

GAIN Services and Support for Adult Treatment Drug Courts (ATDC 2010 TI-10-011)

What services and support do you get if you choose to use the GAIN for ATDC?

GAIN Training

GAIN National Trainings

- GAIN “Train the Trainer” Events, also called GAIN National Trainings are held in Normal, Illinois at our new training facility located in our new Chestnut Health Systems Lighthouse Institute building. These 3.5-day trainings provide training on how to administer the GAIN as well as how to train others to administer the GAIN. The GAIN National Training includes presentations, small group work on administration, question and answer sessions, hands on practice with the GAIN instrument, tips to achieve certification, an overview of the clinical reports, discussions regarding using the GAIN to guide diagnosis and treatment planning, a demonstration of the GAIN ABS computer version of the instrument, Data Management information, optional sessions for follow up interviews, introduction to the Spanish version of the GAIN, a workshop to aid in finding inconsistent answers, and an opportunity for the trainees to make their first submissions towards Administration certification.
- Airfare, lodging, and transportation from hotel, training materials and lunch each day is provided to all trainees. We will also reimburse each trainee for other meals and some ground travel expenses based on a calculated reimbursement rate.
- Each site can send up to 4 staff members to GAIN National Training. Once you have used all four training slots, the agency will be responsible for the costs (separate from the package cost) associated to send someone to GAIN training if it is needed.

GAIN Clinical Interpretation (GCI) Training

- Although the GAIN “administration” training introduces the instrument’s clinical reports, mastery of the “interpretation” of those tools for clinical decision-making is not a requirement for administration certification because doing so requires extensive experience with the GAIN and a more advanced clinical background. So, to encourage the maximum *clinical* utility of the tool, the GCC offers an advanced clinical training after completion of the initial train-the-trainer coursework.
- GAIN Clinical Interpretation trainees need to come prepared to discuss difficult cases from their own experience and learn how to maximize the use and efficiency of the GAIN tools in practice. The 3-day clinical interpretation training with certification aims to (1) briefly review content from the initial training; (2) provide further training on using GAIN scale scores, the ICP (Individual Clinical Profile), and the GAIN placement grid for treatment planning; (3) provide training and practice on efficiently editing and using the GRRS; (4) strengthen the trainee’s understanding of how the GAIN relates to DSM and ASAM, and (5) prepare trainees for the clinical certification process.

- Airfare, lodging, and transportation from hotel, training materials and lunch each day is provided to all trainees. We will also reimburse each trainee for other meals and some ground travel expenses based on a calculated reimbursement rate.
- Each site is expected to send a staff member to GAIN Clinical Interpretation training (the GAIN Project Manager can offer permission to send a second person to training). Once you have used both training slots, the agency will be responsible for the costs (separate from the package cost) associated to send someone to GAIN Clinical Interpretation training if it is needed.

GAIN ABS Training

- GAIN ABS user training is offered via conference call or web-based software. These training events take place twice a month. While an overview of the GAIN ABS web system is given during the train-the-trainer event, the coaching web-conferences help to train additional staff at each site and ensure competence through additional testing and use of practice cases to develop familiarity with the software and report generation.

GAIN Data Manager Training

- In order to ensure the success of the data management process Chestnut will train one appointed Data Manager from each site using Microsoft Live Meeting and the GAIN Data Manager Manual.
- The Data Manager training will provide the local Data Manager with instructions on how to prepare GAIN data for retrieval and respond to all feedback prepared by the GCC data management team.

GAIN Certification

- GAIN Administration certification, GAIN Local Trainer Certification, and GAIN Clinical Interpretation certification are all offered by the GCC as a part of this grant. GAIN Site Interviewer certification is recommended to the GCC by the certified GAIN Local Trainers and approved and distributed by the GCC. *[Please see Appendices B and C for a detailed document on certification levels.]*

GAIN Coaching

GAIN coaching methods are intensive and broad in scope. GCC coaching is based on the method developed over a decade of working with CSAT treatment grantees. The GCC will provide multiple kinds of planned and event-driven coaching activities.

GAIN Project Coordination coaching

- Coaching e-mails in the early implementation phase are sent to remind grantee site staff how far along in implementation they should be (e.g., upcoming deadlines, paperwork due, predetermined number of intakes completed) and of upcoming coaching calls and available web trainings. Congratulatory e-mails are sent to recognize achievements such as reaching certification levels, first successful data submission, low number of GAIN edits for 3 months in a row, and other site accomplishments.
- The GAIN project coordinator makes post training site implementation calls 4-6 weeks after initial GAIN training to review early implementation decisions and paperwork and answer site questions.
- ATDC grantee group coaching calls will be via teleconferencing or web conference and will focus on needed implementation and clinical issues in using the GAIN. The GAIN project coordinator will encourage grantees to discuss problems they may be having and will check to see whether anyone is falling behind, call on those sites doing exceptionally well to share tips, and give basic updates from each of the GCC teams (e.g., software changes, information related to data submission such as total number of records, certification status and upcoming deadlines, etc.). Calls will often involve a special topic. Examples of call topics used for coaching include: (1) strategies to improve recruitment and introduce the GAIN positively to potential clients; (2) efficient and effective training methods for teaching staff to conduct interviews using the GAIN; (3) improving follow-up rates when starting the grant and collecting the right kind of location information; (4) how to fit GAIN clinical reports into daily practice; (5) identifying special program needs using the GAIN site profile reports.

GAIN Administration Quality Assurance team coaching

- GAIN Trainees that have entered the certification process are assigned to their own Administration Quality Assurance (A-QA) professional to guide and support them through the Administration and Local Trainer process.
- Trainees are sent weekly deadline reminders and tips for certification.
- Detailed behavioral feedback is provided for each submission processed and reviewed by the GCC. Phone reviews and booster work is provided to all trainees as well as additional training material and strategies to meet deadline requirements.
- The assigned A-QA professional will provide opportunities for practice, training activities and hands on practice with the tool. These coaching activities can be required or suggested for the certification process or may be requested by the GAIN trainees.

GAIN Clinical Interpretation team coaching

- The GAIN clinical coordinators make bimonthly calls to follow-up with people working on their clinical certification.
- The GAIN Clinical Project Coordinator sends deadline reminders via email to each trainee.
- Individual coaching calls are available to any trainee requesting extra assistance or needing guidance throughout the certification process.
- Group Clinical coaching calls are offered bimonthly or as needed for training groups.

