



## Abstract

A proposed evaluation for CVS' Second Chance programs. The evaluation consists of survey and focus group questions. This document also discusses potential benefits and limitations of the proposed evaluation.

# **Executive Summary**

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## **Purpose of Evaluation**

The purpose of this evaluation is to determine the CVS Second Chance Initiatives' effectiveness at helping justice-involved individuals access educational, employment, and health services. These initiatives include education, workforce development, and health. The evaluation includes a survey and focus groups administered to program participants designed to measure the impact and effectiveness of the CVS Second Chance initiatives. Key stakeholders include the CVS Second Chance Team and Roundtable Members, who will make decisions based on the evaluation.

## **Program Description**

CVS Health's Second Chance Program is a five-year program which aims to provide justice-involved individuals educational resources, career development opportunities, and health services. Each initiative includes a variety of different programs. The education initiative includes offerings such as scholarships, counseling, and experiential learning. The workforce initiative includes programs such as apprenticeships, internships, on-the-job training, and direct employment. The health initiative includes programs such as health fairs, vaccinations, and other health education services.

## **Proposed Evaluation Plan**

The evaluation of the CVS Second Chance education, health, and workforce initiatives includes a survey and focus groups administered to program participants. Results will be analyzed using open coding and regression and means analysis to see whether participants are being impacted by program participation.

## **Evaluation Budget and Resources**

For this evaluation, the budget will be outlined in terms of the human capital needed to carry out the evaluation. This budget primarily identifies the number of hours anticipated to be needed to perform different parts of the evaluation. The total expected number of hours is 153. Refer to Figure 11 for more details.

## **Limitations of the Proposed Evaluation Plan**

The primary validity threat identified in this evaluation is construct validity. However, the survey and focus group questions have been carefully constructed and worded to limit ambiguity and potential bias in how respondents answer questions. This evaluation does not have any external validity threats. Internal validity threats have been analyzed and are to be anticipated over time but may be avoidable if program managers and staff are aware of potential threats and address any issues that may arise

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## Purpose of the Evaluation

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According to the Brookings Institute, people who go through the United States criminal justice system tend to struggle with exceptionally low rates of employment due to low education levels and “the stigmatizing mark of a criminal record.”<sup>1</sup> CVS Health’s Second Chance Program is a five-year program which aims to alleviate this problem by providing justice-involved individuals with educational resources, career development opportunities, and health services. Each initiative includes a variety of different programs. For example, the education initiative includes offerings such as scholarships, counseling, and experiential learning. The workforce initiative includes programs such as apprenticeships, internships, on-the-job training, and direct employment. The health initiative includes programs such as health fairs, vaccinations, and other health education services. Through these initiatives, CVS Health aims to positively impact 9,000 justice-involved individuals in the United States.

The purpose of this evaluation is to determine CVS Second Chance Programs’ effectiveness at helping justice-involved individuals access educational, employment, and health services. The program is in its second year, so it is early to measure the program’s long-term impact. However, it is possible to gauge the program’s short-term impact by evaluating participants’ CVS Second Chance experiences through a survey and focus groups. This evaluation is formative, as it is intended to inform decision makers within, rather than outside, CVS. The CVS Second Chance Program partnered with BYU GoodMeasure to design this program evaluation tool.

## Evaluation Questions

For this evaluation, there are outcomes specific to each of the three initiatives (education, workforce, and health). Although the outcomes of this evaluation will be measured similarly between each initiative, using separate questions was intentional to better capture the unique nature of each type of initiative.

### Education Initiative

1. Does the CVS Second Chance education initiative increase enrollment in educational systems?
2. Does the CVS Second Chance education initiative increase participants' educational attainment?
3. Does the CVS Second Chance education initiative increase participants' educational aspirations?
4. Does the CVS Second Chance education initiative increase participants' desire to work for CVS?

## **Workforce Initiative**

1. What is the impact of the CVS Second Chance workforce programs on participants' confidence in their ability to obtain employment?
2. What is the impact of the CVS Second Chance workforce programs on participants' confidence in their ability to maintain employment long-term?
3. What accounts for the difference or lack of difference between participants' confidence in their ability to obtain employment before and after participation in the programs?
4. What accounts for the difference or lack of difference between participants' confidence in their ability to maintain employment long-term before and after participation in the programs?

## **Health Initiative**

1. Are participants more committed to maintaining good overall health habits?
2. Are participants more aware of their overall health?
3. Do participants know about local health resources?
4. Do participants have increased confidence in their ability to obtain employment?
5. Has participant's perception of CVS as an employer that cares increased?

## **Evaluability Assessment**

An evaluability assessment was adapted from the Office of Juvenile Justice and Delinquency Prevention Evaluability Assessment (Kaufman-Levy & Poulin, 2003) and was emailed to CVS Second Chance program senior managers to complete (see Appendix 1). The evaluability assessment addressed questions related to the history and purpose of the program, program criteria and design, how data is recorded, funding and stakeholder information, as well as participant related questions.

Based on the assessment, we determined that a program evaluation would be plausible and beneficial given the bandwidth dedicated to this project. The BYU GoodMeasure partnership, internal data analysts/survey designers, and the multiple experienced employees assigned to this project will provide for a quality evaluation and consequential improvements over the remainder of the five-year program.

## **Evaluation Stakeholders**

Evaluation stakeholders are the individuals who will both read the report and make a specific decision as a result. Figure 1 includes two primary categories of evaluation stakeholders. The first category, CVS Roundtable members, are members of the CVS Executive team that will determine if the Second Chance program will continue after the initial five years. To make this decision, the CVS Roundtable members will need data on program impact, such as documentation of every justice-involved individual who participated in a CVS Second Chance program, survey data collected from program

participants, and information gained from focus groups. The second category of evaluation stakeholders is the Second Chance team, primarily Gina Mattalino and Darrell Burns. Gina and Darrell will decide what adjustments, if any, need to be made to the Second Chance program offerings and its community partnerships based on the evaluation findings. To help with those decisions, Gina and Darrell will use the data gathered and analyzed from the surveys and focus groups. Qualitative data will be particularly helpful in determining if changes are needed.

**Figure 1 Evaluation Stakeholder Decision Making Matrix**

Evaluation Stakeholder	Decisions to be Made	Specific Data Needed
<b>CVS Roundtable Members</b>		
Ernie DuPont	Whether or not the program will continue after the five year goal.	Documentation of every justice impacted individual who participates in the CVS Workforce Program.
Olivia Lang		Survey data on the participants' confidence in their employment prospects before and after the program.
Leslie Reis		
Greg Schmidt		
Rick Laferrier		
David Lee		Information from focus groups with program administrators about how the program went.
<b>Second Chance Team</b>		
Gina Mattaliano	Adjustments to make in the CVS Second Chance Program and its community partnerships	Data gathered from participant surveys and focus groups
Darrell Burns		

## Program Description

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### Program Context and Structure

CVS's ongoing commitment to diversity and inclusion is emphasized by the organization's support of the hiring, training, development, and justice involved retention of individuals from under-represented and underserved communities. CVS is expanding outreach through the Second Chance program to create employment opportunities for those involved with the criminal justice system. Within this program are three initiatives: education, workforce development, and health. Through partnerships with faith-based and other community organizations, CVS aims to foster growth and provide opportunities for successful transitions for justice-involved individuals which will benefit families, communities, and society.

CVS is regularly adding new partners and expanding the Second Chance program. Working with partners creates greater collaborative opportunities for groups with shared interests and for a ground-level outreach to participating individuals. While it is growing, the current scope of the Second Chance program is limited to justice-involved individuals in the United States who can participate within the five years the program is

running. After that time, CVS will determine whether to continue the program or expand it to include more states, other countries, or other underserved populations.

## **Program Logic Model**

According to the CDC (2022) logic models are especially useful in program evaluations by providing a picture of how the program is intended to work, and how the main components of the program relate to one another. A comprehensive logical model for each initiative within the Second Chance program was created. All three logic models were reviewed by program director, Olivia Land, and approved on March 23, 2022.

## **Education Initiative Logic Model**

Please refer to Figure 2 for a visualization of this logic model. A PDF file is included in the files electronically sent along with this report. Using the PDF to view the model will allow the reader to more closely inspect the various categories, boxes, and connections.

### ***Inputs***

To begin the process of positively impacting 9,000 justice-involved individuals, there are three major inputs that need to be in place for the CVS Second Chance Program to function effectively. These inputs include funding, resources and supplies, and staff and administration (including CVS Second Chance Program Staff and community-based partnerships).

### ***Activities***

The programs of the CVS Second Chance education initiative include the following: Education Resources, Scholarships, STEM Education, Education Services, Career Counseling, Vocational Rehabilitation, and Post-Secondary Education.

Through CVS's partnerships with community and faith-based organizations, justice-involved individuals can be identified and referred to CVS's Second Chance education initiatives. Second Chance individuals are then referred to specific activities within those programs, including academic counseling, career workshops, student mentoring, coaching and training, and scholarships.

### ***Short-term Outcomes***

There are many short-term outcomes we expect to see in response to involvement with the CVS Education program. First, post-secondary education programs should lead to individuals being involved and enrolled in trade or vocational schools. Second, career counseling should lead to individuals knowing how to converse in interviews about their resume gaps. In addition, academic counseling will ideally lead to participants creating an academic map based on academic goals as well as enrolling in higher education. Scholarships will help participants pay for college and encourage enrollment. STEM education programs will help students learn STEM skills, expose them to STEM careers,

and attend school more consistently. STEM education will also lead to improving students' overall experience in school. Lastly, vocational rehabilitation through coaching and connecting individuals to career opportunities should lead individuals to further training, support, and exposure to potential careers.

### *Educational Outcomes*

Once justice-involved individuals are participating in a CVS Second Chance education program and gaining resources to improve their educational experiences, they will then be more likely to gain educational outcomes. Feeling less stress financially in college and vocational school will increase the likelihood these individuals will thrive in their educational environment. The trainings and programs CVS offers will also help participants gain new skills and confidence in their abilities. Participants will then be more likely to graduate or receive licenses and certificates.

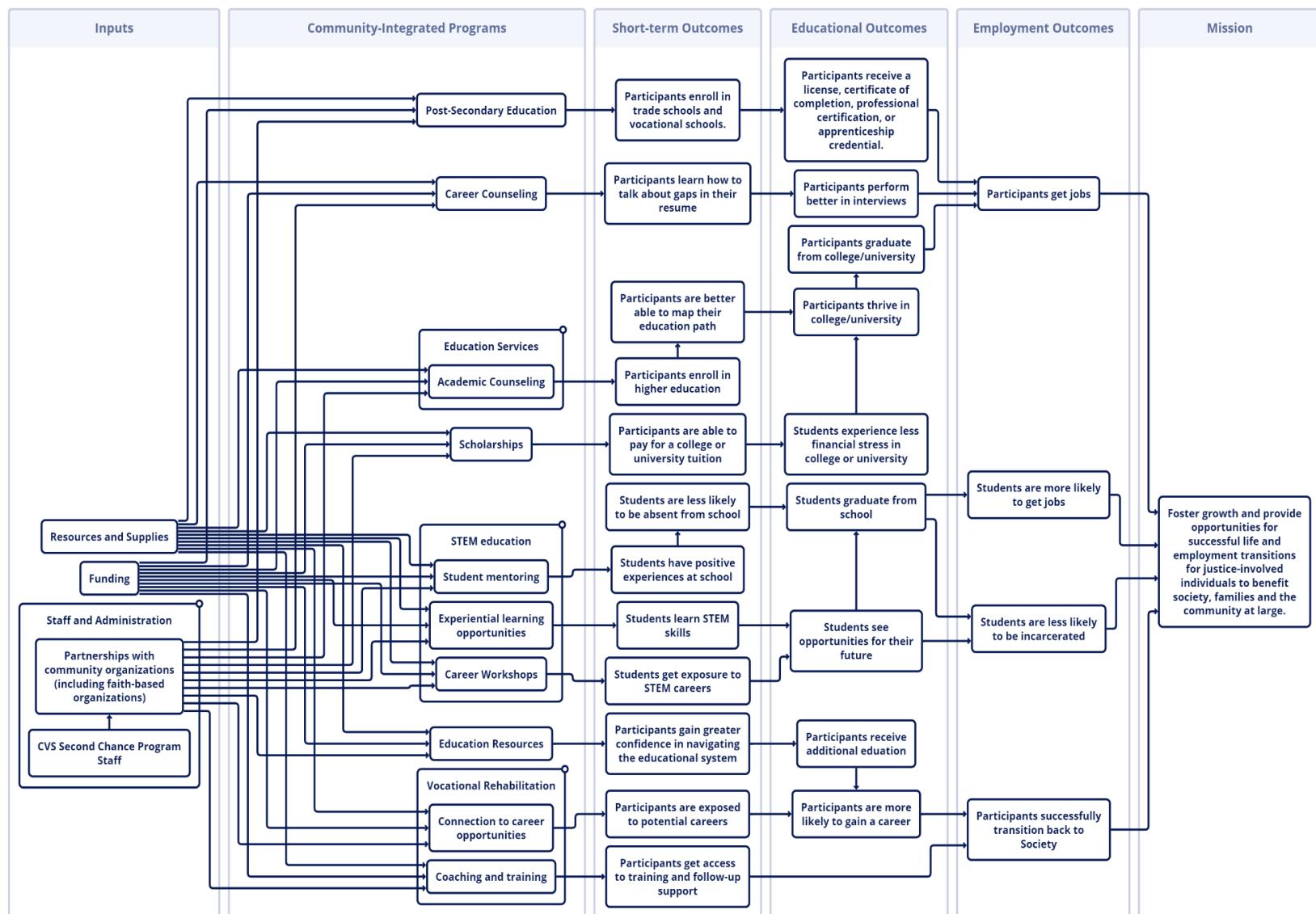
### *Employment Outcomes*

Effective education transformations will result to professional growth and career development. Once individuals receive new training or degrees, they have better opportunities to become employed. This benefits not only the individuals, but their families, communities, and society.

