
Transitional Living Environments for Recovering Residents of Cayman



Report on the Evaluation of the Bridge Foundation Halfway House Transitional Living Programme

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*Submitted by
Ken-Garfield Douglas, PhD
Evaluation Consultant*

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Acknowledgement

It must be acknowledged that this evaluation would not have been possible without the cooperation and support of the Ministry of Home Affairs, the Bridge Foundation (its Board Members, Current Residents, and Past Residents), the National Drug Council and the Department of Community Rehabilitation.

Evaluations are essential in programming as they are able to; demonstrate any impact the program has had on current and past participants, ensure quality, helping to prioritise resources by looking at the program components that are most effective or essential, and recommend improvements, to name a few.

The NDC supports the need for transitional housing in our communities and this has been expressed and is embedded in the National Anti-Drug Strategy. In so doing, it encourages a collaborative approach between both public and private entities. It is very important to note that during recovery, transitioning back to society (especially in small communities) is very difficult for those individuals who are struggling with addiction.

We would also like to thank Dr. Ken-Garfield Douglas for his assistance in this process and we hereby gratefully acknowledge the contributions made by all involved in this project.

Section 1: Introduction

Varying definitions exist for Halfway Houses in the literature. To provide a suitable reference for the evaluation findings, conclusions and suggestions/recommendations, a variety of these definitions are presented below.

Halfway Houses are transitional living places for those in recovery from drugs or alcohol. In some states, because of legal requirements, the term “sober living house” is used. Some people go to halfway houses from a treatment center, prison, or a homeless situation, while others go there to be in a sober and clean environment to begin the recovery process. Some residents are in halfway houses due to court orders.

What is a Halfway House (also spelled half way house)?

A halfway house¹ is a facility that accommodates individuals battling alcoholism, drug addiction, mental illness and similar disorders. Some half way houses may specialize in different areas, such as alcoholism, drug addiction, mental illness, or released prisoners. The court may order residency in a halfway house for individuals on parole, probation or those who are recently released. Some prisoners need to condition themselves in a supervised setting before going back to the normal world outside the prison.

A halfway house imposes strict regulations for its residents in order to mitigate the chances of relapse. Residents are required to sign the house rules contract that includes the policy against bringing alcoholic drinks and prohibited drugs, and requires the adherence to curfew and similar

¹ http://www.sober.com/facilities/halfway_houses

rules. Noncompliance to the house rules subjects a resident to removal from the halfway house.

What is the difference between a halfway house and a sober house?

A sober house is an inexpensive drug and alcohol-free environment where the alcoholic or drug addict can obtain support from peer groups. In general, the rules at a halfway house are stricter than the rules at a sober house (sometimes called a 3/4 house). It provides a positive environment for recovering addicts and alcoholics to receive the emotional support they need from residents going through the same experiences. Experts agree that both halfway houses and sober houses (also referred to together as recovery housing or transitional living) are very important tools to use in one's lifelong recovery journey.

Halfway houses are transitional living spaces for those leaving a rehab center, prison or looking for refuge from the streets. It provides a sober living situation for people recovering from drug addiction. Many halfway houses have a set of “house” rules, whether it is a set of chores, curfew, complying for random drug tests, full-time employment or school attendance. These sets of rules are designed to keep residents focused on sobriety and prevent any distractions from the recovering process.

Residents are also required to attend either Alcoholics Anonymous or Narcotics Anonymous, depending on the substance of choice. Residents should be aware of which support groups are near the house to easily attend meetings. Accessible public transport should also be taken into consideration when choosing a halfway house.

Creating friendships with other members in support groups is also integral in sustaining a long-lasting recovery. Residents who have people

they can relate to, especially with those who have been sober longer, often have a stronger support system to rely on along the recovery path.

Whatever the system is, the main point of a halfway house is to provide a sober living environment for residents. So if anyone fails to pass a drug test, they will immediately be expelled from the house. Whether it's AA, NA, work, school, or friends, the main thing to be aware of is that sobriety is the ticket to any successful stay at a halfway house.

A case for transitional living

A critically important aspect of one's social network is their living environment. Recognition of the importance of one's living environment led to a proliferation of inpatient and residential treatment programs during the 1960' and 70's (White, 1998). The idea was to remove clients from destructive living environments that encouraged substance use and create new social support systems in treatment. Some programs created halfway houses where clients could reside after they completed residential treatment or while they attended outpatient treatment. A variety of studies showed that halfway houses improved treatment outcome² (Braucht, Reichardt, Geissler, & Bormann, 1995; Hitchcock, Stainback, & Roque, 1995; Milby, Schumacher, Wallace, Freedman & Vuchinich, 2005; Schinka, Francis, Hughes, LaLone, & Flynn, 1998).

Despite the advantages of halfway houses, there are limitations as well (Polcin & Henderson, 2008). First, there is typically a limit on how long residents can stay. After some period of time, usually several months, residents are required to move out whether or not they feel ready for independent living. A second issue is financing the houses, which often

² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057870/#R3>

includes government funding. This leaves facilities vulnerable to funding cuts. Finally, halfway houses require residents to have completed or be involved in some type of formal treatment. For a variety of reasons some individuals may want to avoid formal treatment programs. Some may have had negative experiences in treatment and therefore seek out alternative paths to recovery. Others may have relapsed after treatment and therefore feel the need for increased support for abstinence. However, they may want to avoid the level of commitment involved in reentering a formal treatment program. Sober living houses (SLHs) are alcohol and drug free living environments that offer peer support for recovery outside the context of treatment.

Some excerpts from persons (not local experiences) who have had personally experiences with Halfway House services.

Our son, 18, is nearing the end of his 30 days at rehab for substance abuse (marijuana). All the information we are reading & receiving from his counselors say a half-way house is best for him. A 90 day program that will monitor him and also help him care for himself, get a job and learn to live life sober & responsibly.

Contemplation

I personally went through one almost 30 years ago now, and it is still running strong in the same location. It was an excellent experience for those that wanted recovery (I did). We had rules and regulations, chores to do, meetings to attend in the house and 5 meetings a week to attend outside the house. We had two weeks and then had better find a job, even if it was 'flipping' burgers. As each of us stayed sober, interacted with each other and the outside world, went to meetings as required, we slowly earned more privileges, as possibly a weekend day to go home, and then eventually an actual overnight visit at home, later even curfews so we could go for coffee with others from our meetings, etc

Testimonial

The National Institutes of Health found in a study of sober-living houses that drug addicts and alcoholics who cycle directly out of inpatient treatment and into their old lives and habits face a greatly elevated chance of relapse. Without sober-living homes or other ways to bridge the gaps from total-immersion residential care facilities to the unrestricted environments that they came from before entering care, compulsive substance abusers are far more likely to revert to their old patterns of use very soon after being discharged. This holds true for almost any transitional-type living environment.

Longer stays at inpatient facilities are impractical for a variety of reasons, not least of which is the escalating cost of full-service treatment. Unfortunately, staying in residential care is often just too expensive and resource intensive to be practical for the vast majority of patients. There

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is also the undesirable outcome of a patient who undergoes an extended stay in a rehab clinic becoming acclimated to the intensive therapeutic environment and eventually facing the inevitable discharge without having acquired the necessary skills for long-term abstinence outside of the clinical environment.

A Supplement to Recovery

Fortunately, there is an alternative to release straight back into the patient's usual environment. *Halfway Homes or Halfway Houses* occupy the space between inpatient care and returning home. They are intended as a supplement to the formal treatment and recovery process by creating an intermediate environment with generally less supervision than found in a clinic but with more structure and peer support than can be expected in the patient's home environment.

