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FY 2011 Second Chance Act Adult Offender Reentry Demonstration Projects: Evaluability Assessment of the Beaver County (PA) ChancesR: Reentry, Reunification, and Recovery Program

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Evaluability Assessment of the FY 2011 Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Projects

Beaver County (PA) ChancesR: Reentry, Reunification, and Recovery Program

Contents

Glossary

ACT—Assertive Community Treatment
BCBH—Beaver County Behavioral Health
BCRC—Beaver County Rehabilitation Center
BJA—Bureau of Justice Assistance
CJAB—Criminal Justice Advisory Board
COD—Co-Occurring Disorder
COMPAS—Correctional Offender Management Profiling for Alternative Sanctions
CSG—Council of State Governments
FACT—Forensic Assertive Community Treatment
EA—Evaluability Assessment
GAIN SS—Global Appraisal of Individual Need Short Screener
GED—General Equivalency Diploma
HC—HealthChoices
LSI-R—Level of Service Inventory-Revised
MIS—Management Information System
NHS—NHS Human Services
NIJ—National Institute of Justice
PO—Probation Officer
ROOTS—Reaching Over Obstacles to Succeed
RTI—RTI International
SAMHSA—Substance Abuse and Mental Health Services Administration
SCA—Second Chance Act
SUD—Substance Use Disorder
TRAILS—Transforming lives, Restoring hope, Advocating change, Identifying resources, Life planning, and Supporting families
TTA—Training and Technical Assistance
UI—Urban Institute

Evaluability Assessment of the FY 2011 Bureau of Justice Assistance Second Chance Act Adult Offender Reentry Demonstration Projects

Beaver County (PA) ChancesR: Reentry, Reunification, and Recovery Program

Evaluability Assessment Summary

In 2008, the Second Chance Act (SCA): Community Safety Through Recidivism Prevention was signed into law with the goal of increasing reentry programming for offenders released from state prisons and local jails. Programs funded through Title I of the SCA must create strategic, sustainable plans to facilitate the successful reentry of individuals leaving incarceration facilities. Other key requirements include collaboration among state and local criminal justice and social service systems (e.g., health, housing, child services, education, substance abuse and mental health treatment, victim services, and employment services) and data collection to measure specified performance outcomes (i.e., those related to recidivism and service provision). Further, the SCA states that program reentry plans should incorporate input from local nonprofit organizations, crime victims, and offenders' families. It also requires that grantee programs create reentry task forces—comprised of relevant agencies, service providers, nonprofit organizations, and community members—to use existing resources, collect data, and determine best practices for addressing the needs of the target population.

Consistent with the objectives of the Second Chance Act, the Bureau of Justice Assistance (BJA) funded 22 adult offender reentry demonstration grants in FY 2011. Eight FY 2011 SCA projects[1] were selected by BJA for this evaluability assessment (EA). These projects target adult offenders under state or local custody (and about to return to the community) for comprehensive reentry programing and services designed to promote successful reintegration and reduce recidivism. Intended to proactively address the multiple challenges facing former prisoners upon their return to the community, the grants may be used to provide an array of pre-and post-release services, including education and literacy programs, job placement, housing services, and mental health and substance abuse treatment. Risk and needs assessments, transition case planning, case management, and family involvement are key elements of grantees' SCA projects. The goals of the SCA projects are to measurably (1) increase reentry programming for returning prisoners and their families, (2) reduce recidivism and criminal involvement among program participants by 50 percent over five years, (3) reduce violations among program participants, and (4) improve reintegration outcomes, including reducing substance abuse and increasing employment and housing stability. (See Appendix A for the initiative's SCA logic model.)

Evaluability Assessment Objectives and Activities

Evaluability assessment is crucial in determining if a project is a candidate for meaningful evaluation (Wholey, Hatry, and Newcomer 2004). At minimum, an evaluable program must have well-defined program goals, target populations, and eligibility criteria, as well as reliable and

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[1] Boston Reentry Initiative (MA); Hudson County (NJ) Community Reintegration Project; Johnson County (KS) Reentry Project; Minnesota DOC Revocation Reduction Demonstration; Missouri DOC Second Chance in Action Initiative; New Haven (CT) Reentry Initiative; Ohio DRC Healthy Environments, Loving Parents (HELP) Initiative; and Solano County (CA) Women's Reentry Achievement Program (WRAP). In March 2013, the EA study expanded to include two additional FY 2011 sites: the Beaver County (PA) ChancesR program and Palm Beach County (FL) RESTORE Initiative.

accessible performance data, and a defensible counterfactual (Barnow and The Lewin Group 1997). The current EA study, conducted by the Urban Institute (UI) in partnership with RTI International, is designed to determine what level of future evaluation activity is supportable in each of the eight[2] SCA sites and to identify the most appropriate research design and methods for each site. While most EAs seek to determine whether a program is evaluable, the EA study's funder, the National Institute of Justice (NIJ), is interested in some level of evaluation in *all* eight adult SCA sites; therefore, EA data collection must support more nuanced evaluation recommendations than "Evaluate: Yes or No." Specifically, the EA aims to answer two questions: Is the program evaluable? And if so, how, and at what level of effort?[3] Design options must address both the recommended level *and* type of evaluation, including the suggested mix of process, outcome, impact, and cost analyses.

The following criteria (Barnow and the Lewin Group 1997, Wholey et al. 2004) guided EA work in the eight SCA sites.

1. **Measurable outcomes.** Program goals must be clearly stated, consistently understood by staff and partner agencies, and translatable into measurable results.
2. **Defined program components and their hypothesized relationship to outcomes.** An underlying theoretical model and logic model must indicate how program components, both in-facility and community-based elements, contribute to outcomes.
3. **Case flow and attrition.** How clients enter the program, as well as when, how, and why they discharge (either successfully or unsuccessfully) from the program must be documented to inform sample size estimates, comparison group construction, and evaluation recruitment timelines.
4. **Precise target population and eligibility criteria.** The EA must document how eligible participants are defined in each SCA site and how closely projects and their partners adhere to delineated eligibility criteria, including when and why sites deviate from established parameters. Eligibility criteria must be well-defined and consistently applied to minimize selection bias that might arise from arbitrary enrollment rules.
5. **Intake procedures.** Related to items 3 and 4, it is critical to map how potential participants are identified and referred to the program, including the point at which this referral occurs; this will have implications for planning random assignment procedures (i.e., what point in program operations should random assignment occur) should the program warrant such rigor and for identifying appropriate comparison subjects if quasi-experimental alternative designs are necessary.
6. **Ability to collect and maintain data.** An accurate management information system that includes data needed for the evaluation must be available. For impact evaluations, comparable data must exist (or be possible to create during the evaluation timeframe) for both treatment and comparison group subjects; site support for primary data collection must be evident.

