

# GAIN

## Global Appraisal of Individual Needs Data Manager Manual

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## Preface

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This manual is designed to provide GAIN Data Managers with all the necessary procedures and instructions to successfully manage data gathered using the Global Appraisal of Individual Needs (GAIN) within their site. In addition, this manual will provide an overview of the GAIN family of instruments and the GAIN Coordinating Center, located in Normal, IL.

The goal of this manual is to prepare and provide support to a Data Manager who will be managing data collected by the GAIN family of assessment instruments. These GAIN instruments include the GAIN-Initial, the GAIN-Monitoring 90 Days follow-up, the GAIN-Q3, the Treatment Satisfaction Index, and the GAIN Short Screener.

The manual is divided into the following chapters:

**Introduction to GAIN Data Processing.** The introduction presents an overview of the GAIN family of instruments and the GAIN Coordinating Center (GCC), and GAIN data management.

**Chapter 1: Data Manager Role.** This chapter outlines the role of the Data Manager.

**Chapter 2: Follow-Up Log and Reports.** This chapter provides detailed descriptions about how to record all follow-up information for clients.

**Chapter 3: Treatment Log and Reports.** This chapter provides detailed descriptions about how to track and update client's treatment record.

**Chapter 4: GAIN Data Preparation.** This chapter includes instructions on how to prepare the GAIN data for monthly extraction by the GAIN Data Management Team at Chestnut Health Systems and the deadlines involved.

**Chapter 5: GAIN Edits.** This chapter describes the purpose of the GAIN Edits and what is expected of the Data Manager.

Several appendixes follow the chapters:

**Appendix A:** Data Manager Technical Information and Support

**Appendix B:** Helpful Site Information

Note: some of the material in this manual was adapted from other GAIN-related manuals and training materials, especially *Global Appraisal of Individual Needs: Trainer's Training Manual and Resources* (2006), by Michael L. Dennis, Michelle White, Janet C. Titus, and Joan Unsicker. Where possible, credit has been given to the original authors.

## Introduction to GAIN Data Management

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### Data Management

Data management allows for data collected using the GAIN to be used in research that will improve the treatment that clients receive, support clinical decision-making, and provide evaluators with preliminary outcome trends of study clients (if follow-up GAIN assessments are collected).

Data management provides clinicians and others administering the assessment with clear feedback on the quality of the data that they collect as well as an avenue to resolve data anomalies and prevent them from reoccurring. The data cleaning process done by the GAIN Data Management Team at Chestnut Health Systems allows for mistakes, inconsistencies, and other data errors to be corrected, which leads to more accurate and valid datasets.

Researchers, clinicians, and others can use the datasets created through the data management process described in this manual to measure preliminary treatment outcomes and assist agencies in making knowledgeable treatment placements for all clients in need of substance abuse treatment.

### GAIN Instruments

There are three main measures that make up the GAIN family of assessment instruments:

The **GAIN-Initial (GAIN-I)** is a full biopsychosocial assessment that integrates research and clinical assessment to provide diagnoses, placement and individualized treatment planning, and program evaluation. It produces several reports that can be used by clinicians and managers as well as by researchers. Processing time to process a full dataset of GAIN-I records can take an average of 10-15 hours depending on how many records are processed at once and how many inconsistencies and other issues are found in the data.

The **GAIN-Monitoring 90 Days (GAIN-M90)** is a quarterly follow-up used to monitor clients' response to treatment as well as their general physical, mental, and environmental health since their last assessment. The GAIN-M90 has many of the same questions contained in the GAIN-I, but since it is largely a subset of the full GAIN-I it has fewer questions and usually takes less time to data process: an average of 8-12 hours, depending on the number of records and data issues.

The **GAIN-Quick (GAIN-Q3)** is a subset of items from the full GAIN-I assessment and is designed to streamline the referral process, since the GAIN-Q3 has far fewer items than the GAIN-I. The GAIN-Q3 can be used to support brief interventions, and its data can also be

imported into the GAIN-I. Data processing time for a dataset of GAIN-Q3 data takes an average of 3-5 hours depending on the number of records and the quality of the data.

Additional support and training can be requested to process the GAIN Short Screener and the Treatment Satisfaction Index.

The **GAIN-Short Screener (GAIN-SS)** is designed for use in general populations to quickly and accurately identify people who would be flagged on the full GAIN as having a drug dependency or mental health disorder. The GAIN-SS is a much shorter instrument, only two pages, containing one total scale (20 symptoms) comprised of 4 subscales (5 symptoms each). The subscales are based on a series of exploratory and confirmatory factor analyses of psychiatric symptoms and disorders among clinical samples.

The **Treatment Satisfaction Index (TxSI)** is a one-page assessment designed to measure the working relationship between treatment staff and client as well as measure clients' early treatment satisfaction. The TxSI should be administered during the second treatment session or second night in a residential program, and no later than the fifth treatment session or the fifth day in inpatient treatment. This short instrument takes an average of 1-2 hours to data process.

## **Global Appraisal of Individual Needs (GAIN) overview**

### **Development and purpose**

The Global Appraisal of Individual Needs (GAIN)<sup>1</sup> originated in 1993 as a collaboration between clinicians, researchers, and policymakers from over a dozen behavioral healthcare agencies to create a comprehensive biopsychosocial assessment tool. It is a progressive and integrated series of measures and computer applications designed to support a number of treatment practices, including initial screenings; brief interventions; referrals; standardized clinical assessments for diagnosis, placement, and treatment planning; monitoring of changes in clinical status, service utilization, and costs to society; and subgroup- and program-level needs assessment and evaluation.

### **Utilization**

The GAIN is an evidence-based assessment used with both adolescents and adults and in outpatient, intensive outpatient, partial hospitalization, methadone, short-term residential, long-term residential, therapeutic community, and correctional programs. It has been adopted by hundreds of agencies and systems of care in communities ranging from large urban areas (Chicago, Los Angeles, Miami, New York City, Oakland) to moderately sized and small urban communities (Bloomington, IL; Farmington, CT; Mobile, AL; Peoria, IL; Phoenix and Tucson, AZ; and St. Petersburg, FL) and rural areas and reservations (Four Corners, NM; Iowa City, IA; Madison County, IL; Sault Ste. Marie, MI; Seven Counties, KY). It is used as the core clinical and research measure across several major multisite studies, including the Adolescent

Residential Treatment (ART) program, the Co-occurring Disorder program, the Adolescent Treatment Model (ATM) program, the Assertive Continuing Care (ACC) experiment, the Cannabis Youth Treatment (CYT) experiment, the Drug Outcome Monitoring System (DOMS), the Early Re-Intervention (ERI) experiment, Mothers at the Crossroads, the Persistent Effect of Treatment Study (PETS), Strengthening Communities for Youth (SCY), and Reclaiming Futures (RF). The GAIN was also used as the primary research and clinical measure for each cohort of Assertive Adolescent and Family Therapy grant (AAFT) and was recommended for use in the Juvenile Treatment Drug Court (JTDC), Adult Treatment Drug Court (ATDC), Drug Court (DC), Young Offender Reentry Program (YORP), Offender Reentry Program (ORP), and Targeted Capacity Expansion (TCE) grants. Funding for these studies has come from the Center for Substance Abuse Treatment (CSAT), the Interventions Foundation, the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the Robert Wood Johnson Foundation (RWJF).

## **Content**

The GAIN has eight core sections (Background, Substance Use, Physical Health, Risk Behaviors and Disease Prevention, Mental and Emotional Health, Environment and Living Situation, Legal, and Vocational). Each section contains questions on the recency of problems, breadth of symptoms, and recent prevalence as well as lifetime service utilization, recency of utilization, and frequency of recent utilization. The items are combined into over 100 scales and subscales that can be used for DSM-IV–based diagnoses,<sup>2</sup> ASAM-based level-of-care placement,<sup>3</sup> JCAHO-based treatment planning,<sup>4</sup> and DOMS-based outcome monitoring.<sup>5</sup> The GAIN also includes items designed to support most state and federal reporting requirements, to compare to community samples from the National Household Survey on Drug Abuse (NHSDA),<sup>6</sup> and to estimate changes in the cost to society based on the work of Dr. Michael French and his colleagues.

## **Applications**

GAIN materials are available in hard copy and electronic forms. The GAIN can be administered by computer or with paper and pencil, and clients with sufficient cognitive functioning can self-administer it. The computer applications are written in an Assessment Building System (ABS)<sup>7</sup> and tailored to address HIPAA security concerns. They are scalable to multiple types and levels of platforms and able to export the data to an ASCII file, and they can be used to generate individual or group-level reports on demand. Existing reports produced by ABS can identify and correct key-rekey responses, maintain internal consistency across questions, identify methodological red flags, and generate interpretation and recommendation reports in both statistical and narrative forms for clinical use. ABS can be used to create individualized versions of the GAIN, adding subsets of items to the Core group of required items. The applications conduct range checks, follow response skips, add notes, and generate code to export the data into other software (such as SPSS and SAS), and they can import modules for new forms, reports, or functions.

## **Norms**

The psychometrics of the GAIN and the scale norms have been established for both adults and adolescents overall and by level of care (within age). Using the diverse data collected in the abovementioned studies, we are in the process of generating additional norms by gender and race as well as looking at variability in the degree of co-occurring mental disorders and involvement in family, school, work, welfare, and juvenile and criminal justice systems.

