Evaluation of
Nexus Treatment Center

A Community Counseling and Correctional Services (CCCS)
Department of Corrections contracted program

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EXECUTIVE SUMMARY

This report describes, analyzes and presents evaluation outcome from the Department of Corrections contracted program for the treatment of male methamphetamine and other drug offenders: the Nexus program in Lewistown, operated by Community Counseling and Correctional Services (CCCS). The report thoroughly describes the population and re-examines previously identified risk factors associated with program and prerelease center completion/non-completion. Recommendations for improving results are suggested. The report was generated as the outcome of a contract between CCCS and Clinical and Research Consulting (CRC) of Missoula. Program evaluation methods for this 2015 report continued to utilize secondary analysis of file data as well as survey research, but were augmented heavily by qualitative and narrative review - interviews with program staff, a facility visit and thorough examination of all relevant programmatic documents.

This 2015 report incorporates data from the previous 2008, 2010 and 2013 reports.

Program evaluation research has been in place since the start of Nexus and the goal was to establish efficient data collection and reporting methods that could be implemented over an extended period of time, enabling the ongoing reporting of data useful for verifying and improving program effectiveness. This 2015 report incorporates data and previously reported text/narrative from the 2008, 2010 and 2013 reports generated by the author, Dr. Conley. In 2011 the DOC shifted responsibility for hiring a program evaluation researcher solely onto the program who continued to retain Conley to maintain continuity. This longitudinal perspective has aided greatly in establishing a good balance between familiarity and objectivity for the evaluator. Between May of 2007 and November of 2014 data was collected on 874 offenders admitted to Nexus.

Across years, 75.2% of those admitted to Nexus completed their 9-month stay as sentenced. This reflects Nexus continuing to treat a diverse and complex population of offenders which includes opioid users, a consistently high rate of risk from psychiatric illness and medications, Attention Deficit Hyperactivity Disorder and a younger age group as well as convoluted criminal and treatment histories. Offenders who did not complete their Nexus facility stay were initially sent to the County jail, the Sanction, Treatment, Assessment, Revocation and Transition center (START), Montana State Prison, or another DOC facility/program

Of those offenders who completed the treatment center portion of the program and went to a PRC, the completion rate at the PRC was 72.7%. For all offenders starting Nexus, 59.39% complete both the treatment program and the PRC as of the 2013 report.

With drug offenders committed to the DOC there are many programmatic and facility options designed to best meet the offender's criminogenic and rehabilitative concerns over time. Movement between DOC operated and contracted programs and facilities is fluid, complex and challenging to aggregate for groups of offenders. Assessment, sanction and drug offender placement in diverse DOC programs is a dynamic process driven by clinical judgment and program availability. Rather than following a rigid linear

process from program A, to B, to C, most offenders cycle through many programs and facilities over time. Nexus is on that continuum.

Services at the program have successfully continued to adapt, more effectively addressing offenders who have a co-occurring mental illness…

Through 2015, services at the Nexus program have successfully continued to adapt, more effectively addressing offenders who have a co-occurring mental illness; those reporting a history of childhood abuse or neglect; those with Attention Deficit Hyperactivity Disorder (ADHD); and a criminal population all of whom are chemically dependent - addicted. In earlier evaluations these characteristics were associated with program non-completion. In this current analysis that is no longer the case. The program has become more effective at identifying offenders at risk of failing and adapting clinical strategies to prevent this.

The Department of Corrections and Nexus are advised to continue to gather and centralize as much information on these offenders as possible in order to continue identifying those at highest risk and to deliver maximally effective programs. Continuing with quantitative evaluation methodology and moving in the direction of ground level narrative informed outcome studies will prove most informative going forward.

Introduction

Montana Code Annotated 45-9-102 indicates that offenders convicted of a second or subsequent offense of criminal possession of dangerous drugs (including methamphetamine, opiates) may be sentenced to a "commitment to the department of corrections for placement in an appropriate correctional facility or program for a term of not less than 3 years or more than 5 years. If the person successfully completes a residential methamphetamine treatment program operated or approved by the department of corrections during the first 3 years of a term, the remainder of the term must be suspended…" Moreover, "The residential methamphetamine treatment program must consist of time spent in a residential methamphetamine treatment facility *and* time spent in a community-based prerelease center." Technically, and in reality, offenders are beginning a 15 month program of treatment when they are admitted to Nexus.

The approved treatment programs were established in September of 2007 and included both the Nexus and Elkhorn facilities. The Montana Department of Corrections (DOC), in collaboration with CCCS and Boyd Andrew, contracted with Dr. Conley of Clinical and Research Consulting (CRC, formerly Research and Survey Consulting) for program evaluation outcome research to assess the efficacy of the programs.

This fourth report on the Nexus program combined with the previous work fulfills the goals set forth in the legislature's original request for treatment proposals that "the contractor shall provide both quantitative and qualitative measures of the program's performance by generate(ing) management reports that accurately track these measures."

The primary goal of this ongoing program evaluation outcome research was to assess the efficacy of the Nexus treatment program. The initial objective was to establish efficient data collection and reporting methods that would enable ongoing data collection for verifying and improving program effectiveness, including the prediction of program non-completion, offender return rate, and recidivism. This is the fourth report; others were presented in 2008, 2010, and 2013. With data now collected or being collected on 874 offenders spanning 8 years the initial objective has been met. The goal is ongoing and this report furthers the assessment of efficacy.

The DOC has adopted the ASCA (Association of State Correctional Administrators) definition of recidivism. That definition is: The rate at which adult offenders return to prison in Montana for any reason within three years of release from prison. Each release can have only one corresponding return. To determine this rate for Nexus would require data identifying only those who had been sent to the program from prison and failed to complete the entire course, including prerelease, and then were returned directly, at some point to prison; Department of Corrections statisticians are in the best position to compute this specific legalistic number. The first focus of this study is on program completion and specifically, identifying factors for predicting program non-completion. For this report, we defined "non-completion" as the rate at which adult offenders exit the programs for any reason other than successful completion. The

second focus is on qualitative process evaluation: is the program offering the treatment elements it is supposed to?

