

# R95 Workgroup Meeting

March 5, 2025

Substance Abuse Prevention and Control Bureau  
Los Angeles County Department of Public Health



## Agenda

- 3:30 pm Welcome & Updates – Maria Elena Chavez**
  
- 3:40 pm Service Design for Lower Barrier Care – Jorge Ortega**
  - Follow-Up Implementation Process Improvement [2-G]
  - Implementation/Investment Plan [2-I]
  
- 4:10 pm Admission and Discharge Policies – Isa Weiss**
  - R95 Staff Training Verification [2-F]
  
- 4:25 pm Bidirectional Referrals for Lower Barrier Care – Isa Weiss**
  - Treatment Agency Staff Participation in Harm Reduction Trainings [2-J]
  - Verified Submissions [2-K]
  
- 4:40 pm Q&A and Provider Agency Discussion**
  
- 4:55 pm Next Steps**
  
- 5:00 pm Adjourn**

# Reaching the 95% Resources

For more information, call the **R95 Consultation Line** (626) 210-0648 or email [SAPC-R95@ph.lacounty.gov](mailto:SAPC-R95@ph.lacounty.gov)

## R95 website

**Reaching the 95% (R95) Initiative**

SAPC Home / Public / Reaching the 95% (R95) Initiative

Background

## SAPC Payment Reform

**SAPC Payment Reform**

Capacity Building Package and Incentive Package

Payment Reform - Capacity Building and Incentive Funds

Payment Reform Rate Structure

## SAPC Trainings and Events

**SAPC Trainings and Events**

Training Calendar

Trainings

SUD Training Resources

Learning Management System

# Payment Reform: Value-Driven Capacity Building Service Design: Follow-Up Implementation Process Improvement (2-G) Implementation/Investment Plan (2-I)

Substance Abuse Prevention and Control Bureau  
Los Angeles County Department of Public Health

# Payment Reform: Value-Driven Capacity Building Service Design Portfolio (2-G) & (2-I)

## Purpose:

To support providers in adapting and applying organizational processes (i.e. service design) that align with efforts to better engage and offer services to a wider range of individuals who want to access, participate and complete treatment by lowering organizational barriers to care.

The What	The Why and How	Start-Up/Deliverable
<b>2-G Process Improvement Implementation Plan Follow-Up</b>	<p><b>Operationalize FY 23-24 Service Design Implementation goals through use of evidence-based process improvement strategies and application of Plan, Do, Study, Act (PDSA).</b></p> <p><b>Deliverable:</b> Complete and submit the Service Design <a href="#">Change Project Plan (2-G)</a> by <b>March 31, 2025</b>.</p>	<p>One per <b>treatment agency</b>.</p> <p>Tier 1 - \$15,000 Tier 2 - \$20,000 Tier 3 - \$25,000.</p> <p><b>*Invoice required for deliverable based submissions.</b></p>
<b>2-I Implementation /Investment Plan</b>	<p><b>This is designed to allow providers to outline the investments and service design changes your agency commits to implementing following the customer walk-through and/or improvements you identified, through patient and staff input.</b></p> <p><b>Deliverable:</b> Completed and submit the <a href="#">Implementation/Investment Plan Template (2-I)</a> by <b>March 31, 2025</b>.</p>	<p>One per <b>identified agency Site</b></p> <p>Tier 1 - \$5,000 Tier 2 - \$7,500 Tier 3- \$10,000</p> <p><b>*Invoice required for deliverable based submissions.</b></p>

# Payment Reform: Value-Driven Capacity Building Service Design Change Project Plan Template (2-G)

*\*Available to agencies with Approved Year 1 Service Design Implementation Plan*

## **Using Process Improvement to successfully complete activities in your Implementation Plan [2-G]**

**What changes have been made to increase access and engagement for individuals who want to access, participate in, and complete treatment?**

- *How have you modified existing workflows that lower barriers to services?*
- *How have you implemented R95 changes to policies, procedures, and protocols?*
- *How have you created a safe and welcoming spaces in the physical environment*

Participation in Change Leader Academy - a 4-month process improvement collaborative

