FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

NEXUS

PO Box 1200, Lewistown, MT 59457

By:

Roey Pfisterer
Compliance Manager
Montana Department of Corrections

Josh Parish
Compliance Manager
Montana Department of Corrections

Cassie Breker
Contract Manager
Montana Department of Corrections

Assessment Conducted: **June 17-18, 2025**
Draft Report Submitted: **August 18, 2025**
Final Report Submitted: **October 27, 2025**

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 suggests 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 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 Code Annotated (MCA) Section 53-1-211, the Montana Department of Corrections (MDOC) is directed to conduct evaluations of programs to reduce recidivism that are founded by the state. Therefore, the NEXUS program will be evaluated 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 recommendations 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 of 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, etc.). 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 of 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 compared to the average score across all programs 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 from your program will be added to UCCI's CPC database, which is used 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 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 consider 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 several 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 programs that score in the Very High and High Adherence categories are more likely to reduce recidivism.

SUMMARY OF THE FACIITY AND SITE VISIT PROCESS

NEXUS, located in Lewistown, Montana, is a comprehensive community-based correctional program. It is a subsidiary of Community, Counseling, and Correctional Services Inc. (CCCS Inc.) and serves male adult felony offenders referred by MDOC staff. The NEXUS Program 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 addictions while integrating more fully into society.

The CPC Assessment took place on June 17-18, 2025. For the purposes of this assessment Rick Barman was identified as the Program Director. The assessment process consisted of a series of structured interviews with their onsite staff (Program Administrator, Interim Clinical Program Director, Licensed Addiction Counselors, Case Managers, Behavioral Technicians, and Life Skills Coordinator), group observations, case plan and file review (10 open and 10 closed files), all the materials provided per the Materials Checklist (policy and procedural manuals, staff training information, staff evaluations, assessments, curricula, client handbook, etc.), and participant interviews. Traces from these various sources were then combined to generate a consensus CPC score and specific recommendations, which are described below.

Findings

Program Leadership and Development

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

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

Research shows that Program Directors who are professionally trained with at least a Baccalaureate Degree in a helping profession and specialized course work in corrections or forensic/legal area are more successful. Degree programs that are in a helping profession include criminal justice, education, counseling, addictions, psychology, or social work. Additionally, Programs Directors who have at least three years of experience with justice-involved treatment programs are more successful in reducing recidivism. Program Director Barman has a Baccalaureate Degree in Criminal Justice and while achieving that degree completed several courses specific to the criminal justice system. Program Director Barman also has over 25 years of experience working with justice-involved treatment programs; 11 years in his current position, seven years as the security coordinator for NEXUS, eight years in a prison in North Dakota, and one year working in a local jail.

Programs that are most successful in reducing recidivism have Program Directors who conduct formal training for new direct service delivery staff. Program Director Barman trains newly hired staff in several areas. Those include mental health and suicide awareness, the Prison Rape Elimination Act (PREA), security, standard of conduct, and key control. Additionally, Mr. Barman assigns new staff to shadow existing staff specific to their role and ensures the new employee checklist is completed. Program Director Barman is also responsible for the direct supervision of all service delivery staff.

Programs that are most effective observe a formal pilot period prior to implementing modifications, as subsequent revisions are often difficult to make once a change is formally instituted. Piloting is most successful when it is a regular formalized process. It was indicated through the assessment, document review, and data collection that piloting regularly occurs at NEXUS.

Staff at NEXUS identified that they have support from multiple criminal justice stakeholders around the state and in their community. Those stakeholders included MDOC as whole, multiple regional county jails, and the local police department. Program Director Barman also identified that they have support from Judges across the state as they receive most of their referrals from the courts. In addition, several community stakeholders were identified by staff. Those included the Lewistown Adult Education Program, local Alcoholics Anonymous (AA) volunteers, local volunteers for various religious groups, and their screening committee.

NEXUS has been in operation since 2007 and serves adult male felony offenders. Program Director Barman stated that the funding they receive is adequate and stable, and they can implement the program as designed to serve the resident population.

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

Research shows that Program Directors who are directly involved in the hiring of all staff who provide services are more effective than those who do not. At the time of the assessment

indicators observed showed that the Program Director is not involved in hiring all new service delivery staff and that those decisions are made from the CCCS Inc. corporate office.

- ***Recommendation:*** The Program Director should be involved in and have a clear role in the hiring and placement of all direct service delivery staff at NEXUS.