### **Scales and internal consistency**

The GAIN includes over 100 scales and indices. Most of these scales have two to four subscales, and we are currently completing an article demonstrating that the psychopathology scales consistently fall into four main statistical dimensions across age and level of care: substance problem severity (.90), internal mental distress (.94), external behavior problems (.91), and crime and violence (.90).<sup>8</sup> Other scales provide measures of personal strengths, spirituality, and reasons for and readiness to quit using alcohol and other drugs. Key indices and their alphas for adolescents and adults (where applicable):

<b>Scale Index</b>	<b>Adolescent alpha</b>	<b>Adult alpha</b>
Substance Problem Scale (Lifetime)	.90	.90
Substance Frequency Scale	.79	.77
Current (Past Week) Withdrawal Scale	.92	.95
Health Distress Scale	.66	.79
Health Problem Scale	.74	.86
Cognitive Impairment Scale	Summative	Summative
Internal Mental Distress Scale	.94	.97
Traumatic Stress Scale	.92	.96
Behavior Complexity Scale	.94	.96
Emotional Problem Scale	.80	.86
Treatment Resistance Index	Summative	Summative
Treatment Motivation Index	Summative	Summative
Self-Efficacy Scale	.73	.72
Problem Orientation Scale	Summative	Summative
Environmental Risk Index	.71	.63
Recovery Environment Risk Index	Summative	Summative
General Conflict Tactic (Violence) Scale	.85	.89
General Victimization Scale	.84	.86
Personal Sources of Stress Index	Summative	Summative
Other Sources of Stress Index	Summative	Summative
General Social Support Index	Summative	Summative
Illegal Activities Scale	.84	.86
Employment Activity Scale	.94	.96
Training (School) Activity Scale	.93	.91



## Reliability and validity

Studies with adults and adolescents have found good reliability in test/retest situations on days of use and symptom counts ( $r = .7$  to  $.8$ ), as well as diagnosis (kappa of  $.5$  to  $.7$ ). Self-reports were consistent (kappa in the  $.5$  to  $.8$  range) with parent reports, on-site urine and saliva testing, and laboratory-based EMIT and GC/MS urine testing. In fact, self-reports on the GAIN were found to be consistent with a multi-method estimate based on any self-report or positive urine or saliva test for any drug (kappa =  $.56$ ), cocaine (kappa =  $.52$ ), opioids (kappa =  $.55$ ), and marijuana (kappa =  $.75$ ), with no one method being superior across all drugs.<sup>9,10</sup> Using discriminant analysis, the GAIN scales could also reliably predict independent and blind staff psychiatric diagnoses of co-occurring psychiatric disorders including ADHD (kappa =  $1.00$ ), Mood Disorders (kappa =  $.85$ ), Conduct Disorder/Oppositional Defiant Disorder (kappa =  $.82$ ), Adjustment Disorder (kappa =  $.69$ ), or the lack of a non-substance use diagnosis (kappa =  $.91$ ) and to discriminate the primary other disorders across these conditions (kappa =  $.65$ ).<sup>11</sup>

## References

- Dennis, M. L., White, M. K., Titus, J. C., & Unsicker, J. I., (2006). *Global Appraisal of Individual Needs (GAIN): Administration guide for the GAIN and related measures (Version 5)*. Bloomington, IL: Chestnut Health Systems. Retrieved October 13, 2006, from [http://www.chestnut.org/LI/gain/GAIN\\_I/GAIN-I\\_v\\_5-4/Index.html](http://www.chestnut.org/LI/gain/GAIN_I/GAIN-I_v_5-4/Index.html).
- <sup>2</sup> American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)* (4th rev. ed.). Washington, DC: American Psychiatric Association.
- <sup>3</sup> American Society of Addiction Medicine (ASAM). (2001). *Patient placement criteria for the treatment for substance-related disorders* (2nd rev. ed.). Chevy Chase, MD: American Society of Addiction Medicine.
- <sup>4</sup> Joint Commission on Accreditation of Healthcare. (2002). *Accreditation manual for mental health, chemical dependency, and mental retardation/developmental disabilities services: Vol. 1. Standards*. Oakbrook Terrace, IL: Author.
- <sup>5</sup> Dennis, M. L., Scott, C. K., Godley, M. D., & Funk, R. (1999). Comparisons of adolescents and adults by ASAM profile using GAIN data from the Drug Outcome Monitoring Study (DOMS): Preliminary data tables. Bloomington, IL: Chestnut Health Systems. Retrieved October 13, 2006, from <http://www.chestnut.org/li/posters/asamprof.pdf>.
- <sup>6</sup> Office of Applied Statistics (OAS). (1996). *National Household Survey on Drug Abuse (NHSDA): Main findings* (DHHS Publication No. (SMA)96-3085). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- <sup>7</sup> Hodgkins, D., West, J., Dennis, M. L., & Chestnut Health Systems. (2005). *Assessment Building System (ABS)*. Bloomington, IL: Chestnut Health Systems. Retrieved October 13, 2006, from <http://www.chestnut.org/LI/ABS/Index.html>.
- <sup>8</sup> Dennis, M. L., Chan, Y.-F., & Funk, R. (in press). Development and validation of the GAIN Short Screener (GSS) for psychopathology and crime/violence among adolescents and adults. *American Journal on Addictions*.
- <sup>9</sup> Lennox, R. D., Dennis, M. L., Scott, C. K., & Funk, R. R. (2006). Combining psychometric and biometric measures of substance use. *Drug and Alcohol Dependence*, *83*, 95-103.
- <sup>10</sup> Lennox, R., Dennis, M. L., Ives, M., & White, M. K. (in press). The construct and predictive validity of different approaches combining urine and self-reported drug use measures among adolescents in substance abuse treatment. *American Journal on Addictions*.
- <sup>11</sup> Shane, P., Jasiukaitis, P., & Green, R. S. (2003). Treatment outcomes among adolescents with substance abuse problems: The relationship between comorbidities and post-treatment substance involvement. *Evaluation and Program Planning*, *26*, 393-402.

## **Overview of the GAIN Coordinating Center (GCC)**

In 2003, the GAIN Coordinating Center was created to support the use and dissemination of GAIN instruments and help bridge the gap between science and practice. The GCC is primarily responsible for training on and implementation of the GAIN family of instruments. This includes but is not limited to holding trainings for clinicians and site interviewers who will administer the GAIN to clients, providing quality assurance feedback to interviewers while going through certification to reach mastery-level of GAIN administration, holding trainings for sites to learn the process of managing data, creating tools to make GAIN implementation easier, and providing software to administer the GAIN interactively.

### **GAIN Data Management Team overview**

The GAIN Data Management Team reviews GAIN assessments and provides feedback on data quality and validity, trains Data Managers at agencies, and creates quarterly preliminary profile and outcome reports for agencies throughout the country. Data collected from agencies is returned quarterly in the form of SPSS analytic datasets with additional scales and variables along with a characteristics and preliminary outcomes-profile report.

After receiving data from sites, the GAIN Data Management Team processes each GAIN instrument separately. This entails processing data monthly to ensure key variables are not missing and inconsistencies and data anomalies do not exist. On a quarterly basis each site's data is fully examined, and every item in the GAIN instruments is combed through to ensure the accuracy and validity of each data record.

The GAIN Data Management Team trains Data Managers in all processes of data submission, preparation procedures and data quality assurance to help sites develop a productive and efficient data management process to ensure accurate and safe data transport, processing, and housing. The GAIN Data Management Team also provides customer service and support for all clients at each local agency.

### **Training and certification**

The GCC offers additional trainings to help each site successfully implement the use of the GAIN at their agency and maintain that success throughout the implementation and maintenance process. Some of the additional trainings include:

**National GAIN trainings** in Normal, IL are for staff that are going to be using the GAIN family of survey instruments and conducting GAIN interviews. This comprehensive training prepares interviewers to administer the GAIN and collect the most accurate and valid data possible. Trainees are also introduced to the web-based GAIN Assessment Building System (ABS), which houses the GAIN assessments and allows interviewers to conduct the interview interactively. Trainees also work to achieve Local Trainer certification, which allows them to train other staff members on GAIN administration.

**On-site GAIN Training** is similar to National GAIN trainings in that the process is designed to provide guidance on how to administer the GAIN and how to train others at your agency on GAIN administration. On-site training is provided in a mixed-model format that includes a kickoff call, independent completion of brief online coursework, and a 2.5-day in-person training.

**GAIN Distance trainings** for the GAIN-I and GAIN-Q3 take a distance-learning approach that make training more affordable and individualized. Trainees complete self-paced online coursework, participate in conference calls and webinars, and receive one-on-one coaching and practice with our GAIN Administration Quality Assurance Team.

**GAIN ABS user trainings** are designed to provide GAIN interviewers with an overview of how to administer the GAIN interactively, create a client record, generate reports, and edit assessments within the online GAIN ABS software. This training is available through Moodle software as well as provided in the form of documentation in Microsoft Word.

**GAIN Clinical Interpretation training** and certification process is designed to help agencies more effectively incorporate information from the GAIN and GAIN Recommendation and Referral Summary (GRRS) into treatment planning. The training and certification process is also designed to help attendees train others at their agency to use the GRRS more effectively.

**GAIN Program Management and Evaluation Training (PMET)** and certification is designed to help program managers and evaluators effectively use GAIN data to improve practice. During PMET, attendees will learn practical skills they can quickly put to use to help them implement, monitor, evaluate and sustain their substance abuse treatment programs.

**Data Manager Online Trainings** are designed to provide Data Managers step by step instructions, including how to maintain and enter cases into GAIN ABS, editing cases in GAIN ABS, and ensuring all data is accurate and valid at the point of submission. Please make sure to contact [DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org) for more information.

These trainings are just a sample of the trainings that the GCC can provide to help sites use the GAIN family of instruments. For further questions or to inquire about holding trainings, please contact [GAINInfo@chestnut.org](mailto:GAINInfo@chestnut.org) or visit our website at [www.gaincc.org](http://www.gaincc.org).

## **Contact**

We at the GAIN Coordinating Center are dedicated to providing our clients with high quality services and helping all sites achieve and maintain successful treatment practices. We are dedicated to developing new tools and trainings to provide superior information regarding the administration, maintenance, feedback, and data processing of the GAIN family of instruments.

Sites interested in using the GAIN, please contact:

GAIN Coordinating Center  
Chestnut Health Systems  
448 Wylie Drive  
Normal, IL 61701  
(309) 451-7900  
[GAINInfo@chestnut.org](mailto:GAINInfo@chestnut.org)

## 1. Data Manager Role

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### **Data Manager Description**

This chapter includes recommendations from the Data Management Team regarding qualities to look for when hiring a Data Manager, as well as an overview of the expectations and role of a Data Manager.

### **Data Manager Responsibilities**

The Data Manager is responsible for ensuring that all GAIN assessments have been entered in GAIN ABS. In addition, the Data Manager is responsible for reconciling all data anomalies in GAIN ABS and communicating with clinicians and interviewers at the site to help improve the overall quality and validity of the data collected.

Specifically the Data Manager ensures that complete, accurate data are submitted each month to the GAIN Data Management team and assures that the Follow-up Log and Treatment Log in GAIN ABS are accurate, complete, and up to date to accurately reflect the treatment that has been provided and assessments that have been collected.

The Data Manager is also responsible for data integrity, by reviewing data quality and addressing and responding to any data anomalies identified by the GAIN Data Management Team (referred to as GAIN Edits). The Data Manager has access to all cases in the GAIN ABS web-based account for their agency and ensures that records have been entered into in the GAIN ABS software so all records can be pulled by the GAIN Data Management Team.

The Data Manager acts as a liaison between the GAIN Data Management Team and all local staff who collect GAIN assessments, regarding data submissions and GAIN Edits feedback. After the Data Management Team reviews the data, a GAIN Edits file is sent to the site asking that any inconsistent, missing, or invalid responses be reviewed and modified in the assessments contained in the site's GAIN ABS account. Once the data record has been edited within GAIN ABS with the accurate responses, the Data Manager updates the GAIN Edits file to include site responses and returns the updated GAIN Edits file to the GAIN Data Management Team by the agreed upon due date.