### *Mission*

The logic module gives a picture of how the programs of the education initiative led participants to not only short-term, educational, and employment opportunities, but also support the Second Chance mission of providing opportunities for and positively impacting justice-involved individuals—specifically in areas of health, employment, and successful integration into the community.

Figure 2 Education Initiative Program Logic Model



## **Workforce Initiative Logic Model**

Please refer to figure 3 for a visualization of this model. As with the education logic model, a PDF of this logic model is available in the files that accompanied this report.

### ***Inputs***

The CVS Second Chance program inputs are nearly identical between the three initiatives. Along with the consistent three inputs, the workforce initiative also includes two additional inputs; identifying positions that Second Chance program participants can be trained for, and also identifying positions that justice involved individuals can directly apply for and be directly hired.

### ***Community Based Activities***

Through the CVS partnerships with community and faith-based organizations, justice-involved individuals can be identified and then referred to CVS Workforce Innovation Talent Centers (WITCs) and customized recruitment events. Second Chance individuals are then referred to specific training. These trainings include business instruction, on-the-job experiences, coaching, incumbent worker training, internships, registered apprenticeships, clinical experience/externships, customized training, job shadowing, and customized pre-employment life skills training.

### ***Overcoming Workforce Barriers***

Such trainings work to overcome four workforce barriers faced by justice-involved individuals. These workforce barriers are lack of qualifications, lack of skills, lack of experience, and lack of work socialization. First, Second Chance individuals overcome lack of qualifications by gaining nationally recognized, portable registered apprenticeship credentials from the Department of Labor and by fulfilling the requirements of the educational and/or vocational training programs. Second, they overcome lack of skills by completing structured training programs, improving their skills through customized training, and learning and practicing core competency levels to complete a job's requirements. Third, justice-involved individuals overcome lack of experience by gaining valuable exposure to the workplace, learning and practicing core competency levels, improving their skill levels, participating in structured training programs, and fulfilling the requirements of educational and/or vocational training programs. Finally, Second Chance individuals overcome the barrier of lack of work socializations by making a connection between academics and career pathways in the healthcare industry, gaining valuable exposure to the workplace, and learning and practicing core competency levels.

### ***Develop a Pool of Qualified Candidates & Hiring Second Chance Participants***

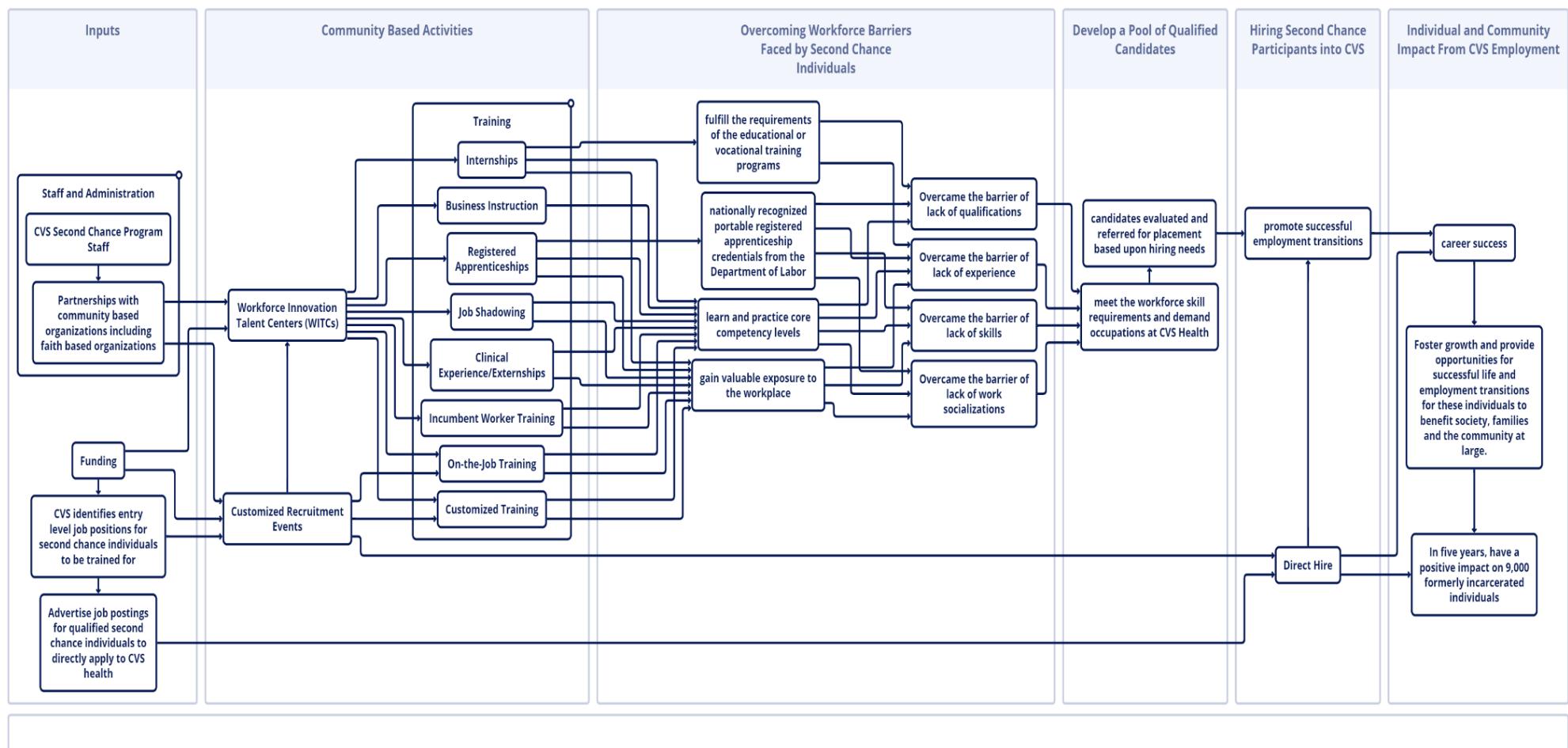
Overcoming workforce barriers allows justice-involved individuals to enter a pool of qualified candidates from which CVS may hire. Candidates are then evaluated and

referred for placement based upon hiring needs. Once hired into the CVS family, CVS will promote successful employment transitions.

*Individual and Community Impact from CVS Employment*

Successful employment transitions will lead to career success, which will lead to achieving the Second Chance program initiative of fostering growth and providing opportunities for successful life and employment transitions to benefit society, families, and the community at large and have a positive impact on 9,000 justice-involved individuals.

Figure 3 Workforce Initiative Program Logic Model



## **Health Initiative Program Model**

Figure 4 shows the logic model for the health initiative. This program logic model consists of seven sections: inputs, community-integrated programs, immediate outcomes, health outcomes, employment equity outcomes, and mission. These sections focus on the main inputs, programs, and overall outcome goals for the CVS Second Chance Program's health initiative.

### *Inputs*

To begin the process of positively impacting 9,000 justice-involved individuals, there are four major inputs that need to be in place for the CVS Second Chance Program to function effectively. These inputs include funding, resources and supplies, and staff and administration (including CVS Second Chance Program Staff and community-based partnerships).

### *Community Integrated Programs*

Justice-involved individuals begin their journey to improved mental and physical health when they come into contact with one of the six community-integrated programs. These include Health and Wellness Services, Flu/COVID-19 Vaccinations, Pharmacy Services, Health Education & Promotion, Health Fairs, and Project Health. Additionally, there is an internal program focused on the mental and physical health of CVS caregivers which in turn positively impacts other participants. The overall goals of these programs are to improve health and employment equity.

### *Immediate Outcomes*

Health programs such as Project Health, health fairs, Health & Wellness Services, Pharmacy Services, and Health Education & Promotion would increase access to and/or awareness of available healthcare services. The flu/COVID-19 vaccine program directly provides vaccines to participants. Furthermore, participation in health fairs and Project Health would help justice-involved individuals identify their chronic conditions through biometric screenings. The caregiver health initiative boosts expertise that guides development of diverse and innovative, caregiver materials, programs, and services aligned with the CVS Health brand, and best practices in caregiver support. CVS' programs lead to positive benefits for both justice-involved individuals and current CVS caregivers simultaneously.

### *Health Outcomes*

There are five health outcomes related to the CVS Second Chance Program health initiatives. These include improving mental health, improving physical health, improving personal health management, individuals feeling supported and overcoming health challenges, and improving administrative health management.

Caregiver Health programs and vaccine administration leads to improvements in overall administrative health management, which has a trickledown effect to the justice-involved individuals. As CVS provides health administrators with support and coordinates across the various health initiative offerings, the remainder of the health offerings can have more positive impacts. The positive effects of those programs ripple across many aspects of justice-involved individuals' lives. Most significantly, their individual ability to manage their own health improves. As they begin to better manage their own conditions, their mental and physical health begin to change. Once the participants realize that resources are readily available to them, they will feel even more supported and will be even more prepared to make positive life changes.

### *Employment Equity Outcomes*

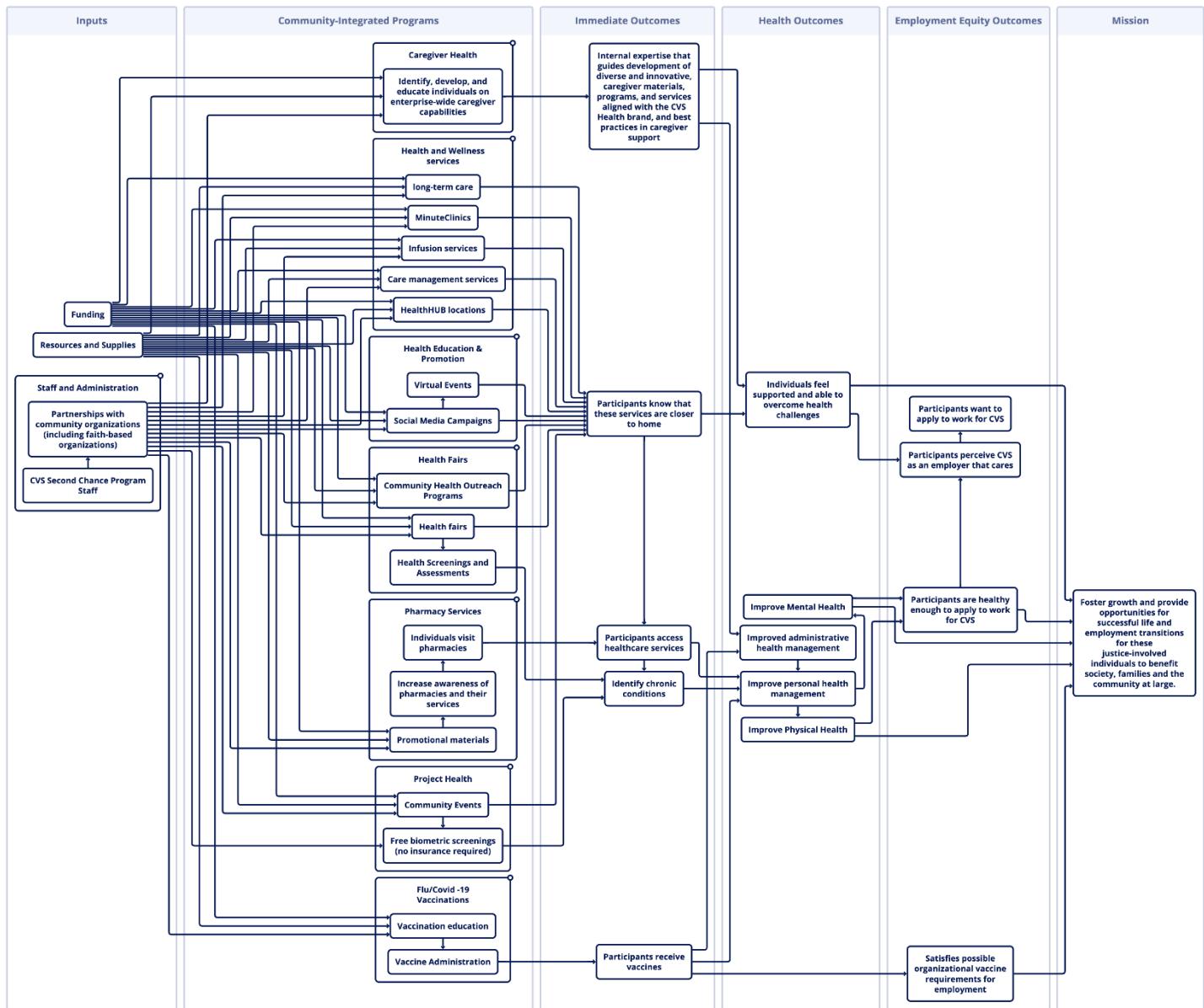
Aside from personal health improvements, the CVS Second Chance Program also seeks to increase employment equity. As the ongoing COVID-19 pandemic leads to concerns about possible organizational vaccine requirements for employment, the CVS Second Chance Health initiative provides vaccinations for justice-involved individuals.

