

SAMHSA CLEARINGHOUSES PROGRAM REVIEW
Study Report

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Executive Summary

SAMHSA Clearinghouses Program Review - Study Report

Human Interaction Research Institute

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The National Clearinghouse on Alcohol and Drug Information (NCADI, begun in 1987) and the National Mental Health Information Center (NMHIC, initiated in 1994) are integral parts of the Federal response to the challenges of substance abuse and mental illnesses. Funded and managed by the Substance Abuse and Mental Health Services Administration (SAMHSA), these clearinghouses provide information, documents, and referral services to many users.

Several years ago the two Clearinghouses were combined under one contractor, and in Summer 2006 that contract was assumed by IQ Solutions. Management of the Clearinghouses was transferred recently to the SAMHSA Office of Communications. These events offer opportunities to enhance the Clearinghouses' functioning.

A program review was conducted in Summer 2006 by the Human Interaction Research Institute. Input was provided from a total of 97 informants (plus document analysis) to explore the Clearinghouses' (a) operations and delivery systems (including current strengths and challenges), and (b) current content priorities.

The study also identified 23 main recommendations for future improvements in the two Clearinghouses, organized under five principles for effectiveness and three types of administrative recommendations:

Effectiveness Recommendations

A - Focus on the user and all else will follow

- 1 - Work with the three Centers to orchestrate contracts, grants and cooperative agreements into a more coherent system for content development and adaptation.
- 2 - Work internally to refine and update the Clearinghouses' own procedures for serving users.
- 3 - Enhance the Clearinghouses' ability to connect users with resources wherever they exist.
- 4 - Encourage Clearinghouse users to focus on the larger context for information they receive.
- 5 - Conduct a formative evaluation of Clearinghouse user needs.

B - It's best to do one thing really well

- 6 - Align or even merge the Clearinghouses into one more seamless operation.
- 7 - Create a more focused knowledge management architecture for the Clearinghouse websites.
- 8 - Create an advisory committee for the Clearinghouses.

C - Fast is better than slow

- 9 - Explore cost-benefit of methods for shipping of materials requested by users.
- 10 - Maintain multiple access mechanisms to Clearinghouse materials.

D - Democracy on the web works

11 - Create pathways through the Clearinghouses for the substance abuse and mental health fields to share materials they have created that are based on Clearinghouse products.

12 - Create product specific user feedback channels.

13 - Demonstrate user responsiveness by communicating improvements in the Clearinghouses.

E - You don't need to be at your desk to need an answer

14 - Include "immediate action steps" in Clearinghouses products and services, highlighting what users – individual consumers, families, communities and service providers – can do now to take advantage of what the Clearinghouses have provided.

15 - Consider introduction of alternative media delivery systems for the Clearinghouses' products and services.

Administrative Recommendations

A - Peer Networking

16 - Conduct orientation meetings about the new Clearinghouse contract and management responsibility with all relevant parties at SAMHSA.

17 - Conduct orientation meetings with Federal partner organizations.

B - External Partnerships

18 - Explore partnerships with other information resources in the substance abuse and mental health fields.

19 - Explore partnerships with larger nongovernmental health-focused organizations.

20 - Explore partnerships with organizations focused exclusively on health communications.

C - Monitoring and Reporting

21 - Further define project officer responsibilities for oversight of the Clearinghouses.

22 - Craft reporting functions of the Clearinghouse contractor.

23 - Deal with specific issues of Clearinghouse operations raised either internally or by the field.

An additional sixteen more technical recommendations are given in an appendix to the study report.

Table of Contents

Introduction and Study Objectives	1
Study Method	2
Analysis of Clearinghouse Operations and Information Delivery Systems	3
Analysis of Clearinghouse Content Priorities	10
Recommendations for Enhancing the Clearinghouses	12
Appendix A - Roster of Key Study Questions	24
Appendix B - Roster of Study Informants	25
Appendix C - Additional Technical Recommendations	28

Introduction and Study Objectives

For many years, the National Clearinghouse on Alcohol and Drug Information (NCADI, begun in 1987) and the National Mental Health Information Center (NMHIC, initiated in 1994) have been integral parts of the Federal support system addressing the nation's response to the challenges of substance abuse and mental illnesses. Funded and managed by the Substance Abuse and Mental Health Services Administration (SAMHSA), they provide information, documents, and referral services to many users. These users include providers, administrators, policymakers, consumers, families, students, researchers, educators and the general public.

Several years ago the two Clearinghouses were combined under one contractor, and in Summer 2006 that contract was assumed by IQ Solutions. SAMHSA and the new contractor are exploring how the Clearinghouses' services and operations can be enhanced. New opportunities for synergy will emerge, both within SAMHSA and with the larger mental health and substance abuse fields.

Management of the Clearinghouses was transferred recently to the SAMHSA Office of Communications. This placement offers opportunities for more integrated functioning of the two Clearinghouses under the agency's "one SAMHSA" philosophy, as well as for alignment of the Clearinghouse functions with other SAMHSA communications activities.

The SAMHSA Clearinghouses Program Review gathered data for SAMHSA's use in considering ways to improve its two Clearinghouses. The five-month study used key informant interviews and document analysis to explore the Clearinghouses' (a)

operations and delivery systems (including current strengths and challenges), and (b) current content priorities, plus limited data on topical areas in which additional products may be needed. The study also identified recommendations for ways in which the two Clearinghouses might be improved. No major increase in resources for the Clearinghouses is anticipated over the current annual contract of about \$11 million, so enhancements need to involve more effective, creative use of existing resources.

The Clearinghouses are not responsible for creating end-user products, except those that facilitate delivery of products developed by others. But SAMHSA can use the limited needs-sensing data collected in this study to begin a process of shaping internal products, and advising about the creation of future products by the three SAMHSA Centers, their grantees and contractors, and others out in the field.

The study report is based largely on input provided by 97 informants, combined with technical documents and SAMHSA Office of Communication staff input. The study also sets the Clearinghouses in the larger context of the substance abuse and mental health fields, and of technology-based information and referral services.

The 23 recommendations are organized under five principles for effectiveness offered by Google (a business with some features similar to the Clearinghouses), and three types of administrative enhancements. A formative evaluation is proposed that would include a needs-sensing study of end-users in mental health and substance abuse, asking them what content and format they need in future products SAMHSA supports. Appendix C lists some additional technical recommendations.

Study Method

The SAMHSA Clearinghouses Program Review involved the following study activities:

1 - Work Plan A Work Plan was created, identifying key questions presented here in Appendix A.

2 - Initial Planning Meeting Program Review study staff met in late June with Federal project officers to review the Work Plan, finalize the roster of key informants to be interviewed, and identify documents to be reviewed.

3 - Key Informant Interviews Telephone or in-person interviews were conducted from June through early September, using an unstructured format but guided in a very general way by the study's key questions. All informants were assured that their responses would remain unattributed, so that they could speak candidly.

The 97 informants listed in Appendix B represented the following groups:

SAMHSA Personnel - 6 informants
CMHS/CSAP/CSAT Personnel - 23
Federal Partner Agency Personnel - 5
State Agency/Organization Personnel - 21
National Organization Personnel - 12
Clearinghouse Subcontractor Personnel - 5
Related SAMHSA Project Contractor Personnel - 18
Other Federal Agency Clearinghouse/Dissemination Personnel - 2
Foundation Clearinghouse/Dissemination Personnel - 2
Information Dissemination Experts - 3

State interviews, focused on both mental health and substance abuse organizations, were conducted in California, Illinois, Vermont, Louisiana and New Mexico. Federal partners interviewed were from NIMH, NIDA, NIAAA and ONDCP. National organizations serving

the mental health and substance abuse fields were included, as were representatives of CMHS technical assistance centers, CAPTs, and ATTCs. Further detail on informants' organizations is in Appendix B.

4 - Document Review Clearinghouse monthly reports and other Federal documents were reviewed for general background, to provide some overview information.

5 - Data Analysis The resulting dataset was analyzed to yield the overall findings presented in this report. Because of the complexity of Clearinghouse services and the input provided by informants, breakdown of findings by informant sub-groups and by type of delivery media was not possible. Instead, the report is organized by a small set of key areas of need and recommended changes.

6 - Study Report. A study report was drafted in September, and offered for editorial review in two draft versions to the Federal project officers.

7 - Presentation of Study Results The final draft of the study report was presented to SAMHSA Office of Communications staff and a SAMHSA-wide communications group at meetings on October 18, 2006. After these presentations, a few revisions were made, three additional informants were interviewed, and the final study report submitted.

The study report final draft was presented by videoconference to the SAMHSA Executive Leadership Team on October 24, 2006. A briefing for IQ Solutions was conducted on the same day, also by videoconference. A strategic planning session for the Executive Leadership Team, and a second consultation with IQ Solutions, have been scheduled for December 5, 2006.

