



GCC Insider

The GAIN Coordinating Center Newsletter

GCC holds annual meeting

On February 27 the staff of the GAIN Coordinating Center, led by Michael Dennis, senior research psychologist and director of the GCC, came together for its annual meeting to review the past year's accomplishments and discuss plans for 2009 and beyond.

One especially exciting announcement was that GAIN data has been used to brief the Obama transition team, Congress, and the Office of National Drug Control Policy on the government's successful investment in the GAIN and other evidence-based practices. The Center for Substance Abuse Treatment's Assertive Adolescent Family Therapy (AAFT) program, which uses the GAIN, has proven to be almost twice as effective as generic CSAT programs in maintaining abstinence among adolescents with severe abuse, demonstrating that the investment in the program has been worth the expenditure and should be expanded.

Internally, there have been a number of big developments:

- As noted last issue, the Lighthouse Institute (of which the GAIN Coordinating Center is part) moved to a new office at the aptly named Crossroads Center, 448 Wylie Drive, Normal, IL 61761. The Lighthouse Institute had been spread across four buildings in Bloomington IL, so having everyone under one roof has been a nice change. The new office comprises several retrofitted storefronts in a former outlet mall, into which frame the architects were somehow able to add a second floor.
- The new office features a new training room, increasing the GCC's self-sufficiency and helping us keep the cost of trainings down by holding them on-site.
- A new client records management (CRM) to help the GCC more efficiently organize thousands of contacts, from large projects to individual GAIN users.

All the teams in the GCC have been handling increased workloads and developing new projects. Here are some of each team's highlights.

Project Coordination

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In addition to a slew of regional and CSAT projects:

- There have been a number of revisions to the national training model, including a restructured schedule, featuring more group work and a shorter Friday session, and significantly revised training materials distributed on a comprehensive training CD instead of the bulky manual binder.
- Pavillon Foster in Montreal has begun a major three-year plan to bring the GAIN and GAIN ABS to Quebec. Canadian and Quebecois law prohibits native data from being sent across the border to the U.S., so Pavillon will host a dedicated GAIN ABS server on Canadian soil, the first of its kind.
- GAIN-SS trainings are more popular than ever, with 14 web trainings and about 350 online trainees (via the Moodle open-source web training software) since September 2007 and 3 live presentations and about 180 live trainees since JMATE in March 2008. A GAIN-SS webcast filmed in Madison is required viewing for districts all over Wisconsin, and in June there will be a series of live presentations for between 120 and 280 trainees in Ontario.

Administration Quality Assurance

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- In FY2007 the A-QA team processed a total of 1,070 submissions for certification; in FY2008 they processed 1,813, a nearly 70% increase. The number of certifications issues went from 523 in FY2007 to 863 in FY2008. The team has maintained this pace into the first half of FY2009.
- The VGNI (Valoración Global de Necesidades Individuales), the Spanish-language version of the GAIN, is an increasingly important component of GAIN training and certification. There are currently four certified VGNI Administrators and one certified VGNI Local Trainer, and

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We'd love to hear from GAIN users with suggestions. All comments, suggestions, and inquiries can be sent to GAINInfo@chestnut.org or 448 Wylie Drive, Normal, IL 61761.

The GAIN Coordinating Center: Improving assessment to facilitate evidence-based practices.

GCC annual meeting (continued from previous page)

- two A-QA staff members and a coordinator continue to work on meeting the growing demand for the instrument and trainings.
- In the past year the A-QA team has greatly expanded the use of digital recordings and submissions, which eliminates the substantial expense of a cassette-based certification process. Digital recorders are now included in the materials given to trainees at all GCC-sponsored national trainings.
- The team has responded to the increased demand for GAIN Quick trainings and now works with more GAIN-Q trainees than ever before.

GAIN ABS

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Where to begin...