A broad outcome from the CVS Second Chance health initiative is for participants to become healthy enough to apply to work at CVS. Since CVS was the instigator of Second Chance program, participating in a health initiative and the resulting increase in health will lead individuals to perceive CVS as an employer that cares. As positive perceptions of CVS rise so too will the number of justice-involved individuals who will want to apply to work for CVS.

### *Mission*

The overall mission of the CVS Second Chance Program is to help provide opportunities for justice-involved individuals to integrate successfully back into society and grow and benefit their local communities and society. Through the CVS Second Chance health initiative programs, justice-involved individuals will improve their health management and employability, thus enabling CVS to fulfill their mission.

Figure 4 Health Initiative Program Logic Model



# Literature Review

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## Program Need

Justice-involved individuals commonly face significant challenges. They must overcome many barriers to reduce recidivism rates and live successful lives which benefit not only themselves, but their families and society. Barriers include lack of education, employment, and health.

## Education Initiative

Education can mitigate workplace inequalities, as it often increases employment opportunities. However, individuals who experience incarceration generally obtain less education than the broader public. In 2010, 75% of incarcerated individuals had a high school diploma (or its equivalent), compared to 87% among the general public. In addition, less than 5% of formerly incarcerated individuals have a college degree, compared to 34% of the general public (Couloute, 2018). These disparities may be due in part from the unique combination of social and financial stressors experienced by justice-involved individuals.

College tuition has consistently grown faster than the inflation rate since 1989, with the largest increases in tuition occurring in private, nonprofit, four-year universities (Ma et al., 2019). The effect of rising tuition costs is compounded as most students don't graduate in four years (Zarifa et al., 2018). These realities contribute to the financial burden of attending college in the United States—making it harder for justice-involved individuals to fund their education. For those lucky enough to find a job while attending school, graduation is not guaranteed. Studies have shown that students who work extensively while going to school are more likely to drop out than students who are not (Joo, Durband & Grable, 2009). This creates a cyclical effect, as a job is often required to fund schooling and more schooling is often needed to find a reliable job.

## Workforce Initiative

Imprisoned individuals often had poor employment prospects before their incarceration (Looney & Turner, 2018) Being a minority—particularly for black and Hispanic men—diminishes the likelihood of employment. One study found, “the odds of employment for blacks are about 40 percent lower than for whites and nearly 50 percent lower for Hispanics” (Western & Sirois, 2019). When one considers racialized profiling, which leads to the disproportionate incarceration of black men, these facts become sobering (Smiley & Fakunle, 2016). These individuals' employment prospects are often even lower after leaving prison (Bloom, 2006). Formerly incarcerated people are prohibited by law from holding certain jobs, sometimes even jobs unrelated to their crimes (Jonson & Cullen, 2015). They also face social stigma that impedes their ability to obtain

employment (Sinko et al., 2020). A lack of employment following release from prison has been found to correlate with probability of recidivism (Department of Labor, 2007). Although research does not indicate that employment programs for prisoners tend to reduce recidivism (Berghuis, 2018), such programs can benefit these people in other ways—including financially and mentally—and there are compelling reasons to believe that such programs could help reduce recidivism. The CVS Second Chance program can play an essential role in mitigating these issues.

## **Health Initiative**

Incarceration is linked to numerous negative outcomes for the health and mental health of impacted individuals, outcomes which can persist well after leaving the prison system. According to Massoglia and Pridemore (2015), “Individuals with a history of incarceration report more chronic health problems after their period of incarceration than before.”

According to Binswanger et al. (2007), formerly incarcerated individuals were found to be at a 3.5 times greater risk of dying than other residents. Binswanger et al. undertook a retrospective cohort study of all inmates released from the Washington State Department of Corrections between 1999 and 2003 and compared their mortality rates with those in the state population. Adjusting for age, sex, and ethnicity, the mortality rate for recently released inmates during the entire follow-up period was 777 per 100,000 person-years, which was 3.5 times higher than the rate for the general population (Binswanger et al., 2007). Additionally, compared with other residents, a greater proportion of deaths among formerly incarcerated individuals occurred from injuries such as homicide, suicide, drug use, and motor vehicle accident, and from several disease processes, including HIV infection, viral hepatitis, and both liver cirrhosis or disease and liver cancer (Binswanger et al., 2007; Rosen et al., 2008).

This research highlights the need for health interventions for those impacted by the justice system. Additionally, research has linked health and employment status and income, indicating that better health and wellbeing is associated with better employment outcomes. Stronks et al. (1997) found the association between health and income to be stronger than that between health and occupational class. As such, health interventions may remove additional barriers for justice-involved individuals, helping them achieve their second chance.

## **Evaluation of Similar Programs**

By examining other programs aimed at improving the educational, workforce, and health outcomes of justice-involved individuals, we determined that the CVS Second Chance programs will likely have a positive impact on participants.

## **Education Initiative**

Given the literature, we believe that the CVS Second Chance Education Initiative will successfully impact its participants and improve their outcomes. According to Haulard (2001), several other programs have been successful in educating individuals affected by the justice system and improving their outcomes. Participation in STEEP (Student Transition Education Employment Program) resulted in lower rates of recidivism, and Pell Grants helped individuals affected by the justice system contribute to society.

Additionally, 72% of justice-involved individuals who participated in FPI (Federal Prison Industries, Inc.) programs were employed one year after their release (Haulard, 2001). Thus, it is reasonable to assume that the CVS Second Chance programs to provide education will have similar results in reducing recidivism and improving outcomes for participants.

There is additional evidence to suggest that employing individuals impacted by the justice system will be beneficial to CVS. In the military, ex-felons do not attrit at higher rates, and tend to be promoted more quickly than others (Lundquist et al., 2018). Additionally, while it varies by job, individuals affected by the justice system tend to stay at their jobs longer than other employees (Minor et al., 2018). Thus, investing in this worker pool will likely result in a population of dedicated and high performing CVS employees.

## **Workforce Initiative**

Studies have shown repeatedly that there are few effective methods to reduce recidivism rates through reentry or second-chance programs (Visher, 2005). Reduced recidivism is frequently the goal of such programs. If the aim of the program is instead to just aid formerly incarcerated individuals in getting back on their feet, reentry programs have shown to be extremely effective at increasing the formerly incarcerated individual's earning potential; however, the correlation between higher earnings in the year following release and lower likelihoods of recidivism is surprisingly low (Northcutt Bohmert & Duwe, 2011).

Research shows that programs that incorporate substance abuse treatment and include community involvement are the most successful at reducing recidivism (Bloom, 2006; Baier & Wright, 200; Cullen & Gendreau, 2000).

As CVS works to recruit through churches, they reinforce these relationships between the individual and their community and preserve their own interests by working with individuals whose affiliations give them the greatest chance of success. Additionally, it is exciting that CVS's approach seeks to holistically address individual needs and provide support them throughout a person's unique recovery process. This approach sets apart the CVS Second Chance Program in a uniquely identifiable way.

## **Health Initiative**

It is well established that formerly incarcerated individuals have a higher likelihood of negative health conditions. (Binswanger et al., 2007). In fact, mental health conditions of formerly incarcerated individuals actually get worse 1 year after release (Visher & Courtney, 2007). Broader, community orientated health programs are needed in order to improve the health of ex-prisoners.

### ***Behavioral Health Programs***

Kinner et al. (2016) studied the effectiveness of a program which gave prisoners a “passport” full of care facilities and programs in the area and used individual case managers to follow up with the prisoners to see whether they had utilized the care facilities in the booklet. This study revealed that if one-on-one behavioral case management is implemented upon release, formerly incarcerated individuals tend to utilize primary care and mental health services more often. Additionally, Spittal et al. (2019) found that prisoners with a history of a use of heroin and other opioids, a prescription for antidepressants during the current prison sentence, a problematic history with alcohol, or who had served two or more custodial sentences have increased risk of mortality and thus could greatly benefit from health interventions.

While this information is useful, it only represents justice-involved individuals in a small geographic area. Additionally, there is little weight given to the quality of the care given to the formerly incarcerated participating in this “passport” program. Kinner et al. (2015) suggests that increasing the life expectancy and improving the well-being of ex-prisoners depend more on the “quality than the quantity of care received.” Health programs that offer quality services and follow up/encourage formerly incarcerated individuals to use them should be sought out.

### ***Health Fairs***

Health fairs may be one of the hardest events to incentivize prisoners to attend, given that they normally revolve around a specific type of disease, such as HIV. Woodall et al. (2006) analyzed the possibility of using health fairs during the period of incarceration as a preemptive strategy to improve lasting health of prisoners. Woodall observed that organizing health fairs just prior to release using prisoner visitor centers allowed health staff to distribute medical information and administer important diagnostic tests. This method emphasizes a prisoner attending the fair with their family at the visitor's center (Woodall et al., 2006). However, relying on a family-oriented visitor's center is unreliable. Turanovic and Tasca (2019) found that prisoners' experiences with familial visits vary, producing both positive and negative emotions such as guilt, stress, sadness, love, comfort, and support. While using visitor centers as bases for health fairs may be effective in some instances, they are not a “one size fits all” solution. Other options to deliver health information to formerly incarcerated individuals should be explored.

### *Wellness Workshops and Seminars*

According to Keogh et al. (2017), prisoners who took part in a wellness workshop for mental health had an overwhelmingly positive response, as it helped inmates better manage their own and others' mental health. A study by Johnson (2008), art therapy programs are beneficial at helping inmates with creative self-development, autonomy, and expression. In addition, prisoners find such wellness programs to be therapeutic, educational, increased social activity, and improves their quality of life in prison (Johnson, 2008). Overall, wellness programs and workshops can be viable ways to impact the health and wellbeing of incarcerated and even formerly incarcerated individuals.

### *Vaccinations*

For some incarcerated individuals, prisons create an opportunity to have access to healthcare and receive mandatory vaccinations (Vicente-Alcalde et al., 2020). It is believed that prisons can improve community health through offering public health initiatives, especially when considering the exposure to various transmittable diseases that is possible in prison (Bick, 2007). These public health initiatives will likely improve the health of inmates, impacting their post-prison life and making it easier for them to find a place in society again.

COVID-19 vaccines were not a priority to prisoners in many states. This is concerning as prisons have been identified as hotspots for infectious disease outbreaks. In addition to limited access to vaccinations, only about 40% of incarcerated individuals volunteer to receive COVID vaccinations (Barskey et al., 2021). This makes inmates who are at higher risk to be more susceptible to severe effects of COVID. Mandatory COVID vaccinations with release from prison will also lower the chances of formerly incarcerated individuals spreading COVID further in their communities (Barskey et al., 2021). Promoting vaccines to this community can both improve the health of justice-involved individuals as well as the health of the rest of the community.

## **Measure and Methods**

### **Education Initiative**

Because the focus of the Second Chance program is to impact the quality of life of their participants, we looked at how higher education affects incarcerated people to validate our measures for the outcomes of the CVS Second Chance program. Wallace, Eden, and Flores (2020) examined the benefits of higher education for formerly incarcerated people. According to their study, one major benefit to higher education is social networks. The study found that "Through mentoring programs, internships, student organizations, research projects, and more, [formerly incarcerated] students gain access to mentors and allies that can empower them and ultimately help them open doors to ideas and opportunities that would have otherwise been closed" (Wallace et

al., 2020). By participating in higher education, formerly incarcerated people build relationships and make allies, thereby improving their quality of life. While this may be difficult to evaluate, several research studies track academic aspirations as a substitute for academic attainment. This is because academic aspirations are strongly predictive of whether students will attain higher education (Gorard, See, & Davies, 2012). We recommend using academic aspirations to evaluate educational outcomes as tracking participants long-term to determine their true academic aspirations may be less feasible and would be expensive.

## Workforce Initiative

Regarding evaluating workforce placement, previous methods of evaluation have employed both qualitative and quantitative analysis methods. Most resources used: 1) randomized controlled designs, 2) randomized designs, 3) independent tests, and 4) regression models. To a lesser extent, other resources used: 1) cross-lagged panel models, 2) lagged latent growth models, and 3) chi-square tests. All these mechanisms and methods covered active and passive approaches to evaluation.

