FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

NEXUS Treatment Center

PO Box 1200, Lewistown, MT 59457

By

Roey Pfisterer
Compliance Manager
Montana Department of Corrections

Erika Wimmer
Quality Assurance of Evidence-Based Programs Bureau Chief
Montana Department of Corrections

Dan Kissner
Contract Manager
Montana Department of Corrections

Jessica Conell
Program Manager at Montana State Prison
Montana Department of Corrections

Assessment Conducted: **December 7-8, 2021**
Draft Report Submitted: **February 8, 2022**
Final Report Submitted: **March 9, 2022**

INTRODUCTION

Research has consistently shown that programs that adhere to key principles, namely the risk, need, responsivity (RNR), and fidelity principles are more likely to impact delinquent and criminal offending. Stemming from these principles, research also suggest that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism. To ensure that high quality services are being delivered, there has recently been an increased effort in formalizing quality assurance practices in the field of juvenile justice treatment and corrections. As a result, more legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices.

Within this context, per Montana Coda Annotated (MCA) Section 53-1-211, the Montana Department of Corrections (MDOC) was directed to complete an assessment of the NEXUS Treatment Center using the Evidence-Based Correctional Program Checklist (CPC). The objective of the CPC Assessment is to conduct a detailed review of the facility's practices and to compare them to best practices within the adult criminal justice and correctional treatment literature. Facility strengths, areas for improvement, and specific recommendation to enhance the effectiveness of the services delivered by the facility are offered.

CPC BACKGROUND AND PROCESSES

The CPC is a tool developed by the University of Cincinnati Corrections Institute (UCCI) for assessing correctional intervention programs. The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Data from four studies conducted by UCCI on both adult and youth programs were used to develop and validate the CPC indicators. These studies produced strong correlations between outcome (i.e, recidivism) and individual items, domains, areas, and overall score. Two additional studies confirmed that CPC scores are correlated with recidivism and a large body of research exists that supports the indicators on the CPC.

To continue to align with updates in the field of offender rehabilitation, the CPC has been revised twice. A substantial revision was released in 2015 (CPC 2.0) and in 2019, minor revisions were made (CPC2.1). Through this document, all references to the CPC are a direct reference to the revised CPC 2.1 version of the assessment tool.

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains and focuses on the extent to which the program meets certain principles of effective interventions, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It should be noted

that the five domains are not given equal weight, and some items may be considered not applicable in the evaluation process. The CPC Assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director/clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observations of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, ect.) Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength or the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report (i.e., this document) is generated which contains all the information described above. In the report, your program's scores are comparted to the average score across all program that have been previously assessed. This report is first issued in draft form and written feedback from you and your staff is requested. Once feedback from you is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program and/or the agency requesting the CPC and UCCI will not disseminate the report without prior approval. The scores form your program will be added to our CPC database, which we use to update scoring norms.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the results are based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all "system" issues that can affect the integrity of the program. Lastly, the process does not address the reason that a problem exists within a program or why certain practices do or do not take place.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs. Second, all of the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it allows for comparisons with other programs that have been assessed using the same criteria. Finally, since program integrity and quality can change over time, it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessment conducted to date, program typically score in the Low and Moderate Adherence to EBP categories. Overall, 14% of the programs assessed have been classified as having Very High Adherence to EBP, 20% as having High Adherence to EBP, 24% as having Moderate Adherence to EBP, and 42% as having Low Adherence to EBP. Research conducted by UCCI indicates that program that score in the Very High and High Adherence categories look like program that are able to reduce recidivism.

SUMMARY OF THE FACILTY AND SITE VISIT PROCESS

As noted by Community, Counseling, and Correctional Services Inc. (CCCS), the NEXUS Program, located in Lewistown, Montana, is contracted by the MDOC. The program represents the culmination of efforts by CCCS and MDOC to provide an alternative, proactive response to providing substance use treatment to adults who are involved with, and addicted to, methamphetamine and other chemicals of dependence. NEXUS is based on a therapeutic community model of treatment and includes a comprehensive array of correctional programming and services, including food service, transportation, routine medical and dental services, and various other programs such as anger management, family relationships, life skills, criminal thinking errors, and cognitive restructuring groups and counseling. NEXUS is an 80-bed treatment facility for adult male offenders, who have a felony conviction. The facility is owned by CCCS and began operating on June 1, 2007. On average, Nexus employs approximately 44 staff.

As listed on their website, the Program Mission for NEXUS is "an intensive, cognitive-behavioral based addictions treatment community assisting Family Members (offenders/clients) to develop the skills necessary to create prosocial change, reduce antisocial thinking, interrupt criminal behavior patterns, and address the negative effects of chemical additions while integrating more fully into society." The Program Goals include:

- To increase the methamphetamine addicted offender's level of knowledge of chemical dependency and the consequences of methamphetamine use.
- To provide offenders with treatment and ancillary services necessary to create prosocial change, reduce antisocial thinking, criminal behavior patterns, and the negative effects of chemical dependency, particularly as it relates to methamphetamine use.
- To promote responsibility and accountability of offenders by providing an experiential, prosocial community environment.
- To maintain a 98% level of offenders admitted to Phase II who have developed an individualized recovery plan by the end of Phase II of the program.
- To maintain a 98% level of offenders who have developed an individualized community-based aftercare plan by the end of the last Phase of the program.
- To decrease the number of frequencies of positive alcohol/drug screens while under probation supervision after graduation from the program.
- To decrease the proportion of offenders who violate probation as evidenced by lower number of intermediate sanctions and revocations.
- To decrease the incidence of further methamphetamine-related convictions.

The CPC Assessment took place December 7-8, 2021 and consisted of a series of structured interviews with clinical staff, facility staff, and clients in the program. Clinical staff include the program director/treatment supervisor, case managers, licensed addiction counselors (LAC's), mental health staff, life skills staff, and intake/aftercare staff. Facility staff include the program administrator, security supervisors, security staff, and security technicians.

