

GAIN Guidelines for ORP 2010 Grantees

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) has issued a Request for Applications (RFA) No. TI-10-006, "Offender Reentry Program (Short Title: ORP)" that encourage the use of evidenced-based assessment and explicitly (p10) has identified the use of the Global Appraisal of Individual Needs (GAIN; Dennis et al 2003) instrument and service package currently used by other CSAT grantees as an example of what it means to do this and that would be sufficient to meet this criteria. By using a similar package, CSAT grantees are able to get a comprehensive approach that allows data to be pooled across this and other CSAT programs. The pooled data can be used to support your local evaluation, let you compare yourself with other programs, and answer other questions you have. It also allows others to use de-identified versions of the data for secondary data analysis to help move the field forward in general. No client will be identified and your data will only be used with permission from you or CSAT (which under the grant has its own rights to all data collected with these funds). This document includes copies of the actual measure, the human protocols and budget assumptions required to use the default service package that has been reviewed with CSAT to ensure that it is consistent with the expectations they have for other CSAT grantees using the GAIN. It is organized in bullets summarizing what you need to know for the grant application and budget, followed by attachments with draft text for you use in the proposal and other attachments with more details. You have our permission to duplicate and use anything in this document in support of your proposal and you can contact GAINinfo@chestnut.org with any further questions.

Guideline of Expectations

1) GAIN Local Trainer Certification

- Each grantee site is required to have at least 2 persons certified in GAIN Local Trainers. This level of certification is designed to allow key clinical or evaluation staff to be able to train and supervise local staff in GAIN administration.
- Send two to four staff members to a 4-day GAIN training in Normal, Illinois (usually 2 the first year and 1-2 in later years to deal with turn over and/or expansion).
- This training focuses on administration of the GAIN-I Full, quality assurance, interpretation, use of the software and implementation issues; it includes a wide range of lectures/discussions, demonstrations, small group, one on one and optional sessions; Note that the GAIN-I core and follow-up versions use subsets of the items in the full and the same procedures.
- These staff members will then go through a 6-month certification process to become GAIN Local Trainers and train other staff members to administer the GAIN.
- The first step is putting the instrument into practice and achieving GAIN administration certification; this involves doing the GAIN with real clients, taping the sessions, and getting feedback on the sessions to ensure reliable, valid and efficient administration. This generally takes 40 hours in the first 1 to 2 months depending largely on client flow and how much they have been released from other activities to focus on this.

- The second step is demonstrating that they can train and certify local staff to the same standards. This generally takes an additional 40 hours over 2 to 4 more months – again with time to complete depending on availability of staff to train, cases for them to administer, and the extent to which this is the focus of their activity.
- The certification process must be completed within 6 months of training or additional costs will apply that you, as grantees, would have to pay; over 90% of CSAT grantees are able to complete within this time frame.

2) GAIN Clinical Interpretation Certification (GCIC)

- Each grantee site is required to have at least one person certified in GAIN Clinical Interpretation. This level of certification is designed for clinical supervisors or clinicians who use the GAIN and its reports in supporting their clinical decisions. The clinician certified in GCI will help ensure that other clinical staff at the site can also effectively use the GAIN clinically.
- Each grantee site will send 1 to 2 staff to a 3-day Advanced GAIN Clinical Interpretation Training (usually 1 in the first 18-24 months and 1 later to deal with turnover).
- The Advanced GAIN Clinical Training requires at least GAIN administration certification, (local trainer certification preferred), experience administering the GAIN (15 or more recommended), passing pre-tests on DSM based diagnosis and ASAM based placement (online self study modules available if necessary) and typically takes place 6-18 months after the initial GAIN Administration Training.
- The GCIC process takes about 20 hours over 3 to 6 months to complete, with the time to complete largely being dependent on availability of cases and the degree to which this is the focus of the person's time.
- The certification process must be completed within 6 months of training or additional costs will apply that you, as grantees, would have to pay; Over 95% CSAT grantees complete within 6 months.