GAIN Data Team coaching

- There are post training data manager calls (4-8 weeks after training) to provide coaching on how to submit data to the GCC for the first time.
- The ATDC grant will be assigned a Data Lead to assist them with site-specific questions regarding their sites data.
- The Data Team has a Data Coaching Specialist devoted to providing one on one time to grant sites in need of assistance with data submission. The site can request assistance by emailing data_submit@chestnut.org. Specialized coaching via the phone or Internet can be arranged at any time.

GAIN Monitoring

- GAIN Progress Reports are sent every month to the PI, Project Director (or assigned GAIN specialist at site). These reports are based on the sites progress with the GAIN and with the GAIN only. This insures that PI/Project Director is aware of sites GAIN related accomplishments and challenges [*Please see Appendix E for example of GAIN Progress Report Email*]
- Safety net e-mails will be sent to notify project directors of potential issues that have come up in the monitoring activities that could become problematic if not attended to (e.g., if early recruitment, engagement, or follow-up rates are falling below the 80% CSAT GAIN target levels).
- The Project Coordinator or Project Manager sets up noncompliance site calls as needed. These calls are occur when sites are out of compliance with grant requirements (e.g., Local Trainer requirement, required paperwork, follow up rates, etc.) and the purpose is to help the site develop an improvement plan.

Data Cleaning, Feedback and Site Profiles

- Chestnut's GCC will provide data receipting, cleaning, and data management services to support a fully functional GAIN dataset.
- After GAIN Data has been pulled, Chestnut's Data Team will review each GAIN assessment for data anomalies, and create comprehensive feedback, called GAIN Edits, and distribute these to the local sites by the end of each month. The responses or corrections to these GAIN edits are due back the following month.
- On a quarterly basis the GCC Data Management Team will create and distribute analytic SPSS data files with all additional variables, scales, and indices created and labeled for use by local site evaluators and any approved cross-site collaborations. Once each site has at least 20 GAIN Initial cases, the GCC data management team will also create a quarterly Site Profile report. This report includes information on the specific grantees; detailed tables and charts related to demographic characteristics, substance use patterns, lifetime severity, psychiatric comorbidity, crime, HIV risk behaviors, and treatment data. The charts can be tailored for use by sites – generating figures just for one site and/or figures comparing the site to the total (or any two sites). The GCC data management team distributes this site profile report to the GPOs and the local sites and posts it to a secure website archive quarterly. *[Please see Appendix F for an example of a few charts from the site profiles.]*
- GAIN Project Coordinators contact each site to ensure they have received Site Profiles and can provide assistance in navigating the reports and utilizing the report to PowerPoint feature.

Annual CSAT Adolescent and Adult Treatment Dataset

For the past six years Chestnut has collaborated with CSAT to create an annual summary adolescent and adult treatment dataset across all CSAT grantee sites using the GAIN. The CSAT AAT annual dataset is compiled using quarterly processed data collected in June, July, and August of the preceding year. This cross-program/site dataset is compiled, reviewed extensively, and de-identified to comply with HIPAA requirements. The CSAT annual dataset has grown to be the largest adolescent and adult treatment dataset in the field and is used by CSAT staff to answer questions from Congress, the White House, SAMHSA, treatment providers, and the public, among others. It is used to support cross-site collaboration of CSAT grantees for a given program (e.g., YORP, AAFT), population (e.g., African American, Hispanic, gender, young adult, deaf or hard of hearing), or topic (withdrawal, co-occurring disorders, trauma, suicide, crime, violence), as well as to attract graduate students and NIH-funded researchers to conduct more applied research. It is also used to support methodological analyses designed to measure and improve the reliability, clinical validity, and efficiency of the GAIN measures used by the CSAT grantees. Chestnut will continue to clean the data from this cohort and prepare it for inclusion in this common dataset as long as the GPO gives approval. Chestnut will do individual analysis using the combined CSAT AAT dataset based on requests received from the GPO or provide them with a de-identified copy of the data for their own analyses (with the GPOs approval).

Support Team Contact

The GCC provides e-mail support lines for each team involved in making a grant site successful. These Help Contacts are provided to each grant site and can be utilized at any time to provide support. Typically a support request will receive assistance within 24 hours during the regular workweek.

GAIN Administration and Certification

For questions on administering the GAIN, specific GAIN items, interpreting the GAIN, and questions on Administration QA, contact our GAIN SUPPORT team at gainsupport@chestnut.org

Examples of questions for GAIN Support:

- How would you code paralegal for item V5b?
- Why is ecstasy listed as a stimulant when it has hallucinogenic effects?
- How do I become a GAIN trainer?

GAIN Software

For questions related to ABS, contact our ABS SUPPORT team at abssupport@chestnut.org

Examples of questions for **ABS Support:**

- Why won't ABS let me enter my staff ID when administering a GAIN?
- I'm trying to enter the correct year on item A2a, but ABS won't accept it. Why not?
- How do I export data?
- I can't generate the report I want. What should I do?

Data

For data submission, GRL, or SPSS questions contact our DATA SUPPORT team at datasubmit@chestnut.org

Examples of questions for **Data Submit:**

- When submitting data, which files do I need to send?
- What does the color-coding mean on my GRL?
- How do I access the FTP site?
- When is the appropriate time to conduct a Treatment Satisfaction Index (TxSI)?
- How do I read my data into SPSS?

Evaluation

For questions related to analysis using GAIN data files, SPSS analytic questions, or publications using GAIN data, contact our analytic team at GAINEval@chestnut.org

Examples of questions for **GAIN Eval:**

- What is the reliability of these five scales?
- How do I identify groups of clients for analysis?
- I'd like to study a client group that is too small for analysis at my site. What can I do?
- How can I access pooled GAIN data?
- What other sites have clients like mine?
- Has anyone published a study using the Treatment Motivation Index?

Clinical

For questions related to the clinical application of the GAIN, contact our clinical interpretation training team at GAINClinical@chestnut.org.

Examples of questions for **GAIN Clinical**:

- The GAIN Recommendation and Referral Summary (GRRS) is diagnosing my client with something that I don't think he has. What should I do?
- The GRRS says my client is in remission, but I don't think so. What should I do?
- Are there any scales to help determine my client's coping abilities?
- How does the GAIN correlate to DSM and ASAM?