Methods

Quantitative program evaluation methods (statistics) for this 2015 report continued to utilize secondary analysis of file data as well as survey research, but were augmented heavily by qualitative and narrative review: evaluator interviews with program staff, a daylong facility tour and thorough examination of programmatic documents. A list of documents reviewed and other qualitative methods is included in that section of the report.

Quantitatively, the primary strategy was for program staff to collect data from offender records and files. No information was sought which would not normally be in a client record; this was not experimental research and there were no interventions devised for the study. Information concerning variables in offenders' lives is stored electronically at the program and data from these sources was selected for study purposes. For quantitative data, key variables concerning offender movement were provided by Mark Johnson of DOC as Excel spreadsheets which were then converted into the main Statistical Package for the Social Sciences (SPSS) file. This was done through 2013. All data was rendered compatible through extensive re-coding and data reconciliation processes. A normal process of re-coding, labeling and transforming the data was necessary to render it amenable to statistical analysis. Ultimately this yielded an information-rich and useful data set. Results are presented as percentages.

This fourth evaluation report (2015) includes updated information from Nexus. Statistical models analyzed the data for frequency distributions of all information; predictive models were generated to identify risk factors predicting program non-completion, prerelease center non-completion and offender return rates.

Analysis of data employed several statistical methods. Initially, simple frequencies were used to examine the variables and generate a description of the population. Preliminary correlations and cross-tabulations explored potential significant relationships between both individual and grouped variables. For this report, the term "significant" is used throughout to indicate that statistical testing established (or failed to establish) a relationship or association between variables which, according to the mathematical laws of probability, is not due to mere chance. Following initial examination, both univariate and multivariate methods were employed. Univariate statistical methods examine the relationship between two variables. For example, this method can address the question: To what degree is reporting a mental health condition associated with program completion? In this case, we are examining a simple association between one predictor variable (i.e., mentally ill / not mentally ill) and one outcome variable (i.e., completion/non-completion). This process was also used as a building block and predecessor to the multivariate methods.

The two univariate statistics used in this study were chi-square analysis and t-tests. Chi-square analysis is used when exploring relationships or differences between

categorical variables, that is, variables that capture information within categories, such as facility type, the presence or absence of a diagnosis, and the use or non-use of a particular drug. T-tests are used to examine differences in the mean of a continuous variable, such as days in placement, age or number of prior intakes, in relation to the grouping variable. With a t-test, the mean of the continuous variable (i.e., days in placement) is compared for two groups of offenders (i.e., mentally ill / not mentally ill) in order to see if there is a significant difference. If there is a difference, then the continuous variable is considered a good candidate for use in a multivariate predictor model. In other words, if there is a significant difference in the average number of days in program between mentally ill/not mentally ill, then the variable is a good potential candidate for use in the more complex, multivariate predictor model. The results of univariate tests are reported for each variable in the study where comparison of groups is appropriate.

A single multivariate statistical method was used to build predictor models for this study: binary logistic regression. In this analysis there is a single outcome variable, such as completion/non-completion. Several predictor variables are used simultaneously to determine the likelihood that the outcome variable will occur. The procedure also determines if the relationship between specific predictor variables and the outcome variable is statistically significant or could have occurred by chance. If the probability of the relationship occurring by chance is less than five percent ($p<.05$) it is considered a non-chance finding. This allows the researchers to examine the effect of each variable while considering the effects of all other variables in the model. Variables that have both a univariate and multivariate effect on outcome are considered significant risk factors.

Predictor models [were] designed to address the questions: who succeeds and who fails at treatment? Why?

The description of program participants includes variables used in predictor models designed to address the questions: who succeeds and who fails at treatment? Why? The answer to this informs discussion and recommendations for programmatic consideration.

Description of Program Participants with commentary on program completion

The following section includes quantitative analysis of all offenders admitted to the program since the last report combined with all admitted since the start of the evaluation in 2007. This section also re-sates some previous findings and presents new original analysis of more recent data.

Referrals: According to the 2013 report data, 32.7% of male offenders were referred from Montana State Prison; 30.4% Parole and Probation across the state, including those from county jails; 19.3% from MASC; 11.3% from START; 4.3% came from Crossroads correctional facility and the rest from ‘other’. There is no statistically significant difference in program completion rates (facility or PRC) between groups of offenders referred from these different sources.

Prison time, lifetime felonies, misdemeanors and arrests: As reported in 2013, some 76.4% of men spent some of their lifetime in prison prior to Nexus; of these, the average time served in prison was 62 months. The average number of lifetime felony convictions for Nexus participants is 4.66; misdemeanor convictions 15.71; and arrests 19.74. This has remained essentially unchanged since the start of the program. In the early years of the program, those who had spent more time in prison were actually more likely to complete the treatment program but this finding has eroded, as discussed in the "at risk" section of the report below.

Age and Ethnicity: The average age of all Nexus participants is 34.67, but 50% are under 33 years old. In the earlier years of the program younger participants were significantly less likely to complete both the treatment and PRC part of the programs but that finding has also eroded (see section below on "at risk"). 74.9% of Nexus offenders are white, 19.6 % are Native American/American Indian, 3.2% are Hispanic from Mexican descent, 1.4% are Black and .9% identified as other or missing data. Age and ethnicity varies slightly across years but has not significantly changed from any one year to the others.

Program completion/non completion at both the treatment facility and PRC level was cross tabulated with a variable of 'Native American/other' and subject to a chi-square test of difference; there is no difference in completion rate for ethnic groups.

… Educational level… is not significantly associated with program completion or non-completion.