Analysis of Clearinghouse Operations and Information Delivery Systems

The two Clearinghouses and allied activities such as the Call Center and the SIMS database form a complex, interrelated operation, summarized in lengthy monthly reports from the contractor. SAMHSA estimates that the Clearinghouses' warehouse operations ship 2 million publications a month, that the two web sites receive about 50 million hits a month, and the 20 phone lines for the two Call Center operations handle about 35,000 calls per month. This section begins with a brief sketch of these activities, followed by input from study informants about the strengths and challenges of the Clearinghouses' operations and information delivery systems.

How NCADI Works

NCADI's principal "face" to the world is its website, called PREVLINe, along with the Call Center operations summarized below. The website has an online store to permit ordering of publications (fact sheets, brochures, pamphlets, monographs, posters, and video tapes from an inventory of more than 1,000 items).

Website sections are organized by drug type, audience and issue. NCADI maintains several extensive databases, develops secondary products (fact sheets, brochures, etc.) that support its efforts to increase access by various users to substance abuse information, and conducts marketing and outreach activities – including a number of conference exhibits each year.

The Clearinghouse also coordinates national events such as Recovery Month, which occurs each September. And it creates webcasts on topics such as "Addiction in the Home," which are offered free of charge on the NCADI website. The webcasts also are available in VHS/DVD format on a cost-recovery basis.

How NMHIC Works

Similarly, NMHIC's activities are centered on its website, which includes an online store, as well as on the Call Center functions described below. It has more than 600 publications available, and also has website sections organized by key topics (consumer/survivor, homelessness, suicide prevention, children's mental health, etc.). NMHIC maintains several extensive databases, such as a "Mental Health Services Locator," develops products to increase access of target audiences to information about mental health services, and conducts marketing and outreach efforts, including exhibits at conferences.

Other Activities

The Call Center has telephone lines staffed by trained personnel (called Information Specialists) 24 hours a day. They provide information, take product orders, and make referrals (including to clinical services) for both NCADI and NMHIC, as well as specialized functions for ONDCP. Services are available in English, Spanish and TDD.

Another key operation is the maintenance of SAMHSA's Information Mailing System (SIMS). This is an address database, used for sending targeted e-mails and for shipping Clearinghouse materials to identified target audiences. SIMS is a recipient-generated database, and the SAMHSA website includes an open call for individuals to add themselves to the database online.

Both Clearinghouses distribute hard copies of SAMHSA grant announcements and related application materials. They also disseminate copies of reports issued by SAMHSA's Office of Applied Studies, such as the *National Survey of Substance Abuse Treatment Services*. Additional activities include providing graphics support for SAMHSA and

Center operations, and operation of a warehouse and distribution center to fulfill orders made for products either online or by telephone.

Government Monitoring and Reporting

An Annual Work Plan and a Strategic Plan for the contract effort also are required, in addition to the contractor's monthly reports of activities and expenditures.

Relationship to Other SAMHSA Operations

Originally, the Clearinghouses were administered by the Center for Substance Abuse Prevention (NCADI) and the Center for Mental Health Services (NMHC). In 2006 administrative responsibility was re-assigned to the SAMHSA Office of Communications. The Clearinghouses are linked electronically to the SAMHSA website, which in turn link to resources on a number of topics (co-occurring disorders, criminal justice, etc.), and to treatment referral services.

There are complex relationships between the Clearinghouses and contractors at all three centers:

Center for Mental Health Services (CMHS)

Two years ago, CMHS initiated a Knowledge Application Program (KAP Project), a contractor which focuses on creating information products and promoting their dissemination for the Community Support Program Branch and Homeless Program Branch at CMHS. CMHS also funds 20 technical assistance centers, each focused on a specific priority area such as trauma, mentally ill people in the criminal justice system, and dual diagnosis.

Center for Substance Abuse Treatment (CSAT)

CSAT has a long-standing KAP Project, with a contractor developing information products

and services of priority interest, primarily aimed at increasing use of evidence-based practices and other materials developed under Federal support. It uses a consensus development process to create Treatment Improve Protocols (TIPs) and related documents addressing key service elements in the treatment field. The KAP project has its own website, but primarily uses NCADI to disseminate its products. CSAT also has a network of regionally-based Addiction Technology Transfer Center (ATTC) projects, each of which also has its own website and publications program.

Center for Substance Abuse Prevention (CSAP)

Regionally-based information services in the substance abuse prevention field are provided by the Centers for Application of Prevention Technologies (CAPTs), each of which also has its own website and publications program. Information and services for communities and coalitions within them are provided by the CADCA Institute. CSAP does not yet have a KAP Project.

In addition to contractors, some grantees of the three Centers also develop information products which they may submit for inclusion in one of the Clearinghouses, and in some cases maintain their own websites and publication programs.

Partnerships

The Clearinghouses have long-standing relationships with the National Institute on Drug Abuse (NCADI does the bulk of dissemination of NIDA products), the National Institute on Alcoholism and Alcohol Abuse (NIAAA does its own dissemination now, but still relies on getting research products disseminated through NCADI as well, especially those intended to reach general public audiences), the Office of National Drug Control Policy (primarily involving the several telephone hotlines

supporting ONDCP programs), and the National Institute of Mental Health (NIMH also does its own dissemination, but depends on NCADI for reaching more general audiences).

Operational Strengths and Challenges

The 97 informants overall valued the two Clearinghouses for the free materials they provide to the general public and to community organizations. Many recipients would otherwise have little or no access to information resources.

Respondents also generally valued the dissemination done by the Clearinghouses to practitioners, many of whom otherwise would not have access to professional development materials. They applauded the Clearinghouses for being accessible, both online and by toll-free telephone numbers that both the general public and professionals could call for help.

But there also were widely-stated concerns about the efficiency and effectiveness of mechanisms by which materials are made available to various audiences. Some of the key concerns were about the websites. One informant spoke for many in appraising the overall quality of the two websites:

“There’s great stuff here, but it’s too hard to find.”

The Call Center functions got much higher marks among these informants, in terms of helping users readily get to the information they were seeking.

There were concerns about order fulfillment and delivery for both Clearinghouses. Content management also was a concern. Moreover, there were a number of larger concerns about who the key audiences of the Clearinghouses are, and how their operations are aligned with identified key audiences.

Each of these issues is discussed further below.

Website

Some of the harshest comments made by informants in any part of this study were about the NCADI and NMHIC websites, such as these words of one frustrated informant:

“The website...well, it just stinks!”

While there is no question that some people prefer the Clearinghouses’ printed catalogs, the websites are clearly the most frequent points of contact. Although a few informants found no problems with the website, and many expressed sympathy with SAMHSA (citing the challenges of keeping their own organizations’ websites up to date and up to par), most expressed frustration.

For better or for worse, the bar has been set relatively high by Amazon and other web marketers who provide similar search, order, fulfillment, and shipping functions. Although the offering of a “shopping cart” was widely lauded, both websites are generally judged to be:

- * Visually unappealing
- * Cluttered to the point of distraction
- * Poorly branded
- * Poorly organized

Problems were identified with all of each website’s basic functions, including:

- * Search engines that do not produce intuitive or appropriate results
- * Navigation that is not intuitive or easy
- * Content that is impossible to sort by topic or domain or format, e.g., government report vs. consumer handout (despite each website having content organization systems)

There was a general consensus that current and expanded web-based services were very

important, but that they could not stand alone, at least at the present time. Whether the perspective was limited to the general public and communities or was more expansive, informants noted the limitations imposed by the typically under-resourced substance abuse and mental health fields.

Practitioners, programs, and the public in both urban and rural settings lack consistent access to high speed internet connections and high quality printing equipment, without which increasing the web focus was essentially meaningless. Thus, other functions such as the Call Center and automatic distribution of important products to key audiences is important, as is the maintenance of regional and state-focused connecting systems for getting Clearinghouse content out to users who don't have good access to the internet, for one reason or another.

Call Center

It was notable that, despite the expressed importance of the website, informants consistently reported that they received the best service when dealing directly with an NCADI or NMHIC staff at the Call Center. The Call Center functions are valued and thought to provide good services. Hold times are reported to be short and referral services good, across both NCADI and NMHIC services.

For organizations having an ongoing relationship to the Clearinghouses, having a staff person assigned to them was noted as an important feature of service in the past, and all who had experienced this level of service hoped that it would continue. They believed that this arrangement meant that there was a level of understanding about product needs and often an individual rapport that supported trouble shooting and problem solving.

Order Fulfillment

There were complex problems in this domain,

as well as some strengths. As one informant put it:

“What works is the promptness and diversity of information... what doesn't is that you don't get the volume of publications that you want and need.”

