



SAMHSA Health Information Network - Needs Sensing Study
Year One Report

May 2008

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EXECUTIVE SUMMARY

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Study Objectives

Input from key target audiences (consumers of services, their families, the general public, treatment and prevention providers, researchers, teachers, students, policymakers and advocates) along with other data is gathered by the Substance Abuse and Mental Health Services Administration's Health Information Network (SHIN) Needs Sensing Study. The Study provides annual input to SHIN and the Substance Abuse and Mental Health Services Administration (SAMHSA) about all aspects of the project, primarily to help improve its operations.

This report presents findings from 2007. Three more annual rounds of this Study are anticipated, each with its own focus.

Study Method

Guided by a Work Plan which will be revised for each subsequent year of the Study, data gathering activities in 2007 included unstructured interviews, discussions with SAMHSA and SHIN staff, site visits to the SHIN offices and warehouse, and document review. A draft report was reviewed by the SAMHSA project officer and by SHIN staff prior to finalizing it. Results can be used to shape future activities of SHIN, including outreach to key target audiences and formation of partnerships to assist SHIN in achieving its mission.

Study Findings

The 2007 study yielded findings in six areas:

*** A - Two General Responses from Field Interviewees** Interviewees had many positive views of SHIN's operation (they were thankful for materials received, appreciated quick service, etc.). They also had complaints to make (e.g., SHIN's website is difficult to use, SHIN products are out of date). Interviewees without a direct connection to SAMHSA typically had not heard of SHIN or used its services. Those more familiar with SAMHSA commented (positively or negatively) about their use of its two Clearinghouses, but didn't recognize the SHIN name – not surprising, since at the time of the interviews there had not been any effort to promote awareness of it.

*** B - Input from Home-Based Users** Most of the 27 home-based users interviewed were satisfied with the services they received from SHIN. They had only a few suggestions for improvement of these services.

*** C - Specific Recommendations** Results included seven specific recommendations for improving the operations of SHIN:

C1 - Increase the visibility of SHIN's name and services to SAMHSA target audiences

A number of suggestions were made to promote increased awareness of what SHIN has to offer its customers.

C2 - Improve the SHIN website content characteristics

Information presented on the website (currently separated into the two Clearinghouses) can be made more relevant and specific to SHIN's audiences, primarily by implementing a good content management plan.

C3 - Improve the SHIN website ease of accessibility

Simple devices such as widely-distributed product catalogs can help; an improved search function on the website (using advanced "Google-like" strategies) would help much more.

C4 - Review SHIN's policies on order fulfillment and product dissemination format

While cost containment is important, limiting the number of copies or the speed of shipping them have important side effects. More use of alternative media such as PDFs of products which can be downloaded for free can also help.

C5 - Increase SHIN's role as connector to non-SAMHSA information products

By linking SHIN users with other products, its value as a "first-stop-here" answer to information needs can be increased.

C6 - Improve SHIN services to specific audiences

Researchers and graduate students, employee assistance personnel, and State and regional organization representatives are just three of the audiences that SHIN could learn more about and thus come to serve better.

C7 - Assess and prioritize emerging information needs

Numerous topics in substance abuse and mental health were identified as areas needing more coverage by SHIN.

*** D - Recommendations for Aligning SHIN with Office of Communications and SAMHSA**

D1 - Explore ways in which the Office of Communications' Strategic Communications Framework and Dialogue Process can be aligned with SHIN's activities.

D2 - Explore ways in which current Office of Communications activities can be examined for their implications about SHIN's future operations.

*** E - Recommendations for Aligning SHIN with the Field**

E1 - Develop a plan to provide briefings on SHIN to staff of national organizations in the substance abuse and mental health services fields.

E2 - Consider expanding the role of key contact persons on SHIN staff.

E3 - Explore opportunities for SHIN to develop partnerships with national organizations in the mental health and substance abuse fields.

E4 - Explore possibilities for SHIN to partner with other Federal information dissemination systems in substance abuse and mental health.

E5 - Explore how parts of the RADAR system still in operation could provide a resource for SHIN, and how SHIN could support these operations.

***F - Recommendations for Dissemination of Needs Sensing Study Findings**

F1 - Place Executive Summary of the Study on the SAMHSA website.

F2 - Share Executive Summary of the Study with key organizations in the substance abuse and mental health fields.

Plans for Needs Sensing Study Year 2

2007 results suggested some options for the Year 2 Study, which will be considered as part of a proposed 2008 Work Plan:

1 - Conduct telephone interviews (individual or in group format) recruited through additional national organizations.

2 - Conduct telephone interviews with selected subjects from the Needs Sensing Study and the 2006 SAMHSA Clearinghouses Program Review to address usability issues related to planned evolutions of SHIN.

3 - Create brief profiles of some of SHIN's "iconic users" to help guide user-focused planning.

4 - Conduct mini-studies to provide input to SHIN on specific operational issues.

5 - Review approaches used in Year 1 to determine what should be retained and what might be modified or eliminated.

6 - Explore possible Needs Sensing Study activities offered through SAMHSA eNetwork.

7 - Explore possible Needs Sensing Study activities through a targeted e-mail to a group of national organization representatives

Needs Sensing Study Objectives and Background

The SAMHSA Health Information Network (SHIN) Needs Sensing Study provides annual input to the Substance Abuse and Mental Health Services Administration (SAMHSA) about all aspects of SHIN – content, format, and operations. Input is gathered from SAMHSA’s target audiences (consumers of services, their families, the general public, treatment and prevention providers, researchers, teachers, students, policymakers and advocates). Document review, site visits and input from SHIN and SAMHSA staff also contribute to the Study’s annual report.

The report presents findings about SHIN from 2007. The Study will be repeated in 2008, 2009 and 2010. The 2008 Study will take account of what was learned here, and will address new areas of inquiry suggested by SAMHSA and other sources, modifying the Study design accordingly.

Results from the Study can shape future activities of SHIN as determined by SAMHSA’s Office of Communications. Results also can be used by the SAMHSA Centers and Offices, and their contractors/grantees, in developing information products that can then be disseminated by SHIN. The SHIN contractor can use Study results to refine its own operations, particularly as they relate to identified target audiences.

The Needs Sensing Study is Subtask 1 of Task 6 (Evaluation) on the SHIN contract. The Study is conducted by the Human Interaction Research Institute (HIRI), under a contract with the SHIN contractor.

The two SAMHSA Clearinghouses (the National Clearinghouse on Alcohol and Drug Information and the National Mental Health Information Center) came under the administration of the Office of Communications in 2006. The Needs Sensing

Study grew out of a 2006 SAMHSA Clearinghouses Program Review commissioned by the Office of Communications to provide input about how the two Clearinghouses were regarded by the field, and how they might be improved.

Also conducted by HIRI, this Review involved interviews with SAMHSA staff, advisors, and key external audiences including representatives of a number of national organizations in the mental health and substance abuse fields. Results provided a number of suggestions to SAMHSA about enhancements of the Clearinghouses. The two Clearinghouses now are united as program components of SHIN, and a number of the Review’s suggestions have been or are being implemented.

The SHIN contractor routinely gathers data about the operation and impact of its activities. These data may be aligned with results from this Study at a number of levels. Also, the contractor has prepared a strategic plan to guide full implementation of SHIN under the current guidance from SAMHSA. The Study can contribute to this implementation of the SHIN strategic plan.

The Program Review and this Needs Sensing Study also are part of the Office of Communications overall strategic planning work beginning in 2007. In early 2008, this work resulted in creation of a Strategic Communications Framework and Dialogue Process. These provide mechanisms to increase planning interactions about SAMHSA knowledge products and their dissemination to the field between the Office of Communications, the component parts of SAMHSA, and the substance abuse and mental health fields.