Education level: With regard to education, 55.2% of all Nexus residents hold a GED certificate, 23.3% are high school graduates, 10.5% have "Technical College" level education, 2.9% have an associate's degree, 1.6% have a master's, bachelor's or Ph.D. and 1.7% have either vocational training, a tech degree or a certificate. 4.9% reported no academic achievement; some cases had missing data. Educational level was subject to extensive coding, re-coding and exploratory statistical analysis; as documented in this data set it is not significantly associated with program completion/non-completion.

Marital status: 35.0% of Nexus offenders have never been married, 5.4% are divorced, 18.3% are married, and 17.9% common law married or cohabitating with a small percent reporting widowed or separated. This varies significantly by year of admission with no apparent pattern. Marital status is not significantly associated with program completion/non-completion.

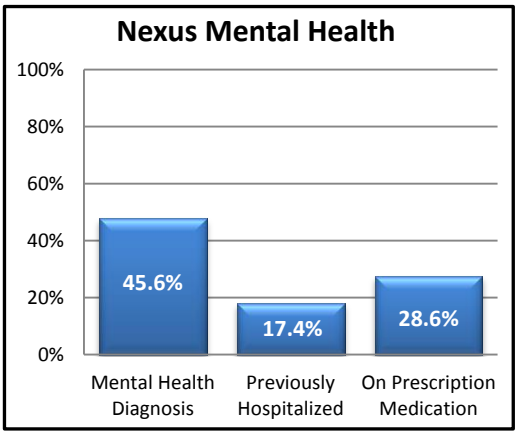
71.5% of offenders at the Nexus treatment facility are fathers

Children: As reported in 2013, 71.5% of offenders at the Nexus treatment facility are fathers having an average of 2.64 children. Of the Nexus parents, 77.3% have between one and three children, and 22.7% have 4 or more. 46% of those with children reported they were living with them at the time of their arrest. This has not changed significantly over the life of the

program. Being a parent and the number of children are not significantly associated with program or PRC completion/non-completion.

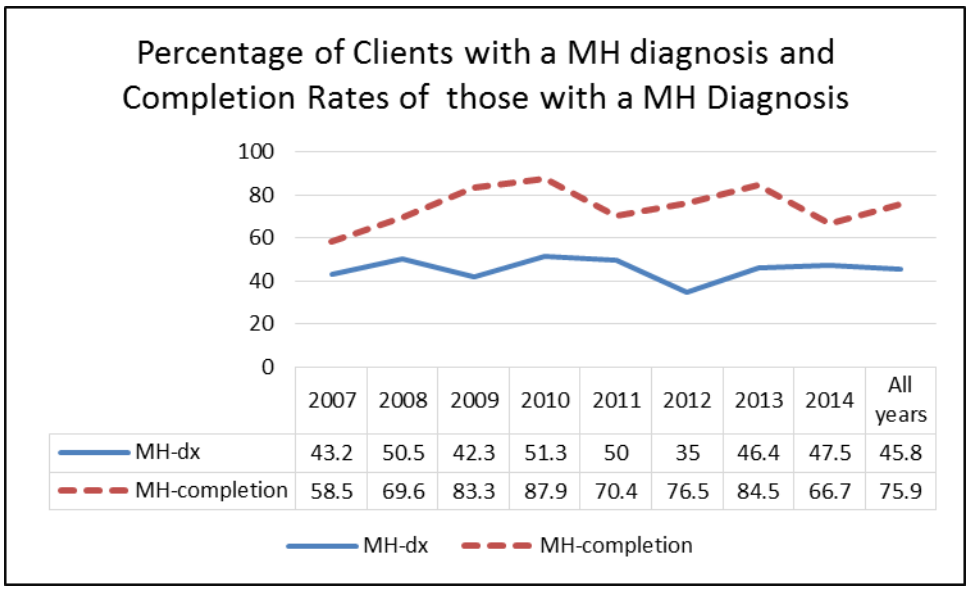
Domestic violence, child abuse and neglect: As reported in 2013, 36.9% of men from Nexus were physically abused or neglected as a child and 16.0% indicate that they were sexually abused as a child. Of these, only 15.0%% were placed in the custody of Child Protective Services (CPS) or Department of Child and Family Services (DCFS).

Additional family variables: 32.0% of all offenders report having a diagnosis of ADHD as a child and 39.9% of those who did were reportedly medicated for it. In earlier studies this proved to be a statistically significant predictor of program non-completion of the Nexus stay, though this finding has eroded. Historically, this has not carried over to the PRCs; this finding was not consistent across years. The 2013 report noted that 40.7% of Nexus offenders have substance-abusing mothers and 58.7% report having a substance-abusing father. 16% of their fathers and 5.6% of their mothers are reportedly incarcerated. 7.3% report that their mother has been convicted of a drug-related crime and 12.8% report that their father has been convicted of a drug-related crime. Additionally, 24.3% have siblings who are also in the Montana Criminal Justice System. These variables were not associated with program outcome.



Mental Health:
On average, 45.6% of the Nexus offenders, report having a mental health diagnosis, and 17.4% have been previously hospitalized or placed in a mental health facility; 28.6% are taking prescription psychiatric medication. This prevalence rate of mental illness has not varied significantly over the years indicating that the phenomenon is consistent in this population. These results indicate that about half the client population is most accurately described as co-occurring disordered. Mental illness variables, previously associated with non-completion, are no longer significantly predictive of program non-completion. Starting in 2013 Nexus clinical staff implemented a mental health group program that appears to be making a substantial difference.

This following table shows the percent of admissions reporting mental illness each year along with the percentage of those with a mental illness who complete the program each year. The rate of mentall illness in this offender population is farily stable, and does not very significantly from year to year. The completion rate for 2014 is not included here as the MH diagnosis is determined at intake. For program completers, they would be still in the program if admitted after April 1, 2014 so a full years worth of data is not available.