Appendix A – Benefits of Using the GAIN

1. The GAIN standardizes assessment. Often, current systems are inefficient and consumer unfriendly in that they ask the same questions or slight variations multiple times (e.g., phone, intake, primary counselor, nurse, psychiatrist) and fail to pass the information on efficiently or reliably because of high staff turnover, no standardization in how questions are asked or documented, illegible documentation, and failure to synthesize assessment, diagnosis, placement, treatment plans and progress notes, among other reasons.
2. The GAIN assessment system is designed to be progressive. Available tools are a very short screener for general populations; a moderate-length screener for specific populations (e.g., student or employee assistance programs, juvenile or criminal justice); and a comprehensive screening battery for treatment populations, who typically present with multiple problems. The collected data map onto information required for references or to work with specialists (e.g., psychiatric staff; probation or parole).
3. The GAIN assessment system is designed to provide immediate reports to support clinical decision making, such as diagnosis, placement, and treatment planning; interventions such as motivational interviewing and recovery checkups; narrative reports that can be easily edited, more detailed statistical reports for advanced users; and translations of instruments and clinical reports into Spanish and other languages.
4. The GAIN assessment system is designed to comply with the latest HIPAA privacy and security rules; to interface with local management information systems (such as for billing and records); and to transfer individual records to other agencies, to evaluators or researchers for program planning support, and to national datasets for reporting or for secondary analyses to look at subgroups or interventions across sites.
5. The GAIN assessment system includes a comprehensive training and certification program to address the needs for workforce development. This includes establishing national training standards and setting up GAIN Local Trainers within agencies who can instruct others on GAIN administration and interpretation.
6. The GAIN assessment system is designed to be a core piece of infrastructure to support clinical agencies and researchers interested in moving toward evidence-based practice by providing a large common dataset for needs assessment, outcome monitoring, and comparing across site, time, and population.
7. The GAIN assessment system is a peer-to-peer-social network, connecting subgroups of clinicians and researchers interested in particular populations, interventions (e.g., MET/CBT, ACRA, MST, MDFT, FFT), or placement issues (e.g., ASAM).
8. The GAIN assessment system is designed to facilitate comparison to major epidemiological datasets (e.g, NHSDA, NHIS) and estimate costs and benefits for economic analysis.
9. The GAIN assessment system is internally organized into modular scales that can be kept or dropped and summed up into larger scales. Each scale has multiple items to improve conceptual robustness, reliability, and statistical power, which improve both practice and research.

10. The GAIN assessment system can be used across age, time, and setting to track people over multiple episodes of care in the cycle of relapse, incarceration, treatment reentry, and recovery.

Appendix B – GAIN Local Trainer Certification

What does it mean to become a “GAIN Local Trainer”?

This fact sheet provides an overview of a GAIN local trainer, including the roles, the deadlines and requirements for achieving GAIN local trainer certification, models for quality assurance and where to get further technical information and support.

GAIN Local Trainer Role

- Trains staff on how to administer the GAIN and use it to support diagnosis, placement, and treatment planning. This includes training existing staff and newly hired staff.
- If being used clinically, chair or support case conferences using the GAIN for clinical decision-making.
- Act as the local first responder to program staff administering the GAIN and (if being used clinically) the individual clinicians using the GAIN for clinical decision-making and seeks additional help from the GCC when necessary.
- Conducts quality assurance and supervision with those using the GAIN both to initially certify the interviewer and maintain the level of quality over time.
- Recommends those staff members that have reached mastery level of administering the GAIN for site interviewer certification.
- Supports staff by keeping them up to date on GAIN related issues.
- Keeps the instruments, manuals, computer applications, and other support materials up to date and available for training and on-going use.
- Works with project or clinical coordinators to adapt procedures or instruments to specific local uses.

Requirements to Become a GAIN Local Trainer

- 1.) Attend a Chestnut Health Systems’ approved GAIN “train the trainer” training.
- 2.) Become a certified administrator of the GAIN.
 - This is accomplished by submitting audiotape-recorded interviews to the GCC QA team and receiving feedback on each submission.
 - This process continues until mastery level is reached and certification is granted through the GCC QA team. It usually takes 2-4 taped submissions to reach certification.
 - *The deadline for administration certification process is three months. All deadlines for certification begin from the last day of the GAIN training attended.*
- 3.) Pass both stage 1 and stage 2 of the local trainer certification process.
 - Stage 1 consists of reviewing a taped interview of a GAIN interviewer trainee not ready to be certified and providing detailed written feedback on issues found within the interview, things that were done well and what should be done next time when conducting an interview.
 - The reviewed tape is submitted to the GCC QA team for a blind review. Then a member of the GCC QA team compares the feedback written by the local trainer candidate with the feedback The GCC QA reviewer wrote.
 - Once the GCC QA team has determined that the local trainer candidate is proficient in giving specific, detailed, evaluative feedback to GAIN interview trainees the local trainer candidate passes stage 1. It often takes two submissions to pass this stage.

- Stage 2 consists of the same process outlined for stage 1 except the local trainer candidate must submit a tape of someone they feel has reached mastery level of GAIN administration. The GCC QA team evaluates the local trainer's ability to write feedback and also the local trainer's ability to determine that someone is ready to be a GAIN certified site interviewer.
- *The deadline for the entire local trainer certification process is six months.*

Models for Quality Assurance (QA)

Quality Assurance (QA) is a workforce development process that uses set standards to evaluate the quality of a GAIN interview and provides detailed feedback until mastery level has been demonstrated. After becoming certified, a local trainer can choose which model of quality assurance would be best for their agency or project.

1. Written feedback

- The GAIN local trainer listens to recorded interviews and writes formal detailed feedback similar to the feedback sent by the GCC QA team to those seeking administration certification.
- This model works best for trainers wanting a detailed account of how each interview went and for those trainers that may be at a different physical location from those they trained on the GAIN.
- GAIN local trainers interested in monitoring the ongoing quality of an interviewer may have the interviewer record all GAIN interviews and then will randomly choose tapes to review.
- The GAIN trainer may also choose to give informal written feedback using another format or notes from an interview.

