals, particularly regarding facility overcapacity and psychiatric rehabilitation constraints. This study aims to evaluate the implementation of social welfare services for psychotic homeless individuals utilizing William N. Dunn's policy evaluation theory. Employing a descriptive qualitative design, the research involved key subjects selected through purposive and snowball sampling, comprising the Head of the shelter, social assistants, and recovering psychotic homeless clients. Data were gathered via in-depth structured interviews, direct observations, and documentation, and subsequently analyzed using an interactive model consisting of data condensation, data display, and conclusion drawing. The results indicate that while the services are effective and appropriate in meeting basic needs according to Standard Operating Procedures, efficiency and adequacy remain constrained by a severe disproportion in the staff-to-client ratio (overcapacity) and the inability to provide advanced medical-psychiatric interventions internally. Equity is maintained in basic facility distribution, and staff responsiveness is highly rated. In conclusion, the policy provides tangible physical and mental stability benefits but is not fully optimal due to systemic overcapacity and bureaucratic hurdles regarding undocumented clients. The implications of this study suggest a critical need for adding social assistants, synchronizing population data for medical referrals, and establishing robust post-repatriation monitoring to ensure sustainable psychosocial recovery.

INTRODUCTION

Social welfare constitutes a crucial element in the provision of public services aimed at improving the quality of life of the community, particularly for vulnerable groups and individuals with social welfare problems (PMKS). The current paradigm shift regarding the handling of vulnerable groups in Indonesia is no longer solely oriented towards physical enforcement; rather, it has evolved towards the restoration of human dignity through integrated social rehabilitation and empowerment (Kawadisi & Sulistiyo, 2025). This aligns with the Law of the Republic of Indonesia Number 11 of 2009 concerning Social Welfare, which asserts that the implementation of social welfare must be carried out in a directed, integrated, and sustainable manner by both the government and the community. Locally, the legal definition of the target group is strictly regulated under Surabaya City Regional Regulation Number 2 of 2012. Article 15, Paragraph 3 defines a psychotic homeless individual as someone living outside the standards of decent social norms, exhibiting deviant or erratic behavior, or a former psychiatric patient who has been medically declared recovered but lacks family and economic support. This specific legal classification is crucial because it dictates the UPTD's operational boundaries; the facility is not designed as a lifelong asylum but as a transitional rehabilitation center aimed at restoring the individual's social functions so they can eventually reintegrate into the community.

The challenge of managing psychotic homeless populations is not unique to Surabaya but represents a global urban crisis.

In many developing nations, the "deinstitutionalization" of mental health care often leads to "transinstitutionalization," where individuals move from hospitals to streets or temporary shelters that are ill-equipped for long-term psychiatric care. In Indonesia, this is exacerbated by the significant gap between the rising number of individuals with social welfare problems (PMKS) and the available institutional capacity. Based on data from the National Development Planning Agency (Bappenas), Surabaya recorded the highest number of psychotic homeless individuals in East Java, reaching 1,783 people in 2023 a figure nearly 16 times higher than neighboring regions like Ponorogo.

This demographic pressure is further intensified by Surabaya's population growth, which surged from 2.8 million in 2020 to 2.9 million in 2024. Such a rapid increase places immense stress on public service delivery systems, particularly at UPTD Liponsos Keputih. While the Mayor of Surabaya Regulation Number 36 of 2016 provides a legal framework for services, the operational reality is often dictated by the sheer volume of residents. This research, therefore, does not merely evaluate the adherence to SOP but scrutinizes the resilience of the social welfare system when forced to operate far beyond its designed capacity.

Based on the provisions in Article 1, Paragraph 3 of the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 8 of 2012 concerning Guidelines for Data Collection and Management of Individuals with Social

Welfare Problems as well as Social Welfare Potentials and Resources, PMKS refers to individuals or community groups experiencing various obstacles or difficulties in their lives. One of the PMKS subgroups requiring special attention is psychotic homeless individuals. This group experiences not only economic and social marginalization but also psychiatric disorders that lead to the loss of social functioning within society (Puspitasari & Nawangsari, 2022). Such conditions severely hinder psychotic homeless individuals from adequately fulfilling their basic needs, thereby necessitating comprehensive social welfare services. Anggrain & Mashur (2022) explain that PMKS frequently encounter obstacles in building social relationships, rendering them unable to perform their social functions optimally.

