

Annexure 7 Key Progress Indicators

1. Management & Organization: Planning, Implementation & Evaluation

S. No.	Key Progress Indicators (KPIs)	Facility Management Plan - 10 Marks			
1	Description	Implementation of an all-inclusive management model comprised of planning, designing, budgeting, implementation framework, managing resources, evaluation, reporting and feedback to meet KPIs.			
	Measurement/ Criteria	Action Plan	Frequency	Observation Memo	Marks
	1	Annual Management Plan of the Facility	For the first year of the contract period, within 30 days from the issuance of the IPP Period Notification.	The Operator shall develop and/or update Annual Management Plan of the facility. The same shall be reviewed and approved by the Independent Expert	1.5
			For year two (2) onwards, one month prior to commencement of financial year.		1.5
			Annual Management Plan shall be developed/updated on annual basis		1.5
	2	Implementation Framework**	During the course of financial year, as per schedule indicated in the Annual Management Plan of the facilities,	Evidence of completion of all tasks/activities referred to in the Annual Management Plan, and may include field reports, activity completion reports, photographs (ideally with timestamps and others)	2
			Updated on completion of activities completed to be provided in the Operators half yearly progress report.	Implementation framework is implemented bi-annually during a financial year	2
3	Development of HMIS and functioning of the HMIS***	Development within the 30 days of issuance of the IPP Period Notification., thereafter, reporting of functioning on monthly basis	Reporting of functioning on monthly basis	1.5	

<p>Notes / Guidelines:</p>	<p>*Annual Management Plan: An all-inclusive Annual Management Plan for the Facility, encompassing all interventions and duties mentioned in the SoW i.e., for management of treatments, operation and maintenance including infrastructure, furniture & fixture, medical equipment(s) and comprehensive security plan for the Facility, Patient Care Policies, Patients' Treatment Plan and also including the interventions articulated by the Successful Bidder in its Technical Bid for the Facility.</p> <p>**Implementation Framework: A framework for day-to-day Operations and Management Procedures, SOPs, e.g., Infrastructure, Furniture and Fixture, Safety and Security Equipment Management, Hiring / Firing / Training Methodology, Patient Progress Monitoring Methodology, Patient Assessment System, Skills Development etc., implementation framework time line is mandatory.</p> <p>***Hospital Management Information System: Hospital Management information system including but not limited to Maintenance of Patient Records e.g. Patient, Admissions, Discharge, Reports, Treatment Details. Personnel Records e.g. Personnel Attendance, Transfers, Hiring, and Promotions Job descriptions etc. Inventory e.g. Desk, Chairs, Cupboards, Furniture & Fixture, Medical / Safety & Security Equipment e.g. Electrical Equipment (Audio Visual Aids, Computer Hardware/Software etc.</p> <p>Fields of HMIS may be illustrative as Facility-wise</p> <ul style="list-style-type: none"> ✓ Patient Appointment Management ✓ Patient Management ✓ Insurance Management ✓ Facility Management ✓ Laboratory Management ✓ Human Resources Management ✓ Report Management ✓ Supply Management ✓ Support Management
-----------------------------------	--

2. Facilities Management: Environment, Human Resources & Record Management:

S. No.	Key Progress Indicators (KPIs)	Facility Repair and Maintenance - 10 Marks			
2	Description	Ensure that Facility have i.e., water, sanitation, furniture & fixture and electronic equipment, material and medical equipment, infrastructures' safety / security equipment, for Facility and all-inclusive functional and safe. Ensure that all facilities have designed and Implemented Hygiene and Nutrition Plan.			
	Measurement / Criteria	Action Plan	Frequency	Observation Memo	Marks
	1	1-a) Development of Repair and Maintenance Plan - Plan for all the Facility including infrastructure, medical / safety, security equipment, furniture and fixtures.	Repair and Maintenance Plan of Facility within 30 days of the issuance of the IPP Period Notification, for year two (2) onwards, one month prior to commencement of Financial Year and shall be verified by Independent Experts.	The Independent Expert shall verify the Development of Repair and Maintenance Plan on annual basis.	2
		1-b) Execution of Repair and Maintenance Plan for all the Facility including infrastructure, medical / safety / security equipment, furniture and fixtures.	During the course of financial year, after development of Action Plan.	The Independent Expert shall verify the execution of Repair and Maintenance Plan. During the course of the financial year, on monthly basis, based on field visit.	1
	1-c) Ensure appropriate staff to maintain the Facility including infrastructure, medical / safety / security equipment, furniture and fixtures, Development of HMIS and functioning of the HMIS	During the course of financial year.	The Independent Expert shall verify the staff of the Facility are working as [er the JDs required for functioning of the Facility.	1	