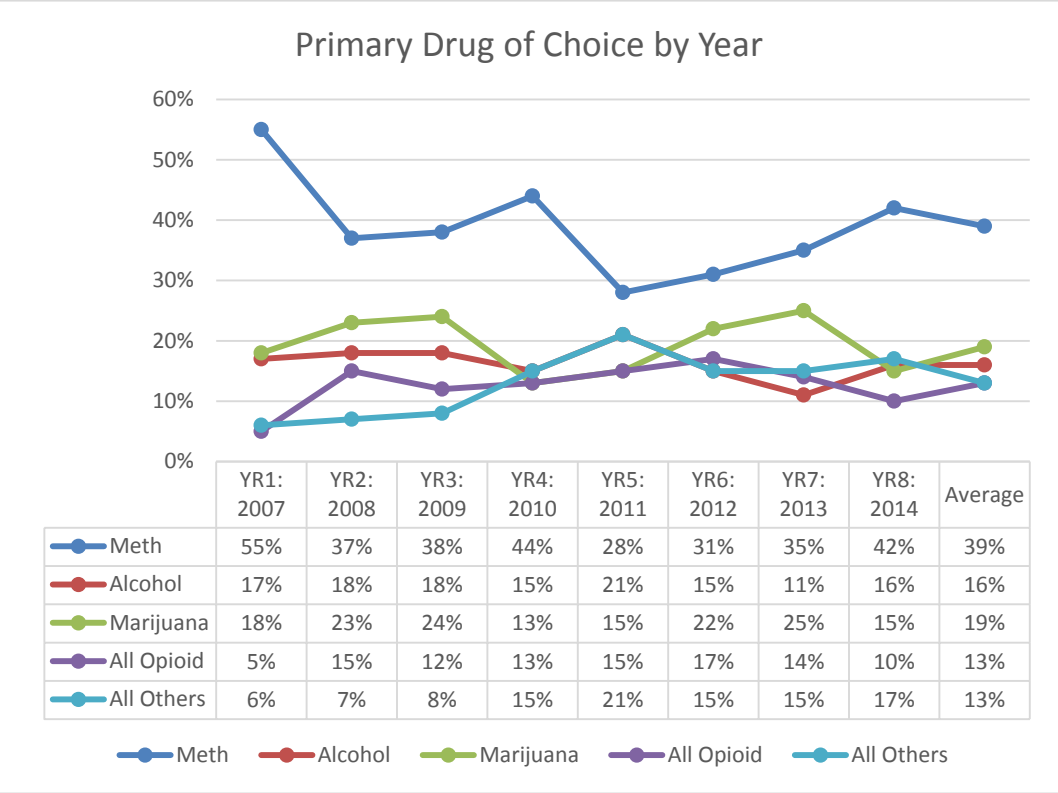
	2007	2008	2009	2010	2011	2012	2013	2014	All years
MH-dx	43.2	50.5	42.3	51.3	50	35	46.4	47.5	45.8
MH-completion	58.5	69.6	83.3	87.9	70.4	76.5	84.5	66.7	75.9

When interviewed by this evaluator, the Clinical director and contracted mental health counselor report that every admission receives a full mental health intake within 10 days of arrival (a bio-psycho-social interview and testing – this is discussed more thoroughly below in the Qualitative section of the report). All available client history documents are reviewed. Upon diagnosis each offender with mental illness is referred to one of three mental health groups overseen by the contracted Licensed Clinical Professional Counselor (who also holds a License Addiction Counselor title). Clients requiring medication (35.6% of those admitted in 2014) are seen by a contracted M.D. for evaluation; the M.D. is onsite every other Friday and telemedicine by poly-com is used as needed in between visits. This provider works within the Department of Corrections medication formulary which does not include any drugs which could be abused. Every offender on medication is mandated to attend the MH group. At the time of this report, 38 out of the 83 residents (45.7%) were in a mental health group.

Employment: At the time of incarceration, 49.3% of all Nexus offenders were reportedly employed full-time, 9.2% were employed part-time, 34.1% were unemployed, 4.1% were on disability, and the remaining were not in the workforce. The percentage of offenders who were employed and unemployed varied significantly over the study period, likely reflecting the general economy. Also, as of the 2013 report, at the time of incarceration, 31.2% of male offenders reported an annual income level under $10,000, 33.3% made $10,001-$25,000 annually, 19.0% reported an annual income of $25,001-$40,000 and 6.2% made $40,001-$75,000 annually; income level was not available for the remaining percent. Pre-incarceration employment was not a significant predictor of program completion.

Drugs of choice: Table 1 indicates offender-reported 'first drug– of choice' for all offenders each year. The percent indicating Methamphetamine ranges from a low of 28% (in year five) to a high of 44% (in year four) and stands at 42% currently. Opiates peaked at 17% in year six but are currently at 10%. The "Other" category includes spice, steroids, inhalants and a variety of lesser used chemicals aggregated here for

study. Alcohol and marijuana have remained fairly consistent. Analysis of second and third drugs of choice proved less informative, though alcohol and marijuana were consistently the top second and third drugs used. Particular drug used was not significantly associated with likelihood of program or PRC completion; though in some analysis opioid users appeared to pose completion challenges.



