



**Report on the  
Evaluation of the  
Hope For Today Foundation  
–  
Transitional Living  
Programme**

***December 2014***

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

## **Table of Contents**

<b>Acknowledgement</b>	<b>3</b>
<b>Section 1: Introduction</b>	<b>4</b>
<b>Section 2: Background and Justification</b>	<b>5</b>
<b>Section 3: Evaluation TOR and Methodology</b>	<b>9</b>
<b>Section 4: Evaluation Findings</b>	<b>16</b>
<b>Section 5: Conclusions, Suggested Recommendations</b>	<b>29</b>
<b>Additional Questions</b>	<b>31</b>
<b>Conclusion</b>	<b>32</b>
<b>Suggested Recommendation</b>	<b>33</b>
<b>References</b>	<b>36</b>
<b>Appendices</b>	<b>37</b>

## **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 Hope for Today Foundation (its Board Members, Current Residents, and Past Residents), the programme stakeholders and the National Drug Council

Evaluations are essential in programming as they are able to; demonstrate any impact the programme has had on current and past participants, ensure quality, helping to prioritize resources by looking at the programme 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 stakeholders involved in this project.

## **Section 1: Introduction**

The evaluation of the Hope for Today Foundation follows that done for the Bridge Foundation as part of the continuing evaluation of the transitional living facilities in the Cayman Islands. Two providers presently support transitional living facilities on the island for recovering addicts and released inmates – Bridge Foundation and Hope for Today Foundation.

This evaluation report presents finding of evaluation done in November 2014. The literature review presented in previous report, that provided a perspective on transitional living environments particularly Halfway Houses, is further presented in appendix 1 of this report for ease of reference.

## **Section 2: Background and Justification**

### **The Hope for Today Foundation**

The non-profit, non-governmental and non-denominational Hope for Today Foundation is a coalition of volunteers dedicated to helping and supporting recovering drug addicts and alcoholics through transition from prison or treatment to community life. By establishing and operating alcohol and drug free transitional houses and campuses within the community, the Hope for Today Foundation programme seeks to provide a secure, safe and stable haven for individuals to gradually work their way back to a purposeful life.

The Hope For Today Foundation established in the Cayman Islands, uses a three pronged approach to achieve its mission; it provides basic alcohol and drug-free living residences for both men and women<sup>1</sup>; offers support that educates and enriches the client through a 12-step programme based lifestyle and aids in the provision of life skills to facilitate independence and economic stability.

### ***The Task***

These facilities are halfway houses/transition zones between prison or treatment for alcohol/drug addiction and reintroduction into society. Not only do the residents have to remain drug free, they have to rediscover enough discipline and pride in themselves to allow them to function independently in society.

### ***The Mission***

To create and continue a resource which will provide the educational, charitable and social welfare activities connected with the rehabilitation of Caymanian men and women suffering from chemical dependency. Within a 12-step based residential recovery programme, and in cooperation with Government and other community organizations, the programme encourages and assists each individual resident to become a productive and responsible member of the community, providing the opportunity for the development of life skills necessary to sustain their recovery process.

---

<sup>1</sup> At the time of evaluation and reporting, the programme only offered residence for male. The female programme had been suspended.

**The Directors are:**

Chairperson	Mr. Loxely Haylock
Secretary	Ms. Donnette Goddard
Treasurer	Ms. Jewel Hydes
Board Member	Ms. Cindy Dilbert
Board Member	Pastor Mitchell Exctain

**The Facilities**

Men's Campus - A four bedroom house with two meeting areas at 348 Birch Tree Hill Road in West Bay that can accommodate up to 10 men.

Women's Campus<sup>2</sup> - A secured and gated three bedroom house at 169 Hell Road in West Bay that can accommodate up to six women.

**Residency Guidelines/Expectations**

There are strict, clear cut guidelines for all residents. The penalty for "3 strikes" against the Resident Agreement is dismissal, so the programme must be taken seriously by all residents.

