

Building Staff Alignment to Support Lower-Barrier, Client-Centered Care

Agency Overview

- **Agency:** CRI-Help
- **Population Served:** Adults, including justice-involved individuals, LGBTQIA+ clients, monolingual Spanish-speaking clients, and a large proportion of clients who are unhoused prior to admission.
- **Treatment Levels of Care:** Outpatient services, withdrawal management, residential treatment, and RBH/RH levels of care.
- **Program Size:** 43 withdrawal-management beds, 235 residential clients, 168 outpatient clients, and 160 Recovery Bridge Housing (RBH) and Recovery Housing (RH) clients.
- **Program Context:** As a mid-size provider serving clients with complex care needs across multiple levels of care, CRI-Help's size and client complexity make clear communication, consistent procedures, and strong staff readiness essential for effective R95 implementation.

Featured R95 Implementation Area

Implementation of lower-barrier admissions, harm reduction, and client-centered discharge practices.

Impact

At a Glance: CRI-Help's R95 implementation has expanded access for higher-need clients, strengthened medical support across programs, and contributed to early signs of improved retention and overdose-related outcomes, alongside a growing cultural shift toward more flexible, client-centered care.

As CRI-Help continues to advance its R95 implementation, several positive outcomes have emerged across its programs.

Lowering barriers increased access to care. By lowering admission barriers, CRI-Help expanded its reach to high acuity individuals who previously may have been turned away. This shift has directly increased the number of people receiving life-saving SUD treatment. To support this expanded access, the agency strengthened its medical infrastructure.

Embedding medical staff strengthened client-centered care. As demand for MAT services grew, CRI-Help staffed psychiatric nurses and prescribers across its facilities. Increasing daily access to medical staff improved medication support for high-need clients and shifted the culture toward a more integrated, medically informed, client-centered model of care. These operational shifts contributed to observable improvements in engagement.

Early signs suggest improved retention and safety. Staff report that they are seeing fewer discharges against medical advice in detox and residential treatment, and fewer overdose deaths. Staff observations suggest that clients are remaining engaged longer and experience safer outcomes when supported through relapse. Alongside these outcomes, staff also described a meaningful culture shift.

A culture of flexibility has increased client engagement. CRI-Help has seen a noticeable cultural shift toward a more flexible, client-centered approach. This evolution has helped staff better meet clients where they are and created a more welcoming treatment environment.

Implementation Challenges

At a Glance: CRI-Help's implementation challenges highlight longstanding stigma around MOUD, resistance to shifting discharge and accountability practices, strain on frontline staff, and the increased demands of serving clients with more complex needs.

Throughout R95 implementation, several challenges emerged that shaped CRI-Help's approach and revealed areas needing additional support.

Stigma and Bias Toward Medications for Opioid Use Disorder (MOUD) Adoption

- Many staff had past experiences where clients on Medications for Opioid Use Disorder (MOUD) appeared sedated or “in slow motion,” shaping long-held negative perceptions of MOUDs. These experiences contributed to unconscious bias and were a barrier to early culture-shift efforts.
- Additionally, some staff had personal lived experience accessing MOUD at narcotic treatment programs (NTPs), and their negative personal experiences often biased their clinical judgement regarding the benefits of MOUD.

Resistance to Shifting Discharge and Accountability Practices

- Counselors initially expressed strong resistance to changing discharge and re-engagement practices, openly voicing frustration in caseload meetings and questioning whether the new approach would be effective.
- Long-tenured staff, especially those who had gone through CRI-Help’s program, felt the former threat of discharge had been a strong motivator and struggled to adapt to a model that minimized consequences.

Role-Specific Strain Among Frontline Staff

- **Residential Technicians** often discovered contraband or signs of use, but were not included in the follow-up process. Without visibility into treatment-plan changes or next steps, many felt their efforts were unacknowledged and that accountability was inconsistent.
- **Detox Technicians** faced different pressures, including clients repeatedly hiding substances or denying possession. Staff were expected to maintain compassion, but managing repeated dishonesty created emotional strain and uncertainty about how best to respond.
- **Operational Strain When Serving Clients with Increasingly Complex Needs**
As CRI-Help expanded its ability to admit and retain clients with more complex medical and behavioral health needs, the agency required additional nursing support to provide safe and appropriate care. Meeting these expanded needs added operational strain for staff and billing systems.

Implementation Approach to Address Key Challenges

***At a Glance:** CRI-Help's implementation centered on reducing stigma through facilitated trainings, strengthening open dialogue across staff, and creating clearer intake and re-engagement processes that lowered barriers to care and supported client-centered recovery.*

In response to these challenges, CRI-Help implemented a coordinated strategy across three focus areas: addressing stigma and resistance to change, supporting staff through change, and strengthening operational practices to serve clients with complex needs.