- 2008 was the year of GAIN ABS. As expected, there was a flurry of new users when the program went live. The team has worked successfully with multiple IT vendors to integrate GAIN ABS into a number of existing systems and will continue to do so throughout the coming year. Some upcoming additions include:
 - The incorporation of the GAIN Quick into the GAIN ABS system.
 - The creation of GAIN ABS versions of the FUL (follow-up log) and TTL (treatment transition log).
 - The rollout of a "pretty print" system to print a hard copy of the paper-based GAIN assessment with the participant's responses included.
 - A super validity report to check the entire assessment for inconsistencies and other areas requiring clarification from the participant.
 - The ability to create custom versions of the GAIN instruments.
- The GAIN ABS team has launched a stand-alone application and data-entry version of GAIN ABS for circumstances when an internet connection is unavailable.
- The GAIN has been integrated into the Web Infrastructure for Treatment Services (WITS), an online system for record client treatment information and meeting mandatory government reporting requirements.

Clinical

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- GAIN clinical trainings, piloted in 2007 and graduated to full-scale use last year, have become a significant component of the GAIN training model. To date there have been 10 GAIN clinical trainings (with four more anticipated in 2009) and a total of 103 trainees, with 48 of those going on to earn certification in Basic or Advanced clinical interpretation.

- The ASAM and DSM pre- and posttests and clinical interpretation exams are now conducted via the Moodle open-source web training software.
- The clinical team is working with the GAIN ABS team on improvements to the GAIN Recommendation and Referral Summary (GRRS). And in a development sure to please many users of GAIN ABS, the teams are also working together to incorporate the Individual Clinical Profile (ICP) into the new system.
- Lastly, in the upcoming year the team will be convening a clinical workgroup to work on several products currently in different stages of development.



Analytic

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- The GAIN analytic team has seen, in just the last three years, the publication of 54 papers and articles using GAIN data, with approximately the same number in progress now. The authors include both GCC and LI staff as well as external collaborators and independent researchers. The team has also moved to a more formal system of secondary analysis and is now working with three dozen different groups on various projects. And the team continues its heavy participation in conferences and advisory groups in the field. (Go to <http://www.chestnut.org/LI/gain/index.html> and scroll down to "GAIN Publications.")
- Janet Titus has been leading the VGNI project, which has seen the translation of the GAIN-I and GAIN-M90 instruments into Spanish and will, over the next three years, see the translation of the training manual and supporting materials and the GAIN ABS interface. Janet is also assisting in the translation of the GAIN Short Screener into a number of languages. She is also doing research on substance abuse treatment in deaf and hard-of-hearing populations, the effect of QA services on data quality, the links between trauma and substance abuse, and the correlation between gay/lesbian/bisexual populations and victimization.

- Barth Riley continues to work on the application of computer-assisted testing (CAT) to the GAIN, a major step that will shorten the GAIN's administration time for many clients while maintaining its validity, reliability, and clinical utility. Barth is also doing extensive work with Rasch analysis and the GAIN, including a series of analyses of the GAIN's major scales. In the fall of 2008, Barth also explained measurement issues to the National Institute of Health at the International Conference on Outcomes Measurement (ICOM), opening up doors for increased funding.
- Victoria Coleman, the newest GCC research scientist, has jumped into several projects, including a study of pregnant and postpartum women in substance abuse treatment; analyses of how certain items in the GAIN may function differently by gender, race, and age; a chapter on participant demographics in the Strengthening Communities for Youth (SCY) project for inclusion in an upcoming SCY book; a paper on the results of a study on telephone continuing care; and an article on barriers to treatment among African American participants in the Early Re-Intervention (ERI) experiment's recovery management checkups (RMC).