2. In person feedback

- The GAIN trainer observes the GAIN interview and then afterwards meets with the interviewer to give in person feedback.
- The GAIN local trainer listens to a taped interview of the GAIN and then sits down with the interviewer to provide in person feedback.
- The trainer may also discuss written feedback in person or if at a different physical location, over the phone.

Technical Information and Support

GAIN Website: <http://www.chestnut.org/li/GAIN>

- a. GAIN Instruments and supplies
- b. GAIN Manuals and FAQs
- c. GAIN Training information
- d. GAIN Support (gainsupport@chestnut.org)

Appendix C – GAIN Clinical Interpretation Certification

What does it mean to be GAIN Clinical Interpretation Certified?

This fact sheet provides an overview of a GAIN Clinical Interpretation Certified staff person, including the roles, the timelines and requirements for achieving GAIN Clinical Interpretation Certification (GCIC), and where to get further information and support.

This is a requirement for at least one person at all ATDC grantee sites. Anyone attending this training must have first completed the GAIN Local Trainer Certification, so please keep this additional certification requirement in mind when determining who will attend the GAIN Administration Train-the-Trainer training.

PLEASE READ: This certification process is the last of 3 certifications that one staff person must complete to fulfill your grant requirements. It is designed for clinical supervisors, clinicians, and others who use the GAIN and its reports to support clinical decision-making. Individuals entering the GCIC process after becoming a local trainer should have training and experience in clinical decision making with substance disorders. The scope of practice of someone with GCIC is defined by the training and knowledge base of the individual and the state and agency guidelines to which the individual is accountable. This includes, but is not limited to that person's academic degree/s, clinical training, and license to practice. GCIC is not a professional license or certification. As such, GCIC-certified professionals should not operate beyond the limitations of their professional preparation and credentials; should not make any "diagnostic" decisions that they are not qualified to render; and should not misrepresent certification levels or credentials of self or others.

What does GCIC involve?

- GCIC involves attendance at a 3-day GCIC Training approximately 6-18 months after the GAIN Administration Training.
- GCIC involves approximately 20 hours of additional casework, including an open-book exam. The exam must be completed within 30 days of the GCIC Training. The additional casework must be completed within 90 days of the GCIC Training.

The Role of GAIN Clinical Interpretation

- A GCIC staff person helps ensure that clinical staff can:
 - Accurately interpret clients' self-reported information
 - Synthesize information from collateral sources
 - Use their clinical expertise and good clinical judgment to apply ASAM concepts to a case by using the GAIN instruments and reports
 - Maximize the utility of GAIN instruments for improving client service delivery
- The GCIC staff at each site helps other clinicians:

- Use the GAIN's clinical reports more efficiently and broadly in treatment planning
- Ensure greater consistency in clinical practice and treatment planning
- Ultimately, improve service delivery.

Requirements to Become Certified in GAIN Clinical Interpretation

- Completed the GAIN Local Trainer Certification
- Used the GAIN with at least 20 cases and be ready for more in-depth discussion on using the GAIN placement grid and other tools for treatment planning
- Submit an application form (The Intent to Pursue Clinical Interpretation Certification) for review by the GCC clinical review team. The form requires the candidate to provide information on education, clinical licensure, additional clinical training received, and GAIN certification dates and includes an agreement on scope of practice.
- Pass the GCC pretests on American Society of Addiction Medicine (ASAM) Patient Placement Criteria and on the Diagnostic and Statistical Manual of Mental Disorders (DSM) with a score of 90% or higher. (Self-paced ASAM and DSM primers are available to help prepare candidates for the pretests.)
- Attend a 3-day Advanced Clinical Interpretation Training.

Once the candidate has completed the advanced clinical training coursework, there are three stages to the GCIC process.

Stage one involves an open-book clinical written examination, which allows the GCC to evaluate the competency of a clinical candidate in three theoretical foundation areas:

- a. Diagnosis
 - i. Expected patterns of psychopathology related to the GAIN
 - ii. Clinical checks for recognizing inconsistencies in self-reported information, e.g., under-reporting, over-reporting, symptom suppression
 - iii. Use of GAIN Optional Diagnosis Worksheet
- b. Treatment Planning and Level-of-Care Placement
 - i. Interpreting Denial/Misrepresentation ratings in the GAIN
 - ii. Understanding and using problem history/severity and treatment history information
 - iii. Use of GAIN Treatment Planning Worksheet
- c. GAIN Scales and Acronyms
 - i. Recognition of acronyms for the GAIN scales/indices
 - ii. Clinical (not statistical) meaning, interpretation, and use of GAIN scales

Since candidates will have attended the clinical interpretation training prior to taking the test, it is expected that they score 90% or higher to pass the exam. With a score of 90% or better candidates are informed of the correct answers to any missed items. With a score between 80% and 90% candidates retake just the items they missed. A score of less than

80% requires retaking the entire exam without being informed which items were missed. Candidates will receive the graded exam back within 7 days of receipt.

Stage two of the GCIC process involves the review and editing of a GAIN Recommendation and Referral Summary (G-RRS)

1. The candidate must review a mock case, edit the G-RRS and return it so that a GAIN clinical reviewer can determine the candidate's proficiency in using the GAIN information.
2. The case review, edit, and submission process continues until the candidate has passed this stage.

Stage three involves e-mail submission of a completed GAIN and GAIN reports from the candidate's site.

1. The case used for the submission must have at least one substance disorder and at least one other mental health diagnosis on Axis I. The case must also have an Axis V rating assigned by the GCIC candidate.
2. The GAIN clinical reviewer will review the case documentation and write detailed feedback using the same Summary Sheet of Clinical Feedback report described in stage two
3. The candidate will receive the case and written feedback form within 14 days of receipt.

Once a candidate has passed all three stages, they will be awarded GAIN Clinical Interpretation Certification.

Technical Information and Support

GAIN Website: <http://www.chestnut.org/li/GAIN>

- a. GAIN Instruments and supplies
- b. GAIN Manuals and FAQs
- c. GAIN Clinical Interpretation Training information
- d. GAIN Support (gainclinical@chestnut.org)

Appendix D – GAIN Certification Levels

GAIN Certification Levels

This is a basic description of requirements for different levels of GAIN certification. More information on GAIN certification can be found in chapter 8 of the GAIN manual or by contacting GAINSupport@chestnut.org.