For those organizations having formal relationships with the Clearinghouses, such as the ATTCs and the CAPTs, there is a good track record – they routinely order and receive large quantities of materials from NCADI to support conferences and workshops, and they are generally satisfied with the service they receive. The track record for mental health organizations and NMHIC is spottier. Some reported good, efficient relationships, while others were barely aware of the mental health Clearinghouse's existence and certainly didn't have a productive relationship with it.

States and community coalitions, on the other hand, more consistently reported that they could not get the quantities of materials they wanted and needed from the Clearinghouses. For many, the lack of ability to order in quantity was relatively new, and several speculated that budget cuts had reduced the capability of the Clearinghouses to maintain stock and fulfill orders. A distinct confusion about the status and future of RADAR was evident, as was a range of strongly held opinion about whether it should exist or not (see the last section of this report for more on the subject of RADAR).

Whether discussing NCADI or NMHIC, most informants raised as problems both literal materials availability (a desired publication is out of print or not on the Clearinghouse system) and insufficient quantities of high interest publications and materials. For at least one informant, though, the problem was too much material – via an NCADI automatic distribution that periodically sends the organization boxes of materials, evidently

with the expectation that these will then be distributed. However, this is a membership organization whose members don't particularly want these materials and the organization doesn't have the facilities to store them against possible future interest.

Several informants pointed to what was seen as a disconnect between SAMHSA and the Clearinghouses over the availability of new publications. Noting that SAMHSA has sent out information about new publications that the relevant Clearinghouse will not actually have available for distribution for several months, one remarked:

"We just don't believe SAMHSA anymore. We call the Clearinghouse to find out when we can actually get things."

Shipping and Delivery

Similar to the experience with order fulfillment, what were thought to be "most favored customers" have had what were regarded as excellent services. These included prompt shipping and drop shipping of quantity orders to the conference, training, or other locations where materials were be distributed. Both were highly valued by those who received this service. Overall, there were few complaints about shipping and delivery.

There was one exception, however: The Pacific Island territories were reported to be terribly frustrated with Clearinghouse shipping policies that required the equivalent of ground transportation for materials, so that shipments take several weeks or months to arrive. There was also some inconsistency in domestic shipping policy between the two Clearinghouses: those requesting NCADI publications have the option of paying for either two-day or overnight shipping by UPS, but that option is not available at NMHIC.

Other Functions

Other aspects of the Clearinghouse operations did not receive a lot of attention in the

interviews conducted with this group of informants, and since the interviews were largely unstructured, some activities may simply not have been on the informant's mind during the interview. There were some comments, mostly encouraging, about their forays into more advanced technologies:

"We love the podcasting! Cool and absolutely where things are going."

NCADI's regular webcasting operation is highly valued by those with the capability to receive these transmissions. Along with podcasts, these were described as the Clearinghouses' first entry into the new century. Informants encouraged more use of these new media, given their easy reach to younger audiences.

Although there is a lack of clarity about whether they will be available under the new contract, SAMHSA officials valued several Clearinghouse support functions, such as:

- * Developing draft answers to public inquiries forwarded from the White House and the Department
- * Developing draft reports to Congress
- * Editing of SAMHSA staff materials for wider dissemination
- * Production of video, broadcast, and podcast offerings for SAMHSA initiatives
- * Assistance in preparation of speeches by Center officials

Content Quality and Quantity

A number of informants commented on the general quality of materials available and on the reading and comprehension level at which these are set. From people whose content interests were about public and community materials, most were quite complimentary about the materials themselves.

Informants also remarked that people in the substance abuse and mental health fields are

accustomed to being under-resourced and to making do. They recognized the value of SAMHSA's investment in printing high quality posters and other materials for use in the field.

People whose content interests went beyond materials for the public or communities were more critical. As one respondent put it:

"Most people have gained a good bit of sophistication over the years, even at the community level, and we could step up the science base and the rigor."

Also, several informants felt that workforce data and workforce development content was missing or sub-standard. They wondered why materials were not developed to permit awarding CMEs and CEUs.

Others noted information gaps on the Clearinghouses' calendars. One informant remarked that SAMHSA was apparently better at publicizing conferences and schedules from communities other than its own.

Content Organization and Management

The Clearinghouses are seen as the places to go for general and consumer inquiries. Several informants, ruefully attributing their preferences to age, remarked that they highly valued the printed catalog over the website; they use it frequently, and safeguard it until the next issue arrives.

Most, however, commented unfavorably about the content organization of the websites. Accustomed to informational and other websites that offer high level audience sorting, e.g., for counselors, educators, consumers, etc., many informants wondered why the Clearinghouses didn't have a similar knowledge architecture.

Others thought that campaign materials should be organized and displayed as single

"families" of products. They also suggested that bibliographies of all holdings on a single topic should be offered. As one informant put it:

"How about something that says 'This is what we have. This is most important for your quality improvement staff... or your counselors... or whatever. Then I know what to do with it.'"

Other than for very general research purposes and staying current with SAMHSA programs and priorities, neither Clearinghouse is seen as a research resource by many informants. Several appeared to expect that the Clearinghouses would function like research libraries, e.g., offering primary sources, rather than secondary sources such as fact sheets. Others commented on problems like lack of proper bibliographical references (e.g., no publication dates on NMHC products), as well as many materials that are out of date.

Content management for the Clearinghouses also is seen as a problem by informants. Materials too often are mechanically listed without being organized using the insights of those who know the subject matter or practice. Materials are added to or removed from the inventory seemingly for reasons other than intrinsic qualities of accuracy, currency and completeness.

Some remarked that this was all a very mysterious process and that they could not penetrate the reasoning behind, for example, the re-publication or re-printing of one item as opposed to another. Several informants noted that Clearinghouse materials are dated and, in some cases, completely out of date and wrong, but continue to be offered side by side with current materials without annotation, context, or movement to an archival offering.

Clearinghouse Marketing and Visibility

There are clear challenges related to the visibility of the Clearinghouses, even among

this “insider” group of informants. As judged by one informant:

“This is Communication 101... but I’m not aware of what the Clearinghouse has to offer me or my staff.”

A striking moment came during an interview when one informant was led online to the NMHIC website. He then observed that, although he had been a grantee for some years, he had never heard of or used the site! Another informant remarked that the SAMHSA website was utterly confounding, and seemed unrelated to the NCADI website.

Many informants suggested that the Clearinghouses needed to actively market themselves to their target audiences. Clearinghouse staff and SAMHSA officials suggested much more in-service training for Information Specialists, so that they could thoroughly understand SAMHSA policy and programs, as well as the contents of the Clearinghouses. In fact, several grantees and subject matter experts offered to brief the information specialists so that they could respond to inquiries with greater insight (including input from Clearinghouse users).

Audience and Purpose

There were inconsistent views of the Clearinghouses’ intended targets and purposes. Informants tended to view both as primarily for the general public, but some mentioned the need to serve a wide range of other audiences, including: mass media, policy planners, those in need of services, services in need of clients, program directors, counselors, and scientists. Many took a fairly narrow view, typically correlated with their placement in the constellation of substance abuse and mental health organizations.

For example, with NCADI, some put the target audience and purpose in the context of time and policy, noting that, while the general

public might have been the target audience in the past, current Clearinghouse operations should be aligned with the structure of state level planning and regional training and technical assistance supports. Said one informant:

“The Clearinghouse should work with state systems; it should serve states... the CADCA Institute should serve communities.”

Others flatly asserted that NCADI was a vital support for individuals and communities and could not imagine where or how these resources could otherwise be made available to them. Still others lamented that non-governmental organizations were on the outside of the Clearinghouses’ distribution network, despite the dissemination capabilities of these entities.

Analysis of Clearinghouse Content Priorities

Brief Overview of Products Available

The two Clearinghouses have nearly 2,000 products on a wide range of topics in mental health and substance abuse. They are available either in print and electronic formats, or both. Products include fact sheets, publication lists and access guides created by the Clearinghouses themselves, designed to increase access to certain high-priority types of information, and to make better known what is in the two collections.

Sources for These Products

NCADI and NMHC receive products provided by NIDA, NIAAA, NIMH and the three SAMHSA Centers (the latter mostly created by contractors, and cleared by the SAMHSA Office of Communications).

Input from Informants on Products Needed

Informants were invited to describe content, programs, or activities that the Clearinghouses could offer that would better meet their own needs, or those of the field as they saw it. Few understood the content development or acquisition process, and many prefaced their suggestions with the qualification that they weren't sure whether, in fact, any kind of active content development was even a Clearinghouse function. Few had precise ideas about what format the content should take, e.g., fact sheet, curriculum, video, etc.

However, informants generally felt that the Clearinghouses could play a more active role in materials acquisition, and also in content development (including secondary access materials they create themselves). The following topics are presented in that context.

