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INTRODUCTION



The SPARK-T Project, guided by the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework, sought to identify the needs of small and mid-sized substance use disorder (SUD) treatment providers in California and implement effective solutions through engagement and learning. This outcome evaluation focuses on the implementation phase of the project, with the goal of fostering long-term sustainment of high-quality care. Understanding that the implementation context is crucial for the effective delivery of evidence-based practices (EBPs) among SUD treatment programs in California (Guerrero et al., 2019).

This outcome evaluation is designed to understand how the project increased understanding of the needs of the SUD treatment system and their associated solutions. This report evaluates the extent to which the activities benefited participants (e.g., providers) and other stakeholders (e.g., clients, community members). Effective stakeholder engagement is critical for successful behavioral health initiatives. The outcomes of the SPARK-T Project relied on a framework that prioritized provider ENGAGEMENT and LEARNING. The ENGAGEMENT outcomes related to activities like social media outreach, cold-calling, and emailing CAADPE members, and multiple listservs of partner agencies. The LEARNING outcomes were evaluated based on participation in the TA webinars, Learning Collaboratives and the Center for Excellence. This evaluation describes each of these activities and their outcomes. As such, the following three questions guided the outcome evaluation:

- 1.To what extent did the SPARK-T project increase understanding of the needs of small and mid-sized SUD treatment providers to build service capacity?
- 2.To what extent did the SPARK-T project offer effective solutions to respond to the service capacity needs of small and mid-sized SUD treatment providers?
- 3.To what extent did the SPARK-T project contribute to improving service delivery among participating small and mid-sized SUD treatment providers?

ENGAGEMENT



Social Media

Need: During the needs assessment activities of the <u>SPARK-T Project</u>, collaborative agencies (Behavioral Health Services, Cri-Help, Center Point, Redwood Community Services, Community Solutions, West Care, Tarzana Treatment Centers, HealthRight360, Phoenix House and the administrator of the project, the California Association of Alcohol and Drug Program Executives, CAADPE) engaged with SUD providers via surveys and focus groups, revealing that SUD providers needed more guidance and support in navigating the changing landscape of behavioral health care in California.

Solution: To address the need for more information and guidance, the SPARK-T project engaged with SUD providers through social media platforms. This approach enabled the project to efficiently increase outreach and messaging of the resources and guidance provided.

Impact: The project completed all deliverables and demonstrated significant impact in social media engagement. For instance, one of the project's partner providers, WestCare, led the submission of two posts per month, leading to significant growth in utilizing social media as a marketing tool. This allowed for collaboration with the provider network and increased outreach and audience growth, consisting of 13,548 total impressions and 758 overall engagements. Using culturally tailored communication strategies can improve engagement in behavioral health initiatives.

A key strategy was publishing posts a month in advance of TA events. LinkedIn consistently carried the highest engagement rate across all months tracked. This suggests that professional networks and communication of SPARK-T activities had a greater impact, followed by Facebook. Table 1 and Table 2, along with Figure 1, show the number of impressions and engagements during the core months of the project. Variation was attributed to the popularity and need of the topic scheduled for that month.

The Social Media subgroup addressed occasional barriers with effective solutions. For example, the required processes from the California Department of Healthcare care Services (DHCS) for approvals would occasionally delay and slow down registrations to webinars. This caused the subgroup to pivot to a new process of marketing without flyers, which expedited the processes as there was no requirement for approval prior to posting. One challenge that remained was the response rate to evaluation surveys; it was difficult to get all attendees to engage with the survey.

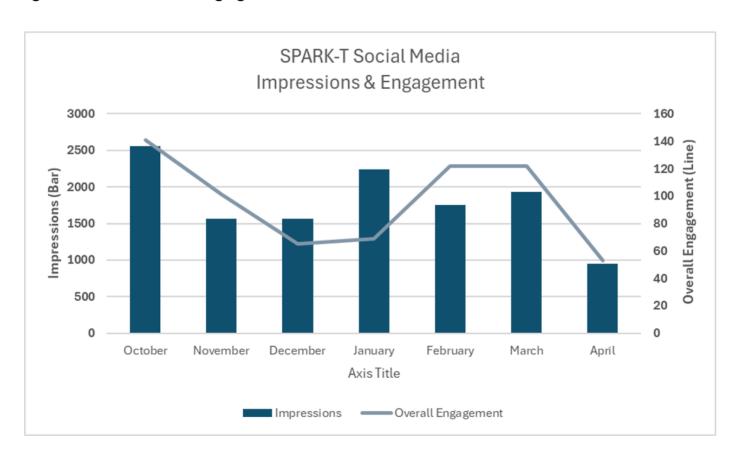
Table 1: Social Media Impressions and Engagements by Month