- 1.) **GAIN Site Interviewer Certification** – This level of certification is for people who have been trained by a certified Local or National Trainer to administer the GAIN at a training other than one sponsored by the GAIN Coordinating Center. Certifications are issued by the GCC based on the recommendation of the certified Trainer and a review of a final written feedback form of Administration QA feedback. A certified Site Interviewer may not go on to Local Trainer certification without attending a subsequent GCC-sponsored national training and achieving Administration certification.
- 2.) **GAIN Coursework Certification** – This is the most general level of certification and the first step toward all other certifications.
 - **Prerequisites**
 - ✓ None
 - **Requisites**
 - ✓ Actively participating in and completing at least 90% of training hours at a GCC-sponsored GAIN training (either a four-day national Train the Trainer event in Normal, Illinois or a full on-site 3.5 day GCC-sponsored training).
 - ✓ A signed GAIN usage agreement.
- 3.) **GAIN Administration Certification** – This level of certification enables a paraprofessional or clinician to administer the GAIN. Note: a supervisor should continue to review the Administrator’s interviews over time to guard against any deterioration in the quality of the administration.
 - **Prerequisites**
 - ✓ GAIN Coursework certification.
 - **Requisites**
 - ✓ Ratings of sufficient or excellent by a GCC A-QA reviewer on all areas of the feedback form based on reviews of audio-recorded administrations.
- 4.) **GAIN Local Trainer Certification** – This level of certification is available for those who will be responsible for leading local GAIN trainings at their own agency. These trainings are for staff members at the Local Trainer’s site and are covered under the same GAIN license as the Local Trainer. The Local Trainer performs quality assurance reviews on trained interviewers and recommends them to the GCC for Site Interviewer certification. In most cases people who wish to become GAIN Local

Trainers must attend a GCC training. A certified National Trainer who is also a certified GAIN National QA Reviewer can, on a limited basis and with permission from the GCC, train GAIN Local Trainers. Most Local Trainers are trained at GCC-sponsored GAIN trainings and work directly with the GCC to attain this level of certification.

- **Prerequisites**
 - ✓ GAIN Administration certification.
- **Requisites**
 - ✓ A signed GAIN Local Trainer's Agreement.
 - ✓ Pass Stage One and Stage Two of the Local Trainer process by writing feedback for GAIN interviewers and submitting the audio-recorded interview and feedback to the GCC until mastery level is reached.

5.) **GAIN National Trainer Certification** – This level of certification is available on an invitation-only basis for people who will train nationally and be eligible for paid consultant training work with GCC on national and on-site trainings. Certified National Trainers can train others as Site Interviewers outside their own agency or project with proper communication with the GCC. National Trainers can train Administrators and Local Trainers if they are collaborating with the GCC in a GAIN Train the Trainer event. Additionally, certified National Trainers may train a limited number of Administrators and Local Trainers if they also achieve National QA Reviewer certification (see below) and have written permission from the GCC to do so. Requirements for certification:

- **Prerequisites**
 - ✓ GAIN Local Trainer certification.
- **Requisites**
 - ✓ Invitation to apply from GCC training team.
 - ✓ A signed GAIN National Trainer's Agreement.
 - ✓ Approval of an application by senior certified National Trainers.
 - ✓ Successful participation at a week-long GAIN Trainers Institute and successful participation in national GAIN trainings (usually one or two) until mastery of all GAIN training material is demonstrated.
 - ✓ Successful completion of a general competency exam and exams in areas of specialization (e.g. clinical, GAIN-Q, GAIN ABS user).
 - ✓ Submission of participant evaluations of each regional non-GCC sponsored training conducted.
 - ✓ Paid participation in at least one national or onsite training with GCC each year (or videotaped submission of training with GCC permission).

Appendix E – GAIN Progress Report Email

Hello ATDC Bloomington,

I am writing with an update on important issues related to the use of the GAIN as part of the ATDC project.

During our review of your March data submission (data through the end of February), a few issues came to note that will be included in our Management Report of Grant Compliance, which we are required to send to *[CSAT Project Officer]* each month along with any explanatory notes or plan of action for the issues that appear within it. We realize many factors could be contributing to why these issues are present, but we are required to create progress reports for each grant site to keep you informed of the specific issues that will be reported in our overall Management Report.

Your GAIN Recruitment and Follow-up rates continue to be far below the expected 80% (data through the end of February).

Recruitment rate = 60% (Slight increase: February data submission it was 58%)
6-month follow up rate = 68% (Increase: February data submission it was 60%)

We want to make sure that all of your rates are being accurately reported and want to ensure that all GAIN assessments on being input into ABS and reported on the GRL. Are there some clients that could be added? **You must enter GAIN assessments in the GAIN Record Log (GRL).** Is there something we can do to help you? Would you like assistance with recruitment? We can arrange an individual coaching call to address these issues.

Also, the treatment transition log (TTL) on the GRL shows many clients have not been discharged from treatment. Have clients that entered treatment in 2007 not yet been discharged? **You must update all clients that have been discharged from treatment with accurate discharge information and status in the TTL log if the client has been discharged from CSAT funded treatment.**

The number of unresolved GAIN Edits is high (145). It is important that you address the GAIN Edits file every month as it is our main communication tool for identifying possible data anomalies. The goal is to let you know of any changes that may be needed, to give you the opportunity to make the change or determine if a different change is needed, provide additional training for staff members who may be associated with consistent problems, as well as to have the changes made by your site in ABS so that the questions will no longer exist. Please use the most recent GAIN Edits file (GAINedits_123456_0209.xls) from the Data Management Team to make changes to ABS.

Please contact me to discuss any of these items and to come up with a plan to address these particular issues. We are always happy to assist you in any way we can so that you can return to compliant status.