Halfway homes or halfway houses can be a vital link back to the community by bringing together addicts from every walk of life who are at varying stages of addiction recovery to provide support and community for patients who have recently been discharged. A halfway house is more than just a place to sit and wait passively. Spending time in a abstemious home can give a recovering addict the space to get a head start on a new lifestyle. Some of the things people in recovery can do from the support base of a transitional-living home are:

- ✚ Organize a job search: Looking for employment will never be easier for a person in recovery than when a support system is in place and a schedule is provided that allows adequate time for the application process, including interviews and pre-employment drug screenings.

- ✚ Adjust to sobriety: While housed in a residential inpatient program, a patient often has very few liberties. Back at home, the sudden burden of making responsible decisions can be too much to handle. A sober house program will have rules to follow, but these rules always have an emphasis on the eventual transition back to independence.
- ✚ Arrange housing: Many residents come to their sober-living communities without any other homes to speak of. Others have homes but are afraid—rightly—that returning to their old stomping grounds will just lead to temptation. After all, it can be difficult to resist a craving when the recovering addict knows every place to get drugs within walking distance. Time spent in a halfway house can be put to an apartment search with lots of feedback from other residents and the staff regarding what to look out for.
- ✚ Mend fences: An important step in the recovery process is to make amends to those who have been affected by the addict's actions. This process can be liberating. The support one finds in the community of fellow addicts will help guide the resident through the process of rebuilding shattered relationships and putting back together some kind of outside support network.

In 2010, the Journal of Substance Abuse Treatment³ published the results of an exhaustive study on the statistics for former residents of sober-living communities. The research found that at six-month intervals

³[Douglas L. Polcin](#), [Rachael A. Korcha](#), [Jason Bond](#), [Gantt Galloway](#) (2010) Sober living houses for alcohol and drug dependence: 18-Month outcomes Volume 38, Issue 4, Pages 356-365 (June 2010)

[Alexandre B. Laudet](#), [Virginia Stanick](#) (2010) Predictors of motivation for abstinence at the end of outpatient substance abuse treatment Volume 38, Issue 4, Pages 317-327 (June 2010)

ranging up to 18 months post-treatment, recovering addicts who passed through some kind of structured halfway house environment were significantly less likely to face relapse, arrest and homelessness. One of the key findings of the study was that a major factor in the improved outcomes for the subjects was the large and mostly positive community of support that was established in the very early days of sober-living.

Section 2: Background and Justification

The Bridge Foundation

The Bridge Foundation is a Non-Profit, non-governmental and non-denominational, Section 80 Company Registered in the Cayman Islands. The Bridge Foundation was founded by Dr Marc Lockhart, Lem Hurlston, Terry Delaney, Charles Jennings and Frank Volinsky. It provides transitional (or "halfway house") accommodation to recovering addicts from both drugs and alcohol. Through its Anchor House program it has successfully transitioned, in one year, 8 out of 18 men back into mainstream society.

The Bridge Foundation's Vision is to restore the dignity and self-respect of the disenfranchised through transitional housing. Their Mission is to provide Transitional Housing facilities founded upon value for money, transparency and accountability. This is accomplished by means of public and private donations which they actively solicit. They also monitor and report the effectiveness and progress of their program, while promoting sober structured living, educational opportunities, life skills development, self-determination, independence, physical and mental well-being and spiritual development.

The Bridge Foundation has established a refuge for clients in need of transitional living through its Anchor House Halfway House Program. They use a three-pronged approach to achieve their mission:

- Provide a basic living area free of alcohol and drugs.
- Offer support that educates and enriches the client through 12-step program based lifestyle.

- Aid in the provision of life skills to facilitate independence and economic stability.

The Foundation is presently actively expanding its housing with an aim to accommodate to house an additional five male clients. A new women's facility is also proposed with capacity for six females. The total capacity will therefore number to 17 beds—triple that of 2012. Additionally, there are two part-time Caymanian employees (both former residents of the program), whom are expected to be made full-time as they seek to expand the program. The Foundation is optimistic that sustainability and expansion of the program will also result in employment opportunities for other Caymanian former residents to fill positions as they arise.

In the month of undertaking this evaluation, four women moved into the newly launched women program and it was reported that four men at HMP Northward were awaiting release to the Foundation's transitional living when beds are available.

Program Justification

There is no dispute that there is a great need for transitional living solutions on the island. There is a government funded male and female residential drug treatment program; the prison operates a system of parole; employment and homelessness are the two most challenging social factors for a person coming out of prison or treatment; and there is also an active drug court program.

The literature presented earlier clearly indicates that absence of treatment leads to recidivism or "relapse", which tends to arise when someone is paroled or released after time is served. Findings also

illustrates that relapse often occurs when an individual returns, without proper support, to the surroundings where his or her addiction originated. Information reported in the prison surveys of inmates at HMP Northward and Fairbanks (appendix 5) is that average self reported lifetime prevalence among inmates for alcohol is 90% and marijuana 81%. It can be theorized that if these inmates are release with untreated addiction, some 70% are more likely to relapse or re-offend.

The fact that there is no active drug treatment intervention taking place at the prison makes it even harder for a new release to enter in transitional living successfully. This is due to the fact that breaking the cycle of use and learning to be abstinent is a major hurdle to accomplish without conditioned treatment approaches. If the prison is to benefit meaningfully from this facility that is available, efforts must be made to introduce some form of drug and alcohol treatment intervention in the prison—in particular, as part of a pre-release intervention for those known to be problematic drug users.

Transitional living, such as that offered by the Bridge Foundation, also makes good economic sense—available information suggests that to keep an inmate in custody at HMP Northward cost \$64,000 per annum while analysis at the Bridge Foundation indicated that a provide transitional living for a client over a 12-month period will cost only \$15,000 per annum.

The proposed new activities and those presently being done at BF is in keeping with the long-term strategic goal of the RCIPS, (as detailed in their Strategic Plan – Business Plan) i.e.,

- We recognize that Health, Education, National Drugs Council, Complaints Commission, PIB, and other Criminal Justice

Agencies are pivotal to our success. We are committed to maximizing and share knowledge and best practice.

Reducing Re-offending

The Prison Service will continue to work with the Department of Community Rehabilitation and other delivery partners across the criminal justice system to embed a seamless Offender Management process; develop effective interventions that support the Reducing Re-offending Action Plan. This plan will be based on the 7 pathways, Accommodation, Attitude and Behaviors, Employment, Substance Misuse, Health, Finance, Debt and Family Ties.

Section 3: Evaluation TOR and Methodology

Rationale

The National Drug Council (NDC) through its Act (National Drug Council Law) is mandated to advise the Minister, and such persons, groups, organizations or bodies as requested it to do so, on policies and programmes related to the prevention of drug abuse, the treatment and rehabilitation of drug abusers and the care of connected persons. Additionally, the National Anti-Drug Strategy has articulated the need to address treatment and rehabilitation in the following strategy:

Strategy III: To guarantee the delivery of treatment and rehabilitation services that meets the needs of individuals and their families..... with the following objectives:

Ensuring a system of effective and varied treatment programmes

- Establishment of a transitional/ half-way house or low-threshold facility for homeless or dis-enfranchised persons
- Provide services as required to enhance Judicial process for drug related clients

Existence of a multi-level approach to treatment services which include:

- Short/long term treatment
- Transitional housing
- Judicial support services
- Male Treatment /Rehabilitation programmes
- Female Treatment /Rehabilitation programmes

The NDC also noted that there were currently no transitional services that have been formally established that allows for services to be properly utilized and monitored. As such, it was difficult to determine the effectiveness of this process and monitor the outcomes of those [clients that uses the available services] that are transitioning through the programme in an effort to determine the benefits of such a programme to our community. Noting also that some 46 clients have been referred from the Department of Community Rehabilitation to transitional living

interventions over the past two years, it was incumbent on the NDC to determine the extent of impact and utilization of this service.