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[2] Eight sites were selected by BJA and NIJ for study, however, one site (Johnson County, KS) declined further participation in the grant program after the EA study began. In March 2013, NIJ and BJA, in conjunction with the EA, identified two additional sites—Beaver County (PA) and Palm Beach County (FL)—for the EA. Ultimately, the EA study conducted site visits to nine projects and compiled nine site-specific EA reports. A brief memorandum describing the Johnson County program was also compiled.

[3] If the program is not evaluable, we will indicate what would be required to bring it in line with evaluation requirements.

7. **Presence of a clear counterfactual.** Impact evaluation designs also must consider appropriate comparison or control groups. Clearly documenting the services that are available to such individuals is therefore critical.

Likewise, the EA examined whether the program was mature and stable enough to warrant evaluation (Zedlewski and Murphy 2006); core program elements must be sufficiently fixed (static) to allow for meaningful evaluation.

The forthcoming Evaluation of the FY 2011 BJA SCA Adult Offender Reentry Demonstration Project, which also will be conducted by RTI and UI, entails a research design (subject to revisions based on the Evaluability Assessment of the sites selected by BJA and NIJ for further study) that envisions (1) process/implementation evaluation in all eight sites, (2) recidivism outcome (treatment group only) or impact evaluation (treatment and comparison groups) based on administrative records (secondary data) of arrest and incarceration, (3) more intensive impact evaluation that collects primary data (three waves of interviews) for both treatment and comparison groups, and, where feasible, uses random assignment to construct treatment and control groups, and (4) two different levels of cost analysis (cost studies 1 and 2), in which the sites selected for the intensive impact evaluation would also participate in a more intensive cost study given the ability to use the primary interview data to generate more information about benefits other than recidivism outcomes.

Cognizant of this design,[4] EA data collection activities consisted of

- **Review of program materials and documents,** including program and partner materials such as blank intake and assessment forms, orientation materials, program handbooks, redacted transition case plans, annual reports, and program logic models to document operations.
- **Analysis of BJA aggregate performance data** including process measures, recidivism outcomes, and other reintegration indicators that may underscore program performance.
- **Pre-visit phone interviews** with SCA coordinators and project directors in each site were conducted to outline EA objectives and obtain updated project information.
- **Site visits and semi-structured interviews** with policy-level stakeholders and program staff and partners to assess capacity and readiness for evaluation across multiple EA domains and to collect supplemental information on training and technical assistance (TTA) needs. Specifically, interviews with individual stakeholders at the policy-level within the criminal justice system tracked the SCA initiative's efforts, evolution, and adaptation over the earlier funding period, and the impact of the grant on cross-systems coordination, collaboration, and data exchange, as well as changes in policies and procedures. Semi-structured interviews with program and partner staff documented screening, assessment, case planning, transition planning, case flow, business-as-usual, and other critical program operations. Additional site visit activities included

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[4] UI and RTI partnered on both the EA work (Focus Area 1 of the evaluation solicitation) and the full evaluation (Focus Area 2), and proposed to use the same teams for both evaluation projects to facilitate critical efficiencies (knowledge, resources, execution, celerity) while building a solid knowledge base of the sites and their capacity for evaluation to the benefit of Focus Area 2 work.

- o **Review of program case files and administrative records** to determine data quality, verify the scope and content of client-level data routinely collected, and generate case flow and sample size estimates.
- o **Direct observation of program operations to determine logistics** that may inform subject recruitment and enrollment procedures for the full evaluation.

Drawing on the data collected from the above activities, this report (1) describes the SCA program including the implementation status of the site's SCA program operations, activities, and characteristics, including adherence to stated policies and protocols and fidelity to the SCA reentry model, (2) examines program maturity, stability, and readiness for evaluation, (3) describes "business as usual" and identifies defensible, viable comparison groups, where possible, (4) documents site capacity for evaluation, including data availability (sources, data format, and technological capabilities) and quality to support process, outcome, impact and cost analyses, (5) examines the scope of any local evaluation efforts, and (6) concludes by presenting the range of viable study design options and evaluation recommendations.

A three-person UI/RTI EA team visited the Beaver County ChancesR: Re-Entry, Reunification, and Recovery (ChancesR) program from April 25 to 26, meeting with departmental leadership, institutional staff, and community-based program and criminal justice partners to better understand program services and operations, and to collect additional materials central to the EA. A debrief was held Friday, April 26, 2013 with project leadership. Furthermore, after the visit, the EA team conducted additional data collection via email and telephone to clarify program features and operations. This report reflects the team's best understanding of the ChancesR program at that time.

Beaver County (PA) ChancesR Project Summary

The ChancesR: Reentry, Reunification, and Recovery (hereafter ChancesR) program targets male and female offenders, aged 18 years or older, with mental health, substance use (SUD) or co-occurring (COD) disorders, as identified through the Global Appraisal of Individual Need Short Screener (GAIN SS), and who are sentenced to the Beaver County jail. Most participants are from, and may return to, one of the following five Beaver County communities: Aliquippa, Ambridge, Beaver Falls, New Brighton, and Rochester.

The program's core components consist of screening and assessment to identify behavioral health disorders, cognitive-based treatment groups that feature the *Seeking Safety* curriculum, highly structured vocational/educational services, and transition planning, as well as case management and reentry sponsorship (mentoring) that begin in jail and continue in the community. Seamless service provision that addresses the obstacles faced by offenders returning to the community from jail, particularly employment, is an overarching goal of the ChancesR program. Program partners include the Beaver County Behavioral Health (BCHC—lead agency), the Beaver County Jail, Adult Probation, the Beaver County Rehabilitation Center (BCRC), NHS Human Services (NHS), and two community-based sponsorship (mentoring) programs: ROOTS (Reaching Over Obstacles to Succeed) and TRAILS (Transforming lives, Restoring hope, Advocating change, Identifying resources, Life planning, and Supporting families).

