

Evaluation of Client Satisfaction in Reentry Behavioral Health Services

—Program Assessment of Clinical Satisfaction (PACS-27) Survey

Geoffrey A. Johnson

Counseling Education & Supervision Doctoral Program, Bowie, MD, USA

Email: geoffreyalanjohnson@gmail.com

How to cite this paper: Johnson, G. A. (2026). Evaluation of Client Satisfaction in Reentry Behavioral Health Services. *Open Journal of Social Sciences*, 14, 326-337. <https://doi.org/10.4236/jss.2026.1410015>

Received: September 7, 2026

Accepted: October 17, 2026

Published: October 20, 2026

Copyright © 2026 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0). <http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

The Program Assessment of Clinical Satisfaction (PACS-27) instrument was developed to gauge client satisfaction within a behavioral health and reentry services agency. PACS-27 served as a tool for this pilot evaluation. Findings were interpreted through CACREP-aligned competencies and Afrocentric theoretical frameworks emphasizing cultural responsiveness and community-anchored behavioral health care. Fourteen ($n = 14$) participants completed the 27-item instrument (PACS-27). Total scores ranged from 88 to 135, with a mean score of 116.71, indicating favorable overall satisfaction with the organization's reentry services across nine service domains. Afrocentricity, an African-centered theoretical framework, informed interpreted analysis, with understanding how power dynamics may skew client voice(s) in justice-aligned environments. The pilot provides preliminary evidence. Future evaluations should incorporate more qualitative dimensions and a larger sample to strengthen confidence and interpretive depth of results.

Keywords

Program Evaluation, Reentry Services, Culturally Responsive Assessment, Pilot Instrument Development, Afrocentric Theoretical Framework

1. Introduction

CACREP standards require counselors-in-training to acquire advocacy and leadership skill sets (Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2024). Advocacy advances the role of counselors in alignment with servant-leaders to promote more just organizations and communities (Greenleaf, 1970). Justice-involved individuals face multiple challenges during

reentry, including housing instability, employment barriers, and behavioral health needs. Clients identified persistent structural barriers in the areas of transportation challenges, housing instability, and probation requirements. These, and other systemic barriers, shape clients' perceptions of agency responsiveness.

Traditional counseling models often fail to capture the lived realities of returned citizens navigating stigma, surveillance, and systemic marginalization. Afrocentric counseling frameworks center relationality and cultural interpretations to better inform client experiences (Durrah et al., 2022). In this regard, CACREP standards emphasize multicultural competence, advocacy, and program evaluation as core competencies for ethical counselor practices (Smith, 2023).

2. Theoretical Framework

Afrocentricity was coined by Molefi Asante in 1980. Asante's foundational text, *The Theory of Social Change*, emphasizes that African decedent populations make meaning of their experience more accurately when their own worldview is centered, rather than interpreted through Eurocentric institutional lenses. This perspective is especially relevant for the clients at the subject behavioral health organization, many of whom are African American. This population navigates systems characterized by forced relocation (court mandates), surveillance (corrections oversight), and institutional power (e.g., justice system involvement). Afrocentricity highlights how these structural dynamics can diminish client voice and contribute to underreporting dissatisfaction. This is especially apparent when there is fear of repercussions that have historically and disproportionately affected African American communities.

Afrocentricity informed the development and administration of the PACS-27 survey by emphasizing client subjectivity, cultural location, and the importance of relational dignity within reentry services. During item development, the framework guided the selection of domains reflecting cultural responsiveness and clients' perceptions of inclusion and safety. This framework also notified of voluntary participation and minimalization of power differentials. Afrocentricity provided a lens for considering how structural dynamics may influence client feedback with possible underreporting dissatisfaction.

3. Problem Statement

During the researcher's practicum at a community-based behavioral health reentry program, clients reported several concerns related to organizational culture and feelings of exclusion. These incidents included exposure to derogatory and inappropriate comments from staff, inconsistent facilitator responses to language used during group sessions, and discomfort within group home environments that sometimes felt non-inclusive and combative. Clients also described group sessions as being repetitive, lacking structure, and contributing to feelings of disengagement. In effort to find the extent of client dissatisfaction, a domain-specific evaluation tool was assembled (i.e. PACS). The findings contrast sharply with afore-

mentioned client messaging.