Within the Ministry of Home Affairs there was also a recognition and concern that there is an absence of established best practice guidelines, operating requirements, etc. for half way houses/transitional living facilities in the Cayman Islands, both in the public and private sector.

Due to poor service being provided by the public sector entity responsible for providing this service and growing requests from recovering addicts/alcoholics and stakeholders, two community based halfway houses have been established, the Bridge Foundation and the Hope Foundation.

The Ministry has been assisting the Bridge Foundation with a quarterly subsistence based on their Mission, Vision and Business/ Strategic Plan, their quarterly reports and reports from DCR, the Prison and some participants' themselves as to their positive experiences in the programme.

In an effort to promote best practice in all of its areas of responsibility, the Ministry enlisted the assistance of the Institute of Public Administration of Canada (IPAC) in the Summer of 2011 to review the continuum of rehabilitative services in Cayman; and Her Majesty's Inspectorate of Prisons (HMIP) in Summer 2012 to conduct a thorough inspection of the Prison Service.

Given that the NDC was transferred under the remit of the Ministry following the last General Election in May 2013, and given that the current NDC Law gives them the mandate to monitor and evaluate such programmes, they were tasked to have the evaluation done. As a key

stakeholder, the Ministry viewed the process as extremely important in that having an evaluation done will help to justify their continued support of the programme and or enabling justification for additional support.

Terms of Reference for the Evaluation

The following broad categorization will be used to make major assumptions about the Bridge Foundation Halfway House:

- the agency strategic position within the conceptual framework of treatment and rehabilitation
- the programme management/coordination process
- implementation issues
- linkages to the continuum of care
- service delivery issues
- monitoring and reporting

Issues To Be Studied

The main activities to be pursued during this evaluation/review are as follows:

- i. Based on all relevant background documents, technical and financial progress reports and other reports relating to The Agency operations:
 - a. review the achievements of activities under each output,
 - b. analyse to what extent the overall outputs in the specific areas have been met;
- ii. Assess the present relevance of the agency's original concept of services as well as its contribution to the achievement of treatment and rehabilitation mandates; (i.e. assess whether the assumptions in the original conceptualization of the agencies' mandates are still relevant;
- iii. Review the processes of implementation in all essential areas particularly with respect to coherence to the acceptable standards of operation; and efficiency and effectiveness;

- iv. Assess the achievements derived from the Agency efforts to date within the framework of the strategy defined in the treatment continuum;
- v. Assess the degree of effectiveness and efficiency of the various management structures, delivery structures, and coordination structures in achieving outcomes. It would be important to analyse the management capabilities in the programme implementation phases in relation to individuals. In particular, an accurate analysis on monitoring and follow up activities should be carried out as well as an assessment of the extent to which outputs can be reached based on these capabilities;
- vi. Undertake an analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) and the sustainability of the essential components of The Agency;
- vii. Provide recommendations on any adjustments to the direction, management and operation of the agency that may be required to ensure the full achievement of objectives and outputs.

The general evaluative criteria areas will be the following:

Relevance

- ❑ In respect of the real need related to the strengthening of the capacity of The Agency to respond to the drug treatment demand
- ❑ Degree of flexibility and adaptability of The Agency programme to facilitate new developments and emerging priorities in the area of institutional strengthening in response to the changes in drug policy direction or activities
- ❑ Complementarities between The Agency mandate and other national initiatives in the continuum of care

Efficiency

- ❑ How has The Agency implemented activities with respect to the management, financial accounting, reporting and responding to

problems and challenges encountered in relation to achieving its stated mandate;

- ❑ What has been the absorptive capacity for funds made available and what has been the value for money spent;
- ❑ What indicators, systems and practices are in place (and planned) to measure management performance and the outputs, outcomes and impact of The Agency;

Effectiveness

- ❑ What direct results have been achieved by The Agency under each of the areas of output and with regard to the support to other stakeholder agencies;
- ❑ What indirect benefits or unplanned results have been achieved as a result of the implementation of activities by The Agency;
- ❑ To what extent were problems and challenges encountered at the management and implementation levels responded to in a prompt and effective manner;
- ❑ To what extent has the adoption of work plans within the Agency stimulated more effective implementation;
- ❑ Have the planned benefits been delivered and received from the stand point of the beneficiaries and relevant stakeholders;

Outcome

- ❑ To what extent has The Agency activities influenced broad policy decisions and programmes in reducing the impact of drug abuse on the island;
- ❑ Have the activities undertaken over time enhanced the capacity of individual clients (beneficiaries) to effect behaviour change in response to their drug abuse;

Sustainability

- ❑ To what extent is there support at the policy-making level for the objectives of The Agency to ensure that it remains a priority resource for treatment and rehabilitation;
- ❑ What organizational arrangements exist or are being devised to ensure that the implementation of relevant programmes will be sustained technically, financially and managerially;

- What is the present policy environment at The Agency that will enhance the achievement of long-term benefits?

Format of the Evaluation

1. This was a process evaluation
2. It was be done using a mixed methodology including,
 - a. Desk review of pertinent documents
 - b. Interviews with key stakeholders (Ministry, NDC, Bridge Foundations, past and present clients, others as determined)
 - c. Site visits
 - d. Analysis of service processes and utilization pattern

Persons reached and interviewed and sites visited during the evaluation included:

1. Directors of the Bridge Foundation
2. Stakeholder from Ministry of Home Affairs
3. National Drug Council
4. Past and present clients of the Bridge Foundation Anchor House programme
5. Present enrollees at the Women Facilities
6. Visit to both male and female facilities

Documents or excerpts of documents reviewed during this Evaluation:

1. Portfolio of documents from the Bridge Foundation
2. Cayman Islands Police Service Strategic Plan – Business Plan
3. Crime Reduction Strategy (CRS) And Review Of The Assessment And Treatment Of Criminal Offenders (IPAC Report) - Department Of Public Safety Communications – Stakeholder Implementation Strategy

4. Recommendation made by HM Chief Inspector of Prisons following an announced inspection of HM Cayman Islands Prison Service (2013)
5. Department of Community Rehabilitation – Working to Reduce Offending Behaviour. 5- Year Strategic Plan 2013-2018.
6. Crime Reduction Strategy -Implementation Plan, Ministry of Home Affairs
7. Crime Strategy Report (October 2010)
8. National Drug Council Law (2010 Revision)
9. National Anti-Drug Strategy (2009-2013)

Section 4: Evaluation Findings

Findings and Analysis of Key Evaluation Questions⁴

This report provides a formative assessment, cost assessment and process evaluation of the Bridge Foundation Halfway House Programme located at their Anchor House facility as well as the newly refurbished and soon to be opened Women facility at Uncle Bob road.

General Items

- the Agency's strategic position within the conceptual framework of treatment and rehabilitation
- the programme management/coordination process
- implementation issues
- linkages to the continuum of care
- service delivery issues (staffing/competencies, finance, participation of clients, support from relatives, etc)

There is no disputing that the Bridge Foundation Halfway House Programme is importantly positioned within the island's continuum of care and presently does and will continue to play a key role in providing a safe transitional living environment to support the clients that are in need of Halfway House accommodation. The literature supports this specific type of initiative as an essential ingredient in the re-integration process.