Regards,

-Kate

Kate R. Moritz, MA
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Appendix F – GAIN Site Profile Examples

Single Site Charts

- Gender
- Race Groups
- Age Groups
- Family/Living Situation
- Income Level
- Regular Peer Use
- Environment
- Age of First Use
- Weekly Substance Use
- Problem Perception
- Lifetime Substance Use Disorder
- Withdrawal
- Prior Substance Use Treatment
- Substance Use Diagnosis
- Comorbidity
- Internal/External Disorder
- HIV Risk: Victimization
- Other HIV Risk
- Violence and Crime
- Performance Rates
- Unresolved GAIN Edits
- ASAM LOC Clusters

Two Site Comparison Charts

- Demographics
- Living Situation
- Peer Alcohol and Drug Use
- Environment
- History of Substance Use
- Past 90 Day Substance Use
- Substance Problem
- Presenting Severity
- Prior Treatment
- Co-Occurring Psych Conditions
- Pattern & Tx of Psych Conditions
- Pattern of Crime & Violence
- Pattern of Maltx/Victimization
- Other HIV Risk
- Intake Screening All
- Intake Screening Index
- Treatment Course

- Performance Rates
- Unresolved GAIN Edits
- ASAM LOC Clusters

Single Site Outcomes Charts

- Substance Use and Abuse
- Criminal Justice and Illegal Activity
- Emotional Behavioral and Health
- Family, Social and Recovery

Two Site Comparison Outcome Charts

- Comp Substance Use and Abuse
- Comp Criminal Justice and Illegal
- Comp Emotional, Behavioral & Health
- Comp Family, Social and Recovery

Follow-up Charts

- Sample Size GAIN FU Rate – ALL
- Sample Size & GAIN FU – AAFT
- Sample Size & GAIN FU – AAFT2
- Sample Size & GAIN FU Selected Sites