Programs that are most effective have Program Directors who are involved in providing some direct service delivery to their residents. Indicators may include facilitation of groups or individual sessions, supervising a small caseload, or conducting assessments. In addition, this involvement must be systematic and continuous. At the time of the assessment Program Director Barman stated that he did not conduct groups, conduct assessments, or carry a caseload.

- ***Recommendation:*** NEXUS should ensure that their Program Director is more involved in providing some direct service delivery to their residents. It should be noted that while Program Director Barman does not currently facilitate groups, supervise a small caseload, or conduct assessments, the newly hired interim program director does plan to do so.

It is important that a program be based on effective correctional treatment literature and that all staff members have a thorough understanding of the research. This treatment literature must consist of major criminological and psychological journals and key texts, and all staff should understand the literature and be able to articulate it. Additionally, literature reviews should be conducted on a regular basis to ensure the program is grounded in evidence. Program Director Barman indicated that this is something they try to achieve but that it does not happen on a consistent basis and that most literature comes from CCCS Inc. and is disseminated through email. Additionally, staff interviewed could not speak to the literature.

- ***Recommendation:*** NEXUS should conduct regular literature reviews to ensure that an effective program model is implemented consistently throughout all components of the program. The literature should then be covered during regular staff meetings and disseminated to staff on a regular basis. Staff should be able to show a good understanding of the literature and the program model.

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 they were assessed in the previous domain. In total, nine staff, clinical and case management, were identified as providing direct services.

Staff Characteristics Strengths

NEXUS currently meets the CPC criterion for staff educational level, which is that 70% of direct service delivery staff have at least an associate's degree in a helping profession. At the time of the assessment, NEXUS staff exceeded this recommendation. CPC also recommends that 75% or more of service delivery staff have worked with criminal/juvenile justice populations for at least

two years. At the time of the assessment, NEXUS staff exceeded this target with ten out of thirteen service delivery staff having at least two years of experience working with criminal/juvenile justice populations. It is commendable that both the staff educational requirements and experience requirements are exceeded at NEXUS.

During the hiring process, NEXUS selects staff based on certain skills and criteria beyond only education or experience. Staff are selected based on skills and values supportive of NEXUS's mission and values. Specifically, staff are hired based on skills such as having empathy, a belief that offenders can change, being non-confrontational but firm, and problem-solving.

Programs where all staff meet at least twice a month to discuss all cases demonstrate better outcomes than programs that lack this feature. Currently, NEXUS professional staff meet at least weekly for approximately one hour. These staff meetings include case reviews of client issues and groups. Similarly, professional staff are provided with appropriate clinical supervision by a licensed clinical supervisor.

Staff are initially trained on the treatment model and interventions before providing delivery services. Shadowing with experienced staff is implemented for new staff and includes observing groups, one-on-one meetings, and general conduct. The new staff member then signs off a checklist with the program director indicating what they have completed. NEXUS also has a set of written ethical guidelines that all staff must adhere to.

Staff Characteristics Areas in Need of Improvement and Recommendations

Programs should assess professional staff at least annually on service delivery skills. NEXUS conducts an annual employee evaluation for each member of staff; however, they are not assessed on service delivery skills. There was evidence of groups being observed by the supervisor with a review at times; however, these observations were found to be sporadic and not consistent among all staff on an annual basis.

- ***Recommendation:*** NEXUS should continue to conduct an annual staff assessment. The assessment should include evaluations of staff's skills as it relates to service delivery. Examples of service delivery skills may include assessment skills and interpretation of results, redirection techniques, group facilitation skills, effective interventions, or knowledge of the treatment intervention model. These skills could also be assessed separately for program delivery staff if it is not included in the general employee evaluation. Assessment of skills should be documented and conducted annually for all service delivery staff.

Ongoing staff training does not meet the minimum amount required as indicated by research for effective programs. This research suggests that programs provide a minimum of 40 hours of formal training annually for all service delivery staff and the training be relevant to program and service delivery. Providing treatment for the criminal justice population is an ever-evolving field. Research and best practices continue to be updated and modified as more research is conducted providing ongoing staff training ensures staff remain knowledgeable about best practices.

- ***Recommendation:*** Each service delivery staff member should receive a minimum of 40 hours of formal training annually. These hours should be directly related to delivering criminogenic services to participants involved in the justice system. Training may include principles of effective intervention, assessments, specific program components (e.g., anger management, dual diagnosis, substance abuse), group facilitation, core correctional practices, cognitive-behavioral interventions, social learning, etc.