Requirements for the Data Manager position:

- Must have good communication with clinical supervisors and the GAIN Data Management Team to discuss ongoing data inconsistencies that may represent a training issue for staff members administering the assessment.
- Must be detail-oriented and deadline-conscious.

- Must have access to staff members who administer GAIN assessments in order to gather information regarding data errors.
- Should have good working knowledge of Microsoft Excel, Internet Explorer, Adobe Acrobat, and basic Microsoft applications and file management skills.

In addition, the amount of time required of the Data Manager depends on the number of staff members at their agency who administer the GAIN and the target number of clients in the project and may be impacted by local site configuration.

### **Data Manager processes**

The Data Manager will ensure that all data collected through the end of the previous month are completed and ready to be processed by the GAIN Data Management Team by the close of business (COB) on the due date assigned by the GCC. Feedback is provided monthly through GAIN Edits, and datasets are returned in SPSS format on a quarterly basis. Please allow at least the remainder of the submission month for processing and feedback.

### **GAIN Coordinating Center On-line Learning Center**

Data Managers will need to understand the function and purpose of the Follow-up Log and Treatment Log, when data submissions occur, and what the process of replying to GAIN Edits sent by the GAIN Data Management Team looks like. Therefore, every Data Manager, whether at grant or project start-up or due to Data Manager turnover, will be invited to go through training regarding the role and responsibilities of the Data Manager.

The trainings are available through an on-line training center and can thus be completed at the data managers' convenience. There are no additional costs or installations necessary to use the GCC On-line Learning Center course. Interactive technology enables the GAIN Data Management Team to provide all new Data Managers with visual walk-through demonstrations of each process for which a Data Manager will be responsible. To gain access to the on-line course, please contact the Data Team at [DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org) for further instructions. Data Managers will learn the basic skill set needed to complete their responsibilities, including:

- How to maintain the Treatment Log, including entering treatment information on the Treatment Log Data-Entry screen.
- How to update the status of uncollectable assessments on the Follow-up Log Data Entry screen.
- How to prepare GAIN data for monthly extraction by the GAIN Data Management Team.

- A description of the data submission process.
- An explanation of how to use the GAIN Edits file and how to make changes in GAIN ABS using the feedback provided in the GAIN Edits file.
- How to update the GAIN Edits file to track changes made in GAIN ABS, and return that updated file to the GAIN Data Management Team on a monthly basis.

Once the on-line course has been completed, a GAIN Data Management Team member will follow-up with each Data Manager to answer any site-specific questions, distribute site password information, and give additional information and tools to help the Data Manager be successful in their new role.

## 2. Follow-up Log and Reports

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The purpose of the Follow-up Log and the reports generated from it, are to help local sites or agencies track clients who have been entered into the project or treatment program and are being assessed using the Global Appraisal of Individual Needs (GAIN). The assessments that are recorded in each site's GAIN ABS account are recorded on the Follow-up Log, including the GAIN Intake and follow-up assessments, as well as the Treatment Satisfaction Index (TxSI), if applicable. On a monthly basis, the Follow-up Log information is extracted and reviewed by the GAIN Data Management Team.

The follow-up information is summarized into several reports: the Follow-Ups Due Report, Follow-Up Log, GAIN Collection Summary Report, Follow-Up Log Report, and the Follow-Up Log Report – Site Comparisons.

### **Overview**

#### **Function of the Follow-Up log**

In general, the Follow-Up Log:

- Provides site information, in a single location, that is used in reports for easier viewing across all clients' follow-up plans.
- Produces a site-specific report summarizing status and completion rates by interview wave across all clients.
- Tracks the date of intake to treatment, the dates and current statuses of all GAIN intake and follow-up interviews and additional project questionnaires.

#### **Navigation**

To access the Follow-Up Log and Reports, click on the "Site Reports" button from the main page of GAIN ABS (see figure 2.1).



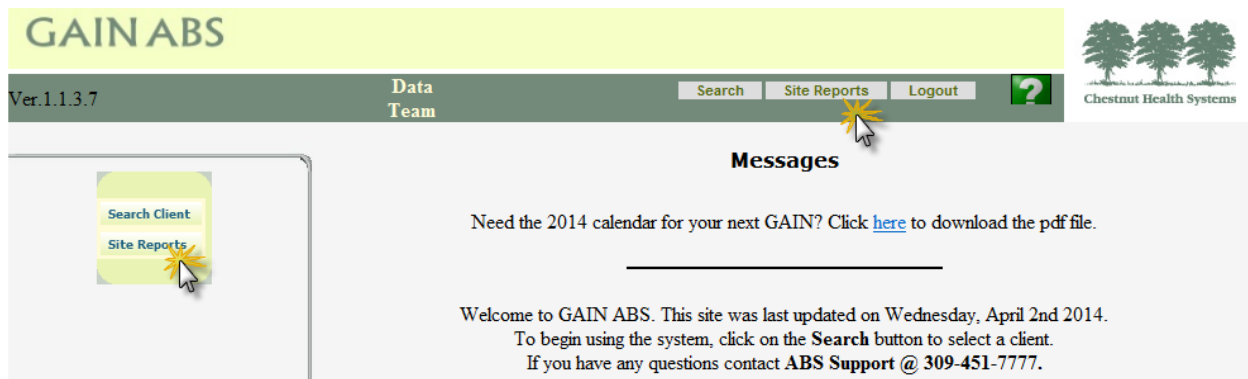


Figure 2.1

On the Site Reports screen, there are 5 reports under the Follow-Up Log Report section (see figure 2.2), each of these will be reviewed in more detail below.



Figure 2.2

## **Follow-Up Log Reports**

The Follow-Up Log Reports act as each site's tracking model for all assessments put into their GAIN ABS account. Within the Follow-Up Log reports there are five different options: Follow-Ups Due, Follow-Up Log, GAIN Collection Summary Report, Follow-Up Log Report, and Follow-Up Log Report – Site Comparisons.

### **Follow-Ups Due**

The Follow-Ups Due screen lists all of the follow-up assessments that are currently in the full collection window and are still able to be collected, along with assessments that have fallen outside the collection window and are no longer able to be collected.

## Follow-Ups in Collection Window

The green highlighted heading gives information on all the assessments that are still in the collection window and are still able to be collected. The first column is **Client Number** and shows the client's participant ID. The second column is **Due Date**, which gives the date the follow-up is due. **Wave Due** will show which follow-up assessment wave is due. **Assessment** describes which follow-up should be completed based on the initial assessment. **Last Name** will give the client's last name. **Full Data Collection Window** will give the full range of when the assessment could be collected. The **On Time Window** column will give the date range of when the assessment can be collected and considered on time.

The follow-ups due are sorted by due date. Any of the titles can be sorted if selected. Clicking on any of the client numbers will bring up that client's Client Record View screen (see figure 2.3).

Follow Ups in Collection Window:						
Participant ID	Due Date	Wave Due	Assessment	Last Name	Full Data Collection Window	On Time Window
8439	12/18/2013	6	GAIN-Q3	Dursley	11/18/2013 - 02/16/2014	12/04/2013 - 01/01/2014
1212121	01/02/2014	12	GAIN-M90	Longbottom	12/03/2013 - 03/03/2014	12/19/2013 - 01/16/2014
654789	01/06/2014	12	GAIN-M90	Potter	12/07/2013 - 03/07/2014	12/23/2013 - 01/20/2014
1980	01/11/2014	6	GAIN-M90	Weasley	12/12/2013 - 03/12/2014	12/28/2013 - 01/25/2014
305956	01/14/2014	12	GAIN-M90	Snape	12/15/2013 - 03/15/2014	12/31/2013 - 01/28/2014

Figure 2.3

## Follow-Ups Uncollectable

The red highlighted heading gives information about the assessments that have fallen outside the collection window and are no longer able to be collected. The same columns appear in this section as they do in the green heading (see figure 2.4).

Follow Ups Uncollectable:						
Participant ID	Due Date	Wave Due	Assessment	Last Name	Full Data Collection Window	On Time Window
10219	07/03/2010	6	GAIN-M90	Weasley	06/03/2010 - 09/01/2010	06/19/2010 - 07/17/2010
612345	08/30/2010	6	GAIN-M90	Granger	07/31/2010 - 10/29/2010	08/16/2010 - 09/13/2010
10219	01/01/2011	12	GAIN-M90	Weasley	12/02/2010 - 03/02/2011	12/18/2010 - 01/15/2011
99	01/28/2011	12	GAIN-M90	Hagrid	12/29/2010 - 03/29/2011	01/14/2011 - 02/11/2011
2468	02/14/2011	3	GAIN-M90	Snape	01/15/2011 - 04/15/2011	01/31/2011 - 02/28/2011

Figure 2.4

Any client that appears in the red section is an alert that the follow-up code needs to be updated due to the assessment not being collected. Clicking on the client number will bring up the follow-up data entry screen, where the status of the uncollectable assessment can be updated.

If a follow-up assessment is not completed by the client, a status update needs to be made in the Follow-Up Log Data Entry Screen.

### How to update the GAIN Follow-up Status

**Follow Up Log Data Entry**

**Client:** R. Weasley      **XPID:** 10219

**Initial Assessment:** 01/02/2010

**TxSI:**

Completion Date	Completion Status
	Incomplete - Other

**GAIN Follow Up:**

Observation Wave	Due Date	Completion Date	Current Status	Update Status	Message
6	07/03/2010		Not Located - Other	Select Update Status...	
12	01/01/2011		Uncollectable	Select Update Status...	The assessment is uncollectable. A status update is required.

**Notes:**

Figure 2.5

The above example shows the client’s 12-month follow-up has passed the collection window and therefore cannot be collected. The due date is also highlighted in red to alert staff the status code needs to be updated, along with a note under the “Message” section explaining why the due date is in red. Example: “The assessment is uncollectable. A status update is required.”

To update the status, select an option from the Update Status drop-down box. Status codes include: Deceased, Refused, No Institutional Access, No Access, Withdrawn, GPRA only follow-up, Moved, Not located-Other, and Reset Status. (see figure 2.6)

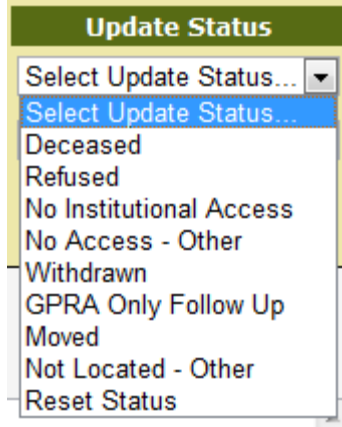


Figure 2.6

**Note: There should be no cases in the red section by the time Chestnut Health System pulls data each month. Any assessments in this section will result in a GAIN Edit. This section should be reviewed for accuracy.**

The Follow-Up Log data entry screen can also be accessed through the Client Record View. Click on the appropriate treatment episode and an option will appear on the left-hand side that says “Follow-Up Log Data Entry.”