Treatment Satisfaction Charts

- Treatment Satisfaction Part 1
- Treatment Satisfaction Part 2

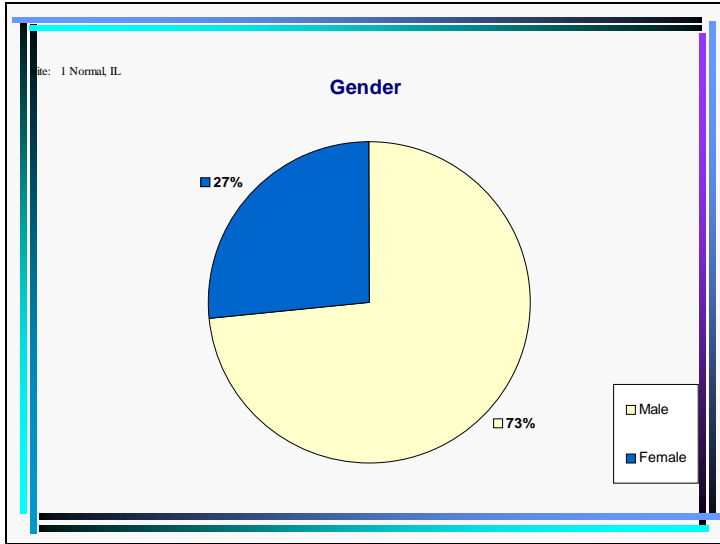
Two Site Comp Tx Satisfaction Charts

- Comp Treatment Satisfaction Part 1
- Comp Treatment Satisfaction Part 2

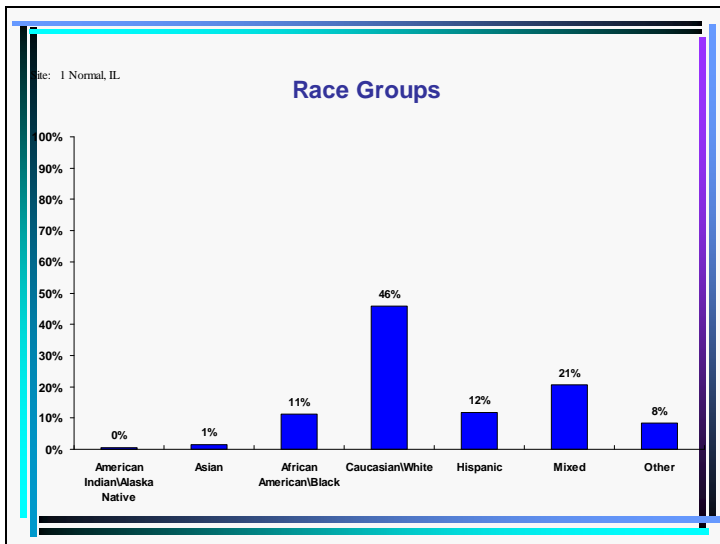
Examples

Single Site Charts

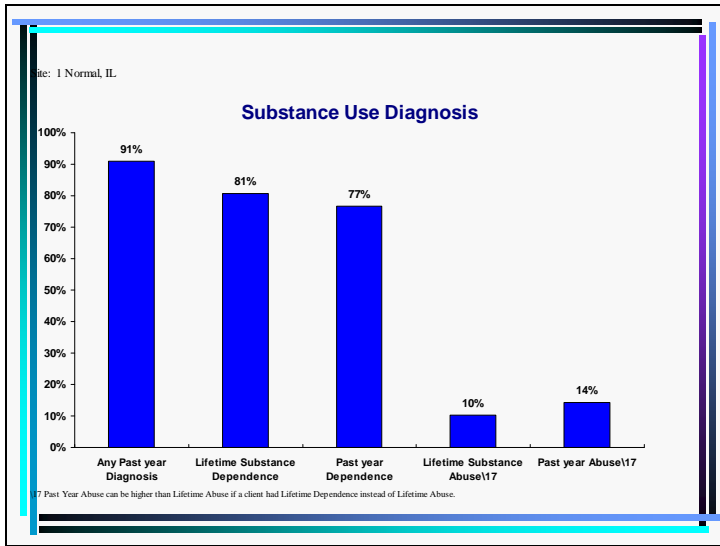
- Gender



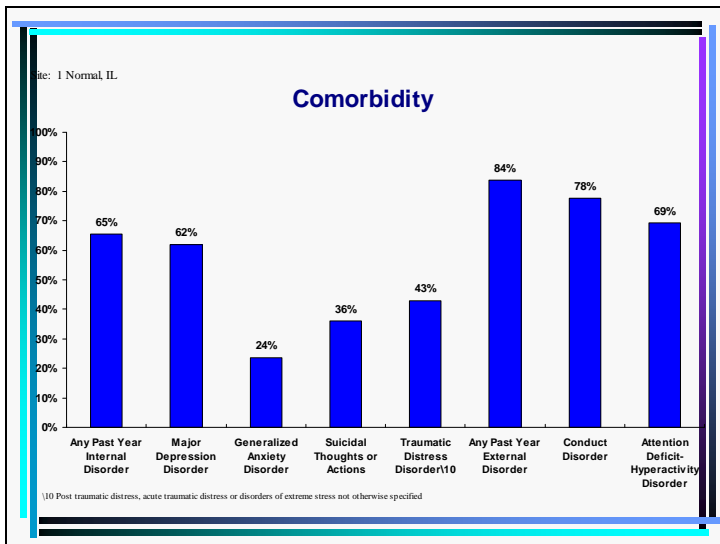
- Race Groups



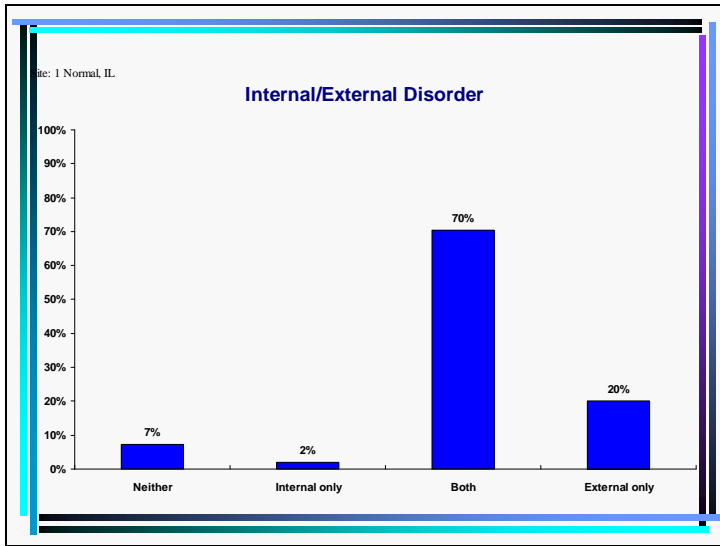
- Substance Use Diagnosis



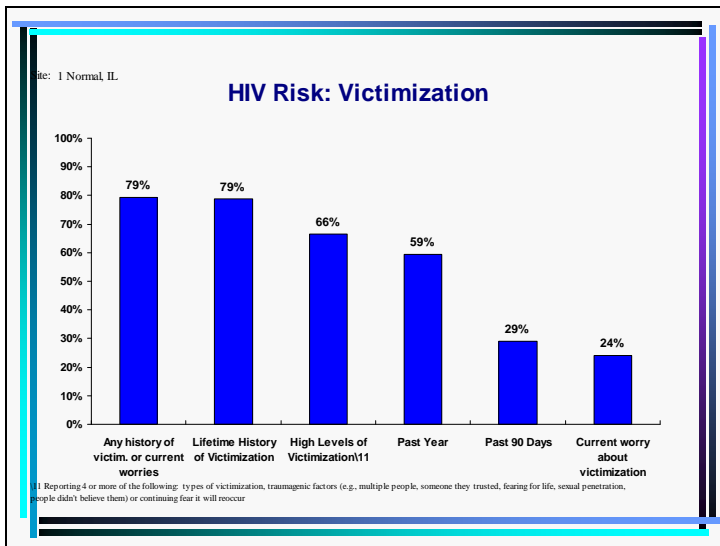
- Comorbidity



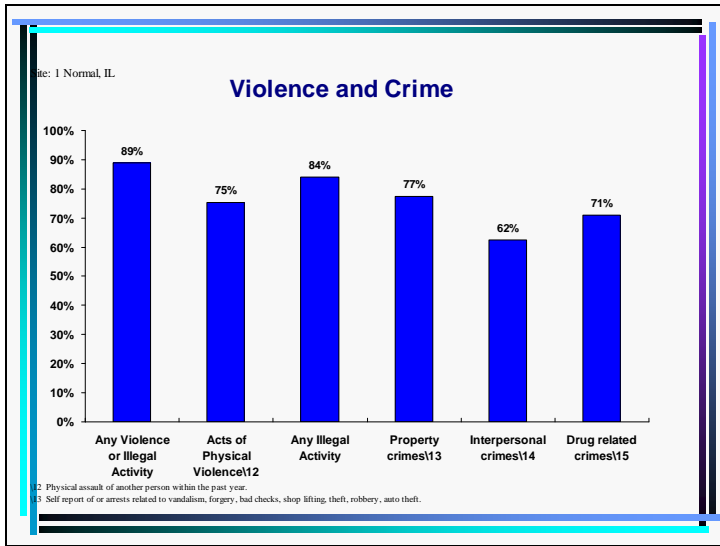
- Internal/External Disorder