Month	Impressions	Engagements
October 2024	2553	141
November 2024	1565	101
December 2024	1569	65
January 2025	2240	69
February 2025	1751	122
March 2025	1935	138
April 2025	946	53
Total	13548	758

Table 2: Engagement Rate by Month and Network

Network	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025
Х	4.0%	3.4%	3.0%	1.7%	5.6%	7.3%	9.1%
Facebook	3.8%	9.0%	6.8%	3.2%	10.6%	7.4%	3.4%
LinkedIn	6.7%	7.6%	8.3%	5.0%	4.7%	6.8%	4.3%

Figure 1: Social Media Engagement Trends



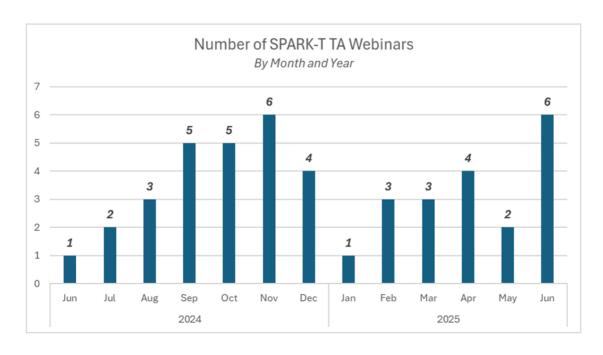
TA Webinar Registration and Attendance

The engagement phase included identifying, recruiting, and participating in TA webinars. From June 2024 to June 2025, across 46 total TA webinars, most registrants attended the webinar (70%). This surpassed the goal of offering 30 webinars during the project period. The most attended webinars were ASAM 4.0 - The ASAM Criteria 4th Edition (292 attendees); Supporting Staff through Vicarious Trauma - Heal the Healers (137 attendees); SUD Licensing and Certification (315 attendees).

Figure 2: Webinar Registration and Attendance



Figure 2: Webinar Registration and Attendance



One-on-One Interviews with Webingr Attendees

After the completion of each webinar, we evaluated engagement by gathering data from participants' feedback in the forms of surveys and one-on-one interviews. The goal was to determine the impact of any knowledge gained, any improvements in processes/workflows in their organizations, and in identifying the capacity-building activities they required to improve care. Five main themes were discovered from this feedback: 1) knowledgeable presenters 2) positive learning experience 3) value of client-centered approach 4) value of networking, and 5) interest in supplemental resources interviews.

Example 1: One TA webinar on providing client-centered MAT services received positive feedback from an attendee, who stated:

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We participated in the R-95 initiative. So this MAT training that I attended was a while like at the start of the R-95 initiative. So this was perfect timing because part of our one of our goals was to increase MAT services with our clients. And so have those tools again and bringing it to the team. So they could, you know, they could introduce the map program. And show the clients that this is another option. And their. And their recovery, that was really helpful. So we were able to increase the number of referrals of clients that went to MAT services versus the previous year. So I think that, yeah, I think it was helpful.

Example 2: Multiple attendees who were interviewed also shared that the timing of the topics coincided with the relevance of the issues to their specific agency. For example, one attendee stated:

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I was able to pass out the information right when it happened to discuss because we were talking about retention right when that webinar came up, because we do have counselors who, I mean, there are counselors who struggle with being able to keep clients engaged and documentation. So when this webinar arrived, it was at the very perfect time." Another respondent responded. "The harm reduction one that you mentioned, it was just super because harm reduction is evolutionary right now ... And then also it was very client focused. So, I thought it was really, helpful.

TA Tracking and One-on-One Consultation

The SPARK-T project sought to identify the needs of the most vulnerable SUD treatment providers in California and offer them TA, consultation, and other resources to build their service capacity. To identify the best partner to offer consultation in a specific domain, the SPARK-TA analyzed existing data and created an informational network. Effective service implementation relies on strong inter-organizational relationships. For example, web-based and DHCS data provided an indication of agencies with certain strengths to provide consultations. For instance, agency X might be better positioned to consult in withdrawal management, where they rank as experts in this domain, versus a topic such as 9-8-8, where they do not offer this service at their organization and would not be able to assist on said topic. This allowed each partnering organization to know the strength of their neighbors and who and when to rely on their support for certain domains.