To be more specific, other community-integrated partnerships pertaining to prison-based programs are more comprehensive in their evaluations. Meta-analysis was often used in rigorous studies. The most promising studies were the programs that combined prerelease and post-release services. For example, one study also included an initial assessment of vocational aptitudes and interests, appropriate vocational training before release, and job search/job placement assistance (Visher, 2017). In a second example, prior to release, staff helped prisoners develop an employment plan, secure necessary official documents, learn how to behave in interviews, and develop life skills. After their release, participants receive job placement help (Visher, 2017). A third example used a two-stage matching quasi-experimental design to define the comparison groups and used multivariate models to examine the relationships among service and program receipt and recidivism (Visher, 2017). In this instance, pre-release interviews were conducted approximately 30 days (about four-and-a-half weeks) before release and were designed to obtain data on the respondents' characteristics and pre-prison experiences, as well as incarceration experiences and services received while in prison. In short, these are three examples of how prison-based programs evaluated disparate set of programs for a large group of participants over varied times.

## Health Initiative

There are many examples of measurement for similar health measures. Myers et al. (2005) explored California's "Get Connected" program, which involves a seven-step process to ensure that justice-involved individuals have the tools they need to take care of their health challenges. The ultimate goal of the program was to influence positive changes in risk behavior, access to services, reincarceration, and program completion. Following the program, participants were given short surveys to evaluate their

perceived performance. Muhlhausen (2010) suggests that evaluations should be “large-scale, multi-site experimental evaluations.” The fact that CVS is partnered with so many second chance programs across the country provides the perfect setting to achieve a great population of participants to ensure robust data collection. Focus groups provide excellent opportunities to supplement quantitative experiments with social diversity and composition. D’Amico et al. (2013) conducted an evaluation of the 2009 Second Chance Act used focus groups to review and audit their quantitative results. The literature suggests that the Second Chance program can benefit from both quantitative and qualitative measures. It is best to employ mixed methods research.

## Proposed Evaluation Methods

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The mission of the Second Chance program is to positively impact justice-involved individuals during and after participation in one of the Second Chance programs. A mixed methodology of quantitative and qualitative measures was used when designing an evaluation method. The following are proposed evaluative approaches for the Second Chance Program:

1. **Surveys**—The benefits of including surveys in this proposed evaluation method are that it produces a high level of representation. Surveys are highly feasible when it comes to gathering data from a large population. They are typically low-cost and extremely useful for data collection. They also have very good statistical significance with little to no observer subjectivity and usually produce precise results. In the case of the Second Chance Program, we have designed a Microsoft Forms survey to be distributed to individuals who participate in a Second Chance Program.
2. **Focus Groups**—Intended to elicit information about people, their values, and motivations. They also offer a wealth of information regarding an individual’s firsthand experience. This aids in the development process by allowing CVS to identify and prioritize features to improve in their Second Chance programs. For this proposed evaluation method of focus groups, a focus group guide was created for each initiative to assist in assessing the impact of the Second Chance Programs.
3. **Data Collection and Analysis**—Critical components of assessing the impact of the Second Chance programs. This entails collecting and measuring variables of interest in a systematic manner and will be discussed in further detail later in the report (Kabir, 2016).

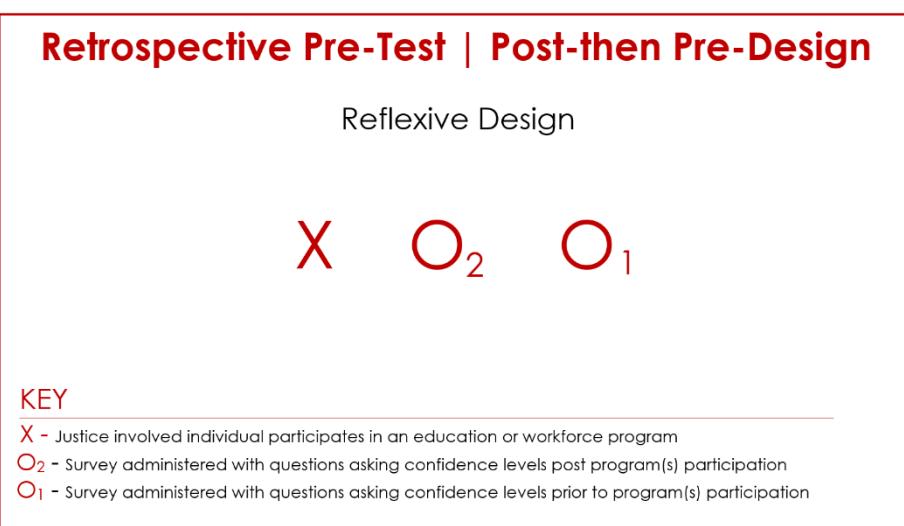
## Proposed Evaluation Structure

The evaluation plan that will be used for the education and workforce initiatives will be a retrospective pre-test, or a post-then-predesign. A retrospective pre-test is a reflexive design (Colosi & Dunifon, 2006; Klatt & Taylor-Powell, 2005a; Klatt & Taylor-Powell,

2005b). This test measures the impact of a treatment (or program) through a set of questions administered to recipients' post-treatment. Recipients are first asked to describe their status on a certain outcome and then to describe their status on that outcome before the program's administration. Figure 5 below highlights this evaluation structure.

For example, in the case of the CVS Second Chance workforce programs, participants will be asked on a survey after participating in a program how confident they are in their ability to obtain employment and how confident they were in their ability to obtain employment prior to participating in the program. The difference between the answers to these questions would indicate the program's impact on participants' confidence in their ability to obtain employment. As an example of the questions for the education initiatives, participants will be asked about their educational goals after participating in the program compared to before participating. The answers to these types of survey questions will be quantitative in nature.

Figure 5 Evaluation Design for Education and Workforce Initiatives



As the current health initiative offerings are of shorter duration than the workforce or education programs, the health initiative will be following a one group post-test design for the evaluation (See figure 6). In this type of design, individuals receive a treatment (or participate in a program) and then are asked questions about their experiences in the program. For example, participants in the CVS Second Change health programs will be asked questions regarding the impact of program participation on their commitment to taking care of their health.

Figure 6 Evaluation Design for Health Initiatives



Qualitative data is data which is not easily reduced to numbers; it describes qualities or characteristics. Utilizing and analyzing both qualitative and quantitative data provides a greater range of insights and perspectives, which then improves the overall validity of results (Maxwell, 1998). For this evaluation, two procedures have been designed that will allow for the collection of qualitative data—an open-ended question on the survey, and a focus group of program participants. Our measure will be a convergent design, merging the quantitative and qualitative together, allowing the CVS Second Chance Program to both further explore the experiences of justice-involved individuals and explain the quantitative findings.

## Proposed Measurement Tools

For this evaluation, the measurement tools include the following:

1. **Microsoft Forms Survey**—This survey asks respondents general questions regarding how program participation has impacted their knowledge, belief, and behaviors surrounding their education, employability, and health. This survey can be taken after participating in any of the CVS Second Chance Programs, and there are questions tailored to health, workforce, and education programs. The online link and PDF copy of the survey are included in Appendix 2.
2. **Focus Groups**— These focus groups are designed to gain a broader understanding of participants' experiences with the CVS Second Chance programs. A brief introduction of the structure and expectations of the focus group is outlined in Appendix 6 of this document, which consists of questions that are program specific. Responses will be recorded for qualitative purposes and analyzed as part of the program evaluation.

## Analysis and Interpretation

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The purpose of this evaluation is to determine whether the CVS Second Chance Program has had an impact on participants. As each initiative (education, workforce, and health) has unique program offerings and goals, the analysis and interpretation measures may vary between initiatives. The following subsections introduce the analysis methods recommended for each initiative and then provide details about how to conduct the analysis and interpret the data.

### Education Initiative Analysis

The proposed evaluation aims to ascertain the impact of participating in the CVS Second Chance Education Initiative on the educational trajectory of justice-involved individuals. This effect can be estimated through the following process:

1. Data cleaning involves cleaning the quantitative data to remove survey data for participants or variables where a majority of responses are missing. As a result of this, those analyzing the data can more easily and accurately interpret the results. This also involves recoding the responses from categorical to numeric in order to run analyses.
2. Run a linear regression comparing **enrollment in educational systems** before and after participation in CVS Education, controlling for other variables, such as demographic data.
3. Run a linear regression comparing **educational attainment** before and after participation in CVS Education, controlling for other variables , such as demographic data.
4. Run a linear regression comparing **educational aspirations** before and after participation in CVS Education, controlling for other variables, such as demographic data.
5. Run a linear regression comparing **desire to work for CVS** before and after participation in CVS Education, controlling for other variables, such as demographic data.
6. Open Coding—Qualitative data should be analyzed differently. To determine an effect, the open-ended survey questions, and the data gathered from focus groups should be analyzed using an open coded method, which will be discussed in detail later in the report.

### Workforce Initiative Analysis

As with the Education analysis, this evaluation seeks to ascertain whether the Second Chance program has an impact on justice-involved individuals. This effect can be estimated through regression analysis in the following process:

1. Data cleaning involves cleaning the quantitative data to remove survey data for participants or variables where a majority of responses are missing. As a result of this, those analyzing the data can more easily and accurately interpret the results. This also involves recoding the responses from categorical to numeric in order to run analyses.
2. Run a linear regression comparing **confidence levels to gain employment** before and after participation in a workforce program, controlling for other variables, such as demographic data.
3. Run a linear regression comparing **confidence levels of keeping employment long term** before and after participation in a workforce program, controlling for other variables, such as demographic data.
4. Run a linear regression comparing **feelings of qualification for a professional career** before and after participation in a workforce program, controlling for other variables, such as demographic data.
5. Open Coding—Qualitative data should be analyzed differently. To determine an effect, the open-ended survey questions, and the data gathered from focus groups should be analyzed using an open coded method, which will be discussed in detail later in the report.

## Interpretation of Quantitative Data for Education and Workforce Initiatives

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Quantitative data collected through the Education and Workforce participant surveys should be analyzed using linear regression. In preparation for these regression analyses, survey data will be cleaned to ensure that these analyses produce clearly interpretable and accurate results. Cleaning will involve removing survey data for any participants or variables for which a great deal of information is missing. It will also involve assigning different survey responses numerical values that the regression models can process. Pre and Post responses for each participant will need to be separated into two separate datasets to run a regression analysis. In addition, a program participation variable should be created, where post (meaning the set of data referring to a participant's experiences since participating in a CVS Second Chance Program) is 1 and pre (meaning the set of data referring to a participant's reflections on where they were at before the program) is recorded as a 0. Note that any cleaning should be performed on a copy of the survey data, rather than on the original data.

The regression models will be used to measure the average effect of participating in a Second Chance program on participants' level of an outcome variable by comparing the difference in the pre-program and post-program levels of that outcome variable as reported on the survey. The outcome variables are enrollment in educational systems, educational attainment, educational aspirations, and desire to work for CVS for the

education initiative. The outcome variables for the workforce initiative are confidence in ability to get a job, feeling qualified for a professional career, and the ability to get a job. We suggest the using following control variables: participants' sex, gender, race, ethnicity, age, and time spent in a correctional facility.

$$\text{outcome variable} \sim \text{pre or post variable} + \text{controls} + \varepsilon$$

These regression analyses may detect that the program tends to increase or decrease participants' levels of an outcome variable or that the program tends to not appreciably affect these outcomes. The effect of participation in the Second Chance program on these outcomes will be indicated by a statistic called a regression coefficient produced by each model. The regression coefficient will indicate the average difference in outcome levels pre-program and post-program that participants report on the survey. A positive regression coefficient would indicate that participation in the Second Chance program leads to a positive outcome for participants, and a negative regression coefficient would indicate that participation in the program tends to lead to a negative outcome for participants. A regression coefficient of zero would indicate that participation in the program does not impact related participant outcomes. The greater the absolute value of the regression coefficient, the greater the detected effect, positive or negative, of the program.

The regressions will also show the probability that any positive or negative effect or lack of effect that they detect appeared among survey participants by random chance. A standard of statistical test interpretation is that the probability of an effect or lack of effect appearing by random chance must be less than 5% to be accepted as sufficiently reliable, or statistically significant. The more responses to survey questions that CVS gathers from Second Chance program participants, the more likely the regression models will detect statistically significant relationships between participation in the Second Chance program and outcome levels (if these relationships do, in fact, exist).

If the regression results show a positive, statistically significant relationship between participation in the Second Chance program and participants' confidence in their ability to obtain employment, then the quantitative data would suggest that the Second Chance program may help participants obtain employment. Likewise, a positive, statistically significant relationship between participants' participation in the program and educational attainment would suggest that the program may help participants achieve educational outcomes.

Negative, statistically significant relationships may indicate that the program tends to hinder participants from obtaining employment/maintaining employment long-term. For example, if the regression on desire to work for CVS returns a negative coefficient, then participation in the program may have decreased participants' desire to work for

CVS. Please refer to Figure 7 for further examples of interpretation and proposed actions.

Program administrators might take the regression results as signals of the program's effectiveness and adjust program elements to try to reverse a negative effect of the program or maintain program elements to maintain a positive effect. However, it is important to keep in mind when interpreting the quantitative data that participants' reported levels outcome variables will not perfectly predict the true levels, particularly in the long-term. Thus, the Second Chance program may fail to achieve these outcomes even if the regression results show that the program tends to increase participants' confidence in their ability to achieve these outcomes.