At the center of the Strategic Communications Framework is a template used to summarize plans for formatting and dissemination of SAMHSA products. The Dialogue Process involves a number of activities by which the

Office of Communications can obtain input on its current and planned operations from within SAMHSA and from the field.

Results from the Sensing Study may help to shape SHIN's role in this Office's overall work. Examples include SHIN's role in communications planning set forth in a template, or alignment of Study results with input from the Dialogue.

Some Needs Sensing Study activities involved review of documents, site visits and interviews with SHIN contractor and SAMHSA Office of Communications staff. However, the principal input to this study is in the opinions and suggestions of users or potential users of SHIN (primarily the external target audiences mentioned above).

These data were gathered as the SHIN contractor and the SAMHSA Office of Communications were in intensive dialogue about how SHIN and its components could best be re-shaped under its new contract. As a result, some of the input provided by the Study may have been superseded by reality. Some suggested new directions already have been implemented, and some concerns about problems have been at least partly addressed.

However, since SHIN is still a work in progress, having this input can be valuable in reinforcing directions that have already been set. It can also suggest possible new options.

Study Method

The following seven activities were conducted for the 2007 Needs Sensing Study:

1 - Create Work Plan

A detailed Work Plan was created to guide Needs Sensing Study activities (this Work Plan will be updated for each subsequent year of the Study, with appropriate modifications).

2 - Conduct Initial Planning Meeting

Needs Sensing Study staff met with the

Government Project Officer (GPO) and contractor staff in March 2007 to review the Work Plan, after which the Plan was revised.

3 - Review Current SHIN Data

Working with contractor staff, HIRI obtained data to provide a richer context for understanding SHIN operations. First, HIRI staff site-visited both the SHIN offices in Rockville and the SHIN warehouse facility in Odenton, Maryland, in order to obtain a broader perspective about how SHIN's operations are organized.

A number of documents were reviewed: SHIN monthly progress reports to SAMHSA (which contain data on operations such as the Contact Center and the Exhibits program); the SHIN original and revised Statements of Work; the draft SHIN Strategic Plan; procedural manuals for the Contact Center and the Exhibit Program; and other internal documents about how SHIN does its work.

4 - Conduct Key Informant Interviews

Unstructured telephone interviews were conducted with a sample of users identified by SAMHSA, the SHIN contractor and representatives of national organizations in the mental health and substance abuse fields:

a. The 14 national organizations whose leaders were interviewed for the 2006 SAMHSA Clearinghouses Program Review were asked to nominate two interviewees each. They represent providers, consumers and families in various aspects of mental health and substance abuse.

b. Two consumers and parent-advocates each were nominated by each of the three SAMHSA Centers, through interviews with knowledgeable persons at each Center.

c. Home-based users of SHIN (consumers, family members, community coalition members, and interested members of the general population) were identified by the SHIN Contact Center, and were included in

the sample if they agreed to be interviewed after their telephone order was received.

d. SAMHSA contractors in each of the three Centers involved in providing information and information services to mental health and substance abuse related audiences were nominated by SAMHSA, through interviews conducted with Center personnel. This sample included Center for Mental Health Services (CMHS) technical assistance contractors, Center for Substance Abuse Treatment (CSAT) Addiction Technology Transfer Center (ATTC) contractors, and Center for Substance Abuse Prevention (CSAP) Centers for Application of Prevention Technology (CAPT) contractors.

The CMHS technical assistance contractors were interviewed by telephone conference call, which provided an opportunity for a rich exchange because interviewees were able to listen to the responses of others doing similar work. The CSAT ATTC directors were interviewed individually (the original intent was also to interview these individuals by conference call, but that proved infeasible due to scheduling conflicts). It was decided not to interview the CSAP CAPT Program contractors, because at the time of data-gathering the CAPT program's future was uncertain.

e. A small group of interview nominations were gathered for three specific audiences for SHIN's products and services, which were not included in any of the previous categories:

- Researchers and graduate students in academic programs for mental health and substance abuse (nominees provided by HIRI, which has conducted research in both areas)
- Employee assistance program practitioners and administrators (nominees provided through interviews with the two major national associations in the EAP field)

- State substance abuse clearinghouse directors

f. Key staff of the SHIN contractor were interviewed in order to learn more about the current and planned operations of the SHIN project.

In addition to these six categories, a few additional interviews were conducted with SAMHSA Office of Communications personnel, two CSAP contractors knowledgeable about information dissemination, and several individuals specifically nominated by the GPO.

All interviews were open-ended and unstructured, in order to maximize opportunities for independent input. As appropriate for each interview, one or more of the following topics were mentioned to get the conversation started:

- current SAMHSA Health Information Network operations
- interactions with SHIN, results obtained, and degree of satisfaction
- topical needs for information not met yet by SHIN
- types of information products and services needed
- communication platforms needed for effective dissemination

For the 2007 Needs Sensing Study, a total of 121 telephone interviews were conducted, including 27 home-based users. The complete list of interviewees except for the home-based users (who were promised confidentiality) is attached to this report.

Of the various sets of nominations made, almost all agreed to be interviewed. Two national and regional association interviewees declined an interview, indicating that they did not have enough input to provide to justify the time required to speak. Three more nominees could not be contacted successfully during the time allotted for interview scheduling.

For the home-based user interviews, SHIN staff identified a total of 59 users who agreed to be interviewed about four weeks after they had placed their publication order. Of those, 32 people were successfully contacted, and a total of 27 interviews were completed (four orders had not arrived by the time of the follow-up call, and one subject was on maternity leave and thus could not be interviewed).

5 - Analyze Data

The resulting dataset, consisting of interview summaries for the unstructured interviews and summaries of documents reviewed, was analyzed to yield overall findings and recommendations. The various components of this dataset were gathered from March 2007 through January 2008.

The authors jointly conducted the interviews and participated in some of the site visits and document review. In the data analysis phase, each author independently reviewed the entire dataset, and then contributed themes and specific observations to the development of the Study report.

6 - Draft and Finalize Study Report

The first author then drafted the Study report. The draft was reviewed and edited by the other two Study authors to assure that all input from each of the three dataset reviews was incorporated and synthesized appropriately.

A 2-page Executive Summary written in accessible language also was drafted, to promote wider dissemination of results. The report draft was reviewed by the GPO and feedback provided was used to revise the draft.

7 - Present Study Results

The tentative final version of the Study report was presented to SAMHSA and the SHIN contractor. After further revisions were made, a final Study report was submitted to SAMHSA.

Findings from Year One Study

The 2007 Study yielded findings in six areas. Most of what follows comes from the diverse set of field interviewees providing input to the 2007 Study. SAMHSA and contractor staff were interviewed primarily to provide context for understanding how SHIN operates, and to obtain nominations for further interviews. The national organization representatives interviewed to obtain interviewee nominations also provided some input about SHIN, but it was limited because the interviewees had already provided input through the 2006 SAMHSA Clearinghouses Program Review. Home-based users provided only a small amount of input, typically focused on the specific products they had ordered.

A - Two General Responses from Field Interviewees

Interviewees had many specific suggestions and observations to make, as noted below. There were two more general responses:

- A number of interviewees offered a generally positive view of SHIN's operation (they were thankful for the useful and free materials they received, appreciated quick service, etc.). Others had complaints to make (e.g., SHIN's website is difficult to use, many of the products SHIN offers are out of date, and some topics of interest are simply not covered by SHIN's operation). In a global analysis of the 94 respondents who were not contractor or SAMHSA staff, 18% offered an overall positive view of SHIN, 15% primarily had complaints to make, 20% had both positive and negative views about SHIN, and 47% did not offer a general view about the project.