	2	Sanitary Environment Plan	Sanitary Environment Plan of Facility within 30 days of the issuance of IPP Period Notification.	The Independent Expert shall verify the execution of Sanitary Environment Plan, during the course of the financial year, on monthly basis, based on field visit.	1
	3	Disaster Management Plan	Disaster Management Plan of Facility within 30 days of the IPP Period Notification.	The Independent Expert shall verify the execution of Plan, during the course of the financial year, on semi-annual basis, based on field visit. The disaster plan should be updated after every two years, during the concession period.	1
	4	Health, Hygiene Practices and Food Plan	Annual submission of plan within 30 days after submission of Annual Management Plan.	The Independent Expert shall verify the execution of Health, Hygiene Plan and Food Plan during the course of the financial year, on monthly basis, based on field visit.	1
	6	Development of JDs for all staff	For the first year of the contract period, within 60 days of expected Issuance of IPP Period Notification. Thereafter, annually it will be reviewed and adjusted for any amendments, if required.	JD documents indicating role, pre-requisites (academic and professional), and prior experience of the incumbent shall be submitted to Independent Expert.	1
	7	Biometric attendance of staff	Recording / monitoring of staff attendance, during the course of remaining financial years of the contract.	Reporting monthly attendance for all staff to be provided in the Operator's Quarterly Progress Reports includes raw database of biometric staff attendance for the Facility, monthly staff attendance percentages, narrative on any reasons/justifications e.g., in case of low staff attendance, narrative on any challenges faced in maintaining or increasing staff attendance and on any change in process of recording daily staff attendance.	1

	8	Plan for Maintenance / Protection / Retention / Preservation of Record / Information	Plan for Maintenance / Protection / Retention / Preservation of Record / Information of Facility and patients, within 30 days of the issuance of the IPP Period Notification.	The Independent Expert shall verify the execution of Plan for Maintenance / Protection / Retention / Preservation of Record / Information of Facility and patients, during the course of the financial year, on monthly basis, based on field visit.	1
--	---	--	---	--	---

<p>Notes / Guidelines:</p>	<p>*Repair and Maintenance Operator shall be responsible to ensure that all facility, i.e., furniture, fixture, material, equipment, structure and infrastructure, water, sanitation, etc. of the Facility are maintained in satisfactory and running condition to establish a safe and Patient-friendly environment in the Facility. The repair and maintenance tasks should be completed in a reasonable time.</p> <p>**Sanitary Environment Plan: To maintain a sanitary environment the facility must establish written policies and procedures, consistent with current practices in the field, to control, prevent, monitor, identify & investigate infection in the facility and to possible causes of infections, and proper biomedical waste disposal.</p> <p>***Disaster Management plan The facility must have written policies and procedures that specifically define the handling of patients, personnel, records, and the public during disasters which must be developed and maintained with assistance of qualified fire, safety, and other appropriate experts.</p> <p>****Development of JDs for staff It is understood that the Operator may update JDs as and when required, and intimate the IE (via email also) thereafter.</p> <p>Staff and their Responsibilities during treatment of patient:</p> <ul style="list-style-type: none"> ➤ Punitive, humiliating or degrading interventions (such as beatings, chaining, withholding of treatment and food, etc.) should never be used. A strict code of ethics for staff should apply. ➤ Selected and properly trained peers can work in treatment services, providing specific interventions aimed at helping identify patients, engage them and keeping them in treatment. ➤ Staff of treatment services should receive proper training in the delivery of treatment in full compliance with ethical standards and human rights principles, and show respectful, non-stigmatizing and non-discriminatory attitudes towards service users. ➤ Staff working in specialized services for drug use disorders should be adequately qualified, and receive on-going evidence-based training, certification, support and clinical supervision. ➤ Ethical standards of care in treatment services should apply to all populations with special treatment and care needs, without discrimination.
-----------------------------------	---

