

8-28-2025

Relationship Between Peer Support Services and Offender Reentry Organizations

Julie Megan Dixon
Walden University

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Walden University

College of Social and Behavioral Health

This is to certify that the doctoral study by

Julie Megan Dixon

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2025

Abstract

Relationship Between Peer Support Services and Offender Reentry Organizations

by

Julie Megan Dixon

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

August 2025

Abstract

This study addressed the gap in understanding the acceptability, appropriateness, and feasibility of peer support services (PSS) among two groups of reentry staff in North Carolina (NC): those in the community and those within the Department of Adult Correction (DAC). Both groups of reentry staff completed a web-based survey encompassing the Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM). The sampling strategy, response rate, and survey administration details are provided. Guided by ecological systems theory, this study examined how PSS can improve reentry outcomes and address insufficient public safety, social relationship deterioration, and chronic poverty. This study contributes to efforts aimed at reducing incarceration and promoting reintegration, which aligns with the "smart-decarceration" movement, a part of the 9th Grand Challenge of Social Work. Independent sample *t* tests were conducted using SPSS. Results revealed statistically significant differences among three of the twelve survey items, with community-based staff reporting higher overall mean scores on AIM, IAM, and FIM. This suggests that reentry community staff in NC perceive peer support as more acceptable, appropriate, and feasible than NCDAC staff. Limitations such as self-report bias and cross-sectional design exist; however, the findings offer valuable insights for social work practice. Recommendations include enhanced training for DAC staff, increased integration of PSS roles in reentry frameworks, and policy changes to improve organizational readiness for peer-led interventions. Implementing PSS may promote a cultural shift toward more effective reentry systems.

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Dedication

First and foremost, I dedicate this capstone project, consisting of countless hours of classwork, research, and reflection, to my entire world: Robbie, Claire, Jack, and my devoted husband, Randy Dixon. You are and will always be my *why*.

I also dedicate this work to the courageous individuals, the offenders and ex-offenders, who strive each day to rebuild their lives after incarceration. Your resilience does not go unnoticed. I see you.

Acknowledgments

Throughout this doctoral journey, I am eternally grateful for the leadership course in which a group of student colleagues and I completed a Non-Governmental Organization (NGO) project in Spring 2023 that brought us together. As a result of that successful collaboration, we later established the Doctoral Support Encouragement Group (DSEG). The DSEG students included Eline Ricci, Kerri Reeves, Branden Smalley, Kylee Mills, Karimah O'Garro, Jessica Ochei-Gilliam, Chasity Johnson, and Samele Mayfield. Their help, support, and guidance were invaluable to me. I know the world will be blessed by such sincere and amazing leaders.

Ms. Leslie Dismukes, Ms. Maggie Brewer, Ms. Lateisha Thrash, Mr. George Pettigrew, Mr. Charles Mautz, Mrs. Mary Grillo, Dr. Lewis Peiper, Dr. Melissa Mowder, Dr. David Richards, Dr. Ruth Wygle, and Mr. Guy Buckner have all influenced my progress in completing this study, and I am eternally grateful for their assistance. I also extend my appreciation to the many community members and NCDAC staff who supported the dissemination and completion of the survey. I also appreciate the listening ears of Ms. Joann Mason and Mrs. Charlotte Walyko regarding what I was learning and accomplishing. This type of project encompasses one's whole life for a time, and I appreciate these colleagues venturing on this journey alongside me.

To my Chairperson, Dr. Thomas McLaughlin, thank you for your unwavering support, thoughtful guidance, and patient responses to every question. Your prompt feedback and kind demeanor helped me navigate the often demanding and emotional terrain of this process with confidence and direction.

To my second committee member, Dr. Debra Wilson, thank you for your critical feedback, insightful direction on my prospectus, and your exemplary mentorship.

I am also thankful for my extended family, especially my parents, Dad and Mom, and Kimberley and Tony, who stepped in when my children needed care and made space for me to work on my laptop during weekends. Your love and flexibility were vital.

This journey has demanded my whole self, through countless presentations, courses, intensive residency, and many hours spent in Starbucks and libraries. Despite illness, including the flu, COVID-19, a bout of vertigo, and persistent back and shoulder pain from long hours of typing, I pressed forward. I began this program when my children were just 5, 8, and 10 years old, and I recognize the sacrifices my immediate family made to adjust to the demands of my doctoral work. During this time, I also earned a job promotion and maintained on-call responsibilities.

The Doctor of Social Work (DSW) program in Impact Leadership in Social Work and Administration was completed with grit, tears, endurance, and the steadfast encouragement of my community. Without my inner resolve and the consistent support of my friends and family, this achievement would not have been possible.

Lastly, I hold fast to the truth that "*with God, all things are possible.*" I aspire to follow His path for my life and trust that the purpose behind earning my DSW will be revealed in time.

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Section 1: Foundation of the Study and Literature Review

Introduction

Reentry 2030 is a national initiative working to improve reentry success, and North Carolina (NC) has identified re-entry as a critical area of focus that requires a whole-of-government strategy. Executive Order No. 303, signed January 29, 2024, by former Governor Roy Cooper, declared that the NC Department of Adult Correction (DAC) will lead a coordinated effort with executive departments of the NC government to develop a strategic plan for *Reentry 2030* (North Carolina Governor's Office, 2024). The *Reentry 2030* strategic plan includes goals that include increasing employment opportunities, apprenticeships, education, and training while incarcerated and expanding local reentry supports for formerly incarcerated people, like the local reentry councils (LRC). This study focused on how peer support services (PSS) can support re-entry efforts to increase employment opportunities, which decreases recidivism rates and lessens the social problems of insufficient public safety, social relationship deterioration, and chronic poverty. My study correlates with the mission to enhance reentry services in NC while examining the feasibility of peer support services across the reentry community staff in NC and the NCDAC reentry staff.

The behavioral health field is moving toward recovery-oriented treatments for individuals with mental and substance use disorders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). The recovery-oriented approach is where individuals strive to improve their health and well-being to achieve their full potential (SAMHSA, 2023). The evidence-based benefit of using PSS across domains and settings

is robust. Peer support workers (PSW) are identified as providing potential for significant positive impacts on re-entry support and success for formerly incarcerated people. The use of PSW with incarceration experience can combine the benefit of continuation of care to the ex-offender while also supporting reentry and employment for ex-inmates who have been certified as PSW.

SAMHSA (2023) affirmed that strong connections to comprehensive behavioral health services are needed for incarcerated people reentering the community, and this is due to the adverse health effects, both mentally and physically, from incarceration. Access to substance and/or mental health treatment should be uninterrupted throughout the reentry process; however, there is often a lapse or inability to obtain or qualify for health insurance benefits after incarceration (SAMHSA, 2023). It is important to note that PSSs are reimbursable by Medicaid, but Medicaid does not cover many individuals in the criminal justice system.

There was a gap in identifying the degree to which participants' responses relate between two reentry staff groups: those in the community in NC and those within the DAC in NC. This study assessed the respondents' perceived acceptability, appropriateness, and feasibility of PSS. Positive social change can result from an increased understanding of the impact of PSS on reentry and from an ecological systems perspective by obtaining insight from reentry staff in NC. The findings of my study could connect with existing efforts to increase needed programs and services inside of prison for continuity of care, meeting behavioral and substance use treatment needs, and helping inmates gain valuable credentials and training for potential employment post-release.

In this quantitative study project, I distributed surveys to community reentry staff, including the SRCC in NC and the LRC staff, along with the NCDAC reentry staff.

The outcome of this study directly influences positive social change by providing relevant and useful information impacting NC's larger initiative. From Executive Order No. 303, Todd Ishee, the former Secretary of the DAC, stated,

We are committed to expanding and improving our services around rehabilitation, reentry, and prison education, including job skills training and preparation. This bold Executive Order charts a new path for us to collaborate with all state agencies to address the needs of justice-involved people in every space. (North Carolina Governor's Office, 2024, January 29, 2024, para 3)

The potential implications for positive social change include minimizing recidivism while creating opportunities for ex-offenders in the form of rehabilitation and stabilization, not only for themselves but their families, communities, and society. To combat the social problems of insufficient public safety, weakened social connections, and chronic poverty because of incarceration, the Bureau of Justice Assistance (2022) labeled the PSS program a workforce development opportunity. Certified PSWs, as ex-offenders, fare better with educational and professional skill sets in the community than when they arrived in prison (Bureau of Justice Assistance, 2022).

In the proceeding section, I explain the foundation for this research study and describe some of the most relevant literature on the topic. I present the problem in social work leadership and reentry that remain the focus of this doctoral study, as well as put forth a concise statement on the purpose of this work. The nature of this project and the

design and methods used in this study are explained in later sections. I also describe the theoretical construct that framed this study and the associated social work values and ethics.

Problem Statement

The United States and NC are affected by incarceration and recidivism rates. Carson (2023), a statistician, examined the U.S. prison population, and it was 1,230,100 in 2022, and on the same date in 2021, it was 1,205,100. Incarceration rates continue to grow every year. In 2022, the recidivism rate in NC for inmates released from prison was 36% (Markham, 2022). NC does not have the highest rates, but not the lowest in the United States, either. According to the NC Institute of Medicine (2020), the NC incarceration rate in 2017 was 341 per 100,000 people, and it is the 21st lowest incarceration rate of the 50 states. NC has average imprisonment and recidivism rates like the United States (Rose & Shem-Tov, 2021). Recidivism is still occurring despite utilizing multiple systems that provide reentry programs and services. More work is needed to decrease recidivism rates and address the resulting social problems. Some social problems from recidivism include insufficient public safety, social relationship deterioration, and chronic poverty. Additionally, incarcerated individuals are more likely to suffer from mental health and substance use disorders and violent and self-harming behaviors, more so than the general population (American Academy of Family Physicians [AAFP], 2024). Increased employment opportunities can decrease recidivism rates and lessen the social problems of insufficient public safety, weakened social connections, and chronic poverty.

PSS has been highlighted as significantly impacting re-entry support and success for formerly incarcerated people (SAMHSA, 2023). The Bureau of Justice Assistance (2022) labeled the PSS program a workforce development opportunity. The DAC in NC has not yet utilized this program. Using PSS while inmates are incarcerated can combine the benefit of supporting re-entry efforts while providing potential employment options for released people, while also certifying the inmates as PSWs. The current incarceration rate per 100,000 people in NC is 341 (North Carolina Institute of Medicine, 2020). The Healthy North Carolina (HNC) 2030 group aspires to achieve an NC incarceration rate of 150 people per 100,000, and they assert that reducing the disparities will be the focus (North Carolina Institute of Medicine, 2020). The disparities NC aims to reduce involve the high rates of incarceration for African Americans and American Indians and the poverty, educational disadvantages, and lack of social connection because of incarceration. Palis et al. (2024) reported that the systemic stigma of incarceration discourages health and social service engagement. The stigma of incarceration results in ex-offenders who are unsupported people at further risk of adverse outcomes following release, including unmet financial needs and limited employment opportunities. Positive post-release outcomes can occur by eliminating barriers to service access through increased employment opportunities like PSS and its supportive program.

NC has identified re-entry as a critical collaborative venture. The former Governor of NC, Mr. Roy Cooper, signed Executive Order No. 303 on January 29, 2024, to direct a re-entry collaboration effort across NC (North Carolina Governor's Office, 2024). The DAC in NC has not yet implemented a PSS program. The adoption of the

program, including the offender maintaining the credential after their release, would be of even greater benefit to the ex-offender to decrease the social problems caused by incarceration.

Purpose Statement

This quantitative study aimed to contribute to social work and criminal justice knowledge concerning lessening the occurrence of recidivism and the social problems caused by incarceration. This study focused on how PSS can support re-entry efforts to increase employment opportunities and decrease recidivism rates. PSS can impact and lessen the social problems of insufficient public safety, weakened social connections, and chronic poverty. PSS can be understood from an ecological systems perspective by surveying reentry staff in NC. This quantitative study attempted to identify the relationship between the survey responses from community reentry staff in NC and NCDAC reentry staff regarding the acceptability, appropriateness, and feasibility of PSS. This study will compare the two reentry groups.

Research Questions

The following research questions (RQs) guided this study:

RQ1: How do community reentry staff in NC and NCDAC reentry staff differ on the acceptability of PSS?

RQ2: How do community reentry staff in NC and NCDAC reentry staff differ on the appropriateness of PSS?

RQ3: How do community reentry staff in NC and NCDAC reentry staff differ on the feasibility of PSS?

The three hypotheses were as follows:

H_01 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the acceptability of PSS.

H_02 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the appropriateness of PSS.

H_03 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the feasibility of PSS.

Key Terms

Local reentry councils (LRCs): A local reentry council is an organized network of individuals and agencies that supervise and coordinate innovative responses to the reintegration of formerly incarcerated individuals at the local level. Such a council helps unite stakeholders who can offer assistance and resources to help ex-offenders become productive citizens (NCDAC, n.d.).

Peer support services (PSS): Consists of current or former clients of behavioral health services and typically engages with people afflicted with SUD and/or mental illness who face personal recovery barriers (Ray et al., 2021). PSS are nonclinical services to include mentoring, support groups, employment assistance, and/or housing services, and recovery-oriented treatment planning to align services with client goals (Ray et al., 2021).

Peer support workers: Individuals who have been successful in the recovery process and help others in similar situations (SAMHSA, 2023; Ponte, 2023, April 07). 2023). They offer recovery-oriented treatment planning and non-clinical services

(SAMHSA, 2023). Within correctional settings, peer supporters are persons with lived experience of recovery from substance use disorders (SUDs) and/or co-occurring Mental Health (MH) conditions and criminal justice involvement (BJA, 2022). Across the nation, these individuals are also called peer navigators, peer providers, peer supporters, peer support workers, certified peer support specialists, or peer recovery coaches.

Recidivism: While there is no single definition of recidivism, it encompasses a return to criminal activity, such as a re-arrest, a probation or parole violation, or a new conviction (SAMHSA, 2023).

Recovery: Recovery is changing one's attitudes, values, feelings, and goals to achieve a quality of life, contribute to society, and develop new meaning and purpose, and involves a change process (Anthony, 1993, as cited in Barrenger et al., 2020).

