

## Attachment 1

### CSAT Knowledge Application Program Questions About KAP Products

The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Treatment (CSAT) Knowledge Application Program (KAP) is keenly interested in your experiences with our family of products, which includes Treatment Improvement Protocols, Technical Assistance Publications, KAP Keys, *Advisories*, and *In Briefs*. We develop KAP products based on the needs of professionals in the substance use and mental health fields; your responses to our brief survey will help us enhance the development, dissemination, and use of KAP products. No personally identifying information will be collected; your email address will not be retained with the survey responses. You may skip any question at any time. All responses will be combined for reporting purposes.

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 12 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

[All respondents]

Thank you for taking this survey. The initial questions ask about how and where you find professional resources related to behavioral health (including the substance use and mental health fields).

1. How often do you use the following resources to find information or new developments in the behavioral health field (including substance abuse and mental health)?

Source	Never	Rarely	Sometimes	Frequently	Very Frequently
Books, journals, newsletters, or other professional publications	•	•	•	•	•
Attendance at conferences (professional meetings, or provider associations)	•	•	•	•	•
Participation in training sessions, seminars, workshops, or technical assistance					
Online	•	•	•	•	•
In-Person	•	•	•	•	•
Professional supervision/consultation or peer supervision groups	•	•	•	•	•
Informal, in-person conversations with other professionals in the field or other contacts	•	•	•	•	•

2. How frequently do you use the following online sources to access information related to your work?

Source	Daily	Weekly	Regularly, but Less Than Weekly	Infrequently or Rarely	Never
Online (social media sources, including blogs, Facebook,	•	•	•	•	•

Source	Daily	Weekly	Regularly, but Less Than Weekly	Infrequently or Rarely	Never
LinkedIn)					
e-Journals (such as open source and subscribed journals)	•	•	•	•	•
Government Web sites (e.g., SAMHSA, ATTCs, NIMH)	•	•	•	•	•
Professional association Web sites	•	•	•	•	•
Online learning (e.g., online courses, Webinars, podcasts, videos [Vimeo, YouTube])	•	•	•	•	•

3. Are there any sources that you use to access professional information that we did not mention?

- Yes
- No
- Don't know

If yes, please specify: \_\_\_\_\_

4. What are your preferred methods for accessing or receiving information related to your field? (Please mark the top three preferences.)

- Reviewing material on government or organization Web sites
- Downloading files from professional and/or government Web sites
- Mobile applications
- Professional blogs
- Social media (e.g., Twitter, Facebook, Tumblr)
- Podcasts
- Hard-copy materials, such as books, journals, or professional newsletters
- e-Books
- Webinars or e-learning courses
- In-person conferences or training
- Other (Please specify: \_\_\_\_\_)

5. Do you hold a certification or license as a behavioral health professional (e.g., licensed professional counselor, certification as a drug and alcohol counselor) in any state?

- Yes
- No

If yes, please specify \_\_\_\_\_

6. What is your area of specialization? (Please check all that apply.)

- Alcohol and drug treatment
- Substance use prevention/education services
- Mental health treatment
- Mental illness prevention/education services
- Primary care/nursing/other health care
- Behavioral health
- Other (Please specify: \_\_\_\_\_)