- Service procedures should require staff to adequately inform patients of treatment processes and procedures, including their right to withdraw from treatment at any time.
- Primary health care professionals should be trained in the identification of drug use, as well as the diagnosis and management of drug use disorders and related health conditions.
- The treatment of drug use disorders in primary health care should be supported by specialized services with the required skills and competences, particularly for the treatment of severe cases and patients with comorbid psychiatric and physical health conditions.
- Any research conducted in treatment services involving patients should be subject to the review of human research ethical committees. Ethical committees are encouraged to consider the opinions of people who have experienced drug use and drug treatment and are recovering from drug use disorders. The participation of patients in the research should be strictly voluntary, with informed written consent obtained in all cases.

*******Biometric attendance of staff**

The Operator is required to ensure biometric attendance of all staff employed at the Facility (i.e., government-appointed, as well as Operator-appointed). The Operator shall also develop a comprehensive policy for leaves, so that these may be marked accordingly and appropriately in the staff attendance registers/biometric machines. The IE will be verifying staff attendance through its standard M&E protocols (including unannounced visits, cross-checking of staff attendance records against actual attendance, etc.)

******Health and Hygiene Practices:**

Health and Hygiene (H&H) support activities should be part of the Facility Management Plan. Staff should be implementing improved H&H practices. Periodic screening of staff will be conducted annually to assess student health and to design H&H plan for the next year.

Health and Hygiene Practices & Food Plan / Activities / Facilities:

Implementation of H&H practices and Food Plan in the facility, with proper cleanliness in Non- Residential and Residential area, corridors, other areas and wherever movement of patients and staff takes place within the premises. Organizing co-curricular activities to inculcate good behavior, hygiene, manners, discipline and personality.

*******Plan for Maintenance / Protection / Retention / Preservation of Record**

- 1) The facility must have plan to maintain records, which must be completely, promptly, systematically organized to facilitate retrieval and compilation of information, according to accepted professional standards of practice and readily available to staff and Independent Expert.
- 2) The facility must safeguard clinical record information against loss, destruction, or unauthorized use and must have procedures that govern the use and removal of records and the conditions for release of information.
- 3) The facility must obtain the patient's written consent before releasing information not required by law.
- 4) The facility must retain clinical record information for 5 years after patient discharge and must make provision for the maintenance of such records in the event that it is no longer able to treat patients.

3. Community Engagement for Prevention / Awareness and Placement after Recovery

S. No.	Key Progress Indicators (KPIs)	Community Engagement for Prevention / Awareness and Placement after Recovery - 23 Marks			
	Description	Community Outreach Services to increase awareness on mental health wellbeing of drug addicts & community referral for the treatment of addiction amongst affectees. The Operator shall promote treatment for drug use disorders through effective co-ordination between the criminal system and health social sector. Operator shall be also be responsible to provide comprehensive strategy for prevention and awareness program, reintegration in the society, community / NGOs engagements (to identify skill-based jobs for patients after recovery). Healthy / recreational, leisure, religion, sports activities.			
3	Measurement/ Criteria	Action Plan	Frequency	Observation Memo	Marks
	1	Plan for meetings / engagement for prevention	Within 30 days of the issuance of the IPP Period Notification. For year two (2) onwards, 30 days prior to commencement of Financial Year and same shall be approved by Independent Experts.	The Operator shall update Independent Experts on plan for meetings / engagement for prevention and conducting of activities mentioned therein during the six months to be provided in the Operator's quarterly progress reports. Evidence for completion of all tasks/activities referred to in the plan, and may include field reports, activity completion reports, photographs (ideally with timestamps) and others. The independent experts shall verify the execution of plan for meetings / engagement for prevention. during the course of the financial year on quarterly basis.	3