State reentry council collaborative (SRCC): Includes agencies and community leaders identified to help develop and finalize council recommendations (North Carolina Department of Adult Correction, n.d.a)

The Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM) Survey: the short (4-item) version of the AIM, IAM, and FIM with 5-point ordinal response options ranging from “completely disagree” to “completely agree” (Weiner et al., 2017).

Nature of the Doctoral Project

Given the critical role and direct, first-hand, ground-level perspective that the LRC and NC reentry staff can provide, a structured survey was used to answer the RQs. The survey tool assessed the relationship between the two groups and the strength to

which the variables relate. The two groups include reentry staff in the community and NCDAC reentry staff, and their responses regarding PSS acceptability, appropriateness, and feasibility. To examine whether there were significant differences in the three main dependent variables of acceptability, appropriateness, and feasibility between Group 1: community reentry staff in NC and Group 2: NCDAC reentry staff, independent sample t-tests were conducted.

The survey consisted of 16 questions, and it began by asking if the participant provided their informed consent, if they were employed in a re-entry capacity, and how long they had been working in re-entry. Then the survey involved questions that included the Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM) (Weiner et al., 2017). The survey contained the short (4-item) version of the AIM, IAM, and FIM with 5-point ordinal response options ranging from *completely disagree* to *completely agree*. The EST related to this research study since two systems or groups are being compared while measuring the acceptability, appropriateness, and feasibility of PSS in NC corrections. The psychometrics of the survey instrument were considered, and the survey was found to demonstrate substantive validity for several measures and discriminant content validity (Weiner et al., 2017).

The re-entry process for offenders involves planning from multiple systems. The EST connects PSS to the ex-offender's reentry experience by providing insight into the multi-systemic, multi-faceted, and highly complex reentry system. The EST approach allows researchers to examine the individual in their environment as they navigate the

complex reentry system. Nationally, the Federal Interagency Reentry Council (FIRC) was established from 2011 until 2016 to coordinate re-entry efforts to advance reentry success and policies (NRRC, 2024). Since then, states have adopted similar approaches, like that of NC, establishing an SRCC, LRC, JRC, Executive Order No. 303, and *Reentry 2030*, encouraging a collaborative approach for optimal reentry success.

This research project aimed to assess the degree to which the participants' responses relate when measuring the acceptability, appropriateness, and feasibility of a PSS program from the scope of participants working in the prison system and those reentry staff working in the community. This study compared the responses of the two groups of reentry staff, as related to the feasibility of implementing a PSS program across reentry domains.

Some data points of my research include the first group of survey participants, which were the community reentry staff in NC, and the second group was the reentry staff who work for NCDAC. These staff members consisted of those associated with the SRCC, JRC, LRC, and other reentry organizations, and NCDAC reentry staff, to include rehabilitation and reentry-transition services staff and the social workers who provide critical reentry services. The other data points included the dependent variables of acceptability, appropriateness, and feasibility of the intervention of PSS.

Significance of the Study

This study is significant because *Reentry 2030* is a national initiative to dramatically improve reentry success. NC has identified re-entry as a critical area of focus that requires a whole-of-government response. Executive Order No. 303, signed

January 29, 2024, by former Governor Roy Cooper, declared that NCDAC shall lead a coordinated effort with all Cabinet agencies to develop a multi-agency Strategic Plan for Reentry 2030. The Reentry 2030 strategic plan includes overarching goals that include, among others, key goals to increase employment opportunities (apprenticeships, education, and training while incarcerated) and local reentry supports for formerly incarcerated people. They have made much progress since Executive Order No. 303 was signed in 2024. My study can provide relevant and useful information impacting the larger initiative that NC is pursuing regarding reentry support services. Since NCDAC has not adopted PSS in its correctional scope, there is a gap in identifying the acceptability, appropriateness, and feasibility of PSS services between two groups of reentry staff: those in the community in NC and those within the NCDAC. The findings of my study could connect with existing efforts to increase the use of PSS inside prisons and to help inmates gain valuable credentials and training for potential employment post-release, while simultaneously providing relevant and useful information impacting the larger initiative that NC is pursuing. NCDAC has not yet utilized PSS for corrections, like other states, including WI and PA. The possible implications for positive social change include minimizing recidivism while creating employment opportunities for ex-offenders through economic stability, which could benefit their families, communities, and society.

Theoretical/Conceptual Framework

The ecological systems theory (EST) was the theoretical framework used for this study. EST was founded by Bronfenbrenner (1979). EST explains real-world systems and

supports the idea that changes in one system may affect other systems (Bronfenbrenner, 1979). The EST approach allows researchers to examine the individual in the broader social context, which encourages my exploration of examining the acceptability, appropriateness, and feasibility of PSS among two groups of reentry staff and how those responses relate. The findings of this study are likely to influence and impact the social problems of failed reentry, including insufficient public safety, deterioration of social relationships, and chronic poverty. Bronfenbrenner cited five different levels forming a person's development: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The environmental systems related to the offender's reentry into society, the reentry staff, and society, as well as how those systems relate, will be examined in my research study. This study will compare the responses of the two groups of reentry staff regarding the feasibility of implementing a PSS program across reentry domains.

Skinner-Osei and Osei (2020) asserted that reentry programs should consider environmental factors when examining the behavior of the ex-offender. The EST explores the five systems that influence a person's development: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979). The microsystem considers a person's immediate influences, such as family and religious members, and engaging these influences in the ex-offender's support system would be beneficial (Beck, 2000). The mesosystem focuses on the person's connections with the different influences in their life, including the ex-offender's sponsor or shelters for tangible support and networking (Beck, 2000). Both the micro and mesosystems correlate with the social problem of social relationship deterioration related to the reentry process.

The exosystem includes influential environments such as a person's society and culture. Examples of exosystems that influence reentry include the available employment opportunities for the ex-offender and their access to education (Beck, 2000). The macrosystem involves a person's culture, income, and laws (Beck, 2000). The macrosystem addresses the systemic barriers and limited employment opportunities related to a person's prior incarceration, which affect the social problems of poverty and insufficient public safety. The chronosystem includes the environmental factors affecting a person internally or externally, such as an ex-offender's transition back into the community and the generation in which that transition occurs, including technological advances and wars or political climates (Beck, 2000). For reentry success, the broader environmental factors must be examined and incorporated, not just solely transforming, supporting, and advocating for the individual ex-offender (Skinner-Osei & Osei, 2020).

Values and Ethics

The results of this study can advance the initiative of smart-decarceration, which is the 9th Grand Challenge of Social Work (Grand Challenges for Social Work, 2024). The United States is identified as housing the largest number of incarcerated individuals, as a result of mass incarceration and unsuccessful rehabilitation (Grand Challenges for Social Work, 2024). The Grand Challenges for Social Work (2024) aimed to develop a proactive, comprehensive, evidence-based "smart decarceration" strategy to significantly reduce the number of incarcerations and enable the United States to cultivate a more effective approach to public safety.

Social workers have a dual responsibility to individuals and society. They strive to end discrimination, oppression, poverty, and other forms of social injustice, such as inadequate reentry efforts (National Association of Social Workers, 2021). As a scholar-practitioner, I aim to blend scholarly research with practical application to solve complex problems like public safety, social relationship deterioration, and chronic poverty.

Furthermore, due to the gap in the literature on this topic, social workers must become more aware of their expertise related to corrections. This study supports the values and ethics of the NASW (2021) by creating additional literature where gaps were identified. Social Workers in corrections can use the information obtained in this study to increase their knowledge and skills in advocacy and clinical practice within corrections.

Review of the Professional and Academic Literature

To locate the most current and robust information and articles on this study, I searched multiple academic databases accessed through Walden University Library, including SocINDEX, SAGE Journals, Criminal Justice database, Criminology, and APA PsycInfo. The terms and phrases searched were *reentry*, *certified peer support specialists*, *quantitative*, *peer support*, *inmates*, *feasibility*, and *prison*. The literature obtained from numerous sources and academic journals was limited to relevant time frames (published within the past 5 years) and did not exceed publication dates more than 5 years ago, when possible. Additional information regarding statistics and data included information from the NCDAC website, specifically the Rehabilitation and Reentry sector (n.d.). I vetted these sites to obtain adequate and relevant data about recidivism rates. I ascertained that

the above research methods were appropriate because they provided detailed information and statistics that aligned with my research topic.

How Different Reentry Groups Perceive PSS

Adopting a PSS requires a deliberate approach to mitigate the tension between peer practices and correctional approaches (The U.S. Department of Justice, 2022). Correctional culture and policies do not usually overlap with peer-to-peer assistance. The combination of multidisciplinary staff members in the planning, implementation, and daily program functions would help to mitigate the environmental challenges.

There are numerous concerns that prison staff have regarding new programs, and they include compromised security due to increased freedom and access to restricted areas and movement throughout the facility (The U.S. Department of Justice, 2022). In the community setting, PSS principles include choice, self-advocacy, and empowerment; however, while incarcerated, those values jeopardize the safety of the staff and offenders (The U.S. Department of Justice, 2022). Obtaining the perspective of reentry staff with knowledge of the prison environment and community reentry staff for feasibility and implementation reservations would be beneficial to establishing a PSS within NCDAC. I could not locate any previous research studies on the feasibility, acceptability, and appropriateness evaluated among NCDAC staff and community reentry staff in NC.

There is little research conducted on clients with SUD or serious mental illness outside of a community setting (Ray et al., 2021). Few researchers have used longitudinal clinical research designs because the population is hard to reach and study (Ray et al., 2021). Ex-offenders face several obstacles upon release, including employment, housing,

weak social ties, discrimination, and stigma (Ray et al., 2021). A few states have begun using peers with ex-offenders as part of their reentry planning. However, the program designs vary significantly, and the population targets (SUD or SMI) have not been evaluated for effectiveness (Ray et al., 2021).

Advancements are occurring in the United States to offer PSS outside community settings. The U.S. Department of Justice (2022) published a manual titled *Peer Recovery Support Services in Correctional Settings* outlining the definition of peer support in correctional settings, the core competencies for that setting, and recommendations regarding how to implement it. The manual asserts that PSS can be delivered while an individual is incarcerated and can follow the individual through release planning, reentry, and community supervision (The U.S. Department of Justice, 2022).

A great example of collaboration for reentry efforts occurred in January of 2011 when U.S. Attorney General Eric Holder created the Federal Interagency Reentry Council (FIRC), comprised of more than 20 federal agencies that provided visibility to programs and policies to assist with reentry needs, including employment, education, housing, and health outcomes (NRRC, 2024). The FIRC operated from 2011 until 2016 and helped to reduce policy barriers to successful reentry.

NCDAC collaborates with the SRCC, LRCs, and Joint Reentry Council (JRC) through governmental initiatives like Executive Order No. 303 (North Carolina Governor's Office, 2024). PSS would benefit from a collaborative approach to implementation that spans outside incarceration as well, and I aim to study the feasibility, appropriateness, and acceptability of this endeavor for the reentry staff serving in N.C.

Relevance to the Social Work Problem

In 2022, the recidivism rate in NC for inmates released from prison was 36% (Markham, 2022). NC's imprisonment and recidivism rates are comparable to the U.S. average (Rose & Shem-Tov, 2021). Recidivism is still occurring at alarming rates despite the utilization of multiple systems that provide reentry programs and services, such as transition services like those of the LRC in NC, and aftercare planning within the DAC before release. There are disparities in health, mental health, and socio-economic status among ex-offenders compared to their non-incarcerated peers (Hyde et al., 2022). There is a need for additional interventions that support ex-offenders as they navigate community reintegration while also addressing their physical and behavioral health needs (Hyde et al., 2022). PSS is a program that can assist offenders before and after incarceration. Some social problems for discussion include insufficient public safety, deterioration of social relationships, and chronic poverty.

The immediate need for income and to obtain basic needs is an example of the social problem of chronic poverty faced by those who have been incarcerated. Palis et al. (2024) stated that basic needs include access to food, clothing, and safe, stable housing. The service needs of those after incarceration, including access to mental health and substance use support, as well as chronic health support, are critical needs of the ex-offender (Palis et al., 2024). Physical and tangible support includes obtaining basic needs, but equally important is emotional/mental health and SUD support. The deterioration of social relationships is also a side effect of incarceration. A PSS has lived experience and assists an individual in nonclinical mental health and SUD recovery, who helps others

navigate the system for treatment, housing, employment, and community building, and teaches others how to advocate for themselves (SAMHSA, 2023). Furthermore, becoming a PSW enables an offender to be released with credentials and opportunities for employment in the field, which reduces the social problems of chronic poverty and social relationship deterioration.

Social relationship deterioration is a social problem faced by those who have been incarcerated. SAMHSA (2023) declared that strong connections to comprehensive behavioral health services are needed for incarcerated people reentering the community due to the negative health effects, both mentally and physically, from incarceration and insufficient services provided to inmates. Barrenger et al. (2020) stated that interventions based on restorative justice principles, like that of PSS, have the potential to catapult the processes of hope, connectedness, identity, meaningfulness, and empowerment, and the interventions should be a focus of recovery-oriented services for the ex-incarcerated. The focus on empowerment and connection can assist the ex-offender in terms of social deterioration following incarceration.

Chronic poverty is a social problem faced by those who have been incarcerated. Hyde et al. (2022) asserted that reentry support, like that of PSS, can contribute to longer-term stability, which affects housing and recidivism. PSS has been labeled as an effective intervention to meet the expansive needs of returning citizens (Hyde et al., 2022). SAMHSA (2023) affirmed that access to treatment, substance, and/or mental health, should be uninterrupted throughout the reentry process. However, there is often a lapse in or inability to obtain or qualify for benefits, such as health insurance, after incarceration

(SAMHSA, 2023). Ex-offenders may prioritize acquiring housing and income over their physical and mental health and their substance use treatment needs (Hyde et al., 2022). The use of PSS with incarceration experience can offer continuation of care, employment, and support to the ex-offender.

Barrenger et al. (2020) found that becoming a PSW offered employment despite the participants' past histories and provided hope for their futures and a capacity to remain in the community. DeHart and Mason (2022) discovered that the ex-incarcerated PSW had increased confidence and gained a desire to serve in a professional capacity. Shalaby and Agyapong (2020) affirmed that the current literature supports the inclusion of PSS in mental health service delivery. The use of PSS with incarceration experience can support reentry employment needs for ex-inmates.