Because the Needs Sensing Study is not intended to be evaluative, and because the sample taken was not in any way representative of SHIN users, these comments were not analyzed further. Instead, the focus was placed on observations about *how* SHIN operates and *what kinds of information*

products it disseminates, or ought to disseminate. These responses are presented in the next sections.

- A number of interviewees also commented about their overall level of awareness of SHIN. These responses in turn were broken into two relatively distinct subsets.

The first subset was comprised of interviewees who do not have a direct connection with SAMHSA (e.g., as a past or current grantee or contractor) – the employee assistance providers, academic researchers and students, and some of the interviewees nominated by national organizations. For the most part, these interviewees simply had not heard of SHIN, some were not even clear what SAMHSA is, and most had never visited the National Clearinghouse for Alcohol and Drug Information (NCADI) or National Mental Health Information Clearinghouse (NMHIC) websites or communicated with the SHIN Call Center.

As a result, they came to the interview not knowing how SHIN could be relevant to their work and needs. Some of these interviewees actually visited the website relevant to them while the interview was ongoing, and made initial comments about its operation and potential relevance. For these and possibly a number of other target audiences, the first step in promoting more effective use of SHIN's resources is simply making them aware that the resources exist.

The second subset, including some of the national organization-nominated interviewees as well as the several categories nominated by SAMHSA, commented (positively or negatively) about the operations of NCADI and NMHIC, the component parts of SHIN, but often did not have much recognition of the name "SAMHSA Health Information Network" or SHIN. In fact, in preparation for their interview, several tried to find SHIN on the SAMHSA website, and reported frustration that they could not do so! This is

a very different kind of awareness challenge, and also will be discussed further below.

It should be noted that the findings and recommendations of this Study are expressed in largely in terms of SHIN as an integrated unit, without distinguishing between NCADI and NMHIC. The recommendations made next and other findings from this study do not appear to be limited just to one component, although, as will be discussed later, some component-specific activities might be useful for the next year of the Study.

B - Home-Based User Interviews - Summary of Results

Twenty-seven home-based users were contacted and provided feedback. Two-thirds of them had received the materials they ordered and were satisfied with the ordering and delivery service and with the materials themselves. Three had not yet read the ordered materials, so could not judge satisfaction with them; and one user was only partially satisfied because one item ordered was out of print.

Only two users (7.4% of the total) reported they were not satisfied with the materials ordered. One was looking for information about adults, but received information geared to teenagers; and the other was looking for information about workplace policies and benefits, but received general information about policies and laws.

For those home-based users contacted who received materials, 11 received their materials within two weeks or less; two within three weeks; and five within four weeks. Seven received the materials but didn't give a time frame.

One order took "months" to arrive, and one partial order took weeks but the rest of the order never arrived. IQ Solutions was informed of the latter problem orders, and initiated inquiries to determine what happened and how these problems could be resolved.

Two respondents also recommended that a full and current list of publications be made available so that people could see both what is available and what is out of stock. One respondent noted that materials on psychiatric illnesses and the aging population were needed; and two others indicated that materials on the adult population and on workplace programs were needed. These comments also were included on the topical list presented above.

C - Specific Recommendations

Seven recommendations for specific actions concerning improvements in SHIN's operations are presented for SAMHSA's consideration.

CI - Increase the visibility of SHIN's name and services to SAMHSA target audiences

The name recognition of SAMHSA's Health Information Network is not high at this point. As mentioned, SHIN does not yet appear as a name on the SAMHSA website, although the current designation is being widely used within SAMHSA and with its contractors. Thus it is likely that SHIN's name awareness is building, but not in an organized way.

Some Study interviewees were confused because they knew NCADI or NMHIC, but didn't realize that SHIN is the entity now including both Clearinghouses. As mentioned, several tried to find it online and couldn't. Some of the suggestions they made to improve name recognition were:

- The SAMHSA homepage could contain a link titled: "For publications, information links and treatment referrals go to SAMHSA's Health Information Network" (perhaps with a button labeled "SHIN"). Assuming that a separate identity is still needed for NCADI and NMHIC, that could be handled graphically so it is clear to users that these two Clearinghouses are part of SHIN... which collectively is the central information for SAMHSA and for the substance abuse and mental health fields.

- The NCADI and NMHIC home pages in turn could feature a graphical reference to SHIN, again to make the connection for users (many of whom may have other contacts with SAMHSA, and thus hear the term "SHIN" used without necessarily understanding the connection).

- Several interviewees mentioned that the newsletters and websites of their national or regional organizations could provide placements for SHIN, such as announcements of the availability of relevant publications, particularly new or forthcoming items, and this would also reinforce the existence of SHIN amongst their target audiences.

- E-mail blasts can be used to send out a brief "e-newsletter" about "What's New," highlighting SHIN, its features and services, and some new publications from SAMHSA, as some other Federal agencies do for their publications.

- SAMHSA staff can more deliberately refer to SHIN when speaking at conferences or otherwise representing SAMHSA out in the field (this could include staff who are speaking to groups of SAMHSA grantees and contractors); pre-prepared briefing packages that can be handily used for this purpose can be created by SHIN.

Obviously these efforts to increase SHIN's name recognition can be tied to information about the services it provides. As already contemplated by SAMHSA and by the SHIN contractor, these awareness efforts need to be synthesized into an overall rollout plan, so that they can have maximum effectiveness. In fact, it is suggested that the template developed for the SAMHSA Office of Communications Strategic Communications Framework might be used to structure the rollout plan.

Presentations by the SHIN project officer to SAMHSA staff have been effective in increasing the visibility of SHIN and its

functions within SAMHSA. New employee orientation sessions (used recently to highlight the overall operations of the Office of Communications) and other strategies for communicating within the agency may also be part of this effort.

This approach to building SHIN awareness might be expanded to include selected presentations for staff of the national organizations that contributed input to this study, most of which are located in the Washington, DC Metro area. If successful, this effort could be expanded to additional organizations identified in subsequent years of this Study.

C2 - Improve the SHIN website content characteristics

Interviewees were fairly consistent in lauding SAMHSA for providing access to important publications through SHIN (all comments in this and the next section refer to interviewee impressions about NCADI or NMHC websites, since as noted above at the time of these interviews SHIN was not mentioned anywhere online). But often the same person also criticized SHIN's collection of publications, for instance because useful documents are placed alongside outdated and sometimes irrelevant publications. In other cases, interviewees remarked that publications they either know or suspect are available are not found in the SHIN collection. Specifically, they would like to see:

- Outdated publications removed altogether from the system, or at least moved to an archive so that they don't come up automatically when searching on a particular topical area.
- An improved process for receiving, reviewing, and making available directly (or through links) the products developed by SAMHSA's own training and technical assistance centers, and by other agencies, professional societies and associations, States, and so forth. (Obviously, clearance issues are

relevant here, and would need to be addressed in responding to this suggestion).

- A system for identifying alternative sources for publications that are no longer available through SAMHSA, and making this information available through the website. In some cases, this might be professional journal publications; in others, referral to individual authors. (This may be complicated to implement given that potential resources outside SAMHSA have no obligation to provide copies of publications to requesters, and considerable effort might be required to make these determinations before identifying a possible secondary resource).

As has already been discussed by the SHIN contractor and SAMHSA, SHIN needs a comprehensive plan for content management. This plan should include standards for updating and archiving content (including a regular review of publications warehoused, in order to remove those that are outdated), a decision model regarding publication format (e.g., creation of PDFs for all new products, with print copies for some, carefully selected - as discussed below), and digitization of older reports for online access.

When implemented, such a content management system could support the currency, accuracy, and completeness of information and publications disseminated by SHIN, assure that new and revised information and publications are created when they are needed, and that dated materials are appropriately archived. There are a number of approaches to developing such a plan and system, including Office of Communication-sponsored cross-Center teams and field-involved external review panels. Such steps hold potential for assuring SHIN information quality and reliability and user acceptance over time.