**Measuring Success**

During a 6-month stay, a successful resident must:

- a) Consistently comply with all aspects of the Resident Agreement.
- b) Become self-sufficient (i.e. purchasing their own food, etc.).
- c) Attain employment and housing before leaving the programme.

---

<sup>2</sup> No evaluation was done of the women programme since it was indicated that currently it was not offering services or had offered services in the past three months.

## **Program Justification**

There is no dispute that there is a great need for transitional living solutions on the island as was demonstrated in the previously concluded evaluation of the Bridge Foundation. There is a government funded male and female residential drug treatment programme; 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 programme. This need is defined for both male and female clients that are impacted drug and alcohol abuse and or imprisonment.

The literature presented—see appendix—clearly indicates that absence of treatment leads to recidivism or "relapse", which tends to arise when someone is paroled or released after their 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 into 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 Hope Foundation, also makes good economic sense—available information suggests that to keep an inmate in custody at HMP Northward cost \$64,000 per annum.

### Why the Hope for Today Programme Makes Economic Sense for Cayman

The Hope Foundation in its own justification has posited the following two reasons why their programme makes good economic sense.

- A. *The Programme has been in existence for about 4 years. Over the past 18 months it has accommodated about 30 residents and successfully transitioned 10 back into society. The approximate cost of doing that over that period has been about CI\$100,000 working on a shoe-string budget. Based on the prison costs and re-offending rate the cost to successfully rehabilitate those 10 persons in Northward would have been about \$1.65M. This means for each Resident who successfully transitions from the Hope for Today Foundation instead of going back to Northward, Cayman saves over \$150,000.*
- B. *Drug related re-offenders are the prime candidates for break-ins and theft. Re-offender targets include local residences and residents but many targets are tourist and along 7 Mile Beach.*
- C. *The number one factor in countries with declining Tourism has been crime and safety concerns. A reputation as an unsafe destination could cost Cayman much more than we can either imagine or afford.*

### **Reducing Re-offending**

One specific justification for the transitional living programmes on the island is in support of the Prison Service as it continues to work with the Department of Community Rehabilitation and other delivery partners across the criminal justice system to embed a seamless *Offender Management* process and develop effective interventions that support the Reducing Re-offending Action Plan. This plan will be based on the 7 pathways—Accommodation, Attitude and Behaviours, 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.

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 evaluations done. As a key stakeholder, the Ministry viewed the process as extremely important in that having an evaluation done will help to:

- a) Justify their continued support of the programme;
- b) Enabling justification for additional support; and
- c) Provide the basis for supporting new programmes.

### **Terms of Reference for the Evaluation**

The following broad categorization will be used to make major assumptions about the Hope for Today Foundation programme:

- 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 (i.e. the Hope Foundation) 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, The Agency, past and present clients, others as determined)
  - c. Site visits
  - d. Analysis of service processes and utilization pattern
  - e. Review of financial reports

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

1. Chairperson/Directors of the Hope Foundation
2. ‘Operations Manager’ of male programme
3. Stakeholder from Ministry of Home Affairs
4. Stakeholders from Her Majesty’s Prison Services,
5. Stakeholders from the Department of Community Rehabilitations
6. Stakeholder from the Department of Children and Family Services
7. National Drug Council
8. Past and present clients of the Hope Foundation programme (male)
9. Visit to the male facility

**Documents or excerpts of documents reviewed during this Evaluation:**

**Main documents**

1. Portfolio of documents from the Hope Foundation including unaudited financials

**Supplementary documents as per previous evaluation**

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)
10. Report of the Evaluation of the Bridge Foundation

## Section 4: Evaluation Findings

### Findings and Analysis of Key Evaluation Questions<sup>3</sup>

This report provides a formative assessment, cost assessment and process evaluation of the Hope Foundation Halfway House Programme located at their facility.