Specific Service Topics

A wide range of issues was mentioned by informants, typically in a quite general way, i.e., "We really need something on..." or "We

need information and resources on..." The topics indicated are not surprising, but reinforce that more products are needed about some of the main challenges the mental health and substance abuse fields face at present. Input was focused on the needs of the general public, and of community service providers.

* Substance abuse

- o Prescription drug abuse
- o Methamphetamine abuse

* Co-occurring disorders

* Mental health

- o Prevention of mental disorders
- o Suicide prevention
- o Disaster preparedness and response
- o Eating disorders
- o Cutting and other self-inflicted injury
- o Gambling

* HIV/AIDS

- o Prevention approaches
- o Dealing with HIV/AIDS in service settings

* Violence prevention

- o Dealing with gangs
- o Bullying

* Veterans issues

* Challenges for parents

- o Signs and symptoms of substance abuse and mental health problems
- o Intervention - 'what do I need to do?'

* Services for elderly persons

- o Dealing with depression
- o Dealing with substance abuse
- o Dealing with pain management

* Posters for schools and school guidance counselor offices

* Implementing evidence-based practices (including fidelity/adaptation issues)

*** Collaboration strategies for service agencies**

*** Capacity building for provider agencies, organizational change management**

Special Populations

A range of needs was mentioned for materials on how to deal with special populations in mental health and substance abuse services. Also highlighted was the need for translations of existing materials to increase their cultural appropriateness. Several informants noted that current materials on cultural competence available through the Clearinghouses seemed dated and limited in scope.

Several others noted with favor the number of products aimed at Hispanic and African American audiences. At the same time, they lamented the lack of similar materials for other populations, addressing both language and culture needs. Among the specific suggestions:

*** Broader inclusion of cultures such as those of the Caribbean Islands in faith-based materials**

*** Content translations of products into:**

- o Japanese
- o Chinese
- o Korean
- o Hmong

Workplace Services and Substance Abuse/Mental Health Workforce

According to many informants, there are two under-represented domains, both in this study and in the materials and services currently provided by the Clearinghouses: (a) employers and the workplace setting, where a majority of Americans continue to receive health benefits (and which are primary sites for substance abuse and mental health referrals, as well as of funding for services), and (b) the workforce of substance abuse and mental health practitioners at all levels of service.

One content need informants identified was for more basic orientation materials that address the current challenges facing employers, supervisors, and co-workers. An update and expansion of the kits for employers now available through the Clearinghouses is certainly called for. Additional materials focused on emerging mental health and substance abuse challenges also are a priority, as the responses required by employers are different now.

Several suggestions made by informants called for the Clearinghouses to do more to support development of the mental health and substance abuse workforces. For example, it was suggested that new products and information services would be very helpful for those in the prevention field dealing with implementation of CSAP's Strategic Prevention Framework. And there was a question about whether the Clearinghouses might provide at least some materials developed in formats that would make continuing education credits possible, a significant motivating factor for the workforce to use them.

Recommendations for Enhancing the Clearinghouses

The recommendations made by informants about how the Clearinghouses could be improved are organized into two sections. Effectiveness recommendations are presented under five concepts about technology-based information services, taken from a recent essay by Google's corporate management, "Ten Things Google Has Found to Be True:"

- * Focus on the user and all else will follow.
- * It's best to do one thing really well.
- * Fast is better than slow.
- * Democracy on the web works.
- * You don't need to be at your desk to need an answer.

Administrative recommendations are divided into three segments:

- * Peer networking
- * External partnerships
- * Administration

The first step in implementing these recommendations occurred during their review by SAMHSA Office of Communications staff during meetings on October 18, 2006. Some recommendations could be implemented directly, while others may require larger administrative consideration, including review against the implied requirements and limits of SAMHSA's authorizing legislation.

Effectiveness Recommendations

Of the five concepts taken from Google's essay (the other five are presented in a footnote at the end of this section), only the last statement was re-interpreted for the Clearinghouse study from Google's original perspective. Google's corporate planners were looking at cell phones, iPods and other alternative media for delivering its services. While the Clearinghouses may well explore

such options in the future, media solutions that utilize the telephone, the computer or the mail are its primary range now.

Here, "not at your desk" refers to the field application of information provided through the Clearinghouse – by people with mental health or substance abuse challenges and their families, by policymakers, and by treatment and prevention practitioners. None of them are particularly likely to be "sitting at the desk" when using the information, as would be appropriate for researchers or students. They are in action, and that perspective needs to be maintained in addressing the ways in which the recommendations of this study are implemented.

A - Focus on the user and all else will follow

These recommendations address understanding the audience for the Clearinghouses' services, learning what users want and how they want things delivered, and shaping service operations accordingly. "Customer focus" is a ubiquitous concept in the business world these days, and has migrated into the government and nonprofit sectors. But informants in this study consistently reported that the "customer focus" of the Clearinghouses was at times shadowy and vague, at least to them. It needs to come into significantly sharper focus, through implementing recommendations such as the following:

1 - Work with the three Centers to orchestrate contracts, grants and cooperative agreements into a more coherent system for content development and adaptation.

There are now approximately 50 contract entities and numerous grants and cooperative agreements funded through CMHS, CSAP and CSAT that generate products suitable for

dissemination through the Clearinghouses. Many of them do not even mention NCADI or NMHIC as potential partners in product development and dissemination, at levels appropriate to the professional independence of those conducting this work, and to the policy priorities of the three Centers. Once the Clearinghouses have more data about user needs (see recommendation 4 below), doors will open for more user-focused development of products that can be disseminated through the Clearinghouses, either directly or through its creation of fact sheets or summary brochures.

This process needs to begin with peer networking between the Clearinghouses and the funded projects just mentioned (see recommendation below), to look at potential collaborations. Out of such informal sharing can emerge procedures for ongoing interaction about “products in the pipeline” that can be highlighted for dissemination through the Clearinghouses when they are completed.

In some cases, the Clearinghouses may be able to offer advice about what content and formats are most urgently needed by specific target audiences, helping to shape product development. There may also be a role for the Clearinghouses to support content translation into difference formats or media, and for editorial support – though these are likely to be quite limited under current resource scenarios. “Muscular” contract monitoring by the responsible Center project officers will help assure that these interactions help to support the emergence of products that are needed by the field, and available in formats that make for the most effective dissemination.

2 - Work internally to refine and update the Clearinghouses’ own procedures for serving users.

Given the re-shaped priorities of the two

Clearinghouses under the current contract, some changes will help bring both the user and the Clearinghouses’ own objectives into sharper focus. Just as one simple example, when a user clicks on NCADI from Google or another search service, the “home page” that comes up is PREVLIN, which is clearly oriented to prevention. A home page that more explicitly states what’s in NCADI on both treatment and prevention, and how users can get easy access to it, would seem more appropriate.

Another “simple fix” involves the automatic system for mailing hard copy products. One informant stated he receives at least four copies of each product mailed by NCADI, which is a waste of public resources, a nuisance for the user, and a negative communication about how well the Clearinghouse “has its act together”! Careful updating of the SIMS database would help correct this problem, as the system has (according to several informants) as many as 50,000 out-of-date entries at present!

Procedures for including people in SIMS also need to be reviewed, to determine whether self-identification needs to be supplemented when creating mailing lists for specific target audiences (e.g., substance abuse counselors, mental health administrators). SIMS at present does not appear to permit assemblage of such targeted mailing lists.

A third involves a thorough review of documents currently in both Clearinghouse collections, to identify those that are out of date and remove them. For those still desirable to include for “archival” purposes, they can be so marked, so that they are not mistaken for the most recent sources in any dissemination.

A fourth involves developing a strategic plan for content distribution activities carried out by the two Clearinghouses. In addition to

improving distribution activities internally, such a plan could encourage better alignment with dissemination policies of other SAMHSA contractors and with partner agencies.

3 - Enhance the Clearinghouses' ability to connect users with resources wherever they exist.

In technology terms, the two Clearinghouses need to be more formally defined as a “portal” for information resources in mental health and substance abuse. Informants emphasized that such a function must go beyond what’s actually in the Clearinghouses. Somewhat like Macy’s referring customers to Gimbel’s in the classic film *Miracle on 34th Street*, one informant suggested that:

“If the clearinghouse could take the position that, if you need something, they will help you find it even if it’s not theirs, that would be great.”

According to study informants, Information Specialists already do some of this, but the “missing link” is a thorough inventory of where other resources are located, organized into a map of the environment for substance abuse and mental health content in other Federal clearinghouses and in private sources (e.g., publishers like Hazelden, foundation-sponsored resources like Join Together or the Kaiser Family Foundation website). Also, such a practice of universal connection should be placed into formally-stated policy for the Clearinghouses, and announced in all information describing their services.

4 - Encourage Clearinghouse users to focus on the larger context for information they receive.