These and other alternatives should be examined and analyzed, along with current Center-specific processes for defining new

and revised information and product requirements and selecting the acquisition strategies to secure them. A content management system component is also needed to assure that topical needs and other ideas identified in this and subsequent years of the Needs Sensing Study are appropriately conveyed to those who control the requirements generation and acquisition processes within SAMHSA.

Finally, it is suggested that transparency of the content management system to the field is important. When there is a plan in place, a document summarizing it should be put on the SHIN website, so that it is readily available to all who might want to know more about how SAMHSA is managing its knowledge content, and what role SHIN has in that process.

C3 - Improve the SHIN website ease of accessibility

Interviewees reported that there are some simple steps SHIN could take that would significantly improve its overall accessibility. As one of the interviewees (a student) put it: “In government websites, things tend to be kind of cluttered and hard to find – easy and intuitive is the competitive standard. A simple interface and search function will cut down on the time trying to find whether the site has what you need.”

Again, some of these changes are already underway, and many others are being discussed by SAMHSA and the SHIN contractor, e.g., purchase of a Google-style search appliance. Costs for the complex intellectual work to support implementation of a Google-quality search function will need to be taken into account, of course, in moving forward with such a plan.

That said, some interviewee suggestions are offered here, some of which may be relatively easy and cost-effective to implement:

- SHIN can add an “About Us” section to the NCADI and NMHIC home pages, providing

a brief summary of how SHIN works and what its various departments are. This could include a description of the Contact Center as well and how it functions (the “About Us” sections of both Clearinghouses also could be re-written to update them generally, and also to provide information about the unification of their operations through SHIN - though since they are currently buried at the end of long dynamic content scrolls, there needs to be an announcement about SHIN and a link to its new web page at the top of each Clearinghouse’s home page).

- SHIN can create and disseminate (either in electronic or print form) subject-specific catalogs of publications available on SHIN. This might start with catalogs oriented to high-priority topics for SAMHSA, e.g., underage drinking.

- A “what do you want to do” function on the NCADI and NMHIC web pages can be added, bringing together in a more unified way the various actions users might want to take (order a publication, join the eNetwork, etc.).

- SHIN needs to improve the search function within the NCADI and NMHIC websites, to make it faster and more responsive to user inquiries (again, it must be noted that a more “Google-like” search engine, with sophisticated search logic and prioritizing of results, would be expensive to implement). There were a number of complaints among users interviewed that this aspect of the website was not easy to use. For example, one user interviewed, who was sophisticated and knew what publication she wanted, reported she still had a hard time finding the publication online so that it could be ordered.

- Increase the ability of the website to answer basic consumer questions, e.g., “How do I get Medicaid to pay for Auntie Tillie’s treatment?”

- All current website content needs to be reviewed for accuracy and completeness. For

instance, the Regional Information material on NCADI's "About Us" page needs to be updated or removed. A February 2006 notation says some RADAR activities have been suspended, but leaves a clear impression that other activities continue. Moreover, there is still a page called RADAR Network that users can link to, presenting a variety of subsections that are now out of date.

As with the previous recommendations, after consideration of these and other suggestions for improving website ease of accessibility, a written plan needs to be constructed to organize them into a coherent structure, with cost and feasibility issues considered.

C4 - Review SHIN's policies on order fulfillment and product dissemination format

A number of interviewees had complaints about how responsive the SHIN operation is to meeting their needs for products in a timely and comprehensive fashion, and also about how knowledge products are formatted to meet these needs. SAMHSA and the SHIN contractor are already in the process of reviewing and refining these policies, so that dissemination of SHIN products more closely mirrors the needs of its target audiences, while reflecting budgetary realities.

As this internal review continues, suggestions from Study interviewees can be part of the process:

- SHIN users need to be given accurate information about when materials will arrive, and options if the wait is too long for them. If the stated "allow 4-6 weeks" is still the most accurate estimate, it would be helpful if users could be offered options for speedier delivery, which they will then need to pay for. These options should be stated clearly on the website, and mentioned pro-actively by Contact Center staff, so that users know what the possibilities are.

(NOTE: According to the SHIN monthly reports, the processing end of order

fulfillment has been decreased significantly in recent months, which may make possible a re-statement of delivery time. Nonetheless, given the possibility of slow shipping time, having some faster options for users to choose seems valuable. At least based upon the small sample of home-based users contacted for this Study, a significant minority of recipients had not yet received their materials after four weeks).

- Interviewees suggested that a more liberal policy be set on obtaining multiple copies of a publication directly through the website, reducing the inconvenience involved in getting permission from SHIN for a larger number of copies. The restriction on number of copies and delays in arrival of materials were the two most common complaints made about SHIN's operation, though it again needs to be noted that most of these interviews were conducted in Spring and Summer 2007, when many changes were being made in the SHIN system by the SHIN contractor.

Interviewees also had specific suggestions about formatting of publications issued through SHIN:

- A more sensitive policy is needed regarding publications that have graphically-complex covers and text in their PDFs versions. Such "heavy graphics" can make PDFs difficult for some users to download and print. This was a point made specifically on behalf of grass-roots consumer and family organizations, which often have limited resources, including slow printers with low resolution. SHIN might consider preparing "printer-friendly" versions of at least some publications, or versions in which only stripped-down graphics are used so that they download and print faster.

- Judgment also is needed in deciding which products to make available only in PDF format, and which ones to provide in hard copy with good graphics and print quality. Several interviewees said they knew of

instances where PDFs of SAMHSA publications had been rejected by potential users because they felt that printing out copies of these PDFs would not result in the more attractive products their audiences expected for a conference or training event.

This may be especially true for persuasive products intended to reach a general audience. In the 2006 SAMHSA Clearinghouses Program Review, several interviewees asserted that audiences like teachers and parents feel that these elements of quality in SAMHSA publications (graphic design, color quality and print stock) reinforced the importance of the message.

- A revised policy is needed about announcing the availability of publications, so that they are actually ready for disseminating on the time schedule provided. One interviewee mentioned, for instance, that TIPs are sometimes announced considerably in advance of when they will actually be available, which is frustrating for potential users.

- A policy is needed about re-stocking, setting realistic standards for when to do another print run of a publication. The CSAT TIP 21 was given as an example of a highly popular publication that is “always running out of stock,” according to several interviewees.

(NOTE: Typically the SAMHSA/Center Project Officer under whose contract the publication was created and cleared is responsible for determining how and whether to keep it in stock. One question is whether these Project Officers receive up to date information on usage and quantities remaining. In the 2006 SAMHSA Clearinghouses Program Review, several SAMHSA staff remarked that this information was sometimes not up to date, although the reporting function may have changed significantly since then under the new SHIN contractor).

In the future, followup calls might be made by SHIN staff as part of internal evaluation, and by HIRI in a future edition of the Needs Sensing Study. Although the sample of home-based users queried for this study was small, it did reveal some problems in order fulfillment.

These are now being investigated by the SHIN contractor, to determine whether these problems represent areas of needed improvement for SHIN’s operations. But a much larger sample is needed to learn more.

Various personalized methods of quality assurance might also be investigated, such as an e-mail blast through the eNetwork asking for reports on any problems with arrival of materials requested. Also, if ongoing relationships with national organizations are established through the briefings just described, members of these organizations might also receive a communication asking them to report fulfillment problems directly to SHIN so that corrective action can be taken.

C5 - Increase SHIN’s role as a connector to non-SAMHSA information products

Many of those interviewed felt that SHIN was missing important opportunities by featuring only publications and information produced by SAMHSA. More value, and thus more valuing, of SHIN can be had by making it more of a “one-stop shopping center” on substance abuse and mental health products and information, both on its website and through the Contact Center.