Programs that have the opportunity in place for which staff can provide input into how the program runs demonstrate better outcomes than programs that lack this feature. While there are regular staff meetings, the totality of the site visit indicated that staff do not have input into the program or feel their input is regularly valued. In addition, there should be evidence that all staff support rehabilitative goals and values. Through the site visit, it was found that some staff were supportive of NEXUS's rehabilitative goals and values, however, others were not supportive.

- ***Recommendation:*** NEXUS administration should develop processes for staff to have more input into the program. Staff should be encouraged and supported by administration to make suggestions that modify program components. These modifications should be reviewed and approved by administration or a review board.

- ***Recommendation:*** Measures should be taken to ensure that all staff employed at NEXUS are supportive of the goals and values of the offender's rehabilitation. Administration should focus on the overall culture of facility. This can include hiring staff who believe in and encourages offender change, regularly training staff on offender change and appropriate interactions, and holding staff accountable for unprofessional behavior towards clients or other staff.

Offender Assessment

The extent to which clients 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 factors of clients, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: 1) selection of clients; 2) assessment of risk, need, and personal characteristics; and 3) the way these characteristics are assessed.

Offender Assessment Strengths

The majority of clients at NEXUS were appropriate for the services offered. Staff indicated that less than 10% of the participants were inappropriate due to medical or mental health issues. The facility should continue to monitor these concerns and ensure that it does not exceed the 20% threshold. NEXUS does have written exclusionary criteria for the program. This includes referrals from a party other than the state, lack of identifiable amphetamine, methamphetamine, or cocaine substance use disorder, and lack of mental health disorder with a substance use disorder. This criterion is followed consistently.

Standardized risk and need assessments are a cornerstone of effective service delivery. Risk assessment tools are a crucial piece of evidence-based correctional programming as these assessment scores assist in determining which clients are suitable for services as well as determining duration and intensity of treatment services, based on risk level. All clients at NEXUS have a MORRA completed prior to or during their placement. Risk and need assessment tools should be validated with scoring ranges for risk/need levels. The MORRA is a validated risk/need assessment instrument.

Need assessment tools are crucial as they determine the criminogenic needs of the individual. Treatment should be individualized to target the most severe criminogenic needs of each client. NEXUS utilizes several substance-related needs assessments to appropriately make a case plan for the clients. While NEXUS does accept clients with sexual offenses and intimate partner violence offenses, they do not provide specific programming for those crime types and therefore need assessments are not needed.

NEXUS provides an environment where most of their clients are classified as moderate to high risk. Specifically, more than 70% of clients at NEXUS are either categorized as being moderate or high risk of recidivating.

Offender Assessment Areas in Need of Improvement and Recommendations

Successful programs assess and provide services based on responsivity factors (e.g., motivation, readiness to change, intelligence, reading level, etc.). Responsivity factors should be assessed using one or more validated, standardized, and objective instruments. The results of the assessment(s) should be used to make clinical or staffing decisions based on the necessary responsivity factors.

- ***Recommendation:*** NEXUS conducts several assessments from TCU upon intake. Those assessments should be reviewed to determine if they are validated, standardized, and objective. If they are validated, standardized and objective assessments, then they should be used to place offenders in certain groups, on appropriate staff caseloads, or used to address the responsivity factors needed. Even though assessments were conducted, they were not reviewed using objective scoring from the creators of the tool but compared to other current and past program participants from NEXUS. Staff were also not aware of the responsivity factors assessed or how they used the assessments to mitigate responsivity issues.

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 essential elements of 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

To reduce the likelihood that participants will recidivate, characteristics associated with recidivism (criminogenic needs) must be targeted. The NEXUS program offers services that target criminogenic needs, including criminal attitudes/antisocial thinking, substance abuse, peer associations, impulsivity, poor emotional regulation, and education/employment. Overall, the NEXUS program is targeting over 50 percent of their treatment efforts on criminogenic need areas.

Case planning is a critical step in addressing criminogenic needs. Programs that have shown to reduce recidivism involve participants in the development of their own plan which encourages participant buy-in to the process. Case plans should be unique to each participant's needs but may contain similar objectives based on criminogenic needs. Observations made during the onsite visit indicated that when participants arrive at the NEXUS program, they are assessed and then given a treatment plan/case plan based on assessment results and input from the participant. Participants go over the treatment plan/case plan with staff. Additionally, those treatment plans/case plans are updated at a minimum every month.

Research suggests that programs providing services should be between three and nine months in length and not exceed 12 months (not including aftercare). The average length of stay for participants in the NEXUS program is 270 days.