#### 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 also no disputing that the Hope for Today Foundation's Halfway House Programme is importantly positioned within the island's continuum of care and presently does (in a small way) and can 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 social re-integration process.*

*Sufficient evidence also exists to support the positioning of Halfway Houses in the continuum of care process. Like the Bridge Foundation, Hope for Today can assume 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 can be release from incarceration – stage two is placement and success from residential treatment – and stage three is participating in a*

---

<sup>3</sup> Questions from the Terms of Reference



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 a management structure in place (though weak in its provision of comprehensive management of the facility on a day-to-day basis), with only partial supervision from a “non-resident operations manager”. There is a named Board of Directors for the Foundation that provides the strategic direction, oversight and provides for accountability.

Recommendation: The programme can benefit from a resident manager—i.e. an Operations Manager with responsibility for the overall day to day operations of both facility and who provide the on-the-ground oversight for the in-house clients and accountability to stakeholders for client’s participation throughout their programme cycle.

The programme has benefited from ‘one-off’ government funding but is mostly donor supported. The main activities are:

- Self-supporting/self-fulfilling environment including family and community support for re-integration
- Providing shelter/housing for clients as they transition back to society—“clean bed and food”
- Employment support—help to steer clients to gainful employment in the community
- Operation of a clubhouse (group meeting and mentoring activities for inmates and past graduates)

There was however no evidence of the following:

- 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
- No evidence of Financial support—food vouchers, sufficient ‘seed money’ to maintain a bank account

*Logistical challenges*

- *Transportation - clients indicate that attending or meetings can be challenging due to the lack of adequate provisions for transport.*
- *Providing for and sustaining adequate food supplies for clients are largely dependent on donations from community stakeholders.*

**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 no substantial on-site 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 any notable degree of success.*

*The intended services as described in the Agency's Mission is similar in context to that offered by the Bridge Foundation but lacks the organizational structure that would support clients along a continuous roadmap to success.*

*The Agency is relevant. Key stakeholders have pointed to the fact that many similar agencies (Halfway Houses or transitional living accommodations) are needed on the island. What is missing is the framework and structure to make for successful functioning.*

**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 certain aspects of the operations are in conformity with acceptable minimum standards of operation. Sufficient evidence was presented and verified to indicate that clients are screened, and then accepted; clients are oriented on entry to the facility as to the Do's and Don'ts.*

*There are minimum sets of written residency guidelines and expectations 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 3 for residency guidelines and expectations that were presented in the documentation reviewed.*

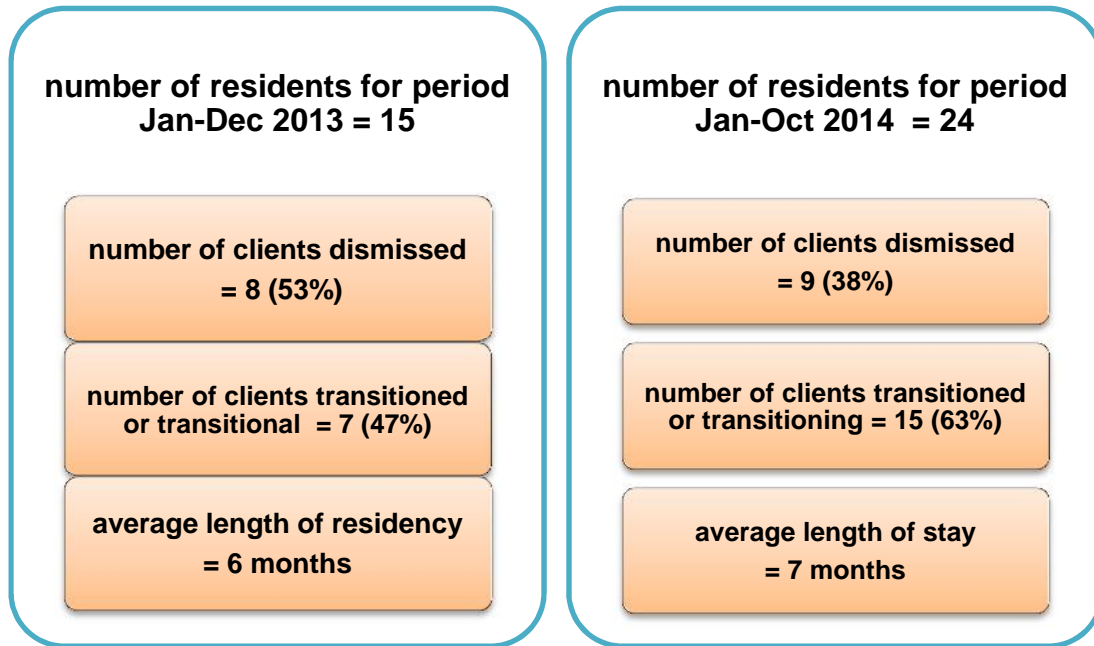
*No audited financial statement of accounts of the Hope Foundation was submitted for scrutiny. In addition, there was no documentation presented with respect to a transparency policy.*