The issue of psychotic homeless individuals has emerged as a highly complex problem in Surabaya, a metropolitan city with a steadily increasing population. According to data from the Central Statistics Agency, the population of Surabaya increased from 2,874,314 in 2020 to 2,922,000 in 2024. This demographic growth has subsequently given rise to various social issues, including an increase in the number of vulnerable populations and individuals with social welfare problems. Furthermore, mental health issues adversely impact productivity and the socioeconomic conditions of the community, as individuals with mental disorders are highly susceptible to job loss and poverty (Khoirunnisa & Sukartini, 2020).

Data from the National Development Planning Agency indicates that Surabaya holds the highest number of homeless and psychotic homeless individuals in East Java. To provide a clearer picture of the regional urgency, Table 1 presents a comparative analysis of the psychotic homeless population across several key regencies in East Java. The data highlights a significant demographic concentration in Surabaya compared to its neighboring areas.

Table 1. The Number of Homeless and Psychotic Homeless People in Several Regencies/Cities in East Java in 2023

Regency/City	Number (of people)
Pacitan	28
Ponorogo	107
Lumajang	5
Bojonegoro	19
Lamongan	8
Gresik	45
Bangkalan	2
Sampang	10
Pamekasan	9
Kota Blitar	3
Kota Malang	16
Kota Probolinggo	0
Kota Pasuruan	5
Kota Surabaya	1,783

Source: BAPPENAS, processed by Kawadisi & Sulistiyo, 2025

As shown in Table 1, Surabaya’s psychotic homeless population reached 1,783 individuals, a figure that drastically exceeds regions like Ponorogo or Malang. This data underscores that Surabaya acts as a primary magnet for vulnerable populations, necessitating a more robust and high-capacity social welfare intervention compared to other cities. This figure is significantly higher than in other regions across East Java, demonstrating that Surabaya is the primary locus of the psychotic homeless problem. This condition necessitates effective and sustainable social welfare services to address the issue.

As a strategic intervention to address PMKS, the Surabaya City Government, through the Social Services Department, provides social welfare services at the Regional Technical Implementation Unit of the Social Boarding Environment (UPTD Liponsos) Keputih in Surabaya. UPTD Liponsos Keputih functions as a shelter and social rehabilitation center for PMKS, particularly psychotic homeless individuals. The social service programs provided encompass intake services, basic social services, referral services, and repatriation services, as stipulated in the Mayor of Surabaya Regulation Number 36 of 2016. The basic social services include the provision of food, clothing, and shelter, along with mental, social, and vocational skills development.

However, various challenges persist in its implementation. According to data from UPTD Liponsos Keputih as of December 2024, the number of residents reached 726, whereas the ideal capacity of the facility is approximately 650 individuals. Of this total, 562 residents are categorized as psychotic homeless. This overcapacity issue constitutes a major impediment to the effective delivery of social welfare services. Furthermore, the repatriation and family reunification processes frequently encounter obstacles, as families are either difficult to locate or reject the presence of individuals with mental disorders due to pervasive social stigma (Puspitasari & Nawangsari, 2022).

Previous research by Kawadisi & Sulistiyo (2025) primarily focused on the coordination of the Social Services Department in empowering homeless and psychotic homeless individuals in Surabaya. Their study emphasized inter-agency coordination through indicators such as unity of action, communication, division of labor, and discipline. Meanwhile, in-depth evaluation research specifically addressing social welfare services for psychotic homeless individuals remains relatively limited. Previous studies have explored various dimensions of managing psychotic homeless individuals in urban settings. For instance, Kawadisi & Sulistiyo (2025) emphasized the importance of inter-agency coordination in empowering the psychotic homeless, highlighting how communication and division of labor between local governments and NGOs can yield productive activities. Similarly, Puspitasari & Nawangsari (2022) focused on strategic management, asserting that the handling process requires a multidimensional approach encompassing social rehabilitation, protection, and capacity building. Another study by Anggraini & Rodiyah (2025) evaluated the empowerment phase, revealing that while skills training is provided, clients still exhibit high dependency on social assistants due to their unstable psychological conditions.

While these previous studies provide valuable insights, the majority of the literature primarily highlights external coordination, empowerment strategies, or macro-level management. There remains a significant research gap regarding the comprehensive evaluation of public service performance when a social institution operates under severe crisis conditions, specifically extreme facility overcapacity and critical human resource shortages. Few studies have deeply analyzed how these systemic constraints affect the day-to-day delivery of basic rights and psychiatric care.