Interviewees suggested a number of connections that might be made by the SHIN website (and by the Contact Center during telephone inquiries). Each of these would initially require an internet link, combined with a carefully-constructed summary of what products in what formats are available through clicking on the link.

While many of the information resources so linked might be available directly to users

through a Google search, or through contacts provided in other ways (e.g., referrals from colleagues), the value-added here is the information on what specific products and formats are available, reducing the chances that some valuable resources might be missed in a more general search process. The design of this information resource is critical or it will be just a page of links and not of much value.

The following suggestions were made by interviewees:

- establish links to technical assistance centers and special programs operated by SAMHSA Center/Office contractors, many of which have websites containing publications, as well as other information

(NOTE: Also needed is a streamlined clearance process so that more publications of SAMHSA Center/Office contractors can appear on their websites, and thus through the SHIN link)

- establish links to other Federal agencies with overlapping missions, which also have information centers and publications, such as the Centers for Disease Control and Prevention, Health Resources and Services Administration, Center for Medicare Services, National Institute on Alcoholism and Alcohol Abuse, National Institute on Drug Abuse and National Institute of Mental Health. SAMHSA already had relationships with many of these agencies.

- establish links to Federal agencies that serve the populations of interest to SAMSHA, even though they are concerned with different issues (e.g., criminal justice, rehabilitation)

- establish links to professional societies and advocacy organizations in the mental health and substance abuse fields, both for their publications and for web-based learning experiences that are starting to be more common (just to give one example, the

Community Anti-Drug Coalitions of America and the pharmaceutical industry created a “kit” about over-the-counter and prescription drug abuse which one interviewee felt could be useful to many SAMHSA target audiences)

- establish links to organizations that provide pre- and in-service skills training, in addition to information resources, including those sponsored by SAMHSA (e.g., the National GAINS Center, for training and technical assistance concerning people with dual diagnoses)

- establish links to audio web conferencing activities, an increasingly common activity within the substance abuse and mental health fields. US Psychiatric Rehabilitation Association and Employee Assistance Society of North America, for example, conduct a lot of these sessions, and their representatives indicated they would be glad to share scheduling information with SAMHSA. Ultimately, a calendar with descriptions of upcoming events and links could be created on the SHIN website for these offerings.

- establish links to blogs on mental health and substance abuse, highlighting those with consumer, family, service provider and policy-maker emphases.

- establish links to listservs of national and regional organizations, focused on various topics in substance abuse and mental health, that would be open to anyone wishing to join

- establish links to weekly or monthly update publications on topics in substance abuse and mental health, such as those published by Join Together and Community Anti-Drug Coalitions of America.

The connector role also can be fulfilled by SHIN through the Contact Center, by directing callers to the webpage of links, or directly to non-SAMHSA resources that meet a particular need. Ultimately, said interviewees, SHIN might also create

partnerships with field-based substance abuse and mental health organizations.

Under these partnerships, information could be offered jointly on certain topics. Of course, any issuing of information with SAMHSA's name attached to it raises clearance issues. This may not be a problem where only connectivity is being offered, and there is no identification of a product as being created or endorsed by SAMHSA.

Beyond the connector function, a much more systemic response to the above suggestions might be to explore whether SHIN could become a user portal to SAMHSA publications, data, and communications, as well as those of other organizations. This recommendation entails substantial policy questions, e.g., the relationship of SHIN to the SAMHSA website, and significant contractual and cost issues like the acquisition and support of a Google-standard search engine. It is offered nonetheless because no exploration of these issues in today's environment can fail to look at the knowledge management, technical, and functional architecture of the web presence against the benchmarks for information and communication common among users. The clearance, cost and complexity factors would need to be addressed at the Office of Communications/SAMHSA and HHS levels, where new standards have been issued recently regarding websites operated by SAMHSA and other units of HHS.

C6 - Improve SHIN services to specific audiences

There are many target audiences in the mental health and substance abuse fields that SAMHSA can serve better in the future. Just three of them were interviewed in the first year study, and in each case recommendations emerged for improvement of the SHIN function related to each population.

- *Researchers/Graduate Students* - Users coming from academic settings need

publication dates available when items are displayed using the search function. They also need to know what is on SHIN that might not be in other widely used search engines like GoogleScholar or PsychInfo; and they need access to substance abuse and mental health incidence data by census tract.

It should be noted that academic users were straightforward in characterizing SHIN as a "secondary" resource that won't replace their most popular research search engines, and shouldn't be intended to fulfill that function. Nevertheless, a few simple improvements along with efforts to promote greater awareness of SHIN amongst the substance abuse and mental health research communities could result in greater actual use by these target audiences.

- *Employee Assistance Providers* - Employee assistance professionals and administrators in various private and public workplace settings need up to date materials to share with workers and supervisors about substance abuse and mental health issues in the workplace. The three most commonly-cited topics for which such products are wanted were prescription drugs, depression and anxiety. Materials for supervisors are needed to help them identify that a problem exists. Using these materials can help them refer a worker to an EAP or other resource for dealing with that problem.

Again, there is a need to make SHIN's resources more widely known amongst employee assistance providers, researchers concerned with workplace issues, and others whose focus is on the workplace. These audiences only occasionally need materials addressing children and youth, but need a diversity of materials for adults.

- *State and Regional programs* - Clearinghouses and other entities that help to distribute SAMHSA products out in the field would find useful a Web-based tool to monitor SAMHSA product inventory at the

State level, mirroring SHIN's own inventory control system. These State and regional entities also would like to have a dialogue with SHIN about how to maintain a balance between a centralized function for disseminating SAMHSA products and one that maintains local connectivity.

For example, SHIN might create a webpage that would have links to these regional resources, which may have products and services of value to local users that SHIN cannot supply. Ideally, these entities would like to retain some of their function as "intermediaries" that local users approach, so that they can blend the connection to SHIN products with other services or products they have available, and also keep track statistically of who is requesting what at the local level.

Now that the formal RADAR system is gone, it also would be helpful to have some other kind of connection and dialogue for State and regional Clearinghouses and other systems that disseminate SAMHSA products. A first step might be a telephone conference call bringing together these entities to share information with SHIN about their needs and capabilities, and to learn more about the SHIN system.

In addition to the above three groups, several interviewees from consumer organizations (these were mental health consumers for the current Study) indicated they would like to see SHIN's operation improved to meet their needs. A first step in increasing the collaboration SHIN might have with consumer organizations would be to create links on the SAMHSA website to national and regional consumer organizations, many of which have available a number of knowledge resources, especially those tailored to consumer needs.

More generally, SHIN needs to look for opportunities to present the "consumer voice" in all its operations. This might include

having a section on the SHIN webpage titled something like "For the Consumer" and which would feature publications of special interest to consumers. Input from relevant national organizations, like the ones contributing to the needs sensing study, could be sought on how to structure such a feature. Interviewees remarked that "consumers want to hear from other consumers," and publications written by or featuring direct input from consumers could be highlighted more directly.

C7 - Assess and prioritize emerging information needs

These were informal suggestions, and need to be taken in that context – this was not a formal needs assessment study with a large sample of SHIN users or potential users. Some but not all interviewees provided content suggestions as reported below.

It is suggested that an analysis of these topics be prepared, including an assessment as to what actually is in the SHIN system now on each of these (some topics may in fact be quite well-covered, but the SHIN resources were not known to the interviewee). That report can then be provided for use by SAMHSA staff and by contractors to determine what materials might be needed in the future, and tie these into other data collected by SHIN on popular products and other sources of insight about what kinds of topics are wanted by the field.

In the course of interview discussions, many participants mentioned specific topics or products they thought would be useful to themselves and to their part of the field. Abstracted from those discussions were the following general topics and products:

- Etiology and Epidemiology

* Questions like 'Where does mental illness come from? 'How often is violence a part of it?'