Sufficient evidence also exists to support the positioning of Halfway Houses in the continuum of care process. The Bridge Foundation (BF) assumes the third step or stage in the intervention process for a client in need of this service (stage one is identifying and accepting that problematic drug use exist – stage two is successfully completing treatment – and stage three is participating in a transitional living environment to support re-integration). In another context, stage one

⁴ Questions from the Terms of Reference

can be release from incarceration – stage two is placement and success from residential treatment – and stage three is participating in a transitional living environment to support re-integration). Essentially it is recognized that transitional living is a key ingredient in any successful programme that has as its objectives, reducing recidivism (criminal or drug use), promoting re-socialization and reintegration, improving prospects for employment and decreasing likelihood for homelessness.

The programme has an acceptable management structure in place (see appendix 1). There is a named Board of Directors for the Foundation that provides the strategic direction, oversight and provides for accountability. The programme is managed by an Operations Manager with responsibility for the overall day to day operations of both facilities, and two resident managers who provide the on-the-ground oversight for the in-house clients.

The programme is part government and part donor funded. The main activities are:

- Self supporting/self fulfilling environment including family support for re-integration*
- Provides shelter/housing for clients as they transition back to society—“clean bed and sufficient food”*
- Employment—on site or in the community*
- Finances—food vouchers, sufficient ‘seed money’ to maintain a bank account*
- A guarantee of post graduation contact—whether through opportunities to continue to participate in groups sessions or being mentors to programme inmates who have not yet graduated*
- Operation of a clubhouse (group meeting and mentoring activities for inmates and past graduates)*

Logistical challenges

- Transportation (clients from the women centre attends group session at the male facility which is a mile away). Public transportation is a challenge*
- Providing for and sustaining the food voucher component of the programme provides some challenges.*

Specific to Outcomes and Potential Impact

Assess the present relevance of the Agency's original concept of services as well as its contribution to the achievement of treatment and rehabilitation mandates; (i.e. assess whether the assumptions in the original conceptualization of the agencies' mandates are still relevant.

The service has documentation to support that it has been offering this type of modality to clients in need of its service and has been doing it with a notable degree of success.

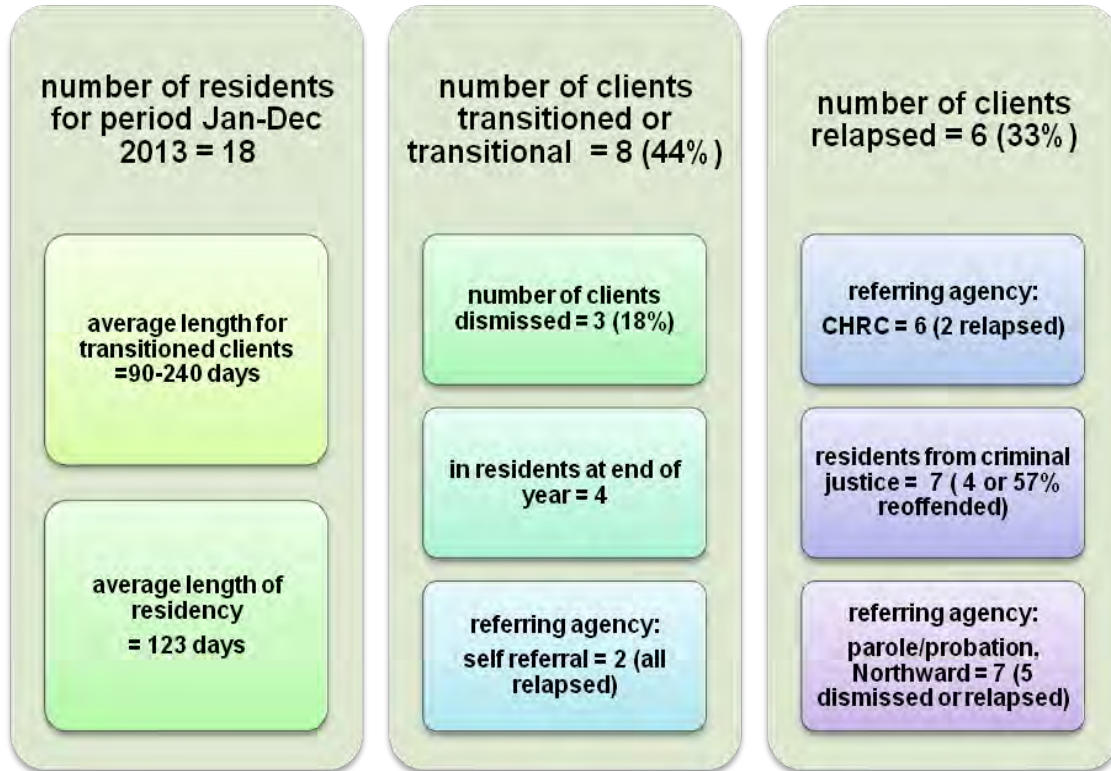
The government funded agency that presently has this mandate (CH) is not presently providing Halfway House services.

Review the processes of implementation in all essential areas particularly with respect to coherence to the acceptable standards of operation; and efficiency and effectiveness.

The review indicates that the operations are in conformity with acceptable standards of operation. There are set residency guidelines and expectations as well as confidentiality requirements that conform to international standards, such as: the clients must be drug and alcohol free; subjected to random drug and alcohol testing at any time, with or without cause; attendance at weekly house meetings; be employed or actively seeking employment, etc. See appendix 2 for residency guidelines and expectations.

The accounts of the BF are audited annually and a report submitted for scrutiny. From a Governance perspective, one of the hallmarks of this programme is its transparency policy ... "the policy of the company in relation to its financial affairs are that; (1) nobody should profit from its activities, and (2) interested parties should be entitled to see, and if necessary have explained to them its then-current financial conditions and details of its income and expenditure. In other words, the finances of the Company should be fully transparent".

Assess the achievements derived from the Agency efforts to date within the framework of the strategy defined in the treatment continuum.



14 of the 18 (78%) men who have passed through Anchor House had been incarcerated for drug/alcohol offenses at least once, and most for two or three times. All of those 18 had been residents of CHRC for extended periods and repeated admissions. They had all returned to addiction. The ages ranged from 25 -50 years.

"Residents transitional" means those who have successfully achieved their 6 month program and await placement in safe, affordable, off-campus housing.

With regards to relapse, there was a 33% relapse rate, which compares favourably with the international average of 40%. This could be further reduced if drug and alcohol counselling is re-introduced into prison sentence planning. That is a critical reform that must be addressed by the authorities.

2013 programme cost	Achievement 2013	Achievement 2013
<ul style="list-style-type: none"> •Annual Budget \$146,000 •private funding = \$65,142 •gov't funding = 30,000 	<ul style="list-style-type: none"> •clients in residence 6-9 months = 44% •clients obtained identification cards and bank accounts •parttime or full employment for most clients 	<ul style="list-style-type: none"> •clients remained drug free and sober post graduation •initiatives to address dental, vision and general health issues

Undertake an analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) and the sustainability of the essential components of The Agency.

SWOT Analysis - The Bridge Foundation, May 2014

STRENGTHS:

- Community support
- Strong relationship with the press and the media
- Support, assistance and cooperation from the following:
 - The Government of the Cayman Islands
 - Government departments and stakeholders both public and private
- Partnering agency support
- Strong Board of Directors and Governance Structure
- Growing donor base

WEAKNESSES:

- Leased properties as opposed to owned
- Inconsistent revenue stream inhibits long-range financial planning.