3) Required instruments

- Grantees must use a particular set of instruments at particular data collection points.
 - Grantees may use the GAIN-SS as an eligibility screener; This 20 item instrument can identify 90% of the people who will have a diagnosis in the full GAIN and rule out over 90% who will not and will identify whether the problems are related to internalizing disorder, externalizing disorders, substance disorders, crime/violence or some combination of them; using it or another screening method are recommended considered to avoid unnecessary assessment.
 - Grantees are strongly advised to use the **GAIN-I Full** with GPRA items in order to obtain the most information for clinical use.
 - Grantees may instead use the latest version of the **GAIN-I CSAT Core** at treatment intake. They cannot use a version shorter than the GAIN-I CSAT Core for the intake assessment.
 - This version includes GPRA items. In order to meet GPRA requirements, a “GAIN to GPRA” report must be run after each assessment using the GAIN ABS web application. This report prints out the information that must then be keyed into a specific GPRA website.

- The GCC will update this instrument to track any changes in GPRA (which happens about every 2-3 years). However, the GCC does not conduct training or provide support for GPRA. Grantees will receive information on how to use the GPRA website separately from CSAT or its contractor (currently RTI).
- Grantees must measure early therapeutic or working alliance using the **GAIN Treatment Satisfaction Index (TxSI)** between the second and fifth treatment sessions (the second session is considered the “on time” collection point).
- Grantees must use the current version of the **GAIN-M90 CSAT Full or Core** at 3, 6, and 12 months after treatment intake (grantees use the GAIN-M90 version that matches the version used at intake).
- Grantees can use only GPRA prior to GAIN training, but should start using the GAIN as soon as staff members are trained and practiced. If clients receive only the GPRA at intake, do not administer the GAIN at follow-up for those clients.
- As a requirement of the grant, a minimum of 80% follow-up is required. Please note that staff time will be required to locate and conduct follow-up interviews. While we do not provide assistance with this directly, there is separate technical assistance available from CSAT and its contractors to help with it.

4) GAIN ABS web application

- Grantees must use the GAIN ABS web application, either administering the GAIN on paper and data entering the information or using the computer-assisted administration option. This is a web based application that has minimal local requirements (generally a computer less than 3 years old and high speed access) that includes the ability to immediately generate biopsychosocial narrative reports, interpretative reports and validity reports to support diagnosis, placement and treatment planning and to export this data to support program evaluation or local information system (e.g., WITS, Assessments.com). Note the latter is feasible for most modern systems that can receive XML files – but may require additional costs to program a cross walk to a new system.
- Note that all sites must complete an agency account application form, but this can be done after receiving the award.
- Contact abssupport@chestnut.org with further questions.

5) Data submission

- Once an award is received, HIPAA requires that there be a data sharing agreement between your organization and Chestnut Health Systems; We will walk you through a decision tree based on your type of organization and needs to one of our standard templates and, if necessary, can use a local version (e.g., if a state or local government has a required form).
- Data will be pulled from the GAIN ABS website once a month.
- Grantees must submit any additional GAIN logs (e.g. recruitment, follow-up, edit logs) through an FTP website to Chestnut each month.
- Reports will be based on data pulled or submitted by 5:00 p.m. Central time on the 10th day of each month. (Late data will be incorporated into the next monthly or quarterly wave).
- Each data submission must include:
 - A GAIN Record Log (GRL) Excel file that must be completed and updated with the current follow-up and treatment tracking information each month.

- All GAIN data records, including GAIN intake and follow-up assessments as well as the Treatment Satisfaction Index (TxSI) and the GAIN Edit reply file, which reports action taken to reconcile any data anomalies identified by Chestnut Health Systems.
- Data submission and management requires time from a qualified staff member to enter information in the GRL, check GAIN data and answer questions from the Chestnut data team, reconcile any data anomalies identified by Chestnut, and submit data every month.

6) Evaluation

Key Budget Assumptions

The Global Appraisal of Individual Needs (GAIN) service package includes the cost of:

1. In person training, quality assurance/coaching, certification and on-going monitoring of 2 people as **GAIN Local Trainers** in the first year (and up to 4 over the course of the grant)
2. In person training, quality assurance/coaching, certification and on-going monitoring of 1 person to get **GAIN Clinician Interpretation Certification** (up to 2 slots over the course of the grant)
3. Phone or online training of the person acting as the local **GAIN Local Data Manager**
4. Review, feedback and technical assistance to the above staff as they train, coach, certify and monitor other local staff using the GAIN
5. Travel expenses for grantee staff to come to the above training and the cost of calls and teleconferences
6. GAIN ABS web account with software to support conducting the assessment, generating and editing the biopsychosocial narrative report summarizing diagnosis, placement and initial training, other interpretative reports, personal feedback reports (PFR) to support MET/CBT or other types of motivational interviewing, the required GPRA reports, and ability to export the data to for analysis (or local IT system depending on what it is and/or someone doing the work to link them outside of this subcontract)
7. Data cleaning, analysis, and reporting including providing the grantee with clean analytic files to use for local evaluation on a quarterly basis.
8. Project coordination, monitoring, coaching and technical assistance to implement and use the data to support both individual level clinical decision making and program level evaluation and program development
9. The GAIN license fees (\$100 for 5 years of unlimited use across the agency)