2	Development and implementation of Detailed Awareness Plan	First plan shall be submitted along with the Annual Management Plan, thereafter three (3) months prior to commencement of every upcoming Financial Year.	The Operator shall update IE on marketing plan and conducting of activities mentioned therein during the semester to be provided in the Operator's Quarterly Progress Reports. Evidence for completion of all tasks/activities referred to in the Plan, and may include field reports, activity completion reports, photographs (ideally with timestamps) and others. The Independent Expert shall verify the execution of Plan for Meetings / Engagement for Prevention, during the course of the Financial Year, on Quarterly basis.	2
3	Development and dissemination of facilities prospectus	Within 30 days of the IPP Period Notification, thereafter 90 days prior to commencement of the upcoming Financial Year.	Deliverables to be completed by the Operator includes student prospectus (in hard and/or soft copies), disseminated via offline and online channels.	1
4	Development and Implementation of Employment Plan for Patients	Within 30 days of the issuance of the IPP Period Notification and shall be rolled over annually during the concession period.	Deliverables to be completed by the Operator includes Employment Plan for Pat document. The Operator shall update on implementation of Employment Plan and conducting of activities mentioned therein during the period to be provided in the Operator's Quarterly Progress Reports to the IE.	1
5	Development and Implementation Plan for Strengthening Facility Linkages for Employment Programs for Patients.	Within six (06) months after the Issuance of IPP Period Notification. From year two (02) onwards as per annual management plan and during the course of the Financial Year.	The Operator shall submit strengthening Facility Linkages plan document to the Independent Expert. The Operator shall update on implementation of Strengthening Facility Linkages for Employment Programs for patients and conducting of activities mentioned therein during the period to be provided in the Operator's Quarterly Progress Reports to the IE.	2
6	Development and Implementation of Quality Enhancement (QE) Plan	Within 30 days of the issuance of the IPP Period Notification, and thereafter during the start of financial year of the concession period	The Operator shall submit QE plan for the Facility to the IE and the Operator shall update on the implementation in the Operator's Quarterly Progress Reports to the IE.	1

7	Awareness sessions in communities' school and colleges on mental health & wellbeing	Monthly one (1) session shall be conducted	70% Participants will verbalize the effectiveness of the session	3
8	Community counselling on mental health promotion and addiction prevention	At least two (02) counselling sessions per quarter shall be conducted in collaboration with different hospitals and practitioners	60% of the clinic attendees will continue the services for the required period of therapy.	3
9	Field Visits to identify and motivate adults and young children and their parents for the treatment of SUD	At least two (02) visits per week to approach families/individuals for the treatment & rehabilitation of SUD for improved mental and physical health to further strengthen the project	50 (including adults and children) admissions during each financial year.	4
10	Facebook live sessions on diverse topics for children mental health	Weekly live session on Facebook	6000 viewers will be reached	3

4. Community Engagement for Prevention / Awareness and Placement after Recovery

S. No.	Key Progress Indicators (KPIs)	Patients' Treatment Plan/Policy/Research Activities – 4 Marks			
4	Description	Treatment services and interventions must be based on scientific evidence and match the specifications of individual patients at a particular phase or severity of their disorder should be gender-sensitive. Operator shall be responsible to maintain and implement approved Detail Plan of Essential Treatment / Services, Patient care Policy, Patients' Treatment Plan. Operator shall be responsible to follow the standard / appropriate sequence of procedure during each phase of treatment i.e., Assessment, Detoxification and Rehabilitation.			
	Measurement/ Criteria	Action Plan	Frequency	Observation Memo	Marks
	1	Detail plan of essential treatment services, available in the facility	Within 30 days of issuance of the IPP Period Notification.	The Independent Expert shall verify the execution details plan of essential treatment services of during the course of the Financial Year, on Quarterly basis, based on field visit.	2
	2	Patient Care Policy	Within 30 days of issuance of the IPP Period Notification.and shall be verified by Independent Expert.	The Independent Expert shall verify the execution of Patients' Care Policy, during the course of the Financial Year, on monthly basis, based on field visit.	1
3	Patients' Treatment Plan	Submission of a plan along with the Annual Management Plan, thereafter reporting on Quarterly basis.	The Independent Expert shall verify the execution of Patients' Treatment Plan, during the course of the Financial Year, on monthly basis, based on field visit.	1	

**Notes /
Guidelines:**

***Details plan of Essential Treatment / Services:**

The services include: community-based outreach; services in non-specialized settings; inpatient and outpatient treatment; medical and psychosocial treatment (including the treatment of alcohol and other substance use disorders as well as other psychiatric or physical health comorbidities); long-term residential or community-based treatment or rehabilitation; and recovery-support services.