OPPORTUNITIES:

- Controlled expansion and service improvement.
- Succession planning.
- Permanent link in the rehabilitative process on the island.
- Public-private partnership with the government.

Solid benefactors regarding immediate need
Increasing and expanding need for the services provided

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THREATS:

Sustainability – mainly due to donor support for operating expenses
Possible policy complications regarding service provision.
Stereotypes and prejudices possibly complicating service provision
Expansion may create additional burden
Diversity of service that are being planned may also create additional financial burden

The Bridge Foundation, Anchor House Male Campus



Relevance

- ❑ **In respect of the real need related to the strengthening of the capacity of The Agency to respond to the drug treatment demand**
- ❑ **Degree of flexibility and adaptability of the agency programme to facilitate new developments and emerging priorities in the area of institutional strengthening in response to the changes in drug policy direction or activities**
- ❑ **Complementarities between The Agency mandate and other national initiatives in the continuum of care**

The BF has documentation to support that it has been offering this type of modality to clients in need of its service and has been doing it with a notable degree of success.

One complaint is that the government funded agency that presently has this mandate (CH) is not presently providing Halfway House services and the burden is now shared among the two nonprofit agencies that are trying to meet the demand.

The BF presently credits their service as being able to guarantee clients:

- *Self supporting/self fulfilling environment including family support for re-integration*
- *Provides shelter/housing for clients as they transition back to society—“clean bed and sufficient food”*
- *Employment—on site or in the community*
- *Finances—food vouchers, sufficient ‘seed money’ to maintain a bank account*
- *A guarantee of post graduation contact—whether through opportunities to continue to participate in groups sessions or being mentors to programme inmates who have not yet graduated*

Continuous dialogue and a good working relationship with the Partnering Agencies listed below are essential to the continued success of the BF mission. Not only is the client base derived from among these agencies but the clients welfare with respect to employment opportunities for example, can also be influenced by some of these agencies.

- *Caribbean Haven*
- *Dept. of Children & Families*
- *Dept. of Counseling Services*

- *Dept. of Community Rehabilitation (Probation)*
- *Dept. of Employment Relations*
- *Dept. of Prisons (Parole Board)*
- *Drug Rehabilitation Court*
- *National Drug Council*

Presently the staff complement is made up entirely of recovering addicts who are devoting their time to 'giving back' to society through the provision of this service to the addicted population. This model is common throughout the jurisdictions and can lend itself to being a successful approach.

Efforts can be made to partner with individuals or organizations to provide part-time or fulltime staff with competencies such as, motivational counselling, recreational therapy, and social work. Ideally the BF should seek to provide the following:

Development and training of life skills such as:

- *self-care skills*
- *social and communication skills*
- *community living skills*
- *work habits*
- *domestic skills*
- *group living skills*
- *positive use of leisure time*

Anchor House – Residential Facilities



Efficiency

- ❑ How has The Agency implemented activities with respect to the management, financial accounting, reporting and responding to problems and challenges encountered in relation to achieving its stated mandate;
- ❑ What has been the absorptive capacity for funds made available and what has been the value for money spent;
- ❑ What indicators, systems and practices are in place (and planned) to measure management performance and the outputs, outcomes and impact of The Agency

The BF has demonstrated good fiscal prudence with respect to implementing activities and managing the affairs of the Foundation utilizing the funding provided through the donor community and the government grant. The absorptive capacity for funds made available was very satisfactory. The management, financial accounting and reporting was also satisfactory and can be seen in the executive summary excerpt of the 2013 Donor Report that is provided following. It is also important to note that significant community support is given by a professional accounting firm for the management of the finances including the annual audit.

Executive Summary

The year 2013 marks the first 12 month fiscal period for The Bridge Foundation and its operation/ management of Anchor House - the men's transitional housing program. Thanks to generous donations by the private and public sectors and the prudent fiscal judgment of our directors, we have met or exceeded our goals set at the beginning of the year 2013.

Highlights of 2013:

- *The benchmark of 38% set during eight months of 2012 for * successful transitioning (*see footnote #1) was eclipsed by this year's results of 44%.*
- *The Ministry of Home Affairs recognized The Bridge Foundation by allocating \$60,000 in its budget for our organization to aid in the fight against crime, specifically re-offending.*
- *The total operating expenses (\$96,000) for 2013 came in 11.6% under budget.*
- *In December a friend of the Foundation pledged the funds necessary to expand our housing capacity. By early summer this year we hope to have*

accommodations for 10 men and one house monitor, although we are encountering difficulties with Planning /which we hope to overcome in due course.

- The responsibilities of managing a private facility that serves the Parole Board, The Department of Community Rehabilitation, Drug Court and The Counseling Center has manifested the need for the Foundation to hire a part-time operations manager. We are pleased to announce that * Mr. Frank (Bud) Volinsky (*see footnote #2) has been engaged to fill this role beginning 20 January, 2014.*
- One of the aims of the Foundation's Transparency Policy (attached) has been achieved by the agreement of KPMG in principle to act as our auditors subject to satisfying their client acceptance procedures and agreeing details.*
- The Cayman cottage on our West Bay campus, which was once a crack house, has been transformed into a recovery clubhouse. It has become a busy hub of recovering individuals from our halfway house and the community at large. The center is open from 10 AM to 3 PM Monday through Friday with 12 steps meetings held every weekday at noon and Saturday morning at 8 AM. This now means there are eight - 12 step meetings at the West Bay campus each week with at least one meeting a day except for Sundays. This has more than doubled the number of recovery meetings in the area.*
- District 19 of Alcoholics Anonymous selected our West Bay campus to host the 2013 New Year's Eve Alcathon. Over 60 people attended.*

Inside the Male Residents at Anchor House



Effectiveness

- ❑ What direct results have been achieved by The Agency under each of the areas of output and with regard to the support to other stakeholder agencies;
- ❑ What indirect benefits or unplanned results have been achieved as a result of the implementation of activities by The Agency;
- ❑ To what extent were problems and challenges encountered at the management and implementation levels responded to in a prompt and effective manner;
- ❑ To what extent has the adoption of work plans within the Agency stimulated more effective implementation;
- ❑ Have the planned benefits been delivered and received from the stand point of the beneficiaries and relevant stakeholders;
- ❑ Have the activities undertaken over time enhanced the capacity of individual clients (beneficiaries) to effect behaviour change in response to their drug abuse

Complementary to the findings indicated on page 25 of this report under the caption – “Assess the achievements derived from the Agency efforts to date within the framework of the strategy defined in the treatment continuum”, the testimonials of past graduates and those presently in residents serves to highlight the benefits derived from participation in the Halfway House transitional living programme. In every instance the perception of the clients interviewed was that “they were being given a passport back into society....being treated as equal citizens”.

Successful clients maintain contact with both the BF and CH where they provide support for holding groups and mentoring clients. The recovering community as a whole view these successes as important in providing hope to other addicted individuals who are struggling with maintaining abstinence and or re-offending. The opportunity to enroll in and participate in transitional housing either by self referral or by mandate is a tremendous plus for prospective clients given the high degree of social disconnectedness associated with drug abuse and criminal offending.

The following testimonials speak for themselves with respect to the beneficiaries.

Male, 35 years old. Drug and alcohol problems, been to Caribbean Haven six or more times. Self referred to BF and spent a year. Has been successful in remaining sober for the last 15 months, with no re-offending. Has a passport, fulltime employment, provides mentorship to present inmates, and has been rewarded with his own motor vehicle by family members for his successful commitment to getting help and remaining clean.