Chestnut will provide this service package to CSAT grantees at a fixed price of \$26,289 per year billed once per year contingent on continued grant funding. Below is a condensed version of this text for use in the grant's budget narrative and, if you need it internally, a more detailed justification for a sole source fixed price subcontract.

Below is a list of key things other staff/costs we assume YOU will include in your grant's budget based on recruiting approximately 50-100 people per year and interviewing them at intake, 6 months, and discharge (records and GPRA only).

- 0.5 FTE per year to cover the role of GAIN Local Trainers (this time is usually split between 2 or more people)

- 0.5 FTE per year cost to cover the role of a GAIN Clinical Interpretation expert (this time is usually split between 2 or more people)
- 1.0 FTE per year to cover the role of tracking clients and conducting GAIN and GPRA follow up interviews (this time is usually split between 2 or more people)
- 0.25 FTE per year GAIN Data Manager (this sometimes done by as part of evaluation)
- One or more computers for staff to use that are less than 3 years old and have high speed internet access
- Incentives (\$20) per follow-up interview to ensure your ability to hit at least 80% follow-up.

Note 1: The use of a 3 month follow-up (often about the length of treatment or the time of transfer between levels of care in longer term approaches) is a standard part of the approach used by CSAT grantees using the GAIN. IT is the basis for most of the data on the treatment received, satisfaction with treatment, initial response to treatment and several NOMS measure used to support program, state and federal reporting. While it is not an explicit GPRA requirement, it is strongly expected. Doing it or not does not affect your cost to Chestnut but does have an effect on your costs for labor and incentives to do it. The above labor estimates include the resources to include it.

Note 2: that the costs you pay to Chestnut to help you learn how to use the GAIN, develop human resources, and establish the necessary software/hardware connections would usually be attributed to the 15% allowed for infrastructure development. The cost of staff time to participate in the above and to actually collect the data (specifically the follow-up data) would usually be attributed to the 20% allowed for data collection, performance measurement, and performance assessment because “Activities required in Sections I-2.7 and 2.8 above should be part of the evaluation and is generally NOT part of infrastructure development” (p13).

Short Text Descriptions for Describing the Use of the GAIN in the Grant Budget Justification

Below is a draft of text to put in your budget justification under **Other or Contractual Costs**

*Consistent with the ORP RFA (TI-10-006), we are proposing to adopt as our evidenced-based assessment the Global Appraisal of Individual Needs (GAIN; www.chestnut.org/li/gain), which was developed by Chestnut Health Systems in collaboration with several Federal Agencies (CSAT, NIDA, NIAAA), states, local governments and researchers. The budget therefore request \$26,289 per year to cover a fixed price contract with Chestnut to provide the GAIN Service Package used by other CSAT grantees. This contract includes the cost of 1) In person training, quality assurance/coaching, certification and on-going monitoring of 2 people as **GAIN Local Trainers** in the first year (and up to 4 over the course of the grant); 2) In person training, quality assurance/coaching, certification and on-going monitoring of 1 person to get **GAIN Clinician Interpretation Certification** in the first 18-24 months (and up to 2 over the course of the grant); 3) Phone or online training of the person acting as the local **GAIN Local Data Manager**; 4) Review, feedback and technical assistance to the above*

staff as they train, coach, certify and monitor other local staff using the GAIN; 5) Travel expenses for grantee staff to come to the above training and the cost of calls and teleconferences; 6) GAIN ABS web account with software to support conducting the assessment, generating and editing the biopsychosocial narrative report summarizing diagnosis, placement and initial training, other interpretative reports, the required GPRA reports, and ability to export the data to for analysis (or local IT system depending on what it is and/or someone doing the work to link them out side of this subcontract); 7) Data cleaning, analysis, and reporting, including providing the grantee with clean analytic files to use for local evaluation on a quarterly basis; 8) Project coordination, monitoring, coaching and technical assistance to implement and use the data to support both individual level clinical decision making and program level evaluation and program development; 9) The GAIN license fees (\$100 for 5 years of unlimited use across the agency). This includes the cost to cover retraining due to some (1-2 people) turnover in key positions during the grant, accessing pooled data from other grantees to support our monitoring, evaluation and program planning, and adding our data to the pooled data.