Insufficient public safety is a social problem that arises when recidivism occurs, and PSS can contribute to lessening recidivism rates. Barrenger et al. (2020) found that becoming a PSW offered a possibility for employment despite the participants' past histories and a new identity different from their past identities as patients or criminals. Individuals reported feeling hopeful about their capacity to change and built motivation for moral behavior (Barrenger et al., 2020).

History of the Evidence-Based Intervention: Peer Support Services

Beginning in the decade of the 1990s, PSS was declared a mental health care service, and before that, self-help groups were the main support services available to individuals (Shalaby & Agyapong, 2020). Shalaby and Agyapong (2020) shared that PSS backing occurred in 2007 when the United States considered the conditions under which

PSS could be reimbursed by Medicaid. Researchers have been challenged by funding allocation, cost responsibility, and the provision of services for those not covered by Medicaid.

PSS is an evidence-based approach to curtailing those afflicted with mental health and substance use issues. SAMHSA (2023) uncovered the types of interventions that are most successful in reducing the recurrence of symptoms, overdose, and recidivism based on a review of evidence-based approaches. Their recent analysis uncovered that PSS is a well-established, effective intervention, and positive outcomes include improvements in mental health, self-efficacy, and treatment motivation, as well as reductions in alcohol and illicit substance use (SAMHSA, 2023). The adoption of PSS is a growing health and human services initiative.

Shalaby and Agyapong (2020) declared that an international trend has emerged regarding adopting PSs for addiction and mental health needs. Additionally, the feasibility and maintenance of PSS in healthcare can only succeed through collaborative efforts and ongoing efforts from all healthcare practitioners, managers, and applicable stakeholders (Shalaby & Agyapong, 2020). There was a research gap in understanding the feasibility of PSS in corrections and how it could further enhance the NC initiative of Executive Order 303 in conjunction with the exploration of EST.

A Research Gap in Peer Support Services Feasibility in Corrections

PSS can provide a holistic approach to recovery, and EST allows researchers to examine the individual in their environment. SAMHSA (2023) reported that patient navigators are usually healthcare workers helping people navigate the healthcare system;

however, when using peers with their lived experience, it promotes support through shared understanding and mentorship. The *Reentry 2030* strategic plan for NC includes goals to increase employment opportunities like apprenticeships, education, and training of incarcerated people and increase local reentry supports for formerly incarcerated people (North Carolina Governor's Office, 2024). My study can provide relevant and useful information impacting the larger initiative that NC is pursuing regarding reentry support services. The collected data can bridge the gap between incarceration and community support if the returning offender utilizes PSS across the incarceration experience to community reintegration.

SAMHSA (2023) declared that reentry planning and support should occur at multiple stages of the criminal justice process, including pre-release, at-release, and post-release. This occurrence would better address the needs of everyone and promote continuity and linkages to care (SAMHSA, 2023). Furthermore, collaboration would need to occur among healthcare workers, managers, and other stakeholders to implement and maintain a PSS program (Shalaby & Agyapong, 2020). Collaboration is key for developing reentry best practices since numerous organizations and entities are involved in the reentry process. Until now, NC has not compared PSS's acceptability, appropriateness, and feasibility among two groups of reentry staff: those in the community and those within the DAC. Positive social changes can result from the increased understanding of the impact of PSS on reentry and, from an ecological systems perspective, by obtaining feedback from reentry staff in NC. The U.S. Department of

Justice (2022) asserted that PSS can be an effective recovery resource for offenders with SUDs and can provide a bridge for their successful community reintegration.

How Current Research Has Addressed the Social Work Problem

In 2022, the recidivism rate in NC for inmates released from prison was 36% (Markham, 2022). According to the American Academy of Family Physicians (2024), states implement various services to combat the social problems of insufficient public safety, social relationship deterioration, and chronic poverty because of incarceration. SAMHSA (2023) discussed case management, which involves providers referring and linking individuals preparing to return to the community with mental health and substance use disorder (SUD) treatment, as well as wraparound services, and is most effective when a strong community is utilized. Another service includes when jails or prisons offer “in-reach,” where providers from community organizations meet with offenders before release to provide continuity of care and goal-setting services (SAMHSA, 2023). However, recidivism is still occurring despite the use of multiple systems and programs aimed at providing reentry support.

The BJA (2022) outlined two states currently operating a PSS program, including Wisconsin and Pennsylvania, and uncovered challenges to integration, lessons learned, and essential processes. The BJA identified the essential need for a multidisciplinary approach, training for correctional staff members, and offender involvement when creating a PSS program. Additionally, developing a PSS program is not a one-size-fits-all task. The BJA declared that facilities should develop program goals based on individual

and operational needs, considering the facilities' unique structural and cultural environment.

Adams and Lincoln (2021) reported that Forensic Peer Support (FPS), or justice-involved peer support, the term they have adopted for PSS, has been studied in three U.S. states: Ohio, Texas, and Pennsylvania. FPS services are offered in the community and require a qualification of lived experience of a mental condition (Adams & Lincoln, 2021). Peer specialists in Texas support those released from county jails; in Pennsylvania, they work in the jails with the offender 90 days before their release, and in the community, they are linked with FPS specialists to assist with acquiring community and recovery resources (Adams & Lincoln, 2021). Lastly, Ohio has FPS specialists working in a psychiatric hospital setting. The DAC in NC has not yet utilized a PSS program.

The Vermont Department of Correction implemented the Open Ears Program, which employs forensic peer recovery coaches (FPRCs) to provide group and individual mentoring sessions to incarcerated peers (The U.S. Department of Justice, 2022). Western Tennessee State Penitentiary utilizes certified peer recovery specialists (CPRSs) for their SUD and MH treatment inside the correctional facility, and they assist with peer coaching and goal setting (The U.S. Department of Justice, 2022). The aforementioned examples do not expand their services past the incarceration environment. It would be beneficial for reentry staff within corrections and the community to collaborate to develop and implement a program that can provide employment opportunities once released.

Concerning the social problems of insufficient public safety, social relationship deterioration, and chronic poverty, the BJA (2022) labeled the PSS program as a workforce development opportunity for offenders. Combined with comprehensive policies that support reentry, education and training can serve as a strong pathway to economic security. Thus, PSW can equip the returning ex-offender with educational and professional skill sets lacking when they arrive in prison (BJA, 2022).

Furthermore, in 2016, California addressed the social problem of chronic poverty among its offender population by creating an Act focused on an incentive for their completion of educational and vocational programs, cognizant that better outcomes exist for ex-offenders if they complete educational and training programs while incarcerated. California passed the Public Safety and Rehabilitation Act of 2016, allowing inmates to earn up to 12 weeks a year off their sentences for completing academic and vocational programs (Prison Fellowship, 2024). Research has shown that access to correctional education and training can significantly improve the outcomes of offenders returning to society. Positive outcomes lead to increased federal and state support for prisoners and can advance initiatives and programs like that of PSS. Prisoners' education and training needs are far more complex than what can be met by traditional postsecondary education, and linking those needs to training increases postrelease opportunities, which is essential for successful reentry (Prison Fellowship, 2024).

California is aligning education and training opportunities for current or formerly incarcerated people. Ex-offenders experience systemic, legally embedded discrimination that prevents economic mobility and increases the chances of recidivism. Correctional

education reduces a person's likelihood of re-offending by 43% and increases their likelihood of finding a job by 13% (Prison Fellowship, 2024). Studies have shown that as many as two-thirds of prisoners released each year will commit a serious offense within three years of their release (Linton, 2004). Re-entry success or failure affects public safety and a community's well-being. PSS could give ex-offenders a chance at a successful and productive life with equal opportunities.

Executive Order No. 303, signed January 29, 2024, by former Governor Roy Cooper, declared that NCDAC should collaborate with cabinet agencies to create a strategic plan for *Reentry 2030* (North Carolina Governor's Office, 2024). The research findings relate to existing initiatives regarding reentry services, and it is recommended to increase the use of PSS inside prisons, as well as in the community, to help inmates gain valuable credentials and training for potential employment post-release.

Past Methodologies and Approaches Used to Address the Social Work Problem

This social worker conducted research to identify the best-practice reentry efforts, resulting in less recidivism and overall fiscal benefits for ex-offenders and their families. "Mass incarceration and failed rehabilitation have resulted in staggering economic and human costs" (Grand Challenges for Social Work, 2024). It is more cost-effective to provide evidence-based resources to keep people out of the cycle of incarceration. Critical partnerships include reentry organizations and institutions. Strong and successful re-entry programs and opportunities present the best chance for inmates to become solid citizens upon release.

Bassuck et al. (2016) completed a thorough review of research that examined PSS efficacy for substance recovery, examining 1,221 studies between 1998 to 2014, and nine quantitative studies. The settings studied were walk-in clinics, mental health centers, and community reentry agencies (Bassuck et al., 2016). Decreased alcohol use, reduced hospital admissions, and increased program adherence regarding substance use were some outcome data collected. The findings concluded that PSS positively affected substance use outcomes (Bassuck et al., 2016).

Justification and Rationale for Studying PSS Feasibility in NC Reentry

Community reentry councils and NCDAC reentry staff play a critical role and provide a direct, first-hand, ground-level perspective regarding reentry. Offender reentry is a process that involves planning from multiple systems. Examining the EST and its connection to PSS for ex-offender reentry allows for improved insight into combating the social problems of insufficient public safety, social relationship deterioration, and chronic poverty. This research study endeavors to provide some insight into the multi-systemic, multi-faceted, and highly complex reentry system. Additionally, examining the acceptability, appropriateness, and feasibility of PSS in NC corrections is a new undertaking for current reentry research.

Collaboration is essential for developing best-practice reentry programming. NC has yet to compare PSS acceptability, appropriateness, and feasibility among two groups of reentry staff: those in the community in NC and those within the NC DAC. The U.S. Department of Justice (2022) declared that the culture and setting of PSS implementation can affect the service quality. Organizations may need a climate shift to adopt a person-

centered and recovery-oriented approach, like that of PSS (The U.S. Department of Justice, 2022). A safe environment that coexists, rather than a punitive mindset to alter unfavorable behaviors within the prison culture, will need to be established. The U.S. Department of Justice encouraged facilities to assess their readiness for the facilities and system to successfully integrate and develop the PSS. I acquired the data of the reentry staff in the community, along with the NCDAC reentry staff, to best identify the acceptability, feasibility, and appropriateness of a PSS before and after incarceration in NC.

The Known, Controversial, and Future Research Needed: PSS in Corrections and the Reentry Community

SAMHSA (2023) declared that there can be harmful health implications from incarceration. Ex-offenders with mental health conditions and/or substance use disorders who are reentering the community face challenges in acquiring necessary treatment and services. Along with the challenges of acquiring treatment, they face additional challenges involving their basic needs: housing, employment, food, and social support. The post-incarceration challenges that ex-offenders face increase their risk of further crimes being committed and recidivism occurring (SAMHSA, 2023).

Palis et al. (2024) reported that the systemic stigma of incarceration discourages health and social service engagement, which results in unsupported ex-offenders at further risk of adverse outcomes following release, including unmet financial needs and limited employment opportunities. Positive post-release outcomes can occur by eliminating barriers to service access. The potential implications for positive social

change include minimizing recidivism while creating opportunities for ex-offenders in the form of rehabilitation and stabilization, which impact the social problems of insufficient public safety, social relationship deterioration, and chronic poverty.

Adams and Lincoln (2021) declared that little information is available to inform the development of best practices for adopting, implementing, and sustaining PSS programs.

Numerous barriers exist regarding the implementation of PSS. Barriers to peer support adoption include rapport building (recovery vs. punitive), collaboration, and funding.

Adams and Lincoln ascertained that advocates and workers must develop rapport with criminal justice system employees. Also, funding concerns for the program's adoption, implementation, and maintenance are an area of concern.

The lived experience of involvement with the criminal justice system can be a barrier to PSS employment. Adams and Lincoln (2021) declared that policy changes to remove barriers to employment for ex-offenders, including criminal justice employment, are required to implement peer employment opportunities. The barriers to employment, although controversial, are necessary to explore if social problems are to be combated, like those of chronic poverty, social relationship deterioration, and insufficient public safety.

Leveraging the power of federal, state, and local policies is essential to accomplish systemic reform. The federal levels have tremendous potential but are far more effective when coupled with state reforms (Prison Fellowship, 2024). I recommend that states should use the opportunity provided by federal funding sources to innovate and build sustainable reform strategies.

SAMHSA (2023) highlighted the importance of uncovering program sustainability. Sustainability is critical for reentry and continuity of care of the ex-incarcerated. There is no simple approach to reducing recidivism, but as a society, there needs to be much more engagement in addressing the collateral consequences of mass incarceration. Through the combined efforts of government, non-profit organizations, companies, and grassroots initiatives, there is a need to change the narrative and help formerly incarcerated people create a positive path forward. Funding sources are an overt and direct contribution. Program sustainability could include funding, staffing, community partnerships, and other resources. It could also mean establishing adaptable written policies and practices that allow for continued program function (SAMHSA, 2023).

The findings of my study correlate with existing efforts, like that of *Reentry 2030*. The implementation of PSS inside prison helps inmates gain valuable credentials and training for potential employment post-release, while concurrently providing relevant and useful information impacting the larger initiative of NC.

Summary

This doctoral capstone attempts to bridge the gap in knowledge and practice related to social work and system barriers and the needs pertaining to support in corrections. EST relates to this research because it provides insight into the multi-systemic, multifaceted, and highly complex reentry system. There was a gap in identifying the acceptability, appropriateness, and feasibility of PSS among two groups of

reentry staff: those in the community in NC and those within the DAC in NC. Numerous reentry staff in NC were surveyed to answer the RQs.

There are three main RQs that this work attempted to answer, including H_01 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the acceptability of PSS, H_02 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the appropriateness of PSS, and H_03 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the feasibility of PSS. The RQs will be answered against the backdrop of EST.

The following section will elaborate on this study's research design and discuss the data collection method used. More specifically, it will describe who the participants were and explain why they were chosen for this study. The next section will also describe the survey in depth, which consists of the measures AIM, IAM, and FIM, and explain how it aligns with the overall aim of this study. The statistical methods used to analyze the data will also be examined at the end of the next section.