ChancesR uses a collaborative strategy, which closely mirrors that funded under Pennsylvania's HealthChoices (Medicaid billing), to address the challenges faced by individuals with mental

health needs, SUD or COD. The SCA grant funds pre-release screening, assessment, treatment, case management and vocational/educational services; post-release prosocial activities and sponsorship services are also funded by the grant. Post-release case management support, treatment, and housing are largely funded through a mix of state and federal resources. A portion of the grant supports local evaluation efforts and a housing coordinator employed by the lead agency (see undated program document titled "*Beaver County ChancesR: Reentry, Reunification, and Recovery—Providing a Second Chance*").

Implementation

In operation since the fall of 2010, the ChancesR program is a new reentry initiative that builds on Beaver County's extensive efforts over the last decade to construct a comprehensive, evidenced-based system of care for individuals with substance use and co-occurring disorders including those involved in the criminal justice system. It enjoys broad support from an array of behavioral health, human services, and criminal justice stakeholders; each is "at the table" and plays an active role in the program and the County's broader commitment to a sustainable system of care. Through implementation of the Sequential Intercept Model (SIM),[5] Beaver County stakeholders have forged a functional cross-systems collaborative structure that bridges the criminal justice system and community (Criminal Justice Advisory Board, Beaver County Behavioral Health, and Beaver County Reentry Task Force) at the policy and operations levels. The Beaver County Reentry Task Force, a subcommittee of the Criminal Justice Advisory Board (CJAB), is the primary vehicle for addressing reentry at the local level. The CJAB serves as an advisory body to the Beaver County Reentry Task Force; all major behavioral health and criminal justice partners are represented on the CJAB. By all accounts, collaboration is strong.

Funded through two BJA Second Chance Act grants since 2010, the program is fully operational. Current operations generally mirror those initially proposed. Furthermore, there is a strong, shared commitment to both the ChancesR program and the larger objective of building a highly functional and responsive system of care. Stakeholders review program operations and procedures with an eye toward continuous quality improvement and proactively work to resolve issues. Policies and procedures are well-documented (program materials, for example, document the timing and conduct of key procedures; flow in and out of the program is documented). There is little confusion among project staff about roles, responsibilities or expectations. Core components are stable and appear to be well-implemented. However, the County's commitment to foster a functional system of care and its success at blending funding streams to provide a seamless continuum of services means that program lines are blurred. As noted above, while the grant largely funds pre-release screening, assessment, treatment, and reentry services that are not covered by extant funding streams during periods of incarceration, post-release services are funded by a variety of resources including Pennsylvania's Medicaid structure, HealthChoices, county funds and a mix of federal grants. As a result, those program components exclusive to ChancesR clients are limited in scope and number, and occur primarily prior to release from jail.

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[5] The Sequential Intercept Model provides a framework for identifying 1) where individuals with mental illness intersect with the criminal justice system and/or legal process and 2) when and how to intervene. http://gainscenter.samhsa.gov/pdfs/integrating/GAINS_Sequential_Intercept.pdf

Between March 1, 2011 and December 31, 2012, a total of 520 offenders received the GAIN SS and were enrolled in the ChancesR program. Of that number, 454[6] received an in-depth assessment/evaluation for a behavioral health disorder. According to program materials, roughly 30 percent of those 454 participants received some complement of in-jail services and approximately 35 percent utilized post-release services including case management, drug and alcohol treatment, and vocational/educational services. Stakeholders expect to enroll an additional 115 clients before funding concludes in September 2013.

Although the current SCA grant concludes in September 2013 and interest in continuing the ChancesR program is strong, there are no concrete sustainability plans in place. Given the current uncertainty about funding, it is difficult for the EA team to envision what might remain for evaluation after September 2013. Assuming the program receives supplemental funding in short order, the site appears to be a strong candidate for evaluation: program operations are stable, objectives and procedures are well-defined, and case flow is steady.

Program Logic

The ChancesR program largely reflects the key elements of the SCA Prisoner Reentry Initiative Logic Model, although the majority of FY 2011 SCA grant funds are used to provide pre-release services such as screening, assessment, treatment, and vocational/ educational services. While participants are linked to post-release services, including case management and treatment, housing supports, and vocational/educational assistance, the majority of services existed prior to ChancesR and are funded through a mix of Medicaid dollars, county funds, and other federal grants. Furthermore, screening and assessment focus primarily on accessing behavioral health disorders; while the GAIN SS includes a crime/violence domain, neither of the program's screening and assessment protocols accounts for criminogenic risks/need. Adult Probation, however, administers the Wisconsin risk/need assessment tool to individuals on supervision.

The ChancesR program seeks to expand the County's efforts to "build a recovery-oriented system of care" by addressing the forensic/reentry domain (Beaver County ChancesR proposal 2010:1). The use of evidence-based practices (GAIN SS, COD evaluation, *Seeking Safety* trauma informed groups, FACT[7] teams, etc.) figure prominently in the program's design.

The primary goals of the ChancesR program are to (1) reduce reoffending by 50 percent over a five-year period (i.e., by 2015); (2) increase participation in treatment both pre- and post-release including trauma-informed services; (3) improve reentry outcomes for participants as evidenced by decreased rates of relapse, increased housing stability and increased rates of employment post-release; and (4) continuously monitor and assess program operations and performance (Beaver County ChancesR proposal 2010:17-18). The program proposes to achieve these goals by:

- **Identifying and reducing the risk of recidivism**, through the use of a validated, behavioral health risk screener (GAIN SS) followed by an in-depth clinical diagnostic assessment (COD evaluation) that guides pre-release reentry planning with a Reentry

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[6] The program attributes the difference between enrollment figures and the number receiving a COD evaluation/assessment to three factors: an individual's refusal to participate in services; an individual's release from jail; or a post-enrollment finding of ineligibility.

[7] Forensic Assertive Community Treatment

Specialist, as well as treatment and service referrals both pre- and post-release and linkages to FACT/ACT[8] teams for intensive case management. ChancesR participants are referred to the program's core cognitive program, *Seeking Safety*, in the facility, and connected to BCRC's structured vocational/educational training services and a Reentry Sponsor.