**Figure 7 Interpreting Quantitative Results and Proposed Actions for the Education & Workforce Initiatives**

Sentiment	Interpreted Results	Actions
<b>Positive:</b>	Responses with a positive regression coefficient indicate that the programs are helping improve the educational attainment and/or employability of justice-involved individuals.	Decision makers should continue (and potentially expand) related programs.
<b>Neutral:</b>	Responses with a regression coefficient close to 0 would indicate that the programs are having a neutral (or no) impact on justice-involved individuals.	Further evaluation should be done to explore reasons why this might be happening. Program managers would want to make relevant changes to programs to improve outcomes.
<b>Negative:</b>	Responses with negative coefficient would indicate evidence that the program is negatively impacting the educational attainment and/or employability of justice-involved individuals. This would highlight areas of needed program improvement.	Decision makers should adjust the programs as needed or decide whether to terminate the programs.

## Health Initiative Analysis

The purpose of the proposed evaluation is to evaluate the CVS Second Chance Health Initiative and discover the impact the program has on the expected 9,000 participating justice-involved individuals and their families.

The evaluation analysis procedures are as follows:

1. **Data Cleaning.** This will involve cleaning the quantitative data to remove survey data for participants or variables where a majority of responses are missing. As a result of this, those analyzing the data can more easily and accurately interpret the results. This also involves recoding the responses from categorical to numeric in order to run analyses.
2. **Analysis of Means.** Since the health survey uses a posttest only design, program impact can be measured in part by assessing the average score of respondents to survey questions and comparing to a threshold. This will help the CVS Second Chance program ascertain whether, on average, the programs are achieving their desired level of impact.
3. **Other Summary Statistics.** Discerning the mode or median scores on each survey item may provide additional insights that are less sensitive to extreme scores. This may be especially beneficial when further exploring average scores that may indicate no program impact.
4. **Regression Analysis.** This involves analyzing the relationship between survey scores and the various demographic variables. Linear and logistic regression models can be run on this data to explore whether certain demographic groups experience the health initiative programs differently. Dependent variables would be the scores on a particular survey item. Independent and control variables would be specific demographic variables.
5. **Open Coding.** The open coding will focus on finding answers and themes from the open-ended survey question and the focus group responses related to the evaluation questions. Themes gathered from open coding can be used to assess program impact and areas of improvement for the CVS Second Chance Health Program.

## Health Initiative Interpretation of Quantitative Data ==

For the Health Initiative data interpretation process, quantitative data will be gathered from the survey responses. Responses, although categorized from strongly disagree to strongly agree based on participants' experience with the program, can be scaled on a 1-5 level which makes it easier to input as code into a selected software program.

Since all the demographic variables are categorical, analysts would need to recode those variables to run a regression. In the case of gender and taking care of physical health, gender has options for female, male, non-binary/third gender, and prefer not to say. Options like "prefer not to say" on demographic questions do not provide enough information to be meaningful to an analysis and should be removed from the data. To run an analysis on the gender variable, each meaningful category of answer would need to be recoded to numbers (i.e., 1-3). The other demographic variables, when used in an analysis, would also need to be recoded.

The primary method of analyzing the quantitative data is comparing descriptive statistics (specifically means) to a threshold. Taking the mean score on particular survey items and comparing it to a threshold will enable the CVS Second Chance program to see whether, on average, the program is having an impact on participants. An average between 4 or 5 on the survey (corresponding with an average response of "somewhat agree" or "strongly agree") indicates that the program could be positively impacting participants. On the opposite end of the scale, an average of 1 or 2 (corresponding with an average response of "strongly disagree" or "somewhat disagree") would indicate that the program could be having a negative impact on participants. An average of 3 (corresponding with an average response of "neither agree nor disagree" on the survey) could indicate limited to no program impact. Examples of interpreted results and the corresponding actions of the Second Chance team are included in the Figure 8.

**Figure 8 Interpreting Quantitative Results and Proposed Actions for the Health Initiatives**

<b>Sentiment</b>	<b>Interpreted Results</b>	<b>Actions</b>
<b>Positive:</b>	Responses on the high end of the 5-level spectrum (with values of 4 and 5) indicate that the programs are helping improve the health and employability of justice-involved individuals.	Decision makers should continue (and potentially expand) related programs.
<b>Neutral:</b>	Responses in the middle of the 5-level spectrum (with a value of 3) would indicate that the programs are having a neutral (or no) impact on justice-involved individuals.	Further evaluation should be done to explore reasons why this might be happening. Program managers would want to make relevant changes to programs to improve outcomes.
<b>Negative:</b>	Responses on the low end of the 5-level spectrum (with values of 1 and 2) would indicate evidence that the program is negatively impacting the health and employability of justice-involved individuals. This would highlight areas of needed program improvement.	Decision makers should adjust the programs as needed or decide whether to terminate the programs.

There are limitations to using a means analysis. For example, an average score is sensitive to extreme responses. An average score of 3 could indicate either that most scores were around 3 or that responses were cleanly divided between high scores (4-5) and low scores (1-2). Those differences in score distribution could (and should) be interpreted differently by stakeholders. As such, there are additional analysis tools methods that may be beneficial to use to interpret the quantitative data more fully. For example, other descriptive statistics like median scores can be used to understand where the middle of the scores for a particular question falls. Finding the mode of the responses can also help see what the most common score for a question was.

Using a simple regression analysis could be a beneficial addition to the means analysis. Since the health survey does not have both pre- and post-test questions, the regression analysis would not be able to answer the health evaluation questions. However, using a regression analysis on the health data can better explore differences between different demographic group participating in the survey. For example, perhaps the means analysis showed that on average, participants somewhat agreed that they are more committed to taking care of their overall physical health after participating in a health

program (an average score of about 4). Regression analysis would enable analysts to ascertain whether there were significant differences in scores on that question among participants of different sexes, genders, ages, or length of time in a correctional facility.

The regression model would show whether (or how much) an independent variable like age would impact the value of the dependent variable like commitment to taking care of their physical health. In that situation, the other demographic (sex at birth, gender, race, ethnicity, and time in a correctional facility) would be used as control variables. A regression model could also be used to show which demographic variable has the greatest impact on score on a particular survey item. In this situation, all demographic variables would be used as independent variables, and the score on a particular survey question would be the dependent variable. The formula for a regression model is as follows, and a regression analysis can be performed using several different statistical softwares (such as R, Excel, or STATA):

$$\text{dependent variable} \sim \text{independent variable} + \text{controls} + \varepsilon$$

This model explores whether the score on the dependent variable (i.e., commitment to taking care of physical health) can be explained by an independent variable (i.e., age), while controlling for various demographic characteristics and possible error.

When running a linear regression model, there are a few key outputs to pay attention to: the p-value, the regression coefficient, and the R-squared statistic. If the p-value on any regression output is greater than 0.05, then the results of that model are likely due to chance and there are no significant differences between the groups being tested. Using the example above, if a regression model between age and commitment to taking care of physical health results in a  $p>0.05$ , there can be assumed to be no score differences between the different age ranges that are not simply due to chance.

However, if the p-value is less than 0.05, then there likely is an actual difference between individuals in different age ranges on their commitment to taking care of their physical health. With a  $p<0.05$ , analysts can then interpret the regression coefficients and R-squared values of the model. The regression coefficient will inform the size and direction of the impact. For example, a positive regression coefficient would indicate that for each increase in age range (remember, they would have been recoded from age category to numbers like 1-7), the individual would have a reported increase in their commitment to taking care of their physical health by the magnitude of the regression coefficient. A negative regression coefficient would have the opposite effect: an increase in age would correspond to a decrease in the individual's commitment to taking care of their health after participating in a CVS Second Chance Health program. A larger (absolute value) regression coefficient would indicate a larger difference in the way that participants responded to the questions between each age category.

The R-squared value of the model explains what percent of the change in the dependent variable (score on a survey question) can be explained by the

independent variable or variables (the demographic variables). A larger R-squared will indicate that a greater percentage of the difference in survey scores can be explained by the demographic variables used in the model. In the case of age and commitment to taking caring of physical health, an R-squared value of 0.25 would indicate that about 25% of the variation in commitment scores could be explained by age differences.

## Interpretation of Qualitative Data

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For this evaluation, two procedures have been designed that will allow for the collection of qualitative data—open-ended survey questions and focus groups with program participants. The method to analyze qualitative data will be the same whether the data is gathered through open-ended survey questions or responses from focus groups participants. For analysis, we suggest using the open coding method for analyzing both the survey and focus group data. Descriptive codes are used to describe what is in the qualitative data. Woodall (2016) outlined a number of principles to abide by and steps to follow when open coding qualitative data:

1. Read the data (responses to the open-ended questions) several times
2. Create tentative labels for chunks of data that summarize what they see happening in the response
  - a. Codes identify interesting features of the data; keep them short and succinct.
3. Repeat these steps for the entire dataset- there can be multiple codes for the same segment of text.
4. Once a list is compiled of all the codes, look for ways to combine them into themes or sort the codes into broader categories.
  - a. The developed themes must be able to be traced back to the original data.

Using the open coding method, themes should be developed that will paint a broader picture about the experiences of participants as they go through a CVS Second Chance Program. These findings can aid the CVS Second Chance team and the Roundtable members in determining whether the programs are having the impact necessary to justify funding or continuing the partnerships with community-based programs. Please refer to Appendix 7 to see specific examples of open coding for each initiative.

## Measurement Tools Pilot Test

We performed pilot tests on both our survey and focus groups using a convenience sample of other members of the BYU GoodMeasure Program Evaluation course. Based

on feedback, adjustments were made to spelling, question format, and overall survey structure to improve participant survey experience. While the feedback did not come from our target population, it was still valuable and exposed readability issues that were then corrected.

## Evaluation Procedures

The evaluation process will proceed in four phases.

1. **Training**—The Second Chance program managers will read through this report. Individual program administrators who will administer the survey and/or lead the focus groups will be trained on the processes by the Second Chance program managers.
2. **Survey and Focus Groups**—The survey will be given to all CVS Second Chance participants after they complete any program. During this time, the Second Chance program managers will track the progress of the evaluation. This is the longest phase but can be adjusted to be longer or shorter depending on how quickly responses are acquired. It is also important to consider that the survey timeframe for education specifically may need to be longer since many education outcomes take some time before they become apparent.  
As part of the survey, participants will be asked to opt-in to possible focus group participation. Once four to six individuals have opted in, the CVS Second Chance Program leaders can organize a focus group. Gina Matalliano will be responsible for gathering participants and administering the focus groups. Focus group templates can be found in Appendix 5.
3. **Data Cleaning and Interpretation**—After six months of survey administration the survey data should then be sent to the data analytic team. After three months of conducting focus groups, the data gathered can then be sent to the data analytic team. An internal CVS data analytics team will clean the data, perform analytics, and compile a report of findings.
4. **Decision Making**—Decision makers will read the analysis report and determine whether to continue the Second Chance programs as they are, or to make changes.

## Evaluation Activities

The following RACI chart is meant to help in the evaluation process through identifying key roles and responsibilities for major tasks within the evaluation timeline. The chart can be edited to better fit the needs of the CVS Second Chance Program. RACI is an acronym, and each letter helps identify what the listed individual needs to do. The individuals that are listed as “R” are responsible for that task, those listed as “A” are accountable for that task, those with “C” need to be consulted with for that task, and those with “I” need to be informed regarding the completion of key tasks in the evaluation of the program. The accountable person, of which there can be only one

per task, oversees and ensures the task's completion. The person/people responsible are those carrying out the task. There need not be someone consulted or informed for every task. As seen in Figure 9, Olivia Lang is accountable for most tasks, Gina Mattaliano is responsible (though not solely responsible) for most tasks, and the Roundtable members are the people to be informed when necessary.

**Figure 9 RACI Chart**

Tasks	Timeline	Roundtable Members	Olivia Lang Director	Gina Mattaliano Senior Manager	Darrell Burns Senior Manager	Individual Program Administrators
Project Leads Read Report	May 2022	I	A	R	R	R
Train Survey and Focus Group Administrators	May - Jun 2022	A		R	R	
Dessiminate the Survey to Program Administrator	July - Dec 2022	A		R		
Dessiminate the Survey to Program Participants	July - Dec 2022			A		R
Administer Focus Groups	July - Dec 2022		A	R		
Track Survey Progress	July - Dec 2022		C	A		R
Send Data to Analysts	Jan 2023	I	A	R		
Perform Data Cleaning and Coding	Jan - Feb 2023	I	A	R	R	
Create Evaluation Report	Feb - Mar 2023	C	A	R		
Deliver Report	Mar 2023	A	R			
Make Executive Decisions Based on Results	Aug 2023	R				

**Key**

Responsible	R
Accountable	A
Consulted	C
Informed	I

## Evaluation Timeline

Another tool to help visualize the evaluation process is a Gantt chart. A Gantt chart shows timelines, relationships, and dependencies of the activities that are included in the RACI chart. The Gantt chart is intended to be a heavily relied upon reference to ensure that the evaluation is moving forward on schedule and that no critical steps are missed.

As is shown in Figure 10, the evaluation workflow begins in May when trainings are conducted. Immediately following the trainings, the focus will shift to the critical data gathering phase where the survey will be administered and focus groups conducted. We have allotted roughly a seven-month window to the data cleaning and interpretation that will naturally follow. To conclude this period a report should be compiled to inform stakeholders and enable them to make decisions regarding the future of the program.