If you need to justify a sole source fixed price contact internally, here is text you can use.

The Global Appraisal of Individual Needs (GAIN; www.chestnut.org/li/gain) was development by Chestnut Health Systems in collaboration with several Federal Agencies (CSAT, NIDA, NIAAA), states, local governments and researchers. The request for applications (RFA) No. TI-10-006, "Offender Reentry Program (Short Title: ORP)" encourage the use of evidenced-based assessment and explicitly (p10) has identified the use of the GAIN instrument and service package as one that has been used by many of its grantees and as meeting this criteria. The GAIN service package is based on covering the average cost of 95% of CSAT grantees when they cover it directly. The number of interviews done locally has little impact on these costs. The major variation in costs is the unexpected event of staff turn over (which regularly happens across sites but is often difficult to predict or budget). By using the same fixed price across grantees Chestnut can cover these unexpected costs and provide a fixed and predictable cost each year. By having every grantee use the same service package, Chestnut can also reduce costs by doing training, monitoring, data management, analysis and reporting across the cohort (vs. one site at a time). This also allows Chestnut to give us back data for our evaluator to compare how we are doing relative to other sites in the same program or other CSAT grantees serving similar clients or using similar types of treatment. The latter can be used support a quasi-experimental comparison to how well a group (matched in characteristics and sample size) did elsewhere and/or to help guide program planning (e.g., for a given type of client, what have been the most effective approaches used by other). Chestnut will also act as a data clearing house to de-identify the data per HIPAA, pool it with data from other grantees, and make it available for others to use per above and/or to support secondary analyses into more general topics (e.g., what does adolescent withdrawal look like, how does comorbidity interact with treatment

effectiveness). Using an existing assessment, training, certification and monitoring protocol will also help to ensure that we are able to start serving clients by month 4 (as required in RFA, p11) and help us achieve a high level of implementation by year 2 so that we are eligible for the “Supplemental Awards Based on Performance” of up to 5% (p16). Because this protocol helps us create a local human and technical infrastructure for supporting on-going use of the GAIN, it also creates the potential to continue using it after the grant as well. Thus Chestnut and CSAT have agreed to provide this service package at a fixed price of \$26,289 per year to CSAT grantees. We therefore request approval of this as a sole source fixed price contract to be billed once per year contingent on continued grant funding.

Ideas and Short Text Descriptions for Describing the Use of the GAIN in the Grant Program Narrative and Evaluation

Section A: Statement of Need (10 points)

In general it is useful to give a concrete description of the target population listing out the range of needs they have and so that you can subsequently articulate how you are proposing to address these needs (e.g., a logic model). If you are already using the GAIN, be sure to look at the most recent site profile to identify the characteristics and need of your population. If you have time and the personnel to do so, use the latest quarterly analytic file to subset to those most like who you want to serve and profile their characteristics. If you do not have time, you may want to look at the SAMHSA reports by state or other geographic levels (see <http://www.oas.samhsa.gov/geography.cfm>), review list of GAIN publications (attached) or e-mail GAINeval@chestnut.org with a description of your target population/treatment approach to see if we can point you to a publication that might help.

Section B: Proposed Evidence-Based Service/Practice (25 points)

In your list of objectives, be sure to include something like:

Objective XX: Implement the Global Appraisal of Individual Needs (GAIN; Dennis et al 2003) as a form of evidenced-based assessment, including human and software protocols to facilitate the linkage of assessment to diagnosis, placement, treatment planning, and outcome monitoring

Then in the text include a section like the following:

We will implement the Global Appraisal of Individual Needs (GAIN; Dennis, Titus, White, et al., 2003) as our form of standardized assessment. The GAIN is a standardized biopsychosocial assessment that integrates clinical and research measures into one comprehensive structured interview with eight main sections: background, substance use, physical health, risk behaviors, mental health, environment risk, legal involvement and vocational correlates. The GAIN has been used extensively to assess problems to support clinical decision making