	YR1: 2007	YR2: 2008	YR3: 2009	YR4: 2010	YR5: 2011	YR6: 2012	YR7: 2013	YR8: 2014	Average
Meth	55%	37%	38%	44%	28%	31%	35%	42%	39%
Alcohol	17%	18%	18%	15%	21%	15%	11%	16%	16%
Marijuana	18%	23%	24%	13%	15%	22%	25%	15%	19%
All Opioid	5%	15%	12%	13%	15%	17%	14%	10%	13%
All Others	6%	7%	8%	15%	21%	15%	15%	17%	13%

Predicting non-completion of Nexus

This section of the report addresses the critical concern: who completes, who doesn't, and why? It further explores what drives non-completion rates and what predicts success or failure in the treatment facility portion of the program. As noted in the executive summary, program and PRC completion rates vary by admission cohort (year). This is because admission and discharge are an ongoing daily process and the use of calendar year cut-points is arbitrary. For example, we could look at completion rates by month of year or quarters. Annual participant completion rates range from a low of 67.0% in year 6 to a high of 87.0% in year 4. If we examined an alternative set of time periods (say fiscal years or 6 month periods) the percent of completers for each time period would likely look different. Nonetheless, over the life of the program, statistically, no single year differs significantly from the overall average.

Over a 7 year period, 75.2% of all admissions to Nexus completed their 9 month stay as sentenced. The average length of stay for men who do not complete the program is 110

days. Discharges for all 181 non-completers include 64.9% disciplinary discharge; 22.1% left by choice against advice; 6.1% medical; 3.9% suspended; the remaining 3.1% either completed their sentence or were discharged for an unknown reason. Only two offender have escaped the facility in 8 years.

Percent of admissions completing the program each year								
	1	2	3	4	5	6	7	8
Nexus	75%	78%	85%	87%	73%	67%	74%	NA

When considering the diverse background characteristics of participants (gender, average number of arrests, felonies, prison time, abuse history, etc.) it is reasonable that such yearly and overall variation in completion rates would be observed. This variation in program completion rate is expected to continue fluctuating around the average as the program moves forward.

Based on 2013 data, for those who complete the Nexus portion of the program, across years 72.1% complete PRC despite some variation from year to year. For Nexus participants who complete and go on to a PRC, the completion rate varied across centers. It is very important to note that statistically, despite apparent variation, no single offender is any more likely to complete at one PRC than any other. Moreover, the data gathered earlier in the program evaluation process only indicated which center the offender was referred to when they left the treatment program – no data was gathered from the PRCs themselves on the completion rate of their sub-populations of Nexus referrals. This would make a good validity check in a future study.

At Risk

Risk factors are those variables that are significantly associated with failing to complete some or both parts of the program. In previous studies of Nexus (2013, 2010) risk factors included age, number of lifetime felonies, average number of months spent in prison prior to the program, having a diagnosis of ADHD (compared to those with no diagnosis of ADHD), and having a mental health diagnosis or being on a psychiatric medication. As alluded to earlier in this report these previously identified risk factors have eroded and become statistically insignificant over time as the program positively adapted to challenges.

For this 2015 report key variables were again examined very closely. Previous analysis had indicated having a mental health condition is a predictor of non-completion. Current analysis reveals that for 492 cases with all data, the completion rate for those without a self-reported diagnosis was 76.4%; for those with a diagnosis it was 75.9%. This is not statistically significant and indicates that there is no disparity. In fact, a sub-analysis of just those who left the program in 2013 (available N for study = 124) indicates that those with an identified MH diagnosis were more likely to complete, 84.5% of the time, than those without, 63.6% of the time.

Having Attention Deficit Hyperactivity Disorder (ADHD) has also dropped out of significance. Those with ADHD complete the program 73.1% of the time and those without 77.9% and this is not statistically significant, which indicates that there is no disparity. Put another way, having ADHD does not predict non-completion.

Moreover, previous studies had indicated that younger offenders were at higher risk to fail; analysis of 717 offenders over the life of the program now shows the average age of completers is 34.7 and non-completers is 33.7. There is no longer a significant difference in age of completers compared to non-completers. Prior number of months in prison, number of lifetime felonies and/or misdemeanors, and other static factors also failed to predict risk during the most recent analysis.

"The previously small number of significant predictors for Nexus completion/non-completion has eroded and the population may be considered homogeneous at this time."

The previously small number of significant predictors for Nexus completion/non-completion has eroded and the population may be considered homogeneous at this time. The lack of a significantly predictive model speaks to the complexity of the offender population and the myriad number of characteristics that go into successful completion. This is addressed further in the discussion section.

Longitudinally tracking completers/non-completers post-program

What becomes of them? For Nexus offenders who did not complete their Nexus facility stay for disciplinary reasons forfeited their acceptance to a prerelease center, were most often transported to the County jail for holding, and then sent to prison. Some went to the Sanction, Treatment, Assessment, Revocation and Transition center (START) or another DOC facility or program.

In the 2013 report it was stated that "methodology for tracking offenders after their Nexus and PRC stays is exceedingly complex and doing so accurately and with confidence in results is beyond the resource capacity of this current study." This is reiterated. Most completers have their sentence discharged or relocate. Determining who re-enters DOC custody at specific points in time after the program, for what reason, where and why they are placed (new crime, revocation etc.) is a study best conducted internally at the DOC by a statistician with full unlimited and ongoing access to the Offender Management Information System (OMIS).

For example, to determine recidivism as defined by DOC, a subset of offenders referred directly from prison would have to be tracked through every program they attend (in-state and elsewhere) and monitored for another admission to prison at any point. Simply answering the question 'are they in prison now' does not suffice. Short of this, in order to complete the most efficient long term follow up of offenders, the programs themselves would need at least one administrator with direct access to OMIS.

A newer record now being kept rigorously by the Nexus program and used throughout DOC, the "Progress Summary Review," should prove useful for program evaluation. All the placements in DOC are spelled out. Nexus does track offenders through their PRC stay for one year as required and in earlier evaluations this data was used to report on the program's performance.

Qualitative and Narrative Review

The 2013 evaluation report indicated that "Future studies should minimize effort at quantification and instead focus primarily on qualitative narrative interviewing and analysis of program staff and representative groups of offenders as an evaluation methodology." For this 2015 study this method was implemented. Document review and program staff interviews were employed primarily to inform and re-familiarize the evaluator with all aspects of the program to guide writing this section of the 2015 report.