For the purposes of this assessment Jenni Strnad was identified as the Program Director. It should also be noted that for the purposes of the CPC Report, case managers, LAC's, life skills facilitator, aftercare coordinator, and mental health staff were those identified as direct service delivery staff. Additionally, data were gathered via the examination of 20 representative files (open and closed) as well as other relevant program materials (e.g., policy and procedure manuals, staff training information, assessments, curricula, client handbook, etc.). At the time of the CPC Assessment the groups offered at NEXUS included Chemical Dependency (CD) Group, Living in Balance, Life Skills, Victim Issues, Cognitive Behavioral Interventions- Substance Abuse (CBI-SA), Criminal and Addictive Thinking (CAT), Anger Management, and Mental Health. Of the groups offered at NEXUS, nine different groups were observed. These included CAT, CD Group, Living in Balance, and CBI-SA.

FINDINGS

Program Leadership and Development

The first subcomponent of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the facility), their qualifications and experience, their current involvement with the staff and the residents, as well as the development, implementation, and support (i.e., both organizational and financial) for treatment services. As noted above Ms. Strnad serves as the Program Director for the purpose of the CPC Assessment/Report.

The second subcomponent of this domain concerns the initial design of the treatment services. Effective interventions are designed to be consistent with the literature on effective correctional services, and facility components should be piloted before full implementation. The values and goals of the facility should also be consistent with existing values in the community and/or institution, and it should meet all identified needs. Lastly, the facility should be perceived as both cost-effective and sustainable.

Program Leadership and Development Strengths

Jenni Strnad was identified as the Program Director for NEXUS. She previously worked in the Tompkins Rehabilitation and Corrections Center in Jamestown, North Dakota. She has also worked with the criminal justice population while employed with NEXUS since 2019. She began as a case manager, promoted to LAC, and began her role as the Program Director in November of 2021. She is responsible for hiring direct service delivery staff. Through this process she reviews applications, calls the candidates to ensure that they are a good fit and understand the services NEXUS provides, interviews the candidates, and finally selects a candidate(s). Along with hiring direct service delivery staff, Ms. Strnad also supervises them.

The direct service delivery staff that she supervises include case managers, LAC's, life skills facilitator, aftercare coordinator, and mental health staff. She holds weekly staff meetings, observes groups, meets one-on-one with her staff, and is involved with an all staff meeting once per month.

NEXUS identified that they have the support of criminal justice stakeholders around the state and in their community. Those stakeholders were identified as MDOC, their MDOC Contract Manager, a county jail, and local law enforcement. Overall, NEXUS stated that those criminal justice stakeholders are supportive of their program and some even sit on their screening committee, i.e., the local Chief of Police. Additionally, NEXUS recognized the support they receive from their community stakeholders as well. Members of their community sit on their screening committee, they utilize the Variety Store to purchase canteen items for their clients when needed, and they work with a local church to help meet the needs of their clients when possible.

NEXUS has been in operation since June 1, 2007, and the funding they receive was reported to be both adequate and stable. They have a 20-year contract with the MDOC to provide services to male clients, and no large cuts in their funding have taken place in the last two years.

Program Leadership and Development: Areas in Need of Improvement and Recommendations

Program Director Strnad possesses a Bachelor's Degree in Psychology and a Master's Degree in Human Resources. She is currently working on her Master's Degree in Clinical Mental Health. Programs that are most effective in reducing recidivism have Program Directors, who in the course of obtaining their degree(s), have also taken classroom specific courses in corrections or the forensic/legal field. Ms. Strnad reported she did not complete any classes specific to corrections in the course of obtaining her degrees.

- ***Recommendation:*** In the future, should NEXUS have an opening for a Program Director, it is recommended that special consideration be given to candidates who, along with education and experience, also completed specific classes in corrections or the forensic/legal field.

Research on program effectiveness emphasizes that active and engaged program directors are more effective than those who are not. While it was identified that Program Director Strnad will be involved in personally conducting formal training for new direct service delivery staff in the future, traces through the CPC Assessment could not identify that this was happening at the time of the assessment.

- ***Recommendation:*** It should be noted that at the time of the assessment Ms. Strnad had been in her position as the Program Director for a little over a month. As she acclimates more into that role, specific and formal training for direct service delivery staff should be clearly outlined.

Successful programs have program directors that are involved in providing some direct service delivery to the clients in their programs. While Ms. Strnad was currently carrying a caseload and facilitating groups for that caseload, this would not be a common practice and was only taking place due to being short staffed. It was clearly identified/noted that once fully staffed the

common practice would be that the Program Director would not provide direct services to the clients.

- ***Recommendation:*** It is recommended that facilitating groups or individual sessions, facilitating house/family meetings, supervising a small caseload, and/or conducting assessments be a systematic and continuous process for the Program Director moving forward.

It is important that programs are based on effective correctional treatment literature and all staff members have a thorough understanding of this research. Staff couldn't directly correlate the research-based practices used in the NEXUS program to the literature. Further, there is not designated time to review the disseminated literature and ensure staff have a thorough understanding of the principles.

- ***Recommendation:*** The Program Director should regularly obtain and disseminate literature particular to the NEXUS criminal justice population. This information should be easily accessible for all staff and reviewed for thorough comprehension on a regular basis. Additionally, because traces of an effective evidence-based intervention model were not consistently observed or reported, this section of the CPC Assessment cannot be scored as a strength. Recommendations for this item will be illustrated on the Treatment Characteristics section of the report.

Through the assessment and document review process, changes to NEXUS are not routinely piloted, with all the necessary components, before becoming a formal facility/program practice. Research indicates that effective programs observe a formal pilot period prior to implementing modifications, as subsequent revisions are often difficult to make once a change has been formally instituted. Piloting is most successful when it is a regular and formalized process. Most large changes should be formally piloted to ensure they are rolled out with consideration to the facility.