Therefore, this study attempts to address this research gap by employing William N. Dunn’s policy evaluation theory-encompassing effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness to evaluate the social welfare services at UPTD Liponsos Keputih, Surabaya.

Based on the aforementioned rationale, this research aims to describe and evaluate the social welfare services provided

for psychotic homeless individuals at UPTD Lingkungan Pondok Sosial (Liponsos) Keputih in Surabaya. This study is expected to provide academic contributions to the development of public administration studies, as well as serve as an evaluative reference for local governments in improving the quality of social welfare services.

RESEARCH METHOD

This research employs a descriptive qualitative approach to gain an in-depth understanding of the evaluation of social welfare services for psychotic homeless individuals at the Regional Technical Implementation Unit of the Social Boarding Environment (UPTD Liponsos) Keputih, Surabaya. The qualitative approach was selected due to its capacity to depict social phenomena naturally through direct observation of field conditions and intensive interactions with research informants. The research was conducted at UPTD Liponsos Keputih, located at Jalan Keputih Tegal Number 32, Sukolilo District, Surabaya City, an institution specifically designated by the Surabaya City Social Services Department to manage vulnerable populations.

The research focus refers to William N. Dunn's (2003) policy evaluation theory, which encompasses six indicators: effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness. This framework is utilized to systematically evaluate the implementation of intake services, basic social services, referral services, and repatriation services. Informants were carefully selected using purposive and snowball sampling techniques to ensure data depth and relevance. The key informants were carefully selected using purposive and snowball sampling techniques, totaling 5 individuals. The informants consisted of 1 Head of UPTD Liponsos Keputih and 1 social assistant who possess comprehensive knowledge regarding the standard operating procedures. Furthermore, 3 psychotic homeless clients were selected as informants based on specific criteria: they had reached a stable recovery phase, were cooperative, and were recommended by the social assistants. To prevent biased or hallucinatory data typical of acute psychiatric conditions, data collection from these clients was conducted selectively until data saturation was achieved, ensuring high-quality, representative insights.

Data collection techniques involved direct observation, structured in-depth interviews, and documentation. Direct observations were conducted to understand the service conditions, facility adequacy, and social interactions within the Liponsos environment. Structured interviews utilized interview guides to systematically extract information regarding the evaluation criteria. Documentation supplemented the primary data by utilizing archives, service flowcharts, regulations, and photographs.

The data analysis technique employed in this study refers to the interactive model by Miles, Huberman, and Saldana (2014), which encompasses four continuous and interrelated stages. First, *Data Collection*, where raw information is gathered through observations, interviews, and document reviews. Second, *Data Condensation*, a process of selecting, focusing, simplifying, and transforming the complex field data into a more manageable form without losing its substantive meaning. Third, *Data Display*, where the condensed information is organized systematically into narrative texts, matrices, or flowcharts to facilitate understanding. Fourth, *Conclusion Drawing and Verifying*, where the researcher interprets the displayed data to formulate hypotheses and final conclusions,

which are continuously verified throughout the research process.

Furthermore, to ensure the scientific rigor and validity of the qualitative findings, this study implemented stringent data trustworthiness tests focusing on the *Credibility* criterion. Credibility was established through two primary mechanisms: Triangulation and Member Checks. Source triangulation was intensively applied by cross-verifying the statements provided by the psychotic homeless clients with the accounts from the social assistants and the Head of the UPTD, as well as with direct field observations. Additionally, Member Checks were conducted by confirming the interpreted data back to the informants to ensure that the research findings accurately reflect their actual statements and experiences.

RESULTS AND DISCUSSION

This research examines the evaluation of social welfare services for psychotic homeless individuals at the Regional Technical Implementation Unit of the Social Boarding Environment (UPTD Liponsos) Keputih, Surabaya. The evaluation is conducted using William N. Dunn's policy evaluation theory, which encompasses six criteria: effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness. Social welfare services at UPTD Liponsos Keputih include intake, basic social services, referral services, and repatriation services, as stipulated in the Mayor of Surabaya Regulation Number 36 of 2016.

1. Effectiveness

Effectiveness measures the extent to which a policy achieves its predetermined objectives. In this context, it pertains to the level of goal attainment in providing social welfare services for psychotic homeless individuals at UPTD Liponsos Keputih. Field findings indicate that the implementation of these services has been effective and adheres to the Standard Operating Procedures (SOP) outlined in the Mayor of Surabaya Regulation Number 36 of 2016, covering the entire process from intake to repatriation. Furthermore, the intervention has successfully improved the condition of the clients, making them more well-groomed, active, and stable. The operational framework of the services is governed by a specific chronological flow. Figure 1 details the stages a client undergoes, from the initial intake by the authorities to their eventual reintegration into society.