* Neurobiology of addiction

* More detailed information on the several types of dual diagnoses

- * Medical conditions that affect behavioral health issues, both in terms of cost and treatment

- *Information on current and emerging drugs of choice:*

- * Salvia
- * Methamphetamine
- * Prescription drugs

- *Materials translated and adapted for:*

- * Vietnamese
- * African immigrant khat users
- * Recovery community
- * Faith community

- *Best and Evidence-Based Practices for Outreach, Identification, and Treatment*

In addition to more general suggestions regarding outpatient and inpatient treatment for mental illness and substance abuse, there were specific suggestions about:

- * Medication-assisted treatment
- * Detox techniques
- * Interventions for tobacco use
- * Interventions for gambling addiction
- * Working with the ‘hardest to serve’ clients
- * Supervised housing and halfway houses
- * Supportive housing programs
- * Handling special cases, especially in the criminal justice system, e.g., people with a felony sex crime record and/or mental retardation are segregated from many services because of their history
- * Underage drinking
- * Mental health and violence
- * Mental health and substance abuse services for older adults
- * Services for returning/homeless Veterans with substance abuse or mental health issues
- * Violence prevention (including bullying, dating violence)

- *Contextual understanding of substance abuse and mental health in the context of rapidly increasing health care spending*

- *Adults, Workplace and Employment Setting, and other Social Contexts*

- * Impact of substance abuse on workplace productivity, organizational health, employee health, etc.

- * Data on cost of employee benefit vs. risk of absenteeism, turnover, organization health, etc.

- * Materials that supervisors and others can use to address depression, anxiety, and prescription drug abuse in the workplace

- * Integration of people in recovery into employment and the workforce

- *Role of peer support specialists*

- *Incorporating people with mental health issues into settings with people who don’t have them*

- *Managing stigma and uncertainty*

- *Current Policy, Research Topics, and Evaluation Findings*

- * National Outcome Measures
- * Uniform Reporting System and outcomes
- * Federal, State, and local laws and institutional policies
- * Electronic health records

- *Deeper information on the process of implementing evidence-based and model programs to include:*

- * Costs
- * Outcomes (including information briefs on the NOMs system)
- * Implementation time and level of effort
- * Improvements over other programs
- * Issues of implementation fidelity and adaptation
- * Implementing Evidence Based Practices in diverse populations - and needed adaptations

- *Consolidated information on evaluation, including studies of treatment programs and modalities conducted by States, providers, and universities.*

- *Financing mental health services in schools, including collaborative role of communities*

- *Holistic medicine approaches to substance abuse and mental health services*

- *Links between mental health issues and academic performance*

- *Sources of non-government funding for services*

In general, when comments were made about formats, the request was for simple, easy-to-read materials in attractive formats that could be reproduced easily for local use, or else available in large quantities when needed.

D - Recommendations for Aligning SHIN with Office of Communications and SAMHSA

SHIN operates in the larger context of the Office of Communications in which it is placed, which has been undergoing some significant changes in recent months. As mentioned at the beginning of this report, the Office of Communications has developed a Strategic Communications Framework and Dialogue Process, which will guide its efforts in the coming years, and this planning material needs to be explored in terms of its impact on the future operation of SHIN.

D1 - Explore ways in which the Office of Communications' Strategic Communications Framework and Dialogue Process can be aligned with SHIN's activities. This Office has implemented a system for planning of communication activities using a Template form. SHIN is likely to be included as an element in most of these plans, so it would be useful for SHIN staff to familiarize themselves with this planning tool.

Also, the Office of Communications' Dialogue process will obtain input from within SAMHSA and from the field on its activities. Some of this input will likely be about SHIN, providing another opportunity for refining and improving SHIN's operations. Mechanisms can be set up to share this input as it emerges.

As the Office of Communications implements this communications planning system, opportunities for dialogue with SAMHSA Centers and Offices will emerge. Contractors of these SAMHSA units are the principal generators of the knowledge products SHIN distributes. Through the Template process, which is now being included as a requirement in new contract procurements, the Office of Communications can identify opportunities for SHIN to be part of both the way SAMHSA units and their contractors think about information dissemination, and the actual activities by which they do it. Results from the Needs Sensing Study and other SHIN activities can be provided as part of this exchange.

D2 - Explore ways in which current Office of Communications activities can be examined for their implications about SHIN's future operations. For instance:

- CMHS funds a contract, the *Knowledge Applications Program (KAP) Project*, which uses state-of-the-art approaches to formatting, producing and disseminating knowledge products emerging from the Homeless Programs Branch and the Community Support Program Branch. The KAP Project has been collaborating with SHIN on the development of a marketing plan for some of these products, drawing on SHIN's resources such as its Exhibits program for bringing materials to conferences, and the eNetwork for putting out e-mail blasts to SAMHSA audiences on specific topics.

The KAP-SHIN collaboration began with informational presentations from both about their objectives and activities, followed by informal discussions. Then SHIN drafted a marketing plan which has been reviewed by KAP, and by the KAP's CMHS project officer. This three-step process (informational presentation, informal dialogue, marketing plan development) could be applied to many other SAMHSA materials development and dissemination contracts. The KAP Project

also has had dialogues with Office of Communications senior staff, to discuss ways in which collaboration might be possible with other activities of this Office.

- The *Spider Man and the Fantastic Four in Hard Choices* comic book project, while managed by the Office of Communications in collaboration with CSAP, has involved SHIN from the beginning. Some aspects of this project are quite novel and may not be reproducible (e.g., a full partnership with the Elks Club national organization and with Marvel Comics; availability of funds to support this effort). But its continuing success may identify some practical options for SHIN's future operation, particularly in the realm of targeted partnerships with organizations that can provide unusual resources to a product dissemination effort.

The project involved dissemination to students of hundreds of thousands of copies of a comic book that addresses the issues of underage drinking, using the comic book format and the presence of teenager heroes. A teacher's guide also is part of the dissemination package.

The Elks Clubs and Marvel Comics already had created a partnership and started developing this project, before the SAMHSA Office of Communications became a third partner. This involved both a financial commitment and a commitment to distribute copies of the comic book through SHIN.

Approximately 150,000 copies have been disseminated by SHIN through this process. A marketing plan was developed with schedules, budgets and goals. It included web-based ads (including one on the SAMHSA website home page), an eNetwork Blast e-mail, letters to selected organizations, an ad on the back page of *SAMHSA News*, funding direct distributions to schools, use of the SHIN exhibits program to promote any remaining inventory in 2008, provision of online as well as print versions, if there is

any), and development of a dedicated URL/page for readers of the publication with related information. Data were gathered for all of the above promotional activities to better understand their relative effectiveness.

- Each year, the SAMHSA Office of Communications sets *internal priorities*, choosing from among overall SAMHSA priorities several topical areas to which it will devote special attention (one recent example is underage drinking). Once aware of these priorities, SHIN may be able to identify resources it has or actions it could take to support the topical area, and take advantage of the additional energy and resources likely to surround such topics.

E - Recommendations for Aligning SHIN with the Field

SHIN also operates in the larger context of the substance abuse and mental health fields. These need to be examined for their relevance to SHIN activities.

E1 - Develop a plan to provide briefings on SHIN to staff of national organizations in the substance abuse and mental health services fields. The briefing used for SAMHSA staff might be adapted for this purpose, and a schedule set up, beginning with organizations based in the Washington, DC Metro area. These briefings could be done by conference call as well as in person. And additional organizations could be added to such a briefings plan in the future. Critical to the success of this effort is finding an appropriate contact person within each organization to set up the briefing (2007 Study interviewees who suggested this activity being the obvious place to start), and setting up a detailed written plan for how all these presentations would be conducted.