Table 3 is a count of the program assigned and the consultation provided. Note that the count does not represent completed consultations, but rather inquiries that were assigned based on topic interest and level of expertise. Below is a table representing the different domains that were chosen and the number of times requests revolved around that specific topic. In regard to the topic of general TA this in regard to inquiries that do not pertain to one specific Domain. Out of 20 domain topics 16 topics were requested for technical assistance. Of those 16 there were 40 inquiries for general TA requests that did not specifically refer to one single topic. However, although genera TA inquires show a total of 40 requests, the total of completed inquiries consisted of 16 in which consultation was given and completed. Completion indicates that TA support was given and not just response to an inquiry. At the time of this report, there were a total of 67 verified requests for TA, of which 64 (96%) were completed with 3 (4%) still in progress. Tables 3, 4 and 5 summarize the details of these requests.

Table 3: Completed Requests by Theme/Topic

Completed Requests by Theme/Topic	Count
General TA	41
Program Scalability	5
Capacity Building	3
Networking	2
DMC-ODS/CalAIM	2
Licensing/Certification	2
Support/Training	2
Starting a SUD program	1
Harm Reduction	1
New Policies	1
Cultural Competence	1
Homelessness & BH services	1
Sober Living	1
Transitional Home	1

Table 4: Program Assigned to Facilitate TA

Program Assigned to Facilitate TA	Count of Assignments
Behavioral Health Services (BHS)	14
CAADPE	2
Center Point	4
Community Solutions	13
Cri-Help	14
HealthRight360	2
Phoenix House	4
Redwood Community Services	11

Table 5: TA Requests by Month

Year	Months	# of Requests
2024	Sep	8
	Oct	3
	Dec	2
2025	Jan	2
	Feb	2
	Mar	47
	Apr	2
	May	1
	Grand Total	67

Requests referring to scalability focused on workforce capacity, establishing partnerships with providers, and implementation of services. In one inquiry, a provider reached out regarding shifting their service delivery pertaining to ECM and CS. The assigned organization was able to help in providing material and training to the inquiring organization. Inquiries pertaining to capacity building stemmed from topics of need such as staffing structures and medical services primarily related to MAT and detox implementation. Redwood Community Services was able to respond and connect with CRI-Help to offer further consultation. General TA topics related to Medicare and real estate. However, the number of inquiries does not represent the number of people with desired TA needs; many of the results could not indicate who made the inquiry, and those that did inquire could not identify an area for specific TA needs within their organization.





Technical Assistance Webinar Evaluations

The purpose of distributing evaluation surveys to TA webinar attendees was to evaluate the effectiveness of each training, in terms of meeting the needs of participants and to what extent the webinar increased their learning on the topic and their application at work.

Overall ratings were positive regardless of business size and attendance. There was no correlation between the number of webinar sessions attended and the degree of positivity toward the training session. However, 82% to 100% of Large to medium-size agencies indicated that they attended four or more of the offered webinars. At least 50% of participants from the same organization who joined 2-3 webinars stated that they would benefit from a one-on-one consultation. This was a critical response for the SPARK-T project to help build their capacity to improve service delivery.

Respondents regardless of their organizations' size reported that they would be interested in joining a regional collective of SUD providers. Only half of the respondents from small organizations responded that they would be interested in joining regional collectives of SUD providers.

Improving the Webinar Experience

Ouestions were added to the webinar evaluation over the course of the webinar schedule to provide more detailed responses about components of the training (e.g., facilitator and training environment). In addition, some webinars focused specifically on several Evidence-Based Practices (EBPs). These evaluation surveys were specifically designed to pertain to each EBP and to determine the knowledge gained from the training by the attendees. Of the 85 responses collected from the EBP-specific evaluations, the results show that there were high rates of agreement across multiple measures. To start, the attendees believed that the promotion materials sent through list-servs and social media channels were accurate and informative (94%). In addition, the materials seem to be highly regarded as useful and correct/accurate. Attendees also agreed that facilitators of the training demonstrated their expertise in the subject matter and were responsive to questions, and enabled active participation as well (98%). Technology use and cultural responsiveness were considered important.