Recommendation: As new components are incorporated at NEXUS, a formal pilot period for each new component should be undertaken. For example, should the program supplement a current curriculum or add new curriculum, this should first be piloted with one group of clients to evaluate the new material and how it would be best incorporated in the facility. Specifically, a formal pilot period should be at least 30 days, with a formal start and end date, in order to sort out the content, logistics, and to identify any necessary modifications that need to be made. The pilot period should conclude with a thorough review of the changes, including both client and staff feedback, and a review of any relevant information/data obtained. Following this review, the decision should then be made whether to fully implement the new components.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the staff. Certain items in this domain are limited to full-time and part-time internal and external providers who conduct groups or provide direct services to the participants. Other items in this domain examine all staff that work in the

program. Excluded from this section in totality is the program director, as she was assessed in the previous domain. In total, eleven staff, clinical and case management, were identified as providing direct services.

Staff Characteristics Strengths

The CPC requires that 70% of direct service delivery staff have a least an Associate's Degree in a helping profession. At the time of the assessment it was identified that all professional staff at NEXUS met the requirement for education. Further, all but one of their professional staff met the criteria of having experience working with individuals in the criminal justice system.

Equally important to education and experience, successful programs hire staff based on key skills and values, i.e., strong support for offender/client treatment and change, empathy, fairness, life experiences, being non-confrontational but firm, and problem solving. Traces observed identified that NEXUS does hire new staff based on the previously listed skills and values. Additionally, NEXUS does complete a background check on all employees and a Code of Ethics is signed every year.

As noted earlier, the Program Director holds weekly staff meetings for direct service delivery staff. These weekly meetings consist of an agenda where each family unit, client observations, and Phase Ups are discussed in a clinical setting. All staff present are given the opportunity to provide input and receive feedback during this weekly meeting. In addition to the weekly staff meetings held by the Program Director, there is a management meeting and an all staff meeting held once per month. Present at the management meeting are the Program Administrator, the Program Director, and the Security Chief.

Programs that are most successful in reducing recidivism are those where new professional staff receive a thorough training in the theory and practice of interventions employed by the program. Additionally, new professional staff should receive formal training on the use of all assessment tools and curricula they are required to use prior to implementation. New professional staff at NEXUS received formal training for all the groups/curricula they facilitate, and they are formally trained on the use of the assessment tools they administer.

Research indicates that programs where staff have input into the program, including making changes to the program approved by a supervisor, are more effective than others. Staff at NEXUS are able to provide their input through email, weekly meetings, or speaking with their supervisor(s). Traces observed showed that their input is taken into consideration, changes are made where feasible, and if changes cannot be made, they are provided an explanation of why. For example, staff requested a change to the schedule to ensure all clients are appropriately receiving their one-to-one sessions.

Staff Characteristics: Areas in Need of Improvement and Recommendations

The NEXUS staff receive an annual performance evaluation relative to their position. There is a second "Group Facilitator Observation Form" that does provide feedback on direct service delivery skills and abilities. However, there is a disconnect between the form being completed

and the utilization of the information to improve service delivery as an annual performance measure.

- ***Recommendation:*** Programs that effectively use the feedback gained from annual evaluations to improve service delivery to clients are found to be most effective. NEXUS should use both forms for a formalized annual evaluation process. Further, they should also effectively communicate the strengths, deficits, and recommendations made from both evaluations to further enhance direct service delivery.

Research shows that effective programs require at least 40 hours of annual formal training for all professional staff relative to delivering effective services. In reviewing the annual training schedule for NEXUS, 40 hours of annual formal direct service delivery training could not be identified. While trainings such as First Aid, Escape Prevention, and PREA are necessary to running a safe and secure program/facility, they are not specific to direct service delivery and do not count towards this standard.

- ***Recommendation:*** NEXUS should require that all direct service delivery staff attend a minimum of 40 hours of annual training specific to enhancing their delivery of criminogenic services. Additionally, NEXUS should consider offering booster trainings throughout the year on the curriculums they offer.

There should be evidence that the goals and values of the program are supported by *all* staff that work in and interact with the program. Traces observed indicated that there is a disconnect between program philosophies based on the position held by staff. Further, it is noted that there is a 'us versus them' mentality between different staff on how they view the clients in the program.

- ***Recommendation:*** Facility administration should focus on the culture of the facility. Security and service delivery staff/treatment staff should be equally prioritized, should be made aware of how they mutually benefit one another, and should be all working towards the same goals when it comes to working with the clients in the program.

Offender Assessment

The extent to which residents are appropriate for the services provided and the use of proven assessment methods is critical to effective correctional programs. Effective programs assess the risk, need, and responsivity of residents, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessments: 1) selection of residents, 2) the assessment or risk, need, and personal characteristics, and 3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

The most effective programs are those whose participants are deemed appropriate and can be adequately served by the program. NEXUS uses a systematic screening process, where once the admission application is received and reviewed, a screening committee votes on the offenders'

acceptance into the program. Members of the screening committee include the program administrator or designee, probation and parole, local law enforcement, and different community representatives. NEXUS only accepts adult male offenders with a substance abuse disorder into their program. Likewise, NEXUS has established and follows exclusionary criteria for certain types of offenders from program participation. As noted in their Policy and Procedure Manual for Admission Screening, there are a number of objective and clear set criteria for why referrals/offenders may be denied admission. Some of those include: the offender has insufficient time remaining on his sentence to complete the program and/or the offender has committed a sexual or violent offense in the community in which the facility is located and where his victim resides. Also taken into consideration is the offenders' criminogenic risk level (moderate or higher level of risk are given priority for placement), substance use disorder (moderate or higher level of risk are given priority for placement), and motivation to change (willingness to follow programmatic expectations including full group and individual participation).