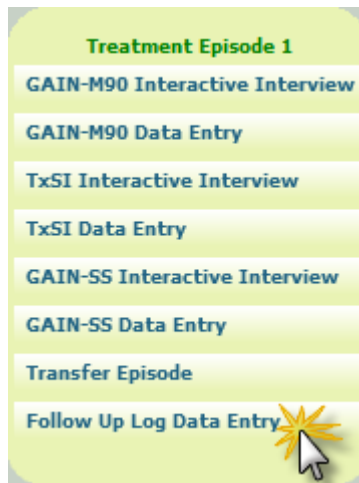


Figure 2.7

*TxSI completion codes (if applicable):*

Once a TxSI assessment has been completed and entered into GAIN ABS, the TxSI completion status on the Follow-Up Data Entry screen will populate based on the Session Number that has been entered in on the TxSI assessment header.

**TxSI:**

Completion Date	Completion Status
01/17/2010	On Time

**Assessment Header**

Instrument Type	: TxSI	Participant ID	: 2010
Instrument Version	: 1.0	Treatment Participant ID	: abc
Template	: TxSI 1.0.3	Participant Last Name	:
		Participant First Name	:
		Participant Middle Initial	:
		Social Security Number	:
		Other/State ID	:
		Observation Value	: 0
		Observation Verbatim	:
		Assessment Date	: 01/17/2010
		Session Number	: 2

Buttons:

Session Number : 2

Figure 2.8

If the TxSI was completed on the second session, and the appropriate 2 was entered into session ID on the assessment header, this is considered an on time assessment. If the assessment was completed on the third, fourth or fifth session, the TxSI will be coded as Not on time.

Completion Date	Completion Status
09/01/2009	Not On Time

Figure 2.9

If the TxSI assessment is not able to be collected, a drop-down box will be available on the Follow-Up Data Entry screen.

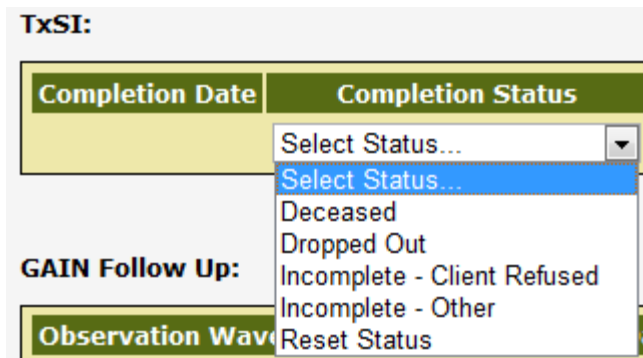



Figure 2.10

To update the status, select an option from the Completion Status drop-down box. Status codes include: Deceased, Dropped Out, Incomplete – Client Refused, Incomplete – Other, and Reset Status. (see figure 2.10)

### Follow-Up Log

The Follow-Up Log gives an overview of all of the assessment information that has been entered into GAIN ABS.

Clicking the  symbol at the top, right-hand side of GAIN ABS will access a document that will list all of the codes that can be found on the Follow-Up Log, as well as definitions for each heading. Like the Follow-Ups Due report, any of the columns can be sorted if the heading is selected. (see figure 2.11)

Participant ID	Intake Date	Initial Interview Date	Initial Assessment	TxSI Completion Status	TxSI Completion Date	Follow-up Assessment	3 Month Interview Due	3 Month Interview Status	3 Month Interview Date	6 Month Interview Due	6 Month Interview Status	6 Month Interview Date	9 Month Interview Due	9 Month Interview Status	9 Month Interview Date	12 Month Interview Due	12 Month Interview Status	12 Month Interview Date
0123321		08/18/2013	GAIN-Q3			GAIN-Q3		2		02/16/2014	12	01/30/2014		2		08/17/2014	2	
01234	02/22/2011	03/03/2010	GAIN-I			GAIN-M90	06/02/2010	12	07/23/2010	09/01/2010	24	03/23/2010	12/01/2010	31	08/16/2010	03/02/2011	24	
01234	02/22/2011	09/30/2011	GAIN-I			GAIN-M90		2		03/30/2012	11	03/22/2012		2		09/28/2012	24	
05050505		07/21/2011	GAIN-I				10/20/2011	41		01/19/2012	41		04/19/2012	41		07/19/2012	41	
0977		09/12/2011	GAIN-I					2		03/12/2012	41			2		09/10/2012	41	

Figure 2.11

### **Participant ID**

The Participant ID is the ID assigned to the Client for their time in Treatment. The same Participant ID is used on all research documents for each client. This ID should be numeric and no more than 6 digits.

**Intake Date**

The intake date is the admission date for the index admission as reported on the Treatment Log. The intake date is automatically entered on the Follow-Up Log using a look up from the Treatment Log.

**Initial Interview Date**

The initial interview date is the actual date of the initial interview. This assessment should be completed in the window of 14 days before to 7 days after the Intake Date.

**Initial Assessment**

This field will list out which initial assessment was completed with the client.

**TxSI Completion Status**

The Treatment Satisfaction Index completion status field indicates if the index was completed on time, not on time, or was unable to be captured.

**Data Entry Options:**

- 0** - The assessment is not due yet.
- 1** - The participant is dead at the time of the due date.
- 2** - The status is incomplete because the participant dropped out of treatment before the second session.
- 3** - The TxSI is not applicable or the follow-up plan (FUPLAN) is GPRA only (2) so the TxSI is not required. **DO NOT USE THIS CODE FOR FUPLAN=1 participants (unless using only GAIN-Q3).**
- 11** - The participant completed the TxSI on time at the second treatment session.
- 12** - The participant completed the TxSI late. This includes the TxSI being done at the third, fourth, or fifth treatment sessions.
- 13** - The therapist completed the TxSI on time at the second treatment session.
- 14** - The therapist completed the TxSI late. This includes the TxSI being done at the third, fourth, or fifth treatment sessions.
- 21** - The status is incomplete because the participant refused.
- 22** - The status is incomplete for another reason.
- 90** - The TxSI is active because the TxSI due date has passed and it can still be completed.

**TxSI Completion Date**

Date the Tx Satisfaction Index was completed. For the TxSI to be considered on-time it must be completed either during the 2<sup>nd</sup> treatment session or after the 2<sup>nd</sup> session but before the 3<sup>rd</sup> treatment session.

**Follow-up Assessment**

This field will indicate which follow-up assessment should be completed.

**For each of the follow-up waves, there are three corresponding columns that provide information on the status of the assessment. The follow-up time periods are all based on the date of the initial GAIN assessment completion date.**

**Interview Due Date**

Date which the follow-up interview is due to be completed. This calculated date is either 3,6,9 or 12 months after the initial GAIN interview date.

**Interview Status**

Completion status of the follow-up interview. This field will contain information on whether the interview was completed on-time, late or not completed.

**Data Entry Options:**

- 0** - The follow-up interview is not due yet.
- 1** - The participant is dead at the time of the due date.
- 2** - The site is not doing this wave of data collection or the interview due date is too late for the study.
- 11** - The GAIN follow-up assessment was completed in the on time window of two before to two weeks after the due date.
- 12** - The GAIN follow-up assessment was completed in the not on time window of 30 days before to 60 days after the due date.
- 21** - The participant was located, but they refused to complete the assessment.
- 22** - The participant was located, but the site was unable to gain institutional access.
- 23** - The participant was located, but the site was unable to gain access.
- 24** - The participant was located, but they withdrew from the study.
- 25** - GPRA only follow-up.



- 31** - The site was unable to locate the participant because they moved out of the area.
- 32** - The site was unable to locate the participant for any other reason.
- 41** - The assessment is uncollectable because the full collection window has passed or is invalid because the assessment was completed but the window had not yet opened.
- 90** - The interview status is active because the assessment due date has passed and it can still be completed.

**Interview Date**

Date which the follow-up interview was completed.

The Follow-Up Log also has the participant IDs linked to the clients Client Record View. Clicking on the participant ID will navigate to that screen.

The Follow-Up Log can be saved as a PDF file by clicking at the bottom at the top, right-hand corner of GAIN ABS.

**GAIN Collection Summary Report**

The GAIN Collection Summary Report is a quick reference of some of the most important information coded in the Follow-Up Log including 5 sections: Site (XSITE) and 3, 6, 9, and 12 Month Summary. Some specific areas to review are the Total number of Clients Screened, Overall Project Recruitment Percentage, Assessments Conducted at 2<sup>nd</sup> Therapeutic Session and Completion Rate. There are also 3, 6, 9, and 12 month Summary reports that include the site's overall On Time Rate, Completion Rate and Expected Follow-up Rate for each wave.

This report will appear as a PDF document for easy printing. (see figure 2.12)

Site [XSITE]	IL20100108
Site Name	- Clinic3
Program Name	- Data Team
Total Number of Clients Screened	129
Overall Project Recruitment Percentage	98 %
Assessments Conducted at 2nd Therapeutic Session	81 %
Completion Rate	100 %
<b>3 Month Summary</b>	
GAIN On Time Rate	99 %
GAIN Completion Rate	88 %
GAIN Expected Follow Up Rate	97 %
<b>6 Month Summary</b>	
GAIN On Time Rate	99 %
GAIN Completion Rate	93 %
GAIN Expected Follow Up Rate	76 %
<b>9 Month Summary</b>	
GAIN On Time Rate	0 %
GAIN Completion Rate	0 %
GAIN Expected Follow Up Rate	0 %
<b>12 Month Summary</b>	
GAIN On Time Rate	90 %
GAIN Completion Rate	75 %
GAIN Expected Follow Up Rate	50 %

Figure 2.12

### **Follow-Up Log Report**

The Follow-Up Log Report is comprised of the overall site information by calculating percentages based on values in the Follow-Up Log. There are several key points of information in the Follow-Up Log Report that should be reviewed: Overall Project Recruitment Percentage, Initiation Rate, TxSI Completion Rate, TxSI Assessments Conducted at 2<sup>nd</sup> Therapeutic Session, 3, 6, 9 and 12 Month GAIN Completion Rates, and GAIN On Time Rates.