Figure 1. Client service flow of UPTD Liponsos Keputih Surabaya

According to Figure 1, the service flow is divided into four main phases. While the procedure appears linear, the findings suggest that the most significant bottlenecks occur during the

'Referral' and 'Repatriation' stages, primarily due to the administrative and social hurdles discussed in the subsequent sections. To corroborate this, a statement from one of the recovering clients, Supriyati, highlights the positive impact of the services: *"Since I was brought here, I get to eat three times a day, take showers, and join the sewing activities. I feel much calmer than when I was on the streets."* However, she also expressed vulnerability regarding post-repatriation: *"But sometimes I worry about going home; I'm afraid my family won't accept me and I will stop taking my medication."* This qualitative testimony underscores that while immediate physical and psychological stabilization is achieved, the lack of post-discharge monitoring remains a critical unaddressed gap in the policy's long-term effectiveness.

Additionally, optimizing effectiveness faces significant bureaucratic impediments, particularly regarding undocumented clients. The Head of UPTD Liponsos Keputih, Didik Dwi Winarno, explained the structural constraints: *"The biggest hurdle we face during the referral process to the Mental Hospital is the lack of population identity (ID cards) of these psychotic homeless individuals. Without an ID, they cannot be registered for the national health insurance, which stalls the medical handling process"*.

To address this critical administrative bottleneck, UPTD Liponsos Keputih implements concrete tactical solutions rather than relying solely on passive coordination. First, for clients requiring immediate medical attention, the UPTD issues an emergency reference letter (*surat keterangan darurat*) to ensure they receive prompt medical care at referral hospitals despite lacking an ID. Second, while the client undergoes medical treatment, the Liponsos team actively coordinates with the Surabaya City Population and Civil Registration Agency (Dispendukcapil) to trace and verify the client's identity. Third, if the demographic data is successfully found, the client's national health insurance (BPJS) membership status is immediately processed and activated. However, if the identity cannot be traced at all, the medical expenses are fully subsidized and covered by the Surabaya City Government. This agile approach ensures that the fundamental right to psychiatric and medical care is not entirely obstructed by administrative deficiencies.

2. Efficiency

Efficiency relates to an institution's ability to utilize time, costs, and human resources to achieve service objectives. Research findings show that social welfare services at UPTD Liponsos Keputih have been relatively efficient in terms of time and budget management. This is evidenced by a structured service system, clear division of labor, and a 24-hour operational management system. Furthermore, the service budget sourced from the Regional State Budget (APBD) is considered sufficient to support daily operational needs.

Table 2. Number of Social Workers at the Keputih Social Environment UPTD

Types of Social Work	Number (of people)
Nursing Staff	23
Assisting Staff	20
Security Personnel	12
Cleaning Staff	28
Cook	12
Driver	3
Religious Teacher	2
Personnel	
TOTAL	100

Source: UPTD Liponsos Keputih Surabaya

However, when evaluating the efficiency of human resources, the system exhibits severe strain due to facility overcapacity. The high workload caused by the disproportionate ratio between social assistants and clients prevents the intensity of individual assistance from being maximized. Confirming this systemic issue, Yasno, a social assistant at the facility, revealed the stark reality of the daily operations: *"Currently, the total number of psychotic homeless clients ranges between 500 to 600 people. Meanwhile, the total number of staff directly managing and assisting them is only about 20 people. The ratio is far from ideal. We are overwhelmed, which makes it impossible to provide intense, personalized assistance to each client on a daily basis."* This extreme overcapacity highlights a critical inefficiency, as the limited human resources are stretched too thin to maintain optimal rehabilitative care.

3. Adequacy

The adequacy indicator concerns the extent to which services can fulfill basic needs and resolve the problems faced by psychotic homeless clients. Findings indicate that the services are adequate in meeting social rehabilitation needs, such as the provision of food, clothing, shelter, and vocational training. UPTD Liponsos provides various empowerment programs, including batik-making and sewing, to enhance social activity.



