

SPARK-T

CAADPE California Association
of Alcohol & Drug
Program Executives



IMPLEMENTATION PLAN FOR ENHANCING SUBSTANCE USE DISORDER (SUD) TREATMENT

In California

A Guide for Small and Mid-Sized Providers

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INTRODUCTION



This implementation plan provides strategic guidance for Substance Use Disorder (SUD) treatment providers in California, particularly small and mid-sized organizations seeking to build capacity and enhance their quality of care. The recommendations herein are a consolidation of findings from the SPARK-T project's comprehensive needs assessment, which included statewide surveys and focus groups with key stakeholders. This exploration process identified three critical areas of need impacting the SUD treatment system: **Capacity Building, Workforce Development (Staffing), and System Integration (CalAIM and Enhanced Care Management)**.

To structure this plan, we utilized the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework (Moullin et al., 2019). The initial needs assessment represents the **Exploration** phase. This document, outlining actionable strategies, serves as the **Preparation** phase. The subsequent delivery of Technical Assistance (TA) and Learning Collaboratives constitutes the **Implementation** phase, with the goal of fostering long-term **Sustainment** of high-quality care. A conceptual model of this framework is provided in Appendix A.

The strategies proposed in this report are informed by the extant literature on effective implementation (Kirchner et al., 2018; Guerrero et al., 2021) and insights from local experts. Each section is designed to serve as a roadmap, providing a workflow with critical components that providers can adapt to their specific organizational contexts. Ultimately, this plan aims to equip providers with the evidence-based strategies necessary to navigate systemic challenges and improve outcomes for Californians with SUD.

CAPACITY BUILDING: INFRASTRUCTURE AND PAYMENT REFORM



A primary challenge for providers is expanding organizational capacity to meet the diverse needs of their communities and enhance access to quality care (Guerrero et al., 2016). This involves navigating complex real estate markets, lengthy licensing processes, and significant payment reforms under CalAIM.

2.1 Identified Need: Real Estate and Infrastructure

Small and mid-sized non-profit providers report significant barriers to acquiring real estate for service expansion. Key challenges include prohibitive costs, complex zoning restrictions, and protracted licensing and certification processes that often exceed a year. These hurdles hinder the establishment of new programs despite increasing demand for SUD services.

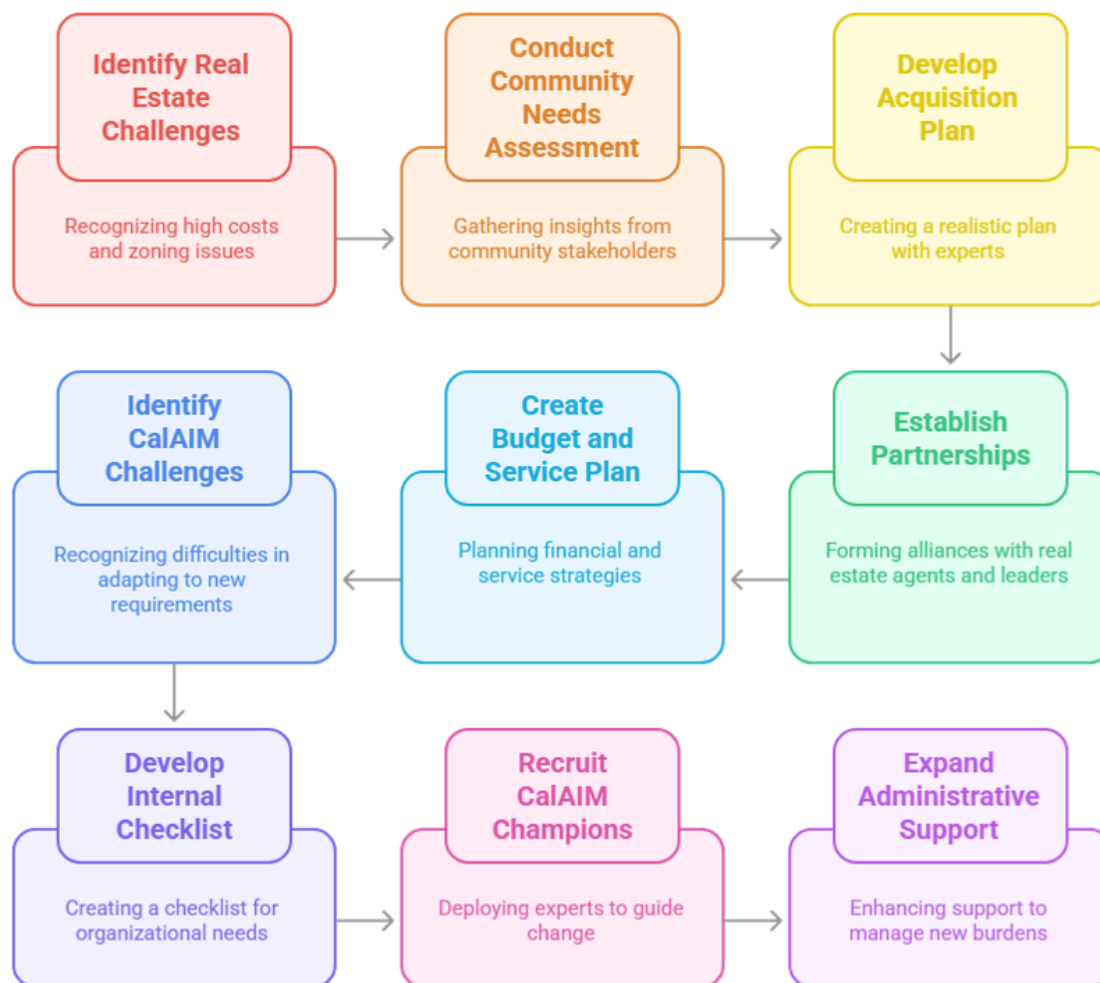
2.2 Identified Need: CalAIM & Payment Reform