Essential Treatment services include: outreach services; screening and brief psychosocial interventions; diagnostic assessment; out-patient psychosocial and pharmacological treatment; the management of drug-induced acute clinical conditions (such as overdose, withdrawal syndrome); inpatient services for the management of severe withdrawal and drug-induced psychoses; long-term residential services; the treatment of comorbid substance use and psychiatric and physical disorders; and recovery management services delivered by trained clinicians.

***Patient Care Policy:**

The Patient Care Policy, a written description of personnel tasks during medical emergencies and specific responsibilities, where assigned, the types of drugs and biological usually kept on the premises, their use, their manner of storage, who has access to these materials and a procedure for periodic review to determine the expiration date of the drugs and biological, criteria about patient admission, continuing care. The patient care policies must include the following:

1. A description of the services the facility furnishes through employees and those furnished under arrangements;
2. Rules for and personnel responsibilities in handling medical emergencies;
3. Rules for the storage, handling, and administration of drugs and biological;
4. Criteria for patient admission, continuing care, and discharge;
5. A procedure for explaining to the patient's family the extent and purpose of the services to be provided;
6. A procedure to assist the referring physician in locating another level of care for patients whose treatment has terminated and who are discharged;
7. A requirement that patients accepted by the facility must be under the care of a physician;
8. A requirement that there be a plan of care established by a physician for each patient;
9. Timing of Facility for Patient, visitor and family/ relatives of patients.
10. A procedure to ensure that the group of professional personnel reviews and takes appropriate action on recommendations from the utilization review committee regarding patient care policies.

****Patient****Treatment****Plan:**

Delineate anticipated goals and specify the type, amount, frequency and duration of services to be provided and indicates the diagnosis and anticipated rehabilitation goals.

1. It must be promptly evaluated after changes in the patient's condition and revised when necessary.
2. It must, if appropriate, be developed in consultation with the facility physician and the appropriate facility professional personnel.
3. It must be reviewed at least after every 60 days (the 60-day period begins with the first day of skilled rehabilitation therapy) by a facility physician who, when appropriate, consults with the professional personnel providing services.
4. It must be revised if the comprehensive reassessment of the patient's condition indicates the need for revision.
5. The time, date, referring physician's name, if any, source and contents of the verbal order must be documented and signed by the person receiving the order, and countersigned by the referring physician as soon as possible.
6. Detail of necessary tests (including blood test, HIV/AIDS, hepatitis A/ B/ C, tuberculosis, and other infectious diseases, COVID-etc.) at the time of treatment / admission.
7. After treatment has begun, any change in the plan of treatment should be supported in the patient's clinical record by dated documentation signed by either the facility physician. Any change in the patient's condition must be accompanied by a revised plan of treatment.
8. Actual Lengths of Patient stay at hospital
9. Their Sources, Age and gender etc.
10. Patient Profile / IDs / data in integrated management information System.
11. Average No. of days required to recover.
12. Results of each phase of treatment i.e. Assessment, Detoxification and Rehabilitation.
13. The patients should grant informed consent before treatment begins and have an option to withdraw from treatment at any time, except for patients brought through legal/criminal system.
14. All the inpatient and outpatients shall be provided detailed therapies or other techniques of treatments, as deemed necessary