This report will appear as a PDF document for easy printing. (see figure 2.13)

### Follow Up Report: Totals

Site [XSITE]	20100106	Program Totals
Site Name	Clinic2	Data Team
Program Name	Data Team	Data Team
Total Number of Clients Screened	98	268
Total Number of GAIN Follow-ups Planned	98	268
<b>Recruitment Status</b>		
Current Year Recruitment Period to Date	11	11
Current Year Participant Target Number to Date	64	155
Current Year Recruitment Percentage	16 %	0 %
Overall Project Recruitment Period to Date	23	27
Overall Project Participant Target Number to Date	134	369
Overall Project Recruitment Percentage	73 %	73 %
Total Number Initiated	95	235
Initiation Rate	97 %	64 %

Figure 2.13

### Follow-Up Log Report – Site Comparisons

The Follow Up Log Report – Site Comparisons is a way for sites to compare their overall rates and totals with either one site’s rates within their project cohort or they can compare their rates to the overall total for the project. (see figure 2.14)

**Follow Up Log - Totals Comparison**

**Select two to compare:**

- Clinic1

- Clinic2

- Clinic3

Totals - for all sites listed above

Run Report

Figure 2.14

There are several key points of information in the Follow-Up Log Report - Site Comparisons that should be reviewed: Overall Project Recruitment Percentage, Initiation Rate, TxSI Completion Rate, TxSI Assessments Conducted at 2<sup>nd</sup> Therapeutic Session, 3, 6, 9 and 12 Month GAIN Completion Rates, and GAIN On Time Rates.

**Note:** Only two agencies will be able to be viewed at once.

There is also an option to compare one agency to the total information across all agencies within the project cohort called “Totals-for all sites listed above.”

### 3. Treatment Log and Reports

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The purpose of the Treatment Log and the Reports generated from it are to help local sites or agencies track the treatment(s) provided to participants who have been entered into the project and are being assessed using the Global Appraisal of Individual Needs (GAIN).

The treatment information is summarized into five reports: the Treatment Log, Treatment Log Reminders, Treatment Log Report, Treatment Summary Report, and the Treatment Log Report – Site Comparisons.



#### **Overview**

#### **Function of the Treatment log**

In general, the Treatment Log:

- Provides site information, in a single location, that is used in reports for easier viewing across all clients' treatment.
- Tracks treatment by each level of care for each participant, including admission and discharge dates, referral sources, discharge destinations and includes an identifier indication an admission type for all clients across all levels of care.
- Produces a site-specific report summarizing referral source site, level of care, current treatment site, length of stay, discharge status, discharge site and discharge level of care.

#### **Navigation**

After logging into GAIN ABS and selecting a client, select 'Treatment Log Data Entry' from the options on the left hand side of the Client Record View.

The Treatment Log Data Entry screen will appear as the following if the client does not yet have any treatment information entered.

**Treatment Log Data Entry**

Participant ID: 17

No treatment information has been entered for this client.

Add New Treatment

Close

Figure 3.1

Select “Add New Treatment.” This will bring up a blank Treatment Log.

***Treatment Log:***

**Treatment Log Data Entry**


Participant ID: 17

No treatment information has been entered for this client.

Participant ID:	17
Treatment Program ID:	
Admission Type:	-- Select --
Intake Date:	<input type="text"/>
Intake Status:	Select
Intake Referral Source Level of Care:	Select
Referral Source Site: <i>(optional)</i>	-- Select -- Add Tx Site
Local Site Name: <i>(optional)</i>	-- Select -- Add Tx Site
Intake Program Level of Care:	Select
Treatment Type:	Select
Treatment Type Specification:	<input type="text"/>
CSAT Funded Treatment:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Reached 2+ sessions/night:	<input type="text"/>
Program Discharge Status:	Select
Program Discharge Date:	<input type="text"/>
Discharge Destination Site: <i>(optional)</i>	-- Select -- Add Tx Site
Discharge Destination Site Level of Care:	Select
Additional Comments:	<input type="text"/>

Submit Cancel

Figure 3.2

*Note: The following information is also located on the Treatment Log Data Entry screen by clicking on the green question mark in the top right hand corner:* 

**Participant ID:**

The Participant ID is the ID assigned to the client for their time in treatment. This will fill in automatically from the client demographic page.

**Treatment Program ID:**

The Treatment Program ID is a local ID for the record so data may be matched with local information. The local ID entered on the Treatment Log Data Entry screen will be pulled from the local ID code provided in the corresponding field in the ABS software GAIN record. *The XTPID is an optional field that can be left blank.*

**Admission Type:**

The Admission Type is used to identify the timing of each admission to treatment related to other admissions and tracks participation through each level of care provided to the client. There are five coding options for the admission type: pre-index admission, index admission, continuing treatment, discharge treatment, or post-discharge treatment.

- **Pre-index admission** – Admissions before the client became a part of the grant or project should be coded as the pre-index admission. This is useful if the index admission is a step-down treatment. For example, if the client were recruited at admission to aftercare from residential treatment, the residential record would be a pre-index admission since the aftercare treatment is the index admission.
- **Index admission** – The index admission is the admission to treatment when the client became a participant within the grant or project and is the admission associated with the administration of the initial GAIN assessment. Each client can have one and only one index admission. If the index admission is a step-down (e.g., aftercare following residential treatment), it is recommended that any prior admissions that are a part of the same treatment episode are included on the Treatment Log.
- **Continuing treatment** – Continuing treatment is a step-down, step-up, or re- admission within 30 days that is not the final admission for the episode, but continues from the index admission. Admissions without discharge dates that continue from the index admission should be coded as such. If the client is readmitted to treatment, the previous record entry may need to be changed from discharge treatment to continuing treatment if it was originally thought to be the final discharge for the episode and the client returned to treatment within 30 days. *Note: Some clients may not have records coded as continuing treatment.*
  - *If a treatment episode is continuing care and the discharge date (DISCDT) for that treatment episode is entered and 30 days have passed since the discharge date, the continuing care should be changed to discharge treatment.*

- Discharge treatment** – The discharge treatment is the final treatment segment within the episode of care that begins with the index admission. Discharge treatment is only used if the client steps up/down or is readmitted within 30 days from the previous discharge. *Note: Some clients may not have records of discharge treatment).*
  - Continuing treatment episodes with a discharge date should be changed to discharge treatment unless or until additional treatment is recorded within
    - 30 days of discharge from that level of care.
  - If the client is readmitted to treatment within 30 days, the record may need to be changed from discharge treatment to continuing treatment if it was originally thought to be the final discharge for the episode.
- Post discharge treatment** – Post discharge treatment is the admission(s) after the final discharge from the index episode (including any or all step-ups, step-downs, or continuing care). Use post discharge treatment for all admissions that occur more than 30 days from the last discharge associated with the index episode of care (i.e., from the discharge treatment record). Since the post discharge treatment represents a new episode(s) of care, any future treatment rows for the participant will also be post discharge treatment.
- Never Admitted** – Clients that received an intake assessment, but never began treatment services, would be coded as never admitted. This option would only be used if the client left before receiving any treatment. If even a limited service was provided, then Index Admission should be selected. Never Admitted should only be used if there are no other episodes of treatment for the client. If the client returns for treatment, this should be updated to an Index Admission.

Admission Type:	-- Select --
Intake Date:	-- Select --
Intake Status:	Pre-index Admission
Intake Referral Source Level of Care:	Index Admission
Referral Source Site: <i>(optional)</i>	Continuing Treatment
	Discharge Treatment
	Post Discharge Treatment
	Never Admitted

Figure 3.3

Enter the participant’s current type of admission by using the drop-down menu options.

**Intake Date:**

The intake date is the actual date the participant had formal intake into treatment or the first date of formal treatment service (whichever comes first). (Note: For agencies also using the EBTx website, the intake date must be the first date of formal treatment services). Click on the calendar icon if the calendar is needed. If the intake was not done for any reason, the record should not be added to the Treatment Log.



A screenshot of a software interface showing an 'Intake Date' label on the left. To its right is a text input field containing the date '09/27/2009'. Further to the right is a date picker icon, which is a calendar with a yellow starburst effect, and a mouse cursor is hovering over it.

Figure 3.4

**Intake Status:**

The Intake Status field designates under what circumstance the participant is entering treatment. (i.e. New from community, Internal transfer from SA treatment, Transfer from Juvenile Justice system, etc.)

Click 'Select' for the menu options to appear. Select which Intake Status best fits the participant. Click 'OK'.

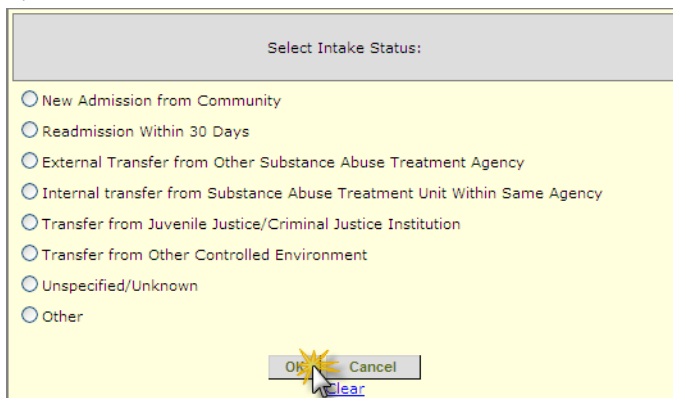
A screenshot of a dialog box titled 'Select Intake Status:'. The dialog has a light yellow background. It contains a list of radio button options: 'New Admission from Community', 'Readmission Within 30 Days', 'External Transfer from Other Substance Abuse Treatment Agency', 'Internal transfer from Substance Abuse Treatment Unit Within Same Agency', 'Transfer from Juvenile Justice/Criminal Justice Institution', 'Transfer from Other Controlled Environment', 'Unspecified/Unknown', and 'Other'. At the bottom of the dialog, there are two buttons: 'OK' and 'Cancel'. A mouse cursor is hovering over the 'OK' button, and a blue 'clear' link is visible below it.

Figure 3.5

**Intake Referral Source Level of Care:**

The intake referral source level of care is the level of care of the local program or agency identified in the intake status where the participant came from. (i.e. Community, Aftercare, Outpatient (1-8hrs/wk), Intensive outpatient (9-14hrs/wk), etc.).

Click 'Select' for the menu options to appear. Select which Intake Referral Source Level of Care best fits the participant. Click 'OK'.