The webinar platform was considered appropriate and comfortable. See Tables 6, 7, 8, and 9 for percentages of participants who agree that the overall experience, training platform, materials, and facilitators were overall satisfactory.

Table 6: Overall Experience (% Agree)

Overall Experience	% Agree
Active participation was encouraged in this training.	98%
The information I learned in this training is relevant to my practice.	96%
The training content met the established learning objectives and will have a positive impact on my work with clients and colleagues.	96%
This training was appropriate for my knowledge and experience level.	94%
This training included active learning experiences.	96%
Special needs met (if applicable)	76%

Table 7: Platform of Training (% Agree)

Platform of Training	% Agree
Online platform was adequate for my needs.	95%
Online platform was comfortable.	93%

Table 8: Materials (% Agree)

Materials	% Agree
Program's promotional material was informative and accurate.	94%
The instructional materials, such as handouts and resources, were useful.	98%
Information was current and accurate.	98%

Table 9: The Facilitator... (% Agree)

The Facilitator	% Agree
demonstrated expertise on the subject matter.	96%
answered questions effectively.	98%
was responsive to questions and feedback.	98%
utilized appropriate technology to support learning.	98%
demonstrated cultural responsiveness.	97%

Based on the analysis of the survey responses, the most frequently mentioned items or themes that participants liked most about the SPARK-T trainings include:

- Interactive elements
- Practice opportunities
- Breakout rooms/groups
- Facilitators
- Examples (real-life, case scenarios)
- Handouts

Upon review of the wishes for change, some examples included:

- Breaks Mentioned in various forms (e.g., 5-minute break, bathroom break, short break)
- More time Requests for more time on topics or for interaction
- In-person training Preference for in-person sessions over virtual
- Examples and demonstrations Desire for more practical examples or videos
- Technology issues Connectivity and tech preparedness
- Clarity and structure Some feedback on needing clearer or more focused delivery
- Handouts or materials Requests for more detailed handouts (e.g., 25 skills topic)
- Engagement Suggestions to make the training more fun or interactive
- Scheduling Suggestions to condense the training into fewer days or a single full day

IMPACT ON LEARNED INFORMATION: Survey responses indicated how participants would use the information learned in their daily work. Respondents noted that they would immediately start using the evidence-based practices (EBP's) techniques in client interactions, particularly through group facilitations. Multiple respondents referenced the Seeking Safety and Dialectical Behavioral Therapy training sessions, as useful EBPs to implement immediately.

Other TA webinars went beyond EBPs to focus on key capacity building and policy implementation topics and emergent needs/concerns. These topics and needs were identified from the needs assessment process as outlined in the SPARK-T process evaluation report. Tables 10, 11, and 12 show the percentage of webinar attendees who gave positive ratings to each area and sub-measure. In terms of the objectives and overall experience of the TA webinars, an average of 94% agree (which combines "Agree" and "Strongly Agree" responses) with the measures; the highest being "information was current and accurate" (96%) and lowest being "the presentation met my expectations" (91%). Facilitators of the TA webinars were highly rated in the way that they coordinated and conducted the webinars, with an average of 93% agreeing to those specific measures, from expertise in the subject matter (90%) to utilizing appropriate technology to support learning (98%). In terms of the training environment/administration measures, an average of 79% of participants agreed on these measures; from special needs were met (62%) to the ease of logging in for the training/presentation (96%).

Table 10: Objectives and Experience (% Agree)

Objectives and Experience	% Agree
The training content met the established learning objectives and will have a positive impact on my work with clients and colleagues.	93%
This training was appropriate for my knowledge and experience level.	95%
The Information was current and accurate.	96%
Overall, the presentation/training met my expectations.	91%

Table 11: The Facilitator... (% Agree)

The Facilitator	% Agree
was responsive to questions.	92%
was organized.	92%
was knowledgeable about the topic.	92%
demonstrated cultural responsiveness.	92%
demonstrated expertise on the subject matter.	90%
delivery was clear.	96%
was responsive to questions and feedback.	91%
utilized appropriate technology to support learning.	98%
demonstrated cultural responsiveness.	92%

Table 12: Training Environment/Administration (% Agree)

Training Environment/Administration	% Agree
The facility was adequate for my needs.	80%
Special needs were met.	62%
Facility was comfortable.	71%
Program's promotional material was informative and accurate.	89%
The tools and resources provided were effective.	82%
There was enough time for questions and answers.	82%
It was easy to access and log in for the training/presentation.	86%

Webinar Sessions with High Impact

The webinars on Motivational Interviewing and Seeking Safety attendees strongly agreed with all five statements asked, indicating that those trainings made a significant impact on the attendees. Out of all the trainings, the training on Cognitive Behavioral Therapy: A Clinical Perspective for Therapists had the highest response rate of 89% strongly agreeing with the statements.