The NEXUS program does have a program manual for their 270-day substance use program that outlines all major aspects and expectations of the facility. Additionally, the NEXUS program does have program manuals for all the curricula they offer, including the core risk reducing curricula they conduct. When observing groups onsite, it was found that the manuals were consistently followed to ensure fidelity in all groups.

Research suggests programs to match staff and participants based on some need/and or responsivity factors. The NEXUS program matched staff to participants based on these needs and responsivity factors.

Successful programs are those that assign staff to programs/groups based on the staff's skills, experience, education, and/or training (e.g., staff with a chemical dependency license are conducting substance abuse groups). The NEXUS program utilizes those staff who are licensed to facilitate certain groups requiring such, and all staff who facilitate groups are trained to do so. Additionally, all groups and structured tasks the participants are involved in are monitored by professional staff from beginning to end, and none of the formal groups observed were facilitated by participants in the program.

The NEXUS program provided a sufficient range of reinforcers as rewards within the program. It was noted that the participants in the program receive multiple reinforcers, including verbal praise/acknowledgment, increased incentives when moving up phases, and Positive Behavior

Awards. Additionally, the research on reinforcers shows that rewards need to be meaningful and specific to each participant and need to outweigh negative consequences (punishers).

Punishers are used to extinguish antisocial behavior and to promote behavioral changes of participants in the program by showing the participants the behavior has consequences. NEXUS has an appropriate range of punishers available which included verbal disapproval, write-ups, being phased down, and loss of privileges.

NEXUS has established criteria that clearly outline the completion criteria for the program and tracks participant progress through the program to determine if this criterion has been met. Participants who do not meet these criteria may be terminated or phased down due to lack of progress.

The groups conducted at NEXUS are led by qualified and certified professional staff members during the entire group and participants do not lead any of the treatment or intervention groups.

Observed through file review, the NEXUS program consistently had a formal discharge plan for all participants who completed the program. These discharge plans included continuum of care recommendations (ASAM and recommendations for each dimension and an aftercare plan), goals, objectives, and because the majority of participants release to a pre-release center (PRC), recommendations are specific for this type of placement.

Treatment Characteristics: Areas in Need of Improvement and Recommendations

Research indicates that the ratio of criminogenic needs addressed to non-criminogenic needs for successful programs should be at least 4 to 1. While the NEXUS program does target at least 50 percent of their treatment efforts on criminogenic needs areas they do not meet the 4 to 1 ratio.

- ***Recommendation:*** The NEXUS program should increase the number of criminogenic targets for participants in the program (e.g., problem-solving skills, emotional regulation, antisocial thinking, use of leisure time). This can be accomplished by identifying the most consistent criminogenic needs from the MORRAs completed on participants in this program and implementing an evidence-based curriculum that aims to address that need.

The NEXUS program uses some evidence-based intervention models in its program, such as Cognitive Behavioral Therapy (CBT) groups. The use of CBT has been shown to be effective in other programs. However, not all programming at NEXUS follows this format. Some programming is not evidence-based, some are for educational purposes only, and some evidence-based groups were not correctly following CBT practices.

- ***Recommendation:*** The NEXUS 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 throughout the entire NEXUS program.

Research indicates that the most successful programs are those where 40 percent of the participant's time per week is spent in structured tasks. Structured tasks can include school,

work, treatment groups, one-on-one meetings with staff, and other staff supervised tasks (e.g., community meetings, homework time, and case management sessions), and the range of structured tasks should be between 35 to 50 hours per week. Each phase of the NEXUS program had a weekly schedule. However, each of these phases showed participants in structured activities between 10 and 20 hours per week, falling below the recommended time.

- ***Recommendation:*** The NEXUS program provided a weekly schedule for each phase that outlines the schedules participants are expected to attend daily/weekly, however a large majority of these activities were not groups, school, treatment groups, and one-on-ones with staff.

As noted in the Offender Assessment section the NEXUS program does use the MORRA as their validated risk assessment tool and the program does utilize the tool to separate participants into treatment groups based on their risk score/level. Observations showed that in general Low risk participants were separated from High-risk participants. However, due to not having enough Low-risk participants for their own group, they were often mixed with Low/Moderate or moderate participants.

- ***Recommendation:*** With an effective program, low-risk participants are not to be placed in groups with moderate to high-risk participants. Participants who are assessed as being low-risk should be offered individual sessions or placed in programming that is strictly made up of low-risk participants.