5. Rehabilitation of Patients/Treatment

S. No.	Key Progress Indicators (KPIs)	Rehabilitation of Patients/Treatment – 28 Marks			
5	Description	To improve the mental health of patients undergoing rehabilitation at the Facility Center			
	Measurement/ Criteria	Action Plan	Frequency	Observation Memo	Marks
	1	One to One therapy; Art therapy	Weekly sessions to be held for both therapies	70% of the patients should demonstrate improvement.	3
	2	Sports and recreational activities	Weekly session of 90 minutes each indoor activities	Ability to demonstrate anger management and it will be measured by the psychologist and all shift staff in different shifts through and the same shall be verified by IE on quarterly basis.	2
	3	National & International events commemoration	As required e.g. Independence Day on 14th August	IE to review through field visits and minimum three events shall be conducted in each financial year.	2
	4	Preparation of case histories of patients	Shall be prepared for every admitted addict and the same shall reviewed on monthly basis by Independent Experts	Review of case histories of admitted addicts to analyze their psychological, social and emotional circumstances which will be helpful in their treatment and rehabilitation by an Independent Experts	4
	5	Detoxification of admitted drug addicts.	To be reviewed on monthly basis by an Independent Expert	70% of the patients should demonstrate improvement and ability to perform self-care including personal & environmental hygiene, grooming and nutrition. IE to review and verify on quarterly basis	7
	6	Rehabilitation of admitted drug addicts			6
7	Development/Implementation of outpatient treatment	4			

**Notes /
Guidelines:**

General Guidelines for Rehabilitation/Treatment of Patients:

1. Medical Procedure

Primary care Units

Primary care is the first point of treatment for the patients with SUDs. It is the blend of detoxification and the rehabilitation in a contained environment. The duration of primary care is up to 90 days (three months). The patient during this period is not allowed to go outside the unit. Hence, they are completely in abstinence from the substance of use and the triggering environment.

A. Medical Procedures

- a) Patient admitted must be seen by the medical officer on day of admission or the next day.
- b) Medical/psychiatric/ psychological assessment and management during withdrawal period is highly required for symptomatic withdrawal management.
- c) Patient should also be seen by psychiatrist for addiction management plan and rule out and manage co-occurring psychiatric issues (if any).
- d) No one is allowed to administer medication without the doctor's/psychiatrist written orders.
- e) In the absence of medical officer/psychiatrist, the nurse on duty should contact medical officer/psychiatrist and explain patient's condition, possibly teleconsultation and get the advice and write it on patient file. Once the medical officer/psychiatrist is on site the orders should be written and signed on patient's file.
- f) All new admission must be kept in withdrawal room for initial 10-15 days, until the clearance is given by medical officer and the assigned psychologist.
- g) The medical officer/psychiatrist/nurses must use the proven tools and method for appropriate patient management especially during withdrawal period.
- h) During the withdrawal period patient's condition, must be monitored on prescribed tools to assess the severity and determine the drug dosages.
- i) Post withdrawal patient should be continually monitored to address any unforeseen event.
- j) The nurses also must record patient's condition/shift as observed or verbalized by patient

2. In-House Facilities for patients

Facilities during the patient stay in primary or secondary units.

- a) All residential facilities should be provided to all patients
- b) Patient is not allowed to consume soft drink (Sting, Pepsi, Coco cola), beetle nuts fennel seeds and chewing gum.
- c) Medical facilities must be provided in case of the need.
- d) In case of medical/psychiatric emergencies patient will be referred to nearest/most appropriate health facility for the treatment.
- e) Immediate family should be informed of the same and will be asked to take over the patient care while in hospital.

Facilitation during patient stay in Secondary Unit:

- a) Employment: Patient who is a government servant can resume the job after one month of stay in secondary care unit. Others may resume the job after the third month of the stay; however, this may vary case based.
- b) The patient is expected to be in abstinence from the drugs; hence the suspect will undergo the drug test.
- c) The patient with the positive drug test result will be sent back to primary unit for two week or will be asked to leave (ATL).
- d) After ATL, the patient will not be allowed for re-admission until after three months.

Recreation and Socialization

- a) Indoor games and television facilities are provided in all primary and secondary units.
- b) Outdoor facilities are only provided in secondary unit including visiting families, going to picnic or park etc.
- c) Male patients can go out one hour daily in secondary units, they must go in groups, no one is allowed to go out alone.
- d) Female and children can also go out for one hour daily, however, they must be accompanied with duty staff.
- e) Any family members who is a drug addict will not be allowed to visit the patient.
- f) During family visit, patient is not allowed to be connected with other people on phone.
- g) No formal activities will be scheduled during the Eid days; hence patients will be allowed to watch TV (movies only downloaded by the staff) or play indoor games under staff supervision.
- h) In secondary unit patient, can visit homes after 45 days of stay and stay for 24 hours, after 90-day patient can spend 48 hours at home.