Select Intake Referral Source Level of Care:

<input type="radio"/> Community	<input type="radio"/> Moderate Term Inpatient/Residential (31-90 Days)
<input type="radio"/> Assessment/Intake Unit	<input type="radio"/> Long Term Inpatient/Residential (Greater Than 90 Days)
<input type="radio"/> Outreach	<input type="radio"/> Social Detoxification
<input type="radio"/> Aftercare	<input type="radio"/> Medical Detoxification
<input type="radio"/> Student Assistance Program	<input type="radio"/> Other Intensive Inpatient
<input type="radio"/> Case Management	<input type="radio"/> Correctional Institution
<input type="radio"/> Outpatient (1-8 Hours Per Week)	<input type="radio"/> Other Juvenile Justice/Criminal Justice Agency
<input type="radio"/> Outpatient Methadone Treatment	<input type="radio"/> Mental Health Inpatient
<input type="radio"/> Intensive Outpatient (9-14 Hours Per Week)	<input type="radio"/> Mental Health Emergency Room
<input type="radio"/> Partial Hospitalization (15-34 Hours Per Week)	<input type="radio"/> Mental Health Outpatient
<input type="radio"/> Full Day Outpatient (35+ Hours Per Week)	<input type="radio"/> Physical Health Inpatient
<input type="radio"/> Full Day Outpatient With Work Release (15+ Hours Per Week Plus Work Release Time)	<input type="radio"/> Physical Health Emergency Room
<input type="radio"/> Halfway Houses	<input type="radio"/> Physical Health Outpatient
<input type="radio"/> Group Homes	<input type="radio"/> Unspecified/Unknown
<input type="radio"/> Short Term Inpatient/Residential (30 or Less Days)	<input type="radio"/> Other

Figure 3.6

**Referral Source Site: (Optional):**

The referral source site is an optional field used to define the local agency the participant is coming from.

If a participant has been referred to the facility, this information can be entered in this field. The data manager or clinicians at the agency will determine the options for this field by adding new Treatment Site. Click ‘Add Tx Site’.

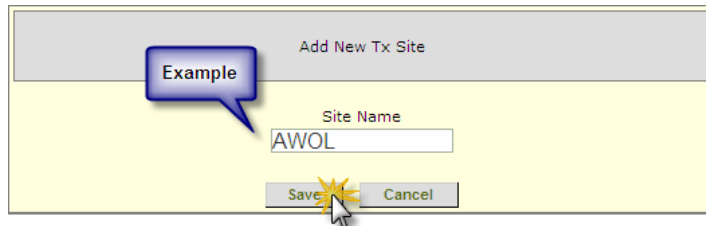
*For all “Optional” fields* – Select the applicable option from the existing drop-down menu or, if the information you need is not already entered, click “Add \_\_\_\_\_,” enter the name of the site, click “Save,” and select the new site from the drop-down menu.

Referral Source Site: (optional)

-- Select --

Add Tx Site

Enter the Site Name. Click 'Save'.



The screenshot shows a web form titled "Add New Tx Site". It has a "Site Name" input field with the text "AWOL" entered. Below the input field are two buttons: "Save" and "Cancel". A blue callout bubble with the word "Example" inside points to the "Site Name" input field. A mouse cursor is positioned over the "Save" button.

Figure 3.7

Once a New Tx Site is entered that option will appear in the drop down menu on the main Treatment Log Data Entry page for all GAIN ABS users at the agency.



The screenshot shows a form field labeled "Referral Source Site: (optional)". To the right of the field is a dropdown menu. The dropdown menu is open, showing three options: "-- Select --", "-- Select --", and "AWOL". A mouse cursor is clicking the "AWOL" option.

Figure 3.8

**Local Site Name (Optional):**

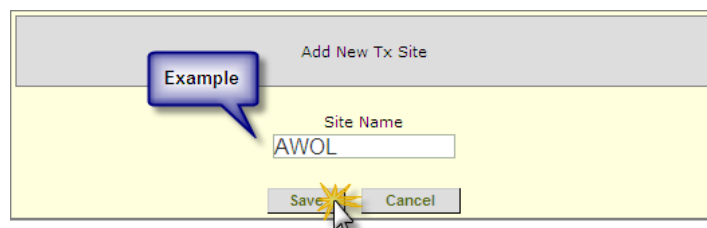
The local site name is a field that identifies the local substance abuse treatment facility for each segment of care. A local site can be selected from the drop down box or can be added to the list if it doesn't already appear.

If the participant is receiving treatment at a facility other than your own, the name of this second facility can be entered here. The data manager or clinicians at the agency will determine the options for this field by adding new Treatment Site. Click 'Add Tx Site'.



The screenshot shows a form field labeled "Local Site Name: (optional)". To the right of the field is a dropdown menu. The dropdown menu is open, showing two options: "-- Select --" and "Add Tx Site". A mouse cursor is clicking the "Add Tx Site" option.

Enter the Site Name. Click 'Save'.



The screenshot shows a web form titled "Add New Tx Site". It has a "Site Name" input field with the text "AWOL" entered. Below the input field are two buttons: "Save" and "Cancel". A blue callout bubble with the word "Example" inside points to the "Site Name" input field. A mouse cursor is positioned over the "Save" button.

Figure 3.9

Once a New Tx Site is entered that option will appear in the drop down menu on the main Treatment Log Data Entry page for everyone at the Agency.

**Intake Program Level of Care:**

The intake program level of care is the level of care provided by the local program identified in the local site name field. (Aftercare, Outpatient (1-8hrs/wk), Intensive outpatient (9-14hrs/wk), etc.)

Enter the level of care provided by your site (or the facility identified as the Local Site) Click ‘Select’ for the menu options to appear. Select which Intake Program Level of Care best fits the participant. Click ‘OK’.

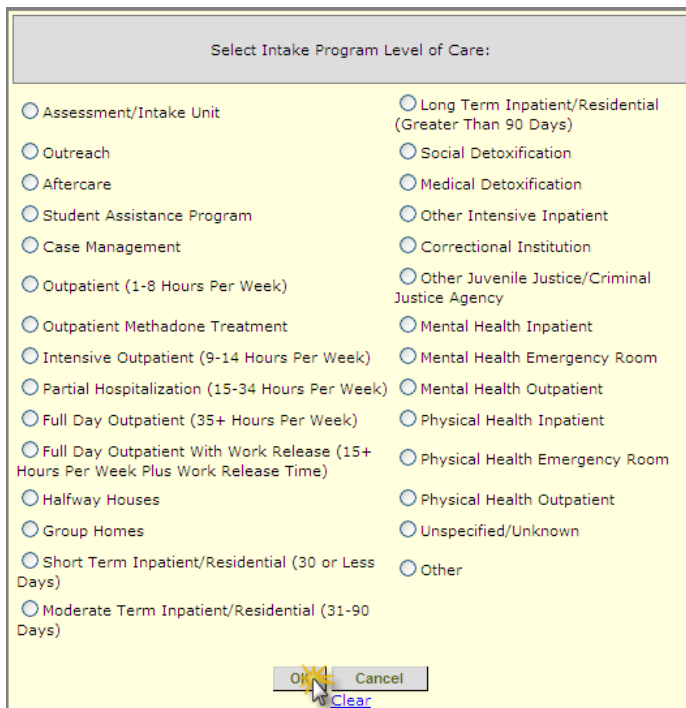


Figure 3.10

**Treatment Type:**

The treatment type is used to enter the treatment protocol the participant is receiving.

**Treatment type options:**

- ACRA:** Adolescent Community Reinforcement Approach
- APT:** Adolescent Portable Therapy
- ACC:** Assertive Continuing Care
- CBITS:** Cognitive-Behavioral Intervention for Trauma in Schools
- FSN:** Family Support Network
- METCBT5:** Motivational Enhancement Therapy/Cognitive Behavioral Therapy

<b>METCBT7:</b>	Motivational Enhancement Therapy/Cognitive Behavioral Therapy
<b>METCBT12:</b>	Motivational Enhancement Therapy/Cognitive Behavioral Therapy
<b>MDFT:</b>	Multidimensional Family Therapy
<b>MST:</b>	Multisystemic Treatment
<b>SC:</b>	Seven Challenges
<b>BASICS:</b>	Brief Alcohol Screening and Intervention for College Student Drinkers
<b>BSFT:</b>	Brief Strategic Family Therapy
<b>CR:</b>	Cognitive Restructuring
<b>DBT:</b>	Dialectical Behavioral Therapy
<b>FFT:</b>	Functional Family Therapy
<b>PBFT:</b>	Purdue Brief Family Therapy
<b>ACC/SC:</b>	Assertive Continuing Care/Seven Challenges
<b>CRAFT:</b>	Community Reinforcement Approach for Family Therapy
<b>LC: La Cañada:</b>	Adolescent Substance Abuse Step-Down Treatment Residential
<b>PACM:</b>	Phoenix Academy Clinical Manual
<b>DYC:</b>	Dynamic Youth Community, Inc. A Therapeutic Community for Adolescents and Young Adults—Treatment Manual
<b>MMTC:</b>	Mountain Manor Treatment Center—Baltimore: Manual for a Short-Term Residential
<b>CHS:</b>	CHS Treatment Manual—Bloomington’s Outpatient & Intensive Outpatient Treatment
<b>GBOPT:</b>	Group-Based Outpatient Treatment for Adolescent Substance Abuse
<b>TRTM:</b>	Thunder Road Treatment Manual: A Hybrid Therapeutic Community Treatment Model
<b>MDFT-EA:</b>	Multidimensional Family Therapy for Early Adolescent Substance Abuse Treatment
<b>EMPACT:</b>	Suicide Prevention Center—Teen Substance Abuse Treatment Program Treatment
<b>WBRR:</b>	Walking In Beauty on the Red Road: A Holistic Cultural Treatment Model for American Indian and Alaska Native Adolescents and Families
<b>AR-H:</b>	Adolescent Recovery-Hazeldon
<b>CBT:</b>	Other Cognitive Behavioral Therapy
<b>OCM:</b>	Other Contingency management
<b>OFT:</b>	Other Family Therapy
<b>OGT:</b>	Other Group Therapy
<b>OIT:</b>	Other Individual Therapy
<b>MI:</b>	Motivational Interviewing
<b>PET:</b>	Psychoeducational Therapy
<b>OSAP:</b>	Other Student Assistance Programs/School-based programs
<b>OTC:</b>	Other Therapeutic Community

- O12:** Other Twelve Step Approaches
- OCaMg:** Other Case Management
- O:** Other

Enter the participant’s treatment type. Click ‘Select’ for the menu options to appear. Select which Treatment Type best fits the participant. Click ‘OK.’ If the treatment that the participant is undergoing is not listed in the menu options, select the last option ‘O’ for “Other” and specify the type of treatment in the Treatment Type Specification field.

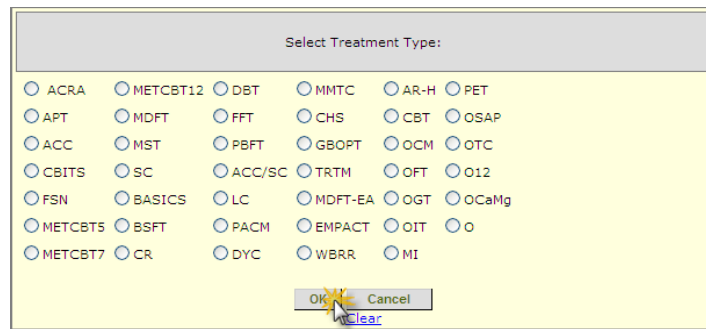


Figure 3.11

**Treatment Type Specification:**

The treatment type specification is used for any treatment type where “Other” has been chosen.