Programs should vary the intensity, length, and overall programming for the participants based on risk levels. Participants in the NEXUS program do attend different tracks for very high risk and high-risk clients versus the moderate, moderate/low, and low risk participants. The NEXUS program stated that very high-risk participants currently receive 301 hours, high-risk participants receive a minimum of 216 dosage hours, moderate participants receive 149 hours and low risk participants receive a minimum of 101 dosage hours. There are many other optional dosage hours available to all participants depending on their risk level. However, it was found the NEXUS program has very high-risk clients doing CAT programming twice to obtain these dosage hours. It was also found that many of the required groups on these tracks may not be applicable to the participants' individual criminogenic needs, such as Victim Impact, Inside Out Dad, Anger Management, or Helping Men Recover.

- ***Recommendation:*** Overall, research indicates that offenders who are at moderate risk of reoffending 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. It is recognized NEXUS has four different tracks; however, it is recommended these dosage hours be adjusted to meet the dosage hour recommendations listed above. This

could include extra groups for higher risk participants, extra case management sessions including role modeling and role plays, or more/longer duration of programming.

Participants' needs and responsivity factors, such as personality characteristics or learning styles, should be used to systematically match participants to the most suitable type of services. Additionally, these assessments should be taken into consideration when assigning participants to different staff. The NEXUS program does not match participants to specific groups based on their needs and responsivity factors but places the participants where bed space is available and has the participant attend the groups associated with that wing of the facility.

- ***Recommendation:*** The NEXUS program should assign participants to groups or services based on their needs and other responsivity factors.

Programs that are successful in reducing recidivism are those whose participants have input into some programmatic structures and features of the program. Examples may include house meetings, elected representatives, suggestion boxes, or feedback forms. NEXUS reported to have multiple ways for participants to give feedback into the program, such as verbal suggestions, reviewing the handbook once a year, and an exit survey. However, onsite observations indicated that suggestions from participants were rarely taken into consideration.

- ***Recommendation:*** The NEXUS program should create formal ways for clients to give feedback and for NEXUS to consider suggestions to improve the program. Formal ways the program could give participants the ability to give feedback include house meetings, elected representatives to bring ideas from the group, suggestion boxes, or feedback forms.

Although the NEXUS program did have a sufficient range of reinforcers as rewards within the program, not all staff were consistently applying the reinforcers to promote prosocial behavior. Observations onsite indicated security staff used punishers more often than reinforcers. Observations also displayed reinforcers were not being used at the recommended 4:1 ratio of reinforcers to punishers.

- ***Recommendation:*** All staff, regardless of their role, should administer rewards as appropriate. Reinforcers should be monitored to ensure the application of rewards:
    - 1) come 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

- ***Recommendation:*** The NEXUS program should strive and work towards achieving the 4:1 ratio of reinforcers to punishers to help participants work toward desirable behaviors from the participants.

A good behavioral management system consists of rewarding prosocial behaviors that will sustain prosocial behavior in the long term, as well as sanctioning unwanted behaviors. Although NEXUS had a wide range of punishers/sanctions, it was found that these were not consistently applied by all staff.

- ***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) it should be administered immediately and after every occurrence of the deviant response; 5) alternative prosocial behaviors should be provided and practiced after punishment is administered; and 6) there should be variation in the consequences used (when possible).

Additionally, after a punisher is administered, staff should be trained in how to monitor participants to ensure they do not display any negative effects from the punisher. Staff and participant responses on the use and applications of punishers were consistent, and staff were not trained to observe the negative effects of the punishment.

- ***Recommendation:*** The NEXUS program should establish a wide range of punishers/sanctions (behavioral management system) that can be utilized by staff. Additionally, 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 could include core correctional practices such as 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 appropriately. Procedure and training should alert staff to issues beyond emotional reactions such as aggression toward punishment, future use of punishment, and response substitution.

A program with too low of a completion rate may not address the criminogenic risk factors needed in a proactive way. Too high of a completion rate may indicate a need for stricter standards or a more universal application of standards of completion. Based on file review and interviews with staff members, the current successful completion rate for the NEXUS program is between 90-95%.

- ***Recommendation:*** The successful completion rate for NEXUS should range between 65 percent and 85 percent. This range can be obtained using benchmarks to navigate through the program and consistent standards for participation and completion of the program.

If correctional programming hopes to increase participant engagement in prosocial behavior, participants must be taught skills in how to do so. Role modeling and role plays should be done separately and should be consistent throughout the course of a group/program. At the time of the site visit, some role models and role plays were observed, but this was not done on a consistent basis through all groups, nor was there evidence it was included on a regular basis in all groups. Additionally, role plays should be done and should be consistent throughout the course of a group/program. At the time of the site visit role models and role plays were consistently observed in specific groups.