**The following table presents a summary of the financial information presented in documentation reviewed during the evaluation.**

Income/Expenditure	Years		
	2011	2012	2013
Public support	7,558.50	25,870.90	2,975.00
Governmental grants	55,000.00	30,000.00	60,000.00
Rental	850.00	-	-
<b>Total income</b>	<b>63,408.50</b>	<b>55,870.90</b>	<b>62,975.00</b>
Total expenses	41,463.66	77,651.38	74,465.28
Cash at end of period	27,944.04	9,600.60	4,961.56

*Over the three years 2011 through 2013, sufficient funds were available through grants, donations and other income to operate the facility with a positive cash balance at the end of the period. The government's contribution increased by 100% - 2013 over 2012.*

Assess the achievements derived from the Agency efforts to date within the framework of the strategy defined in the treatment continuum. Data requested for the period January to December 2013 and January October 2014



*"Residents transitioned" means those who have successfully achieved their 6 month programme and have been re-integrated with community or family.*

*Notable more clients were accommodated for transitional living at the Hope for Today Foundation in the 2014 period under review compared 2013 (a one-year period). The successful completion rate also showed notable increase from 47% in 2013 to 63% in 2014. Dismissal rate showed improvement in 2014 over 2013 (38% compared to 53%).*

*Unfortunately, very little statistics exists to inform on referral agencies (mode of referral, whether self or from stakeholders); recidivism rates (criminal reoffending or drug and alcohol use) among clients; as well as post-transitioning outcome of clients – this in order to help measure the longer-term success of clients participation in the programme.*

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

**SWOT Analysis - The Hope for Today Foundation - October 2014**

**STRENGTHS:**

Community support  
Strong relationship with the press and the media  
Previous financial support, assistance and cooperation from the following:

- The Government of the Cayman Islands
- Donor community (private sector contributions in cash and kind)
- Government departments and stakeholders both public and private

Partnering agency support  
Board of Directors and Governance Structure

**WEAKNESSES:**

Leased properties as opposed to owned  
Inconsistent revenue stream  
Seeming informal management and accountability structure  
No aggressive marketing of the Foundation's Mission  
Low stakeholder comfort about how programme is administered

**OPPORTUNITIES:**

Acceptance by stakeholders that programme is relevant to the rehabilitative process on the island.  
Public-private partnership with the government.  
High demand for transitional living (halfway houses on the island)  
A good foundation for growth and acceptance with proper management structure in place

**THREATS:**

Sustainability – mainly due to donor support for operating expenses  
Possible policy complications regarding service provision.  
Stereotypes and prejudices possibly complicating service provision  
Continued discomfort by key stakeholders – weak image of the programme