If ‘Other’ is selected in the Treatment Type, enter the type of treatment the participant is undergoing in this field.

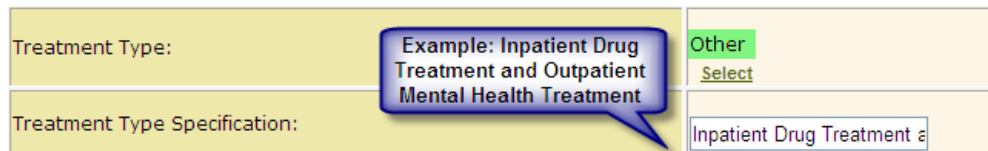


Figure 3.12

**CSAT Funded Treatment:**

CSAT funded treatment field is used to indicate whether or not the treatment is funded with a CSAT grant.

This field is automatically filled in as ‘Yes’ for CSAT grantees. If the type of treatment the client is receiving is not funded by CSAT, this field can be updated to ‘No.’

CSAT Funded Treatment:	<input checked="" type="radio"/> Yes <input type="radio"/> No
------------------------	---

Figure 3.13

**Date Reached 2+ session/night:**

The date in this field should reflect when the participant reached the second treatment session or stayed the second night in residential treatment. Click on the calendar icon to the right of the text box to view a calendar if needed.

Date Reached 2+ sessions/night:	<input type="text"/> 
---------------------------------	--

Figure 3.14

**IMPORTANT:** The TxSI must be completed during or after the client’s second session of treatment and before the client’s third session of treatment to be considered on time.

**Program Discharge Status:**

The program discharge status is used to indicate a participant’s treatment status. (Still in Treatment, Completed program, internal transfer to next level of care).

Enter the participant’s program discharge status in this field. Click ‘Select’ for the menu options to appear. Select which Program Discharge Status best fits the participant. Click ‘OK.’

Select Program Discharge Status:

- Still in Treatment
- Completed - Discharged to Community
- Internal Transfer to Next Level of Care for Substance Abuse Treatment Within the Same Agency
- External Referral to Substance Abuse Treatment Program in Another Agency
- Transfer to Medical Treatment
- Transfer to Psychiatric Care
- Transfer to Juvenile Justice/Criminal Justice Agency
- Other Transfers
- At Staff Request/Disciplinary
- Against Medical Advice - Away Without Leave/Runaway
- Against Medical Advice - Individual/Family Choice
- Against Medical Advice - Insurance/Benefit
- Against Medical Advice - Juvenile Justice/Criminal Justice Agency
- Against Medical Advice - Transfer Other Agency Request
- Deceased
- Unspecified/Unknown
- Other

Figure 3.15

**Program Discharge Date:**

The program discharge date is the date of the last services the participant received or the date the participant was formally discharged from treatment; whichever comes first. (Note: For agencies also using the EBTx website, the program discharge date must be the last date of treatment services). If the participant is still in treatment, the field should be left blank. If the true discharge date is unknown, an estimated discharge date or proxy date should be entered. A comment should be added to the additional comments field indicating that it is a proxy date.

Enter the participant’s program discharge date in this field. Click on the calendar icon to the right of the text box to view a calendar if needed.



Figure 3.16

**Discharge Destination Site (Optional):**

The discharge destination site is a field used to indicate where the participant was sent after they were discharged from treatment. A Discharge Destination Site can be selected from the drop down list or can be added if it doesn’t already appear.

If a participant has been discharged from the current treatment episode and has moved to a different facility to receive further treatment, the new location is entered into the Discharge Destination Site field.

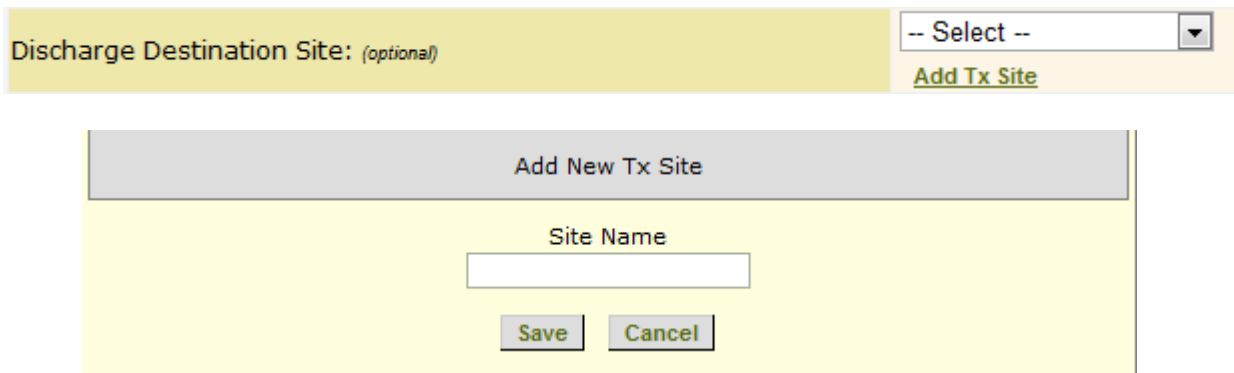


Figure 3.17

Once a New Tx Site is entered that option will appear in the drop down menu on the main Treatment Log Data Entry page for everyone at the Agency.

**Discharge Destination Site Level of Care:**

The discharge destination site level of care is the level of care of the local program identified in the discharge destination site where the participant was sent after discharge. (Community, Aftercare, Group home, etc.)



After a participant has been discharged from treatment, enter the level of care of the participant’s discharge destination site level of care. Click ‘Select’ for the menu options to appear. Select which Discharge Destination Site Level of Care best fits your participant. Click ‘OK’.

Select Discharge Destination Site Level of Care:

- Community
- Assessment/Intake Unit
- Outreach
- Aftercare
- Student Assistance Program
- Case Management
- Outpatient (1-8 Hours Per Week)
- Outpatient Methadone Treatment
- Intensive Outpatient (9-14 Hours Per Week)
- Partial Hospitalization (15-34 Hours Per Week)
- Full Day Outpatient (35+ Hours Per Week)
- Full Day Outpatient With Work Release (15+ Hours Per Week Plus Work Release Time)
- Halfway Houses
- Group Homes
- Short Term Inpatient/Residential (30 or Less Days)
- Moderate Term Inpatient/Residential (31-90 Days)
- Long Term Inpatient/Residential (Greater Than 90 Days)
- Social Detoxification
- Medical Detoxification
- Other Intensive Inpatient
- Correctional Institution
- Other Juvenile Justice/Criminal Justice Agency
- Mental Health Inpatient
- Mental Health Emergency Room
- Mental Health Outpatient
- Physical Health Inpatient
- Physical Health Emergency Room
- Physical Health Outpatient
- Unspecified/Unknown
- Other

OK Cancel Clear

Figure 3.18

**(Note: If one discharge field is filled out, then all discharge fields must be completed in order to leave the page. Red text will appear under the fields that must be completed.)**

**Additional Comments:**

The additional comments field is used for any additional information that is necessary to clarify the data in the record for each participant. It is important that names or other Personal Health Information (PHI) are not entered in this field.

Enter any additional information you have regarding the participant’s treatment.

Additional Comments:

Figure 3.19

Once you have finished filling out the Treatment Log for the participant click ‘Submit’ at the bottom of the page.

### Editing an existing Treatment Log for a client

Once the Treatment Log has been submitted, the Treatment Log Data Entry page will show a quick view of the Treatment Log for the participant. Click 'Select' to view each row in the Treatment Log.

Participant ID: 325							
Admission Type	Intake Date	Intake LOC	Tx Type	TxTYPEv	Discharge Status	Discharge Date	Date Last Revised
Pre-index Admission	09/27/2009	Intensive Outpatient (9-14 Hours Per Week)	Other	Living in Balance curriculum	Still in Treatment		01/14/2010

Figure 3.20

Once the Treatment record is selected, click 'Edit Row' to make any necessary changes or updates for that participant.

Participant ID:	325
Treatment Program ID:	
Admission Type:	Pre-index Admission
Intake Date:	09/27/2009
Intake Status:	Other
Intake Referral Source Level of Care:	Other
Referral Source Site:	
Local Site Name:	
Intake Program Level of Care:	Intensive Outpatient (9-14 Hours Per Week)
Treatment Type:	Other
Treatment Type Specification:	Living in Balance curriculum
CSAT Funded Treatment:	Y
Date reached 2+ sessions/night:	09/27/2009
Program Discharge Status:	Still in Treatment
Program Discharge Date:	
Discharge Destination Site:	
Discharge Destination Site Level of Care:	
Additional Comments:	
Date Last Revised:	01/14/2010

Figure 3.21

After the participant's information is entered into the Treatment Log click 'Update' to save the changes that were made.

Program Discharge Status:	Completed - Discharged to Community <a href="#">Select</a>
Program Discharge Date:	02/26/2010
Discharge Destination Site: <small>(optional)</small>	-- Select -- <a href="#">Add Tx Site</a>
Discharge Destination Site Level of Care:	Community <a href="#">Select</a>
Additional Comments:	<input type="text"/>
Date Last Revised:	06/09/2010

Figure 3.22

To remove an entry from the Treatment Log, click on the Delete button to the right of the row that needs to be removed. (see figure 3.23)

**Treatment Log Data Entry**

Participant ID: 1000

Admission Type	Intake Date	Intake LOC	Tx Type	TxTYPEv	Discharge Status	Discharge Date	Date Last Revised		
Index Admission	01/02/2010	Outpatient (1-8 Hours Per Week)	Adolescent Community Reinforcement Approach		Transfer to Juvenile Justice/Criminal Justice Agency	02/21/2010	08/23/2010	Select	Delete
Discharge Treatment	04/21/2010	Outpatient (1-8 Hours Per Week)	Adolescent Community Reinforcement Approach		Completed - Discharged to Community	01/01/2011	01/06/2011	Select	Delete

Figure 3.23

Another message will appear on the screen verifying the deletion of the row. Simply hit ‘OK’ to remove the row from the log.

***Adding Additional Treatment Information***

If a client is receiving co-occurring treatment, or is stepping up or down in treatment at the agency, additional treatment information can be added to the Treatment Log Data Entry screen.

Select “Add New Treatment” on the Treatment Log Data Entry screen to add a Continuing Treatment, Discharge Treatment, etc.