The rollout of CalAIM has required providers to make significant organizational changes. Needs assessment findings indicate a persistent need for support in this area. Providers report a conflict between the value-based payment models of CalAIM and the practical logistics of service delivery. Managing different billing requirements for each Managed Care Plan and navigating overlapping state, county, and federal policies creates significant administrative burdens.

2.3 Implementation Roadmap: Capacity Building

The following figures outline evidence-based strategies to address these capacity challenges, leveraging implementation approaches such as **creating learning collaboratives** (e.g., SPARK-T Learning Collaboratives across California, **using audit and feedback mechanisms**, and **developing resource-sharing agreements** (Kirchner et al., 2018). See Figures 1-3 regarding Implementation Strategies for Capacity Building in Real Estate Acquisition and CalAIM.

Capacity Building and CalAIM Implementation Strategies



Real Estate Acquisition: High costs, complex zoning, and lack of real estate expertise hinder program expansion.

Solution: Conduct a formal community needs assessment and meet with local leaders to build support for investment.

Actors: Program Leaders, Community Stakeholders. Implementation Strategies: SPARK-T Needs Assessment Implementation Strategies, Community Forums.

Applications: Develop a coalition of experienced commercial real estate agents, business leaders, and state regulators to create a realistic acquisition plan.

Actors: Centers of Excellence, Learning Collaboratives.

Implementation Strategies: Network Weaving, Regional Agent Listings, Checklist for Opening a Program.

Applications: Develop a comprehensive budget, service plan, and 5-year community partnership plan before starting the licensing process.

Actors: Program Leadership, Executive Boards.

Implementation Strategies: Formal Written Commitments, Financial Projections.



CalAIM Transition: Difficulty adapting to new billing requirements, documentation standards, and integrated care models.

Solutions: Develop an internal checklist of organizational needs to align with CalAIM, including technology upgrades (e.g., EHRs) and administrative workflows.

Actors: Program Coordinators, Quality Improvement Staff. Implementation

Strategies: Audit and Feedback Cycles, Internal Readiness Assessment.

Applications: Recruit and deploy internal champions with expertise in CalAIM policy and practice to guide organizational change and train staff.