**ACCESS TO CARE: SERVICE DESIGN**

<b>Implementation Follow-Up Process Improvement (2G)</b>	Providers will have an opportunity to engage in a LEARN-DO-SHARE approach where providers learn new concepts, collaboratively practice what they learned, and develop performance improvement projects that will help to reach the SMART goals outlined in the FY 23-24 Implementation Plan.		
	<b>Change Leader Academy Components</b>	<b>Description</b>	<b>Dates</b>
	<b>Provider Training/Workshop</b>		
	Change Leader Academy Orientation	During this one-hour orientation, providers will identify how the CLA can help to accomplish the activities outlined in the Implementation Plan.	10/4/24 11am-12noon
	CLA Two-Day Workshop (in person)	This two-day intensive will help to build the necessary acumen to achieve the SMART goals.	10/29 & 10/30 11/4 & 11/5 9AM – 4PM
	Monthly Coaching Calls (attend three out of four)	Collaborative coaching to help move providers toward completing the CLA steps	Nov. 2024 – Feb. 2025
	<b>Provider Deliverables</b>		
	a. Provider Presentation of Activities	Providers will conduct a presentation on their project	March 2025
	b. Progress Report	Submission of the	3/31/25

# Payment Reform: Value-Driven Capacity Building Service Design Change Project Plan Template (2-G)

## STEPS FOR COMPLETING THE TEMPLATE

**Review the Packet:** Read pages 1–4 thoroughly before starting.

**Submit:** Complete and submit the form to SAPC by **March 31, 2025**.



## *Base your change project on 5 Questions*

1. What is it like to be our customer?
2. What are we trying to accomplish?
3. How will we know if the change is an improvement?
4. What changes can we test that may result in an improvement?
5. How can we sustain the improvement?

## *Five Key Principles – of the NIATx Model*

1. Understand and involve the customer
2. Fix key problems that keep the CEO awake at night
3. Pick a powerful change leader
4. Get ideas from outside the organization or field
5. Use rapid-cycle testing to establish effective changes

# Remember

Whatever is created or invented must be grounded in what your customers will value and what people can deliver.

## Principle #1

Understand and involve the customer  
*and*

Involve the people delivering the service  
to plan and pilot changes.



# *Executive Sponsor*

Has the authority to allocate the resources for the project

Sees the change/improvement as a priority

Identifies the problem and articulates the vision

## Responsibilities:

- ✓ Chooses the change leader
- ✓ Works with Change Leader to identify who will be on the change team
- ✓ Invites staff to be on the team
- ✓ Removes barriers and allocates resources
- ✓ Allows/Empowers the team to make changes

# *Change Leader*

- Person who feels passionately about the change
- Able to influence others at all levels of the organization
- Ability to instill optimism; sees the big-picture; focused and goal-oriented
- A good sense of humor

## **Responsibilities:**

- Serves as a catalyst to develop ideas
- Successful communicator: facilitates change team meetings, is consistent, concise (data), creative, engaging (incentives), and a skilled listener
- Minimizes resistance to change
- Keeps the Executive Sponsor updated on change team activities

## *Change Team members*

Front line workers and supervisors in unit where changes will be implemented

- Other employees impacted by the change
- People with special knowledge about the change such as  
Customers, family members, experts from outside the organization, IT staff.....

### **Responsibilities:**

- Identify possible changes that could meet the objective
- Decide how to implement the change
- Create and conduct rapid-cycle pilot tests until goal is achieved
- Study results to see if the change should be adopted, adapted or abandoned

## FILLABLE AREAS

1. CHANGE PROJECT TITLE	
2. What are you trying to accomplish and what AIM will the Change Project address? Write a brief summary	
3. Using the SMART Goal format write your PIP Aim Statement, include baseline data and the target goal. Examples: see below	Reduce/Increase(choose one) _____ by (% or #) _____ from(baseline) _____ to(goal) _____ by (completion date) _____.
4. LOCATION (specify if you have more than one/include address)	
5. START DATE and expected COMPLETION DATE	Start _____ End _____
6. LEVEL OF CARE or SERVICE if applicable	
7. What CUSTOMER POPULATION are you trying to help, e.g., customers in a specific program, age group, demographic, language etc.?	
8. EXECUTIVE SPONSOR	Name: _____ Title: _____
	E-Mail _____