NB: Please note that patient and the family will be signing the contract agreeing on the treatment protocol, the services provided, the role of family in treatment, permission for any special procedures and activities at the facility. All the above will also be communicated to the patient and the family at the time of admission and written permission will be obtained from

family member/accompanying member for outdoor activities.

3. Post Primary Care

A. Medical Procedures

- a) Like in primary care, patients should be regularly monitored by medical team.
- b) Any unusual signs must be immediately reported to the medical officer and the counsellors for appropriate actions.

B. Post Primary Care Psychosocial therapy

- a) Psychologist will offer weekly therapeutic sessions for the duration of 12 weeks, followed by fortnightly sessions for the rest of the period during the patients stay in halfway house.
- b) After 12 weeks, the session's frequency will also be subjected to the patient's recovery goals.
- c) The psychologist will assist patient to develop insight to resolve emotional issues, triggers identification, craving management, maintaining positive social connections, conflicts resolution, and handling self-esteem related issues.
- c) Hence during the secondary care, the psychologist will continue working on RPP with the patient on following aspects of recovery:
- d) Psychologists will also be responsible for psycho education and therapeutic groups including psycho-education, art and crafts, community meetings, process group and RPP.
- e) Psychologists will also conduct family sessions/lectures and process groups to help family develop insight into the addiction as a disease, and understand their role in caring for the loved ones suffering from addiction.
- f) At the time of discharge a goodbye group session will be held for feedback to the patient and the family and re-emphasize the importance of staying in recovery.
- g) Psychologists must maintain the records of weekly goals and all the above group/one-one session proceedings.
- h) Psychologists **MUST REPORT** to the administration, medical team and the family about suicidal ideation, suicidal attempt, self-harm or any other significant behavior/incidence during the assessment or any stage of treatment.

6. Aftercare and Follow Up Services

S. No.	Key Progress Indicators (KPIs)	Aftercare and follow up services – 25 Marks			
6	Description	To continue the rehabilitation process within the community after discharge from the Rehabilitation Facility. The aftercare and follow-up program should facilitate the client's reintegration to the community and to prevent relapse into drug dependency.			
	Measurement/ Criteria	Action Plan	Frequency	Observation Memo	Marks
	1	Vocational training in at least six different skills to detoxified (in case of adults)	The training shall begin in every quarter and the duration of each training provided should not be less than three (03) months. More emphasis shall be made on vocational skills training and social reintegration of treated patients.	Vocational skills trainings should be provided according to their needs and interests and the same shall be reviewed by an Independent Expert with 10% increase in improvement on yearly basis effective second year from the start of training sessions. Further, Independent Expert shall evaluate/assess progress on participants' skill development and readiness for employment through structured assessments on completion of every training course and to monitor behavioral changes and adherence to treatment plans as indicators of potential employability.	5
	2	Job placement in different government, semi government, private, organizations and self-employment of the treated persons	Implement regular job placement programs, ideally on a monthly basis, to ensure ongoing support for individuals in recovery.	Independent Experts to assess participants' commitment to ongoing recovery, as it can impact job retention with 10% increase in improvement on yearly basis.	4
3	Enrolment of children in a local school or non-formal education (in case of children)	Implement regular education enrollment programs, ideally on a monthly basis, to ensure ongoing support for children in recovery.	Independent Experts to assess participants' commitment to ongoing recovery, as it can impact enrollment/retention ratio. The enrollment in formal or non-formal education shall register an increase of 10% on yearly basis.	4	

	4	Individual, Family and Group Counselling	Sober events to be held weekly or monthly	The Independent Expert shall evaluate the outcome information and that also will help assess the effectiveness of the program and modify it suitably. Such evaluation will also identify staff training needs and the direction the program must take	4
	5	Creation of an Alumni Programs			4
	6	Follow up services for rehabilitated persons to reduce chances of relapse.	At least on a fortnightly basis, - A telephone hotline to call for support. - In-person or telephone check-ins. - Online support through email, message boards, and social media.		4