Especially with the increased emphasis upon SAMHSA’s serving state entities, it would be helpful if the Clearinghouses could be more forceful in sending the message to users that information needs to be used in conjunction with technical assistance resources, such as

those available through state agencies in some states. This can be accomplished by adding language to the Clearinghouses’ websites, and training Information Specialists to interact with users. Alignment with current SAMHSA policy about community, state and federal partnerships would also be part of this step.

5 - Conduct a formative evaluation of Clearinghouse user needs.

More about users can be learned through a small-scale but rigorous formative evaluation study. Such a study would start with *data mining* of already-available information from Clearinghouse monthly reports, reports generated by the various support contractors, etc. Just as one example, a recent NCADI monthly report states that 86% of all information requests originated in someone’s home – this has profound implications for the design of Clearinghouse services.

The second step would be conduct of a *needs sensing study* with a targeted sample of actual end users of the two Clearinghouses. They could be asked via an unstructured interview about what content they would like to see the Clearinghouses offer and in what formats, and they could be asked to provide additional specific input on the Clearinghouses’ operations. Even users who have had little experience with the Clearinghouses could provide valuable input about how information can better support them – as consumers of services, as family members, as treatment or prevention providers, as researchers, etc.

To determine their relative value, the needs sensing study also could include a segment focused on actual use of Clearinghouse-provided services and products. Not all informants commented at this level, but those that did were very frustrated that almost nothing of meaning now is known about the even the most basic of Clearinghouse functions. As stated by one informant in this study:

“If we have a fast moving product, don’t we want to know why? Who is using it? How?”

All understood that this level of evaluation was neither needed nor possible on every item, but several pressed the point, noting that SAMHSA should know these things for at least the most used products.

The report from this formative evaluation study could be used by SAMHSA and its partners to promote changes in current Clearinghouse procedures. Also, routine channels for gathering additional input of this sort could be created, such as offering simple feedback loops that users of Clearinghouse products and services could employ (e-surveys, response mechanisms like Amazon’s reader reviews on the websites, etc.). These could have great value, as stated by one informant:

“SAMHSA has a potential goldmine of data if they would only make sure the data were collected.”

B - It’s best to do one thing really well

These recommendations have to do with narrowing the focus of the Clearinghouses, so that their limited resources can have more impact, both through structural integration and through refining operations to include only the highest-priority activities.

6 - Align or even merge the Clearinghouses into one more seamless operation.

The formal philosophy of the agency today is “One SAMHSA,” yet there are two Clearinghouses, a fact not lost on the informants in this study! By some simple steps of “branding” these operations as all part of the same larger effort by SAMHSA to serve targeted users, and aligning operations electronically, a unified identity can be achieved even while maintaining separate functions for mental health and substance abuse information, along with all or most of

the current content divisions on the websites, services offered by Information Specialists, etc.

For instance, technological changes could be made so that when anyone signs on to the Clearinghouses’ websites, regardless of entry point, the first screen they see is labeled “SAMHSA Clearinghouses” (with a tie-back to the master SAMHSA website – this is now under re-construction, so such changes would be very timely). This master home page would have a brief description of the two Clearinghouses, the services they provide and their relationship to SAMHSA’s mission, along with a button that would quickly link the user to either the mental health or substance abuse domain.

A slogan for the Clearinghouse operation also could be part of the unification, along with labels throughout both websites that clearly identify them as being part of SAMHSA (this could be easily done on print products as well). Some of these steps already have been taken, but a more comprehensive, branding-oriented strategy is needed.

Evolving the Clearinghouses in this way also may include evaluating a set of perceptions and beliefs that emerged from the informant interviews, many of which are essentially accurate. For instance, there is an imbalance in spending and organizational strength between substance abuse and mental health, reflected in the history of the two Clearinghouses. Historically, NCADI was administered by CSAP, resulting also in a perceived emphasis on prevention rather than treatment, a view which is currently supported by the PREVLIN home page.

Many informants stressed that there have been few efforts to collaborate on information products and delivery systems among the three SAMHSA Centers. Also they asserted that the Clearinghouses do not collaborate

with other organizations ... indeed that they are not well-connected to the substance abuse and mental health fields in general.

Informants who commented at this level often qualified their perceptual remarks with empirical truths: SAMHSA has two centers for substance abuse and only one for mental health; substance abuse spending within SAMHSA's budget dramatically exceeds that for mental health. Looking ahead, these equity questions need to be managed and solutions crafted that are sensitive to the perceived and real imbalances. While not all informants discussed the Clearinghouses at this level, those who did consistently pointed in the direction of creating the "brand and image" of a single SAMHSA Clearinghouse, with independent functions as appropriate.

Also, several informants actually called for the literal merging of the two Clearinghouses. Even though there are important differences between information needs and target audiences for mental health and substance abuse, the synergy and efficiency such a merger could create are more important.

7 - Create a more focused knowledge management architecture for the Clearinghouse websites.

Using government websites such as that of the National Cancer Institute, or businesses such as Amazon, as inspirational models, SAMHSA can increase the sophistication of the Clearinghouse websites' knowledge management architecture. This may be done internally by experts on the contractor's staff, or it may require hiring outside consultants.

More precisely identifying the Clearinghouses' audiences and their needs through a formative evaluation study is a key step in making possible a significant enhancement of knowledge management architecture. User and technology expert input could result in a website system that will

allow for quick content sifting by several different domain access points. This would help users quickly find content appropriate to their interests. NCADI's three ways of "slicing" the website content, and the dozen or so topics under which NMHIC content is organized, are steps in the right direction, but a number of informants felt that more sophisticated approaches are possible.

Recommendations for winnowing down and appropriately labeling Clearinghouse products already have been made. Such changes will reduce the likelihood that users will wander around poorly-organized content offerings, and be overwhelmed by the type or number of materials they find.

The revised knowledge management architecture for the websites then can feed into the larger management of the two Clearinghouses, as already outlined. The roles of the constellation of agencies, contractors, cooperative agreement recipients, grantees, and other organizations surrounding the Clearinghouses need to be explicit, functional, and visible to all parties. At the heart of the Clearinghouses, clearly defined processes for content acquisition, development and adaptation need to be created and coordinated.

All of these changes on the "input" side then need to be matched by considering what improvements might be made on the "output" side of an overall strategy for knowledge management, such as would be contained in the proposed strategic plan for distribution (see Recommendation 2). Underlying several informants' discussion of the Clearinghouses' functions was a deep anxiety about where materials are actually going, how they are being used, and what impact they are having.

How decisions are made about print quantities and re-printing is opaque, just as there is little understanding of how decisions are made

about what content gets developed, in what formats and by whom. Knowing more about the procedures by which these decisions get made will help create a more informed, involved user audience.

While many users remain uncritical on these points, others expressed dismay that the basic data needed to examine distribution simply were not being gathered, let alone examined. Some new data sources, as suggested elsewhere among these recommendations, are necessary to take proper action in this regard.

8 - Create an advisory committee for the Clearinghouses.

To support the improvements suggested in this report, it would be helpful to create a standing advisory committee to the Clearinghouses. Among its functions:

- * Reviewing procedures for user involvement
- * Providing technology surveillance (e.g., are the Clearinghouses keeping up with the evolving technology appropriate for nonprofit and government use)
- * Offering oversight on policy and of deliberate and unintended messages emerging from the Clearinghouses' operations
- * Review of formative evaluation data and its impact on operations.

Once approved at the required government levels, this committee might contain selected Clearinghouse users, as well as other community, professional, and advocacy groups, and specialists in communications, website management, and knowledge management. Representatives from each of the three SAMHSA Centers, and from the partner organizations outlined above, also are essential to this committee.

C - Fast is better than slow

These recommendations are organized around delivery issues, especially turnaround time from orders, and ease of access to materials.

9 - Explore cost-benefit of methods for shipping of materials requested by users.

Informants reported that shipping times for user-requested materials increased significantly when the Clearinghouses shifted from UPS to Fourth Class USPS. While bulk shipping of products to users already on SIMS mailing lists probably does not suffer from this procedure, since the user did not specifically request the materials, a number of informants reported end-users are not happy with the amount of time it takes to get items they've specifically requested. A cost-recovery model might even be explored, providing fast delivery if the user pays a surcharge.

10 - Maintain multiple access mechanisms to Clearinghouse materials.

For some users, the fastest route to the materials they want is through the catalog. Others indicated they prefer requesting materials from an Information Specialist rather than using the website ordering system. And still others prefer website access, which often parallels how they live the rest of their work and personal lives "online." Clear communications about the Clearinghouses' range of access mechanisms available will help users find their way to the method they prefer, which can in itself speed up service.

D - Democracy on the web works

These recommendations go beyond asking for input from users, to more actively involving them in shaping the Clearinghouses' products and services.