4. Methods

The pilot survey evaluation examined the extent to which PACS-27 captures client satisfaction and perceived organizational support across nine domains. It attempted to connect satisfaction to service quality, organizational climate, and the stability of client reentry.

5. Participant Eligibility

Clients were eligible to participate if they were present in a group setting during three Fridays in April 2026, when the PACS-27 survey was administered. Recruitment occurred in person; with permission from program leadership. The researcher entered group counseling sessions and invited clients to voluntarily complete the survey at the end of the group session. Group sizes ranged from four to eight clients per session, and the researcher screened participants each week to avoid duplication responses. Across the three administration dates, an estimated 12 - 24 clients were invited to participate, yielding a final response rate of 14 completed surveys.

The organization serves both court-mandated and voluntary clients; however, the researcher's position as an intern did not include access to client's legal status unless they were assigned to the researcher individually. As a result, respondent's mandated or voluntary status could not be systematically recorded.

6. Setting

The study was conducted at a behavioral health organization in the mid-Atlantic region. This community-based agency provides substance use disorder (SUD) groups, individual counseling, supported employment, psychiatric services, and case management reentry services for justice-involved adults and teens.

7. Instrument

Pilot studies are commonly used to assess feasibility and preliminary patterns prior to full implementation of evaluation, particularly when working with small or specialized populations (Teresi et al., 2022). The PACS-27 instrument is a multidomain client-experience tool developed for this evaluation. Multidomain satisfaction instruments are commonly used to capture client perceptions of service quality (Teresi et al., 2022). The instrument evaluates nine domains central to reentry: housing stability, employment and income, behavioral health access, social support and connection, system navigation, cultural responsiveness and inclusion, neurodiversity and accommodations, group counseling quality, and safety and inclusion. Items were scored on a five-point Likert scale, with higher scores indicating greater satisfaction (Teresi et al., 2022).

8. Development of PACS-27 Domains and Limitations

The PACS-27 was developed by the researcher in the consultation with program

leadership to provide a structured, domain-based assessment of client satisfaction with reentry services. Item content and the nine domains were generated through a review of existing agency service areas, informal feedback from clients during counseling sessions, and the researcher's observations of program operations during practicum training. Because the instrument was created for pilot use rather than formal psychometric testing, score-interpretation bands were designed to offer preliminary guidance for understanding client satisfaction patterns across domains. These thresholds are provisional and PACS-27 has not undergone reliability analysis, factor structure evaluation, or other psychometric procedures necessary to establish measurement validity. As such, all scores and result interpretations are exploratory rather than definitive benchmarks.

9. Survey Administration, Protection, and Confidentiality

The survey was developed, administered and analyzed by the researcher, a doctoral level counseling intern completing a practicum at the agency. After receiving approval from program leadership, and having the content reviewed for appropriateness, the researcher entered group counseling sessions and invited clients to voluntarily complete the PACS-27 survey at the end of the session. Questions arose, especially regarding the meaning of neurodiversity. The researcher reviewed each completed survey to ensure no data is missing. No incentives were offered, and participation had no bearing on clients' access to services.

To protect confidentiality, no identifying information was collected, and the researcher did not disclose respondent identities or individual feedback to leadership or staff. All completed surveys were stored securely, and the results were reported in aggregated form to ensure client feedback would not be linked to any individual participant.

10. Positionality

The researcher's positionality in this evaluation is informed by an Afrocentric epistemology, which centers communal knowledge and the honoring of client narratives. As a Black male counselor-trainee, the researcher approached client feedback as expressions of lived experiences, uniquely situated within broader cultural and structural realities. This perspective aligns with the researcher's professional training, where multicultural competencies and advocacy are core counseling expectations. CACREP emphasizes identity development and cultural responsiveness and ethical integration of client voice during clinical practice (Smith, 2023). These commitments guide how the researcher analyzed PACS-27 data.

11. Population

Afrocentric vulnerability theory suggests that individuals navigating systems of surveillance, court mandates, and social stigma, may underreport dissatisfaction due to perceived risks or vulnerabilities associated with institutional dynamics. African Americans may minimize negative experiences in court mandated behav-

ioral health settings when they fear exposure to repercussions. Assante argues that African Americans must be understood as subjects rather than objects, and institutionalization can distort self-expression.