The CPC requires that risk factors are measured with a validated, standardized, and objective risk assessment instrument that produces a level of risk. Additionally, these tools are also crucial as they determine which criminogenic need areas offenders have related to recidivism (e.g., antisocial attitudes, substance abuse, peer associations, employment, etc.). NEXUS uses the Montana Offender Reentry Risk Assessment (MORRA) to identify risk levels and criminogenic needs for their clients. The MORRA is renamed from the Ohio Risk Assessment System (ORAS) and is a validated risk assessment instrument.

Equally important to using validated, standardized, and objective risk assessment instruments to identify risks and needs, are secondary assessments to identify additional domain specific needs and key offender types. Because general risk and needs assessment tools do not adequately identify specific areas (e.g., substance abuse, sexual offending, or domestic violence) additional needs assessment should be utilized. NEXUS does use the American Society of Addictive Medicine (ASAM) to determine intensity and level of care needed, which is sufficient because the treatment provided at NEXUS is not domestic violence or sex offender specific.

Programs that are most effective in reducing recidivism have a 70 percent or higher of moderate or high-risk offenders in their program. Through file review and electronic records gathered from the Offender Management Information System (OMIS) it was determined that the percentage of moderate or high-risk clients at NEXUS was well above the CPC requirement.

Offender Assessment: Areas in Need of Improvement and Recommendations

In order to fully adhere to the Risk, Needs, and Responsivity (RNR) model of best practice, the third component, Responsivity, must be assessed to determine factors that can affect the clients' engagement in the program (e.g., motivation, readiness to change, intelligence, maturity, personality factors, mental illness, reading level, etc.). While it was determined that NEXUS uses a number of different responsivity assessments, there were no traces observed that indicated the assessments were used for treatment or programming purposes.

- ***Recommendation:*** NEXUS should decide on a minimum of two responsivity assessments which should be used to drive programmatic decisions. Should NEXUS

determine that more than two responsivity assessments are needed, the purpose and outcome of the assessment should drive treatment planning.

Treatment Characteristics

The Treatment Characteristics domain of the CPC examines whether the facility targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train residents in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements or effective interventions include matching the resident's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the resident in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

Programs that are most successful in reducing recidivism are those whose average length of programming is between three and nine months. The NEXUS program is approximately 270 days, which is within the recommended lengths of programming to be conducive to change. Additionally, programs should have a detailed manual which specifies major aspects and included key information. NEXUS has a detailed program manual that is easily accessible to staff members. This manual includes policies, procedures, and specific curriculum for the program.

NEXUS separates clients into risk levels for housing and group participation to ensure that lower risk clients are not placed with higher risk clients. NEXUS also has specific mechanisms in place to allow client input into the program. This includes interviews, program assessments, and periodic satisfaction surveys.

A program's successful completion should fall between 65 percent and 85 percent. A program with too low of a completion rate may not address the needed criminogenic risk factors in a proactive way. Too high of a completion rate may indicate a need for stricter standards or more universal application of standards of completion. NEXUS provided documentation and files that indicated their completion rate is 78 percent.

Effective programs include formal discharge plans upon termination from the program. Plans should include formal referrals to other services, progress in meeting target behaviors and goals, and notes on areas that need continued improvement. NEXUS uses a Progress Summary Report to capture these areas in their discharge plans as part of their contractual obligation with MDOC. Additionally, an aftercare and treatment summary report are prepared with input from the client. These reports were found consistently in files.

Treatment Characteristics: Areas in Need of Improvement and Recommendations

At least 50 percent of a program's efforts should target criminogenic factors. Some examples of these factors include high risk situations that lead to illegal behavior, poor interpersonal relationships within family, poor emotional regulation, substance abuse/relapse prevention, and

antisocial personality factors. NEXUS has components available to address criminogenic factors versus non-criminogenic factors; however, these programs are offered less than 50 percent of the time. Observations and interviews showed clients engaged in three hours per day of criminogenic focused groups. Noncriminogenic groups included money management, self-help, and victim issues. Additionally, the ratio of criminogenic needs addressed to non-criminogenic needs targeted should be at least 4 to 1.

- ***Recommendation:*** NEXUS programming should emphasize and focus at least 50 percent on criminogenic risk factors and attempt to target these factors. Further, NEXUS should best utilize group time by ensuring the focus addresses criminogenic needs.

Successful programs use an evidence-based intervention model. Curricula and intervention examples include social skills training and structured cognitive-behavioral groups. Additionally, the use of harmful interventions should not be used. Staff at NEXUS were able to identify their intervention model as cognitive behavioral; however, traces observed did not substantiate that model actively being used. Further, harmful interventions observed included public shaming, redistribution of personal property and loss of unrelated pro-social privileges through disciplinary sanctions, and the use of 'silent carpet'.

- ***Recommendation:*** Intervention models should be consistently used within the program, facilitated/supervised by trained staff, and utilize a cognitive-behavioral approach. Staff should not only have a clear understanding of what makes an intervention model effective, they should demonstrate proficiency in practice.

- ***Recommendation:*** NEXUS should immediately cease using harmful and shame-based interventions.

Case planning is a critical step in addressing criminogenic needs. Programs that have shown to reduce recidivism involve clients in the development of their own plan which encourages client buy-in to the process. Case plans should be unique to each client's needs but may contain similar objectives based on criminogenic needs.

- ***Recommendation:*** NEXUS should develop a personalized case plan for each client using the MORRA. The client should also be involved in the development of the case plan. The case plan should be updated on a routine basis and clients should be given goals and objectives to reach. Additionally, the case planning process should offer timeframes for completion and performance indicators.

NEXUS does have program manuals for all the curricula they offer; however, to ensure program fidelity, program manuals and curriculum in programming must also be followed consistently. Staff members did not consistently follow the programming manuals, as evidenced by observations in groups and interviews conducted. This included not following lesson plans, facilitators not having their materials present in the groups with which to follow, and random videos not associated with group curriculum when designated staff are absent.