11 - Create pathways through the Clearinghouses for the substance abuse and mental health fields to share materials they have created that are based on Clearinghouse products.

Regional, state and local entities often create adaptations of Clearinghouse products tailored to given needs and circumstances. As one informant stated:

“I’ve always wished that there were a process in place so that when we, or our network, create a product, especially based on a TIP or TAP, that they could somehow be available for others to see and use...”

Some of these “home-grown” products would have potential for use in other settings. Several informants suggested that the Clearinghouses set up procedures by which these adapted or supplemental products could be reviewed for quality, annotated appropriately, and made available to others, ideally without a full clearance process.

12 - Create product-specific user feedback channels.

No matter how elegant the distribution and dissemination functions may be, and no matter how creatively and intuitively organized the websites appear, it is all pointless without content that is appealing, useful, current, accurate, and complete. Recommendations already have been made about more clearly communicating to users how content and format are determined, and how distribution is done. These can be put into an overall statement (contained on the websites and in a notice placed in all publications) about SAMHSA’s values for products - basic excellence, foundation in science, ease of field application, and consumer involvement in product development and dissemination.

Then, options can be explored for how to obtain feedback about use of specific products. Data about number of requests made from the field help, but more directed measures such as feedback loops through online needs assessments, or regular contacts with key organizations representing major user audiences, can also be helpful.

One option would be to create a website function allowing users to “review” the quality and impact of specific products, modeled after what Amazon now does in the commercial sector. This is an element of

good knowledge management missing from the Clearinghouses and from other government websites reviewed for this study.

Clearly, such methods have to be approached cautiously in a tight-resources environment. Input from other clearinghouse operations in the public and private sector can be sought for how to get this kind of feedback in cost-effective ways.

13 - Demonstrate user responsiveness by communicating improvements in the Clearinghouses.

Evolutions in the Clearinghouse’s objectives and operations need to be communicated to the field, using marketing approaches and encouraging potential users who haven’t used the Clearinghouse recently to do so. Such activities can be coordinated with the media operations of the SAMHSA Office of Communications, providing press releases or other communication strategies to let the field know about improvements.

A communications strategy specific to mental health might be particularly helpful. Even several study informants didn’t really know much about NMHIC and its services, which have been around for a shorter period of time than NCADI’s, and seem to be generally less visible within the mental health field.

Several informants also suggested that improvements in Clearinghouse operations be introduced through a brief online tutorial to help new users learn how to get access to information and products they need. If developed in a simple, cost-effective format, and offered to users through partnerships with field organizations (e.g., a link to the tutorial on the websites of key national organizations representing large user audiences in the mental health and substance abuse fields), this tutorial could help increase use and also provide another feedback channel.

E - You don't need to be at your desk to need an answer

These recommendations have to do with the “action nature” of both the mental health and substance abuse fields. It is not only a fast response that is needed, but one that emphasizes action steps that can be taken based on the materials provided.

14 - Include “immediate action steps” in Clearinghouses products and services, highlighting what users – individual consumers, families, communities and service providers – can do now to take advantage of what the Clearinghouses have provided.

Particularly in the secondary products created by the Clearinghouses (summaries, fact sheets, etc.) and in the information offered on the websites, there is an opportunity to emphasize immediate actions users can take, ranging from another resource they might contact, to strategies for community implementation of information provided, etc. Some secondary products might be created that focus on these matters of immediate application.

15 - Consider introduction of alternative media delivery systems for the Clearinghouses’ products and services.

Technology for delivering information to cell phones, iPods and other technological devices is rapidly evolving and becoming less expensive. Consultation from public or private users of such technology, and perhaps inclusion of a couple of experts on this topic in the proposed Clearinghouses’ advisory committee, could result in increased use of such approaches.

Administrative Recommendations

The administrative infrastructure supporting the Clearinghouses also needs enhancement. Some enhancements are required to better meet challenges like reductions in the Clearinghouses’ budget, and changes in the

scope of services/products in the new contract. Just communicating to all involved with the Clearinghouses about what these changes are will have value. But there also is a real opportunity to expand the connections of the Clearinghouses to its new institutional home in the SAMHSA Office of Communications, to other SAMHSA entities and partner agencies, and to the larger environment.

A - Peer Networking

Most informants knew about and commented on, at least in passing, the contract transition and the new organizational placement of the Clearinghouses within SAMHSA. Many qualified their comments by saying that they really didn’t understand the tasks or scope of the new contract, or the implications of the move to the Office of Communications. The following two steps can help:

16 - Conduct orientation meetings about the new Clearinghouse contract and management responsibility with all relevant parties at SAMHSA.

The Clearinghouses Project Officer can schedule interactions with senior managers of each Division in each of the three Centers, perhaps through appearances at management meetings. Each appearance could be preceded by an e-mail to participants, providing a brief overview of the Clearinghouse contract, highlighting both current services and changes that have been made recently.

At these meetings, input about Clearinghouse operations can be obtained, questions answered, and potential linkages or partnerships explored. The Clearinghouses Project Officer can then offer to put each participant on a listserv to receive regular (perhaps quarterly) updates on the Clearinghouses.

These orientation meetings also can focus on Center-specific issues. For instance, several

informants urged the creation of a CSAP KAP Project, aligned with the SAMHSA Office of Communications and the other two KAPs. Such an effort, if undertaken, could use the model of the successful KAPs in the other two Centers, and also build in a relationship with NCADI from the beginning (this was not done with the CMHS KAP and NMHIC). While it is not the responsibility of the Clearinghouses or of the Office of Communications to initiate such an activity, information and helpful support could be provided if CSAP decides to move in this direction.

Some activities happening at the Clearinghouse level may be of broader interest. NMHIC is developing an “early warning system” for CMHS project officers regarding product supply in the Clearinghouse. How will this be used, and could this model also be used by NCADI for CSAP and CSAT project officers?

Also at these sessions there could be discussions about possible cross-Center activities that could also involve the Clearinghouses. For instance, as one informant asked, how could the co-occurring TIP and CMHS Toolkit on the same subject be aligned, and how might the Clearinghouse participate in and benefit from this strategic alliance?

Briefings either in person or on the phone also would be desirable for CMHS, CSAP and CSAT contractors (particularly the ATTCs and CAPTs, which have direct responsibilities for information dissemination), and for the various Clearinghouse partners. New opportunities for good coordination and synergy could emerge from these briefings.

Finally, some conversations can take place within the Office of Communications itself. One example is the SAMHSA website redesign – how can this be aligned with recommendations made here about the

Clearinghouses? Also, an analysis of Office of Communications activities might reveal some potential for coordination in terms of press releases, etc.

And improving the accuracy of information provided by the Office of Communications about release dates of SAMHSA materials would help, as already mentioned. Several respondents indicated that release dates given them in the past by the Office of Communications turned out not to be accurate (though this problem may resolve itself now that the contract is within this Office).

Finally, there can be discussion of issues related to larger patterns of change within SAMHSA – the arrival of a new acting SAMHSA Administrator, the Drug Free Communities program returning to CSAP, etc. If there are any territoriality problems within the various elements of SAMHSA, strategies for resolving them also can be identified through these meetings.

17 - Conduct orientation meetings with Federal partner organizations.

A similar process can be followed to bring the Clearinghouses’ Project Officer into the appropriate management meetings at NIDA, NIAAA, NIMH and ONDCP – a preliminary e-mail, followed by an appearance to discuss current operations of the Clearinghouses contract and how it affects these other Federal agencies. Out of these meetings may emerge new potentials for information coordination and active partnership.

B - External Partnerships

There are many opportunities for the Clearinghouses to extend their reach through informal and formal partnerships with other organizations, particularly large national organizations in the mental health and substance abuse fields, with more general health-related entities, and with health communication institutions. An easy place to

begin such partnerships is in linkages with the websites and publication programs of these organizations, which typically involves very little in direct costs. For example, a basic description of the Clearinghouses (and a link to the online tutorial, if the recommendation made above is implemented) could easily be placed on the websites of other organizations.

18 - Explore partnerships with other information resources in the substance abuse and mental health fields.

There are a number of national organizations in the substance abuse and mental health fields that offer connections to large groups of users, as well as needs sensing information the Clearinghouses could use. For instance, Join Together, funded by the Robert Wood Johnson Foundation, offers a variety of information and technical assistance services to individuals and communities on substance abuse prevention.

Join Together at present does not have any formal relationship with NCADI, although the Clearinghouse has provided materials for the group's use in the past. Exploring some sort of mutual information sharing and linkage, as outlined above, would be a first step in creating a partnership. Join Together also periodically conducts research that may provide helping input to NCADI. For instance, they are completing a survey of 3,700 school teachers and administrators, about what materials for substance abuse prevention they have and where they go for help.