## FILLABLE AREAS

### Service Design Change Project Charter

<p><b>9. CHANGE LEADER</b> Include mail address and telephone number</p>	<p>Name: <input type="text"/> Telephone number: <input type="text"/> E-mail address: <input type="text"/></p>
<p><b>10. CHANGE TEAM MEMBERS/ROLE on the team</b> (Scribe, Data collection, etc.)</p>	<p>1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/></p>
<p><b>11. How will you COLLECT DATA</b> to measure the impact of change? Who will collect it?</p>	<input type="text"/>
<p><b>12. What is the expected IMPACT</b> of this change project? Increase revenue or productivity, decrease expenses, improve communication, improve staff morale. How will the Executive Sponsor know?</p>	<input type="text"/>



# FILLABLE AREAS

*List any milestones you need to achieve before executing your PDSA cycles.*

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Milestone	Person Responsible	Due Date	Completion Date
<i>Collect baseline data</i>			
<i>Schedule Change Meetings and add to the calendar</i>			

# FILLABLE AREAS

Service Design Change Project Charter

## RAPID CYCLE TESTING – (add more cycles as needed)

<b>Rapid Cycle #:</b>	
<b>Cycle Begin Date:</b>	<b>Cycle End Date:</b>
<b>What is the idea/change to be tested?</b>	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How it will get done?</i>
<b>D</b>	<b>DO:</b> <i>What steps did you implement? Document any problems and unexpected observations from the PLAN.</i>
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measure?</i>
<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i>

<b>Rapid Cycle #:</b>	
<b>Cycle Begin Date:</b>	<b>Cycle End Date:</b>
<b>What is the idea/change to be tested?</b>	
<b>P</b>	<b>PLAN:</b> <i>What steps are you specifically making to test this idea/change? Who is responsible? How will it get done?</i>
<b>D</b>	<b>DO:</b> <i>What steps did you implement? Document any problems and unexpected observations from the PLAN.</i>
<b>S</b>	<b>STUDY:</b> <i>What were the results? How do they compare with baseline measure?</i>
<b>A</b>	<b>ACT:</b> <i>What is your next step? Adopt? Adapt? Abandon? Why?</i>

# Payment Reform: Value-Driven Capacity Building Service Design Implementation/Investment Plan Template (2-I)

## DISCOVERING AND PRIORITIZING FOCUS AREAS

- ✓ Customer Walk-through or
- ✓ Other patient feedback methodology

If you did not complete a walk-through, provide a detailed description of how your agency identified improvement areas based on the perspectives of your customers/patients.

*Patient Advisory Group*

*Focus Group*

*Feedback forms*

*Surveys*

*Patient interviews*

### Resource

Customer Walk-Through (2-H) Guide, Summary Deliverable (pages 17-22)

# Payment Reform: Value-Driven Capacity Building Service Design Implementation/Investment Plan Template (2-1)

## **FOCUS -- Increase Access And Engagement by:**

- Lowering barriers to SUD care
- Attracting and better serving the R95 population
- Improving existing services

# Payment Reform: Value-Driven Capacity Building Service Design Implementation/Investment Plan Template (2-1)

## **UNDERSTANDING THE CUSTOMER/PATIENT EXPERIENCE**

Customer Experience in healthcare is how a patient perceives their interactions with a provider, it encompasses every step from first contact to discharge and referrals throughout the continuum.

# Payment Reform: Value-Driven Capacity Building Service Design Implementation/Investment Plan Template (2-1)

## **BENEFITS OF A POSITIVE EXPERIENCE**

Improving access

Improving retention

Optimizes the agency workflows

Improves staff satisfaction

Enhances the agency reputation

Reduces waste and saves money

Serving more people!

Patients are thriving!

## STEPS FOR COMPLETING THE TEMPLATE

Start with a **TEAM review** of your customer walk-through or patient feedback.

Engage your Exec. leadership and staff to identify priorities and brainstorm ideas.



# Payment Reform: Value-Driven Capacity Building Service Design Implementation/Investment Plan Template (2-I)

## STEPS FOR COMPLETING THE TEMPLATE

**Review the Packet:** Read pages 1–9 thoroughly before starting. *Example on page 7-9*

**Submit:** Complete and submit the form (*pages 2-5*) to SAPC by **March 31, 2025**.



## FILLABLE AREAS

- b. What was the staff's overall impression of the walkthrough or client feedback?