Figure 2. Batik-making activity

A client, Supriyati, confirmed the benefits of these programs: *"I really enjoy the sewing and batik-making sessions. It keeps me busy and helps me forget my worries for a while"*. However, service adequacy is not yet fully optimal because the facility functions primarily as a temporary social rehabilitation center rather than a clinical one. As noted by the staff, Yasno: *"We can provide for their daily physical and social needs, but when it comes to severe psychiatric relapses, our authority is limited. We must refer them to mental hospitals because we lack the specialized medical equipment and psychiatric specialists to handle acute cases internally"*. This highlights an "adequacy gap" where the social needs are met, but the deep-rooted medical-psychiatric issues remain dependent on external systems.

The adequacy of the social services is further demonstrated by the diversity of the vocational programs provided to the clients. Beyond basic stabilization, UPTD Liponsos Keputih offers structured empowerment activities, including screen printing (*sablon*), gardening, motorcycle washing, and mana-

ging small kiosks (*warung*) within the facility. These programs are designed to rebuild the clients' cognitive focus and motor skills, which often deteriorate during their time on the streets. However, as noted in the findings, the adequacy of these programs is highly dependent on the voluntary participation and fluctuating mental stability of the clients, necessitating a flexible and non-coercive approach in their implementation.

4. Equity

Equity pertains to the fair distribution of services and facilities to all clients without discrimination. Research findings demonstrate that social welfare services at UPTD Liponsos Keputih are distributed equitably, particularly in the utilization of basic facilities such as food, clothing, housing, and healthcare. All psychotic homeless clients receive equal rights to services based on their respective basic needs, regardless of their social background or geographic origin.

To illustrate this principle, Yasno, a social assistant, explained the distribution process: *"The provision of basic facilities like meals, clothing, and bedding is conducted uniformly for all clients. We do not differentiate between them because they all have the same basic rights while being sheltered here"*. However, the study found that equity has not been fully optimized in the allocation of additional aid or specific empowerment funds. Distribution of these resources remains conditional and is often used as a motivational tool. Yasno further clarified: *"While basic needs are met for everyone, specific appreciation or small incentives for vocational activities like batik-making are prioritized for clients who consistently participate and show discipline. This is intended to encourage their active involvement in the rehabilitation process"*. This merit-based approach, while practical, indicates that not all clients have equal access to empowerment benefits due to their varying cognitive and psychological states.



Figure 3. Socialization activities

5. Responsiveness

Responsiveness refers to the ability of the staff and the institution to respond promptly and effectively to the urgent needs and fluctuating conditions of psychotic homeless clients. The research findings indicate that responsiveness at UPTD Liponsos Keputih is well-established through a 24-hour monitoring system and integrated cross-agency coordination. Staff are deemed proactive in addressing both routine service needs and psychological emergencies, such as aggressive outbursts or sudden medical declines.

The responsiveness and effectiveness of the UPTD are heavily supported by a network of external stakeholders. Table

3 summarizes the key institutional collaborations that facilitate medical and administrative handling.

Table 3. List of Inter-Institutional Collaborations in Mental Health Services

Agency or Institution	Role in Service	Description
Surabaya City Health Office	Healthcare service coordination	Regulate and supervise the cooperation of health facilities in Surabaya City
UPTD Liponsos Keputih Surabaya	Initial handling & social rehabilitation	Accommodating homeless people, including people with mental disorders/psychotic homeless people
Menur Mental Hospital Surabaya	Mental health services	Examination, care, and therapy for mentally ill homeless people
Dr. Soetomo Regional General Hospital Surabaya	Referral hospital	Handling complex medical and psychiatric cases
Other regional general hospitals in Surabaya	General health services & referrals	Supporting medical care according to the patient's needs
Community health center	Basic health services	Initial examination, minor treatment, and further referral

Source: UPTD Liponsos Keputih Surabaya

Table 3 reveals a multi-sectoral approach involving health, security, and academic institutions. This collaborative web is essential for overcoming the UPTD's internal limitations, particularly in addressing acute psychiatric cases that require hospital-level intervention.

The Head of UPTD Liponsos Keputih, Didik Dwi Winarno, highlighted this operational agility: *"Our staff is on standby 24 hours a day. If a client's condition suddenly drops or if someone becomes aggressive during the night, the on-duty officers immediately perform initial handling and coordinate with the local health center (Puskesmas) or the Menur Mental Hospital if an emergency referral is required"*. This responsiveness is further strengthened by collaboration with the Civil Service Police Unit (Satpol PP) for intake and the Surabaya City Health Office for clinical support. Clients also expressed a sense of security, noting that they are cared for promptly when they experience physical ailments. Consequently, the service does not merely focus on administrative procedures but actively manages the dynamic and often unpredictable needs of the psychotic homeless population.