## **The Hope for Today Foundation Campus**

22



### *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 Hope for Today Foundation has little documentation to support that it has been offering this type of modality to clients in need of its service. Interviews with key stakeholders have indicated that the agency has been around for as long as the Bridge Foundation and based on the documentation provided by the Hope for Today Foundation, the programme guideline and expectation are identical to that of the Bridge Foundation.*



*Relevance is unquestionable, however, the impact (whether immediate or intermediate since operations in 2010 has not been document sufficiently for the evaluation to present a clear and concise picture of its potential benefit to the continuum of care and support for the continuing development of the national infrastructure with regards to institutional strengthening.*

*Stakeholders have indicated community concerns as well as their own concerns about the lack of structure and accountability as well as the degree of inconsistencies noted in the programme to date. These inconsistencies related mostly to standard of operation, adherence to rules and guidelines and behaviours that have decreased the comfort level of stakeholders to place clients at the facility.*

*Continuous dialogue and a good working relationship with the Partnering Agencies listed below are essential to the continued success of the Hope for Today Foundation Mission. Not only is the client base derived from among these agencies but the client's 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 one person --- a recovering addict who is providing part-time supervision. This in the evaluator's view is the inherent problem in that there is an assumption and rightly so, that there is no accountability at the facility. Although this model of using recovering addicts is common throughout the jurisdictions and can lend itself to being a successful approach, it must be complemented by staff members that are trained in recovery that can provide the professional help that clients need during this critical aspect of their rehabilitation.*

*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 Hope for Today Foundation should seek to provide the following in an effort to fulfill its mandate as described in its Vision.*

*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*





*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 Hope for Today Foundation has presented only unaudited financials. From the balance sheets and expenditure statement provided the evaluator is unable to make any qualified comments on the affairs of the Foundations seeing that the statements are unaudited.*

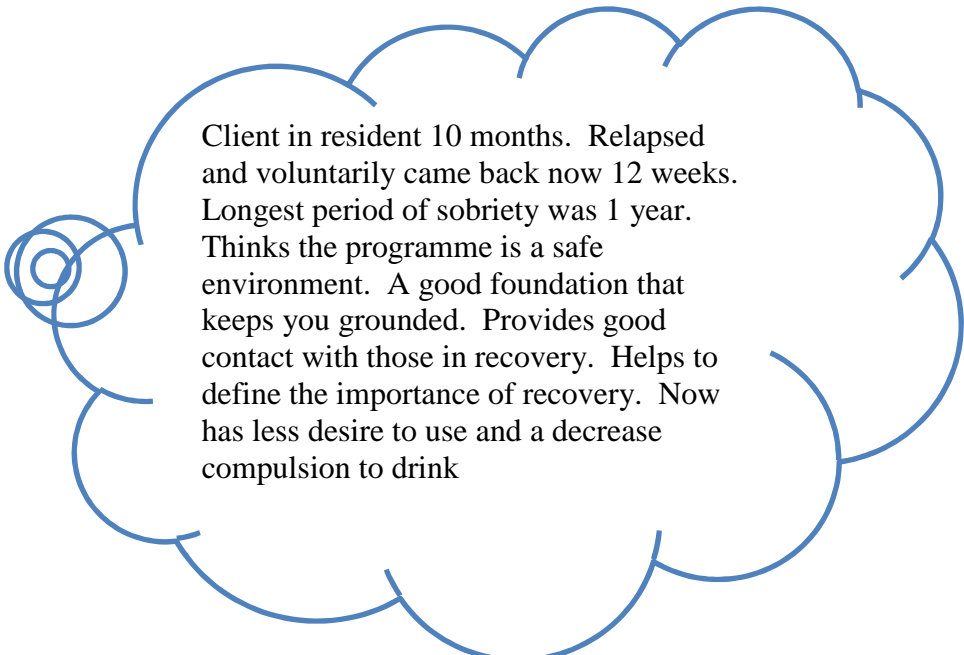
Effectiveness

- ❑ 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 above 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 reported benefits derived from participation in the Halfway House transitional living programme. In every instance, the perception of the clients interviewed was that they were doing well and this was a life changing opportunity for them. This was mostly related to the new relationship that they had now developed with their ‘higher power’.*