Over time, other communications media approaches might be devised to deal with the cost issues associated with presenting to non-local organizations. For example, a computer-based presentation could be framed, including

both original material that participants could follow along on their computers during a telephone conference call, and real-time access to the internet to review resources available at SHIN. Videoconferences might be used on occasion as well.

A number of the interviewees representing national organizations also suggested that SHIN's operation could be improved if SHIN staff understood better the needs of their constituents, and the challenges of the work they do. Thus, these briefings, whether in-person or electronic, need to be reciprocal, with an opportunity for national organization staff to brief SHIN staff as well.

E2 - Consider expanding the role of key contact persons on SHIN staff. Several interviewees commented quite favorably on their organization's contact person at SHIN – a particular SHIN staff member who helps them with publication orders and other matters. Having such a personal contact makes a difference in terms of speedily authorizing multiple copies of a publication to distribute at a conference, etc. SHIN might consider expanding this system, making a “contact person” available for a larger number of important national and regional organizations.

E3 - Explore opportunities for SHIN to develop partnerships with national organizations in the mental health and substance abuse fields. This exploration could begin with those organizations whose representatives have contributed to this Study. Looking for ways in which SHIN's services can be helpful to these organizations in pursuing their own goals is the key to success, and that requires an ongoing dialogue. Results from this Study can offer a framework for initiating new conversations about how such partnerships might be developed. Other activities suggested here can also provide a platform for initiating a variety of partnership discussions.

E4 - Explore possibilities for SHIN to partner with other Federal information dissemination systems in substance abuse and mental health. Some of these systems were identified earlier in this report, and there are indications that the leaders of these systems are in some cases amenable to exploring potential partnerships. This could begin with establishing links on the SHIN website for these systems, but quickly progress to exploring other, more intensive types of partnering activities.

E5 - Explore how parts of the RADAR system still in operation could provide a resource for SHIN, and how SHIN could support these operations. Guidance needs to be requested from SAMHSA about how to interface with this network, both for input on how SHIN can be improved and for potential collaborative activities. These network members could provide information from the constituencies they serve about the need for increased awareness of SHIN, for refinements in product formats and order fulfillment procedures, and other topics relevant to SHIN's effective operation.

Informal partnerships regarding dissemination of selected products available through SHIN might also be created. Some of these could be both with the RADAR network member and with its parent organization.

F - Recommendations for Dissemination of Needs Sensing Study Findings

In addition to circulating this report to all Study participants (with a memo of thanks from SAMHSA), findings from this Needs Sensing Study need to be shared with those who may be able to put them to use through the following mechanisms:

F1 - Place Executive Summary of the Study on the SAMHSA website and intranet. Website placement could be done as part of the planned new SHIN webpage. This could then help to initiate dialogue with SAMHSA Centers and Offices about increasing their

interactions with SHIN, e.g., to jointly plan distribution of SAMHSA products.

F2 - Share Executive Summary of the Study with key organizations in the substance abuse and mental health fields. This could be done with a covering letter from the SAMHSA Administrator encouraging followup to discuss potential partnerships.

Plans for Needs Sensing Study Year 2

A Work Plan for Year 2 of the SHIN Needs Sensing Study is being drafted, using findings from Year 1 as well as ongoing dialogue with SAMHSA and SHIN contractor staff to shape its activities. Some of the directions that may be taken for the second year include:

1 - Conduct telephone interviews (individual or in group format) recruited through additional national organizations. These would concentrate on how SHIN's information services and overall operations impact a particular target population. The target populations would be identified jointly by SAMHSA, the SHIN contractors and HIRI. A few examples include organizations in the criminal justice, dual diagnosis, bipolar illness, and environmental substance abuse prevention areas.

Some of these interviews might also be targeted to a particular audience that emerges from a current SAMHSA or Center activity. As a concrete example, one interviewee in this Study reported that CSAP has changed the focus of its training activities to programs for higher-level staff in substance abuse (supervisors and managers), rather than largely on entry-level counselors as has been the case in the past. This has come about in the wake of much more Federal interest in outcomes, and the introduction of the National Outcome Measures (NOMs), which State agencies, grantees and contractors all are required to implement. Interviews with some supervisors and managers who have participated in NOMs training might identify

ways in which SHIN could support future efforts in this area (what knowledge products relevant to NOMs are already available from SAMHSA, and what other sources might SHIN provide linkages to?).

At the time of this writing, a NOMs learning needs and resources assessment study was pending approval under CSAP's Data Analysis Coordination and Consolidation contract. If conducted, this study might identify ways in which SHIN could support the NOMs effort. Similar studies may be underway at the other two Centers, whose results could be assessed for possible input to improving SHIN.

Also, the national organizations through which the Needs Sensing Study obtains interviewees include several that represent the interests of those responsible for generating NOMs data and for using subsequent reports and analyses in planning. Year 2 interviews might identify ways in which knowledge products (like those from the study outlined above) could be disseminated through SHIN.

2 - Conduct telephone interviews with selected subjects from the Needs Sensing Study and the 2006 SAMHSA Clearinghouses Program Review to address usability issues related to planned evolutions of SHIN. The SHIN contractor already is implementing or planning to implement several important changes to SHIN's operation: (a) the beginning of a re-branding effort, with a new website section defining SHIN and its relationship to NCADI and NMHC; (b) refinements in the Contact Center operations, including centralizing of all existing toll-free numbers into the 877-SAMHSA number with menu options; (c) expansions in the eNetwork operation; and (d) introduction of a Really Simple Syndication (RSS) option on the SHIN website. All of these changes may generate usability questions for different target audiences. Those which have been rolled out by the time of the Year 2 interviews could be assessed by

interviewees in terms of their overall design and initial impact.

These areas of inquiry would be identified jointly by SAMHSA, IQ Solutions and HIRI. There already are some reactions from SHIN's target audiences. For example, several interviewees in this year's Study expressed reservations about integration of the two Clearinghouses.

3 - Create brief profiles of some of SHIN's "iconic users" to help guide user-focused planning. Short profiles of typical users, based on input from people HIRI has interviewed, can put a human face on SHIN's most typical users. SHIN staff input and SAMHSA observations also can help to shape these profiles. These thumbnail sketches can then be used for discussion about SHIN system enhancements, staff training, and development of communications to the field.

User profiles also can include "success stories" that help to illustrate SHIN working at its best. This example emerged from an interview conducted with a SHIN user in the Year 1 study:

"Based in Texas, this school-based user was looking for materials for to train older kids about the danger of drugs. At the SHIN website (accessed via Google), he found TMCAP (Therapeutic Materials for Children of Addicted Parents). It is designed for children, allowing them to take a proactive approach to substance abuse education, and is free. The user had set aside \$6,500 for manuals and training materials, but by using SAMHSA's free materials saved his organization \$7,000-\$10,000, which could then be used for other urgent priorities.

The user met two weeks ago with a task force that includes the DA, city council, and county commissioner. They want to use the program as a model for the State of Texas and expand to cover the whole State. In this case, the user made direct contact with the SAMHSA project

officer, to arrange for an override to get the large number of program materials needed. The manuals arrived in five days.

All the formats that materials were in work well so far and the components address all audiences - children, community, parents, networking and support groups. The user plans to write his Congressional representative about how the program is working in Texas and what a valuable resource SHIN has been for them."

The Office of Communications is currently developing a new section of the SAMHSA website which will present "stories of success" for SAMHSA overall. The input generated from this SHIN-focused activity might also appear on that website.