Section 2: Research Design and Data Collection

Introduction

In 2022, the recidivism rate in NC for inmates released from prison was 36 percent (Markham, 2022). Recidivism is still occurring at alarming rates despite the utilization of multiple systems that are providing reentry programs and services. Additionally, incarcerated individuals are more likely to suffer from MH and SUDs and violent and self-harming behaviors than the general population (AAFP, 2024). PSS has been identified as having significant positive impacts on re-entry support and success for formerly incarcerated people (SAMHSA, 2023). However, the DAC in NC has not yet utilized this program.

One of the main problems in implementing PSS in corrections across the United States is that there is minimal research regarding the identification of the acceptability, appropriateness, and feasibility of PSS among two groups of reentry staff: those in the community in NC and those within the Department of Correction in NC.

In this quantitative, cross-sectional, web-based survey study, I ascertained, after conducting independent sample t-tests, whether there was a statistical significance between the two groups: NCDAC reentry staff versus the reentry staff in the community regarding the feasibility of PSSs. Research has not been conducted in the past that simultaneously examined community and correctional reentry workers' input regarding the PSS program. This research project aims to assess the degree to which the participants' responses are related when measuring the acceptability, appropriateness, and

feasibility of PSS among the participants working in the prison system and reentry staff working in the community.

I will discuss this study's research design and methodology in the following section. The participant population will also be described. The AIM, IAM, and FIM, the principal instrument that was used to gather data, will also be described (Weiner et al, 2017; see Appendix A). Finally, I will explain what the former data have shown and discuss this study's data analysis and ethical procedures.

Research Design

To explore the relationship between community reentry staff in NC and DAC reentry staff regarding the acceptability, appropriateness, and feasibility of PSS for the population they serve, I uncovered who specifically to survey. The respondents' employment location regarding reentry was discussed, and a power analysis was conducted to uncover the optimal sample size for my research.

The organizations chosen, who worked all over NC, included the members and attendees of the SRCC, JRC, and LRC reentry meetings, and their organizations' reentry staff. The correctional reentry staff included the transition services staff for NCDAC Rehabilitation and Reentry and the social workers who were involved in reentry as well (North Carolina Department of Adult Correction, n.d.b). The reentry staff was a good balance across the entire state of NC.

The staff who were surveyed represent the real-world systems involved in the multi-systemic, multi-faceted, and complex reentry system. These two groups represent

the process offenders follow to engage in reentry planning while still incarcerated and then obtain community reentry support once released.

I utilized the AIM, IAM, and FIM survey (see Weiner et al., 2017). The survey tool assessed the relationship between the responses of the two groups and the strength to which the variables relate. Also, independent sample *t* tests were conducted to test whether the difference between the responses of the two groups (community reentry staff vs. NCDAC reentry staff) is statistically significant.

The RQs that this work answered included the following:

RQ1: How do community reentry staff in NC and NCDAC reentry staff differ on the acceptability of PSS?

RQ2: How do community reentry staff in NC and NCDAC reentry staff differ on the appropriateness of PSS?

RQ3: How do community reentry staff in NC and NCDAC reentry staff differ on the feasibility of PSS?

The hypotheses were as follows:

H_01 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the acceptability of PSS.

H_02 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the appropriateness of PSS.

H_03 : There is a significant difference in how community reentry staff in NC and NCDAC reentry staff rate the feasibility of PSS.

The null hypotheses were as follows:

*H*₁1: There is no significant difference in how community reentry staff in NC and NCDAC reentry staff rate the acceptability of PSS.

*H*₁2: There is no significant difference in how community reentry staff in NC and NCDAC reentry staff rate the appropriateness of PSS.

*H*₁3: There is no significant difference in how community reentry staff in NC and NCDAC reentry staff rate the feasibility of PSS.

Nature of the Study

Exploratory and confirmatory factor analyses uncovered acceptable model fit and high reliability, and although the scales were highly correlated, nested confirmatory factor analysis models provided evidence that the three implementation outcomes are best represented from an empirical perspective as distinguishable constructs (Weiner et al., 2017).

While surveys have numerous benefits, some limitations exist, such as the possibility of low response rates. Hence, I included multiple agencies and organizations to be represented in my participant pool, and I conducted a power analysis to uncover the optimal sample size for my study.

Using a survey and incorporating evaluation techniques for programs helps one obtain timely data to further decisions about intervention plans and program development (Grinnell et al., 2019). Micro, macro, and mezzo levels of programs are affected by such evaluation data.

Alignment to Methodology

This study worked to identify the relationship between the responses of community reentry staff in NC and NCDAC reentry staff regarding the acceptability, appropriateness, and feasibility of PSS for ex-offenders reentering society. I utilized the AIM, IAM, and FIM survey tool (see Weiner et al., 2017). The tool has been identified as requiring a Flesch reading ease score (and grade level) is 95.15 (5th grade) for AIM, 99.60 (5th grade) for IAM, and 94.17 (5th grade) for FIM, which coincides with the adult survey participants and their educational and employment requirements (Weiner et al., 2017). Furthermore, no specialized training is required to administer, score, or interpret the measures, and the time to complete the instrument is less than 5 minutes per measure. Kost and Correa da Rosa (2018) concluded that shorter surveys are reliable and yield higher response and completion rates than their counterparts. The survey tool is efficient and free.

Operational Definitions

The analytical instrument used for operationalizing the variables in this study was the AIM, IAM, and FIM survey tool (see Weiner et al., 2017). The independent variables in this study were the two survey participant groups: the community reentry staff, including the SRCC in NC, and the LRC Staff. The second independent variable consisted of the NCDAC reentry staff. The dependent variables involved the acceptability, appropriateness, and feasibility scores as measured by the AIM, IAM, and FIM. The short (4-item) version of the AIM, IAM, and FIM includes 5-point ordinal response options ranging from *completely disagree* to *completely agree*. The survey was

16 questions long, with closed-ended responses, and it began by asking if the participant provided their informed consent, if they are employed in a re-entry capacity, and how long they have been working in re-entry. Then the survey involved the questions from the AIM, IAM, and FIM.

Specifically, the AIM outlines four items per measure asking the recipient if [peer support services] meets my approval, if [peer support services] is appealing to me, if I like [peer support services], and if I welcome [peer support services]. The response options are *completely disagree*, *disagree*, *neither agree nor disagree*, *agree*, and *completely agree* (Weiner et al., 2017). These same response options exist for the other two constructs mentioned below.

The IAM asks if [peer support services] seems fitting, if [peer support services] seems suitable, if [peer support services] seems applicable, and if [peer support services] seems like a good match.

The FIM questions if [peer support services] seems implementable, if [peer support services] seems possible, if [peer support services] seems doable, and if [peer support services] seems easy to use.

Methodology

Prospective Data

The sampling frame received an invitation from Ms. Mary Grillo, Director of Social Work Services of the NC DAC. The email invited potential subjects to participate in the survey research. The invitation to participate may have improved response rates since it originated from a person in authority rather than just a researcher (see Joinson et

al., 2007). After the invitation email from Director Ms. Grillo, the subjects received a second email explaining the pertinent details of the study and the electronic survey. Informed consent information was provided in both emails. If the participant decided to participate, they could use the survey link, and the first question of the survey asked whether they provided their informed consent. The participants completed the survey on the proprietor's secured online platform, *FormDr*, where the data was collected and sent to the researcher.

Variables and Constructs

The main variables examined in this study included acceptability, appropriateness, and feasibility of PSS among the participants working in the prison system and those reentry staff working in the community. Some data points included survey participants (first group): community reentry staff in NC, and (second group) NCDAC staff working in reentry. All survey data were collected using the *Formdr* link. The electronic 16-question survey included the short (4-item) version of the AIM, IAM, and FIM with 5-point ordinal response options ranging from *completely disagree* to *completely agree* (see Weiner et al., 2017; see Appendix A).

Participants

This study focused on determining if there was a relationship between the responses regarding the acceptability, appropriateness, and feasibility of PSS between the NC reentry staff in the community and the NCDAC reentry staff. The intended sample comprised reentry staff, some with the title of Social Workers, among local reentry councils and other reentry organizations in the community and the state DAC staff. After

receiving NCDAC research approval, I was able to obtain access by email to all the sampling frames for the purpose of this research project.

The survey participants in the community included members of the SRCC, comprised of agencies and community partners tasked with studying the needs of individuals released from a correctional institution and increasing the effectiveness of local reentry councils (NCDAC, n.d.). The SRCC includes a cross-representation of government, law enforcement, advocacy, faith-based, and judicial entities, and they develop and finalize LRC recommendations (NCDAC, n.d.). Additional community participants surveyed included the LRC staff of the 23 local reentry councils, and they are still growing as I write this paper, who serve justice-involved individuals in 38 counties across NC, and they aspire to serve all 100 counties of NC by the year 2030. “One of our Reentry 2030 goals is to establish local reentry councils that serve all of North Carolina’s 100 counties, to support people leaving prison with the resources they need to be successful,” said former Secretary Todd Ishee of the Department of Adult Correction (North Carolina Governor's Office, January 29, 2024).

The typical services the LRC provides include assistance with housing, employment, transportation, substance abuse, obtaining personal documentation, and other basic needs (NCDAC, n.d.). Furthermore, a successful LRC relies on strong community collaborations and partnerships, which is why these participants were chosen since it aligns well with EST, the theoretical framework outlined in this study.

Lastly, the other reentry staff includes the NCDAC Rehabilitation and Reentry Transition Services staff. The aforementioned department oversees various programs and

services to support people in prison or under community supervision, and they promote the use of evidence-based practices, reduce recidivism, and cultivate collaborative reentry partnerships statewide (NCDAC, n.d.).

The inclusion criteria of the participants in this research study will include the fact that they are employed in a reentry capacity in NC and can provide informed consent. The exclusion criteria of the participants include their inability to comply with study procedures, including providing informed consent, as well as not working in a re-entry capacity within NC. The inclusion and exclusion criteria of the participants have been mentioned and monitored during the implementation of this research study.

Justification for Sampling Strategy

This study aimed to uncover the relationship between community reentry staff responses in NC and NCDAC reentry staff responses regarding PSS's acceptability, appropriateness, and feasibility for ex-offenders reentering society. The EST approach allows researchers to examine the individual in a broader social context.

As such, the LRC were named in Executive Order Number 303, signed by former Governor Roy Cooper of NC. Executive Order No. 303, signed January 29, 2024, by Governor Roy Cooper, declared that the NC DAC shall lead a coordinated effort with all Cabinet agencies to develop a multi-agency Strategic Plan for Reentry 2030. The Reentry 2030 strategic plan includes key goals to increase employment opportunities (apprenticeships, education, and training while incarcerated) and local reentry support for formerly incarcerated people: the LRC (North Carolina Governor's Office, 2024).

The DAC rehabilitation and reentry transition services staff are a separate sector of NCDAC where I am employed. The DAC rehabilitation and reentry transition services division focuses on reentry, and PSS has achieved that goal in some other states and has a significant positive impact on re-entry support for formerly incarcerated people. However, PSS has not been utilized yet by the DAC in NC, and the acceptability, appropriateness, and feasibility of this program have not been analyzed among community and corrections staff.

Given the critical role and direct, first-hand, ground-level perspective that the community NC reentry staff can provide, a structured survey was chosen to evaluate the role of PSS in reentry.

Instrumentation

I utilized the AIM, IAM, and FIM survey tool (see Weiner et al., 2017). The tool's cut-off scores for interpretation and norms are not yet available; however, higher scores indicate greater acceptability, appropriateness, or feasibility (Weiner et al., 2017). The survey tool is reliable and measures what it intends to measure (Weiner et al., 2017). The permission letter is provided in Appendix B.

The survey takes less than five minutes to complete for each measure (Weiner et al., 2017). Additionally, according to the survey tool, scales could have been created for each measure by averaging responses, and the scale values could range from 1 to 5 (Weiner et al., 2017). Weiner et al. (2017) reported that the survey simultaneously demonstrated substantive validity for several measures and discriminant content validity.

Weiner et al. (2017) conducted psychometric testing on the three feasibility instruments and found strong reliability and validity. The 4-item scales had high internal consistency (Cronbach's alpha ranging from 0.85 to 0.91). A confirmatory factor analysis (CFA) showed good model fit (CFI = 0.96, RMSEA = 0.08) and strong factor loadings (0.75 to 0.89), supporting structural validity. Test-retest reliability ranged from 0.73 to 0.88, indicating strong stability over time (Weiner et al., 2017).

Kien et al. (2021), after being translated into German, conducted additional field testing of the instruments, confirming strong psychometric properties. Their results showed good reliability and validity, with a three-factor structure supported by confirmatory factor analysis and excellent model fit (CFI = 0.96; RMSEA = 0.079). Cronbach's alpha values were high: 0.85 for acceptability, 0.91 for appropriateness, and 0.89 for feasibility (Kien et al., 2021). Additionally, internal consistency was high (Cronbach's $\alpha = 0.91-0.97$), and known-groups validity was demonstrated by participants' ability to differentiate between conditions.

Khadjesari et al. (2020) conducted a systematic review of implementation outcome instruments used in physical healthcare settings and evaluated the AIM, IAM, and FIM measures under the COSMIN and ConPsy standards. It was found that although AIM, IAM, and FIM are widely used, the overall methodological quality of their validation studies was low. The IAM, in particular, was rated poorly for both reliability and validity. Only 12 out of 65 instruments in the review met acceptable standards on the ConPsy checklist, indicating limited evidence of strong psychometric performance across measures (Khadjesari et al., 2020). Khadjesari et al. concluded that while AIM, IAM, and

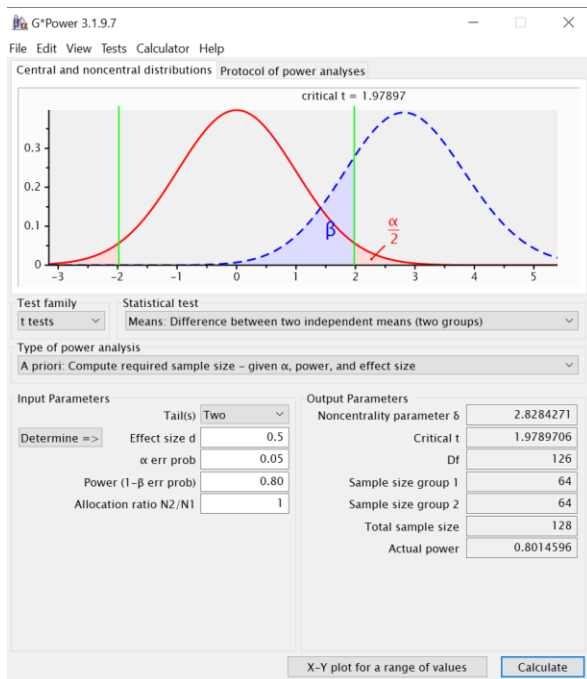
FIM are promising tools with clearly defined constructs and some use in healthcare settings, their measurement properties, especially reliability and validity, require further high-quality testing to confirm robustness.