12. Social Justice Implications

This journal article has significant social-justice implications because it evaluates behavioral-health and reentry services for a population that is disproportionately affected by justice systems inequities. Research consistently shows that Black and minority ethnic communities experience higher levels of coercive mental-health care, involuntary justice-system involvement. This means that efforts to assess client voice or programs may expose flaws in services and care.

Afrocentric frameworks reinforce this point. Studies using Afrocentric approaches in reentry contexts demonstrate that African American detainees and offenders with mental illness often face misalignment between their needs and the services offered. Additionally, their perspectives are frequently marginalized as byproducts of health care programming or flawed evaluation approaches. The PACS-27 instrument explicitly seeks to correct this by capturing nuanced client experiences, centered around cultural responsiveness in mental health care.

By evaluating domains such as cultural inclusion, group quality, and safety/norms/respect, this manuscript advances a justice-oriented agenda. It also attempts to identify where health care and reentry programs fall short in supporting marginalized populations.

13. Discussion

Because PACS-27 is an author-developed pilot instrument, reliability and validity analyses were not conducted, and the score interpretation bands in the appendices should be considered provisional. Findings from the PACS-27 survey align with prior research indicating that culturally responsive service environments improve client engagement and perceived support (Durrah et al., 2022). However, systemic barriers continue to shape client experiences and limit full and open participation in services.

14. Results

The PACS-27 instrument yielded client ratings across the nine administered domains. The score ranged from 88 to 135, with a mean score of 116.71 ($M = 116.71$), suggesting favorable participants' satisfaction with program services. Although many participants reported high total satisfaction scores, domain-level results disclosed meaningful variability. Given that the possible range for PACS-27 spans from 27 to 135, the mean falls within a strong satisfaction range. Participating clients consistently reported positive experiences across nine service domains. [See Scoring: Appendix D]

15. Domain-Level Patterns

Although many participants endorsed high scores across several domains, do-

main-level results demonstrated meaningful variability. The highest domain totals were observed in Safety & Inclusion (190), Social Support & Community Integration (187), and Behavioral Health & Wellness (186), which suggested favorable satisfaction among many respondents in these areas. However, scoring was not uniformly high across all domains, suggesting some participants experienced limited support or unmet needs.

16. Variability in Client Experiences

The presence of both high and low domain scores suggests a heterogeneous pattern of satisfaction rather than consistent positivity. While many respondents rated services favorably, the variability across domains indicates that client experiences differed substantially. This pattern is consistent with Afrocentricity's emphasis on individual subjectivity and cultural location, which cautions against assuming uniformity in client perspectives within justice-involved settings (Asante, 2014; Mazama, 2003).

17. Open-Ended Question

The PACS-27 instrument included an optional open-ended item within each of the nine domains, allowing participants to elaborate on their experiences. Four participants provided feedback. Three respondents described discomfort with comments made during group counseling sessions, noting that some interactions felt insensitive or insufficiently inclusive. These qualitative findings contrast with the generally high quantitative scores and underscore the importance of integrating narrative data when assessing client satisfaction in culturally complex settings.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

- Asante, M. K. (2014). *Afrocentricity: The Theory of Social Change*. Afrocentricity International.
- Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2024). *2024 CACREP Standards*. CACREP.
- Durrah, E., Hall, A. H., & Vajda, A. J. (2022). The Importance of Culturally Responsive and Afrocentric Theoretical Frameworks-A Call for More Inclusive Curriculum in Counselor Education. In K. F., Johnson, N. M. Sparkman-Key, A. Meca, & S. Z. Tarver (Eds.), *Developing Anti-Racist Practices in the Helping Professions: Inclusive Theory, Pedagogy, and Application* (pp. 25-44). Springer.
https://doi.org/10.1007/978-3-030-95451-2_3
- Greenleaf, R. (1970). *What Is Servant Leadership?*
- Mazama, A. (2003). *The Afrocentric Paradigm*. Africa World Press.
- Smith, H. B. (2023). *The Mentorship Experiences of Black Masters' Students in CACREP-Accredited Counselor Education Programs*. Ph.D. Thesis, University of North Texas.