- ***Recommendation:*** Staff should be provided feedback and coached to enhance their service delivery. Group monitoring should include program fidelity components along with facilitator skills.

Effective programs are those where at least 40 percent of a resident's time is spent in supervised structured activities. The NEXUS program includes homework time, programming, case management and counselor meetings, and community meetings as part of the daily schedule; however, because the majority of activities observed were not supervised by staff, they do not qualify as a structured activity.

- ***Recommendation:*** While NEXUS provided a weekly schedule that exceeds the recommended hours for this standard of structured activities, they should ensure that **all** structured activities are closely monitored with trained and qualified staff present.

As noted above, NEXUS uses the MORRA to identify needs and an overall risk score. Higher risk clients should receive the highest intensity of services or duration of services. Programs should vary the intensity, length, and overall programming for clients based on risk levels. The NEXUS program does separate clients based on risk; however, still provides the same standard services regardless of risk level.

- ***Recommendation:*** Overall, the research indicates that offenders who are at moderate risk to reoffend need approximately 100 to 150 hours of evidence-based services to reduce their risk of recidivating, and high-risk offenders need over 200 hours of services to reduce their risk of recidivating. Very high-risk or high-risk with multiple high-need areas may need 300 hours of evidence-based services. Only individual sessions, case management sessions, and groups targeting criminogenic need areas (e.g., antisocial attitudes, values, and beliefs, antisocial peers, anger, self-control, substance abuse) using an evidence-based approach (i.e., cognitive, behavioral, cognitive-behavioral, or social learning) can count toward the dosage hours. Developing separate programming tracks based on risk and responsivity factors, and including case plans in the process, would ensure that an offender is not provided too little or too much programming based on need. This could include extra groups for higher risk clients, extra case management sessions including role modeling and role plays, or more/longer duration of programming.

Research indicates that participants' needs and responsivity factors, such as personality characteristics or learning styles, should be used to systematically match clients to the most suitable type of services. Additionally, these assessments should be taken into consideration when assigning clients to different staff. Staff members should be assigned groups based on skill set, motivation, training, professional licensure, certification, and experience. NEXUS did not consistently match staff members to specific groups of clients, or programming options based these characteristics. The groups were divided into risk level only and staffing models appear to be based on availability of staff or shift worked.

- ***Recommendation:*** Results from standardized criminogenic need and responsivity assessments should be used to assign clients to different treatment groups and staff. To illustrate, clients who are highly anxious should not be placed in highly confrontational groups or with staff who tend to be more confrontational. Likewise, clients who lack motivation may need their motivation issues to be addressed first before being assigned to a service that targets their beliefs and teaches skills.

The most effective programs use reinforcement strategies and techniques to encourage the use of new skills and prosocial behaviors both within the program and long-term for each resident.

Tangible and social rewards should be available for all clients. These may include earning privileges, verbal praise, or removal of punishers. Consistent application of both punishers and reinforcers must be demonstrated from all staff in the program, along with good communication to ensure consistency within the program.

NEXUS did not provide a sufficient range of reinforcers as rewards within the program. Observations and interviews also demonstrated inconsistency in rewards based on which staff member provided the reinforcement of behavior. As an example, one resident may receive a kudo's card for helping move furniture with a staff and another resident does not. It appeared to depend on which staff and/or which resident was involved in the action. There appeared to be inconsistency in messaging to clients. Rewards such as TV, movies, and sports watching time appeared to be given and taken away without consistent application of messaging. Rewards appeared to be provided more as compliance based for helping staff with chores instead of demonstrating and making cognitive pro-social choices or demonstrating behaviors learned in treatment groups.

- ***Recommendation:*** NEXUS should develop a reward structure that clearly outlines a wide range of reinforcers. This range is necessary so when staff are rewarding a client, they have options to choose from that are meaningful to that specific client. There should be consistent responses from both staff and clients regarding this structure.

- ***Recommendation:*** All staff, regardless of their role, should administer rewards as appropriate. Reinforcers should be monitored to ensure the application of: 1) comes immediately after the behavior or as close to the behavior as possible; 2) is consistently and then intermittently applied after the appropriate behavior; 3) is individualized to the client when possible; 4) involves a discussion with the client of the short and long-term benefits of maintaining that behavior.

In addition to appropriate rewards, a good behavior management system has a wide range of negative consequences or punishers available to promote behavioral change. Ineffective punishments can detract from the program and diminish programming provided. Good punishment application is designed to extinguish antisocial behaviors and promote prosocial behavior changes in future situations. NEXUS staff could identify antisocial behaviors but were unable to consistently extinguish the behavior and provide feedback to promote prosocial alternatives.
The program should also implement practices concerning recognizing, addressing, and mitigating negative effects related to punishers. Effective communication about the specific antisocial behavior being addressed, communicating the goal of the punisher in learning a new skill, and follow-up after the punisher should all be standard practice.

Ineffective punishments were also being used. These include shaming techniques and a standard set of punishers which are not specific or related to the behavior being addressed. 'Silent carpet', phone restriction, and loss of food crate was repeatedly used regardless of the behavior being addressed. Clients monitored other clients' punishers, such as "Post Monitoring", creating inconsistent and untrained interventions. There was also a lack of consistency and clarity in prescribing punishment for specific behaviors. For example, staff and clients reported

inconsistent rule enforcement between offender pods and staff on duty. Staff are also not trained on how to properly administer effective negative consequences. Similarly, staff were able to identify a goal of having 4 reinforcers to 1 punisher. However, observations and interviews demonstrated a punisher heavy program, falling well short of the 4:1 ratio.

The CPC recommendations regarding a behavior modification system are designed to help the facility fully use a cognitive-behavioral model.

- ***Recommendation:*** The inappropriate sanctions previously referenced (shaming techniques, standard non-related set of punishers, resident run Post Monitoring) should be discontinued immediately.