Data Analysis

In this web-based, cross-sectional, quantitative study, I collected data using the short (4-item) version of the AIM, IAM, and FIM with 5-point ordinal response options ranging from *completely disagree* to *completely agree*. Although there are many methods to collect data, given the nature of this study, the availability of subjects by email, and their high online proficiency, a web-based cross-sectional study seemed most appropriate. The sample size for my study was expected to be at least 84 respondents, which included 32 SRCC members, 34 LRC workers, and 18 NCDAC social workers who provide reentry services. Those numbers were estimated based on the 17 LRCs at the time. However, when data collection occurred, the council expanded to 23 LRCs, increasing the possibility of response to 46 LRC respondents. Additionally, more NCDAC reentry and transition services staff were needed to complete an independent sample *t* test, according to a power analysis, raising that number to 64 respondents versus just 18 NCDAC rehabilitation and reentry transition services staff. There are numerous NCDAC staff to survey, and, therefore, a required 128 total sample size could be reached (see Figure 1).

Figure 1

*Figure 1 G*Power Power Analysis*



Online survey research has numerous advantages and disadvantages. Information can be gathered directly from people along with their descriptive characteristics, which can be challenging to measure with other methods (Burkholder et al., 2020). Survey research can also collect information among geographically dispersed individuals (Burkholder et al., 2020). While reliability is a strength in survey research, special consideration must be given to validity in this research method. The lack of flexibility in utilizing a web-based questionnaire could impact validity, causing confusion among responses and the inability of the respondents to ask for clarification. The AIM, IAM, and FIM demonstrated substantive and discriminant content validity for several measures (Weiner et al., 2017).

This study intended to identify the relationship between community reentry staff in NC and NCDAC reentry staff regarding three key implementation outcomes: acceptability AIM, appropriateness (IAM, and feasibility FIM of PSS for ex-offenders reentering society. A significant relationship was evaluated between the acceptability, appropriateness, and feasibility of PSS for community and DAC reentry staff. The short (4-item) version of the AIM, IAM, and FIM had 5-point ordinal response options.

An independent sample *t* test was used to determine if a statistically significant difference exists between the acceptability, appropriateness, and feasibility of PSS for community and DAC reentry staff in NC. The inferential statistical method can help determine if the staff responses are correlated, which could be relevant outside of corrections and reentry.

A standardized survey instrument, the AIM, IAM, and FIM, was utilized. Agree-Disagree or Likert scale measures are among the most frequently used response formats to measure attitudes and opinions in the social and medical sciences (Dykema et al., 2022).

The acceptability, appropriateness, and feasibility of PSS among reentry programming, or the dependent variables, were compared with the independent variables of DAC NC reentry correctional staff and reentry staff in the community. This research project aimed to assess the degree to which the participants' responses are related when measuring the acceptability, appropriateness, and feasibility of PSS among the participants working in the prison system and those reentry staff working in the community. Some data points include survey participants (first group): SRCC in NC,

LRC staff, and other community reentry organizations, and (second group): NCDAC reentry staff and DAC rehabilitation and reentry- transition services staff, and acceptability, appropriateness, feasibility of PSS. Independent sample *t* tests helped to determine the type of association between each of the three main variables, while assessing the acceptability, appropriateness, and feasibility of PSS and whether there is a relationship between the two respondent groups.

The survey assessed the acceptability, appropriateness, and feasibility of the participants' views regarding PSS and various NC community and correctional reentry staff. It is a generic and validated survey instrument modified to include the PSS program. The methodology includes demographic information collected to explain the multilevel approach that captures the perspective of executives, front-line administrators, and reentry staff regarding current practices in NCDAC and community reentry settings. According to Pearson et al. (2020), implementation trials aim to test the effects of implementation strategies on the adoption, integration, or uptake of an evidence-based intervention within organizations or settings. Feasibility and pilot studies can assist with building and testing effective implementation strategies by addressing uncertainties around design and methods and identifying potential causal mechanisms (Pearson et al., 2020). All data from the survey were collected by the principal investigator for analysis, and SPSS was the software used to analyze the data.

Assumptions

To ensure the validity of the Independent Samples *t*-test, three key assumptions were evaluated. Independence of observations was the first assumption. Normality was

the second assumption tested. Lastly, the homogeneity of variances assumption was tested.

This study assumed that there is independence of observations, meaning that the community reentry staff and the NCDAC reentry staff can only belong to one of those groups, with no overlap. This is found based on the study design as well as proper sampling and data collection. The responses were independent. Thus, this assumption was met.

The assumption of normality of the dependent variable within each group was tested. Normality, the test of normal distribution, asserts that the dependent variables of acceptability, appropriateness, and feasibility should be approximately normally distributed within each group (Pearson et al., 2020). Both groups had sufficiently large sample sizes ($n = 58$ and $n = 71$), making the t test robust to minor violations of normality under the central limit theorem (see Pearson et al., 2020). This assumption was reasonably met.

Lastly, the homogeneity of variances assumption was tested. Levene's Test for Equality of Variances indicated that equal variances could be assumed for all items ($p > .05$). This assumption was met.

Data Analysis Software

The Statistical Package for the Social Sciences (SPSS) software version 30 was used to clean, prepare, and analyze the collected data. Descriptive statistics, frequencies, and independent sample t tests were performed using SPSS. I also utilized the Walden

University Quantitative Methodology Advice Office Hours for further instruction and guidance.

Rigor of the Study

This study adheres to all the conventional conditions of sound research. Issues of validity and reliability are well-studied among the AIM, IAM, and FIM (see Weiner et al, 2017). All ethical procedures were observed among the highest levels of accuracy and consistency to increase the strength of this research design.

Weiner et al. (2017) assessed the AIM, IAM, and FIM psychometric properties in three studies. The power analysis of the feasibility survey used disclosed that based on the RMSEA test of close fit, estimated power at 84% with a sample size of 60 participants (Weiner et al., 2017).

Validity

The survey was found to demonstrate substantive validity for several measures, as well as discriminant content validity (Weiner et al., 2017). Validity is considered since the relationship between the program and acceptability, appropriateness, and feasibility was studied (Grinnell et al., 2019). The AIM, IAM, and FIM are valid because they measure what is intended to be measured each time, and they are standardized, pre-existing measurement tools for uncovering the acceptability, appropriateness, and feasibility of an organization, situation, or population. No training was offered prior to the survey participants' participation. Each participant was invited to participate at the same time by receiving the same invitation email and had three weeks to complete the AIM, IAM, and FIM survey. Usually, the "agree" or positive end of the response

dimension is offered first among Agree to Disagree (AD) measures and may receive more processing or be perceived more favorably, and thus more likely to be selected; however, that was not a concern for this study as “completely disagree” was offered first (Dykema et al., 2022).

The instrument's limitations could include internal validity concerns, such as outside events or experiences impacting the participants' opinions about PSS. Also, a concern associated with AD or Likert scale measures is that acquiescence bias could arise because people are predisposed to be agreeable (Dykema et al., 2022). The limitations of the evaluation will be noted when the reporting results are provided.

External Validity

This cross-sectional research study was conducted with experienced reentry staff, with the majority covering the social work field, making the results highly transferable among other social work settings. The results showed some variability in the employment demographics of the sample. However, some homogeneity was expected due to their professional occupations. The independent variables, in this case, DAC NC reentry correctional staff and reentry staff in the community, can easily relate to most other social work reentry contexts.

Reliability

The reliability of this study, or measuring what it is intended to measure, is evident in the AIM, IAM, and FIM survey tool. No specialized training was needed to administer, score, or interpret the measures, as described on the survey instrument. Test-retest reliability, or the extent to which test scores are consistent over time, was tested on

the AIM, IAM, and FIM, and all three correlations exceeded 0.70; hence, the three measures demonstrated acceptable test-retest reliability (Weiner et al., 2017).

Objectivity

The AIM, IAM, and FIM objectively captured the reality of the three key implementation outcomes: acceptability, appropriateness, and feasibility of PSS among community and DAC reentry staff. Every effort was made to remain as neutral as possible by treating all participants the same; everyone received the same study invitation information and completed the same survey.

Ethical Procedures

It is important to follow ethical procedures when conducting research projects. The ethical procedures discussed herein included seeking IRB approval (see Appendices C and D), informed consent, and acting as a culturally competent researcher according to the *NASW Code of Ethics* (NASW, 2021). Additionally, I focused on the macro goal for social workers: the 9th Grand Challenge of Social Workers, which is to “promote smart-decarceration.”

When collecting client input, evaluators need to adhere to participants’ ethical and legal rights (Grinnell et al., 2019, p. 75). Additional steps I took to ensure the protection of study participants and the integrity of the research included using ethics committees or IRBs (see Appendices C and D) to evaluate the evaluation tool and processes beforehand. Informed consent was another required step, and the consent form included a clear explanation of the evaluation procedures in language the respondents could understand

(Grinnell et al., 2019, p. 74). Lastly, the participant's strengths and challenges were considered when using the AIM, IAM, and FIM survey evaluation tool.

The *NASW Code of Ethics* (2021) discusses social workers' commitment to their clients. A social worker's ethical responsibility includes cultural competence ([a]1.05) (NASW, 2021). An understanding, knowledge, cultural humility, education, and awareness of socioeconomic differences are part of a social worker's responsibility for cultural competence (NASW, 2021). Section 1.05c of the *NASW Code of Ethics* (2021) states that social workers must understand their own biases and engage in self-correction, recognize clients as experts of their own culture, be committed to lifelong learning, and hold institutions accountable for advancing cultural humility (NASW, 2021). The ethical competencies mentioned in *The NASW Code of Ethics* (2021) outline this social work researcher's ethical commitment while also honoring her clinical social work license.

Furthermore, engagement practices, such as updating participants on the evaluation process, are important (Walden University, n.d.). Three skills to operate as a culturally competent evaluator include developing cultural awareness, intercultural communication skills, and knowledge about the culture being evaluated (Grinnell et al., 2019, p. 98). The *NASW Code of Ethics* (2021) values advocating for the oppressed, promoting social justice, and implementing positive social change. Social Workers are responsible to others, the profession, and broader society to advocate for the disadvantaged and marginalized.

The 9th Grand Challenge of Social Work is to “Promote smart decarceration,” and it applies to my research and expertise since I am an NCDAC employee (Grand

Challenges for Social Work, 2024). I have experience working within prison facilities and among reentry workers. I can provide a unique and insightful contribution to effect positive social change.

Summary

This quantitative, cross-sectional, web-based survey study sought to ascertain to what degree the participants' responses are related when measuring a PSS program's acceptability, appropriateness, and feasibility from the scope of participants working in an NC state organization and those reentry staff working in the community. The methodology was provided. Including providing the sampling justification, data analysis procedures, assumption testing, and ethical procedures.

The Director of Social Work Services for the NCDAC, Ms. Mary Grillo, sent an email invitation, with the informed consent document attached, that encouraged participation in the study, and a second email followed with the informed consent attached and an electronic survey on the secure online platform *FormDr*. Data were provided from *FormDr*, and I analyzed the data using SPSS software.

I utilized the survey tool of the AIM, IAM, and FIM survey (Weiner et al, 2017). It is the short (4-item) version of the AIM, IAM, and FIM with 5-point ordinal response options ranging from *completely disagree* to *completely agree* (Weiner et al, 2017). The psychometrics of the survey instrument were considered, and the survey was found to demonstrate substantive validity for several measures and discriminant content validity (Weiner et al., 2017). Independent sample *t* tests were used to measure the differences

between the two reentry groups: those involved in reentry services in the community and reentry staff working in NCDAC.

The following section will discuss the various techniques used to analyze the data and the response rates of the participants. It discusses the limitations, any issues encountered during the data collection process, and how they were fixed. Statistical analysis related to the RQs will be uncovered. The figures will be included in the next section to illustrate the results and the unexpected findings.

Section 3: Presentation of the Findings

Introduction

The purpose of this study was to contribute to social work and criminal justice knowledge concerning lessening the occurrence of recidivism and the social problems caused by incarceration. To ensure confidentiality, the NCDAC will be referred to as a state organization throughout Sections 3 and 4. The three RQs this study was attempting to resolve are as follows:

RQ1: How do community reentry staff in NC and a state organization's reentry staff differ on the acceptability of PSS?

RQ2: How do community reentry staff in NC and a state organization's reentry staff differ on the appropriateness of PSS?

RQ3: How do community reentry staff in NC and a state organization's reentry staff differ on the feasibility of PSS?

The data were collected via a web-based survey composed of informed consent, whether the respondent met the inclusion criteria, how long the participant has worked in reentry in NC, and the 12 questions outlined on the AIM, IAM, and FIM. The potential study subjects were emailed invitations asking them to participate in the study. If they decided to participate, they were provided with the web-based survey from *FormDr*, a secure online platform.

Data Analysis Techniques

The data collection recruitment process lasted for a month. Each participant was invited to participate by receiving the same invitation email. Included in the email was

the HIPAA-compliant e-survey, and each invitee had up to 3 weeks to complete the survey.

One of the limitations I encountered while conducting the study was the need to increase my sample size from the initially determined 84 respondents to a total of 128 respondents to include 64 respondents per group, based on the G*Power, a power analysis test (see Figure 1). These numbers were based on completing an independent sample *t*-test and the appropriate and recommended sample size. The selected reentry staff work for the public sector of NC, and additional email addresses were uncovered in accordance with the approved sampling frames.