Teresi, J. A., Yu, X., Stewart, A. L., & Hays, R. D. (2022). Guidelines for Designing and Evaluating Feasibility Pilot Studies. *Medical Care*, 60, 95-103.
<https://doi.org/10.1097/mlr.0000000000001664>

Appendix A. Program Assessment of Clinical Satisfaction (PACS-27) Survey

Purpose: This survey will help the behavioral health organization understand how well our services support your reentry, safety, and wellbeing. Please answer each question using the 1 to 5 scale below. Your feedback is confidential and will be used to improve program operations.

5-point Likert-Scale

1 = Strongly disagree

2 = Disagree

3 = Not sure/In between

4 = Agree

5 = Strongly agree

Housing Stability

- I feel confident about where I will be staying over the next 30 days.
- I know what steps to take if I need to find housing.
- Behavioral health organization has supported me in securing stable housing.

Optional comment: Please share any additional thoughts about housing support.

Employment and Stability

- I feel confident about finding or keeping employment.
- I know what resources are available to help with job readiness.
- Behavioral health organization has supported me in improving my financial stability.

Optional comment: Please share any additional thoughts about employment support.

Behavioral Health & Wellness

- I feel supported in managing my mental or emotional health.
- I know where to go if I need additional mental or emotional support.
- Behavioral health organization helps me build healthier habits and coping skills.

Optional comment: Please share any additional thoughts about behavioral health and wellness.

Social Support & Community Integration

- I have people I can turn to for support.
- I feel connected to positive community resources.
- Behavioral health organization helps me build positive relationships.

Optional comment: Please share any additional thoughts about social support and community integration.

System Navigation & Reentry

- I know how to access community resources (housing, food, benefits, healthcare)
- I feel confident navigating systems that previously felt overwhelming.
- Behavioral health organization has helped me overcome barriers to reentry.

Optional comment: Please share any additional thoughts about reentry naviga-

tion and support.

Cultural Responsiveness & Identity Respect

- My cultural background and identity are acknowledged and valued.
- I feel comfortable expressing who I am during services.
- Behavioral health organization provides services that reflect my lived experience.

Optional comment: Please share any additional thoughts about cultural responsiveness and identity issues.

Neurodiversity & Accessibility

- My sensory needs are respected (including noise, lighting, space, and pacing).
- I receive information in formats that are easy for me to understand.
- Behavioral health organization staff support my processing needs and learning style.

Optional comment: Please share any additional thoughts about disabilities, neurodiversity, and accommodations.

Group Quality & Responsiveness

- Group sessions offer relevant topics and a variety of themes.
- I feel comfortable providing feedback on what topics will help me.
- Behavioral health organization staff respond to client feedback about group topics.

Optional comment: Please share any additional thoughts about group counseling responsiveness and operations, e.g.,

Which group topics would you like to see more of?

What group topics feel repetitive or unhelpful?

Safety & Inclusion

- I feel safe being myself in Mettle Works' group sessions.
- Staff address disrespectful and harmful comments when they occur.
- Group members are generally respectful of other individuals' differences and lived experiences (race, gender, sexuality, age, religion, abilities).

Optional comment: Please share any additional thoughts about inclusiveness support, e.g.,

Have you ever been uncomfortable with comments made in group sessions?

Appendix B. Scoring and Evaluation Criteria

Range

Scoring the PACS-27 instrument yields a total possible range of 27 to 135, with higher scores indicating greater satisfaction and perceived organizational support. The following interpretive bands provide a general guide for understanding client experiences:

- 27 - 74: May indicate reentry instability, multiple unmet needs, and lower satisfaction with program support.
- 75 - 112: May reflect mixed progress, partial satisfaction, and areas where additional support may be needed.

- 113 - 135: Likely strong program satisfaction, high perceived support, and meaningful reentry progress.

Domain Scores

Each PACS-27 domain contains three items, producing a minimum domain score of 3 and a maximum of 15.

- 3 - 7: May indicate unmet needs or limited perceived support in that domain.
- 8 - 11: May reflect moderate satisfaction or partial progress.
- 12 - 15: Suggests strong support, high satisfaction, and perceived program effectiveness.