The following documents specifically were reviewed by the evaluator:

- Commission on Accreditation for Corrections Standards Compliance Reaccreditation Audit, November 10-11, 2014
- Commissions for Accreditation for Corrections Standards Compliance Reaccreditation Audit, May 2010
- All Nexus Grievance Reports September 2012 – January 2014
- Aftercare Plan Template
- Release of Information Forms
- Multidimensional Biopsychosocial Form
- Relapse Pre-test and Relapse Post-test
- Basic Family Member Contract
- Department of Corrections Interim On-site Visit reports dated: 5-8-13; 12-17-13; 11-14-14.
- Annual Reports
- Nexus Family Member Handbook and Appendices

Other Programmatic forms and Authorizations reviewed included: Confidentiality statement, Continued-stay Review form, and Discharge Summary form.

The following Monthly tally Reports were reviewed by the evaluator:

- Number of Admissions
- Number of Program Completions
- Number of Formal Hearings
- Transfers to a higher security level
- Number of Pat Downs
- Number of Room Searches
- Number of UAs Collected
- Number of UAs Tested
- Number of Dirty UAs
- Number of Jail Sanctions & return
- Number of Class III Hearings
- Number of Class II Hearings
- Number of Security file audits
- Number of program staff transport hours
- Number of Grievances Filed
- Number of Grievances Resolved
- Number of CD Specific Group (LAC facilitated)

- Number of individual LAC sessions
- Number of CTE group hours
- Number of COG group hours
- Number of TER group hours
- Number of staff/guest lecture hours
- Number of Parenting group hours
- Mental Health Therapy Group
- Number of Community Meetings (TC)

The program Administrator, Clinical Director, Licensed Addiction Counselor, consulting Licensed Clinical Professional Counselor and Intake Aftercare Coordinator were interviewed individually at the program. The evaluator attended staffing with these team members and with case managers, security personnel and support staff. Moreover the evaluator joined the program population, called 'Family Members," for lunch and informal discussion.

The original 2006 RFP (06-001-METH) indicated that "*CCCS will utilize the following interventions and treatments at the proposed NEXUS Program that have been proven to be successful…*" and delineates exactly what theses should be. Following are items from this, quoted in italics, with critical review comments by the evaluator.

- *Services that are structured and focused around a treatment plan built on good assessment*.

The program has adopted the new Diagnostic and Statistical Manual 5th edition and the clinical director and staff have been trained in the most contemporary diagnostic practice which is integral to assessment. The program is not 'old school' at all. Good treatment planning relies on good assessment and diagnostic interviewing. Program assessment is informed by the Patient Placement Criteria Second Edition Revised (PPC-II-R) as published by the American Society for Addiction Medicine. They are preparing to move to a more contemporary 3rd edition which came out in 2013 and is just now being integrated into most treatments settings in the state and nationally.

The program is using psychometrically validated assessment instruments such as the Substance Abuse Subtle Screening Inventory (SASSI) and the classic but still useful Michigan Alcoholism Screening Test (MAST). The individual items from the MAST in particular are rich and informative and result in good treatment planning. Incoming members are also administered the Jessness Inventory a valid and reliable instruments.

- *Services that build an environment of trust and rapport with the Family Member using motivational and Family Member oriented methods.*

At first glance this criterion appears to address members of the offender's families of origin. In fact, it refers to the way that the offender population is grouped into four treatment 'families' residing within the facility. There are two families per unit on two units: Snowy Unit: Phoenix and Sundogs and Moccasin Unit: Crusaders and Knights of Recovery. Each unit has Addiction Counselors, a Case Manager and a Counselor Tech who work closely with the offender population to address their needs.

These four groups are the targeted recipient of services, and function as families within the facility. Within the Nexus community on a daily basis the dynamics of peer groups are harnessed by the program staff and specific treatment interventions to motivate individuals to address the root causes of their substance abusing behavior. Offenders present oral reports to their group and movement through phases, including privileges, is contingent upon both peer and clinical staff approval.

- *Services that, through an atmosphere of trust and rapport, enhance the self-disclosure resulting in self-awareness that leads to change.*

Nexus is a group intensive therapeutic community program; members of the community learn to build trust in other people sometimes for the first time in their life. Previously, many relationships in the offender lives have been based on exploiting others' vulnerabilities, using and abusing, being used and being abused by other people. One offender quoted a popular 1970s song by the Eagles called 'Tequila Sunrise': "Oh but it's a hollow feeling when it comes down to dealing friends, it never ends." The Nexus family structure creates an atmosphere where trust and rapport and a renegotiation of the meaning of relationships can occur. This necessarily requires a critical deconstruction of past individual history, and this is done in the context of the family group system, resulting in self-awareness designed to lead to change.

- *Services provided under the scrutiny of an evaluator.*

Community Counseling and Correctional Services (CCCS) Nexus Program has exhibited a long-standing commitment to program evaluation, as this is the fourth report addressing program processes and outcomes in eight years, prepared by this writer with the full collaboration of the program and with various research assistants. The previous three evaluation reports are on file with the Montana Department of Corrections and posted on the department's website (one may easily review the complete 2013 report by clicking here:
http://www.cor.mt.gov/content/Resources/Reports/MethTreatmentEval2013.pdf
The program has been fully cooperative with all evaluation efforts, particularly in the earlier quantitatively demanding report building. Evaluation is a cooperative venture, and cooperation from the Nexus program leadership as well as the corporate offices has never been lacking.

The program's commitment to participating in the process of evaluation relative to standards is perhaps best evidenced by a direct quote from the November 2014 Commission on Accreditation for Corrections Standards Compliance Reaccreditation Audit which states that "While it is customary to identify several staff members for praise for their assistance during the audit, that task was made somewhat difficult at Nexus CTP. The task was difficult, not due to a shortage of staff deserving of recognition, but to the contrary, nearly all of the staff encountered by the audit team merited our praise." Ditto here.