Male, 52 years old. Drug and alcohol problems, been in treatment six times. Last occasion he self referred to Caribbean Haven (CH) and spent six months. Went from CH to BF and spent seven months. Has been successful in remaining sober for the last two 2 years after graduating from BF. When he left CH he had no job, nowhere to live and little finances. Now has a passport, a bank account, fulltime employment and even employs persons in the capacity of a contractor. Provides mentorship to present in-resident clients and encourages and has been successful in getting addicts to come into the programme. Has a meaningful relationship with his family and is a proud graduate who testifies that the BF programme has been his game changer

Sustainability

- ❑ To what extent is there support at the policy-making level for the objectives of The Agency to ensure that it remains a priority resource for treatment and rehabilitation;
- ❑ What organizational arrangements exist or are being devised to ensure that the implementation of relevant programmes will be sustained technically, financially and managerially;
- ❑ What is the present policy environment at The Agency that will enhance the achievement of long-term benefits;

Some amounts of funding have been provided to the BF by government as well as significant amounts and community commitments from the donor community to support the activities of the BF. Following on what can be viewed as a successful year (2013) it stands within reason to expect that future commitment would be easier to justify and as such prospects for sustainability is more positive than negative.

The Ministry of Home Affairs is a key stakeholder in the evaluation. The evaluation finding generally demonstrates support for the programme and indicates a reasonable sustainable associated cost for the programme. The programme can be generally seen as having additive value to the continuum of care in that this type of programme is identified as a key component of any recovery initiative among offenders and addicted individuals.

The literature supports this intervention and its success for the Cayman Islands can only be enhanced if the agency (BF) is recognized as a key participating agency in the continuum of care for the treatment and rehabilitation of addicts. It might even have value in another way as well – related to providing transitional living for mentally ill clients. This must be looked into as a future element that can be developed if persons with the correct competencies can be engaged to support this type of initiative.

Section 5: Conclusions, Suggested Recommendations**General Comments**

1. Fragmentation still exists with respect to services offered in the continuum of care and the placement of clients. An agency like the BF has to be “self-seeking” with respect to a) getting clients and b) getting finance to support its programme. In spite of the fact that it is a non-governmental charity, it can be viewed as a key component of the continuum of care and some kind of assessment should be done to determine its placement within this continuum and how its services might be or can be integrated for sustainability of service delivery. In other words, if it is determined on assessment to be important in the continuum, how can its services be used effectively to improve outcomes within the continuum of care.
2. This evaluation should probably help the Ministry to determine the kind of assessment that needs to be among the agencies in the continuum of care in an effort to standardizing practice but more importantly defining which agency does what. This is a good time for a stakeholder analysis of all key agencies to look for overlap in roles and propose measures to strengthen weaknesses that only serve to diminish the potential of agencies to serve their clients in the most appropriate way. I would strongly suggest that the findings of this evaluation be used as a means by government to determine the context of Service Level Agreement (SLA) with agencies needing funding for Halfway Houses or other client-centered services. This would provide information as to the level of expected results for efficiency, effectiveness, and sustainability. It will also provide guidance on minimum standards to adhere to. A template for an simple SLA is provided in appendix 3.
3. Agencies must be subjected to ongoing monitoring and formalized evaluation. This provides for a culture of oversight and accountability.
4. As with any evaluation, several questions come to mind that were not a part of those agreed to in the Terms of Reference. Due to the

fact that this process evaluation is targeted at an agency (BF) that depends on collaboration, to some extent, on partnering agencies, it is incumbent on the evaluator to raise the questions that have come about as this evaluation was carried out. The following are the questions that need to be addressed:

Additional Questions

Is there a need for so many halfway houses on the island? If yes, then, how can the services be rationalized to provide better/more consistent service to the population to be served? Is there a need or an opportunity to evaluate the others and seek to develop capacities across the board that would seek to bring about better outcomes? If no, then who has to responsibility and or what is the procedure for regulating the establishment of such service providers. Which policy framework would the operation of the Halfway House fall under? Who should be monitoring it, and with what guidelines?

Which agency should have the overall oversight responsibility for the transitional housing services? What is the true need for transitional living – who determines that need? Would it make good sense to have a system of referral for utilization of services of the transitional houses – meaning that one single agency on the island determined the availability of clients and there is only one door to the service? Even a self referred client has to go through that one door (a referral office/agency). So the real question is, “Is there a referral service that supports the placement of persons at halfway houses”?

What are the present barriers to offering this service within the continuum of care (is it funding, human capacity)?

What would be the minimum standards that an agency would have to adhere to in keeping with regional or international standard operating procedures and practices? Are these already articulated by the responsible agency and available for the present and prospective agency or agencies; and what would be the key performance standards?

To what extent will the Agency (BF) activities influenced broad policy decisions and programmes in reducing the impact of drug abuse on the island?

Conclusion

This is a process evaluation that is conducted based on whether or not the programme is achieving what it has stated to be its objectives (based on the Mission, Vision, business/ strategic plan, etc.). It can be concluded from the evaluation findings that the BF efforts at providing transitional living has produced an acceptable level of success within the population it serves. Individuals have remained clean for extended periods of time and can speak to their now successful re-integration into mainstream society (having a bank account, full or part-time employment and national identification and considers themselves as “equal citizens”). The programme management is working hard at making the programme successful and has a keen interest in progressively moving into offering more opportunities to potential clients given that funding becomes available to sustain those efforts.

In addition, the author is of the opinion that there is a critical need for rationalization of the efforts at community rehabilitation and re-integration with respect to provision of services for housing, employment, substance use (all geared to reducing re-offending - criminal recidivism as well as substance use recidivism). This concern is stated in a context that supports the conclusions also reached in the Crime Strategy Report (October 2010) abstracted below:

1. *There are too many programmes and indeed in certain areas, a duplication of efforts. From comments received it appears that there is insufficient inter-agency co-ordination with the right hand not always knowing what the left is doing; and potential synergies are clearly not being exploited. Given the amount of programmes it is inevitable that the funding is being spread thinly and although*

perhaps these resources are not being wasted, they could surely be spent more effectively.

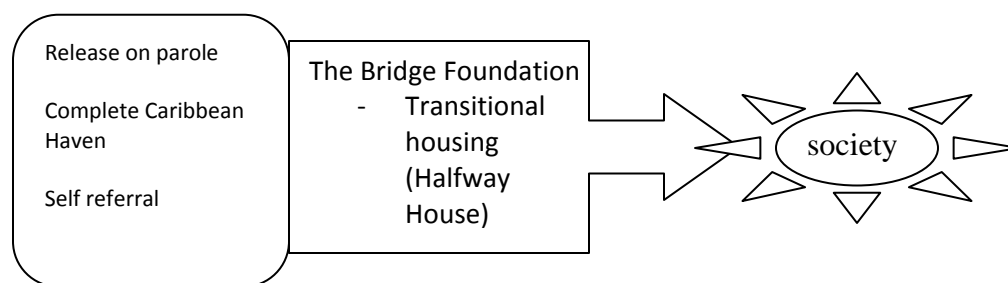
- 2. Effective evaluation is not being conducted, possibly because the evaluation data simply does not exist.*

Suggested Recommendation

Recommendations for what can be improved to meet regional and internationally accepted standards are contained in the suggestions following.