The top themes and frequently mentioned items about what attendees like the most include:

- Quality and Expertise of Presenters
 - o Presenters were knowledgeable, confident, and clear.
 - o Facilitators had real-life experience and were actively working in the field.
 - Multiple presenters and diverse backgrounds were seen as a strength.
- Trauma-Informed and Compassionate Approach
 - o Emphasis on trauma-informed care, hospitality and compassionate engagement.
 - Recognition of caregiver burnout and provider stress was valued.
- Practical and Applicable Information
 - o Clear, concise, and easy-to-understand content.
 - o Strategies for client engagement and retention.
 - Tools for reducing barriers to treatment and improving access.
 - Application to rural communities and school settings.
- Presentation Style and Format
 - Slides and visuals were clear and helpful and training focused.
 - Online format and ease of access were appreciated.
 - Interactive and discussion-based style was preferred.
- Relevance and Impact
 - Content aligned with participants' work and reinforced existing knowledge.
 - Provided new insights and data that were directly applicable.
 - Encouraged reflection on how to improve client support and services.

For how attendees plan to use what they learned today in their daily work:

- Many plan to actively incorporate harm reduction into their daily work, especially:
 - Supporting clients who are not ready for abstinence.
 - Creating low-barrier, non-judgmental environments.
 - Using safe monitoring instead of discharging clients after return to use.
 - Carrying NARCAN and promoting safety.

A strong theme was the intention to continue to "meet clients where they are":

- Engage clients with empathy and flexibility.
- Use motivational interviewing and non-stigmatizing language.
- Recognize and support small steps in recovery.

Trauma-Informed and Compassionate Care

- Practicing trauma-informed care daily.
- Being more self-aware and compassionate in client interactions.
- Addressing burnout and promoting self-care.

Staff Training and Knowledge Sharing

- Train or inform colleagues and new staff.
- Share slides, insights, and strategies with their teams.
- Use the training to enhance onboarding and internal curricula.

Enhancing Client Engagement

- Using new client engagement strategies.
- Identifying and addressing barriers to care.
- Improving referrals and continuity of care.

Policy and Program Development

- Use the training to inform program improvements.
- Advocate for harm reduction policies within their organization.
- Support Performance Improvement Projects (PIPs).

Establishing Learning Collaboratives and Centers of Excellence

The SPARK-T project launched three regional Learning Collaboratives (Southern, Central, and Northern California), each delivering 10 webinars for a total of 30. Feedback was highly positive: participants found the topics relevant, 99% said they filled key knowledge gaps, and most felt LC representatives showed strong understanding. Six respondents also felt "extremely confident" sharing the expertise with their agencies.

A Center of Excellence was also created, using needs assessment and evaluation data to identify and promote critical evidence-based practices statewide. This initiative aims to improve standards of care across California.

CONCLUSION



This outcome evaluation was guided by three questions: To what extent did the SPARK-T project increase understanding of the needs of small and mid-sized SUD treatment providers to build service capacity?; To what extent did the SPARK-T project offer effective solutions to respond to the service capacity needs of small and mid-sized SUD treatment providers? And; To what extent did the SPARK-T project contribute to improving service delivery among participating small and mid-sized SUD treatment providers? The narrative above shows that through the needs assessment surveys and focus groups, social media and TA webinars recruitment, the SPARK-T project successfully ENGAGED participants (SUD treatment providers and other stakeholders). Findings shows that organizational context significantly impacts the success of small and mid-sized SUD treatment providers in California, consistent with research findings (Guerrero et al., 2016).