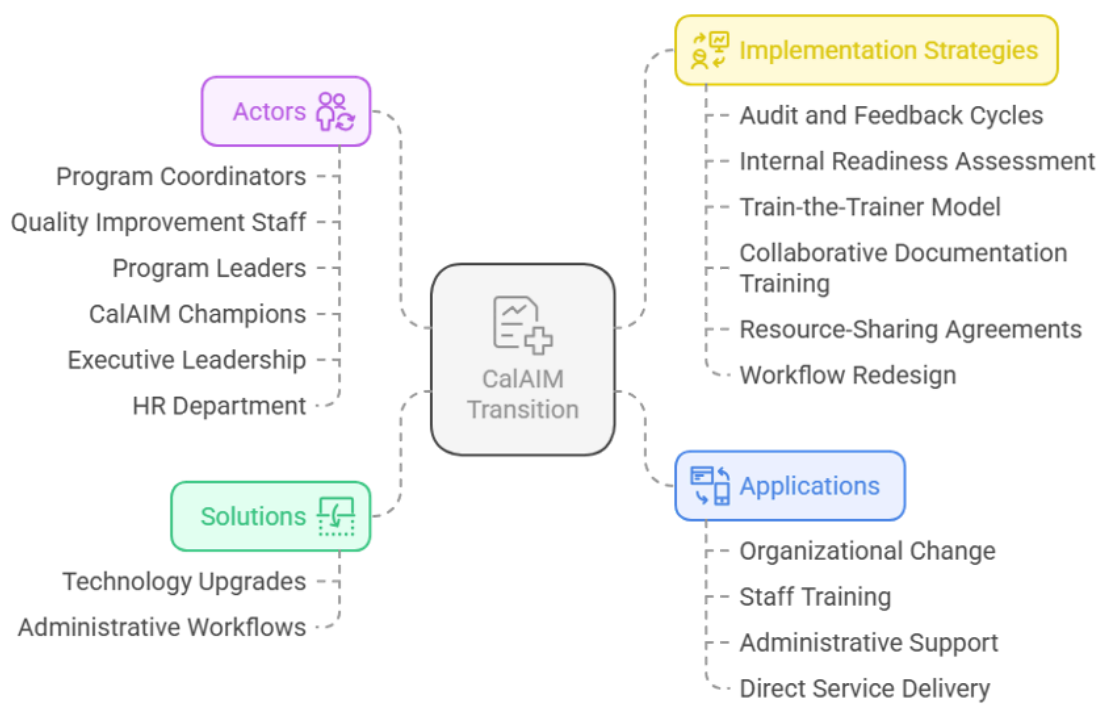
Actors: Program Leaders, CalAIM Champions.

Implementation Strategies: Train-the-Trainer Model, Collaborative Documentation Training.

Applications: Expand administrative support to manage new billing complexities and documentation burdens, freeing up clinical staff for direct service delivery.

Actors: Executive Leadership, HR Department. Implementation Strategies: Resource-Sharing Agreements, Workflow Redesign.

CalAIM Transition: Needs, Solutions, Implementation and Applications



WORKFORCE DEVELOPMENT: STAFFING, LICENSING, AND TRAINING



The capacity of any organization to deliver high-quality care is contingent on a stable, well-trained, and supported workforce. The needs assessment revealed significant barriers in hiring, retaining, and credentialing qualified staff.

3.1 Identified Need: Staffing Shortages and Retention

Staffing challenges are pervasive across all sectors. Public and county providers report particularly acute difficulties recruiting and retaining qualified SUD and mental health professionals due to a limited candidate pool and an inability to offer competitive wages. This strain leads to reduced program capacity, high documentation burdens, and crisis-driven service delivery, undermining the implementation of evidence-based practices.

3.2 Identified Need: Licensing and Certification

Providers face significant obstacles navigating licensing and certification requirements. A primary concern is the lack of direct and timely communication from state agencies, which causes operational delays and compliance risks. The complexity of regulations and the lengthy processes for CARF and Joint Commission accreditation deter organizational growth, especially for smaller providers with limited administrative capacity.





3.3 Identified Need: ASAM Integration

While ASAM is the standard for patient placement, its effective implementation remains a challenge. Providers report a lack of staff with ASAM expertise, limited access to affordable training, and difficulties integrating ASAM criteria into billing and documentation workflows. This gap between requirement and capability affects providers' ability to update policies and train staff effectively.

3.4 Implementation Roadmap: Workforce Development

The following table outlines strategies to address workforce challenges, drawing on implementation approaches like **identifying and preparing champions, capturing and sharing local knowledge**, and **using a train-the-trainer model** (Kirchner et al., 2018). See Figures below for Implementation Roadmap for Workforce Development, improving the licensing and certification process, and implementing ASAM.