- ***Recommendation:*** The NEXUS program should ensure role models and role plays should be completed in most groups. Role models should be planned out and completed only by staff members. Role plays are opportunities to practice newly learned skills. Role plays need to be more than having clients just read from a worksheet, they should be utilized as an opportunity to act out their scenario/situation using the newly learned skill. Staff should interrupt role plays that do not use the skills appropriately. The ability to

redirect the skill learning is a vital component. Further, if there are steps to a newly learned skill, those steps 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:
    - defining skills to be learned;
    - obtaining participant buy-in as to the importance of the skill;
    - staff teaching the steps of the skill;
    - staff modeling the skill for the offender;
    - offender rehearsal of the skill (role-playing);
    - staff providing constructive feedback to offender on their use of the skill; and
    - generalizing the skill to other situations (e.g., homework or advanced role plays).

Groups should also include increasingly difficult situations that require the use of more skills or skills in an advanced way. Graduated practice allows participants to develop comfort with the new skill in a safe setting while practicing the application in real-world scenarios.

- ***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) participant 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, participants should practice using multiple skills 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 residents.

Research indicates that treatment/intervention groups should not exceed eight to ten participants per facilitator. Additionally, if there is a co-facilitator, they should be involved in the group (actively engaged in the treatment being provided). Groups observed during the onsite visit ranged from 4 to 23 participants per group and most groups were well over the recommended range of recommended participants.

- ***Recommendation:*** The NEXUS program should follow the research recommended range of eight to ten clients per group.

Research shows that significant others and family members who are trained to provide support to help support participants can help support long term positive behavior. The NEXUS program currently does not have family training as part of their program.

- ***Recommendation:*** The NEXUS program should add family support training to train family members and significant others how they can support the participant through the treatment program and to support the participant to maintain the positive changes they have made. This training would have to be ongoing through the program and not solely informational about the program.

Research demonstrates that aftercare is an important component of effective programs in order to help participants maintain long-term behavior change. The NEXUS program does not currently have aftercare components for all participants who complete the program. Due to aftercare not being provided to the discharged participants, the quality of aftercare cannot be determined.

- ***Recommendation:*** All participants should be required to attend a formal aftercare period in which continued treatment and/or supervision is provided.

- ***Recommendation***: In order for the aftercare to be high-quality, it needs to include planning that begins during the treatment phase, reassessment of the participant's risk and needs, requirements of attendance, evidence-based treatment groups.

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

Programs that collect formal participant feedback on service delivery and use the data to inform programming are more effective. NEXUS collects data through their resident surveys, which include a midpoint survey and an exit survey. Program Director Barman indicated that there is also a survey that the residents completed every six months to collect information on programmatic changes they would like to see. For example, Program Director Barman stated that he received several surveys/requests to change the timeframes when new residents could use the phone. Previously NEXUS only allowed residents to use the phone after they had been in the program for 14 days. Through the surveys/requests he changed that timeframe so that new residents could use the phone upon arrival, as regular communication with their family was something the residents identified as positive reinforcement/motivation to help them when first transitioning into the facility/program.

Quality Assurance Areas in Need of Improvement and Recommendations

Research shows that programs will be more effective if they have an internal management audit system. This should include file review, regular observations of staff delivering groups/services, and mechanisms to provide participant feedback on their progress in the program. While onsite the assessment team did see some indications that that NEXUS staff meet with the residents once per month regarding their progress in the program, including weekly meetings with treatment staff to discuss phase-ups; however, regular observations of staff delivering groups/services and regular file reviews were not found to be evident/regular practice.

- ***Recommendation:*** NEXUS should ensure that they are conducting regular file reviews and regular groups observations of all staff delivering groups/services. This will help ensure that each resident receives the appropriate assessments and groups are conducted with fidelity.

Programs that have a periodic, objective, and standardized reassessment process in place to determine if offenders are meeting target behaviors are more effective. Indicators may include pre and post testing on 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. In conducting a file review of closed files there was no tangible evidence found to support that a standard reassessment process takes place or that the reassessments are being used to make changes to the residents' treatment plans on a regular basis.

- ***Recommendation:*** NEXUS should develop a policy and/or procedure outlining a standardized reassessment process for when a resident should receive a reassessment to determine if they are meeting the targeted behaviors identified on their case/treatment plans. This policy and/or procedure should include sections identifying case management, criminogenic needs, current and reassessment timeframes, and life-altering events.