- c. What key problems do executive leadership want to address? Please describe it in detail. (see the example scenario above for reference)

- d. Describe how the patient and staff feedback informed your proposed design changes.

## PROVIDE DETAILS

A. Provide a clear summary of what the project aims to achieve.

B. Describe why this focus area was selected.

C. Identify key participants:

- Internal stakeholders: Project sponsor, service staff, operations staff.
- External stakeholders: Customers, referral sources, community partners

D. Provide information on action steps, the person (or role) responsible, and completion date.

E. Key Performance Indicators: Define how success will be measured:

- Quantitative Metrics: Customer satisfaction scores, service response time, wait time, admissions...
- Qualitative Metrics: Customer feedback themes, staff feedback.

F. Risks and Constraints: List potential risks or constraints that might impact goals, explain how your agency will address them.

G. Provide a detailed description of how you will sustain the improvement.

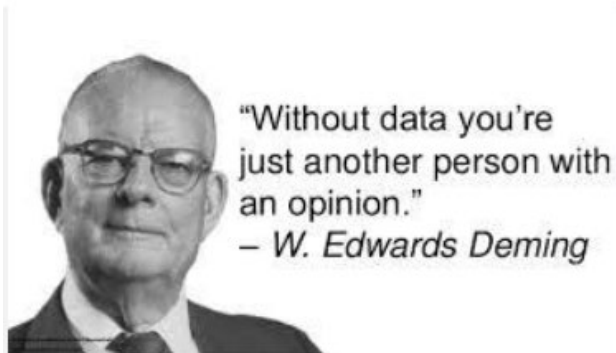
## PROVIDE DETAILS

- D** Provide information on action steps, the person (or role) responsible, and completion date.

D. Action Steps	Person Responsible	Completion Date
How much detail is required?		

## PROVIDE DETAILS

- ④ Key Performance Indicators: Define how success will be measured:
- Quantitative Metrics: Customer satisfaction scores, service response time, wait time, admissions...
  - Qualitative Metrics: Customer feedback themes, staff feedback.



From **Data to Diagnosis to Delivery:**  
AI in Precision Medicine by Atul Butte,  
MD, PhD

**Focus Area 2: Lowering Barriers to Care**  
*Update Admission & Discharge Policies*  
*Staff Training Verification (2-F)*



**Verify that you trained at least 85% of staff with direct patient contact using your approved R95 Admission/Discharge Training Presentation**



## ***Ensuring Access to Treatment for All Seeking Care***

Admission and Discharge Policy

INSERT AGENCY NAME

DEPARTMENT OF PUBLIC HEALTH, SUBSTANCE ABUSE PREVENTION AND CONTROL



# Deliverable A - Attestation

**R95 Training Attestation Form - Complete for Each Training Session**

**Agency Name:** [Redacted] **Training Date:** [Redacted]

**Training (Location Address) and/or (Meeting Link):** [Redacted]

**Name of Trainer:** [Redacted] **Signature of Trainer:** [Redacted]

\*By signing this form, the trainer verifies that all trainings (virtual or in person) were conducted using agency SAPC approved R95 Training Presentation, and the information provide below is complete and accurate.

	Staff Name (First & Last)	Email	Position	Training Attended (Yes/No)	Participant Signature (For In-Person Only)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\*Add pages as needed

# Deliverable B - Verification

## R95 Staff Training Verification Summary

\*\*\*\*\*

### INSTRUCTIONS

- Conduct R95 Trainings for staff using your agency's SAPC-approved R95 Training Presentation.
- At the conclusion of each training, complete a R95 Staff Training Attestation Form with training and attendee details.
- Complete this **R95 Staff Training Verification Summary** after all trainings have been conducted and submit with copies of each completed R95 Staff Training Attestation Form attached.  
*Note: No fewer than 85% of staff who have direct patient contact must participate in an R95 Training between 7/1/2024 and the 3/31/2025 for your agency to be eligible for this capacity building payment.*

\*\*\*\*\*

### AGENCY INFORMATION

Agency Name:

Total Number of Staff with Direct Patient Contact\* Employed (across all sites):

*\*For the purpose of this activity, "staff with direct patient contact" includes all personnel who interact with patients during the admission, treatment, and discharge processes including clerical staff, drivers, Peer Support Services Specialists, registered or certified counselors, Licensed Practitioners of the Healing Arts (LPHA) and license-eligible LPHAs, etc.*

Total Number of Staff with Direct Patient Contact Trained Using Approved R95 Training:

*\*Complete second page with details for each training conducted*

By signing below, I verify that all trainings were conducted using a SAPC-approved R95 Training Presentation and the information above is complete and accurate.