We propose in August 2023 the results from the evaluation be presented to the CVS Roundtable members, where decisions can be discussed and finalized.

In summary, the evaluation timeline mainly comprises of five different stages and different people responsible for each stage. They are:

1. Training (May -Jun 2022) – Gina Mattaliano
2. Administer survey (Jul – Dec 2022) – Program administrators

3. Conducting focus groups (Jan – Mar 2023) – Program administrators
4. Data cleaning and analysis (Apr-Jul 2023) – Data team
5. Decision making (Aug 2023) – Olivia Lang and Roundtable members

**Figure 10 GANTT Chart**



## Evaluation Budget and Resources

While there isn't a monetary value for an evaluation budget, we created a budget (see Figure 11) that estimates the time of the proposed evaluation plan in hours. The budget was designed to enable the key stakeholders responsible for financing the CVS Second Chance Program to prepare, estimate, and apportion cost and expenses. The budget is grouped according to the activities to be performed. It covers main mission costs such as training, survey administration, focus group administration, data cleaning and analysis, and decision making. The proposed budget is designed to offer an estimated amount of time for each project task. Time is measured in terms of full hours. Since this budget is a projection, these hours are flexible and certain tasks may require less or more time. Overall, we estimated approximately 153 hours for the program evaluation. These hours can be divided between teams of individuals. For example, if two managers trained program administrators to give the survey to program participants, their combined hours would be counted towards the 12 hours assumed.

**Figure 11 Proposed Budget**

Evaluation Activity	Responsible Party	Hours Assumed
<b>Training</b>	Gina Mattaliano	
Program managers read report		4
Train survey administrators		12
Train focus group leaders		12
Total Training Hours		28
<b>Data Gathering: Administer Survey</b>	Program Administrators	
Dessiminate Survey to Participants		16
Track Survey Progress		16
<b>Data Gathering: Conduct Focus Groups</b>	Gina Mattaliano & Olivia Lang	
Organize focus groups		12
Conduct focus groups		18
Total Administer Survey Hours		62
<b>Data Cleaning/Interpretation</b>	Gina Mattaliano & Darrell Burns	
Send data to analysts		3
Perform data cleaning & analysis		30
Create Evaluation Report		11
Send report to decision makers		1
Total Cleaning/Interpretation Hours		45
<b>Decision Making</b>	Olivia Lang   Round Table Members	
Decision makers read report		6
Decide how to proceed		12
Total Decision Making Hours		18
	<b>Total Hours</b>	<b>153</b>

## Limitations of the Proposed Evaluation Plan

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There are certain limitations on the internal validity, construct validity, and external validity of this proposed evaluation plan. While external validity concerns are less important for purposes of the proposed evaluation plan and we have taken steps to mitigate other validity threats, limitations remain with this evaluation plan's internal and construct validity that are important to keep in mind when interpreting the results.

### Internal Validity

Internal validity threats deal with the variables that are studied and how they may interact with other variables in ways that we cannot predict. A big threat to the internal validity with pre-post measurement is the risk of attrition, or participants leaving the program before it is complete. To mitigate this, we designed our survey to only require one measurement point after program participation. This way, CVS will not waste resources surveying individuals before participation who may attrit before completion. While this does bias the data to only include people who had experiences that allowed them to complete the program, it will increase the usability of the collected data.

A common internal validity threat, maturation, must be recognized. Maturation is when naturally occurring changes over time can be confused for a treatment effect. In this scenario, it is a possibility that the CVS Second Chance program participants may find multiple (other than participation in a Second Chance program) ways to improve their life and gain confidence as they undergo the dramatic change of leaving confinement. For example, the longer these individuals are outside of prison they will make more connections and become more adept living outside of an institutionalized state. We try to compensate for maturation by asking questions that spur respondents to describe how much of their growth occurred because of CVS programs and how much occurred because of non-CVS related improvements. Although we do not include this question in our survey, we believe our qualitative methods address these concerns to prevent us from making claims that are influenced by maturation.

## Construct Validity

Construct validity refers to how validly measurement tools measure a certain construct, or concept. The measurement tools we have prepared are the survey questions and the focus group guide. The survey questions seek to measure the constructs of CVS Second Chance program participants' confidence in their ability to obtain employment and in their ability to maintain employment long-term, as well as reasons why these confidence levels changed or did not change when participants participated in the CVS Second Chance program. The focus group guide seeks to measure the constructs of the quality of Second Chance program participants' experiences in the program and the program's impact on their lives.

There are various ways in which construct validity can be compromised, and we have designed the evaluation to mitigate many of these threats. Here are explanations of how the evaluation design mitigates certain threats:

1. **Mono-operation bias**—Results are biased because they rely on a single measure. We have mitigated this threat by designing the survey to ask participants in multiple ways about their knowledge, attitude, and behavior changes since participating in the programs. We have also mitigated this threat by designing the evaluation to measure the impact of the Second Chance program on participants' lives through both the survey and focus groups.
2. **Mono-method bias**—data are biased because they are all gathered through one method. We have mitigated this threat by designing the evaluation to include both quantitative and qualitative survey questions, as well as a focus group.
3. **Construct confounding**—Treating a multi-dimensional construct as if it is one-dimensional. We have accounted for this in the evaluation's design by asking about health, educational, and workforce changes in several different ways. This has also been addressed through allowing participants to explain in open-ended questions how the program has impacted their lives.

4. **Experimenter expectancies**—people respond differently to a question because the questioner's behavior or the form of the question indicates preference for a certain kind of answer. We have mitigated this threat by wording the focus group and survey questions to not indicate presumption of or preference for certain types of answers. CVS can further mitigate this threat in the focus groups by training focus group moderators to respond positively to all answers given by participants.
5. **Inadequate explication of constructs**—data do not precisely measure a construct because it was not sufficiently defined when the data were gathered. The survey and focus group guide do not specifically define terms like “professional goal” or “health services”. When interpreting the results of the evaluation, it is important to keep in mind that survey and focus group participants may have understood these things differently.
6. **Reactive self-report changes**—people lie on surveys because to make their responses more in line with what they think is socially desirable or what they think the survey/focus group administrator wants to hear. Since the survey is anonymous, social desirability should be mitigated for that measure. However, the focus group is not anonymous, and participants may indicate higher confidence levels and/or a higher impact of the program on their life in the focus group because they think those are more socially desirable or desirable to the focus group administrators. Similar to experimenter expectancies, CVS can further mitigate this threat in the focus groups by training focus group moderators to respond positively to all answers given by participants.
7. **Reactivity to the experimental situation**—people behave differently because they know they are being studied. Survey and/or focus group participants may change their responses (likely in ways similar to those mentioned under “Reactive self-report changes” above) because they realize that the survey/program administrators are studying their responses. This is not something that is able to be mitigated in this evaluation process, but it is something to be aware of when analyzing the responses.

## External Validity

The current evaluation is not valid externally. This evaluation was designed primarily to help the CVS Second Chance team understand how their programs have impacted participants during their involvement with CVS—not *all* programs that seek to reduce recidivism. If CVS would like to apply their research externally, a new evaluation will need to be designed. For example, to meet external validity requirement, the study would need to be more representative of the population of interest and ensure random sampling.

## Conclusion

The CVS Second Chance Program is designed to reach at least 9,000 justice-involved individuals. The program has three principal areas of focus: education, workforce development, and health. Partnership with community-based organizations (including faith-based organizations) will be one way to achieve success.

The evaluation process will include quantitative elements in the form of surveys and qualitative elements using the combination of surveys and focus groups. The timeline for the evaluation will begin in May 2022 with training program administrators to disseminate the surveys and conduct focus groups. If the timeline is followed, beginning in July 2023 evaluation stakeholders should be able to make informed program decisions based on the information from the analysis.

We believe that even if the CVS Second Chance Program moves forward with the current plan to end their offering after reaching out to 9,000 individuals, the impact of the program can outlast this period by influencing future programs and individual lives. By making the effort to utilize the evaluation tools outlined in this report, CVS will be able to gather data to inform their decisions and lead the way for future organizations to follow. We believe that with the resources dedicated to the CVS Second Chance Program, legitimate progress can be made in the effort to rehabilitate the lives of justice-involved individuals all over the United States.

We invite the stakeholders in charge of this program to move forward with this broad vision in mind. As you consider the research we have provided in this report, and build off predecessors' experiences and findings, you are uniquely situated to play a role in the future of this field. No other program that we could find has ever approached the issue in the same way CVS has, namely through partnerships with faith-based organizations to recruit justice-involved individuals who are ready and eager for opportunity.

Lastly, we challenge the CVS Second Chance team to formally report on the findings of this evaluation. We are confident that the survey tools provided will allow CVS to build a base of data that will help inform the world of the needs of and opportunities with, justice-involved individuals.

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## Appendix 1: Evaluability Assessment

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Adopted from the Office of Juvenile Justice and Delinquency Prevention: Evaluability Assessment (Kaufman-Levy & Poulin, 2003).

### History & Purpose of the CVS Second Chance Program

1. Has the program ever been evaluated?

No

2. What are the program's goals and objectives? What is the problem that the program was designed to address? Is there a mission statement?

*The goal of the Second Chance program is to provide workforce development, health and wellness, and/or educational offerings to 9,000 justice-involved individuals and/or children of the incarcerated. The program was designed to address social determinants of health as well as inequities faced by disenfranchised communities, in this case, the justice-involved community.*

### Evaluation

1. What information would you need to know to be able to tell that your program was working?

*To determine if the program is working, we would need to know how many participants were entering each program offering (workforce development, health and wellness, education) per month.*

2. How would you identify if a client has successfully completed the program?

*A client completes the Second Chance program once they accept and begin the CVS Health workforce development, health and wellness, or educational offering. Participants will be monitored to ensure complete workforce development trainings.*

3. What is the budget for this evaluation?

N/A

### Data

1. At the outset of the CVS Second Chance program, did you collect baseline data to assist in defining the problem of the program?

No

2. Do you collect any information on the Second Chance individuals that come through the program? If so, what do you collect? When do you collect it (i.e., at what point during

participation in the program)? (Help us to know what type of demographic info to include on our survey, and if they already have identifying information collected)

In regard to educational and workforce offerings, full names and email addresses are collected, at a minimum. We always attempt to obtain additional demographic information; however, participants are not required to provide it. Due to protected health information, health and wellness offerings are usually tracked in the aggregate and we do not collect personal identifying information. Community-based partners are to collect participant data and submit it to CVS Health on a monthly basis.

3. How do you maintain participant information? Does your program have a Management Information System database?  
*Participant information will be kept in Salesforce, which should be implemented this month.*
4. Do you do any follow-up on the participants after they leave the program? If so, what do you do?  
*CVS Health does not follow-up on participants after they leave the program. However, it will be incumbent on our community-based partners to provide us with follow-up documentation, if requested, on participants.*
5. Would you say that the program is successful in retaining participants?  
*N/A at this point in time*

## Funding and Stakeholder Information

1. Would you say that the community (and specifically the justice-impacted community) knows of the CVS Second Chance program? If so, would you say that it supports the program?  
*Specific markets and partners know about the Second Chance program. There have not been external communications about the Second Chance program to the justice-impacted community at large, or the public.*
2. Who do you think are the program stakeholders? (Who will be making decisions based off the program evaluation results? Who decides if the program will continue after the 5-year goal?)  
*The program stakeholders include: the CVS Health executive team ("investors"), CVS Health employees, our shareholders, national, state and local community-based partners, as well as the community at large (especially, our customers and the justice-impacted community.) The Second Chance team and the Workforce Initiatives' Leadership Team (Ernie DuPont, Olivia Lang, Leslie Reis, Greg Schmidt, Rick Laferriere, and David Lee) will be making decisions based on the program results. The Workforce Initiatives' Leadership team will decide if the program will continue after the five-year goal.*

1. Is there collaboration among the stakeholders?

*Yes*

## **CVS Second Chance Program Design**

1. What resources are in place to implement and operate the program?  
*The Workforce Initiatives' managers are the "on the ground" operators of the program as it relates to workforce offerings. Our Aetna liaisons are resources for the health and wellness aspect of the program.*
2. Which services in the CVS Second Chance program are directly provided by CVS, and which ones are provided by partners?  
*Our community-based partners are responsible for barrier removal (for example, stipends to attend a CVS Health training, transportation assistance, assistance in acquiring identification, soft skills workshops, etc.) CVS Health provides the workforce experience, health and wellness offering or educational opportunity.*

## **Client Specific**

1. Why would you reject a participant from the program?  
*We can't foresee any situation where a participant would be rejected from the Second Chance program; however, the community-based partner may have a different set of standards that would lead to the participant's removal from the community-based organization's program.*
2. How are participants referred to your program other than from your faith-based programs? Who refers them?  
*Participants can be referred through the community-based partner (for example, a reentry organization). The community-based partner can set up a referral system with other actors within the criminal justice system (for example, judges, probation officers, etc.) to refer into their organization.*

## Appendix 2: Quantitative Measurement Tools

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Per the request of the CVS Second Chance Program, an online version of the survey along with a paper version of the survey were designed.