related to diagnosis, placement and treatment planning, to measure change and to document service utilization. The GAIN incorporates DSM-IV-TR (APA, 2000) symptoms for common disorders, the American Society of Addiction Medicine's (ASAM, 2001) patient placement criteria for the treatment of substance-related disorders, the Joint Commission on Accreditation of Healthcare Organization's standards (JCAHO, 1995), epidemiological questions from the National Household Survey on Drug Abuse (NHSDA; SAMHSA, 1996) and items which have been economically valued for benefit cost analysis with adults and adolescents by Dr. Michael French and colleagues (1994, 2003). The GAIN's main scales have demonstrated excellent to good internal consistency (alpha over .90 on main scales, .70 on subscales), and test-retest reliability (Rho over .70 on problem counts, Kappa over .60 on categorical measures) (Dennis, Scott & Funk 2003; Dennis, Dawud-Noursi et al., 2003; Dennis et al., 2004, Dennis, Chan & Funk, 2006; Dennis, Ives et al., 2008). GAIN measures have been validated with time line follow-back methods, urine tests, collateral reports, treatment records, blind psychiatric diagnosis, Rasch measurement models, confirmatory factor analysis, structural equation models, and via construct or predictive validation (Dennis, Titus et al., 2002; Dennis, Scott & Funk, 2003; Dennis et al., 2004; Dennis, Chan & Funk, 2006; Godley et al., 2002, 2007; Lennox et al., 2006a; Lennox et al., 2006b; Riley et al., 2007; Shane, Jasiukaitis & Green, 2003; White, 2005; White et al., 2004). The GAIN has also been demonstrated to be sensitive to changes in clinical diagnosis and needs by age (Chan et al., 2008; Dennis et al., 2006). A more detailed list of studies, copies of the actual GAIN instruments and items, the syntax for creating the scales and diagnostic group variables and detailed norms for adults and adolescents are publicly available at www.chestnut.org/li/gain.

If you are targeting a special population or service settings in one of several areas (e.g., Youth, Young Adults, African American, American Indians/Alaska Natives, Hispanic, or Spanish speaking, French speaking, GLBTQ, Deaf/Hard of Hearing), there are already workgroups of other grantees doing the same that work together to identify resources to better meet their needs and questions they would like to get addressed from the pooled data. If you are interested in another population or setting we can also help to identify and link you to other grantees with similar interests who might form a new work group. Either way, you may want to add text like the following where you talk about adapting the evidenced-based practices to your situation:

The RFA (p11) allows for targeting special populations or service settings and recognizes that there may be no existing Evidence-Based Practices that have been used with them. As noted above, we are targeting XXXX. To help adapt our use of the GAIN and XXX treatment to this (population/setting) we will collaborate with a work of other CSAT grantees who are doing the same thing in order to share resources, identify common questions we want answered from the pooled data, and problem solve other issues that arise.

Section C: Proposed Implementation Approach (30 points)

Include a section like the following:

To implement the GAIN, we will contract with Chestnut Health Systems to use the use the same service package that is currently being used by other CSAT grantees. This includes 1) training, coaching, certification, monitoring of 2-4 staff to GAIN local trainers (allowing them to train and supervise other local staff administered the GAIN) and Clinical Interpretation Certification (allowing them to supervise case conferences and help with more advanced clinical interpretation), 2) provide web based software to support doing the assessment online (reducing administration time/errors and ensuring backup), generating and editing biopsychosocial narratives (documenting initial diagnosis, placement, treatment planning), personal feedback reports (used to support MET/CBT and other types of motivational interviewing), other interpretative/validity reports and allowing exports to other data set systems (e.g., for monitoring, billing, analysis), 3) data management, quarterly creation of clean analytic files, preliminary analytic reports comparing to other sites, and analytic files for local evaluation, and technical assistance to access pooled data from other sites to answer local questions, 4) quarterly regular monitoring reports, coaching and technical assistance at the site level to ensure both early implement (i.e. Requirement to be serving clients within 4 months) and sustained implementation (ie., bonus if at or above goals by the end of year 2).

The GAIN Initial includes dimensional measures with explicit cut points to screener for problems related to cognitive impairment, substance use, withdrawal, substance abuse/dependence (by substance), depression, anxiety, trauma, suicidal thoughts/attempts, inattention, hyperactivity, impulsivity, conduct/antisocial problems, self mutilation, personality issues by Axis II clusters, health problems, disability, infectious diseases, pregnancy, common axis 3 problems, HIV risk behaviors, victimization, combat exposure, other axis IV psychosocial stressors, recovery environment risks, social/peer, family and vocational environment risk to cover DSM/ASAM, as well as interpersonal violence, drug related crime, property crime, interpersonal/violent crime, poverty, financial problems, school/work problems, the treatment received in each of the above areas and a place for clinicians to add other diagnoses, axis IV ratings (GAF, GARF & SOFAS) , or other information. In 1-2 minutes of completion the computer software scores the above and includes interpretive statements and treatment planning recommendations based on them for the draft biopsychosocial narrative diagnoses to help guide clinical decision making related to diagnosis, placement and treatment planning.

