

June 1, 2024 - June 30, 2025

Year 1 Evaluation Report: MA OTP TTA Center



The Year 1 Evaluation Report aims to capture perspectives on Training and Technical Assistance (TTA) experiences, barriers to participation and suggestions for improvement.

METHODS

The annual evaluation utilized several data sources, including:

- **Engagement Data:** Zoom registrations, attendance reports, and communication metrics (click and open rates for listserv emails, Google Analytics for website).
- **Post-TTA Event Surveys:** Attendee satisfaction, reaction, and learning.
- **Interviews:** 26 virtual or in-person interviews with OTP staff (June 1 - August 30, 2025). Interviewees represented a range of roles and all six Bureau of Substance Addiction Services (BSAS) regions.

FINDINGS

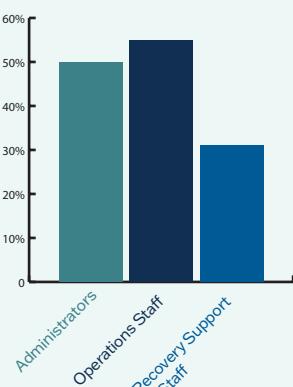
Reach & Engagement

The TTA Center held **10 events** (3 webinars, 5 roundtables, 1 SAMHSA question and answer session, 1 two-day virtual convening) with a total of **787 registrations**.

Metric	Detail
Total Attendance	384 total attendees
Attendance Rate	49% (total attendees / total registrants)
Unique Individuals Engaged	396 (registered and/or attended)
Average Events Attended	1.7 per attendee
OTPs Represented	44 across all BSAS regions

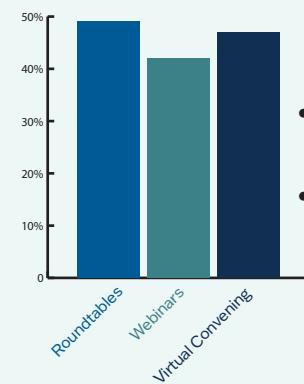
787
Total registrations

Attendance Rate by Role



- **Administrators** had the highest number of unique attendees (106) and an above-average attendance rate of **50%**.
- **Operations Staff** had the highest attendance rate at **55%**.
- **Recovery Support Staff** had the lowest attendance rate at **31%** and the lowest number of unique attendees (10).

Attendance Rate by Event Type



- **Roundtables** had the highest attendance rate at **49%**.
- **Webinars** had the lowest attendance rate at **42%**.
- The two-day **Virtual Convening** had the highest number of registrants (296) and attendees (139).

Satisfaction & Impact

- **Overall Satisfaction:** 87% of respondents were satisfied.
- **Learning Objectives Met:** 95% of respondents reported learning objectives were met.
- **Virtual Convening:** 90% of respondents were very/extremely satisfied; 96% reported learning objectives were met.
- 77% of respondents intended to **share information with their teams**.
- 33% planned to **change program practices** (e.g., billing, dosing, harm reduction).
- 20% planned to **change program policies**.

Strengths Identified

- **Staying Informed and Learning about Regulations:** Simplifying and clarifying new rules and state requirements, and staying informed of current events, changes in the field, and new developments within the community.
- **Peer Connection and Learning:** Opportunities to network with other OTPs and learn how peers are addressing common challenges, implementing new practices, and navigating regulatory changes.
- **Centralized Resource:** Providing a single, convenient point for accessing information and support.

Challenges Identified

- **Time Constraints:** Significant barrier to participation.
- **Content Relevance:** Content sometimes too basic or not directly relevant to operational challenges.
- **Interaction Preference:** Issues with virtual versus in-person interaction and involvement of regulatory bodies like BSAS and Department of Public Health during events.



KEY TAKEAWAYS

- **Engagement Disparities:** Recovery Support Staff need targeted outreach/tailored content.
- **Value of Interaction:** Events with higher interaction (roundtables, virtual convening) have better attendance.
- **Flexibility Needed:** Time constraints emphasize the need for flexible methods (on-demand, pre-recorded, printable resources).
- **Practical Relevance Demand:** Clear demand for content directly applicable to day-to-day operational challenges and deeper dives into specific topics.
- **Peer Learning and Support Appreciated:** The ability to connect with and learn from other OTPs is a major strength and motivator for participation.
- **Impact on Practice and Policy:** The TTA Center is effectively influencing both individual practice improvements and broader organizational policy changes within OTPs.

PROGRAMMATIC RECOMMENDATIONS FOR YEAR 2

Offer Flexible and Accessible Learning Formats:

- Develop printable resources (templates, tip sheets, checklists).
- Provide asynchronous, self-paced learning (on-demand modules, toolkits, fact sheets).

Enhance Peer Connection and Discussion:

- Create structured and informal ways for peers to connect and share best practices.
- Explore in-person events.

Tailor Training and Content:

- Provide training specific to different roles (nurses, front desk, clinical staff, recovery support staff).
- Prioritize clear, concise, and actionable information on implementation.

Address Specific Subject Areas of Interest:

- Focus on patient engagement (complex medical needs, trauma-informed care).
- Offer support for emotional/psychological demands of the work (self-care, compassion fatigue).
- Provide in-depth guidance on clinical and operational issues (billing, de-escalation, bias/stigma training).

Expand Support and Education Beyond Community-Based OTPs:

- Extend reach to OTPs in other settings (24-hour diversionary withdrawal services, corrections, etc.).
- Offer TTA to other partners (police, probation, emergency department staff) to combat stigma and improve understanding.

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