These scores serve as interpretive guides rather than diagnostic thresholds and should be considered alongside qualitative feedback, contextual factors, and clinical judgment ([Council for Accreditation of Counseling and Related Educational Programs \(CACREP\), 2024](#)). In many cases, scores may reflect client motivation, structural barriers, or external challenges (e.g., housing access, employment discrimination) rather than the program's operational effectiveness alone.

Open-Ended Questions

Open-ended responses should be reviewed using thematic coding procedures consistent with qualitative evaluation standards. Leadership can examine these comments to identify recurring themes, strengths, and areas for improvement. Patterns may reveal why satisfaction levels were or were not achieved within specific domains and may highlight critical issues not visible in qualitative scores. Client comments may also identify solutions, cultural considerations, or environmental needs to enrich programming and services.

Conclusion

The PACS-27 survey was developed under the guidance of practicum supervisors and reflects my role as a counselor-trainee contributing to program evaluation and operational improvement. All implementation decisions rest solely with behavioral organization leadership.

Appendix C. PACS-27 Domain Definitions

Housing Stability (HS): Assesses clients' confidence in scoring in securing safe and stable housing, awareness of housing resources, and perceptions of program support in navigating housing needs. This domain reflects the foundational and cornerstone role of housing in reentry success and client well-being.

Employment & Stability (ES): Evaluates client's sense of readiness for employment, knowledge of job-readiness resources, and perceptions of program support in improving financial stability. This domain captures economic empowerment and workforce integration during reentry.

Behavioral Health & Wellness (BHW): Measures client's perceived support in managing mental and emotional health, awareness of behavioral health resources, and engagement in healthy coping strategies. This domain reflects the importance of wellness in sustaining reentry progress.

Social Support & Community Integration (SSC): Assesses client's access to

supportive relationships, awareness and connection to community resources, and perceptions of program assistance in building prosocial networks. This domain highlights the role of community belonging and relational support.

System Navigation & Reentry (SNR): Evaluates client confidence in accessing community resources, navigating system complexities, and overcoming reentry barriers. This domain reflects practical skills and navigational persistence essential successful reintegration.

Cultural Responsiveness & Identity Respect (CRI): Measures the extent to which clients feel their background, identity, and lived experience are acknowledged and valued with programs and services. This domain captures cultural alignment, identity safety, and responsiveness to diverse client realities.

Neurodiversity & Accessibility (NA): Access the degree to which client's sensory, processing, and learning needs are respected and accommodated. This domain reflects accessibility, disability inclusion, and individualized support within program operations.

Group Quality & Responsiveness (GQ): Evaluates the relevance of group counseling topics, comfort in providing feedback, and staff responsiveness to client input. This domain captures the quality, adaptability, and client-centered nature of group counseling services.

Safety & Inclusion (SI): Measures client's sense of interpersonal safety, staff intervention in harmful or disrespectful comments, and overall respect for diverse identities within group settings. This domain reflects psychological safety, inclusion, and relational climate in organizational settings.

Appendix D. PACS-27 Scoring Summary & Participation Results

Overview: The PACS-27 instrument consists of 27 items across nine domains; each scored on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Total scores range from 27 to 135.

Domain scores: 3 - 15 per domain

Total PACS-27 scores: 27 - 135

Overall mean (M) score: $M = 116.71$

$(1634/14 = 116.71 = M)$

These results reflect the individual domains [Appendix C] within the PACS-27 instrument:

Participants	HS	ES	BHW	SSC	SNR	CRI	NA	GQ	SI	Totals
P1	9	10	12	9	13	9	14	7	5	88
P2	13	13	15	11	12	15	15	12	13	119
P3	12	12	12	11	12	12	12	12	12	107
P4	12	15	15	14	13	15	12	15	14	125
P5	15	12	15	15	15	13	13	15	15	128

Continued

P6	12	12	9	15	9	12	9	12	15	105
P7	15	15	15	15	15	15	15	15	15	135
P8	15	15	15	15	15	15	15	15	15	135
P9	12	12	15	15	12	15	15	15	15	126
P10	12	12	12	12	12	12	12	12	12	108
P11	9	15	14	15	12	14	15	13	14	121
P12	15	11	13	15	15	7	7	15	15	113
P13	15	13	9	11	12	15	9	9	15	108
P14	12	12	15	14	11	11	11	15	15	116
Totals	178	179	186	187	178	180	174	182	190	1634