The link to edit the online version of the survey can be found [here](#). A Microsoft account is needed to be able to edit the survey.

The distribution link to take the online version of the survey can be found [here](#).

The paper versions of the survey are included in the following pages as separate pages to aid in ease of printing.

Consent forms are also included in Appendix 3. They also need to be given along with the survey to program participants.



Education Programs Participation Survey

Thank you for taking the time (5-10 minutes) to complete our survey based on your experiences with the CVS Second Chance Education Program.  
Your feedback is important to us.

Which Education Program did you participate in?

- Education Resources
- Scholarships
- STEM Education
- Education Services
- Career Counseling
- Vocational Rehabilitation
- Post-Secondary Education

Since participating in this CVS Education Program, which type of formal schooling have you enrolled in:

- Professional Certification/License
- Vocational/Trade School
- High School/GED Equivalent
- College/University
- I have not enrolled in any of these programs since participating in this CVS Education Program

Select your highest level of education

	Professional Certification/License	High school/GED	Vocational/Trade School	Some college	2-year degree	4-year degree	Professional degree	Doctorate
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate how strongly you agree or disagree with the following statement on the left:

	Before participating in the CVS Education Program					After participating in the CVS Education Program				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I would like to work for CVS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your educational goal after participating in this CVS Second Chance Education program?

	Professional Certification/License	High school/GED	Vocational/Trade School	Some college	2-year degree	4-year degree	Professional degree	Doctorate
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was your educational goal before participating in this CVS Second Chance Education program?

Professional Certification/License	High school/GED	Vocational/Trade School	Some college	2-year degree	4-year degree	Professional degree	Doctorate
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has this CVS Second Chance Education program influenced your educational goals?

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Has this CVS Second Chance Education program changed your access to educational opportunities? If so, how?

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**What was your sex assigned at birth?**

- Female
- Male
- Prefer not to say

**Which gender do you now identify as?**

- Female
- Male
- Non-binary/third gender
- Prefer not to say

**What is your race?**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or More Races
- Other

**What is your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino

What is your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 and older

How long was your most recent time in a correctional facility?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years
- I have never been in a correctional facility

How many total years have you spent in a correctional facility?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years
- I have never been in a correctional facility

Would you be willing to **participate in a focus group with other participants** to discuss your experience with CVS Second Chance Programs?

If yes, please write your name and email below so we can contact you if you are selected.

Yes

No

**Name (optional—used only for focus group opt in)**

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**Email address (optional—used only for focus group opt in)**

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Workforce Programs Participation Survey

Thank you for taking the time (5-10 minutes) to complete our survey based on your experiences with the CVS Second Chance Workforce Program.  
Your feedback is important to us.

Which Workforce Program did you participate in?

- Workforce Innovation Talent Centers (WITCs)
- Apprenticeships
- Internships
- Direct Hire
- Training
- Other

Please select the degree to which you agree or disagree with the following statements

	Strongly disagree	Somewhat disagree	Neither confident nor disagree	Somewhat agree	Strongly agree
I am confident with my ability to get a job <u>since completing</u> this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confident with my ability to get a job <u>before participating</u> in this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can keep a job long term <u>since completing</u> this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was confident that I could keep a job long term <u>before completing</u> this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel qualified for a professional career <u>since participating</u> in this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt qualified for a professional career <u>before participating</u> in this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you experienced a change in your confidence levels of obtaining employment what specifically lead to that change?

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If you experienced a change in your confidence levels of keeping a job long-term, what specifically lead to that change?

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What was your sex assigned at birth?

- Female
- Male
- Prefer not to say

Which gender do you now identify as?

- Female
- Male
- Non-binary/third gender
- Prefer not to say

What is your race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or More Races
- Other

What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

What is your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 and older

How long was your most recent time in a correctional facility?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years
- I have never been in a correctional facility

How many total years have you spent in a correctional facility?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years
- I have never been in a correctional facility

Would you be willing to **participate in a focus group with other participants** to discuss your experience with CVS Second Chance Programs?

If yes, please write your name and email below so we can contact you if you are selected.

Yes

No

**Name (optional—used only for focus group opt in)**

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**Email address (optional—used only for focus group opt in)**

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Health Programs Participation Survey

Thank you for taking the time (5-10 minutes) to complete our survey based on your experiences with the CVS Second Chance Health Program.  
Your feedback is important to us.

**Which Health Program did you participate in?**

- Caregiver Health
- Pharmacy Services
- Health & Wellness Services
- Health Fairs
- Flu/COVID-19 Vaccinations
- Project Health
- Health Education & Promotion

Please select the degree to which you agree or disagree with the following statements

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Since participating in this CVS Second Chance Health program, I am more committed to taking care of my <u>physical</u> health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since participating in this CVS Second Chance Health program, I am more committed to taking care of my <u>mental</u> health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in this CVS Second Chance Health program has increased my awareness of my overall health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in this CVS Second Chance Health program has made me more aware of health services that are available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in this CVS Second Chance Health program has increased my ability to obtain employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in this CVS Second Chance Health program has improved my perception of CVS as an employer that cares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has participating in this CVS Second Chance Health program impacted you?

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What is your sex assigned at birth?

- Female
- Male
- Prefer not to say

Which gender do you now identify as?

- Female
- Male
- Non-binary/third gender
- Prefer not to say

What is your race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or More Races
- Other

What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

**What is your age?**

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 and older

**How long was your most recent time in a correctional facility?**

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years
- I have never been in a correctional facility

**How many total years have you spent in a correctional facility?**

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years
- I have never been in a correctional facility

Would you be willing to **participate in a focus group with other participants** to discuss your experience with CVS Second Chance Programs?

If yes, please write your name and email below so we can contact you if you are selected.

Yes

No

**Name (optional—used only for focus group opt in)**

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**Email address (optional—used only for focus group opt in)**

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## **Appendix 3: Survey and Focus Group Consent Forms** ==

Including a consent form for participation in taking the survey and/or participating in the focus group provides participants sufficient written information to make an informed decision on whether they would like to participate in the proposed research. Due to the limitations of Microsoft Forms, these forms were not included on the electronic survey(s) but should be sent to the participants via email or printed and signed prior to taking the survey. Consent forms can be found on the following pages to ensure ease of printing.

# Survey Consent Form

You are being asked to participate in a survey related to your experience in the CVS Second Chance program.

## What the survey is about

The purpose of this survey is to provide CVS with data on Second Chance program outcomes for program participants to help CVS measure the impact of these programs. CVS may decide to make adjustments to the array of Second Chance program offerings based on this data and measurement.

## What we will ask you to do

On this survey, you will be asked to answer questions related to outcomes you have experienced due to your participation in the CVS Second Chance program. You will be asked to indicate the category (Workforce, Health, and/or Education) of program in which you participated, as well as the specific program in which you participated. You will be then asked a few questions regarding your experience in that program. You will also be asked to provide certain demographic information at the end of the survey.

The time required to complete this survey will depend on the number of programs in which you participated. Answering a single set of questions should take between five to ten minutes.

## Risks and discomforts

Possible risks of participating in this survey include:

- Emotional discomfort, such as discomfort associated with reporting personal information—including demographic characteristics—or with reflecting on challenges you faced before and during your participation in the Second Chance program.

## Benefits

There are no expected direct benefits from participating in this survey. However, reflecting on your experience in the Second Chance program may benefit you indirectly, such as by helping you recognize and appreciate progress you have made.

Your participation in this survey will also benefit the CVS Second Chance program and other people who participate in that program; your responses will help shed light on the effectiveness of the program

in which you participated and inform potential decisions on whether to adjust the slate of Second Chance programs offered.

## Compensation for participation

You will receive no compensation for participating in this survey.

## Privacy/Confidentiality/Data Security

We will take reasonable measures to protect your privacy and confidentiality:

- Your responses to questions on the survey will be shared only with members and assistants of the CVS Second Chance team and other CVS personnel who work with the Second Chance program
- Personal identifying information, including your name and email address, will be asked for in a separate survey and only if you opt in to focus group participation. As such, there will be no personal identifying information linked to your survey response.
- Your responses to survey questions will be stored on a secure server.

Please note that the survey(s) [is/are] being conducted with the help of Microsoft Forms, a company not affiliated with CVS and with its own privacy and security policies that you can find at its website. We anticipate that your participation in this survey presents no greater risk than everyday use of the Internet.

As mentioned above, you will be asked to provide your email address at the end of the survey, and you will be contacted through email about participating in a focus group if you are willing to do so. Please note that email communication is neither private nor secure. Though we are taking precautions to protect your privacy, you should be aware that information sent through e-mail could be read by a third party.

Data may exist on backups and server logs beyond the timeframe of this research project.

Your confidentiality will be kept to the degree permitted by the technology being used. We cannot guarantee against interception of data sent via the internet by third parties.

## Future use of data collected in this Research

The de-identified information gathered from this survey may be used for future research without additional consent.

## Taking part is voluntary

Your participation in this survey is voluntary. You may refuse to participate in this survey, and you may discontinue your participation in the survey at any time. In addition, you may skip any questions that you wish not to answer. Your responses to open-ended survey questions may also be as brief or detailed as you wish. There will be no penalty to you and no impact on your relationship with CVS or any Second Chance programs in which you participate in if you refuse to take the survey, discontinue your survey participation, skip questions, or withhold details in your responses.

## If you have questions

Please ask any questions you have now. If you have questions later, you may send them to Gina.Mattaliano@cvshealth.com.

## Statement of Consent

[ ] I have read the above information and have received answers to any questions I asked. I consent to take part in the survey.  
\_\_\_\_\_ (initial)

This consent form will be kept by CVS for five years beyond the end of the study.

Note: this consent form is adapted from an IRB consent form template obtained at <https://researchservices.cornell.edu/forms/irb-consent-form-templates>.

# Focus Group Consent Form

You are being asked to participate in a focus group related to your experience in the CVS Second Chance program. A description of this focus group is below. This focus group is being administered by the CVS Second Chance program team, which will answer any questions you have about the focus group.

## What the focus group is about

The purpose of this focus group is to provide CVS with data on Second Chance program outcomes for program participants to help CVS measure the impact of these programs. CVS may decide to adjust the array of Second Chance program offerings based on this data and measurement.

## What we will ask you to do

You will be asked to answer questions asked by a focus group administrator related to outcomes you have experienced due to your participation in the CVS Second Chance program. You will be asked these questions in a group setting, with other people who participated in the category of Second Chance programs (Workforce, Education, or Health) for which this focus group is designed.

The time required to complete this focus group will depend on the level of group member participation. However, it is estimated that the focus group session will likely take about an hour.

## Risks and discomforts

Possible risks of participating in this focus group include:

- Emotional discomfort, such as discomfort associated with reporting personal information, including information about your experience in the Second Chance program, or with reflecting on challenges you faced before and during your participation in the Second Chance program.
- Loss of confidentiality: you will be asked questions in a group setting and answer these questions in front of the focus group administrator and other focus group participants.

## Benefits

There are no expected direct benefits to you from participating in this focus group. However, reflecting on your experience in the Second Chance program may benefit you indirectly, such as by helping you

recognize and appreciate progress you have made.

Your participation in this focus group will also benefit the CVS Second Chance program and other people who participate in that program; your responses to questions will help shed light on the effectiveness of the program in which you participated and inform potential decisions on whether to adjust the slate of Second Chance programs offered.

## Compensation for participation

You will receive no compensation for participating in this focus group.

## Privacy/Confidentiality/Data Security

We will take reasonable measures to protect your privacy and confidentiality:

- Information about your responses to questions on the focus group will be shared only with members and assistants of the CVS Second Chance team and other CVS personnel who work with the Second Chance program.
- Personal identifying information, including your name and email address, will not be attached to any record of any responses you provide to focus group questions.
- Any of your responses to focus group questions that are recorded will be stored on a secure server or in a secure location.

Data may exist on backups and server logs beyond the timeframe of this research project.

Your confidentiality will be kept to the degree permitted by the technology being used. We cannot guarantee against interception of data sent via the internet by third parties.

## Future use of Identifiable Data Collected in this Research

De-identified information collected from this focus group may be used for future research without additional consent.

## Taking part is voluntary

Your participation in this focus group is voluntary. You may refuse to participate in this focus group, and you may discontinue your participation at any time. In addition, you may refuse to answer any questions that you wish not to answer.

Your responses to questions may also be as brief and vague or specific and detailed as you wish. There will be no penalty to you and no impact on your relationship with CVS or any Second Chance programs in which you participate in if you refuse to participate in the focus group, discontinue your participation in it, skip questions, or withhold details in your responses.

## Follow up studies

In the future, we may ask you to participate in a similar focus group after you have participated in (an) additional Second Chance program(s). As always, your participation will be voluntary, and we will ask for your explicit consent to participate in another focus group.

## If you have questions

Please ask any questions you have now. If you have questions later, direct them to Gina.Mattaliano@cvshealth.com.

## Statement of Consent

[ ] I have read the above information and have received answers to any questions I asked. I consent to take part in the focus group.

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Printed Name

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Signed Name

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Date

This consent form will be kept by CVS for five years beyond the end of the study.