- Significant stakeholder analysis is needed to identify agencies best suitable to implement specific components of an agreed community rehabilitation programme that seek to meet the need of criminal offending/addiction clients. This would serve to reposition responsibilities and resources to where they are more likely to provide better outcomes and overall impact for the population to be served.
- Financial support should be tied to a Memorandum of Understanding (MOU) and Service Level Agreement (SLA) with the NDC or some other responsible agency (RA). This will:
- Have the RA provide oversight to the programme implementation through the RA's own capacity or through agency capacity identified by the RA. In this regards, I it is my suggestion that the Department of Community Rehabilitation should be integral in this process of monitoring and oversight of the BF programme.
- Develop reporting criteria to facilitate monitoring of the SLA
- Programme must be subjected to annual performance evaluation— (Is the programme successfully meeting its objectives? Is it value for money? Is there justification for repeat budgetary funding?)

- Bridge Foundation can be seen as a transitional housing facilitator supporting the need for 'safe' housing created when clients are transitioning from the Caribbean Haven treatment programme and need somewhere to live for a sufficient period to allow for re-integration to society. This can also be translated into an offering of transitional living through a referral system to all clients determined to be in need of safe housing.



- Data on utilization patterns must be sent to the NDC on a yearly basis to inform the National Drug Information Network.
- Ongoing intake assessment must be done at the prison and long-term treatment centre for potential candidate to enroll in the programme. This can be done through a referral agency or by the BF themselves.
- Encourage advocacy for the BF programme as an essential part of the treatment continuum.
- Sustainability and success of the BF programme can be significantly improved if the Foundation is provided with interagency support with respect to housing and employment needs of the clients they serve. Possible collaborating agencies are the Department of Children and Family Services and the Department of Employment Relations.
- Based on review of the Recommendations Made By HM Chief Inspector of Prisons Following an Announced Inspection of HM Cayman Islands Prison Service, recommendations previously made are restated: a) *planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community*

and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community; b) a strategy and action plan setting out the commitment to rehabilitation should be developed. This should be based on a comprehensive and regularly updated analysis of the resettlement needs of the population; c) partnership working with community agencies should be developed to ensure continuity of support during and post-custody; and d) prisoners' resettlement needs are met prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community - All sentenced prisoners should have a comprehensive reintegration plan.

- As previously indicated, this should be done in conjunction with the recommendation that the BF should be encouraged as a stakeholder partner to carry out structured and periodic needs assessment at the prison to determine suitability of 'soon to be released prisoners' for placement into their halfway house rehabilitation programme.
- To garner community support and overall understanding of the benefits of providing transitional living as a modality in the continuum of care for recovering addicts and released offenders, an awareness campaign supported by town-hall meetings can be implemented.

References

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<http://www.recovery.org/topics/recovery-homes/> ay 25, 2014

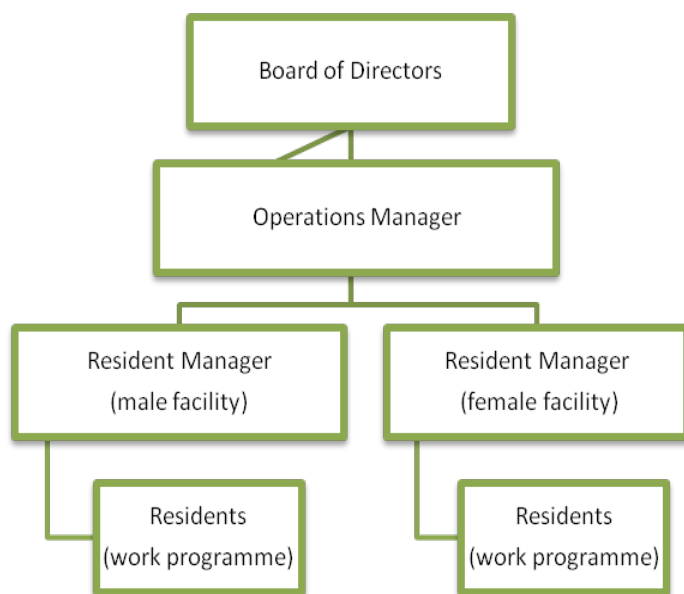
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Appendix 1

Organizational Chart



Appendix 2

Residency Guidelines and Expectations

- Must be alcohol and drug free
- Zero tolerance – absolutely no drugs or alcohol allowed on campus
- Random drug and alcohol testing at any time, with or without cause
- Attend a minimum of five 12-step meetings per week and verify with House Manager.
- Have a 12-step program sponsor and Home Group
- Attend weekly House meetings
- Sign out when leaving the premises and sign in upon return
- All leaves to be approved by the Campus Manager
- Be employed full-time or be actively seeking employment
- Payment for campus maintenance of \$25 per week

Evaluation of The Bridge Foundation

- Payment to be made every Friday to Campus Manager unless other arrangements have been approved
- Monday to Friday curfew - 10:00pm; Saturday and Sunday curfew - 11:00pm; lights out - midnight
- No overnight guests
- All visitors to be approved by Campus Manager
- Smoking is not allowed in the house
- Clean up immediately after cooking and eating
- Living areas, kitchen, bedrooms and bath to be kept neat
- Participate in weekly chores and campus maintenance
- Maximum stay is six months

Appendix 3

Funding and Service Agreements Halfway House

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Service Definition

Introduction

Halfway Houses provide community rehabilitation service for discharged addicted clients, after a period of residential treatment to facilitate re-integration into the community; or for released inmates after a period of incarceration (with minimum drug and alcohol treatment intervention) to facilitate re-integration into the community.

Purpose and Objectives

The overall objective of halfway houses for discharged clients/offenders is to provide a transitional period of residential care to facilitate residents to achieve an optimal level of functioning for the purpose of community re-integration by:

- establishing a reasonably stable pattern of life, alleviating the effects of institutionalization and developing their capacity to cope with daily living; and
- providing a supportive environment conducive to personal development and independence

Nature of Service

The services provided by Halfway Houses include:

- a) accommodation
- b) provision of food and meals
- c) developing understanding of and ability to cope with addiction
- d) development and training of life skills such as :
 - i. self-care skills
 - ii. social and communication skills
 - iii. community living skills
 - iv. work habits
 - v. domestic skills
 - vi. group living skills
 - vii. positive use of leisure time
- e) facilitation of the re-alignment of relationship with family members
- f) preparation for discharge from the halfway house (identification, bank accounts, ATM cards, etc)

Target Group

- Discharged recovering addicts who need a period of transitional residential care in the community.
- Discharged inmates on probation/parole
- For Purpose-built Halfway Houses, 25% of the places be earmarked for discharged mental patients with assessed disposition to violence.