In the mental health realm, the National Mental Health Association is an example of a national group that could be approached about creating a more active partnership with NMHIC. NMHA currently lists the Clearinghouse on its online resource center, but other helpful linkages might be possible.

19 - Explore partnerships with larger nongovernmental health-focused organizations.

The Kaiser Family Foundation's website is a portal to some of the most creative work on HIV/AIDS being done anywhere in the world, and linkages with Clearinghouse resources on this subject might be explored. In addition, the Foundation made an important shift in 2001 from a clearinghouse to a knowledge portal model, serving as resource for funded campaigns. Its experiences with this shift might be useful to SAMHSA as the Clearinghouses are also contemplating some changes in direction.

Other foundations with interests in communications and product development related to substance abuse, mental health and HIV/AIDS might be approached through linkage with the Communications Network, the national professional organization of foundation staff who work in the communications arena.

20 - Explore partnerships with organizations focused exclusively on health communications.

Strategies for promoting dissemination and use of information about health issues, by the general public and by health professionals, is the main emphasis of the health communications field. A number of academically-based centers, such as one based at Johns Hopkins University, are leaders in this work, and could be approached for information-sharing and linkages via their websites and resource centers. The *Journal of Health Communication*, the premier professional journal in this field, might also be reviewed for appropriate linkages, and its editor approached for advice.

C - Monitoring and Reporting

Finally, the placement of the Clearinghouses

contract in SAMHSA's Office of Communications opens the door for enhancements in management and contract reporting activities, as well as synergies between the Clearinghouses' operations and SAMHSA's communications activities, as already mentioned.

21 - Further define project officer responsibilities for oversight of the Clearinghouses.

As the project officer learns more about the Clearinghouses, in part through some of the recommendations made previously, new opportunities may emerge for shaping this job role. For example, could the project officer make regular presentations to SAMHSA and Center senior management about the Clearinghouses? Can some of the project officer's time be devoted to peer networking with counterparts administering high-performing clearinghouses such as those operated by the Centers for Disease Control and Prevention, the National Heart Lung and Blood Institute and the National Cancer Institute? Are there opportunities for the project officer to reach out for selected learning experiences about the technical content and history of the substance abuse and mental health fields, to the extent that such background would be helpful to effective contract management?

Obviously, these options have to be considered in the practical terms not only of mission relevance, but also of time available for the project officer to undertake activities he feels would contribute to the success of the Clearinghouses.

22 - Craft reporting functions of the Clearinghouse contractor.

The contractor is required to provide a monthly report on the operations and finances of the Clearinghouses, as well as a Work Plan and Strategic Plan to guide overall contract performance. These documents can be

examined in light of the recommendations made in this report, to determine whether some adjustments might be desirable.

For instance, informants in this study often indicated they know less than they would like to about the ongoing operation of the Clearinghouses. The monthly report now includes an executive summary. Could this executive summary be shaped so that it would be suitable for sharing with the Clearinghouses advisory committee, with Center senior staff, with partner organizations, etc. – in other words, with all relevant users who might want to know how the Clearinghouses are doing? Or could a quarterly or annual brief report serve this purpose, if monthly summaries are “too much information”?

Several informants also suggested that any data on Clearinghouse operations gathered by the contractor be made available in retrievable format, for use in research or field analysis, particularly by SAMHSA or partner Federal agency contractors and grantees. How to make the data available for this purpose might be an issue considered by the proposed advisory committee.

23 - Deal with specific issues of Clearinghouse operations raised either internally or by the field.

Periodically, issues about the Clearinghouses will be raised either by the field, as was done by informants on this study, or internally. The project officer can coordinate mechanisms by which such issues can be surfaced and dealt with, either as a routine part of contract administration, or with input from the proposed Clearinghouses advisory committee.

a. status and future of RADAR - Informants indicated some awareness that the new contract is changing how SAMHSA supports the RADAR effort, but are not sure what these changes are or how they affect activities at the

state and community level. A clear communication about this matter is important because in this study there was a real disparity

of strongly held opinion about the RADAR program. In the words of one informant:

“Ax RADAR and do it now. It’s a hindrance and SAMHSA doesn’t seem to understand that there are a lot more organizations out there now that can do this work.”

At the other pole, another informant said:

“Don’t, for heaven’s sake, abandon RADAR!”

A number of informants had similarly strong opinions at both ends of this spectrum.

In the absence of a clearly communicated decision, informants were confused about this, commenting about the lack of a functioning RADAR system, or that it appeared to them that RADAR hadn’t been adequately funded but they didn’t understand why. Meanwhile, RADAR or RADAR-affiliated informants reported challenges such as the following:

“We are seriously suffering with the severe reductions in support for RADAR network and it’s affected the nuts and bolts of what we do. We continue to have the demand, but don’t have as much material. We’re limping along with a lot of low rent things like photocopying, but we can’t stock up and we have to tell people that they will have to wait. The elimination of the NCADI Communique has forced us to spend staff time we don’t have compiling lists for our constituencies and the shift from UPS to 4th class mail has dramatically slowed deliveries and limited our ability to respond to requests.”

b. relationship of formative evaluation to GPRA compliance, which is a contract function. Throughout the Federal government, creative decisions are being made to align the requirements of GPRA compliance with the larger purposes of formative and summative evaluation. In addition to the crafting that can be done by the project officer, input could be sought from others (e.g., through partner organizations and/or the advisory committee) about the most creative options that are available to conserve limited resources and produce data that will have multiple uses.

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Note: The other five “Google concepts” mentioned at the beginning of this section are:

- 6 - You can make money without doing evil.
- 7 - There’s always more information out there.
- 8 - The need for information crosses all borders.
- 9 - You can be serious without a suit.
- 10 - Great isn’t good enough.

Particularly the seventh concept, about making ever-increasing waves of information available to users; and the tenth concept, about striving to deliver more than expected, certainly also have relevance to the Clearinghouses.

Appendix A - Roster of Key Study Questions

- * What kinds of documents, information and services are these Clearinghouses currently providing, in what quantities, using what media (interpersonal, print and electronic) and to what stakeholders?
- * What kinds of impact have been documented for these activities (through evaluations, focus groups with key stakeholders, etc.), and what strategies for evaluation might be used in the future?
- * How are the delivery systems and product/information offerings of the Clearinghouses currently regarded by key stakeholders, and what gaps are there between the current status and what field audiences want (based on identified priority information needs and preferred delivery systems)?
- * How do the Clearinghouses align with other aspects of SAMHSA and its three agencies, the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) - plus the Office for Applied Studies (OAS) – including contractors and grantees of these agencies?
- * In particular, how do the Clearinghouses’ operations align with the key current priorities of SAMHSA (called “the redwoods”) - mental health transformation, the strategic prevention framework, treatment capacity expansion, and an integrated approach to co-occurring disorders?
- * How do the Clearinghouses’ operations align with the goals and activities of SAMHSA’s Federal partners, the Office of National Drug Control Policy, the National Institute of Mental Health, the National Institute on Drug Abuse, and National Institute on Alcoholism and Alcohol Abuse?
- * How do the Clearinghouses’ operations compare with similar activities of clearinghouses operated by other Federal agencies, with similar projects supported by foundations, and with the current state of the art in information dissemination?
- * What specific recommendations for enhancement of the Clearinghouses (both delivery systems and product/information priorities) come from stakeholders, SAMHSA and other Federal agency staff, and non-governmental entities concerned with dissemination?

Appendix B - Roster of Informants

SAMHSA

Paolo del Vecchio, Substance Abuse and Mental Health Services Administration
Jennifer Fiedelholz, Substance Abuse and Mental Health Services Administration
Cathy Friedman, Substance Abuse and Mental Health Services Administration
Deborah Goodman, Substance Abuse and Mental Health Services Administration
Charlene Lewis, Substance Abuse and Mental Health Services Administration
Beatrice Rouse, Substance Abuse and Mental Health Services Administration

CMHS/CSAP/CSAT

Ron Armstrong, Center for Substance Abuse Prevention
Joyce Berry, Center for Mental Health Services
Westley Clark, Center for Substance Abuse Treatment
Chris Currier, Center for Substance Abuse Treatment
Deborah Galvin, Center for Substance Abuse Prevention
Anne Herron, Center for Substance Abuse Treatment
Michael Lowther, Center for Substance Abuse Prevention
Robert Lubran, Center for Substance Abuse Treatment
Michael Malden, Center for Mental Health Services
Anne Mathews-Younes, Center for Substance Abuse Treatment
Richard McKeon, Center for Mental Health Services
Nel Nadal, Center for Substance Abuse Prevention
Kathryn Power, Center for Mental Health Services
Peggy Quigg, Center for Substance Abuse Prevention
Fran Randolph, Center for Mental Health Services
Dennis Romero, Center for Substance Abuse Prevention
Lisa Rubenstein, Center for Mental Health Services
Ted Searle, Center for Mental Health Services
Bill Sowers, Center for Substance Abuse Prevention
Bob Stephenson, Center for Substance Abuse Prevention
Deborah Stone, Center for Mental Health Services
Ivette Torres, Center for Substance Abuse Treatment
Michele Westbrook, Center for Substance Abuse Treatment