Note: this consent form is adapted from an IRB consent form template obtained at <https://researchservices.cornell.edu/forms/irb-consent-form-templates>.

## **Appendix 4: Quantitative Measurement Tool Instructions**

The Quantitative measures for this evaluation will take place in the form of a survey. Each of the questions have been formulated to maximize key data points for the stakeholders while reducing survey fatigue for participants. Below are instructions/explanations of how to use the quantitative instrument designed:

1. BYU GoodMeasure will deliver a Microsoft Forms and paper survey to the CVS Second Chance team.
  1. Both online and paper forms of the survey can be distributed to Second Chance partners depending on program resources and needs.
2. Second Chance program partner administrators will administer the surveys to program participants immediately following their completion of a program.
3. Data from paper surveys should be collected by Gina Mattaliano to be input manually. Paper surveys should be returned at least monthly to ensure data is not lost.
4. Final analysis should be based on approximately six months of data.

## Appendix 5: Qualitative Measurement Tools

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Qualitative data will be gathered by two measurement tools for each of the CVS initiatives. First, there will be a qualitative, open-ended question on the survey given to every program participant. The distributable survey can be accessed [here](#). To edit the survey, use [this link](#) (a Microsoft account is required to edit the survey).

Second, through a question on the survey given to every program participant, participants can choose whether to “opt in” to participate in a focus group. If they opt in, they will be taken to a separate survey where participants can select the initiative they participated in (education, workforce, health) and input their contact information. The link to collect that focus group information is found [here](#). The link to edit that focus group survey and view the responses is found [here](#). Participants who are given the paper survey can opt in to focus group participation on the last page of the survey.

A consent form for the focus groups was included in Appendix 3 and should be given to every focus group participant. A focus group template for each initiative can be found on the following pages.



# CVS® Education Initiative Focus Group Guide

## Welcome

We appreciate you taking the time to have this discussion with us. I would like to formally introduce myself. My name is \_\_\_\_\_ and I am the moderator for this group discussion. The reason we called you here is that we would like you to respond to some questions regarding your experience with CVS education programs. The information will help the CVS administration team improve its program going forward. My role is to help us stay focused on the topic of CVS education programs and to make sure all the important areas are covered.

I'd like to review a few things that I think are useful for focus groups:

- First, we are recording the session, so we make sure that we get all the information exactly as you said it. This also means that I don't have to take notes. All your comments will be confidential, meaning no one will know who made what comments.
- We are interested in hearing from everyone. There are not right or wrong answers. Feel free to say whatever you want. Anything you're thinking is important and interesting. You don't have to agree with what someone else says. We want to hear everyone's opinion.
- Go ahead and speak when you have something to say. Don't wait for me to call on you. Please talk just one at a time and try not to interrupt each other.

**Opening Question**—Helps to establish rapport with members of the group, and to establish a safe place to freely share experiences had within the program evaluating.

- What is your name and where are you from?

## Transition Questions

- Which CVS education program did you participate in?
- Why did you choose to participate in the CVS education program?
- What was your experience like with the CVS education program?

## Key Questions

- Did the CVS education program impact your educational goals? If so, how?
- Did the CVS education program increase your desire to work for CVS? If so, how?
- What worked well in the program?
- What didn't work well?
- Out of all the things you participated in, what was most helpful?

## Concluding Questions

- If you only had a minute to speak with the director of the program, what would you share?
- Is there anything else you would like to share?

## Conclusion

Thank you for sharing your thoughts and experiences with us. What you shared will help us improve this program for future participants. If you have any other comments you would like to share with us, please reach out to us through email or a phone call at \_\_\_\_\_ or \_\_\_\_\_.

## Welcome

We appreciate you taking the time to have this discussion with us. I would like to formally introduce myself. My name is \_\_\_\_\_ and I am the moderator for this group discussion. The reason we called you here is that we would like you to respond to some questions regarding your experience with CVS workforce programs. The information will help the CVS administration team improve its program going forward. My role is to help us stay focused on the topic of CVS workforce programs and to make sure all the important areas are covered.

I'd like to review a few things that I think are useful for focus groups:

- First, we are recording the session, so we make sure that we get all the information exactly as you said it. This also means that I don't have to take notes. All your comments will be confidential, meaning no one will know who made what comments.
- We are interested in hearing from everyone. There are not right or wrong answers. Feel free to say whatever you want. Anything you're thinking is important and interesting. You don't have to agree with what someone else says. We want to hear everyone's opinion.
- Go ahead and speak when you have something to say. Don't wait for me to call on you. Please talk just one at a time and try not to interrupt each other.

**Opening Question**—Helps to establish rapport with members of the group, and to establish a safe place to freely share experiences had within the program evaluating.

- What is your name and favorite breakfast food?

## Transition Questions

- Which CVS workforce program did you participate in?
- Why did you choose to participate in the CVS workforce program?

## Key Questions

- If you could participate in the same CVS workforce program again, what would you change?
- What would you keep the same?
- Were any areas of your life impacted by participating in this program? If so, how?
- Did the program increase your hope in the future? If so, how?

## Concluding Questions

- Is there anything else you would like to share?

## Conclusion

Thank you for sharing your thoughts and experiences with us. What you shared will help us improve this program for future participants. If you have any other comments you would like to share with us, please reach out to us through email or a phone call at \_\_\_\_\_ or \_\_\_\_\_

# CVS® Health Initiative Focus Group Guide

## Welcome

We appreciate you taking the time to have this discussion with us. I would like to formally introduce myself. My name is \_\_\_\_\_ and I am the moderator for this group discussion. The reason we called you here is that we would like you to respond to some questions regarding your experience with CVS health programs. The information will help the CVS administration team improve its program going forward. My role is to help us stay focused on the topic of CVS health programs and to make sure all the important areas are covered.

I'd like to review a few things that I think are useful for focus groups:

- First, we are recording the session, so we make sure that we get all the information exactly as you said it. This also means that I don't have to take notes. All your comments will be confidential, meaning no one will know who made what comments.
- We are interested in hearing from everyone. There are not right or wrong answers. Feel free to say whatever you want. Anything you're thinking is important and interesting. You don't have to agree with what someone else says. We want to hear everyone's opinion.
- Go ahead and speak when you have something to say. Don't wait for me to call on you. Please talk just one at a time and try not to interrupt each other.

**Opening Question**—Helps to establish rapport with members of the group, and to establish a safe place to freely share experiences had within the program evaluating.

- What is your name and favorite breakfast food?

## Transition Questions

- Which CVS health program did you participate in?
- If you could participate in the same program again, what would you change?
- What would you keep the same?

## Key Questions

- What areas of your life were impacted by participating in this program?
- Did the program increase your hope for your future? If so, how?

## Concluding Questions

- Is there anything else you would like to share?

## Conclusion

Thank you for sharing your thoughts and experiences with us. What you shared will help us improve this program for future participants. If you have any other comments you would like to share with us, please reach out to us through email or a phone call at \_\_\_\_\_ or \_\_\_\_\_

## **Appendix 6: Qualitative Measurement Tool Instructions** ==

### **Surveys**

Per instructions given in Appendix 4, the survey will be administered to every participant who completes one of the initiative's programs. The instructions for administering the qualitative, open-ended question on the survey are the same as taking the survey, as they are administered as one.

### **Focus Groups**

The focus group should be administered once there are between four to six participants who "opted in" by answering the optional willingness to participate in a focus group question in the survey. To ease the burden of having all focus group participants travel to the same location we recommend holding a virtual focus group through a platform such as Zoom. If participants do not own a smartphone, computer, or have internet access, we recommend that the CVS Second Chance Program (or their community partners) provide those resources and a private space during the focus group.

Invitations should be sent out to the participants with a clearly defined starting and ending time. Prior to the meeting day and time, reminders should be sent to each participant to increase the likelihood of a good turnout.

The focus group administrator should receive permission from all the participants to record the meeting so the necessary coding can be accomplished afterwards. Participant identities should not be made public, even within the organization. The focus group administrator should be instructed to follow the script of the focus group template. Conformity between all focus groups within the respective initiative will help increase research validity.

## Appendix 7: Illustrative Example of Open Coding =====

Question	Participants Responses	Codes
How has the CVS Second Chance Education program influenced your educational goals?	"Because of the CVS Education program I gained a desire to <b>advance my education</b> . I never thought that I would want to get a law degree before the program. Now I want to get <b>more educated specifically in the law.</b> "	<b>Advance education</b>
Has this CVS Second Chance Education program changed your access to educational opportunities? If so, how?	"Because I didn't have the <b>financial resources</b> , I <b>couldn't attend college even though I wanted to</b> . I also <b>didn't know how to sign up for classes</b> . This program helped me with all of these concerns and also gave me a place where I <b>felt like I belonged</b> ."	<b>Belonging</b> <b>Barriers to access</b>
How has the CVS Second Chance Workforce made you experience a change in your confidence level to <b>obtain</b> employment, what specifically accounted for that change?	"The CVS Workforce program <b>gave me the confidence</b> to keep looking and find more job opportunities. I owe this to the <b>newly acquired skills and experience</b> . I am interested in seeing <b>how else I can still grow</b> ."	<b>Gave me the confidence</b> <b>Newly acquired skills and experience</b> <b>How else I can still grow</b>
How has the CVS Second Chance Workforce made you experience a change in your confidence level to <b>keep</b> employment, what specifically accounted for that change?	"As a result of the CVS workforce program, I am confident I have <b>steady employment</b> . I don't think I would have been as <b>stable professionally</b> without it. I will <b>keep a job</b> from here on out."	<b>Steady employment</b> <b>Stable professionally</b> <b>Keep a job</b>
How has participating in this CVS Second Chance Health program impacted you?	"Participating in the program has shown me the importance of <b>monitoring my health</b> . I now see that the <b>health care system is here to help me</b> . My personal care habits have improved and now I have the energy to take care of other areas of my life."	<b>Health care help</b> <b>Health monitoring</b> <b>Increased energy</b>
Did the program increase your hope for the future? If so, how?	"Yes, the program <b>increased my hope for the future</b> . Before, if I was sick, I was too afraid to go to the doctor. My <b>confidence in doctors</b> has improved and I know now that I will <b>live long enough to achieve my goals</b> "	<b>Increased hope in the future</b> <b>Improved confidence in doctors</b> <b>Living longer</b>

## Glossary

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<b>Construct Validity</b>	<b>Construct validity refers to the ability of evaluation tools to accurately measure the construct it attempts to measure.</b>
<b>Data Cleaning</b>	The process of correcting or removing incorrect, corrupted, incorrectly formatted, duplicate, or incomplete data from a dataset is known as data cleaning.
<b>Evaluation Stakeholders</b>	An evaluation stakeholder is any individual who will make decisions based on evaluation outcomes.
<b>Evaluability Assessment</b>	An evaluability assessment is an evaluation that determines where the program is prepared to be evaluated. Specifically, it determines where an organization is in its life cycle in addition to whether there are the required resources (funds, staff, software) to perform an adequate assessment of the program.
<b>External Validity</b>	External validity refers to the ability for the findings to be applied to groups outside of those specifically studied. This isn't possible unless the research is randomized and representative of the population outside the organization.
<b>Gantt chart</b>	A Gantt chart is a visualization of the evaluation process timeline. In addition to timelines, it shows relationships and dependencies of the activities that are included in the RACI chart.
<b>Internal Validity</b>	Internal validity is the extent to which a research project is representative of the population it seeks to understand. This often implies both representative and randomized sampling.
<b>Literature Review</b>	A literature review evaluates and synthesizes the exiting research on the topic to support the proposed research—or in this case, the organization's mission.
<b>Logic Model</b>	A logic model demonstrates the theory behind the organization's existence. It is a demonstration of causal, if-then relationships that lead to the organization's overall mission.
<b>Outcome Variable</b>	An outcome variable, or dependent variable, is a metric which is being measured by studying how it is affected as other variables change. In program evaluation, it is the desired outcome that a program has on participants.
<b>Pilot Testing</b>	A pilot test is a small-scale implementation of the evaluation tools to expose blind spots and determine feasibility.
<b>Program Evaluation</b>	Program evaluation is a precise process for gathering, analyzing, and interpreting data to inform decisions about program's continuation, improvement, and policies.
<b>Qualitative Data</b>	Qualitative data focuses on measuring experiences and social phenomena. It measures the quality of experience. Because

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	of this, qualitative data is anything that can't be easily or objectively numerated, such as audio, open-ended responses, and graphics.
<b>Quantitative Data</b>	Quantitative data focuses on measuring quantity and is often numeric. For example, questions that use a Likert scale or ask about an individual's age or salary are quantitative.
<b>RACI chart</b>	A RACI chart identifies key roles and responsibilities of users for major tasks within a project.
<b>Regression Coefficient</b>	A regression coefficient describes the relationship between the x and y variables in a regression model. According to the regression model, for every unit change in x (the independent or predictor variable), there is a corresponding change in y (the dependent or outcome variable) of the magnitude of the regression coefficient.
<b>Regression Model</b>	A regression model is a series of statistical analyses which estimate the relationship between dependent and independent variables.
<b>Statistically Significant</b>	A result is statistically significant when the relationship between two or more variables is not likely caused by chance. The most common level of error is 5%, or a p-value of .05.