Eligibility Criteria (these can be determined according to the continuum needs)

- Be Caymanian, a Caymanian Status holder, or a permanent resident.
- Have undergone treatment for alcohol and/or drug addiction.
- Be participating in an aftercare counselling program.
- Have a sincere desire to pursue a clean and sober lifestyle.
- Be committed to abide by the Residency Guidelines and Expectations.
- Have a written reference from one or more of the Partnering Agencies.
- Be screened and interviewed by The Bridge Foundation Admissions Board for final approval prior to entry.
- Etc

Performance Standards

The service operator will meet the following performance standards:

Output		
<u>Standard</u>	<u>Output indicator</u>	<u>Agreed Level</u>
1	Average enrollment rate within one year	95%
2	Percentage of residents successfully discharged within one year	XX%
3	Average length of residency before transition	Xx days
4		
5		

Essential Service Requirements

Staff on shift duty to provide 24 hours service per day

- Provision of sufficient and varied food appropriate to the age and health condition of the residents
- Staffing requirement includes registered social worker (for Purpose-built Half-way House, staffing should include registered social worker with recognised degree in social work)
- XXXXXXXXX
- XXXXXXXXXXXXXXXX

Quality

Service operators will meet the requirements of the Service Quality Standards (SQSs) for example,

The service unit has an up-to-date handbook, information leaflet or brochure describing its purpose, objectives, target group, approach to service delivery and service entry and leaving mechanisms	
Where appropriate, the service unit should circulate its service description to potential service users, staff, and relevant local services or community groups.	
The service unit has a mechanism to review and update its policies and procedures	
Accurate and current records of service operations and activities of the service unit are maintained	
Accurate and current statistical reports are produced for reporting	
Periodical statistics and reports on the service unit’s performance are accessible to the public	
Job description and duty statements form part of the information accessible to all staff, service users and other interested parties	
The roles, responsibilities and membership of the Management Committee and/or the Board or other decision making bodies are clearly defined and documented	

Obligations of the Responsible Agency (RA) - Ministry/ NDC/or which ever agency is given the responsibility for oversight of the Halfway House Service Operators)

The RA will undertake the duties set out in the General Obligations of RA to service operators. In addition, the RA will meet the following service-specific standards of performance. The actual performance of the department in relation to these

obligations is expected to affect the ability of the service operator to meet its required standard of performance.

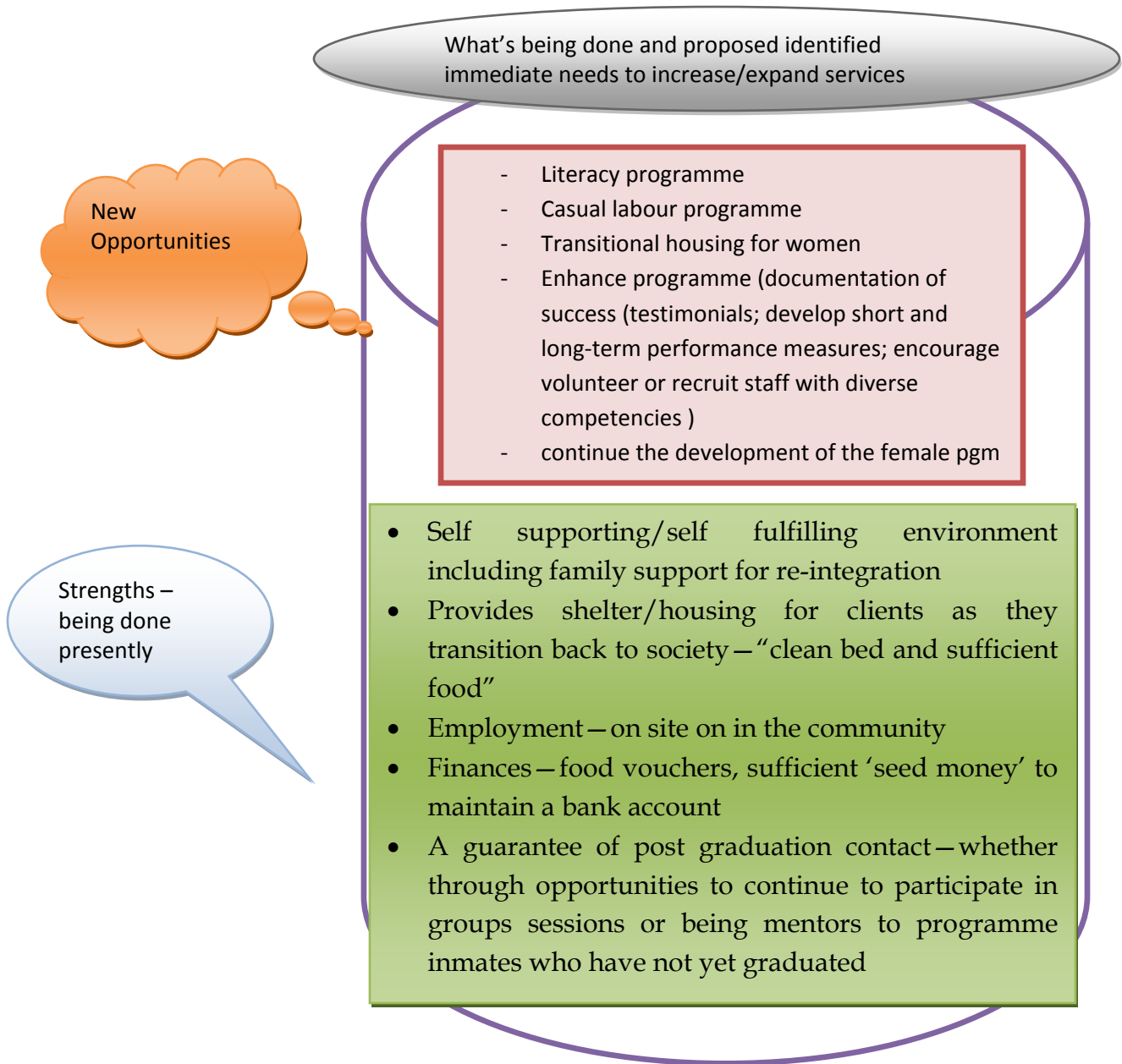
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- 1) To provide an appropriate referral from the Partnering Agencies Referral System within 28 days (or some other time frame) of written notification of vacancy, provided that a referral with updated and complete information is in hand. Should a referral not be in hand, RA will negotiate with the service operator as appropriate.

Basis of Subvention/Grant

The basis of subvention is set out in the offer and notification letters issued by the RA to the agency. The service provider is required to comply with the rules on the use of the social welfare subventions in accordance with the letters in force issued by the RA on subvention/grant policies and procedures.

Appendix 4: Bridge Foundation Now and in the Future



Appendix 5: Self Reported Prevalence of Drug Use among Inmates (2009-2013)

Overall Self Reported Prevalence of Various Drugs (2009-2013)

	2009			2011			2013		
	Lifetime	Annual	Current	Lifetime	Annual	Current	Lifetime	Annual	Current
Tobacco	84.1	77.9	72.4	82.1	71.5	69.1	79.9	66.4	59.1
Alcohol	93.8	35.9	12.4	82.9	39	17.1	89.3	37.6	7.4
Marijuana	81.4	54.5	48.3	83.7	54.5	46.3	77.9	53.7	40.3
Crack Cocaine	20	4.8	0.7	21.1	8.1	1.6	15.4	9.4	2.7
Cocaine Powder	20.7	3.4	-	20.3	2.4	-	12.8	3.4	0.7
Heroin	2.8	-	-	2.4	-	-	1.3	0.7	-
Ecstasy	12.4	-	-	17.1	2.4	-	12.8	3.4	-
LSD	6.2	-	-	5.7	0.8	-	4	0.7	-
Methamphetamine	2.1	-	-	4.1	0.8	-	2	-	-
Valium/ Benzodiazepines	11.7	3.4	2.8	13	5.7	4.9	12.1	6	4.7
Methadone	2.1	-	-	2.4	-	-	1.3	0.7	-
Donkey Weed	13.1	0.7	0.7	12.2	2.4	2.4	7.4	2	1.3
Season Spliff	9.0	1.4	0.7	6.5	0.8	0.8	6.0	1.3	-
Magic Mushrooms	9.0	0.7	0.7	8.9	-	-	6.7	0.7	-
Other Drug	2.8	2.8	2.8	3.3	0.8	0.8	3.4	2	0.7

Source: NDC – HMPS2013