- **Improving employment and educational outcomes,** through the provision of vocational assessment including aptitude testing and skill development; supported employment (resume writing, interview assistance, job readiness skills, and life skills); psychiatric rehabilitation (12-step recovery, cognitive restructuring and coping skills, mental health education, and goal planning); and GED/academic support including informational resources on post-release literacy support.
- **Increasing housing opportunities and enhancing housing stability post-release**, through housing supports and assistance from a housing coordinator.
- **Improving stability and functioning,** through a continuum of case management support which ranges from intensive FACT/ ACT teams to general reentry support, commensurate with client level of need, and access to mental health services, medication management, parenting classes, housing, and prosocial supports through reentry sponsors (mentors).
- **Improve substance use outcomes**, by linking participants to substance use treatment resources pre- and post-release.

The program's local evaluator tracks recidivism outcomes, as well as collects and tracks process measures and intermediate outcomes relevant to the program's pre- and post-release phases. Regular reports are produced and shared with partners to inform program improvement and decision-making.

Appendix B provides a graphic portrayal of the logic outlined above, based on inputs, activities and outcomes articulated during our April 2013 visit.

Program Operations

Exhibit A outlines the key characteristics of the ChancesR program which are discussed in more detail in the following sections.

Target Population, Selection, and Enrollment

As noted earlier in this report, the ChancesR program targets adult offenders (those age 18 and older) with mental health, substance use or co-occurring disorders sentenced to the Beaver County jail, who will reside in the county following release. Violent offenders (murder, rape, etc.) may, occasionally, be accepted on a case-by-case basis. Furthermore, while most participants will be released with some form of post-release supervision (probation or parole), this is not a requisite for program participation.

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[8] Assertive Community Treatment

Exhibit A.   ChancesR Reentry Program Site Characteristics

SITE	Beaver County (PA) Behavioral Health (Lead agency)
	* New program
ENROLLMENT and CASEFLOW	* 520 enrolled as of December 31, 2012; 454 served
	* No plans to conclude enrollment
	* Approx. 600 total cases likely by September 30, 2013
TARGET POPULATION and ELIGIBILITY CRITERIA	* Male and female offenders aged 18 or older sentenced to the Beaver County Jail.
	* Medium or high need for substance abuse, mental health, or co-occurring services based on the GAIN SS
	* Most return to one of five target areas: Aliquippa, Ambridge, Beaver Falls, New Brighton, and Rochester
PRE-RELEASE CORE COMPONENTS	* Duration varies, average is three months (91 days)
	* GAIN SS and COD evaluation
	* FACT/ACT or reentry case management
	* Reentry liaison for transition case planning
	* *Seeking Safety* (ChancesR treatment group)
	* Vocational/educational programming (BCRC)
	* Sponsorship support/mentoring (ROOTS and TRAILS)
	* Substance abuse and mental health treatment
	* GED and literacy
	* Parenting classes
POST-RELEASE CORE COMPONENTS	* Completion defined as receipt of one month of services post-release but, in reality, duration of post-release services period varies greatly and according to client level of need
	* Treatment
	* Structured case management (four levels based on client need)
	* Vocational/ educational programming
	* Housing supports
	* Sponsorship/mentoring
FEASIBILITY OF RANDOMIZED/ QUASI-DESIGN	QUASI-EXPERIMENTAL—Yes
	* Featuring comparison county/jurisdiction
	* Limited to criminal justice outcomes if no primary data collection
	RANDOM ASSIGNMENT—No
LOCAL EVALUATION	YES—external evaluator
	* Measuring program and criminal justice outcomes for treatment group only
PROGRAM STABILITY	* Operations and core components stable
IMPLEMENTATION CHALLENGES	* Blended funding streams blurs program lines, hard to isolate ChancesR effects
	* Screening and assessment limited largely to program (no universal screening)

Exhibit B outlines the program's selection and enrollment processes. Jail inmates displaying possible mental health or co-occurring mental health and substance disorder (COD) treatment needs are flagged at classification for further screening and evaluation.[9] These individuals are then referred[10] to a jail-based assessor for screening with the GAIN SS to identify those in need of mental health, substance use or co-occurring treatment. Completion of the GAIN SS triggers enrollment into the ChancesR program.[11] Participation is voluntary.

Clients who choose to participate in ChancesR are linked to a jail-based Reentry Liaison, who creates an individual transition plan, and referred for an in-depth COD evaluation/assessment. The COD assessment covers prior mental health diagnoses and treatment, substance use history, medical history and family and social engagement. Individuals diagnosed with an Axis 1 disorder/finding of Severe Persistent Mental Illness (SPMI) are linked to a Forensic Assertive Community Treatment (FACT) team, while those with more general mental health needs may be referred to an Assertive Community Treatment (ACT) team or to more general reentry case management services. Under each model, case management begins in the jail and continues in the community for a period of time commensurate with the client's progress and level of need (see the post-release processes and core components section on page 13 for more details on community-based case management).

Pre-Release Processes and Core Components

Pre-release services consist primarily of screening and assessment, as described above, and treatment. These services are funded by the SCA grant. Screening and assessment results drive transition planning.

ChancesR participants are referred to program treatment groups run by the NHS jail-based therapist. These groups follow the *Seeking Safety* curriculum; cognitive restructuring groups follow *Thinking for a Change*. Five group sessions are offered per week for men and women. The curriculum is supplemented with the identified needs of the patients. This may include anger management and intimate partner violence modules. Participants receive a certificate after completing 15 sessions (although they may continue with the curricula) and the therapist creates an updated treatment plan. Inmates residing in restricted housing pods, even if enrolled in ChancesR, are not eligible for these groups. Attendance is tracked and sanctions are incurred for missing sessions. Individuals expelled from these groups are still eligible to receive the services offered to the general jail population such as AA/NA peer support groups, anger management, and parenting classes, for example.

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[9] Some inmates are court ordered for assessment and may be identified for the ChancesR program that way; this number is reportedly small.

[10] Referrals for screening are reviewed by one of the jail's program staff who may exclude someone from the program if the individual will not be at the facility long enough to receive services due to a pending transfer or release. It is unclear what other criteria, if any, are used to include or exclude people from the ChancesR program.

[11] According to stakeholders, once an inmate is administered the GAIN SS, s/he is counted as a participant in the ChancesR program even if s/he declines services.

Exhibit B. Beaver County ChancesR Case Flow

- Beaver County jail **inmates screened for mental health, substance abuse (SUD) or co-occurring disorders (COD) with GAIN Short Screener (GAIN SS)**
  - NHS Human Services (NHS) assessor screens inmates flagged by Classification as exhibiting possible mental health issues, SUD or COD

- **Completion of the GAIN SS triggers enrollment** into **ChancesR.**
  - 520 inmates enrolled between March 1, 2011 and December 31, 2012
    - A portion of enrolled inmates decline to participate; likewise, some are released from jail before services can be initiated or are otherwise found to be ineligible and do not go on for COD evaluation.
    - One of the jail's program counselor's reviews GAIN SS referrals and will exclude inmates with short stays or those likely to be transferred to other facilities. The number rejected for screening and assessment is unclear.