Workforce Development Implementation Roadmap

Characteristic	Staff Recruitment & Retention	Licensing & Certification	ASAM Implementation
 Solutions	Leverage partnerships	Establish advocacy group	Appoint internal champion
 Actors	HR Department, Clinical Supervisors	Program Leaders, Learning Collaboratives	Clinical Leaders, ASAM Champion
 Implementation Strategies	Academic Partnerships, Grant-funded Stipends	Formal Blueprint, Local Consensus	Train-the-Trainer Model, Quarterly Refreshers
 Applications	Target recruitment, provide wraparound support	Standardized checklist, training protocol	Access training, seek grants

Staff Recruitment & Retention: Inability to recruit qualified staff and retain them due to uncompetitive wages and high burnout.

Solutions: Leverage partnerships with community colleges and training programs to create a pipeline of talent through internships and practicums.

Actors: HR Department, Clinical Supervisors. **Implementation Strategies:** Academic Partnerships, Grant-funded Stipends.

Applications: Target recruitment in underrepresented communities and provide wraparound support (e.g., academic advising, tuition reimbursement) to build a diverse workforce.

Actors: Program Leaders, Community-Based Organizations.

Implementation Strategies: Scholarship Programs, Mentorship Opportunities.

Licensing & Certification: Complex, lengthy, and unclear pathways to acquiring proper licensure and certification for staff and sites.

Solutions: Establish a provider advocacy group to formalize communication with state agencies and professional accreditation bodies.

Actors: Program Leaders, Learning Collaboratives.

Implementation Strategies: Formal Implementation Blueprint, Local Consensus Discussions.

Applications: Develop and disseminate a standardized checklist and training protocol to prepare staff and facilities for accreditation (e.g., CARF, Joint Commission).

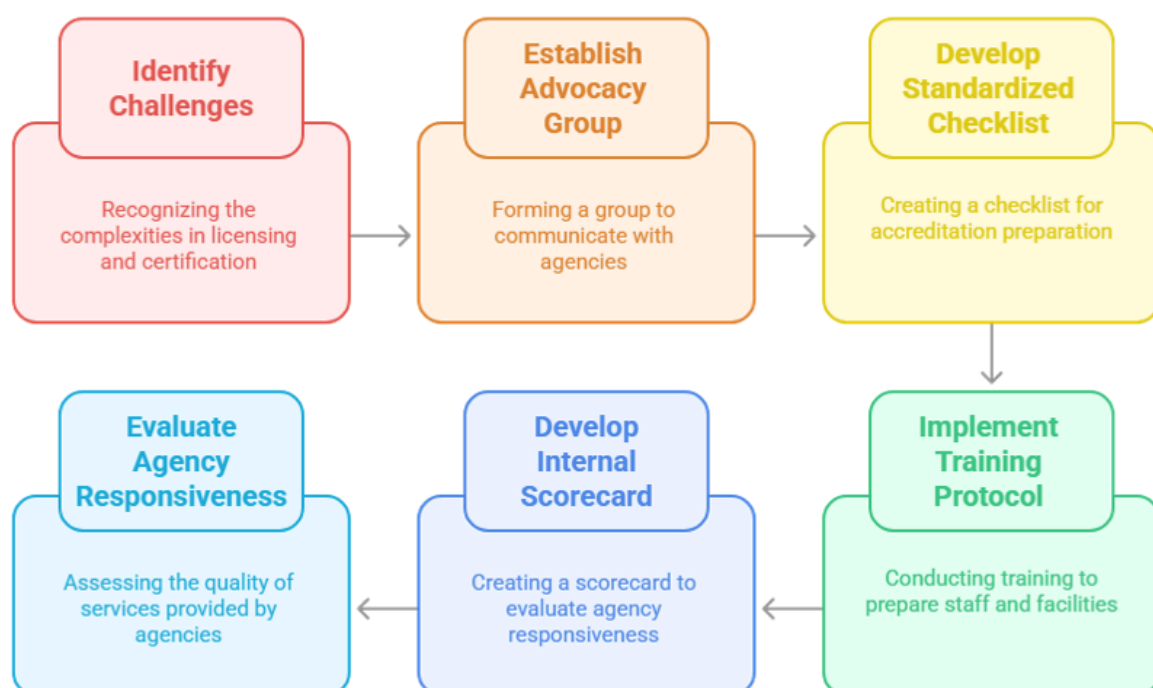
Actors: Quality Improvement Staff, Internal Champions.

Implementation Strategies: Exam Prep Courses, Resource Sharing Agreements.