Another obstacle encountered was that there was no database of emails of reentry workers in the community or a state organization. The email addresses of the potential participants had to be pieced together in a collaborative manner. As a result, it unfortunately extended the completion of this research project.

Findings

There was a total response rate of 129 participants, with a 100% completion rate (see Figure 2). Independent sample *t* tests were performed using IBM SPSS Statistics version 30. Independent sample *t* tests evaluated whether there was a statistically significant difference between the mean acceptability, appropriateness, and feasibility of PSS between the community and a state organization's reentry staff. The independent variables consisted of community groups and a state organization of reentry staff. The dependent variables included the acceptability, appropriateness, and feasibility of PSS,

per the independent sample t-tests that were conducted. The dependent variables were measured using a Likert scale.

Figure 2

Total Participation

Statistics		
Consent		
N	Valid	129
	Missing	0

Out of the 129 participants in the study, 58 were community reentry staff and 71 were a state organization reentry staff (see Figure 3).

Figure 3

Community or a State Organization Reentry Worker

Community_or_a_state_organization_reentry_worker					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community Reentry Worker	58	45.0	45.0	45.0
	a state organization reentry worker	71	55.0	55.0	100.0
Total		129	100.0	100.0	

Approximately 30% of participants reported three years or less of experience, suggesting a potential target group for training and implementation of peer support services (see Figure 4).

Figure 4*Years Working in Reentry*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year	19	14.7	14.7	14.7
	1-3 years	21	16.3	16.3	31.0
	3-5 years	22	17.1	17.1	48.1
	5-10 years	34	26.4	26.4	74.4
	10+ years	33	25.6	25.6	100.0
	Total	129	100.0	100.0	

The data in Figure 4 shows a range of experience levels among staff working in reentry services, with the majority of respondents (52%) having five or more years of experience. Specifically, 26.4% of staff reported working in reentry for 5–10 years, while 25.6% reported more than 10 years of experience. Less experienced staff made up a smaller portion of the sample, with 14.7% having less than one year of experience, 16.3% reporting 1–3 years, and 17.1% reporting 3–5 years. Overall, the findings indicate that the respondent pool is moderately to highly experienced, with fewer individuals who are new to the field (see Figure 4). This suggests a strong presence of long-term professionals in reentry work, which may contribute to institutional knowledge, program stability, and deeper insights into the challenges and opportunities within the reentry system.

Acceptability

Figure 5 presents group statistics comparing perceptions of PSS between community-based reentry workers (coded as 1) and those from a state organization (coded as 2). Across all four items measuring acceptability of PSS, community reentry staff reported slightly higher mean scores than a state organization reentry staff, with the

exception of “I welcome PSS,” where the means were nearly identical (4.31 vs. 4.32). The largest difference was observed in the item “PSS meets my approval,” where community reentry workers had a higher mean ($M = 4.03$, $SD = 1.11$) compared to a state organization reentry staff ($M = 3.63$, $SD = 1.06$). For the remaining items, the group means were relatively close: “PSS is appealing to me” (community: $M = 4.16$; a state organization: $M = 4.08$), and “I like PSS” (community: $M = 4.22$; a state organization: $M = 4.15$). Overall, both groups rated PSS positively, though community reentry workers expressed slightly stronger approval on average. The similarity in standard deviations suggests comparable variability in responses across both groups.

Figure 5

Acceptability Group Statistics

Group Statistics					
	1 is Community, 2 is NCDAC	N	Mean	Std. Deviation	Std. Error Mean
PSS meets my approval	1	58	4.03	1.108	.145
	2	71	3.63	1.059	.126
PSS is appealing to me	1	58	4.16	1.023	.134
	2	71	4.08	.858	.102
I like PSS	1	58	4.22	1.009	.133
	2	71	4.15	.786	.093
I welcome PSS	1	58	4.31	.883	.116
	2	71	4.32	.671	.080

Figure 6 compares the acceptability of PSS between community-based reentry workers and those employed by a state organization. The only statistically significant difference appears in the domain “PSS meets my approval,” where equal variances are assumed ($p = .038$). Here, the mean difference is 0.401 with a 95% confidence interval of 0.022, 0.779, suggesting that one group perceives PSS more favorably in terms of

acceptability. For the other three domains: “PSS is appealing to me,” “I like PSS,” and “I welcome PSS,” no significant differences were found between the reentry groups (p -values all $> .05$), indicating similar perceptions regardless of group. Levene’s test indicates unequal variances only for “I welcome PSS,” because the p -value was 0.037, which is less than 0.05, but even under the unequal variance assumption, results remain nonsignificant; there is no strong evidence that the two groups had different views on that domain.

Figure 6

Acceptability Independent Samples T Test

Independent Samples Test											
		Levene's Test for Equality of Variances				t-test for Equality of Means					
		F	Sig.	t	df	Significance		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						One-Sided p	Two-Sided p			Lower	Upper
PSS meets my approval	Equal variances assumed	.798	.373	2.094	127	.019	.038	.401	.191	.022	.779
	Equal variances not assumed			2.085	119.596	.020	.039	.401	.192	.020	.781
PSS is appealing to me	Equal variances assumed	1.261	.264	.427	127	.335	.670	.071	.166	-.257	.398
	Equal variances not assumed			.419	111.384	.338	.676	.071	.168	-.263	.405
I like PSS	Equal variances assumed	3.715	.056	.438	127	.331	.662	.069	.158	-.244	.382
	Equal variances not assumed			.427	106.264	.335	.670	.069	.162	-.252	.391
I welcome PSS	Equal variances assumed	4.439	.037	-.099	127	.461	.921	-.014	.137	-.284	.257
	Equal variances not assumed			-.097	104.580	.462	.923	-.014	.141	-.292	.265

Figure 7 measures the magnitude of the difference of the variable acceptability between the two group means, and what that difference is among the two groups. Cohen's d shows a very large effect size of 1.081 for the first question of acceptability, and large effect sizes of .935, .893, and .773 for the following three questions of acceptability, meaning that there is a substantial and meaningful difference between the two groups being compared.

Figure 7*Acceptability Independent Samples Effect Size*

Independent Samples Effect Sizes					
		Standardizer ^a	Point Estimate	95% Confidence Interval	
				Lower	Upper
PSS meets my approval	Cohen's d	1.081	.371	.020	.720
	Hedges' correction	1.087	.368	.020	.716
	Glass's delta	1.059	.378	.025	.730
PSS is appealing to me	Cohen's d	.935	.076	-.272	.422
	Hedges' correction	.941	.075	-.270	.420
	Glass's delta	.858	.082	-.265	.429
I like PSS	Cohen's d	.893	.077	-.270	.424
	Hedges' correction	.899	.077	-.268	.422
	Glass's delta	.786	.088	-.260	.435
I welcome PSS	Cohen's d	.773	-.018	-.364	.329
	Hedges' correction	.778	-.017	-.362	.327
	Glass's delta	.671	-.020	-.367	.327

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

Appropriateness

Figure 8 compares perceptions of the PSS program between two groups: community reentry workers and a state organization. Both groups rated the PSS favorably across all four domains: fitting, suitable, applicable, and a good match, with mean scores above 4.00. Community reentry workers consistently gave slightly higher ratings than a state organization, particularly on the “applicable” domain (4.24 vs. 4.10). Standard deviations indicate slightly more variability in community reentry workers’ responses, while a state organization’s responses were more consistent. Overall, the data suggest overall agreement that PSS is an appropriate program, with community reentry staff expressing stronger support.

Figure 8*Appropriateness Group Statistics*

Group Statistics					
	1 is Community, 2 is NCDAC	N	Mean	Std. Deviation	Std. Error Mean
PSS seems fitting	1	58	4.12	.919	.121
	2	71	4.04	.818	.097
PSS seems suitable	1	58	4.16	1.005	.132
	2	71	4.10	.740	.088
PSS seems applicable	1	58	4.24	.924	.121
	2	71	4.10	.740	.088
PSS seems like a good match	1	58	4.16	.988	.130
	2	71	4.10	.796	.094

Figure 9 indicates no statistically significant differences between community reentry workers and a state organization regarding their perceptions of PSS across all four of these domains: fitting, suitable, applicable, and a good match. In each case, the p-values exceed .05, ranging from .331 to .725, indicating that none of the mean differences between the two groups are statistically significant. Additionally, based on the 95% confidence intervals, the possible range of results includes no difference, meaning that perceptions of the PSS appropriateness are statistically similar between the two groups.

Figure 9*Appropriateness Independent Samples T Test*

Independent Samples Test											
		Levene's Test for Equality of Variances				t-test for Equality of Means				95% Confidence Interval of the Difference	
		F	Sig.	t	df	Significance One-Sided p	Significance Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
PSS seems fitting	Equal variances assumed	.210	.648	.512	127	.305	.609	.078	.153	-.225	.381
	Equal variances not assumed			.506	115.336	.307	.614	.078	.155	-.228	.385
PSS seems suitable	Equal variances assumed	3.173	.077	.368	127	.357	.714	.057	.154	-.248	.361
	Equal variances not assumed			.357	102.287	.361	.722	.057	.159	-.258	.371
PSS seems applicable	Equal variances assumed	1.578	.211	.975	127	.166	.331	.143	.146	-.147	.433
	Equal variances not assumed			.954	108.204	.171	.342	.143	.150	-.154	.440
PSS seems like a good match	Equal variances assumed	2.206	.140	.360	127	.360	.719	.057	.157	-.254	.367
	Equal variances not assumed			.353	108.598	.362	.725	.057	.160	-.261	.375

Figure 10 measures the magnitude of the difference in the variable appropriateness between the two group means, and what that difference is among the two groups. Cohen's d shows large effect sizes of .865, .869, .827, and .887, meaning that there is a substantial and meaningful difference in the appropriateness of PSS.

Figure 10

Appropriateness Independent Samples Effect Size

Independent Samples Effect Sizes					
		Standardizer ^a	Point Estimate	95% Confidence Interval	
				Lower	Upper
PSS seems fitting	Cohen's d	.865	.091	-.257	.438
	Hedges' correction	.870	.090	-.255	.435
	Glass's delta	.818	.096	-.252	.443
PSS seems suitable	Cohen's d	.869	.065	-.282	.412
	Hedges' correction	.874	.065	-.280	.410
	Glass's delta	.740	.076	-.271	.423
PSS seems applicable	Cohen's d	.827	.173	-.175	.520
	Hedges' correction	.832	.172	-.174	.517
	Glass's delta	.740	.193	-.156	.541
PSS seems like a good match	Cohen's d	.887	.064	-.283	.411
	Hedges' correction	.892	.063	-.282	.408
	Glass's delta	.796	.071	-.276	.418

- a. The denominator used in estimating the effect sizes.
 Cohen's d uses the pooled standard deviation.
 Hedges' correction uses the pooled standard deviation, plus a correction factor.
 Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

Feasibility

Figure 11 shows group statistics comparing perceptions of PSS feasibility between reentry workers in the community and a state organization. Community reentry workers consistently rated PSS more favorably across the four domains of feasibility: implementable, possible, doable, and easy to use. The largest ratings were found in the “implementable” and “possible” domains, with community reentry workers reporting

means of 4.41 and 4.48 compared to 4.06 and 4.11 from a state organization. Both groups gave generally positive ratings. However, the community reentry workers provided slightly higher scores in PSS's feasibility when compared to a state organization.

Figure 11

Feasibility Group Statistics

Group Statistics					
	1 is Community, 2 is NCDAC	N	Mean	Std. Deviation	Std. Error Mean
PSS seems implementable	1	58	4.41	.726	.095
	2	71	4.06	.843	.100
PSS seems possible	1	58	4.48	.682	.090
	2	71	4.11	.838	.099
PSS seems doable	1	58	4.34	.890	.117
	2	71	4.10	.831	.099
PSS seems easy to use	1	58	4.02	.946	.124
	2	71	3.89	.871	.103

Figure 12 indicates that the two domains of “implementable” and “possible” showed statistically significant differences ($p < .05$) between the two groups. The mean differences were .357 and .370. The community reentry workers rated PSS significantly higher than a state organization. The other two domains, doable and easy to use, were not statistically significant. Zero wasn't in the range of results, which supports the reliability of these findings. All four domains depict large effect sizes, which indicates practical significance. Figure 12 suggests that community reentry workers generally view PSS more favorably than a state organization, in terms of feasibility.

Figure 12*Feasibility Independent Samples T Test*

		Independent Samples Test				Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig.	t	df	Significance		Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						One-Sided p	Two-Sided p			Lower	Upper
PSS seems implementable	Equal variances assumed	.018	.892	2.547	127	.006	.012	.357	.140	.080	.635
	Equal variances not assumed			2.586	126.624	.005	.011	.357	.138	.084	.631
PSS seems possible	Equal variances assumed	.192	.662	2.710	127	.004	.008	.370	.137	.100	.640
	Equal variances not assumed			2.767	126.999	.003	.007	.370	.134	.105	.635
PSS seems doable	Equal variances assumed	.479	.490	1.622	127	.054	.107	.246	.152	-.054	.547
	Equal variances not assumed			1.611	118.270	.055	.110	.246	.153	-.056	.549
PSS seems easy to use	Equal variances assumed	.078	.780	.811	127	.209	.419	.130	.160	-.187	.447
	Equal variances not assumed			.804	117.438	.211	.423	.130	.162	-.190	.450

Figure 13 measures the magnitude of the difference of the variable feasibility between the two group means, and what that difference is among the two groups. Cohen's *d* shows large effect sizes of .793, .771, .858, and .905. This shows that there is a substantial and meaningful difference in feasibility among PSS between the two groups.