Note: Inmates may also be court-ordered for screening and assessment while others are referred by jail staff post-classification. Inmates may also self-refer for the GAIN SS.

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- **Co-Occurring Diagnostic (COD) Assessment/Evaluation conducted** to identify behavior health disorder and treatment needs including level of case management services
  - 454 ChancesR participants received an in-depth COD assessment as of December 31, 2012

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Pre-Release services span 90 days on average

- Participants referred to **Seeking Safety** treatment groups (NHS); **transition planning** with Reentry Specialist (NHS); **case management services with FACT team** (psychiatrist, nurse, peer specialist, vocational specialist, housing coordinator, and substance abuse specialists); **structured vocational and educational services**; reentry (BCRC) and **reentry sponsorship** (ROOTS and TRAILS)
  - 87 participants engaged in in-jail treatment groups as of December 31, 2012
  - 85 participants enrolled in BCRC vocational services as of December 31, 2012
  - 134 participants referred to ROOTS/TRAILS as of December 31, 2012

- ChancesR participants may access other in-jail services including parenting classes, gender-based support groups, AA/NA peer support, and anger management

- Released with discharge plan

Non-ChancesR inmates may access the same services (exceptions include the ChancesR treatment groups and BCRC vocational

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Post-Release services continue in the community commensurate with client progress and level of need; services funded with a mix of state and federal resources

- **Four levels of case management tailored to level of need:**
  - Level 1 = FACT/ACT case management (NHS) for individuals with Axis 1 diagnosis; features wrap-around team, 24/7 support, crisis component
  - Level 2 = Intensive Case Management (Heritage Valley) available 18–24 months, may serve as a step-down from Level 1
  - Level 3 = Blended Case Management (BCHC/Glade); less intensive contact, targets individuals without current Axis 1 diagnosis
  - Level 4 = General reentry for individuals transitioning to the community from a mental health facility, hospital, or criminal justice setting (not specific to jail reentry); no crisis component
- **Treatment**
- **Supported employment/vocational services**
- **Housing supports**
- **Probation supervision**
- **Life skills**
- **Reentry sponsorship (mentoring)**

Completion criteria:
  - Release from jail and completed one month of services

In addition to the treatment groups, ChancesR clients may access structured, supported vocational and education training pre- and post-release through BCRC. Pre-release services are designed for ChancesR clients and consist of:

- **Vocational assessment**, specifically academic and vocational aptitude inventories to determine skill level, interests, and capabilities, and inform guidance around employment referrals.
- **Supported employment**, comprised of resume writing, job readiness, and interviews skills, and life skills.
- **Psychiatric rehabilitative services**, a mentoring education approach that consists of one-on-one coaching designed to help clients understand their disorder and any medication prescribed; coaching also focuses on cognitive restructuring, coping skills, and helping offenders set goals and meet expectations. Staff meet with clients at least twice a month.
- **GED assistance/academic support**, consists of preparation for GED including one-on-one tutoring and practice exams, or skill development to improve employability. These services are offered to inmates both during the day and the evening.

BCRC staff also make recommendations for employment opportunities in both the jail and community. Prior to release, BCRC compiles an exit summary for each participant. This summary provides a basic overview of services received, assessments completed during incarceration, and recommendations for post-release services, and is shared with NHS case management staff to promote continuity in transition services post-release.

Lastly, ChancesR clients may also be linked to ROOTS and TRAILS, two faith-based sponsorship (mentoring) programs.[12] While most one-on-one mentoring activities take place in the community, the intake process and efforts to identify "natural supports" in the client's life (relative, friend, etc.) who may serve as the client's Reentry Sponsor begin pre-release. Parenting classes, gender-based support groups, AA/NA peer support, and anger management are also available. Non-ChancesR inmates may participate in these groups with ChancesR clients but do not receive priority placement.

Post-Release Processes and Core Components

Post-release services consist primarily of case management, through which clients may access additional treatment, as well as housing and employment supports, and continue with sponsorship activities that draw on natural supports (when possible). ChancesR clients may access one of four levels of case management depending on level of need; these are covered through Pennsylvania's HealthChoices (HC) Initiative for those who qualifying. For those who

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[12] Established in 2000 by a former Beaver County probation officer, ROOTS, Inc. originally served at-risk and delinquent youth but later expanded its focus to adult reentry sponsorship. The TRAILS Ministries is described by the Beaver County Times (June 8, 2000) as a "faith-based grass-roots organization that seeks to educate, develop, train and mentor men and their teenage sons who are or have been incarcerated." as accessed online at http://news.google.com/newspapers?nid=2002&dat=20000608&id=5SZWAAAAIBAJ&sjid=CUENAAAAIBAJ&pg=3981,1997720. Under the ChancesR program, ROOTS, Inc. and TRAILS Ministries partner to train and link mentors (including natural supports when possible) to incarcerated individuals in the Beaver County Jail. Reentry sponsorship (mentoring) is designed to foster support and stability; mentoring begins pre-release and continues in the community. Mentors are asked to make a 12-month commitment.

do not qualify for HC, SCA grant funds (and other grant funding) are used to pay for these services. The four levels consist of:

- **Forensic Assertive Community Treatment/Assertive Community Treatment (FACT/ACT)** case management support (Level 1), the most-intensive level of case management support, targets individuals with an Axis 1 diagnosis (severe and persistent mental illness) and involves near daily client contact. The FACT/ACT teams consist of a team leader that manages the program, clinical lead, addiction specialist, therapist, mental health worker, vocational specialist, housing specialist, peer support specialist, and registered nurse. Under ChancesR, the FACT/ACT team begins working with clients prior to release focusing on drug and alcohol assessments, group therapy, goal development, employment assistance, benefits coordination, housing, peer mentoring, and physical and mental health appointment coordination. Post-release, the FACT/ACT team collaborates with probation officers (POs) to reinforce goals and to advocate for diversions and/or rehabilitation rather than reincarceration if non-compliance occurs. Additionally, the team also reaches out to engage the client's natural support system (e.g. family and friends). When a client has made sufficient progress, as assessed by the FACT/ACT team and its clinicians, they may be stepped down to a less-intensive level of case management support. FACT/ACT teams were first established in Beaver County in 2008.
- **Intensive Case Management Services** (Level 2), focuses on individuals with an Axis 1 diagnosis and includes a crisis component (24/7 support), however, contact is less-intensive (typically once every 14 days) than Level 1 case management support and does not involve a wrap-around team. In Beaver County, Heritage Valley provides intensive case management support through a staff of nine case managers who link clients to housing, drug and alcohol treatment and peer support. Services may continue for a period of 18-24 months.
- **Blended Case Management** (Level 3), is provided by Beaver County Behavioral Health and Glade, a private agency, and targets individuals who do not have an active Axis 1 diagnosis. Support consists of weekly contact and assistance with support services.
- **General Reentry Case Management** (Level 4) is reserved for those individuals transitioning from a hospital, treatment facility or jail; there is no crisis component. General reentry liaisons provide a variety of support ranging from transportation to coordinating linkages to mental health and drug and alcohol treatments, medical assistance, and food stamps. The primary goal of general reentry is to achieve independence through socialization, training, housing and employment. Clients are discharged once they maintain a consistent medication regime, complete probation, obtain employment and schedule and keep appointments independently.

Clients are also able to access other services to meet their needs, such as the REACH program (for women with co-occurring disorders, funded under a different SCA grant) or the LAUNCH program (for homeless individuals with co-occurring disorders, funded under a SAMHSA grant). Most program participants are released with some level of supervision; many are supervised by one of the County's three mental health probation officers.

While ChancesR program completion is defined as one-month of post-release services, in reality, post-release service duration extends until the client is sufficiently stable.

Business as Usual

All Beaver County inmates undergo physical and mental health screening at booking to flag immediate needs, as well as a security classification screening process to determine housing placement within the jail. These data, with the exception of classification information, are recorded in the jail's management information system along with pertinent charge, sentence, movement and release data. Presently, the jail does not screen for criminogenic risk of re-offending or conduct criminogenic risk/needs assessments using a validated assessment instrument such as the COMPAS, LSI-R, or other common assessment tool. The jail's Institutional parole representative/population control officer, however, uses the Wisconsin risk/needs assessment tool to assess those inmates assigned to post-release supervision .

Inmates may access a range of programming and services that includes work release, inmate worker program, substance use and mental health assessment, FACT team support, drug and alcohol counseling, AA/NA peer support groups, gender-specific process groups, GED classes, anger management, parenting, victim awareness training, and religious programming. A new 100-hour reentry program focused on coping skills, decision-making and risk reduction is anticipated to start in the next six months. Vocational training is not available to the general jail population.

Post-release, non-ChancesR offenders may access the same range of services as ChancesR participants including any of the four levels of case management described above. This may also include the women's REACH work release program or housing assistance through the LAUNCH program.

Conditions of post-release supervision for ChancesR clients reportedly mirror those of non-participants. Both may be subject to random urinalysis, are expected to obtain and maintain employment, and are required to keep regular contact with their parole or probation officer.

Potential Comparison Groups

Comparison group options are limited. The vast majority of participants are drawn from a single facility with an average daily population of approximately 300, and by all accounts, all the eligible participants are involved already with the program or have declined to participate.

Given the reasons listed above, drawing a prospective comparison group in Beaver County is unlikely. It may be possible, however, to identify a prospective comparison group of offenders with similar behavioral health needs in a nearby jurisdiction. ChancesR stakeholders identified Butler, Washington, and Westmoreland counties as potential options (each is a semi-rural county with demographics similar to Beaver County). A critical next step would be to examine the jail populations in these counties, including the scope and nature of behavioral health services (do any of these counties screen or assess for behavioral health disorders?), reentry processes (do any of these counties screen or assess for criminogenic risks and needs?) and services (do any of these counties offer a complement of services similar to ChancesR?).

A historical comparison group is unlikely. A comparison group could be matched on criminal history and demographics but no data would be available on which to ascertain comparable

behavioral health status. The GAIN SS is performed in conjunction with program enrollment; no other risk or diagnostic data could be readily accessed on which to match individuals.

Training and Technical Assistance

Under the SCA grant, program partners received training from Chestnut Health Systems on the GAIN SS, as well as training and technical assistance on the *Seeking Safety* curriculum and motivational interviewing. A training event with the Council of State Governments on sex offender therapies was scheduled for mid-May 2013. Additional TTA needs were not identified.

Data Elements, Data Sources, Systems, and Strategies

There are number of relevant data systems that support evaluation of the ChancesR program.

- **HealthChoices** database, maintained by one of Pennsylvania's managed care programs. Behavioral health is one component through which qualifying individuals may access mental health and drug and alcohol services. Providers bill HealthChoices for reimbursement. Stakeholders at Beaver County Behavioral Health can track post-release services engagement and utilization[13] through the HealthChoices database, although there is some delay in system processing so billing charges are not available in real time.
- **AVATAR** data systems at NHS. New in November 2012, this database tracks FACT case management services and contacts including housing, hospitalizations, crisis line contacts, conflicts with family, and other data. Each contact is recorded with case notes.
- **Chestnut Health Systems GAIN data.** The data include screening results.
- **The Beaver County jail management information system.** The automated system is limited to demographics, local arrest history, booking, release, and movement data. Classification data exist in hard copy only as do data on program referrals and attendance. These data are backed-up to CDs but not in a format that permits easy manipulation for analysis. An individual's first booking number serves as the individual unique identifier by which additional jail stays can be linked.
- **The DSI (Digital Solutions Inc.) database maintained by adult probation.** The database tracks probation activities and PO contacts, as well as client demographics, charges, and conditions of supervision (http://www.dsiiti.com/). Risk/need assessment data are likely available through this system.
- **Spreadsheets maintained by ChancesR partner staff,** specifically the reentry tracking spreadsheet, jail roster spreadsheet, and the admission/discharge spreadsheet). The reentry tracking spreadsheet serves as a master roster of program participants and captures date of birth, date of screening and assessment, and jail release dates, and type of release. The jail roster spreadsheet tracks all inmates that have been screened with the GAIN SS and the 45-minute behavioral health screening tool, and notes returns to jail. It is also used to generate an individual tracking number by which records can be linked for the local evaluation. The admissions and discharge spreadsheet records diagnostic outcomes from the COD, the dates of in-jail service, and discharge information.