Research shows that programs that gather offender re-arrest, reconviction, or re-incarceration data at six months or more after participant termination from the program. NEXUS does not track these data points. Additionally, NEXUS has not undergone a formal evaluation comparing its treatment outcomes with a risk-control comparison group. Finally, the program does not work with an internal or external evaluator that can provide regular assistance with research/evaluation. While MDOC compiles some information related to this and OMIS allows for some reports to be run, the facility has not identified a process to ensure that available data are examined to help the facility make data-driven decisions. Due to not having a formal program evaluation, there were no positive findings of a reduction in recidivism between the treatment and comparison group.

- ***Recommendation:*** Recidivism, in the form of rearrest, reconviction, or reincarceration, should be tracked at six months or more after termination. The program can do this on their own or work with a third party to collect and review recidivism data for all residents who are released from their facility. There should also be evidence the program receives and understands the data. This data should then be examined over time to identify trends.

- ***Recommendation:*** A comparison study between the facility's recidivism rate and a risk-controlled comparison group should be conducted. A report should include an introduction, methods, results, and discussion section. NEXUS should explore if they have the ability to complete such a study. If not, the facility should determine whether there is a possible research project that would meet the requirements for a student's master's thesis or dissertation (in order to provide another no-cost/low-cost option for evaluation). Local colleges and universities to consider include Montana State University (Billings), University of Montana (Missoula), or Montana State University (Bozeman). Departments that could assist with such a project include fields like criminal justice, sociology, and psychology.

- ***Recommendation:*** Once a program evaluation can be conducted, a positive finding between a comparison group and the treatment group should show a statistically

significant difference or a substantial reduction in recidivism rates should be found to meet CPC standards. If a comparison study is conducted that does not show a significant difference or reduction in recidivism rates, then NEXUS should make programmatic changes to improve the outcomes.

- ***Recommendation:*** Similarly, NEXUS should identify an evaluator who is available to assist with data analysis. If this is an internal position, evaluation must be the focus of their position, and they should have appropriate credentials. Alternatively, the facility could partner with a local college or university for research purposes to limit the 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 facility) so that fiscal remuneration is limited to payment 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% on the CPC. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having Very High Adherence to EBP, 17% as having High Adherence to EBP, 31% as having Moderate Adherence to EBP, and 45% as having Low Adherence to EBP. Research 20 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.

The NEXUS Treatment Center received an overall score of 53.9 percent on the CPC. This falls into the Moderate Adherence to EBP rating, which is a significant improvement from their previous CPC Assessment. In the capacity domain, NEXUS scored 56.2 percent which falls into the High Adherence rating. In the content domain, NEXUS scored 52.2 percent which is Moderate Adherence to EBP.

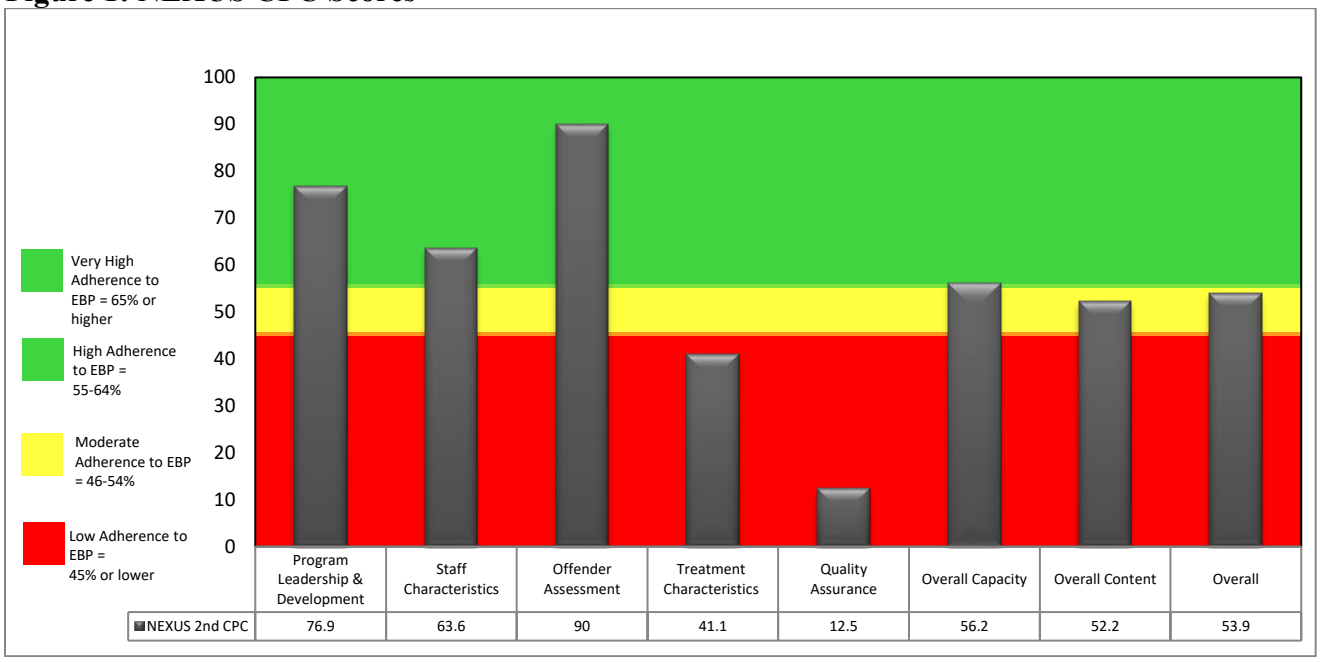
While there is still room for improvement and changes that could be made, NEXUS staff should commend themselves for the work they have done to date to make treatment a facility focus as it is often difficult to make changes to existing programs. Furthermore, recent changes to the program have increased the score in Capacity, Content, and their overall score.