Agency Leadership Representative Name (Printed):

Agency Leadership Representative Title:

Signature:

Date:





**Focus Area 2: Lowering Barriers to Care**  
***Bidirectional Referrals Between Harm  
Reduction & Treatment Programs (2-J, 2-K)***



# Capacity Building Activity 2-J: Treatment Agency Staff Participation in Harm Reduction Trainings



## Capacity Building Activity 2-J

### ATTESTATION OF HARM REDUCTION TRAINING PROTOCOLS FOR STAFF

Complete and return this form via an email titled “Attestation 2-J: Staff Participation in Harm Reduction Trainings” sent to [sapc-cbi@ph.lacounty.gov](mailto:sapc-cbi@ph.lacounty.gov) by 3/31/2025.

#### ATTESTATION OF COMPLIANCE:

Please confirm which of the qualifying harm reduction trainings agency staff with direct patient contact\* in the provision of SAPC-contracted services have completed as part of the Treatment Agency Staff Participation in Harm Reduction Trainings Capacity Building Activity (2-J) and indicate the number of staff who attended each type of training. If a staff member participated in more than one harm reduction training, please include them in the count for only one of the training types.

*\*For the purpose of this activity, “staff with direct patient contact” includes all personnel who interact with patients during the admission, treatment, and discharge processes including clerical staff, drivers, cooks, Peer Support Services Specialists, registered or certified counselors, Licensed Practitioners of the Healing Arts (LPHA) and license-eligible LPHAs, etc.*

**Tarzana Treatment Centers, Inc / Clare|Matrix Training**

- Staff attended live harm reduction trainings conducted by your assigned training agency partner (Tarzana Treatment Centers, Inc or Clare|Matrix)
  - Tarzana Treatment Centers, Inc contact:  
[odhrta@tarzanatc.org](mailto:odhrta@tarzanatc.org)
  - Clare|Matrix contact: [odtraining@clarematrix.org](mailto:odtraining@clarematrix.org)
- For clarification on your assigned training agency partner, contact SAPC at: [SAPC-CBI@ph.lacounty.gov](mailto:SAPC-CBI@ph.lacounty.gov)

**Number of Staff Trained**

**SAPC CST Trainings**

- Staff attended one of the following SAPC CST Trainings:
  - **Reimagining Harm Reduction in Substance Use Treatment**
  - **Utilizing Naloxone and Other Harm Reduction Strategies for Substance Use Treatment Providers**
- *Note: Any forthcoming CST trainings with a harm reduction-focus launched by SAPC will be considered qualified trainings*
- The SAPC CST calendar can be accessed [here](http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24):  
[http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal\\_id=24](http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm?unit=sapc&prog=pho&ou=ph&cal_id=24)

**Number of Staff Trained**



**SAPC Harm Reduction and Treatment Integration Meeting**

- Staff attended one of the following R95 Harm Reduction and Treatment Integration Meetings:

Date	Location	Address	Time
10/08/2024	House of Hope	205 W. 9 <sup>th</sup> Street, San Pedro, CA 90731	9:30 AM - 11:30 AM
12/05/2024	<i>(Revised Location)</i> Behavioral Health Services	15519 Crenshaw Blvd., Gardena, CA 90249	2:00 PM – 4:00 PM
02/03/2025	The California Endowment Center for Healthy Communities	1000 North Alameda Street Los Angeles, CA 90012	2:00 PM – 4:00 PM
04/07/2025	Helpline Youth Counseling	14181 Telegraph Rd, Whittier, CA 90604	3:00 PM – 5:00 PM

**Number of Staff Trained**

**Other SAPC-Approved Harm Reduction Training**

- Please indicate which training(s) your staff have participated in using the table below.
- To obtain approval of a harm reduction training, please contact SAPC at: [SAPC-CBI@ph.lacounty.gov](mailto:SAPC-CBI@ph.lacounty.gov)
- If the number of "Other SAPC-Approved Harm Reduction Trainings" exceeds the space provided, please attach an additional page with the corresponding details.