Section D: Staff and Organizational Experience (20 points)

Include a cross reference to the above text like

This person will be one of the people who will go through the GAIN Training and Certification program discussed above.

If you are already using the GAIN as a part of another grant or regular treatment, have certified staff and a track record of submitting data, Chestnut will also provide a letter of support for your grant attesting to your experience and proficiency. E-mail a draft letter with you want it addressed to, the name of the application, and briefly stating what projects or people you want us to acknowledge. We will look up the rest and send you a draft to review, then a final copy.

Section E: Performance Assessment and Data (15 points)

Include a section like the following:

Performance Assessment. *By using the GAIN service package recommended by SAMHSA we are agreeing to participant in independent monitoring by Chestnut Health Systems of our implementation relative to both CSAT's general goals under the Government Performance and Results Act (GPRA) and the National Outcome Monitoring System (NOMS) as well as to be compared to the performance of other ORP grantees in the same cohort. Chestnut will a) individual level feedback on each trainee's progress toward certification, b) monthly feedback on the on overall implementation, c) quarterly feedback on client characteristics and NOMS outcomes once there are at least 25 clients, and d) a review of how well norms and internal consistency of our data overall. They will also use coaching calls to focus on any emerging issues, help us brain storm about how to addresses and link us as necessary to technical assistance (directly or via other CSAT contractors).*

The key performance indicators Chestnut will provide to the project director in monthly monitoring in the monthly report include;

- 1. **Staff Measures** like: Number of staff trained and completing certification for GAIN Administration, Local Trainer, Clinical Interpretation, Data Management*
- 2. **Data Collection Measures** like: Recruitment Rate (GAIN Recruitment Rate (GAIN N recruited/Prorated N expected), b) Treatment Satisfaction Index (TxSI) at session Completion Rate (Done/Due) and On Time Rate (On time status/N done), c) 3, and 6 Month Completion (GAIN completion number (Done/(Due-Dead)), d) Data Submission Rate (interviews report on log / interview data submitted), e) Data Submission Rating (4- Consistent Good Data, 3- Problems Being Addressed. 2-ABS Installed/Major Problems, 1-Uncertain if ABS installed), f) Outstanding Data Edits (number of GAIN edits outstanding and percent of all edits resolved to date)*
- 3. **Simple Treatment Process Measures** like: a) Treatment Initiation Rate (Admitted -14 to +7 days from GAIN N recruited), b) Treatment Engagement (N where Index Length of stay (LOS) \geq 42)/N of unique persons, c) Continuing Care: (N where any Tx at 90-180 days post*

admission/N of unique persons), d) Linkage rate to continuing care after release from a controlled environment (n linked within 14 days / n released), and e) average and percent within the CSAT costs bands (80% of grant cost / number intaked for cost per person – bands vary by level of care)

Note that the version of the GAIN to be used subsumes the GPRA and NOMS measures and there is both a summary report of these measures as well as more detailed reports that give additional breakouts that are used when there are problems. The goal of this intense monitoring is to increase the likelihood of both early implementation, and sufficient implementation at year 2 to warrant the 5% Supplemental Awards Based on Performance discussed Section VI-2 . In order to be considered for this grantees need to 1) met or exceeded its target for the number of clients served by 25 percent or more; 2) met or exceeded its target for 6 month follow-up rates; and 3) provided services within approved cost bands.