Applications: Develop an internal "scorecard" to evaluate the responsiveness and service quality from state agencies to provide data for advocacy efforts.

Actors: Provider Advocacy Group, Program Leadership.

Improving Licensing and Certification Processes



ASAM Implementation: Lack of qualified staff, insufficient training, and difficulty integrating ASAM into clinical and billing workflows.

Solutions: Appoint and train an internal ASAM "champion" to lead implementation, support peer learning, and conduct regular refresher trainings.

Actors: Clinical Leaders, ASAM Champion.

Implementation Strategies: Train-the-Trainer Model, Quarterly Refreshers.

Applications: Access free or low-cost ASAM training through TA providers like UCLA ISAP and seek grants to fund ongoing workforce development in this area.




Actors: Program Managers, Grant Writers.

Implementation Strategies: External Partnerships, Grant Funding.

Applications: Develop standardized workflow templates and documentation Implementation Strategies aligned with ASAM criteria and integrate skill development into clinical supervision.

Actors: Clinical Supervisors, Quality Improvement Staff.

ASAM Implementation Strategies

Characteristic	Clinical Leaders, ASAM Champion	Program Managers, Grant Writers	Clinical Supervisors, Quality Improvement Staff
 Implementation Strategies	Train-the-Trainer Model, Quarterly Refreshers	External Partnerships, Grant Funding	Standardized workflow templates and documentation
 Applications	Access free or low-cost ASAM training	Seek grants to fund workforce development	Develop standardized workflow templates
 ASAM Implementation	Appoint and train an internal ASAM "champion"	None	Integrate skill development into clinical supervision

SYSTEM INTEGRATION: ENHANCED CARE MANAGEMENT (ECM)

Enhanced Care Management (ECM) is a cornerstone of CalAIM, designed to provide coordinated, whole-person care for individuals with complex needs (DHCS, 2022). While many providers report minimal challenges, opportunities for optimization remain.





4.1 Identified Need: Clarifying Roles and Optimizing Partnerships


While providers see ECM as an essential strategy for reaching high-need populations, some confusion persists regarding the specific roles and functions of ECM teams. Furthermore, challenges such as client waitlists and limited housing necessitate stronger, more integrated partnerships with county health, housing, and other behavioral health systems.

4.2 Implementation Roadmap: Enhanced Care Management

The following Figure outlines need/challenge or characteristic, solution, actor, implementation strategies and applications. See Figure below: ECM Implementation Strategies.

ECM Implementation Strategies

Characteristic	Role Clarity	Partnership & Integration	Infrastructure
 Solution	Develop easy-to-understand materials	Establish formal partnerships with community resources	Invest in scalable administrative and IT infrastructure
 Actors	ECM Team Leaders, Communications Staff	Program Leaders, Learning Collaboratives	Executive Leadership, IT Department
 Implementation Strategies	Standardized Policies and Procedures	Resource-Sharing Agreements, Regular Inter-Agency Check-ins	New Funding Streams, Adapted Payment Models
 Applications	Create dedicated ECM teams with revised roles	Foster collaboration by identifying key contacts	None



Role Clarity: Lack of clarity among staff, clients, and partners about the specific purpose and functions of ECM teams.

Solution: Develop and disseminate easy-to-understand materials (e.g., fact sheets, workflow diagrams) that clearly define ECM roles and responsibilities.

Actors: ECM Team Leaders, Communications Staff. Implementation Strategies: Standardized Policies and Procedures.

Applications: Create dedicated ECM teams or navigators with revised professional roles to ensure consistent and focused client support.

Actors: Program Leadership, HR Department.

Implementation Strategies: Job Description Redesign.

Partnership & Integration: Siloed operations limit access to housing and other wraparound services for clients.

Solution: Establish formal partnerships with county housing authorities, mental health providers, and other community resources.

Actors: Program Leaders, Learning Collaboratives.

Implementation Strategies: Resource-Sharing Agreements, Regular Inter-Agency Check-ins.

Applications: Foster collaboration by identifying key points of contact at partner agencies and attending community meetings to increase visibility and engagement.

Actors: ECM Navigators, Outreach Staff.

Infrastructure: Documentation and billing systems are not optimized for the expanded scope of ECM services.

Solution: Invest in scalable administrative and IT infrastructure to support ECM documentation and billing requirements.

Actors: Executive Leadership, IT Department.