Federal Partner Agency

Gem Benozza, Office of National Drug Control Policy
Della Hann, National Institute of Mental Health - Office of Science Policy, Planning, and Communications
Brian Marquis, National Institute on Drug Abuse
Diane Miller, National Institute on Alcohol Abuse and Alcoholism, Office of Science Policy and Communications - Communications and Public Liaison Branch
Janell Richardson, National Institute of Mental Health - Public Inquiries and Dissemination Branch

State Agency/Organization

Theodora Binion-Taylor, Illinois Department of Human Services - Division of Alcoholism and Substance Abuse

Don Braeger, California Department of Alcohol and Drug Programs

Bill Blanchard, Louisiana RADAR

Leslie Brougham, Louisiana Office for Addictive Disorders

Joe Comaty, Louisiana Department of Health and Hospitals - Office of Mental Health

Judy Cushing, Oregon Partnership

Kimberly Fornero, Illinois Department of Human Services - Bureau of Substance Abuse Prevention

Henry Lozano, Californians for Drug-Free Youth

Lillian Hiccup, Illinois Department of Human Services - Division of Alcoholism and Substance Abuse

Stephen Mayberg, California Department of Mental Health

Rhonda Messamore, California Association of Alcohol and Drug Abuse Counselors

David Monti, California Department of Alcohol and Drug Programs

Sara Moscato, Illinois Alcoholism and Drug Dependence Association

Nick Nichols, Vermont Mental Health Services

Mary O'Brien, Illinois RADAR

Lorrie Rickman Jones, Illinois Department of Human Services - Division of Mental Health Services

Annie Ramniceanu, Vermont Addictions Professionals Association

Deyonne Sandoval, New Mexico RADAR

Peggy Sapp, Informed Families: Florida Family Partnership

Sara Simon, New Mexico Counseling Association

Corbett Sionainn, Vermont RADAR

National Organization

Ev Bussema, United States Psychiatric Rehabilitation Association

Dan Fisher, National Empowerment Center

Andrea Fiero, National Association of State Mental Health Program Directors

Michael Fitzpatrick, National Alliance on Mental Illness

Lewis Gallant, National Association of State Alcohol/Drug Abuse Directors

Eric Helmuth, Substance Abuse Librarians & Information Specialists

Mary Larson, Community Anti-Drug Coalitions of America

Ted Letterman, National Association of State Mental Health Program Directors

Shirley Beckett Mikell, National Association of Alcohol and Drug Abuse Counselors

Alan Moghul, National Prevention Network

James Radack, National Mental Health Association

Sis Wenger, National Association for Children of Alcoholics

Clearinghouse Subcontractor

Sarah Baron, IQ Solutions (Contractor, NMHIC Call Center)

Jorge Guzman, IQ Solutions (Contractor, NCADI Call Center)

Deanna Stewart, IQ Solutions (Contractor, NMHIC Call Center)

Jim Thompson, IQ Solutions (Contractor, NCADI Call Center)

James Turner, URC (Contractor, NCADI Exhibits)

Related SAMHSA Project Contractor

Lonnetta Albright, Great Lakes Addiction Technology Transfer Center
Holly Brooks, Johnson, Bassin & Shaw, Inc. (Contractor, CSAT KAP)
John Draper, National Suicide Prevention Lifeline
Barbara Fink, Johnson, Bassin & Shaw, Inc. (Contractor, CSAT KAP)
Tanya Garcia, Center for the Application of Prevention Technologies (Northeast)
Chris Gilmer, Center for the Application of Prevention Technologies (Southeast)
Anara Guard, Suicide Prevention Resource Center
Jill Hensley, CDM Group (Contractor, Co-Occurring Center for Excellence)
Julie Hogan, Center for the Application of Prevention Technologies (West)
Paula Horvatic, Mid-Atlantic Addiction Technology Transfer Center
Jerry Jaker, Center for the Application of Prevention Technologies (Central)
Mary Beth Johnson, Addiction Technology Transfer Center (National)
Beverly Lancaster-Hyde, Vanguard Communications (Contractor, Systems of Care)
Elizabeth Marsh, Johnson, Bassin & Shaw, Inc. (Contractor, CSAT KAP)
Ryan Parks, Vanguard Communications (Contractor, Systems of Care)
Brenda Powell, Center for the Application of Prevention Technologies (Southwest)
Michael Shafer, Pacific Southwest Addiction Technology Transfer Center
Susan Storti, Addiction Technology Transfer Center of New England

Other Federal Agency Clearinghouse/Dissemination

Mary Anne Bright, National Cancer Institute - Cancer Information Service
Dwayne Simpson, Texas Christian University

Foundation Clearinghouse/Dissemination

Matt James, Kaiser Family Foundation
David Rosenbloom, Join Together

Information Dissemination

Douglas Anglin, University of California, Los Angeles - Integrated Substance Abuse Programs
James Dearing, Ohio University - School of Communications Studies
Scott Ratzan, Journal of Health Communication

Appendix C - Additional Technical Recommendations

Following are recommendations made by study informants that were more technical in nature, and that did not fit precisely within the scope of the larger recommendations outlined in the body of the study report.

- 1 - Review usefulness of the Clearinghouses to researchers in substance abuse and mental health. Informants who are researchers state that the current level of usefulness is very low; for instance, listings of publications in NMHC do not even include the date of publication.
- 2 - Explore possible synergies between Federally supported research studies on national trends in mental health and substance abuse, e.g., to see if there is a relationship between trends in substance abuse and requests for NCADI materials.
- 3 - Review corporate knowledge management and university knowledge management systems to expand the benchmarks for Clearinghouse performance set out in this study.
- 4 - Review standards, benchmarks and model processes for user and field-involved active content management (with a special emphasis on content that is designed to provide performance support tools for practitioners).
- 5 - Explore partnerships with public and private providers of pre-service and in-service training, credentialing and certification (including continuing education authorities) for the substance abuse and mental health workforces.
- 6 - Explore ways in which other Federal agencies have used evaluation and monitoring data about clearinghouses, gathered for program improvement purposes, for GPRA compliance, and vice versa.
- 7 - Bring together ATTCs, CAPTs and CMHS technical assistance contractors for a joint meeting with Clearinghouses staff to discuss issues in (a) user needs sensing, (b) content development and management, (c) dissemination media, (d) evaluation and (e) collaboration.
- 8 - Explore how NCADI could collaborate more creatively with SALIS.
- 9 - Explore development of a new publication, “Annual Review of Substance Abuse Treatment,” which would identify the most important books, journal articles and other publications/media in substance abuse treatment (all of them available at NCADI), prepared by NCADI with a “blue ribbon” advisory committee and distributed widely in electronic form. Similar publications could be created for CMHS and CSAP.
- 10 - Convene a meeting of senior staff from the most innovative Foundation programs in information dissemination, such as Kaiser Family Foundation, Dana Foundation and Talaris Research Institute, to explore “best practices” and look for collaboration possibilities.

11 - Inquire from the SAMHSA legislative contact whether there is a Congressional interest in the Clearinghouses (and whether there is a specific legislative mandate for their existence), and determine whether some sort of presentation about the Clearinghouses to Congressional staff might be useful.

12 - Identify a “theme,” such as disaster preparedness, to be highlighted in the Clearinghouses’ activities for each year, including a special section about this effort on the website.

13 - Request a volunteer senior staffer from Amazon and Google be dispatched to SAMHSA for the day, to brainstorm with Clearinghouses’ leadership and SAMHSA Office of Communications leadership about how the operations and technology of the Clearinghouses could take advantage of recent advances in the private sector.

14 - Review findings from the Join Together survey of American teachers and administrators about what actually happens in classrooms about alcohol and drug education, to determine whether there are learnings that might influence future strategies at NCADI.

15 - Convene a meeting with academic researchers in the information dissemination field, including those concerned both with substance abuse and mental health, to identify knowledge and state-of-the-art practice that might be transferred into improving the Clearinghouses.

16 - Instruct the Clearinghouses’ contractor to keep a tally for one year of how many SAMHSA application kits are mailed out per grant announcement, so that a data-based review of this function can be undertaken.

16 - Bring together a meeting of SAMHSA and contractor staff responsible for the various steps involved in disseminating hard copies of SAMHSA grant announcements through the Clearinghouses; such a meeting can more clearly identify who is responsible for what, and can result in a memo summarizing this process that will be helpful to all.