The high webinar attendance rates and participant engagement during sessions exceeded expectations, while impact interviews revealed that the content was both timely and highly relevant to the needs of participating organizations. Presenters were consistently praised for their expertise, and the client-focused approach empowered organizations to plan and implement new initiatives, such as Medication-Assisted Treatment services, within their own contexts. The overwhelmingly positive feedback, including requests for continued access to webinar materials, underscores the program's value and relevance. These results collectively highlight the effective delivery and real-world impact of the technical assistance initiatives up to this point.

There was also evidence that the SPARK-T project, through the learning phase of the webinar sessions and one-on-one consultations offered effective solutions to respond to the service capacity needs of small and mid-sized SUD treatment providers. The data highlights a broad interest in technical assistance (TA) across a majority of domain topics, with 16 out of 20 domains receiving requests. While general TA inquiries were numerous—totaling 40—only a portion resulted in completed consultations, underlining a distinction between initial interest and the provision of substantive support.

The requests reflected a diversity of needs, ranging from workforce scalability and partnership development to medical service implementation, with targeted responses and collaborations helping to address these areas. However, limitations in tracking the identities of inquirers and their specific TA requirements suggest opportunities to improve data collection and follow-up processes. Those receiving consultations reported satisfaction with the engagement and learning process.

Overall, TA webinar participants and one-on-one consultation programs reported immediate implementation of core learning on EBPs, system improvement, and policy development to enhance their service delivery. Although evaluation of these outcomes were not included in the SPARK-T project, it is critical to further understand the different ways to promote engagement and learning among small and mid-size SUD treatment providers in California to develop a capacity-building system that connects organizations with the specific support they seek and ensure that solutions are implemented and result in service delivery improvements.

RECOMMENDATIONS

Based on the findings of this evaluation and aligning with the Behavioral Health Transformation initiatives in California, the following recommendations are proposed. Many of these recommendations are included in the implementation plan for the SPARK-T project:

 Enhance Data Collection and Tracking: Implement a more robust system for tracking TA requests, including the identities of inquirers, their specific needs, and the outcomes of consultations. This will allow for a better understanding of the impact of TA efforts and inform future program development.

- Tailor TA to Specific Needs: Develop targeted TA programs that address the specific needs identified by small and mid-sized SUD treatment providers. This may include offering specialized training, mentorship programs, and access to resources that support workforce development, program scalability, and service delivery improvements.
- Promote Regional Collaboration: Foster the development of regional collectives
 of SUD providers to facilitate networking, knowledge sharing, and peer support.
 This can be achieved through maximizing the regional learning collaboratives
 and centers of excellence developed during this project.
- Increase Funding for TA Initiatives: Advocate for increased funding for TA
 initiatives that support the capacity building of small and mid-sized SUD
 treatment providers. This funding should be used to sustain the implementation
 of evidence-based practices, the recruitment and retention of staff, and the
 expansion of access to care.
- Integrate Behavioral Health and Primary Care: Consistent with California's Behavioral Health Transformation goals, promote the integration of behavioral health and primary care services to improve access to comprehensive care for individuals with SUD. Integrated care models can improve outcomes for vulnerable populations with co-occurring disorders. This may involve providing TA to support the implementation of enhance care management (integrated care models), the development of collaborative relationships between behavioral health and primary care providers, and the use of telehealth technologies to expand access to care. Please see SPARK-T Implementation Plan.
- Address workforce challenges: Focus on strategies to address workforce shortages and improve staff retention in SUD treatment settings. This may include offering scholarships or loan repayment programs to attract qualified professionals, providing ongoing training and professional development opportunities, and creating a supportive work environment that promotes staff well-being. Please see <u>SPARK-T Implementation Plan</u>.

By implementing these recommendations, California can strengthen its SUD treatment system and ensure that individuals with SUD have access to the high-quality, evidence-based care they need to recover and thrive. For a comprehensive and current review of the role of TA in SUD treatment services in California, please refer to Carnegie, Khachikian & Guerrero, 2025.

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Disclosures

Funding for this study was provided by the California Department of Healthcare Services and administered by the California Association of Alcohol and Drug Program Executives (CAADPE) via a Technical Assistance Project. We appreciate the support from funders and administrators, as well as the partner providers that supported this effort (Behavioral Health Services, Cri-Help, Center Point, Redwood Community Services, Community Solutions, West Care, Tarzana Treatment Centers, HealthRight360, Phoenix House). We primarily thank agency leaders and staff who provided critical information to advance understanding of the TA needs of the SUD treatment field in California.

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