*It was reported that successful clients maintained contact with the facility where they facilitate and participate in groups and mentoring sessions for present 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 testimonial speaks for itself with respect to the benefits of the client's experience.*



Client in resident 10 months. Relapsed and voluntarily came back now 12 weeks. Longest period of sobriety was 1 year. Thinks the programme is a safe environment. A good foundation that keeps you grounded. Provides good contact with those in recovery. Helps to define the importance of recovery. Now has less desire to use and a decrease compulsion to drink

## 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 Hope for Today Foundation by government as well as notable amounts of community commitments/volunteerism from the donor community to support the activities of the Hope for Today Foundation. In spite of the notable increase in the number of clients in 2014, the programme's prospect for sustainability is hinged on continued funding (all sources) as well as a demonstrable increase in confidence for the programme by the key stakeholders. This in the evaluator's view can only be achieved with improvement in the day-to-day management of the programme and establishment of an active monitoring and reporting system.*

*Based on the increased numbers in 2014 and the consistent indication by stakeholders that the need is there for transitional housing, it stands within reason to expect that future commitment can be easier to justify and as such prospects for sustainability is more positive than negative if the confidence in the programme is re-built.*

*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 (HF) 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. As indicated in the evaluation of the Bridge Foundation, it is now even more evidence that fragmentation continues to exist with respect to services offered in the continuum of care and the placement of clients. An agency like the HF has to be “self-seeking” with respect to a) getting clients and b) getting finance to support its programme. This was the indicated situation for the previous assessment. 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 this particular area of need. 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. The question to be asked is, can technical assistance be given to the agency to make them better serve within the continuum of care? –this would require in my mind ownership of the programme as being important and valuable; recognition by the stakeholders of this value and putting in place a management support system from even within the stakeholders agencies to better manage and account for the day-to-day operations of the agency.

2. This evaluation, being the second of its kind, does provide the obligatory Ministry the evidence to validate the need to properly assess and evaluate all the stakeholder agencies within the continuum of care in an effort to standardizing practice but more importantly defining which agency does what?, which agency needs strengthening?, how can the continuum of care be better served by these agencies? 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 a simple SLA was provided in the previous evaluation report and can be used as a standard template for all grant agreements—monitoring and reporting.
3. A concerted effort must be made to restore confidence in the drug treatment facility. Most all stakeholder have raised concerns about the low level of engagement that is afforded clients at that facility (this has not been investigated or validated but it was mentioned often enough throughout the evaluation interviews to be of concern to the evaluator). This is also stated in light of the fact that more success can be afforded clients at transitional living if they have successfully completed or participated in treatment.
4. Agencies must be subjected to ongoing monitoring and formalized evaluation. This provides for a culture of oversight and accountability.
5. 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 that depends on collaboration with partnering agencies, it is incumbent on the evaluator to raise the questions that have come about as

this evaluation was carried out. It should also be noted that because of the close timeframe within which this evaluation was done following on the Bridge Foundation evaluation the questions tends to be similar in nature. Therefore, 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 the 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 and placement of clients and thus, 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, lack of stakeholders confidence, lack of community support, low level of successful outcomes)?*

*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 (HF) activities influenced broad policy decisions and programmes in reducing the impact of drug abuse on the island? To what extent has the activities over the last four years contributed to meeting the agency's mission.*

## Conclusion

This is a process evaluation that was 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 cannot be concluded from the evaluation findings that the Hope for Today Foundation efforts at providing transitional living has produced an acceptable level of success within the population it serves. Sufficient documentation was not presented to make a definitive determination of the benefit. The programme over the years has worth and has provided a much needed service to the clientele it is intended to service. However, how successful that has been was not determined.