Name of Training	Location (address or virtual)	Date	Time	Approved by SAPC (yes/no)

*Number of Staff Trained*

**VERIFICATION SUMMARY:**

Total Number of Staff with Direct Patient Contact Employed (across all sites): \_\_\_\_\_

Total Number of Staff with Direct Patient Contact Who Attended No Less Than One of the Harm Reduction Trainings Listed Above: \_\_\_\_\_

*Note: No fewer than 85% of staff who have direct patient contact must participate in an qualifying harm reduction training between 7/1/2024 and the 3/31/2025 for your agency to be eligible for this capacity building payment.*

Having conducted a good faith review, I attest that \_\_\_\_\_  
(agency name) staff have engaged in the approved harm reduction trainings above as part of the Treatment Agency Staff Participation in Harm Reduction Trainings Capacity Building Activity 2-J, and all information provided is complete and accurate.

Agency Leadership Representative Name (Printed): \_\_\_\_\_

Agency Leadership Representative Title: \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_





# Capacity Building Activity 2-K: Verified Admissions



## CalOMS Principal Source of Referral Item 3.2

Admission Data

3.1. Proposition 36 Participant?

Yes  No

3.2. What is your Principal Source of Referral?

Select

Employer/EAP

Family Dependency Drug Court

Harm Reduction Agency/Syringe Services

Individual includes self referral

Misdemeanor Drug Treatment Program

# Data Quality Report (DQR) for CBI

Category	Attribute	Sep-24	Agency YTD
<b>Percent of Certified Counselors (per NACA) 1A</b>			
Target: 50%	Certified SUD Counselor	35	N/A
	Registered SUD Counselor	31	N/A
	Total Registered and Certified Counselor	66	N/A
	% of Certified Counselors	53.03%	N/A
<b>LPHA-to-SUD Counselor Ratio (1B)</b>			
Target: 1:12 Ratio	Total LPHAs	22	N/A
	Total Counselors	66	N/A
	Target Ratio	Met	N/A
<b>Admissions from Harm Reduction SSP (2K)</b>			
	Number of Verified Admissions	0	0
<b>MAT for Patients with OUD in non-OTP settings</b>			
Target: 25%	Total # of MAT among Patients with OUD	6	12
	Total # of Patients with OUD served	125	281
	% Qualifying for 3A Incentive	4.80%	4.27%
<b>MAT for Patients with AUD (3B)</b>			
Target: 15%	Total # of MAT among Patients with AUD	0	0
	Total # of Patients with AUD served	352	673
	% Qualifying for 3B Incentive	0.00%	0.00%
<b>Naloxone Services (3C)</b>			
Target: 50%	Total # of Patients Received Naloxone Services	31	57
	Total # of Patients Served	593	1141
	% Qualifying for 3C Incentive	5.23%	5.00%
<b>Referred and Admitted to a Different LOC (4B)</b>			
Target: 30%	# of Referrals Admitted to a different LOC	44	219
	# of Total Discharges	244	963
	% of Qualifying for 4B Incentive	18.03%	22.74%
<b>CalOMS Data Reporting (5A)</b>			
Target: 45%	Total # of Qualifying Records	330	1109
	Total # of Admissions and Discharges	625	2089
	% of Qualifying for 5A Incentive	52.80%	53.09%

***\*\*No need to submit DQR – SAPC will verify internally and send you invoice with approved number of units for final signature***

Definition Overview

CalOMS Quality FY2425 Sep

OAs

Internal\_Use





## Discussion

Visit [RecoverLA.org](https://RecoverLA.org) on your smart phone or tablet to learn more about SUD services and resources, including a mobile-friendly version of the provider directory and an easy way to connect to our Substance Abuse Service Helpline at 1-844-804-7500!

# For More Information

**R95 Webpage:** <http://publichealth.lacounty.gov/sapc/public/reaching-the-95.htm?hl>

**R95 Capacity Building:** <http://publichealth.lacounty.gov/sapc/providers/payment-reform/access-to-care.htm>

**LA Times Article:** <https://www.latimes.com/california/story/2024-04-23/how-la-county-is-trying-to-change-addiction-treatment>