Figure 13*Feasibility Independent Samples Effect Size*

		Independent Samples Effect Sizes			
		Standardizer ^a	Point Estimate	95% Confidence Interval	
				Lower	Upper
PSS seems implementable	Cohen's d	.793	.451	.099	.801
	Hedges' correction	.798	.448	.098	.797
	Glass's delta	.843	.424	.069	.776
PSS seems possible	Cohen's d	.771	.480	.127	.831
	Hedges' correction	.776	.477	.126	.826
	Glass's delta	.838	.442	.086	.795
PSS seems doable	Cohen's d	.858	.287	-.062	.635
	Hedges' correction	.863	.285	-.062	.631
	Glass's delta	.831	.296	-.055	.646
PSS seems easy to use	Cohen's d	.905	.144	-.204	.491
	Hedges' correction	.911	.143	-.203	.488
	Glass's delta	.871	.149	-.199	.496

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

Inferential Findings by RQs

The first research question was, “How do community reentry staff in North Carolina and state organization reentry staff differ on the acceptability of PSS?” Results from the independent samples t-test indicated that community reentry staff rated the acceptability of PSS significantly higher than state organization staff on one item: PSS meets my approval, $t(127) = 2.09$, $p = .038$. This was the only item within the Acceptability of Intervention Measure (AIM) that showed a statistically significant difference. The effect size for this item was large (Cohen's $d = 0.79$), suggesting practical significance in addition to statistical significance. For the other three AIM items (PSS is

appealing to me, I like PSS, and I welcome PSS), p-values were greater than .05; therefore, the null hypothesis was not rejected for those items.

The second research question was, “How do community reentry staff in North Carolina and state organization reentry staff differ on the appropriateness of PSS?” Independent samples t-tests revealed no statistically significant group differences on any of the items within the Intervention Appropriateness Measure (IAM), as all p-values exceeded .05. Consequently, the null hypothesis was not rejected for any IAM items.

The third research question examined differences in feasibility perceptions: “How do community reentry staff in North Carolina and state organization reentry staff differ on the feasibility of PSS?” Results showed that community reentry staff rated PSS as significantly more feasible on two items: PSS seems implementable, $t(127) = 2.09$, $p = .039$, and PSS seems possible, $t(127) = 2.12$, $p = .036$. Both had large effect sizes (Cohen’s $d = 0.79$ and 0.77 , respectively), indicating meaningful group differences. The other two items (PSS seems doable and PSS seems easy to use) did not yield statistically significant differences, although the effect sizes were also large, indicating potential practical significance not captured by the significance tests.

In total, among the 12 items assessed across AIM, IAM, and FIM, only three items, PSS meets my approval (AIM), PSS seems implementable, and PSS seems possible (FIM), showed statistically significant differences between the groups. For the remaining nine items, the null hypothesis was not rejected. These results suggest that, while community reentry staff rated PSS higher in some areas of acceptability and feasibility, the differences were not consistent across all measures. Effect sizes (Cohen’s

d, Hedges' g , and Glass's δ) were used to interpret the magnitude of group differences.

Summary

EST, which emphasizes the influence of multiple environmental systems on individuals, can be integrated into the findings of this research. The research results showed several important aspects of PSS acceptability, appropriateness, and feasibility determined by NC reentry staff in the community and within a state organization. The question of how community reentry staff in NC and a state organization's reentry staff differ on PSS's acceptability, appropriateness, and feasibility was uncovered. The three RQs this study was attempting to resolve included the following: How do community reentry staff in NC and a state organization's reentry staff differ on the acceptability of PSS?, How do community reentry staff in NC and a state organization's reentry staff differ on the appropriateness of PSS?, and How do community reentry staff in NC and a state organization's reentry staff differ on the feasibility of PSS? The differences were examined using independent samples t-tests. Results revealed that community-based reentry staff generally rated PSS more favorably than their counterparts within a state organization; however, statistically significant differences were found on only a subset of items. Specifically, community staff rated PSS as significantly more acceptable on one item (PSS meets my approval) and more feasible on two items (PSS seems implementable and PSS seems possible), with large effect sizes observed for each. No statistically significant differences were found in perceptions of appropriateness. These findings suggest that while community-based staff tended to view PSS more positively

overall, the most pronounced and statistically supported differences were in specific aspects of acceptability and feasibility. The findings suggest that differences in how community-based and state organization reentry staff view PSS reflect varying levels of organizational readiness, familiarity with peer support models, and openness to integrating lived experience. These differences may be influenced by the support, resources, and institutional structures within their particular systems.

The upcoming section will discuss applications to professional practice and implications for social change. Recommendations for social work practice will be provided. Key findings and how the findings can extend knowledge in reentry will be summarized.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

I conducted this study to explore how PSSs can strengthen reentry efforts by increasing employment opportunities, reducing recidivism, and addressing broader social issues such as public safety concerns, weakened social connections, and chronic poverty. This research aligns with NC's commitment to improving reentry services, as outlined in Executive Order No. 303, signed in January 2024 (North Carolina Governor's Office, 2024). The resulting Reentry 2030 strategic plan focuses on expanding employment, education, and training opportunities during incarceration, as well as enhancing community-based reentry support. My study specifically examined the role of PSS individuals with lived experience who are trained to support others in recovery from mental health and substance use challenges. Because PSS certification can be earned while incarcerated, it also serves as a pathway to employment for individuals returning to the community.

Key Findings

Some key takeaways were uncovered while examining the feasibility of PSS across NC reentry staff in the community versus a state organization. The study demonstrated that community reentry staff consistently rated the acceptability, appropriateness, and feasibility of PSS significantly higher than a state organization's reentry staff. Results also showed that 3 survey questions regarding PSS 'meets my approval, seems implementable, and seems possible' were not only statistically

significant but also reflected large effect sizes, indicating meaningful and practical differences between the groups.

Although I found substantial and meaningful differences between the means for acceptability, appropriateness, and feasibility of PSS between reentry staff in the community and a state organization, according to *Cohen's d*, no statistical differences regarding demographic variables such as years of experience or educational background were identified. I also found that community reentry staff appeared to have a more favorable overall perception of PSS implementation in reentry settings. In addition, the effect sizes suggest that the differences in perception are not minor but represent substantial differences in viewpoint.

Although the results suggest a strong relationship between staff affiliation (community vs. state organization) and perceptions of PSS, further research is needed to explore the underlying factors contributing to these differences and to determine how organizational context may influence attitudes toward peer support implementation.

Contribution to Social Work

The findings extend the knowledge of the field of Social Work by highlighting the differing perceptions of PSS between community reentry and state organization reentry staff. These insights offer valuable implications for practice, policy, and program development. It would be beneficial for reentry staff within corrections and the community to collaborate in developing and implementing a structured peer support program that not only enhances reentry outcomes but also provides meaningful employment opportunities for formerly incarcerated individuals. Such collaboration

could bridge gaps in service delivery, improve continuity of care, and foster shared understanding across systems, ultimately promoting more effective and equitable reintegration practices.

Recommended Solutions

This study was created since there existed a gap in identifying the degree to which participants' responses about the feasibility of PSS relate among two NC reentry staff groups: those in the community and those within a state organization. Numerous recommended solutions will be mentioned. Additionally, social workers in the reentry sector can use the information obtained in this study to increase their knowledge and skills in advocacy and clinical practice, specifically within corrections.

Correctional culture and policies usually conflict with peer-to-peer assistance. Combining multidisciplinary staff members in the planning, implementation, and daily program functions would help mitigate the environmental challenges. Furthermore, SAMHSA (2023) declared that reentry planning and support should occur at multiple stages of the criminal justice process, including pre-release, at-release, and post-release, and would better address the needs of everyone and promote continuity of care. Additionally, developing a PSS program is not a one-size-fits-all task, and the BJA (2022) recommended that facilities develop program goals based on individual and operational needs, considering the facilities' unique structural and cultural environment.

Markedly, program sustainability largely depends on funding considerations. I recommend that states use the opportunity provided by federal funding, as available, to

innovate and build sustainable reform strategies. A program is not recommended to begin unless program sustainability and funding are discussed and determined.

Application to Professional Ethics in Social Work Practice

The social work profession's mission involves enhancing human well-being while meeting the needs of everyone, including the vulnerable, oppressed, and those living in poverty. Incarcerated people have unique needs upon exiting incarceration. Multiple values and principles outlined in the NASW Code of Ethics correspond with this research project. The values of service, social justice, dignity and worth of the person, and the importance of human relationships are evident when examining the feasibility of PSS across reentry service groups in NC. The NASW Code of Ethics discusses social workers' ethical responsibility and commitment to their clients. Positive post-release outcomes can occur by eliminating barriers to service access through increased employment opportunities like the PSS program. Social Workers also have an ethical responsibility towards the practice setting, the social work profession, and broader society. Specifically, in practice settings, "social work administrators should advocate within and outside their agencies for adequate resources to meet client's needs," as found in the 3.07 Administration Code (NASW, 2021). The addition of PSS to include not only the community in NC but a state reentry organization as well is a program that should be examined and encouraged among Social Workers. The NASW Code of Ethics (2021) also cites a responsibility to the social work profession, including 5.02 Evaluation and Research, declaring that "social workers should monitor and evaluate policies, the implementation of programs, and practice interventions." This study examined the

evaluation of the implementation and feasibility of a PSS program. Lastly, the NASW Code of Ethics (2021) also cited social welfare as an ethical responsibility to the social work profession and states, “social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice” (6.01[a]). The application to professional ethics in social work practice is paramount when addressing the unique needs of the incarcerated and their supports.

Recommendations for Social Work Practice

There exist social challenges that released offenders experience, for example, insufficient public safety, social relationship deterioration, and chronic poverty. Taken from the literature, there is known effectiveness of prison-based programs on recidivism rates. Notably, recidivism is still occurring despite utilizing multiple systems that provide reentry programs and services. Additional work needs to be accomplished to decrease recidivism rates and address the resulting social problems. There are continued social justice issues relevant to reentry and social work practice.

Based on the findings of this study, reentry social workers must consider forming stronger collaborations between community organizations and state agencies to improve alignment in the implementation of PSS. Additionally, it would be helpful for reentry social workers to advocate for creating structured employment pathways for formerly incarcerated individuals to serve as peer support specialists. Increased collaboration and employment pathways would enhance both service effectiveness and post-release opportunities.

The research and data I collected have positioned me as a leading expert in developing data-driven solutions for criminal justice reform. Survey results from evaluating new reentry programs help social workers obtain timely data to inform decisions about intervention plans and program development. The transferability of the findings from this study to the field of social work could include the benefit of conducting more feasibility tests on program implementation and increased collaboration for reentry success, and further identify how different reentry staff may perceive new programs.

The reentry staff surveyed correlates with EST, and they represent the real-world systems involved in the multi-systemic, multi-faceted, and highly complex reentry system. The two NC reentry groups represent the process offenders follow to engage in reentry planning while still incarcerated and then in community reentry once released. Social work practice, research, and policy considerations can be deduced from this research project's inception. The usefulness of this research project includes society acquiring a thorough review of the literature, learning the current reentry mission in NC, and individually deciding whether examining the feasibility of reentry programs is beneficial across multiple reentry domains.

Limitations

It is unknown the level of PSS knowledge the survey respondents had, and no definition or explanation of the program was provided to the participants before the survey was distributed. Also, there is a lack of flexibility in utilizing a web-based questionnaire, which could impact validity and cause confusion among responses since

the respondents are unable to ask for clarification. Lastly, there was no database of emails of reentry workers in the community or a state organization. The email addresses of the potential participants had to be pieced together; however, if there was a database with reentry workers' information across organizational platforms, more thorough research could be conducted.

Recommendations

Future studies should focus on identifying gaps in service delivery throughout the reentry process, as well as assessing the utility of feasibility surveys before implementing new programs or interventions. Research should explore how peer support integration can be tailored to specific institutional settings and the potential long-term impacts on employment, mental health, housing stability, and community reintegration. Additional studies might compare outcomes across states or regions to inform best practices.

More work must be accomplished to reduce recidivism and address the resulting social problems, including chronic poverty, strained family systems, and safety. It is recommended that researchers investigate barriers to implementing peer support within correctional institutions, such as policy constraints, cultural resistance, or workforce limitations. Furthermore, mixed-methods research and longitudinal studies would provide valuable insights into the sustained effects of peer-led interventions over time.

Continued research in reentry should be encouraged at the state and federal levels. This research would strengthen the evidence base, inform policy reform, and advance the broader fields of social work and criminal justice. Cross-sector collaboration with public

agencies, community organizations, and academic institutions is vital to ensuring that research findings are translated into meaningful, equity-driven change.

A brief explanation of the results of this study will be provided to the NC reentry organizations in the community and state who were invited to complete the survey. During their scheduled public meetings, opportunities will be sought to discuss these results with the various reentry groups in NC, including the SRCC, JRC, and LRCs. Additionally, results may be provided to the DAC in NC, as requested, and a copy of my dissertation will be provided to NCDAC staff to reference for any future reentry research endeavors.

Implications for Social Change

Social change in reentry social work involves advocating for clients and their families while also considering the safety and well-being of the broader community. At the micro level, reentry social workers must ground their practice in the core values of the profession and uphold the NASW Code of Ethics. This is accomplished by providing competent, client-centered reentry services and persistently advocating for their clients' dignity, rights, and long-term success. Community staff with direct interaction with clients might have more practical experience and flexibility, while state organization staff might operate within more rigid, hierarchical structures that influence their perceptions of PSS integration.

At the mezzo level, administrators and organizational leaders can play a pivotal role by fostering stronger interagency collaboration. When service systems such as housing, employment, mental health, and corrections intersect, coordinated efforts can

significantly enhance outcomes for individuals reentering society. PSWs, in particular, represent a valuable asset in these collaborative efforts, offering lived experience and guidance that traditional systems often lack.

At the macro level, there is an ethical imperative to engage in social and political action that expands access to essential resources, employment, and rehabilitative services for returning citizens. Macro social workers advocate for clients in a global way. Policies and practices should be intentionally inclusive, equity-driven, and focused on dismantling barriers that perpetuate cycles of incarceration and marginalization (NASW, 2021).

The findings of this study suggest that greater integration of peer support into reentry systems can foster more humane, responsive, and effective support networks. Social work practice must champion such evidence-based innovations that amplify the voices of those with lived experience. Ultimately, where reentry is discussed, efforts to improve social conditions and promote justice should be required. Advancing smart decarceration, supporting reintegration, and investing in peer-led solutions are not only ethical imperatives but powerful avenues for creating lasting, positive social change.

Summary

It has been an honor to explore the feasibility of PSS across two reentry entities in North Carolina: community-based reentry workers and the NCDAC. This study aligns with ongoing collaborative efforts to enhance reentry services already underway in the state, including those outlined in the 2030 Reentry Strategic Plan. PSS has emerged as a feasible and desirable program among both community and state reentry staff, with varying degrees of support between the two groups.