A critical dimension of responsiveness evaluated in this study is how the services handle the initial rejection and emotional volatility of the psychotic homeless clients. Field observations reveal that responsiveness is not merely about providing fast service, but also about the psychological endurance of the staff. Many clients initially exhibit aggressive rejection. As shared by one of the clients, Supriyati: *"When I first arrived, I rejected everything. I was angry and couldn't accept my situation. But over time, the staff patiently guided me, and now I accept and follow all the programs here"*. This dynamic indicates that the staff's responsiveness successfully transforms client resistance into active participation through persistent, empathetic engagement.

Moreover, the responsiveness of UPTD Liponsos Keputih is significantly amplified through external collaborations, which extend beyond medical referrals. The Head of the UPTD, Didik Dwi Winarno, noted that the facility regularly accommodates internships from various universities, such as Airlangga University and Nahdlatul Ulama University, specifically focusing on psychiatric nursing and social work. Yasno, a social assistant, emphasized the therapeutic value of these external interactions: *"When university students or religious groups visit, they engage the clients in games or spiritual activities. This makes the clients feel seen and humanized, drastically reducing their anxiety and psychotic episodes"*. This multidimensional responsiveness proves that community integration within the shelter plays a vital role in psychiatric stabilization.

6. Appropriateness

Appropriateness evaluates whether the services provided are relevant to the needs of the target group and align with the overarching policy goals. This research shows that the social welfare services are well-targeted, as they are provided specifically to psychotic homeless individuals who require intensive social intervention. The services yield significant positive benefits for the physical and psychological well-being of the clients, transforming them from a state of neglect to one of structured stability.

Yasno observed these transformations during the daily rehabilitation activities: *"Many clients arrive in a state of extreme neglect disoriented, unkempt, and emotionally unstable. After spending several months in our program, they begin to adopt hygienic habits, start communicating more coherently with the staff, and even produce creative works like batik"*. This behavioral shift indicates that the intervention is appropriate for restoring social functioning. However, the appropriateness criterion highlights a major challenge regarding post-repatriation sustainability. While the services are appropriate during the sheltering period, they lose relevance once a client is returned to a family or community that lacks the capacity to continue the treatment. Without a formalized post-discharge monitoring mechanism, the appropriateness of the policy remains temporary, as it does not yet ensure long-term stability or prevent the risk of clients returning to the streets.

The appropriateness of the policy is fundamentally measured by comparing the established policy objectives with the empirical outcomes received by the target group. According to the Head of UPTD Liponsos Keputih, the strategic objective of the facility is to execute continuous evaluations to systematically reduce the number of neglected psychotic homeless individuals on the streets while improving the quality of internal care. The empirical data strongly aligns with this goal,

as the intervention acts as a vital safety net that fulfills the fundamental human rights of the clients, providing them with structured daily routines, nutritional adequacy, and a secure living environment.

Yasno corroborated this alignment between short-term and long-term appropriateness: *"The goals of the services we provide are accurately targeted for both short-term stabilization and long-term rehabilitation. From a physical standpoint, the results are evident clients are healthier and cleaner. Emotionally, we continuously adapt our approach so their psychological needs are met within our capacity"*. This indicates that the policy does not suffer from "goal displacement." The transformation of clients from being profoundly disoriented and passive on the streets to becoming organized individuals capable of participating in vocational activities like batik-making serves as the ultimate proof that the social welfare policy is highly appropriate and directly addresses the core vulnerabilities of the psychotic homeless population.

CONCLUSION

Based on evaluation of six criteria of William N. Dunn, the social welfare services for psychotic homeless individuals at UPTD Liponsos Keputih effective, equitable, responsive, and appropriate in fulfilling basic human rights and stabilizing clients' physical and psychological conditions. But, this policy isn't fully optimal because there are quite significant shortcomings in terms of efficiency and adequacy. The core systemic problem is extreme facility overcapacity, where a limited number of approximately 20 social assistants must handle over 500 psychotic clients, which severely degrades human resource efficiency and the intensity of personalized rehabilitation. Besides that, this service has some hurdles when referring clients to medical care if they don't have documents, even though UPTD has taken care of it with emergency referral letters and full medical coverage from the City Government. Therefore, to improve the quality of services in the future is imperative to directly address the overcapacity by augmenting the number of social assistants, strengthening demographic data synchronization, and establishing a robust post-repatriation monitoring mechanism to prevent patient relapse.

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