AFTER DISCHARGE

Continuing care.

The programme begins when the patient is admitted. It does not end at discharge.

DISCHARGE

What every patient leaves with.

- **A Discharge Summary.** Clinical document. Confidential.
- **An Aftercare and Continuum-of-Care Plan.** Signed by patient, clinical lead, and the nominated family contact.
- **A Letter to Next Provider.** Where indicated.
- **A Family Discharge Summary.** Confidential to the family; covers what to watch for and when to call.

THE FIRST YEAR

What *follows* discharge.

Alumni group — weekly.
Wednesday evening. Open-ended attendance. Facilitated by an HPF counsellor with mentor support. Runs independently of the active BARE cohort.

Mentor contact — monthly minimum.
Same mentor where possible. The formal cadence reduces from weekly to monthly. The out-of-session contact window stays open under the original terms.

Clinical review — at 30, 90, and 180 days.
Each review generates a Post-discharge Outcome Report. Conducted by the original individual counsellor where possible.

Family check-in — quarterly, for the first year.
Between the family liaison and the nominated family contact. The Family Discharge Summary covers what to expect; the check-ins confirm what is occurring.

ADDRESS
119, KARIMKUTTICAL, 6A CROSS, BENSATHYA ENCLAVE
NEAR HENNUR BANDE, KALYAN NAGAR
BENGALURU – 560043

CONTACT
+91 98440 14881 | +91 98805 11880
www.higherpowerfoundation.in | info@higherpowerfoundation.org

WHEN RELAPSE HAPPENS

Re-entry.

A patient who relapses post-discharge may re-enter the programme without administrative obstruction. Re-entry is a clinical decision, not an administrative one.

The MDT — the multi-disciplinary team — reviews the relapse and determines whether re-entry to outpatient is clinically appropriate or whether step-up to residential is indicated.

The re-entry conversation is offered to any patient who exited against clinical advice at any prior point, without time limit.

HOW WE MEASURE

Outcomes, not declarations.

We do not publish success rates as a marketing number. Sobriety is not a quarterly metric. What we measure, and what the patient sees, is the Fulfilment Inventory — administered at admission, at the close of each pillar, at discharge, and at 30, 90, and 180 days.

It is a self-report instrument that tracks the patient's own assessment of how their life is going across the domains the patient cares about — work, family, health, meaning. The before-and-after comparison is the only outcome figure that matters.

It is the patient's, and it tells the truth on the patient's terms.

"The programme begins when the patient is admitted. It does not end at discharge."

ADDRESS
119, KARIMKUTTICAL, 6A CROSS, BENSATHYA ENCLAVE
NEAR HENNUR BANDE, KALYAN NAGAR
BENGALURU – 560043

CONTACT
+91 98440 14881 | +91 98805 11880
www.higherpowerfoundation.in | info@higherpowerfoundation.org