Data Management

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- The GAIN data team currently receives data from seventy-six CSAT grantees and eighty-two regional sites. The team has begun pulling data from GAIN ABS and will be slowly phasing out the old Legacy ABS data-submission model during the next several years.
- GAIN Data Manager trainings have been updated to include the process of using GAIN ABS, including how to correct GAIN Edits in GAIN ABS, and the removal of the exporting process. All trainings are conducted via the web using Microsoft LiveMeeting with plans to move to Moodle trainings.
- The Site Profiles have been enhanced to include preliminary outcome measures and Treatment Satisfaction Index (TxSI) early-engagement results. Also added to the Site Profiles is the functionality to convert the slides into PowerPoint presentations or Word documents. If interested in viewing all the new features, a demo of the Site Profiles is available in the Data Management folder on the FTP common site (<ftp://data.chestnut.org>; username: Common; password: public; both are case-sensitive).
- The team has introduced GAIN data coaching calls, greatly increasing many sites' successful GAIN data submission.

CSAT 2008 dataset is ready for use!

By Melissa Ives

We are pleased to announce that the 2008 CSAT datasets are ready for use by grantees and others interested in using them for secondary analysis. This article provides basic information about the number and type of records included in these two types of datasets:

The CSAT version 5 vertical dataset includes all variables and all records from CSAT grantees using the GAIN version 5. This file does *not* include data from studies that used prior versions of the GAIN (e.g., ATM, CYT) or from non-CSAT studies. It is formatted as a vertical dataset with one record per client-observation. The timing and number of follow-ups varied by program. There are 18,532 intake records and 29,806 follow-up records (11,887 at 3 months, 10,616 at 6 months, 890 at 9 months, and 6,413 at 12 months).

The CSAT summary analytic (SA) dataset has been limited to the summary measures (identifiers, demographics, scales, indexes, recency and days items, select items used for cost analysis, and all calculated variables; does not include individual symptom counts, most verbatim records or items that differ greatly from version to version). It is subset to

records with valid follow-up log (FUL) data and planned GAIN-M90 follow-up, where the client had reached the 3-month follow-up window, and where the site had 80% or more of their records with matched data across the GAIN-I, M90, early therapeutic alliance measure, FUL, and treatment transition log (TTL). The SA dataset includes *additional* records from studies that used version 3 or 4 of the GAIN but does not include records using earlier versions or records from non-CSAT studies. The SA data are formatted as a vertical file, with one row per client and observation, or as converted to a horizontal file, with one record per client and data from all waves in the same row—renamed to indicate the source wave (e.g., XOBSDT_0, XOBSDT_3, XOBSDT_6, XOBSDT_9, XOBSDT_12). There are 17,987 intake records and 35,004 follow-up records (12,866 at 3 months, 11,790 at 6 months, 2,248 at 9 months, and 7,920 at 12 months).

What is included? The CSAT 2008 datasets include records from CSAT-funded programs from the adolescent section, the juvenile justice section, the CSAT–Office of Juvenile Justice and Delinquency Prevention–Robert Wood

Johnson Foundation program, and selected CSAT adult grants. Table 1 contains the names of the individual programs and the dataset closing date (the last day of the reporting month included in the dataset). For active programs this was from June through August 2008 depending on the last available quarterly analytic file. These data can be subset to a specific program, group of programs, age group, or other criteria. There are other datasets that may be available as necessary but which might require additional work and time to merge onto these main datasets.

How many records are there now and what do we know about them? Table 1 shows the number of records in the SA dataset by program. It also includes basic participant demographics and characteristics. Further details and profiles by study and level of care are available on Chestnut's FTP common site (<ftp://data.chestnut.org>; username: Common; password: public; both are case-sensitive). Note that adolescent sites sometimes serve clients who are older than 17 years and are counted as adult clients.

