

Implementing R95 in a Small Provider Setting: A Behavior-Based Approach

Agency Overview

- **Agency:** Pax House Recovery
- **Population Served:** Primarily criminal justice involved (CJI) clients, with over 95% of referrals coming from courts, probation, or parole.
- **Program Size:** A smaller provider serving fewer than 100 clients in a single treatment facility.
- **Treatment Levels of Care:** Outpatient, intensive outpatient, and recovery bridge housing
- **Program Context:** As a smaller, single-facility provider serving primarily criminal justice-involved clients, Pax House's size allows staff to closely observe client behavior and adapt treatment quickly. This setting creates both opportunities and challenges when shifting clinical approaches.

Featured R95 Implementation Areas

Implementation of behavior-based relapse response, client-centered discharge practices, and the development of clinical indicators that support early intervention and consistent decision-making.

Impact

***At a Glance:** R95 implementation strengthened Pax House's collaboration with external justice partners and improved the team's ability to make timely, clinically informed decisions grounded in behavioral indicators.*

Key outcomes include:

- **Communication and relationships with justice-system partners improved** as Pax House engaged in ongoing dialogue with courts, probation, and parole to explain how the new practices would benefit clients.
- **Implementation strengthened clinical practice** by supporting staff in refining the therapeutic protocols, revisiting DSM-5-TR SUD criteria and associated life impairments, and using ASAM dimensions to guide and implement new therapeutic tools.
- **Earlier intervention became possible** as the focus on identifying pre-relapse behavior indicators allowed clinicians to respond sooner and more effectively to emerging risks.

Implementation Challenges

***At a Glance:** R95 implementation surfaced challenges in balancing judicial requirements, supporting clients with differing levels of readiness for abstinence, and helping staff shift away from abstinence as the primary measure of progress.*

As Pax House began integrating R95 practices, the team encountered several anticipated and unanticipated challenges that shaped how the agency refined its approach.

Foreseen Challenges:

- **Balancing judicial requirements with differing readiness levels:**
Pax House anticipated challenges supporting clients with court-mandated abstinence requirements alongside clients who were at earlier stages of readiness in the same treatment environment.
- **Motivating clients to engage in toxicology testing:**
Transitioning from mandated testing to a model centered on client motivation required clinicians to adjust their approach and encourage participation without relying on compliance-based expectations.
- **Shifting away from abstinence as the primary measure of progress:**
Staff needed support to move beyond long-held abstinence-focused indicators and adopt a more medical-model, behavior-based understanding of client success.

Unforeseen Challenges:

The agency also encountered challenges that were not expected during the initial transition:

- Clients lowering expectations for themselves:**
 Early in implementation, some clients interpreted R95 as an opportunity to continue using. They lowered their own expectations when they perceived they could relapse without being automatically discharged from the program. A recurring thought pattern observed during post-relapse interviews was:
“I know you won’t kick me out for using, so why wouldn’t I take a ‘free high’?”
 While no clinician communicated this message, clients’ perception created unforeseen clinical dynamics that required rapid adjustment.
- Exploitation of the new therapeutic approach:**
 The introduction of additional therapeutic interventions before referring clients to a higher level of care was initially viewed by some clients as a weakening of program structure. This led to an uptick in relapse events until the clinical team strengthened its approach to identifying and treating pre-relapse behavior indicators.

Implementation Approach to Address Key Challenges

***At a Glance:** Pax House adopted a multifaceted clinical shift that centered on behavior-based indicators, staff retraining, and consistent therapeutic interventions to align practice with R95 principles.*

In response to these anticipated and unanticipated challenges, Pax House refined its clinical model to strengthen medical-model decision-making, introduce earlier behavior-based interventions, and clarify expectations around progress, discharge, and level-of-care transitions.

The first step was strengthening the clinical foundation that would guide all decisions.

Strengthening Clinical Frameworks to Support Medical-Model Decision-Making

- Pax House began by retraining staff toward a stronger focus on medical-model principles to shift away from abstinence as the sole model of progress. This process included reviewing and discussing the DSM-5-TR substance use disorder criteria, associated life impairments, and ASAM dimensions to deepen clinicians’ understanding of what constitutes a treatable medical diagnosis. This step reinforced that substance use is only one indicator among many and supported a broader, more clinically

grounded view of client progress, while keeping abstinence as the ultimate goal of the program. It also helped clinicians reframe toxicology testing as clinical information to guide care rather than a compliance tool, supporting more collaborative conversations with clients around testing participation.

Establishing Pre-Relapse Behavior Indicators and Success Benchmarks to Address Risk and Accountability

- The next step was for the clinical team to establish new behavioral success benchmarks and pre-relapse behavior indicators that could guide treatment planning and clinical decision-making. Staff collaborated to identify patterns that often precede substance use and to define behavioral success benchmarks aligned with client-stated goals and trackable action steps. These indicators created a clearer structure for documenting progress and allowed clinicians to respond more effectively to early signs of risk. Additionally, these benchmarks helped clarify expectations around effort, engagement, and accountability—addressing early client perceptions that relapse carried no meaningful consequences and reinforcing that continued participation required active work toward recovery.

Introducing Proactive Interventions to Respond to Early Risk

- With the new behavioral success benchmarks and pre-relapse behavior indicators in place, Pax House implemented additional therapeutic interventions designed to respond more effectively to early signs of risk and support stabilization before relapse occurred. This shift was especially important after the team observed that some clients were testing limits and lapsing early in implementation. These interventions complemented the existing post-use crisis protocol and allowed clinicians to address concerns before substance use took place. By responding to pre-relapse patterns with targeted therapeutic strategies, staff were able to strengthen client engagement, reinforce treatment goals, and intervene at earlier and more meaningful points in the recovery process. Over time, this helped reduce the perception that added supports reflected a weaker program structure.

Aligning Discharge Planning and Level-of-Care Decisions with Updated Practices

- The final step was to align discharge planning and level-of-care decisions with the new behavioral indicators and therapeutic practices. Pax House created clear expectations for successful completion and developed transparent criteria for when a referral or transition to a higher level of care was clinically appropriate. These criteria were based on behavioral patterns rather than substance use alone. This clarity helped staff balance court, probation, or parole-related abstinence requirements with differing readiness levels while keeping clinical decisions consistent and well-supported.

- This approach reinforced R95's emphasis on continued engagement, individualized treatment, and clinically informed decision-making.

Lessons Learned

At a Glance: Implementing R95 requires openness, flexibility, and sustained effort—especially for smaller organizations—but the process ultimately strengthens treatment practices.

Through this work, Pax House identified several lessons that may support other providers implementing R95 practices.

- **Maintaining an open mind is essential.** If Pax House had not approached R95 with openness and curiosity, they would have missed an opportunity to improve their SUD treatment services and better support beneficiaries.
- **Implementation requires out-of-the-box thinking.** Adopting R95 practices pushed Pax House to reflect on and refine their existing clinical approaches.
- **Implementing R95 takes work and persistence.** Providers should be prepared for a process that requires thought, effort, and a willingness to try new approaches.
- **Although the process is beneficial, implementation can be challenging for smaller organizations** due to limited staffing and capacity, which can make it harder to absorb workflow changes.

Pax House's experience demonstrates how a small provider can meaningfully implement R95 by anchoring treatment in behavioral indicators and clinical frameworks. Through a stepwise approach that strengthened relapse response, therapeutic intervention, and discharge practices, the agency enhanced its clinical decision-making and deepened engagement across the recovery process.

Learn More

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