- ***Recommendation:*** For negative consequences or punishments to achieve maximum effectiveness, the following criteria should be observed: 1) escape from the consequence should be impossible; 2) applied at only the intensity required to stop the desired behavior; 3) the consequence should be administered at the earliest point in the deviant response; 4) the punishment is delivered consistently (i.e., after every occurrence of inappropriate behavior); 5) it should be administered immediately and not spread out; 6) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 7) there should be variation in the consequences used (when possible).

- ***Recommendation:*** All staff should be trained in the behavior management system and be monitored to ensure they are using the system consistently and accurately. This training should include the core correctional practices of effective reinforcement, effective disapproval, and effective use of authority. Staff should understand that punishment may result in certain undesirable outcomes beyond emotional reactions and be trained to monitor and respond to these responses. Policy and training should alert staff to issues beyond emotional reactions such as aggression toward punishment, future use of punishment, and response substitution (e.g., demonstrating another inappropriate behavior).

- ***Recommendation:*** NEXUS should strive to achieve a 4:1 ratio of reinforcers to punishments to encourage desirable behavior. This should include monitoring to demonstrate knowledge and application of the policy.

Effective programs have established criteria that clearly outline the completion criteria for the program. Completion is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program. The NEXUS program does develop treatment plans and has a phase-based advancement system with assignments to be completed in each phase. However, through document review and interviews with staff and clients it is clear the program and phase advancement are primarily time-based.

- ***Recommendation:*** NEXUS should develop comprehensive and objective completion criteria with benchmarks for moving through each phase in the program. Benchmarks may include acquisition of specific targeted behaviors learned in the program, completion of recommended programming, consistent participation and attendance of groups, and the

completion of an individualized treatment plan. Clear standards, instead of time, should be set as to when clients can complete their active phase and move to the next phase or from active treatment to aftercare.

If correctional programming hopes to increase participant engagement in prosocial behavior, clients must be taught skills in how to do so. At the time of the site visit, consistent modeling of prosocial behaviors was not observed. Role modeling and role plays should be done separately. Role modeling should only be conducted by staff and role plays should be completed by all clients in group. Additionally, role plays should include increasingly difficult situations that require the use multiple skills in an advanced way. These graduated practices allow clients to develop comfort and proficiency with the skill in a safe setting, while practicing application in real world scenarios.

- ***Recommendation:*** NEXUS should incorporate role models and role plays into most groups. Staff should interrupt role plays that are not using skills appropriately and provide constructive feedback. Redirecting the role play to the appropriate application of skills is an important component. Further, each step to a newly learned skill should be evident in the practice by the client.

- ***Recommendation:*** Structured skill building should be routinely incorporated across the service elements. Staff should be trained to follow the basic approach to teaching skills, which includes: 1) defining skills to be learned; 2) obtaining buy-in as to the importance of the skill; 3) staff teaching the steps of the skill; 4) staff modeling the skill; 5) resident rehearsal of the skill (role-playing); 6) staff providing constructive feedback on their use of the skill; and 7) generalizing the skill to other situations (e.g., homework or advanced role plays). Following this, clients should practice the skill in increasingly difficult situations, which forms their graduated skills practice. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. All staff members should use these steps consistently and provide constructive feedback to clients.

Research shows that effective treatment/intervention groups do not exceed 8 to 10 clients per facilitator unless specifically noted in curricula. If there is a co-facilitator, they should be actively engaged in the treatment being provided. Treatment/intervention groups should be conducted/monitored by professional staff from beginning to end. During the site visit the groups observed consistently had approximately 18-20 clients in each group. In addition, several groups observed were lead and run by clients with no staff present.

- ***Recommendation:*** NEXUS should maintain the recommended group size of 8-10 clients per facilitator unless specifically noted in the curricula.

- ***Recommendation:*** All treatment groups should be conducted and monitored by trained professional staff from beginning to end. Groups cannot ever be facilitators or co-facilitated by a client in the program.

Successful programs include a formal aftercare period in which both programming and supervision are provided to clients after they have successfully completed the program and discharged. Aftercare planning should begin during the treatment phase. The aftercare services

provided should be determined based on the client's prosocial changes and information gained from reassessments. Additionally, the duration and intensity should be based on the clients' risk level.

- ***Recommendation:*** All clients should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided. High quality aftercare includes planning that begins during the treatment phase, reassessment of client's risk and needs, requirements for attendance, evidence-based treatment groups or individual sessions, and the duration and intensity should be based on risk level.

Quality Assurance

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Strengths

Effective programs have a management audit system in place that includes quality assurance processes such as file review, regular observations of staff delivering services/groups with feedback provided, and mechanisms to provide participants feedback on their progress in the program. NEXUS does complete file reviews on a regular basis, some group observations are completed by the program director, and the case managers complete a checklist to ensure that all pertinent documents are located in the client files. Additionally, the clients at NEXUS fill out group surveys after an entire group has been completed, and staff meet with the clients to discuss them. Further, NEXUS selects 20 random clients every six months to complete program/group surveys to see what they can change/fix in the program, and to see if the program is meeting their needs.

Quality Assurance: Areas in Need of Improvement and Recommendations

Programs that have a periodic, objective, and standardized reassessment process in place to determine if the clients are meeting target behaviors are more effective. Indicators may include pre and post testing of target behaviors, reassessments using standardized instruments, or monitoring the progress through a detailed treatment plan and making changes in the plan on a regular basis. While a number of assessments were found in the client files at NEXUS, traces observed indicated that they were not used to inform programming, to build treatment plans, or to make updates to the treatment plans on a regular basis. It appears that all the clients at NEXUS go through essentially the same programming, have the very similar treatment plans, and advance within the phase system solely based on established timeframes rather than their individual progress.