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Table 1: CSAT Summary Analytic Dataset Sample Sizes and Characteristics by Program

Program ¹	GAIN version	Closing date	Number of cases					Characteristics							
			Intake	3 mon.	6 mon.	9 mon. ²	12 mon. ²	% with 1+ follow-up	% male	% nonwhite	% 15-17	% lifetime dependence	% any MH disorder	% 5+ problem areas	% residential Tx at index
AAFT	5	8/31/08	1,304	988	596	6	277	80%	71%	67%	79%	59%	71%	46%	5%
ART ³	5	3/31/06	1,637	1,344	1,136	169	794	90%	72%	67%	77%	85%	80%	66%	61%
ATM ³	3	3/31/03	1,455	1,006	1,341	812	1,321	97%	74%	52%	78%	78%	83%	65%	0%
CYT ³	3	8/31/01	600	588	581	571	564	100%	83%	39%	80%	54%	66%	53%	0%
JTDC	5	6/30/08	1,147	833	691	9	160	78%	67%	33%	74%	53%	64%	37%	1%
EAT ³	5	5/31/08	6,405	4,512	3,894	2	2,460	80%	71%	48%	70%	46%	61%	37%	0%
OJJDP	5	7/31/08	27	20	2	0	0	74%	93%	74%	93%	37%	44%	11%	0%
SCY ³	5	1/31/08	2,312	1,834	1,881	549	1,624	93%	75%	60%	77%	52%	66%	46%	14%
YORP	5	6/30/08	1,814	1,133	994	0	200	76%	88%	80%	67%	59%	57%	44%	3%
Other ⁴	5	07/31/08	1,286	608	854	130	520	80%	81%	61%	58%	61%	61%	41%	24%
TOTAL		08/31/08	17,987	12,866	11,790	2,248	7,920	84%	74%	59%	72%	57%	66%	45%	11%

¹ AAFT: Assertive Adolescent Family Therapy; ART: Adolescent Residential Treatment; ATM: Adolescent Treatment Model; CYT: Cannabis Youth Treatment; JTDC: Juvenile Treatment Drug Court (includes some Family Treatment Drug Court); EAT: Effective Adolescent Treatment; OJJDP: Office of Juvenile Justice Diversion Program collaboration with CSAT and RWJF; SCY: Strengthening Communities for Youth; YORP: Young Offender Reentry Program; other includes Earmark, TCE, and TCE-HIV.

² Shaded indicates optional wave for these projects.

³ Dataset finalized.

⁴ Dataset completed for subset of grantees and as of 7/31/2008 for active grantees.

2008 dataset (continued from previous page)

How can I use these datasets? Both types of datasets are available for use as de-identified datasets (XPID is replaced with a random value, XPID2, within site; XOBSDT is converted to the year of the interview; and all dates are converted to days since the GAIN-I administration date). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that data submission, processing, and use be covered by formal data sharing agreements between Chestnut Health Systems and each of the participating agencies (45 CFR Parts 160 and 164, Subparts A and E) as well as appropriate institutional review board permissions based on your organization's policies. Accessing GAIN data through the GCC is possible with appropriate data sharing agreements and permissions. The first step is to create an abstract (1 to 3 pages) describing the planned analysis and variables of interest and submit it to GAINEval@chestnut.org. The full process to access a de-identified GAIN dataset is explained in the LI Analytic Training Series memo available at http://www.chestnut.org/LI/downloads/training_memos/Access.pdf.



Twelve steps to GAIN Administration certification

by Sarah K.

1. We admitted we were powerless over the certification process—that our QA submissions have become unmanageable.
2. Came to believe that a QA professional could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of the GCC as we understood it.
4. Made a searching and fearless inventory of our QA submission.
5. Admitted to our QA reviewer, ourselves, and to our supervisor the exact nature of the inconsistencies in the interviews we conducted.
6. Were entirely ready to have the QA reviewer conduct a phone review with us.
7. Humbly asked the QA reviewer to remove some of the comments in our feedback.
8. Made a list of all the submissions we had sent in and became willing to make improvements to each of them.
9. Made direct corrections to these submissions wherever possible, except when to do so would cause such enormous frustration that we might injure others.
10. Continued to receive QA feedback and when we were wrong promptly admitted it.
11. Sought through the GAIN manual and phone reviews to improve our administration techniques and to contact the QA team for knowledge and power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.