All of these systems track offenders with a different identifier, however, systems data are frequently and reliable linked for the local evaluation using key identifiers. Overall, the quality of administrative data appears to be high. Only the HealthChoices database, however, provides

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[13] Services not reimbursable through HealthChoices are billed to County Base funds and may be tracked through the BCHC database.

utilization and dosage information for post-release services; these data would, theoretically, be available for a comparison group. All pre-release services specific to ChancesR are paid for under the grant.

Local Evaluation

The program's local evaluators, HPW Associates, are conducting a process evaluation that draws on program records, jail and probation records, and HealthChoices billing data to examine participant experiences and exposure to ChancesR services. Pre- and post-release services data are available for the 454 clients served by ChancesR. Summary reports are compiled regularly and reviewed with key stakeholders to monitor program implementation and progress and to identify potential issues.

There are no plans for an outcome evaluation as comparison group options are limited: by all accounts, the program is serving the vast majority of inmates that fall within the program's target population parameters. Stakeholders, however, believe it may be possible to draw a comparison group from a neighboring county (Butler, Washington, and Westmoreland counties were offered as possible candidates) and are willing to discuss this option further.

Support for Additional Evaluation Activities

Both program leaders and staff are supportive of additional evaluation. While the local evaluation is ongoing, EA researchers believe that additional evaluation efforts could build on and enhance, rather than duplicate, the local evaluation efforts.

Evaluability Assessment Recommendations

The Beaver County ChancesR program would be a viable candidate for the *impact* evaluation, as well as the *process* and *implementation* evaluation, *recidivism outcome analysis* using administrative records, and *cost analysis*. Evaluation recommendations and considerations are summarized in Exhibit C and discussed below.

The feasibility of including the ChancesR program as an impact evaluation site rests on identifying a viable comparison group. Identifying a comparison group from a neighboring county—specifically Butler, Washington, or Westmoreland counties—should be an immediate next step. It is unlikely a historical comparison group could be drawn from administrative data and matched on behavioral health data given that GAIN screening procedures and assessment are reserved primarily for program clients.

The program's target population and sizable treatment group sample merit additional study. An impact evaluation could yield actionable information on effective, replicable reentry strategies for addressing the needs of inmates with substance use and co-occurring disorders. A process and outcome evaluation to document the delivery and examine the influence of the ChancesR program's forensic treatment and case management approach on program participant outcomes would yield actionable information of interest to the broader field.

Exhibit C.   ChancesR Reentry Program Evaluation Recommendations

SITE	Beaver County (PA) Behavioral Health (Lead agency)
PROS	* Steady case flow * Established cross-systems approach with high level of commitment and buy-in across leadership and staff; strategic use of blended funding streams * Well-developed continuum of care for co-occurring treatment that spans jail and the community * Data to support evaluation and cost analysis * Clear, consistent coordination and communication across all key partners and staff * History of collaboration * Use of evidence-based practices * Use of Global Appraisal of Individual Need Short Screener (GAIN SS)
CONS	* Screening and assessment limited to behavioral health (no screening/assessment for risk of re-offending/criminogenic need) — GAIN SS limited to program clients (no universal procedure) * Blended funding streams blurs program lines * Completion definition may not reflect practice * Limited comparison group options * If funding interrupted some aspects of the program are likely to be affected
LEVEL/TYPE OF EVALUATION RECOMMENDED	* Process/ implementation * Recidivism outcome * Cost study 1 * Viable impact site * Other outcomes * Cost study 2

Key Considerations

There is a strong, shared commitment to the ChancesR project and the larger objective of
building a highly functional and responsive system of care. However, the County's commitment
to a functional system of care and success at blending funding streams to provide a seamless
continuum of services means that program lines are blurred. What constitutes a ChancesR client
does not appear to be an entirely clear cut matter. In short, Beaver County's success at braiding
funding streams to provide seamless services pre-and post-release is both a strength and a
challenge for evaluation. On the one hand, by using all available resources (e.g. Medicaid and
county base funds, etc.) it is difficult to track exactly who and what services are actually part of
the ChancesR program as opposed to services that would have been available in the absence of
the program. This is most confusing during the post-release period. On the other hand, by using
all available resources, Beaver County is essentially stretching grant dollars and creating a viable
framework for sustainability.

Additionally, as noted above, ChancesR leadership reported that funding ends in September
2013. Assuming the program receives supplemental funding in short order, the site appears to be
strong candidate for evaluation; program operations are stable, program objectives and
procedures are well-defined, and case flow is steady. While efforts to identify a comparison
group have not been explored extensively, local leaders and the program's evaluator believe it

may be possible to draw a comparison group from a neighboring county and are willing to discuss this option further with the evaluation team.

Program-related strengths:

• Strong commitment and buy-in from local leaders and staff
• Use of evidence-based practices
• Steady case flow
• Strong case management approach pre- and post-release
• Focus on offenders with behavioral health disorders

Program-related concerns:

• GAIN SS limited to ChancesR clients
• Program services largely limited to pre-release
• Completion and graduation criteria loosely defined but working to strengthen
• Limited comparison group options

Summary

Beaver County's ChancesR program is a highly structured approach to identifying and treating criminal justice-involved individuals with substance use, mental health and co-occurring disorders—those most likely to cycle frequently through the jail and consume a disproportionate amount of resources. Impact, outcome, process, and cost analyses will likely yield actionable information for the practitioners, program developers and policy makers regarding reentry for offenders with complex behavioral health issues.

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Appendix A.