- *Services that are cognitive-behavioral focused using cognitive-restructuring and interpersonal skill building approaches.*

All three phases of treatment do in fact include a formalized program of Cognitive Processing and Restructuring (CP&R). According to the Clinical Director "This is what makes the program the program: it is the meat of the program." Family members are engaging in CP&R five days a week, specifically examining 'the criminal cycle.' They present to their family the memorized verbal summary of the cycle, examining current and old core beliefs. They are required to reprocess the very way they think and react to everything in life from history to (particularly) current behavior as manifest in the program. As mentioned above, this must be a successful presentation approved by family members and the clinical staff in order for them to progress through phases towards graduation. A search of the Family Members Handbook indicates the word "cognitive" is used at least 15 times – it is written and implemented n throughout the program treatment philosophy and documents reviewed for this report.

- *Services that attend to extra-personal circumstances—family, friends, peers, etc.*

Program family members create what's referred to as a 'victim's barrel' filled with victim names. They learn that the victims of their criminal thinking and lifestyle are not just family, friends and peers, but the larger community as a whole which suffers from the negative impacts of drug abuse and dealing. One assignment requires the drafting of letters to those who have been harmed. Interviews with clinical staff indicate that there is often a larger history of partner family member assault, domestic violence, and child abuse. Not all of that has made it into the legal record, but it comes out as part of treatment. The offenders are both victims (of themselves and others) and perpetrators, but it is in their role as perpetrators that they are the most challenged in the program.

- *Services that maintain respect for and attend to diversity in both people and programming.*

Just less than 20% of the population at the program is historically Native American with a wide variety of specific tribal affiliations: Blackfeet, Crow, Northern Cheyenne etc. The program is not particularly Eurocentric (white) in its approaches and all offenders are afforded the opportunity to participate in a culturally sensitive program of Drum Group, Smudge and Pipe ceremony, and a Talking Circle group. The visual art and general milieu of the program represent diversity. As reported in the quantitative section of this and previous reports, Native American and other nonwhite groups are no more or less likely to complete the program, in essence, there is a positive lack of quantified disparity in outcome.

- *Services that provide structured one-on-one paraprofessional companionship opportunities.*

As advocated by the U.S. Substance Abuse and Mental Health Services Administration, Department of Public Health and Human Services, there have been recent research-supported advances of practice models reliant on peer recovery and support services. At Nexus, the self-help groups Alcoholics Anonymous, Narcotics Anonymous, Recovery Anonymous, Celebrate Recovery, and Talking Circle groups run 6 days a

week. The program staff fully understands that it is this type of naturalistic support service occurring at a grassroots level in communities throughout Montana that will, in the long run, provide the best means of achieving lasting abstinence from drugs, and refraining from crime. In the evaluation interview with one of the program's LACs it was reported that local Alcoholics Anonymous groups have been increasingly reluctant to come in from outside the facility and run meetings, as there has been some local objection to "drug addicts" (used stigmatically) participating in meetings where the requirement for membership is a desire to stop drinking. Nonetheless, groups run in-house, and whenever possible outside speakers are invited in.

- *Services that focus on dynamic predictors and criminogenic needs as targets of treatment.*

The risk assessment instrument Level of Service Inventory Revised (LSIR) is incorporated with DSM-5 and ASAM PPC-II-R in treatment planning to ensure that criminogenic as well as clinical treatment needs are considered as part of the overall treatment planning in the program. The LSIR is administered scored and used at both intake and discharge and entered into a data base; it is used for both clinical treatment and program evaluation. Moreover, the program is beginning to receive the Montana Offender Risk and Reentry Assessment instrument and to use that for reentry planning.

It is important to note that there are no elements of the program which appear to be disaggregating chemical dependency and drug seeking psychology and behavior from the criminal history of this offender population. As reported above in the quantitative section of this evaluation report, the average number of lifetime felony convictions for Nexus participants is 4.66; misdemeanor convictions 15.71; and arrests 19.74. This fact is not lost on the treatment staff, and it is recognized throughout all program elements that it is criminal thinking as well as addictive process being addressed.

- *Services that match program intensity to the Family Member's level of risk.*

Services are provided in three time delineated phases that dictate both privileges and restrictions. Work in one phase must be complete before advancing to the next. All offenders are high risk as evidenced by both the individual and aggregate level of criminal history. This high risk level is assumed and this assumption is incorporated across the different phases of treatment.

Quantitatively, previous evaluation determined that certain characteristics placed program participants at higher risk for failing to complete the program than others. Discussions with program staff indicate that this feedback was actively considered as the program matured. While it is not possible to specifically attribute the erosion of the predictive power of certain client characteristics and variables, it is likely that macro and micro level program adjustments, made with consideration of the previous evaluation, with respect to the family member's levels of risk, have resulted in program improvement.

- *Services that focus on higher risk cases*.

Interviews with the clinical director and program staff indicate that all services are focused on high risk cases, as all cases are clearly classified as higher risk. This is true not just for criminogenic risk, but with regard to the generally high clinical acuity of the participants. While the level of readiness of their motivation to change is highly variable, nearly all clients are at an advanced stage of chemical dependency, at least psychologically. Rarely is this the first treatment episode for program participants, some have even been in treatment more than a dozen times previously. Program services take this into account.

- *Services that focus on developing pro-social and community responsible behaviors integrating morals and values development.*

Program participants are enculturated into this therapeutic community where mutual responsibility and mutual reciprocity are the norm. Essentially, they are learning that they are responsible for one another, as are people in larger society. They are undergoing a transformation whereby their moral development and values, previously so well suited to the criminal underground, are being critically deconstructed and then reconstructed in such a way that they may interact successfully with the larger society. They put what they learn into practice right at the facility. Their Phase 2 aftercare questionnaire helps plan the transition to the prerelease center, which is the next community they will be a responsible member of. A specific quote highlighted in the family member handbook indicates: “I am my brother’s keeper.”