4 - Conduct mini-studies to provide input to SHIN on specific operational issues. Three possible mini-studies are being contemplated for inclusion in the Year 2 Work Plan:

- A set of telephone interviews could be conducted with some or all remaining active members of the now de-funded RADAR Network. This could help determine how SHIN could best provide support and service to them, and what opportunities for advancing SHIN's mission exist within this network, which continues to serve the substance abuse prevention field despite the discontinuation of its long-term Federal funding.

- Another useful mini-study could address the changes happening in CSAP's Centers for Application of Prevention Technology (CAPT) program. Once this program has been reinvented, through new contracts that may be let before the end of 2008, there may be new opportunities for SHIN both to serve the substance abuse prevention field, and to receive input from these new projects. If they are not sufficiently developed conceptually during the time frame for the 2008 Needs Sensing Study, this activity might need to be deferred to 2009.

- A small-scale evaluation might be conducted of the order fulfillment and Contact Center operations of SHIN, gathering information through unstructured user interviews. Again, if the changes currently being made in SHIN's operations have not been fully implemented during the 2008 Study time frame, this activity might need to be deferred to 2009.

5 - Review approaches used in Year 1 to determine what should be retained and what might be modified or eliminated. For example, it proved difficult to identify and connect with home-based users. Thanks to diligent efforts by the SHIN contractor, a respectable number of interviews was obtained. But most of these interviews did not provide much input beyond just that the SAMHSA materials were received and in what time frame. It is recommended that home-based users not be interviewed for Year 2, and there is no intent at present to include this step in the new Work Plan.

6 - Explore possible Needs Sensing Study activities offered through SAMHSA eNetwork. An inquiry could be sent out to eNetwork members, asking them to "talk back" by offering input on (a) what their recent experiences with SHIN have been, concentrating on the changes being made in the way the project operates; (b) what information topics that might be highlighted by SHIN in the future, and (c) what ideas they have for further improvements in SHIN to better meet field needs. This might be called something like "Ideas and Stories From the Field." Their responses could be analyzed as part of the Year 2 Study and presented along with other recommendations derived.

7 - Explore possible Needs Sensing Study activities through a targeted e-mail to a group of national organization representatives, as suggested by one national organization interviewed for this Study. The e-mail would be sent by the national organization to selected members, permitting an easy mechanism for input about SHIN priorities and operations.

In the Year 2 Study report, input from all these sources could be interpreted in light of SHIN's own datagathering through consumer satisfaction surveys conducted with website and Contact Center users.

Needs Sensing Study Year 1 - Interviewees

We thank all of the following for their participation in this study, along with 27 Home-Based Users of SHIN who participated in confidential interviews about their experiences.

SAMHSA Staff

Michael Ahmadi, Office of Communications
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Nancy Kennedy, Center for Substance Abuse Prevention
Carol McHale, Center for Substance Abuse Prevention
Cathy Nugent, Center for Substance Abuse Treatment
Ivette Torres, Center for Substance Abuse Treatment
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Karina Guerro, IQ Solutions
Ginger Plummer, IQ Solutions
Art Seward, IQ Solutions
Lisa Swanberg, IQ Solutions
Martin Zamula, IQ Solutions

National Organizations

Ev Bussema, United States Psychiatric Rehabilitation Association
Mary Elizabeth Elliott, Community Anti-Drug Coalitions of America
Andrea Fiero, National Association of State Mental Health Program Directors
Dan Fisher, National Empowerment Center
Michael Fitzpatrick, National Alliance on Mental Illness
Maeghan Gilmore, National Association of County Behavioral Health and Developmental Disability Directors
Eric Helmuth, Substance Abuse Librarians & Information Specialists
John Maynard, Employee Assistance Professionals Association
Shirley Beckett Mikell, National Association of Alcohol and Drug Abuse Counselors
Andrea Mitchell, Substance Abuse Librarians & Information Specialists
Alan Moghul, National Association of State Alcohol/Drug Abuse Directors
Rich Paul, Employee Assistance Society of North America
James Radack, Mental Health America

Kenneth S. Ramsey, National Association of Addiction Treatment Providers
Sis Wenger, National Association for Children of Alcoholics

Nominations of National Organizations

Christa Andrade (w/Susan Rogers), Self-Help Clearinghouse
Peter Ashenden, Depression and Bipolar Support Alliance
Stephanie Asteriadis, Nevada RADAR
Loren Booda, National Alliance on Mental Illness
Bill Blanchard, Louisiana Office for Addictive Disorders
Don Braeger, California Department of Alcohol and Drug Programs
James Crowley, Community Intervention, Inc.
Lisa Furst, Mental Health America, New York City
Georgia Girvan, Idaho RADAR
Eric Goplerud, Ensuring Solutions to Alcohol Problems, George Washington University
Marya Grambs, Mental Health America – Hawai'i
Claire Imholtz, Substance Abuse Librarians & Information Specialists
Elaine Jenkins, Duke Energy
Gary Jenkins, National Alliance on Mental Illness
Renee Kopache, Hamilton County Mental Health Center
Curt Krebsbach with Ken Gregoire, National Association of Addiction Treatment Providers
Kathleen Lenk, School of Public Health, University of Minnesota Health
Mike Magnusson, Ohio Department of Alcohol and Drug Addiction Services
George Martin, Jr., CorpCare Associates
Susan Martin, Washington State Alcohol/Drug Clearinghouse
Randy Miller, Drug Free Marion County
Jerry Moe, Betty Ford Children's Program
Dawne Morgan, National Association of State Mental Health Program Directors - Children, Youth and Families Division
Scott Munson, Sundown M Ranch
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Greg Puckett, Community Connection
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Corbett Shannon, National Association of State Alcohol/Drug Abuse Directors
Sam Shore, National Association of State Mental Health Program Directors, Center for Policy and Innovation
Melissa Staats, National Association of County Behavioral Health and Developmental Disabilities Directors
Flo Stein, National Association of State Alcohol/Drug Abuse Directors
Gina Thorne, Duke Energy

Jennifer Velotta, Washington State Alcohol/Drug Clearinghouse
David Worster, Concord Hospital (New Hampshire)

ATTCs

Tom Durham, Central East Addiction Technology Transfer Center
Carlton Erickson, University of Texas at Austin/Central Addiction Technology Transfer Center
Steve Gallon, Northwest Frontier Addiction Technology Transfer Center
Kay Gresham, Southeast Addiction Technology Transfer Center

CMHS TA Centers

Bob Glover, National Association of State Mental Health Program Directors National
Deborah Haber, National Center for Mental Health Promotion and Youth Violence Prevention
Judene Shelley, National Empowerment Center, Consumer Technical Assistance Center
Henry Steadman, National GAINS Center

Researchers/Graduate Students

Adrian Aguilara, San Fernando Mental Health Center
Douglas Anglin, UCLA Integrated Substance Abuse Program
Jennifer Dykstra, Iowa State University
Alex Kopelowicz, San Fernando Mental Health Center
Noosha Niv, UCLA Integrated Substance Abuse Program
Richard Spoth, Iowa State University

Consumers and Parent-Advocates

Maria Torrez Anderson, Kansas Family Partnership
Rachel Anderson, Developing Resources for Education in America, Inc.
Sharon DeEsch, National Association of Alcohol and Drug Abuse Counselors
J Rock Johnson, Consultant
Gilberto Romero, State of New Mexico Department of Mental Health
Pat Taylor, Faces and Voices of Recovery
Laura Van Tosh, Western State Hospital (Washington)

Other Interviewees

Lauren Akins, Connecticut Clearinghouse
Donna Doolin, CSAP Data Coordination & Consolidation Center
Diane Galloway, Community Anti-Drug Coalitions of America Research Institute
LaVelle Hendricks, Texas A&M University
Mary Beth Johnson, Addiction Technology Transfer Center National
Peggy Sapp, Florida Family Partnership
Kathy Wolf (w/Nancy Kendall), Wisconsin Clearinghouse