Second Chance Act Logic Model

Second Chance Act Prisoner Reentry Initiative Logic Model

Goal(s): *Increase Public Safety and Reduce Recidivism by 50 percent over 5 years*

INPUTS	ACTIVITIES	OUTCOMES	OUTCOME MEASURES	LONG TERM OUTCOMES/IMPACT*
■ Support of the Chief Executive officer of the state, unit of local government, territory, or Indian Tribe ■ Extensive description of the role of state corrections departments, community corrections agencies, juvenile justice systems, and/or local jail systems – that will ensure successful reentry ■ Extensive evidence of collaboration with state and local government agencies, as well as stakeholder groups. ■ Analysis plan for: statutory, regulatory, rules-based, and practice-based hurdles to reintegration of offenders ■ Target Population (TP): High-Risk Offenders ■ Risk and Needs Assessments ■ Reentry Task Force membership ■ 5-year Reentry Strategic Plan ◊ Plan to follow and track TP	■ Develop and coordinate a Reentry Task Force ■ Administer validated assessment tools to assess the risk factors and needs of returning inmates ■ Establish pre-release planning procedures ■ Provide offenders with educational, literacy, and vocational services ■ Provide substance abuse, mental health, and health treatment and services ■ Provide coordinated supervision and comprehensive services for offenders upon release from prison or jail ■ Connect inmates with their children and families ■ Provide victim appropriate services	■ A reduction in recidivism rates for the target population ■ Reduction in crime ■ Increased employment opportunities	Number of new offenders added to the TP this quarter Total number of TP in the initiative Number of TP released this quarter Total number of TP released since the beginning of the initiative Number of TP resentenced to prison with a new conviction this quarter Total Number of TP resentenced to prison with a new conviction since the beginning of the initiative Total number of crimes reported during this quarter Total population for the area that the TP is returning to (i.e., statewide, county, city, neighborhood) Number of TP who found employment this quarter Total Number of TP who are employed Number of TP who have enrolled in an educational program this quarter	■ Increase public safety ■ Reduce Recidivism by 50 percent over 5 years

◊ Sustainability Plan ◊ Plan to collect and provide data for performance measures ■ Pre- and post-release programming ■ Mentors ■ Provide a 50 percent match [only 25 percent can be in-kind]	■ Deliver continuous and appropriate drug treatment, medical care, job training and placement, educational services, and housing opportunities ■ Examine ways to pool resources and funding streams to promote lower recidivism rates ■ Collect and provide data to meet performance measurement requirements	■ Increased education opportunities ■ Reduction in violations of conditions of supervised release ■ Increased payment of child support ■ Increased housing opportunities ■ Increased participation in substance abuse services ■ Increased participation in mental health services	Total number of TP who are currently enrolled in an educational program Number of TP who have violated the conditions of their release this quarter Total number of TP who have violated the conditions of their release Total number of TP that are required to pay child support Number of TP who paid their child support this quarter Number of target population who found housing this quarter Total number of TP who have housing Number of TP who were assessed as needing substance abuse services this quarter Total number of TP who have been assessed as needing substance abuse services Number of TP who enrolled in a substance abuse program this quarter Total number of TP enrolled in a substance abuse program Number of TP who were assessed as needing mental health services this quarter Total number of TP who have been assessed as needing mental health services Number of TP who enrolled in a mental health program this quarter Total number of TP enrolled in a mental health program	

		■ Reduction in drug abuse ■ Reduction in alcohol abuse	Total number of TP re-assessed regarding substance use during the reporting period Total number of TP re-assessed as having *reduced* their substance use during this reporting period Total number of TP re-assessed regarding alcohol use during the reporting period Total number of TP re-assessed as having *reduced* their alcohol use during this reporting period	

Appendix B.

Beaver County ChancesR Logic Model

Appendix B. Beaver County ChancesR Program Logic Model

(Italics indicate features unique to the program.)

INPUTS	ACTIVITIES	OUTPUTS	OUTCOME MEASURES

Beaver County Criminal Justice Advisory Board (CJAB)
 	
Beaver County Reentry Task Force
 	
ChancesR Staff
▪ Project Coordinator
▪ NHS jail therapist and reentry specialist
▪ BCRC vocational services
▪ Local evaluator
▪ FACT team
▪ BCHC housing coordinator
 	
Core Partners
▪ Beaver County Behavioral Health
▪ Beaver County Jail
▪ Beaver County Rehabilitation Center
▪ Adult Probation
▪ NHS
▪ ROOTS
▪ TRAILS
 	
Key Elements
▪ Screening and assessment (GAIN SS, COD evaluation)
▪ Medium to high risk for behavioral health needs = target population
▪ Intensive pre- and post-release case management
▪ Behavioral health services/treatment
▪ Structured vocational/ educational services
▪ Housing supports
	PRE-RELEASE
	▪ *GAIN Short Screener*
	▪ COD evaluation/assessment
	▪ FACT team case management (CM)
	▪ *Transition planning with Reentry Specialist*
	▪ Treatment groups (*Seeking Safety*; *Thinking for a Change* being introduced)
	▪ *Structured, supported vocational/ educational services*
	▪ *Reentry sponsorship (mentoring)*
	▪ Gender-specific support groups
	▪ AA/NA peer support group
	▪ GED and literacy
	▪ Parenting classes (7 sessions)
	▪ Anger management (16 sessions, 8 weeks)
	▪ Victim awareness classes
	▪ Drug and alcohol counseling groups (12 weeks)
	▪ Inmate worker program
	▪ Faith-based services
	
	POST-RELEASE
	▪ Assistance with basic needs, ID documents, eligibility benefits
	▪ Reentry sponsorship (mentoring) – ROOTS/ TRAILS
	▪ FACT/ACT CM; intensive CM; blended CM; and general reentry CM
	▪ Housing supports
	▪ Vocational/educational supports - BCRC
	▪ Probation supervision
		▪ Enroll 150 participants annually; 520 enrolled as of December 31, 2012 with 454 in receipt of services
		
		▪ Expand screening and assessment pre-release – #/% screened pre-release
		
		▪ Increase participation in treatment – #/% attending jail-based treatment group
		
		▪ Increase participation in vocational/educational training and services – #/% attending BCRC
		
		▪ Develop comprehensive transition plans – #/% of clients with transition plans
		
		▪ Provide treatment pre- and post-release
		
		▪ Provide trauma-informed services (*Seeking Safety*)
		
		▪ Use motivational interviewing
		
		▪ Prosocial supports for offenders and their families – #/% matched with reentry sponsors
			LONG-TERM OUTCOMES
			▪ Reduce recidivism by 50 percent over 5 years
			  ▪ Returns to jail within 12 months of release
			  ▪ Probation violations
			
			SHORT-TERM OUTCOMES
			▪ Improved identification and enrollment in treatment services, both in the jail and the community
			
			▪ Reduced substance use
			
			▪ Improved mental health functioning
			
			▪ Attainment of stable housing
			
			▪ Attainment of educational/vocational skills to increase employability
			
			▪ Increase pro-social supports/social stability

Information presented in the Outputs and Outcomes columns is largely drawn from the Beaver County ChancesR proposal and Strategic Plan and Timeline documents, and supplemented with information collected during on-site interviews.