Implementation Strategies: New Funding Streams, Adapted Payment Models.



CONCLUSION



This implementation plan provides a structured, evidence-based approach to addressing some of the most pressing challenges facing small and mid-sized SUD treatment providers in California. The findings from the SPARK-T project's exploration phase reveal a clear need for targeted support in **capacity building**, **workforce development**, and **system integration**. The successful navigation of these areas is not merely an administrative goal; it is fundamental to an organization's ability to deliver high-quality, equitable care and ensure its long-term sustainability.

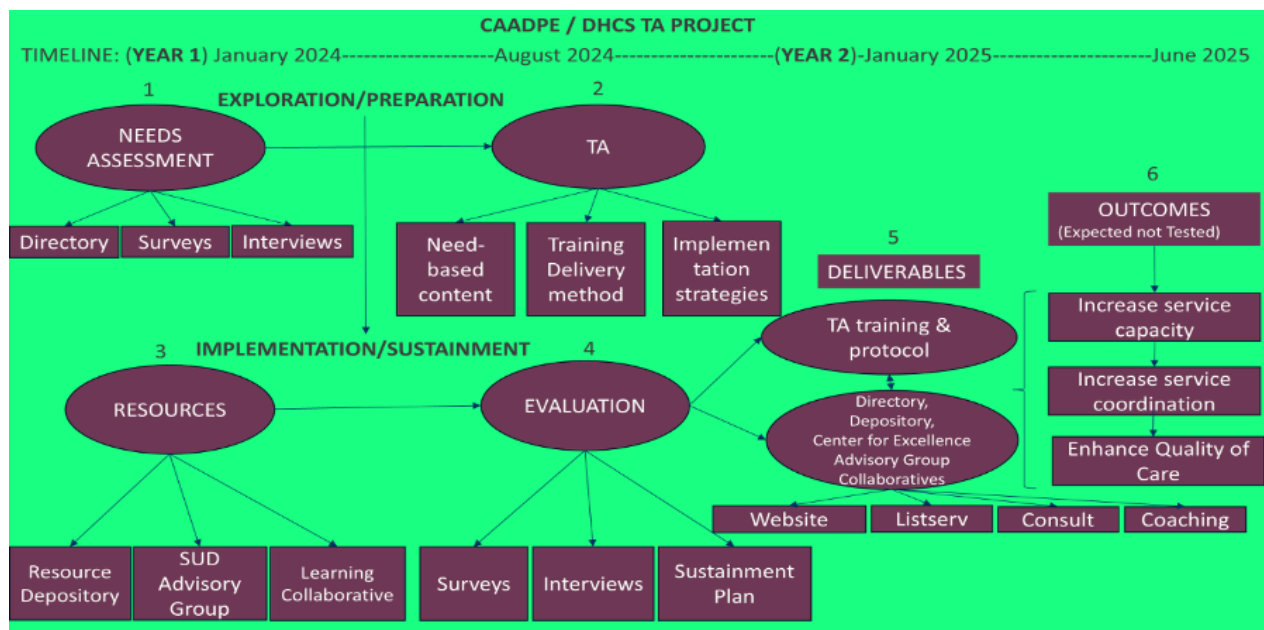
The cross-cutting themes that emerge from this analysis point toward a unified strategy:

- **Collaboration is essential:** The creation of Learning Collaboratives and formal partnerships is critical for sharing local knowledge, navigating complex systems, and advocating for change.
- **Infrastructure matters:** Investing in centralized resources (e.g., Centers of Excellence), technology, and administrative support is necessary to reduce provider burden and improve efficiency.
- **Workforce is the foundation:** A deliberate focus on **training**, **credentialing**, and **retaining** a qualified and diverse workforce is the cornerstone of quality care.

This plan is not intended to be an exhaustive list of all issues facing the field, but rather a strategic roadmap. By applying promising implementation strategies, providers can move beyond a reactive stance and proactively build resilient, effective, and equitable systems of care capable of meeting the complex SUD service needs of all Californians.

APPENDIX A & REFERENCES

4.1 Identified Need: Clarifying Roles and Optimizing Partnership



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SPARK TA Implementation Plan Team (2025). **Implementation Plan for Enhancing Substance Use Disorder (SUD) Treatment in California: A Guide for Small and Mid-Sized Providers**. SPARK TA Project, June 30th, 2025, CA. United States of America.