- HIV Risk: Victimization

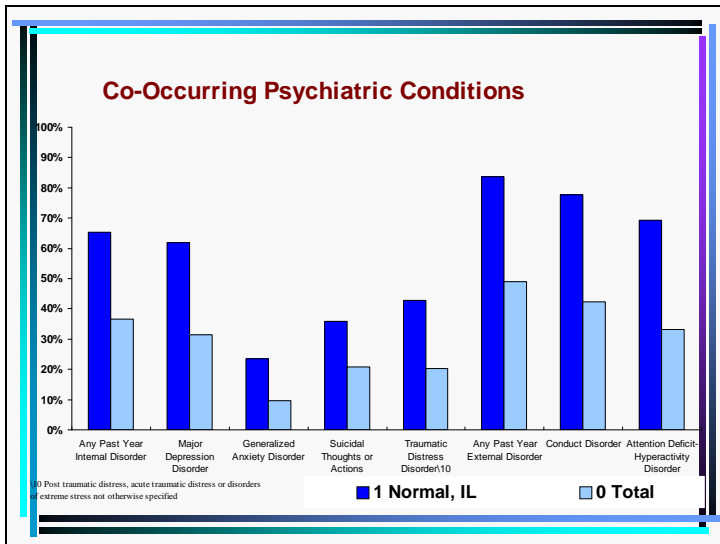


- Violence and Crime

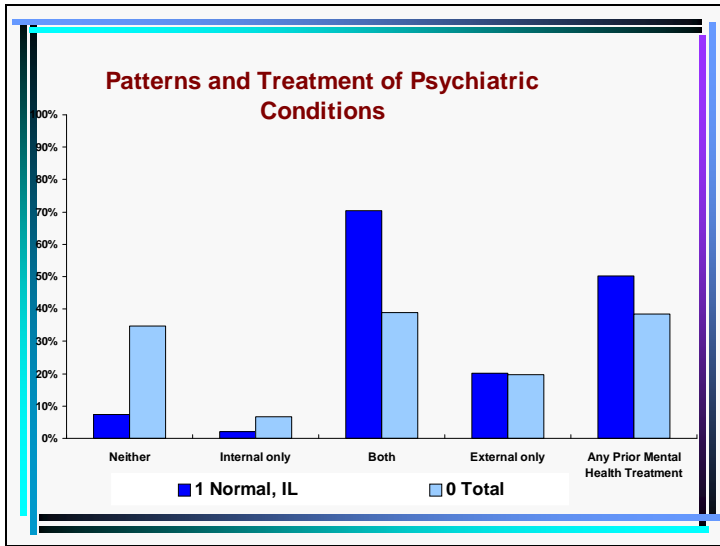


Two Site Comparison Charts

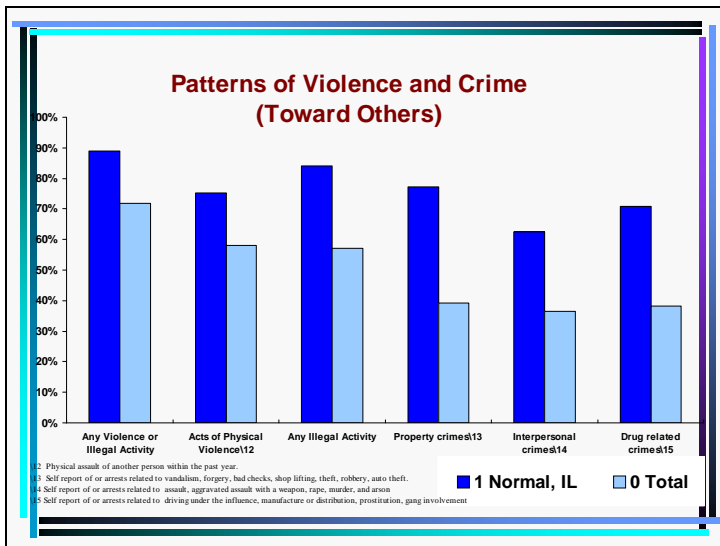
- Co-Occurring Psych Conditions



- Pattern & Tx of Psych Conditions

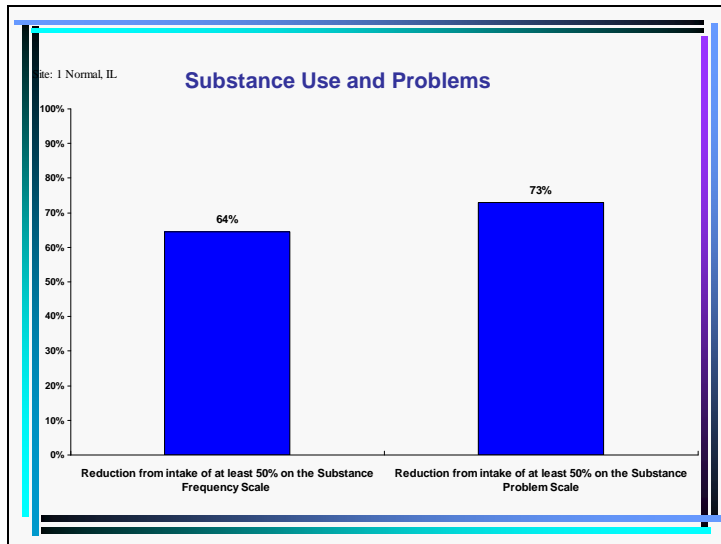


- Pattern of Crime & Violence

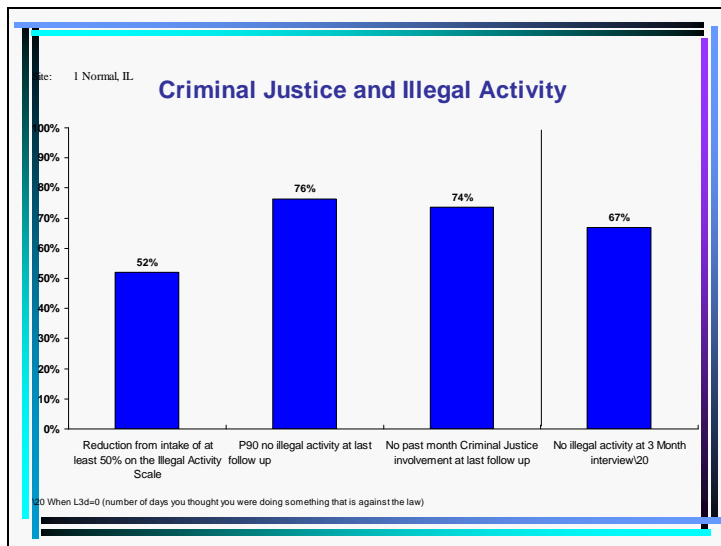


Single Site Outcomes Charts

- Substance Use and Abuse

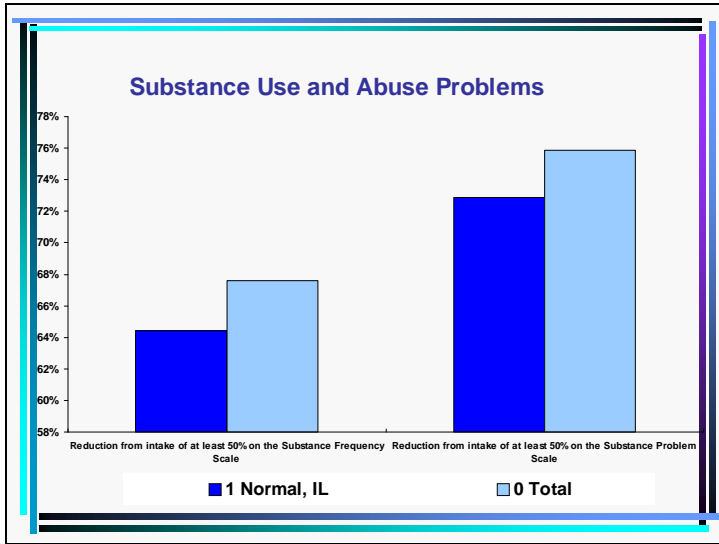


- Criminal Justice and Illegal Activity



Two Site Comparison Outcome Charts

- Comp Substance Use and Abuse



- Comp Criminal Justice and Illegal