- *Services that are delivered within the group context.*

Information concerning the following Specialty Groups was reviewed by the evaluator during the site visit and discussed with program staff:

1. Life Skills I
2. Life Skills II/Computer Training
3. Culture (also rolled into Thinking for Change)
4. Victims Issues
5. Connections
6. Gender
7. Parenting
8. Parenting II
9. Personal and Moral Development
10. Wise Mind DBT Skills

This group intensive programming is typical of therapeutic communities. Evaluator discussions with various staff lead to the conclusion that each group is facilitated by the staff member most qualified to do it. While individual staff do not ‘own’ the group, and they are certainly capable of covering for each other, repeated facilitation of specific group content and process over time leads to an increased level of expertise and efficacy on the part of specific staff.

- *Services where providers are seen as teachers or trainers*.

The therapeutic community model is designed such that family members in the program are teachers and trainers for one another, along with the professionally educated and trained staff. While visiting the facility, this evaluator briefly observed part of one member-facilitated discussion. It would not be immediately clear to the casual observer that the presenter was not professionally trained and the behavior of the participants in that particular exercise mirrored that which is regularly seen in the classroom.

- *Services that utilize structured experiences such as: role-playing…, journaling…, thinking reports…, autobiographies…, and structured group sharing….*

Page 16 of the 51 page Family Member's handbook indicates exactly what is expected of members as they move from one phase to the next and is reprinted here:

- 1st Life Story Presentation made to the entire Treatment Family.
- Completion of modules 1-6 of the chemical dependency treatment curriculum. This includes preparation and presentation of all assignments.
- Completion of all required assignments, reports and TERs in the Initial Phase of the Cognitive Principles and Restructuring Program. This includes all assigned thinking logs, reports, and assignments.
- Completion of Steps 1-3 of the 12-Step Program. This includes all related assignments.
- Completion of Victim's Issues Group.
- Completion of any assigned material from the Big Book Study, Criminal Thinking Errors, etc.
- Completion of all assigned reports/assignments issued and required by the treatment family.
- Completion of the phase 1 treatment plan.
- Attendance at all scheduled individual sessions with the Chemical Dependency Counselor and Case Manager.
- The endorsement of a majority of the treatment family and staff.
- Has received no major write-ups (Class 2 or above) in the prior two weeks and no minor write-ups (Class 3) in the prior 10 days.
- Has paid at least $10.00 toward his physical fee.
- Has demonstrated the following behavioral changes:
    - An increase in responsibility - both on a personal basis regarding one's actions and on the family unit/group.
    - Behavior is appropriate to situation 60% of the time.
    - Maintains neat appearance.
    - Completes daily chores.
    - Displays healthy habits of active daily living.
    - Willingness to self-challenge.
    - Acknowledgment of thinking errors.
    - Identify and stop any staff and family member splitting.

- Begin to demonstrate honesty in all aspects of treatment.
- Asking for help.

The evaluative question for these criteria becomes: are these events and experiences occurring? It is beyond the scope of a single site visit day to validate through direct observation that they are. Nonetheless, staff interviews and review of documentation lead to a confident affirmative conclusion that this is indeed the program, and it is occurring on a daily and weekly basis.

- *Services that see the relationship between the provider and the Family Member as a partnership in change and rehabilitation.*

Partnership implies that staff work *with*, not work *on* the family members. Evaluator interviews with various staff provided narrative examples that indicate understanding of the difference and how it plays out in practice. Staff share power with family members, especially those in phase 3, and they understand the difference between power *over* and power *with*. This is an ongoing challenging dynamic in the milieu. For example, many offenders have spent many years seeing themselves as victims of "The Man" and not realizing they are victims of themselves and their addicted brains. They will repeatedly attempt to psycho-dynamically manipulate the staff into being the bad guy, thereby deflecting responsibility for their own past and current behavior. This is a dynamic the staff is very familiar with, and while it is fatiguing, they strive in all interactions to maintain a partnership with the family members. At their best, staff members realize that when they are inclined to become angry or controlling, it is a symptom of a (usually early phase) family member's pathology then compensate and remain professional.

Discussion and Recommendations

The likelihood of any single offender completing the program varies by specific offender characteristics. As the program has matured a less easily defined concept, "clinical wisdom" comes into play and the clinical director, counselors and front line staff is in the best position to gauge who is at risk for failing the program. This is being done and services/program adjusted to the degree possible.

It is reasonable to assume that in addition to those identified in this evaluation other factors will continue to vary across this diverse and complex population, not all of which will have a quantifiable impact on completion. In studying any treatment population there are always intangibles and the best source of information for further exploring completion rates and return rates will continue to be the subjective knowledge base of the clinical and frontline practitioners of the treatment program itself, as well as the 'family members.'

A previous evaluation report (2013) of Nexus (and its sister program for females, Elkhorn), advised that "Future studies should minimize effort at quantification and instead focus primarily on qualitative narrative interviewing and analysis of program staff and representative groups of offenders as an evaluation methodology." This has been

done here for the Nexus program and should continue to be the strategy of the next evaluation report.

The Department of Corrections itself may benefit from an internal statistical analysis comparing Nexus completers to those of similar backgrounds who did not attend the program to gauge the ACA defined recidivism rates. Setting up a specific methodology and strategy for collecting research-level program evaluation data from the Offender Management Information System, while it could be resource intensive process, would reflect a contemporary and advanced professional corrections management strategy.

For the Nexus program, the client level data collection systems remain in place. Ensuring accurate data collection beyond program exit is crucial for the development of fiscally and politically satisfactory answers to key questions.

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