- ***Recommendation:*** NEXUS should develop a policy and/or procedure outlining a standardized reassessment process to determine if they are meeting the targeted behaviors identified on the treatment and case plan. This policy/procedure should include sections

identifying case management, criminogenic needs, current and reassessment timeframes, and life-altering events.

Research indicates that programs who track recidivism by gathering rearrest, reconviction, or reincarceration data six months after a participant has completed/terminated from the program are more successful. Further, programs should undergo a formal evaluation comparing treatment outcomes with a risk-control comparison group, and work with an internal or external evaluator who can provide regular assistance with research/evaluations. NEXUS did provide a graph indicating 'program compliancy'; however, this graph does not provide direction or information on what that compliance looks like, nor does it indicate rearrest, reconviction, or reincarceration as noted in this standard. Additionally, within the last five years, NEXUS has not undergone a formal evaluation or worked with an internal or external evaluator for regular assistance on research/evaluation.

- ***Recommendation:*** Recidivism, in the form of rearrest, reconviction, or reincarceration, should be tracked every six months or more after a client has completed/terminated from the program. NEXUS can work with MDOC to obtain the data they collect, collect the data on their own, or work with a third party to collect and review recidivism data for all the clients released from their program. Additionally, there should be evidence the program receives and understands the data, and the data should be examined over time to identify trends.

- ***Recommendation:*** A comparison study between the recidivism rate for NEXUS and a risk-controlled comparison group should be conducted. A report should include an introduction, methods, results, and discussion section. CCCS should explore if NEXUS has the ability to complete such a study. If not, the program should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation that they could utilize as a low cost/no cost option. Local colleges and universities in Montana could be contacted should CCCS/NEXUS go this direction. Departments that could assist with such a project include criminal justice, sociology, and psychology.

- ***Recommendation:*** Similarly, CCCS should identify an evaluator who is available to assist with data. If this is an internal position, evaluation must be the main focus of their position and they should have the appropriate credentials. Alternatively, NEXUS could partner with a local college or university for research purposes to limit cost. While conversations could center on having a faculty member responsible for this task, part of the conversation should relate to the possibility of using undergraduate or graduate interns to assist with data collection activities (at no cost to the program) so that fiscal compensation is limited to payments for analysis and reporting.

Overall Program Rating and Conclusion

As mentioned previously, the CPC standards represent an ideal program. No program will ever score 100 percent on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall 7 percent of the programs assess have been classified as having Very High Adherence to EBP, 17 percent as having High

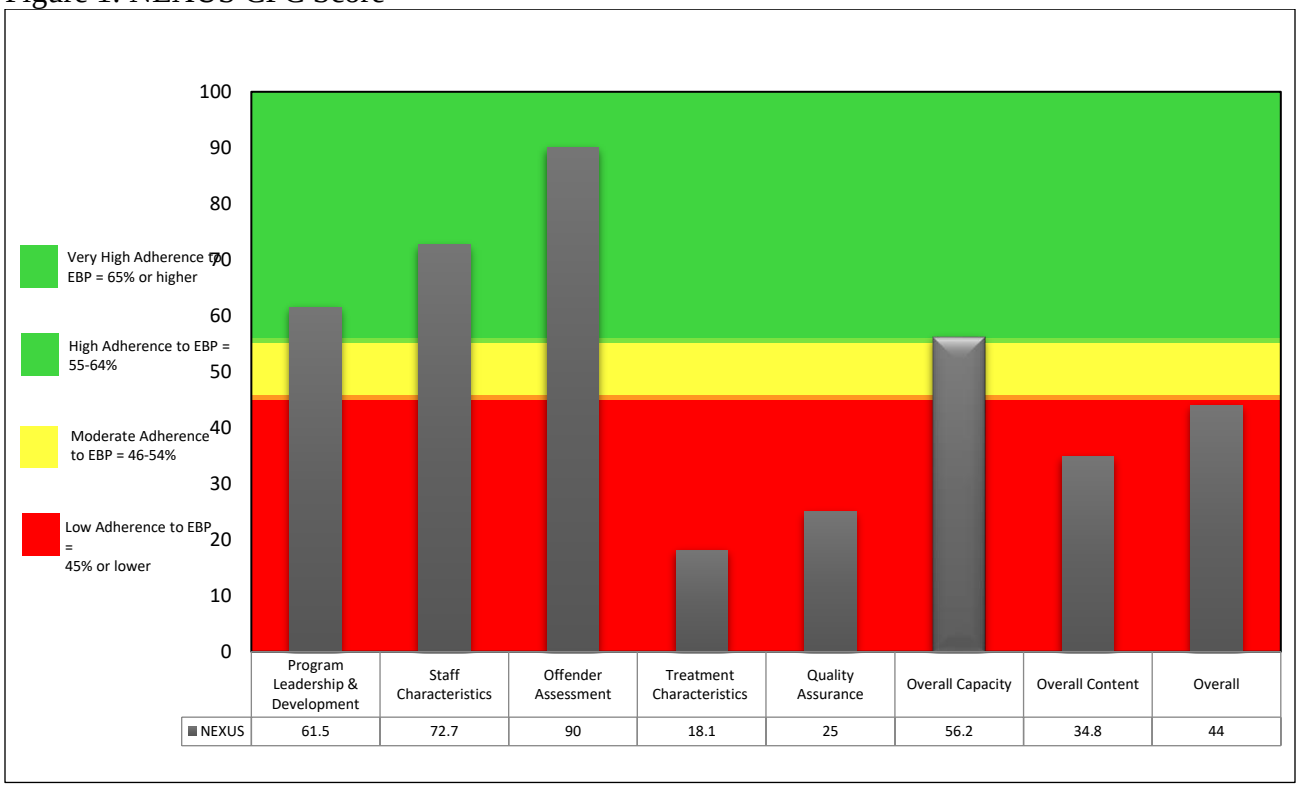
Adherence to EBP, 31 percent as having Moderate Adherence to EBP, and 45 percent as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

NEXUS received an overall score of 44 percent on the CPC. This falls into the Low Adherence to EBP category. In the Capacity Domain, NEXUS scored a 56.2 percent, which fall into High Adherence to EBP. In the Content Domain, NEXUS scored a 34.8 percent, which falls into Low Adherence to EBP.