Extensive research has shown that PSS can positively impact reentry outcomes for individuals exiting prison. When peer support is integrated during incarceration and throughout the reentry process, it has the potential to increase employment opportunities and reduce recidivism, as well as address broader social challenges such as public safety concerns, the breakdown of social relationships, and intergenerational poverty.

This study contributes to the field by examining the acceptability, appropriateness, and feasibility of implementing PSS roles across these two reentry environments. Independent samples t-tests revealed that community-based reentry staff generally rated PSS more favorably than their state organization counterparts; however, statistically significant differences were observed on specific items only. Community staff rated PSS as significantly more acceptable on the item *PSS meets my approval*, and significantly more feasible on the items *PSS seems implementable* and *PSS seems possible*, all with large effect sizes, indicating both statistical and practical significance. While no statistically significant differences emerged on the appropriateness items or on the remaining feasibility and acceptability items, effect sizes for several of these were also large, suggesting meaningful trends that warrant further exploration.

These findings underscore potential differences in organizational readiness, exposure to peer support models, and openness to integrating lived experience into professional reentry services. Importantly, both groups acknowledged the value of PSS to some degree, affirming the promise of peer-led approaches, especially when tailored to the distinct cultures, structures, and constraints of each setting.

These results reflect theoretical foundations in Ecological Systems Theory and the grand challenge of smart decarceration, reinforcing the social work profession's responsibility to pursue multi-level, evidence-informed strategies for systemic change. Leveraging federal, state, and local policy is critical to achieving these reforms. Government, nonprofits, community agencies, employers, and grassroots movements must unite to change the narrative around reentry and provide meaningful second chances.

EST is particularly relevant to this study as it emphasizes how different layers of influence (e.g., community reentry organizations versus state-run systems) shape the implementation and perceptions of PSS. The variation in how community-based and NCDAC staff view PSS reflects the unique microsystems in which they operate. Community-based staff may have more direct, flexible engagement with returning citizens, while state staff often work within more bureaucratic structures. This dynamic interaction among individual, organizational, and systemic factors supports the intentional and context-specific integration of peer support across diverse reentry environments.

In summary, this study provides clear evidence that peer support is not only needed but welcomed, particularly by those on the front lines of community reentry work. If we are serious about transforming reentry and advancing justice, we must invest in peer-led models, build bridges across systems, and ensure that every returning citizen is met with dignity, opportunity, and support. This is more than an intervention; it is a path to social justice.

References

- Adams, W. E., & Lincoln, A. K. (2021). Barriers to and facilitators of implementing peer support services for criminal justice-involved individuals. *Psychiatric Services*, 72(6), 626–632. <https://doi.org/10.1176/appi.ps.201900627>
- American Academy of Family Physicians. (2024). *Incarceration and health: A family medicine perspective*. <https://www.aafp.org/about/policies/all/incarceration.html>
- Barrenger, S. L., Maurer, K., Moore, K. L., & Hong, I. (2020). Mental health recovery: Peer specialists with mental health and incarceration experiences. *American Journal of Orthopsychiatry*, 90(4), 479–488. <https://doi.org/10.1037/ort0000450>
- Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.
- Bureau of Justice Assistance. (2022). *Peer recovery support services in correctional settings*. U.S. Department of Justice. https://www.cossup.org/Content/Documents/Publications/Altarum_PRSS_in_Correctional_Settings.pdf
- Burkholder, G. J., Cox, K. A., Crawford, L. M., & Hitchcock, J. H. (2020). *Research designs and methods: An applied guide for the scholar-practitioner*. Sage.
- Carson, A. (2023, September). *Prisons report series: Preliminary data release*. Bureau of Justice. <https://bjs.ojp.gov/library/publications/prisons-report-series-preliminary-data-release>
- Dykema, J., Schaeffer, N. C., Garbarski, D., Assad, N., & Blixt, S. (2022). Towards a reconsideration of the use of agree-disagree questions in measuring subjective

evaluations. *Research in Social Administrative Pharmacy*, 18(2), 2335-234.

<https://doi.org/10.1016/j.sapharm.2021.06.014>

DeHart, D., & Mason, G. (2022). Certifying incarcerated persons as peer support specialists: A qualitative exploration of a prison-based program. *Alcoholism Treatment Quarterly*, 40(4), 464–480.

<https://doi.org/10.1080/07347324.2022.2101904>

Grand Challenges for Social Work. (2024). *Promote smart decarceration*.

<https://grandchallengesforsocialwork.org/promote-smart-decarceration/>

Grinnell, R. M., Jr., Gabor, P. A., & Unrau, Y. A. (2019). *Program evaluation for social workers: Foundations of evidence-based programs* (8th ed.). Oxford University Press.

Hyde, J., Byrne, T., Petrakis, B. A., Yakovchenko, V., Kim, B., Fincke, G., Bolton, R., Visher, C., Blue-Howells, J., Drainoni, M., & McInnes, D. K. (2022). Enhancing community integration after incarceration: Findings from a prospective study of an intensive peer support intervention for veterans with an historical comparison group. *Health Justice*, 10(33), 1-15. <https://doi.org/10.1186/s40352-022-00195-5>

Joinson, A. N., Woodley, A., & Ulf-Dietrich, R. (2007). Personalization, authentication and self-disclosure in self-administered Internet surveys. *Computers in Human Behavior* 23(1), 275-285. <https://doi.org/10.1016/j.chb.2004.10.012>.

Khadjesari, Z., Boufkhed, S., Vitoratou, S., Schatte, L., Ziemann, A., Daskalopoulou, C., Uglik-Marucha, E., Sevdalis, N., & Hull, L. (2020). Implementation outcome instruments for use in physical healthcare settings: A systematic review.

Implementation Science, 15(1), 66. <https://doi.org/10.1186/s13012-020-01027-6>

Kien, C., Griebler, U., Schultes, M. T., Köhler, L., & Gartlehner, G. (2021).

Psychometric testing of the German versions of three implementation outcome measures. *Global Implementation Research and Applications*, 1(3), 183–194.

<https://doi.org/10.1007/s43477-021-00019-y>

Kost, R.G., & Correa da Rosa, J. (2018). Impact of survey length and compensation on

validity, reliability, and sample characteristics for ultrashort-, short-, and long-research participant perception surveys. *Journal of Clinical and Translational Science*, 2(1), 31-37.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6208327/#:~:text=Shorter%20surveys%20were%20reliable%20and,sample%20age%20and%20race%20profiles>

Linton, J. (2004). United States Department of Education Update. *Journal of*

Correctional Education, 55(4), 274–276. <https://eric.ed.gov/?id=EJ740009>

Markham, J. (2022). A look at the 2022 sentencing commission recidivism report. UNC

School of Government. <https://www.sog.unc.edu/blogs/nc-criminal-law/look-2022-sentencing-commission-recidivism-report>

National Association of Social Workers. (2021). NASW code of ethics.

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English.aspx>

NC Department of Adult Correction. (n.d.) Local reentry councils.

<https://www.dac.nc.gov/divisions-and-sections/rehabilitation-and-reentry/local-reentry-councils>

- North Carolina Department of Adult Correction. (n.d.a) State reentry council collaborative roster [document]. <https://www.dac.nc.gov/documents/files/srcce-roster/open>
- North Carolina Department of Adult Correction. (n.d.b) *Rehabilitation and reentry services*. <https://www.dac.nc.gov/divisions-and-sections/rehabilitation-and-reentry-services>
- North Carolina Governor's Office. (2024, January 29). *Governor Cooper issues historic executive order directing whole-of-government coordination to improve reentry for formerly incarcerated people in North Carolina*. <https://governor.nc.gov/news/press-releases/2024/01/29/governor-cooper-issues-historic-executive-order-directing-whole-government-coordination-improve>
- National Reentry Resource Center (NRRC). (2024). Federal interagency reentry council (FIRC). <https://nationalreentryresourcecenter.org/reentry-council>
- North Carolina Institute of Medicine. (2020). Health indicator 4: Incarceration rate. Healthy north carolina 2030: A path towards health. <https://nciom.org/wp-content/uploads/2020/01/Incarceration-Rate.pdf>
- Palis, H., Young, P., Korchinski, M., Wood, S., Xavier, J., Luk, N., Mahil, S., Bartlett, S., Brown, H., Salmon, A., Nicholls, T., & Slaunwhite, A. (2024). “Shared experience makes this all possible”: Documenting the guiding principles of peer-led services for people released from prison. *BioMed Central Public Health*, 24(1), 84. <https://pubmed.ncbi.nlm.nih.gov/38172781/>
- Pearson, N., Naylor, P.J., Ashe, M.C., Fernandez, M., Yoong, S.L., & Wolfenden, L.

(2020). Guidance for conducting feasibility and pilot studies for implementation trials. *Pilot and Feasibility Studies*, 6(1):167.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7603668/>

Ponte, K. (2023, April 07). Certified peer specialists: An untapped opportunity. NAMI.

<https://www.nami.org/complimentary-health-approaches/certified-peer-specialists-an-untapped-opportunity/>

Prison Fellowship. (2024). The Second Chance Reauthorization Act.

https://www.prisonfellowship.org/about/justicereform/landing-pages/legislation-primers/second-chance-reauthorization%20act/?utm_source=google&utm_medium=cpc&utm_campaign=MW_PFM_990-45266_googlegrant-fy23_20220701_GNWAAG230104000&utm_content=nil_nil_nil_nil&ms=GNWAAG230104000&mwm_id=295776850208&mwsc=PFM-990-GNWAAG230104000&sc=WB1710B10&gclid=Cj0KCCQjw1_SkBhDwARIsANbGpFsKuVDoost1lPGP27OnP-cW7GABb8TsQmGKQlxAoaYkENbRC8WFHXYaAmNaEALw_wcB

Ray, B., Watson, D.P., Xu, H., Salyers, M.P., Victor, G., Sights, E., Bailey, K., Taylor, L.R., & Bo, N. (2021). Peer recovery services for persons returning from prison: Pilot randomized clinical trial investigation of SUPPORT. *Journal of Substance Abuse Treatment*, 126, 1-25.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8248907/pdf/nihms-1678168.pdf>

- Rose, E. K., & Shem-Tov, Y. (2021). How does incarceration affect reoffending? Estimating the dose-response function. *Journal of Political Economy*, 129(12), 3302–3356. <https://www.journals.uchicago.edu/doi/10.1086/716561>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). Evidence-based resource guide series: Best practices for successful reentry from criminal justice settings for people living with mental health conditions and/or substance use disorders. <https://nationalreentryresourcecenter.org/resources/best-practices-successful-reentry-criminal-justice-settings-people-living-mental-health#:~:text=This%20guide%2C%20from%20the%20Substance%20Abuse%20and%20Mental,are%20reentering%20the%20community%20from%20jail%20or%20prison.>
- Shalaby R, and Agyapong V. (2020) Peer Support in Mental Health: Literature Review. *JMIR Ment Health* 2020, 7(6). <https://mental.jmir.org/2020/6/e15572>
- Skinner-Osei, P. & Osei, P.C. (2020). An ecological approach to improving reentry programs for justice-involved African American men. *Journal of Prison Education and Reentry*, 6(3), 333-344. <https://files.eric.ed.gov/fulltext/EJ1283802.pdf>
- U.S. Department of Justice. (2022). Peer Recovery Support Services in Correctional Settings. Office of Justice Programs. <https://www.bja.ojp.gov/user/login?destination=/library/publications/peer-recovery-support-services-correctional-settings>
- Weiner, B.J., Lewis, C.C., Stanick, C., Powell, B. J., Dorsey, C.N., Clary, A.S., Boynton,

M.H., & Halko, H. (2017). Psychometric assessment of three newly developed implementation outcome measures. *Implementation Science*, *12*(108), 1-12.

<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0635-3>

Appendix A: AIM, IAM, and FIM Survey Tool With PSS Incorporated

Acceptability of Intervention Measure (AIM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. Peer Support Services meets my approval.	①	②	③	④	⑤
2. Peer Support Services is appealing to me.	①	②	③	④	⑤
3. I like Peer Support Services.	①	②	③	④	⑤
4. I welcome Peer Support Services.	①	②	③	④	⑤

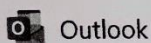
Intervention Appropriateness Measure (IAM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. Peer Support Services seems fitting.	①	②	③	④	⑤
2. Peer Support Services seems suitable.	①	②	③	④	⑤
3. Peer Support Services seems applicable.	①	②	③	④	⑤
4. Peer Support Services seems like a good match.	①	②	③	④	⑤

Feasibility of Intervention Measure (FIM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. Peer Support Services seems implementable.	①	②	③	④	⑤
2. Peer Support Services seems possible.	①	②	③	④	⑤
3. Peer Support Services seems doable.	①	②	③	④	⑤
4. Peer Support Services seems easy to use.	①	②	③	④	⑤

Appendix B: Survey Permission Letter



RE: Survey Use Request

From Bryan Weiner <bjweiner@uw.edu>
Date Tue 11/19/2024 12:08 PM
To Julie Dixon <julie.dixon@waldenu.edu>
Cc Elspeth Nolen <enolen@uw.edu>

Dear Julie Dixon,

Those measures are public domain. Supplemental File 3 in the published article contains the measures and some guidance on using them. For the appropriateness measure, I recommend adding a referent so that respondents have an easier time responding (e.g., appropriate for whom, appropriate for what). In terms of referents, one could use any of the following:

- Purpose: e.g., suitable for treating X
- Person: e.g., suitable for nurses (given scope of practice), suitable for my patients
- Condition: e.g., suitable for patients with condition X (health condition)
- Place: e.g., suitable for my organization (this clinic)

You can choose whatever referent interests you. You can even choose more than one but then you add to the length of the survey.

Good luck with your research.

Bryan

Bryan J. Weiner, Ph.D.
Professor, Department of Global Health
Professor, Department of Health Systems and Population Health
University of Washington
Pronouns: he/him/his

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On Twitter @ImpSciUW

I acknowledge the people - past, present, and future - of the Dkhw'Duw'Absh, Duwamish, Muckleshoot, Suquamish, and Tulalip Tribes and other Coastal Salish tribes on whose traditional lands I live and work.