7. For how many years have you worked in the area(s) you indicated above? Total number of years:

\_\_\_\_\_

8. How would you characterize your current position at work? (Please select all that apply.)
- Counselor/therapist
  - Clinical supervisor
  - Program manager
  - Administrator
  - Case manager
  - Intake counselor, assessor, or evaluator
  - Policymaker
  - Outreach
  - Researcher
  - Trainer/educator
9. How would you generally describe the client/patient population that you serve? (Please select all that apply.)
- Women
  - Men
  - Families
  - Adolescents (ages 12–17)
  - Young adults (ages 18–24)
  - Individuals currently involved in the criminal justice system
  - People with or in recovery from substance use disorders
  - People with or in recovery from mental disorders
  - People with or in recovery from co-occurring substance use and mental disorders
  - People with or in recovery from co-occurring medical and substance use and/or mental disorders
  - Other (Please specify: \_\_\_\_\_)
  - I do not work directly with clients/patients or in an agency that provides client/patient services
10. Do you currently use or have you ever used any KAP products? (Examples of KAP products are listed below.)
- Yes
  - No
    - Treatment Improvement Protocols (TIPs) (click here to see a sample TIP)
    - Technical Assistance Publications (TAPs) (click here to see a sample TAP)
    - Quick Guides (click here to see a sample Quick Guide)
    - KAP Keys (click here to see a sample KAP Keys)
    - *Advisories* (click here to see a sample *Advisory*)
    - *In Briefs* (click here to see a sample *In Brief*)
    - Consumer products, such as brochures, comics, booklets, or fotonovelas (click here to see a sample consumer product)
11. How do you use KAP publications in your work? (Please select all that apply.)
- Training and professional development
  - Program development
  - Intervention and counseling technique suggestions and guidelines
  - Administrative guidelines
  - Development of program policies and procedures
  - Grant applications
  - Research

For the following questions, please write the type (e.g., “TIP”) or, if possible, the title (e.g., “*Improving Cultural Competence*” or “TAP 21”) of a specific KAP product you have used and answer the questions below based on this product.

**KAP Product:** \_\_\_\_\_

12. How satisfied are you with the overall quality of this specific KAP product? (Please select only one.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

13. What did you like **most** about the specific KAP product you reviewed for this survey? (Please select all that apply.)

- Format (e.g., booklet, pamphlet) is appropriate for the material
- Appearance (e.g., colors used, display/layout, graphics, font size, product size)
- Length
- Content is useful for my professional needs
- Comprehensive
- Up-to-date and relevant information
- Provides information on best and evidence-based practices
- Easy to read, understand, and follow
- Useful for screening for mental and/or substance use disorders
- Useful for providing treatment to clients/patients
- Useful for providing prevention, training, and/or education services
- Useful for clinical supervision and consultation
- Useful for administrative and program management services
- Other (Please specify): \_\_\_\_\_

14. What did you like **least** about the KAP product you reviewed for this survey? (Please select all that apply.)

- Format (e.g., booklet, pamphlet) is not appropriate for the material
- Appearance (e.g., colors used, display/layout, graphics, font size, product size)
- Length
- Content was not useful for my professional needs
- Not comprehensive
- Out-of-date and irrelevant information
- Fails to provide best and evidence-based practices
- Difficult to read, understand, and follow
- Not useful for screening for mental and/or substance use disorders
- Not useful for providing treatment to clients/patients
- Not useful for providing prevention, training, and/or education services
- Not useful for clinical supervision and consultation
- Not useful for administrative and program management services
- Other (Please specify: \_\_\_\_\_)

15. For which of the following areas, if any, does the product need improvement?

A. Format and appearance:

- Length
- Ability to access or view on mobile devices
- Content presented in an appealing way (easy to read, easy to digest)
- Design/layout
- Graphics

B. Adaptability or usefulness:

- Training and professional development
- Program development
- Intervention and counseling technique suggestions and guidelines
- Administrative guidelines
- Development of program policies and procedures
- Grant applications
- Research

C. Content:

- Inclusion of current or up-to-date information
- Comprehensiveness of information included
- Relevance to substance use prevention and treatment providers
- Relevance to mental health services providers
- Clarity of information presented
- Appropriateness for diverse audiences
- Ease of understanding the material

16. Would you be interested in participating in a focus group or discussion about KAP product development?

- Yes
- No *[if answer is no for all products, end survey]*

If you are interested in participating in a focus group or discussion to help shape future KAP products, please send your name and contact information to <clickable email address>. Should you choose to send us your information, your responses on this survey will remain anonymous and your contact information will not be shared with anyone other than those KAP staff members running the focus or discussion group.

Please provide the following information about yourself for use in describing our survey participants:

17. What is your gender?

- Male
- Female
- Other

18. What is your age? \_\_\_\_

19. Do you consider yourself to be:

- Hispanic/Latino
- Not Hispanic/Latino

20. Which of the following races do you consider yourself to be? (Please check all that apply.)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Thank you very much for your time and assistance!**

**Please visit the SAMHSA Store (<http://store.samhsa.gov>) for additional product information and resources.**