Clients no doubt from their testimonials accrued some benefit from the programme in that they have spoken positively about their experiences and to their now successful re-integration into mainstream society. The programme management is weak and this diminishes the overall experience at making the programme successful both for the client and the agency's stakeholders.

In addition, the evaluator 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.

- A policy guideline need to be developed for the operation of Halfway House-transitional living facilities
- An assessment must be done with respect to feasibility of establishing Hostels in addition to transitional living accommodations. Those clients that have successfully transitioned and can probably afford to pay for low-cost accommodation can benefit from Hostel accommodation. This was a recommendation voiced by many stakeholders that were interviewed.
- It might also be prudent and instructive for the Government to look into the feasibility of providing transitional living and or Hostel accommodation as part of its support to the continuum of care. This will greatly guarantee that beds are available for clients transitioning from prison and treatment. It can also provide for a

more beneficial use of the grant funding that is currently given to the Foundations.

- 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?)
- 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 best be done through a referral agency.
- Encourage advocacy for the HF programme as an essential part of the treatment continuum.
- Sustainability and success of the HF 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.

- 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

Sober Living Communities and Housing Options

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

Braucht GN<sup>1</sup>, Reichardt CS, Geissler LJ, Bormann CA, Kwiatkowski CF, Kirby MW Jr (1995) Effective services for homeless substance abusers. J Addict Dis. 1995;14(4):87-109.

Hitchcock HC, Stainback RD, Roque GM (1995) Effects of halfway house placement on retention of patients in substance abuse aftercare. Am J Drug Alcohol Abuse. 1995 Aug; 21(3):379-90.

Milby JB, Schumacher JE, Wallace D, Freedman MJ, Vuchinich RE (2005) To house or not to house: the effects of providing housing to homeless substance abusers in treatment. Am J Public Health. 2005 Jul; 95(7):1259-65.

## Appendices

### **Appendix 1 – Literature Review**

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 house<sup>4</sup> 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

---

<sup>4</sup> [http://www.sober.com/facilities/halfway\\_houses](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 outcome<sup>5</sup> (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 includes government funding. This leaves facilities vulnerable to funding

---

<sup>5</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057870/#R3>

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 personal 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 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 an 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 Treatment<sup>6</sup> 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 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.

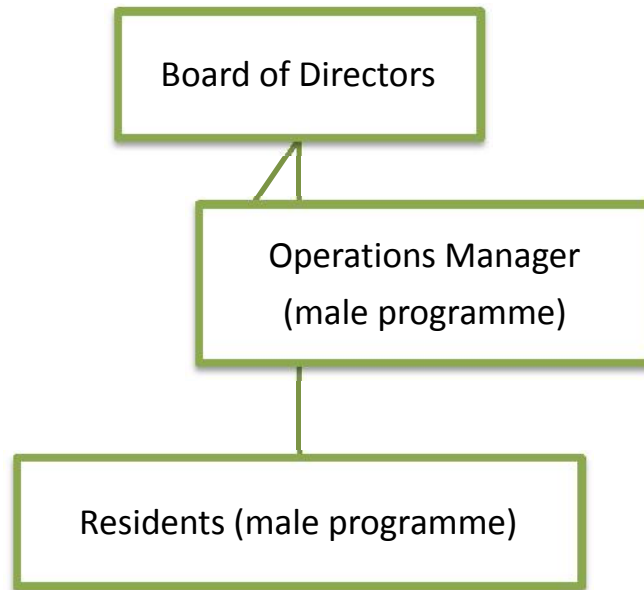
---

<sup>6</sup>[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)

**Appendix 2**

**Organizational Chart**



**Appendix 3**

**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
- 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

Candidates Must: Inclusion Criteria

- Be Caymanian or Cayman Status holder
- Have undergone treatment for alcohol and/or drug addiction
- Be participating in an aftercare counseling programme
- 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 Hope Foundation Admissions Board for final approval prior to entry

**Appendix 4: 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