Certainly, care should be taken not to attempt to address all recommendations at once. Facilities that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. Should NEXUS want assistance with action planning or technical assistance, MDOC can provide or recommend others to help in these endeavors. Evaluators note that NEXUS staff are open and willing to take steps toward increasing the use of EBP within the facility. This was clearly identified during the kickoff call, ongoing communications, and the onsite visit.

Shown below are two graphs (Figure1 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

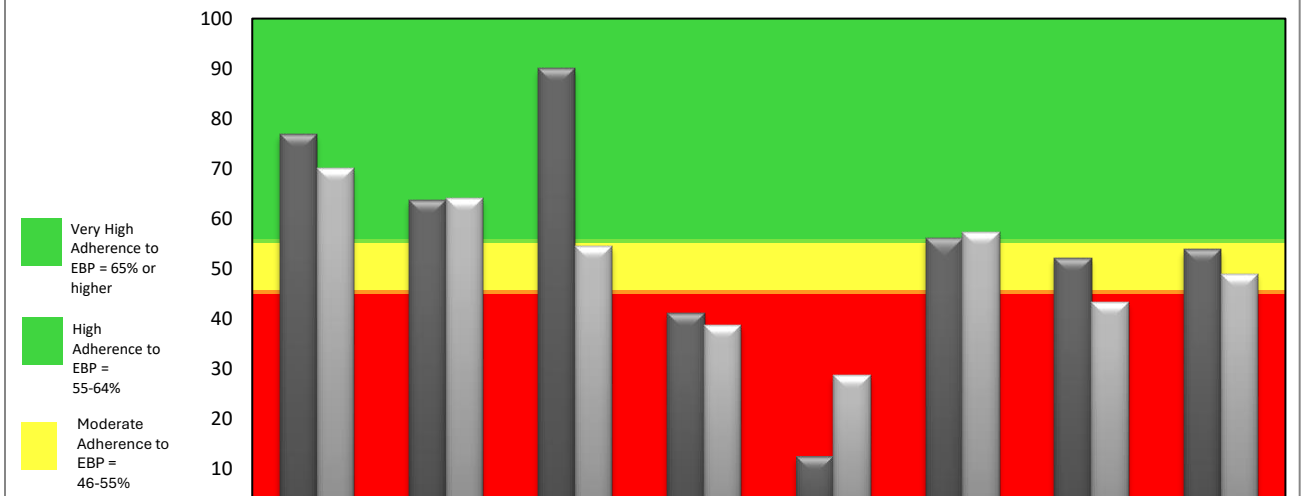
how each item was scored. Figure 2 shows NEXUS's percentages compared to the CPC's average scores.

Figure 1: NEXUS CPC Scores



	Program Leadership & Development	Staff Characteristics	Offender Assessment	Treatment Characteristics	Quality Assurance	Overall Capacity	Overall Content	Overall
NEXUS 2nd CPC	76.9	63.6	90	41.1	12.5	56.2	52.2	53.9

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 2nd CPC	76.9	63.6	90	41.1	12.5	56.2	52.2	53.9
CPC Average Scores	70.1	64.1	54.5	38.7	28.7	57.3	43.3	49

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.