The quarterly reports give detailed data tables and over 100 charts provided detailed information on the grants alone and relative to the ORP cohort overall. This can be changed to another grantee that is in a similar service setting or has a similar population (e.g., high percent of Hispanics). The charts cover

1. Who was served (e.g., demographics, substance use history, pattern of comorbidity, HIV risk behaviors, victimization, environment, illegal activity, involvement in treatment/welfare/justice systems)
2. What services they received (e.g., level of care, type of evidenced based practice, length of stay, content of services, satisfaction with treatment, initial response to treatment)
3. Most Common Individual Treatment Needs (e.g., need for things like HIV Intervention, increased structure, emotional and behavioral health, connection to recovery services, recent child maltreatment, anger management intervention, tobacco cessation, school problems, family fighting, violent illegal activities, detoxification or withdrawal services, substance use (by others) in the home, medication for physical or mental health problems, drug related illegal activities, continuing care after release controlled environment, homicidal/suicidal risk, runaway/homelessness/unstable housing, literacy issues, request for accommodations due to religious, racial, ethnic, medical or disability concerns)
4. GPRA/NOMS outcomes (e.g., percent with no or 50% improvement in abstinence, remission (no abuse/dependence symptom in past month), physical health problems, mental health problems, nights of psychiatric inpatient, illegal activity, justice system involvement, housed in community, family/home problems, vocational engagement, social support/engagement, recovery environment risk, quarterly economic costs to society)

Analytic data files will be provided to the local evaluators to look at additional questions. When there is sufficient sample size (across or within sites) this data can also be used to look at the effects associated with ORP overall as well as extent to which these outcomes are associated with specific background or

context factors, individual factors, how durable the effects were. Grantee staff will be able to compare the above measures to what is proposed to address other key process questions including: how closely did we implement as planned? What and why did deviations occur? What impact (if any) did deviations have on outcomes?

NOTE: If you are using an evidenced-based treatment practice, you should also have paragraphs describing how you will monitor the implementation of that and what was received. Your program planner or local evaluator may also want to add text on how they will help you use the data, address local questions, increase the focus on special service settings or populations. If you are participating in a workgroup related to the latter, you may also want to mention that you will work with them on data across sites to further address the needs of your target setting/population.

Section F: REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders version 4 text revised (DSM-IV-TR)*. Washington, DC: American Psychiatric Association.
- American Society of Addiction Medicine (ASAM). (2001). *Patient placement criteria for the treatment for substance-related disorders* (2nd ed.). Chevy Chase, MD: American Society of Addiction Medicine.
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- Dennis, M. L., Chan, Y.-F., & Funk, R. (2006). Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing, and substance use disorders and crime/violence problems among adolescents and adults. *American Journal on Addictions, 15*, 80-91.
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Section G: Budget Justification, Existing Resources, Other Support.

Below is a draft of text to put in your budget justification under **Contract Costs**

*Consistent with the ORP RFA (TI-10-006, p10), we are proposing to adopt as our evidenced-based assessment the Global Appraisal of Individual Needs (GAIN; www.chestnut.org/li/gain), which was developed by Chestnut Health Systems in collaboration with several Federal Agencies (CSAT, NIDA, NIAAA), states, local governments and researchers. The budget therefore request \$26,289 per year to cover a fixed price contract with Chestnut to provide the GAIN Service Package used by other CSAT grantees. This contract includes the cost of 1) In person training, quality assurance/coaching, certification and on-going monitoring of 2 people as **GAIN Local Trainers** in the first year (and up to 4 over the course of the grant); 2) In person training, quality assurance/coaching, certification and on-going monitoring of 1 person to get **GAIN Clinician Interpretation Certification** in the first 18-24 months (and up to 2 over the course of the grant); 3) Phone or online training of the person acting as the local **GAIN Local Data Manager**; 4) Review, feedback and technical assistance to the above staff as they train, coach, certify and monitor other local staff using the GAIN; 5) Travel expenses for grantee staff to come to the above training and the cost of calls and teleconferences; 6) GAIN ABS web account with software to support conducting the assessment, generating and editing the biospsychosocial narrative report summarizing diagnosis, placement and initial training, personal feedback*

reports (PFR) to support MET/CBT or other types of motivational interviewing, other interpretative reports, the required GPRA reports, and ability to export the data to for analysis (or local IT system depending on what it is and/or someone doing the work to link them out side of this subcontract); 7) Data cleaning, analysis, and reporting, including providing the grantee with clean analytic files to use for local evaluation on a quarterly basis; 8) Project coordination, monitoring, coaching and technical assistance to implement and use the data to support both individual level clinical decision making and program level evaluation and program development; 9) The GAIN license fees (\$100 for 5 years of unlimited use across the agency). This includes the cost to cover retraining due to some (1-2 people) turnover in key positions during the grant, accessing pooled data from other grantees to support our monitoring, evaluation and program planning, and adding our data to the pooled data. Using an existing assessment, training, certification and monitoring protocol will also help to ensure that we are able to start serving clients by month 4 (as required in RFA, p11) and help us achieve a high level of implementation by year 2 so that we are eligible for the “Supplemental Awards Based on Performance” of up to 5% (p16). Because this protocol helps us create a local human and technical infrastructure for supporting on –going use of the GAIN, it also creates the potential to continue using it after the grant as well.