Certainly, care should be taken not to attempt to address all recommendations at once. Facilities that find the CPC Assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. Should NEXUS and/or CCCS Inc. want assistance with action planning or technical assistance, UCCI or MDOC can provide or recommend others to help in these endeavors. Evaluators note that the NEXUS staff are open and willing to take steps toward increasing the use of EBP within the facility. This motivation will no doubt help to implement the changes necessary to bring it further into alignment with effective correctional programming.

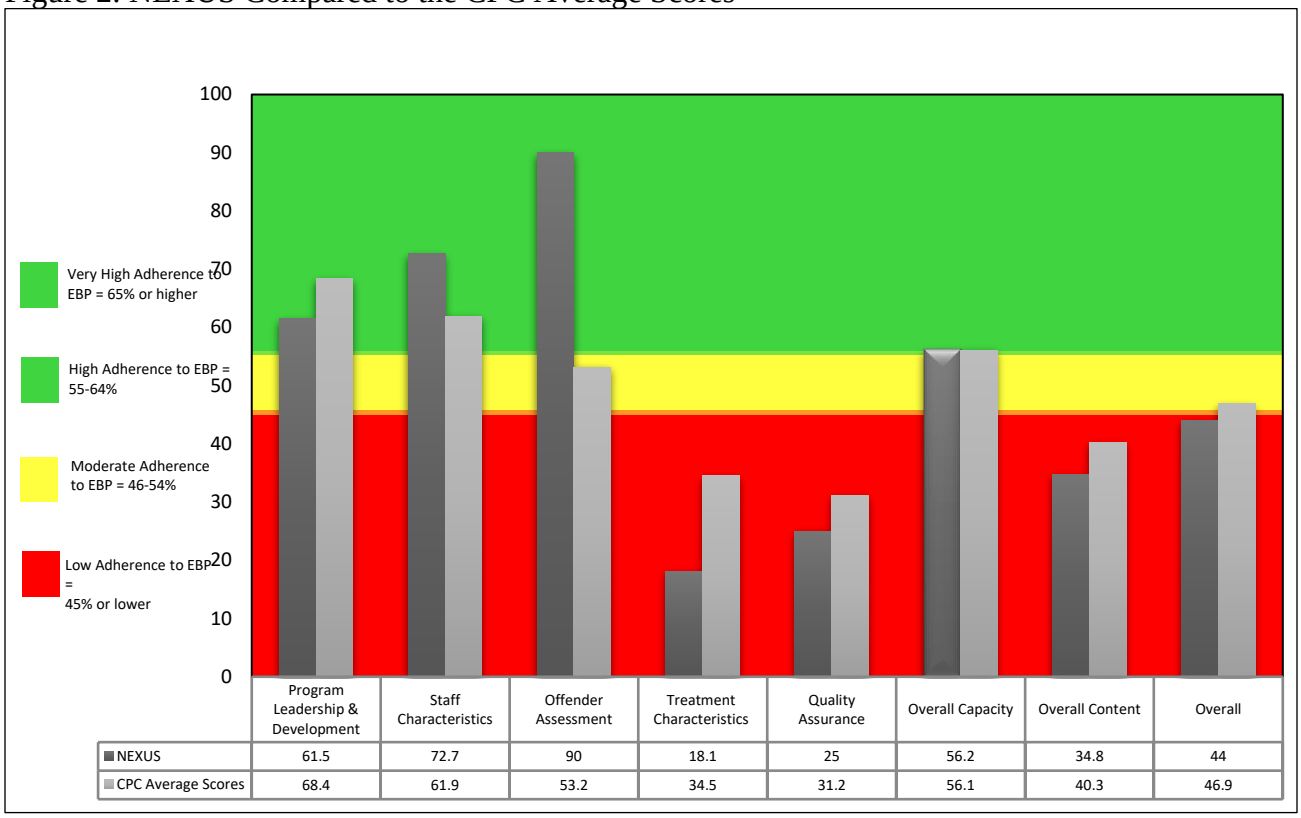
Shown below are two graphs (Figures 1 and 2) indicating the percentage(s) received in each domain of the CPC. Figure 1 shows the percentages NEXUS received for each domain based on how each item was scored. Figure 2 shows NEXUS' percentages compared to the CPC's average scores.

Figure 1: NEXUS CPC Score



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
NEXUS	61.5	72.7	90	18.1	25	56.2	34.8	44

Figure 2: NEXUS Compared to the CPC Average Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
NEXUS	61.5	72.7	90	18.1	25	56.2	34.8	44
CPC Average Scores	68.4	61.9	53.2	34.5	31.2	56.1	40.3	46.9

i. In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School or Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ii. The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Drs. Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

iii. A Large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. Reference include:

1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio's community based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio's CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.

4. Latessa, E., Lovins, L. B., & Smith, P. (2010). Follow-up evaluation of Ohio's community-based correctional facility and halfway house programs—Outcome study. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.

iv. Makarios, M., Lovins, L. B., Myer, A. J., & Latessa, E. (2019). Treatment Integrity and Recidivism among Sex Offenders: The Relationship between CPC Scores and Program Effectiveness. *Corrections, 4*(2), 112-125; and Ostermann, M., & Hyatt, J. M. (2018). When frontloading backfires: Exploring the impact of outsourcing correctional interventions on mechanisms of social control. *Law & Social Inquiry*, *43*(4), 1308-1339.

v. Upon request, UCCI can provide the CPC 2.1 Item Reference List which outlines the UCCI and independent research that support the indicators on the CPC.

vi. Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.