Address Stigma and Bias Across the Organization

Early in R95 implementation, leadership observed persistent stigma and bias among staff, often surfacing informally during side conversations. To begin shifting culture, staff were encouraged to attend R95 listening sessions and other facilitated discussions. The agency also contracted an external consultant to deliver two full-day trainings focused on reducing MAT stigma and supporting harm reduction practices. These sessions were extremely effective as they brought together staff from all levels of the organization and created space for staff to share their perspectives. R95 principles were also integrated into the CEO's mandatory ethics, mission, and standards-of-conduct training, which all new hires attend within their first 30 days and all staff complete annually, reinforcing leadership's commitment to increasing access to care and reducing barriers to SUD treatment.

Training was a starting point but supporting culture change required intentional space for dialogue and questions.

Create Opportunities for Open Conversation and Staff Voice

Leadership recognized that reducing stigma and resistance to the new practices required more than training; staff needed space to talk openly, ask questions, and work through concerns. Facilitated discussions emphasized that embracing change meant supporting staff as well as clients. This open dialogue helped shift attitudes about MAT and lower-barrier care and strengthened overall buy-in.

With cultural groundwork underway, CRI-Help refined its operational processes to expand access and increase consistency.

Implement a Structured Approach to Support Clients with Complex Needs

CRI-Help focused on strengthening intake practices to support timely access for clients with complex needs. While clients have always been assessed individually using a clinical decision-making matrix, the agency introduced shared "yellow flag" language to improve consistency in how potential clinical considerations are identified during screening.

“Yellow flags” signaled the need for additional questioning and consultation with clinical or medical staff, rather than automatic referral to a higher level of care. By training intake screeners to recognize these indicators and seek appropriate clearance, CRI-Help reduced unnecessary referrals and expanded access to care in alignment with R95’s emphasis on lowering barriers to treatment entry.

These shifts extended beyond intake to the way the agency responded to lapses and supported re-engagement.

Strengthen Discharge and Re-engagement Practices

To address concerns that reduced discharges would undermine accountability, the agency began treating lapses as opportunities for intentional re-engagement, providing additional support from technicians, revising treatment plans, and reassessing client needs. Leadership reinforced the importance of a unified, client-centered approach that aligns with the organization’s 12-step foundation and recovery philosophy.

Because frontline technicians interact with clients most frequently, CRI-Help also prioritized supporting these staff as implementation evolved.

Reduce Role-Specific Strain for Frontline Staff

Residential and detox technicians, who spend the most time with clients, sometimes struggle with how to respond when clients do not follow expectations. To reduce role-specific strain and increase clarity for technicians, leadership worked to build transparency around decision-making and to clarify expectations. CRI-Help began revising its client and technician handbooks to align with R95 and reinforce a shift away from policing behavior toward providing client-centered support.

Lessons Learned

***At a Glance:** CRI-Help found that preparing staff for more complex clients, checking in regularly on the impact of practice changes, using structured tools, and supporting staff through compassion fatigue are all critical for sustaining R95-aligned work.*

Through this work, CRI-Help identified several lessons that may benefit other providers implementing R95 practices.

- **Lowering barriers to care requires staff preparedness.** Serving clients with more acute psychiatric and medical needs requires all staff to better recognize when someone needs additional clinical or medical support. Develop training to support staff in identifying these needs.

- **Do not underestimate the impact on staff.** Changes in practice can affect staff in unexpected ways, making it essential to regularly check in with both staff and clients to understand how implementation is affecting them. Putting processes in place to gather feedback, revisit procedures, and support the workforce is critical for sustaining culture change. CRI-Help also found value in reaching out to other agencies to exchange ideas and learn what is working for peers who are also implementing R95 practices.
- **Structured tools help reduce stigma and ensure consistency.** Introducing clear procedural steps—such as behavioral contracts and client acknowledgments—demonstrated that relapse leads to thoughtful, formal action. These tools helped staff feel more confident in the process and reduced perceived inconsistencies in how relapse was addressed.
- **Compassion fatigue must be acknowledged.** Staff noted that consistently extending compassion can be emotionally challenging, especially when clients repeatedly break rules or conceal use. Leadership emphasized the importance of centering compassion and professionalism while maintaining safety for all clients, staff, and the facility. Discharge remains an option when a client poses a threat.

CRI-Help's success demonstrates that intentional communication, consistent practices, and strong staff engagement can build a strong foundation for delivering lower-barrier, client-centered care. By addressing stigma, preparing staff for shifting client needs, and building structures that support compassion and consistency, the agency strengthened its capacity to engage clients through lapse and support their continued recovery. CRI-Help's ongoing commitment to refining these practices reflects its dedication to creating a treatment environment grounded in dignity, flexibility, and high-quality care.

Learn More

Learn more about the Reaching the 95% (R95) Initiative and access additional resources on program design and implementation at the [Reaching the 95% website](#)