Section H: Biographical Sketches and Job Descriptions.

Attached are draft job descriptions for the key positions we have identified above that you are free to use as is or incorporated into your own.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects

The RFA requires you to include a Sample Consent Forms in Appendix K. Please include a paragraph like the one below related to the GAIN and data sharing. Below that is a second version for a parent if you will require parental consent when working with a minor. This one assumes you are using an evidenced based treatment protocol that is being taped/monitored. If you are using ACRA/ACC provided by chestnut this text is sufficient as is. If you are using something from someone else, you should acknowledge who they are and that you will be sharing information with them as well.

PARTICIPANTVERSION:

Use of GAIN Assessment, Treatment Records, and Audio-Recording Data: This project is funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, a federal agency that funds services to help people with substance abuse problems. The first and most important use of your assessment and treatment records are to help staff help you and monitor how you are doing over time. As part of the current grant, copies of information you provided on the GAIN Assessment, Treatment Records and audio-recordings of assessment and treatment sessions will also be submitted to Chestnut Health Systems in Illinois (Telephone: 309-451-7700). This is done to

make sure treatment staff completes the forms correctly and to help evaluate the project that funds the services you receive. The assessment and treatment records information that you provide will be combined with information from many other individuals to support program evaluation, planning, and research to better understand and treat the problems faced by youth. We will remove information that could identify you from these combined data files. Examples of the type of identifying information that will be taken out of the combined data file are your name, address, phone numbers, social security number, driver's license number, treatment record number, and date of birth. We also request your permission to audio-record your meetings with staff when they are doing assessments or therapy. The purpose of these recordings is to review how the staff members are working with you and to give them suggestions for doing a better job when necessary. In order to further protect the confidentiality of your information, Chestnut staff and anyone authorized to use the combined data set or review audio recordings must sign an agreement to respect your confidentiality by, a) agreeing never to try to figure out who you are, b) not to report any information on you as an individual, and c) to abide by federal regulations that protect the privacy of your treatment records and their use in program evaluation and research (42 C.F.R., Part 2, HIPAA).

PARENT/GUARDIAN VERSION (for use with minor):

Use of GAIN Assessment, Treatment Records, and Audio-Recording Data: This project is funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, a federal agency that funds services to help people with substance abuse problems. The first and most important use of the assessment and treatment records for your child are to help staff help you and monitor how you are doing over time. As part of the current grant, copies of information your child provided on the GAIN Assessment, Treatment Records and audio recordings of assessment and treatment sessions will also be submitted Chestnut Health Systems in Illinois (Telephone: 309-451-7700). This is done to make sure treatment staff completes the forms correctly and to help evaluate the project that funds the services your child will receive. The assessment and treatment records information that your child provides will be combined with information from many other youth to support program evaluation, planning, and research on how to better understand and treat the problems faced by youth. We will remove information that could identify your child from these combined data files. Examples of the type of identifying information that will be taken out of the combined data file are name, address, phone numbers, social security number, driver's license number, treatment record number, and date of birth. We also request your permission to audio-record your child's meetings with staff when they are doing assessments or therapy. The purpose of these recordings is to review how the staff members are working with your child and to give them suggestions for doing a better job when necessary. In order to further protect the confidentiality of your child's information, Chestnut staff and anyone authorized to use the combined data set or review audio recordings must sign an agreement to respect your child's confidentiality by, a)

agreeing never to try to figure out the identity of any young person participating in the project, b) not to report any information on any individual, and c) to abide by federal regulations that protect the privacy of treatment records and their use in program evaluation and research (42 C.F.R., Part 2, HIPAA).

List of Other Documents to Aid in Understanding the GAIN Protocol and Grant Writing

The following things are for your reference only and do NOT need to be submitted with the grant.

- 1) Role Descriptions for the GAIN Local Trainer, GAIN Clinical Interpretation Expert, follow-up tracker/interviewer, GAIN Data Manger
- 2) The GAIN logic model memo
- 3) The recommended GAIN-Initial Instrument (see www.chestnut.org/li/gain for other versions and manual)
- 4) GAIN Services and Support Package