***General recommendations***

It is recommended that every treatment provided to the client or change in level of care be included until the end of the full follow-up period for the project. Admissions to external facilities may also be included, but should be included consistently across all clients.

There should be one record for each new level of care—even if it is in the same facility, or for a new facility at the same level of care.

**Treatment Log Data Entry**

Participant ID: 305

Admission Type	Intake Date	Intake LOC	Tx Type	TxTYPEv	Discharge Status	Discharge Date	Date Last Revised		
Index Admission	10/05/2009	Intensive Outpatient (9-14 Hours Per Week)	Seven Challenges		Still in Treatment		01/26/2010	Select	Delete

Add New Treatment

Close

Figure 3.24

## Treatment Log Reports

To access the Treatment Log and Reports, click on the “Site Reports” button from the main page of GAIN ABS. (see figure 3.25)

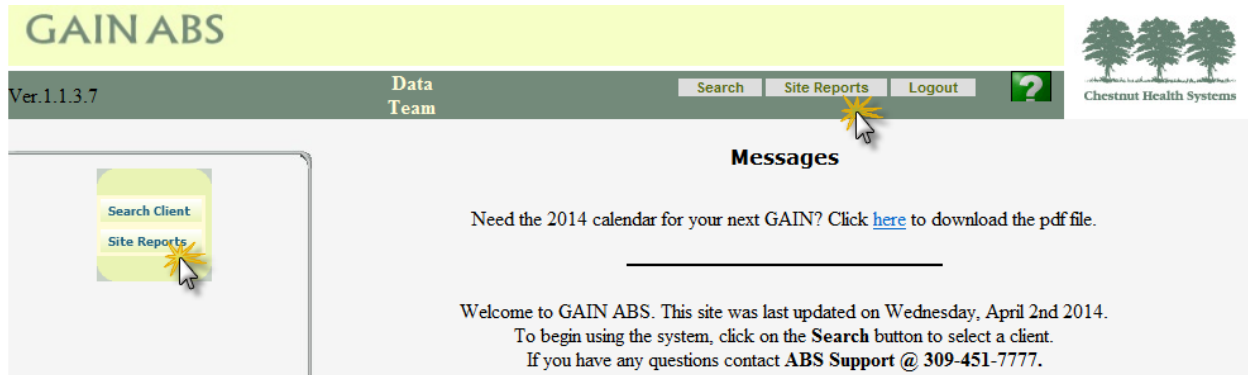


Figure 3.25

On the site reports screen, there are five reports under the Treatment Log Report section (figure 3.26). Each of these will be reviewed in more detail below.



Figure 3.26

The Treatment Log Reports act as each site’s tracking model for all treatment information entered in their GAIN ABS account. The following reports are available under this section: Treatment Log, Treatment Log Reminders, Treatment Log Report, Treatment Summary Report, and Treatment Log Report – Site Comparisons.

### Treatment Log

The Treatment Log contains all of the participants’ Treatment Log records for the Agency. All optional fields are taken out for this report. The default setting sorts by XPID (Participant ID)

then Admission Type, but all columns are sortable. To revert back to the default setting click ‘Admission Type’ and then ‘XPID.’ Click on the XPID for an individual participant to view their detailed Treatment Log record.

*Note: The following information is also located on the Treatment Log screen by*



*clicking on the green question mark in the top right hand corner:*  
(see figure 3.27)

Treatment Log												
Participant ID	Admission Type	Intake Date	Date Reached 2+ Sessions per Night	Program Discharge Date	Intake Status	Intake Referral Level of Care	Intake Program Level of Care	Treatment Type	Treatment Type Specification	CSAT Funded	Program Discharge Status	Discharge Destination Site Level of Care
1299	Index Admission	10/29/09	10/29/09	04/07/10	Other	Other	Intensive Outpatient (9-14 Hours Per Week)	Other	Living in Balance	Y	External Referral to Substance Abuse Treatment Program in Another Agency	Outpatient (1-8 Hours Per Week)
1299	Post Discharge Treatment	06/01/10			External Transfer from Other Substance Abuse Treatment Agency	Intensive Outpatient (9-14 Hours Per Week)	Outpatient (1-8 Hours Per Week)	Motivational Enhancement Therapy/Cognitive Behavioral Therapy		Y	Still in Treatment	
1404	Index Admission	08/26/09	09/08/09		Other	Other	Intensive Outpatient (9-14 Hours Per Week)	Other	Living in Balance	Y	Still in Treatment	
17	Index Admission	09/21/09	09/24/09	09/28/09	Other	Other	Intensive Outpatient (9-14 Hours Per Week)	Assertive Continuing Care		Y	Internal Transfer to Next Level of Care for Substance Abuse Treatment Within the Same Agency	Aftercare

Figure 3.27

Information is not entered directly onto the Treatment Log, but is entered in the Treatment Log Data Entry screen for each client individually. (See a detailed explanation of the Treatment Log Data Entry screen above.)

### Treatment Log Reminders

The Treatment Log Reminders report provides an overview of clients who do not yet have treatment information entered into the system or clients who have been in treatment for over a six or twelve month period. This report contains three sections:

- Clients with no treatment information entered (Figure 3.28)
- Clients not discharged after 6 months in treatment (Figure 3.29)
- Clients not discharged after 12 months in treatment (Figure 3.30)

Note that the 6- and 12-month reminders will appear and are simply reminders for the site to check in about clients’ treatment, and update discharge information when appropriate. Some treatment types (e.g. MET/CBT5) may be shorter than other treatment, and some sites find it helpful to track this information to ensure that treatment information is updated in a timely

manner for clients in shorter treatment episodes that may be atypical for their site. Depending on the type of treatment the client receives, they may appear in the 6- and/or 12-month Treatment Log reminders for a number of months (e.g. with Case Management). This is okay for sites with treatment types that often last for more than 6 or 12 months.

***Clients with no treatment information entered:***

The first section provides an index of clients who have completed a GAIN intake, but do not have treatment information entered in GAIN ABS.

<b>Clients with no treatment information entered:</b>		
<b>Client ID</b>	<b>Initial Interview Date</b>	<b>Last Name</b>
<a href="#">23432</a>	10/25/2009	Weasley
<a href="#">099</a>	04/01/2010	A
<a href="#">2</a>	03/18/2009	C
<a href="#">654789</a>	09/08/2011	Potter
<a href="#">305956</a>	01/15/2013	Snape

Figure 3.28

In order to access the Treatment Log Data Entry screen to enter client treatment information, simply click on the client’s ‘Client ID’. Once treatment information has been entered for a client, the client’s ‘Client ID’ will be removed from the ‘Clients with no treatment information entered’ section of the Treatment Log Reminders report.

***Clients not discharged after 6 months in treatment:***

The second section provides an index of clients who have remained in a particular treatment episode for over six months. This includes *all* treatment admissions and levels of care the client may receive.

<b>Clients not discharged after 6 months in treatment:</b>					
<b>Client ID</b>	<b>Initial Interview Date</b>	<b>Last Name</b>	<b>Type of Treatment</b>	<b>Intake Date</b>	<b>Time in Type of Tx</b>
<a href="#">225</a>	06/07/2013	Granger	ACRA	06/08/2013	10 Months

Figure 3.29

In order to access the Treatment Log Data Entry screen to update client discharge information, simply click on the client’s ‘Client ID’. Once discharge information (Program Discharge Status, Program Discharge Date and Discharge Destination Site Level of Care) has been entered for a client and properly saved, the client’s ‘Client ID’ will be removed from the ‘Clients not discharged after 6 months in treatment’ section of the Treatment Log Reminders report.

***Clients not discharged after 12 months in treatment:***

The third section provides an index of clients who have remained in a particular treatment episode for over twelve months. This includes *all* treatment admissions and levels of care the client may receive.

Clients not discharged after 12 months in treatment:					
Client ID	Initial Interview Date	Last Name	Type of Treatment	Intake Date	Time in Type of Tx
221	02/18/2010	Longbottom	ACRA	01/18/2012	27 Months
99	01/29/2010	Hagrid	ACC	08/16/2012	20 Months
4343	03/12/2012	Potter	O	06/13/2012	22 Months

Figure 3.30

Similar to updating clients who have been in treatment for 6 months, simply click on the client’s ‘Client ID’. Once discharge information (Program Discharge Status, Program Discharge Date and Discharge Destination Site Level of Care) has been entered for a client and properly saved, the client’s ‘Client ID’ will be removed from the ‘Clients not discharged after 12 months in treatment’ section of the Treatment Log Reminders report.

***Note: Reviewing all Treatment Log Reminders reports prior to the monthly data pull and making appropriate updates will reduce the number of possible GAIN Edits each month.***

**Treatment Log Report**

The Treatment Log Report is comprised of the overall site information by calculating percentages based on the values in the Treatment Log.

There are 9 sections in this report:

- Site ID
- Treatment Summary
- Total Duration Per Client
- Segment Duration Per Client
- Intake Status
- Intake Referral Source Level of Care
- Intake Program Level of Care
- Program Discharge Status
- Discharge Destination Site Level of Care.

The information found in the Treatment Log Report contains a detailed breakdown of each section of the report. An overview summary of this information can be found in

the Treatment Summary Report.

This report will appear as a PDF document, for easy printing. (see figure 3.31)

### Treatment Log Report

<b>Site ID</b>	<b>20100105</b>
Site Name	- Clinic1
Program Name	- Data Team
Total Number of Admissions	35
Total Number of Unique Persons	32
<b>Treatment Summary</b>	<b>20100105</b>
Mean Number of Admissions Per Client	1.1
Clients With Only 1 Admission	90.6%
Clients With 2 Admissions	9.4%
Clients With 3 or More Admissions	0.0%
Date of First Admission	05/18/2009
Date of Last Admission	01/25/2011
System Engagement Rate	90.3%
Continuing Care Rate	93.5%
Number of Discharges	6
Mean Number of Discharges Per Client	0.2
Percent of Clients Never Discharged	81.3%
Percent of Clients With 1 Discharge	18.8%
Percent of Clients With 2 Discharges	0.0%
Percent of Clients With 3 or More Discharges	0.0%
Date of First Discharge	11/10/2009
Date of Last Discharge	01/25/2011
<b>Total Duration Per Client</b>	<b>20100105</b>
Percent of Clients Still/Back in Treatment	90.6%
Percent of Clients With Less Than 30 Days in Treatment	3.1%
Percent of Clients in Treatment for 30-89 Days	3.1%
Percent of Clients in Treatment for 90 Days or More	3.1%
<b>Segment Duration Per Client</b>	<b>20100105</b>
Percent of Clients Still in Treatment	82.9%
Percent of Clients With Less Than 30 Days in Treatment	8.6%
Percent of Clients in Treatment for 30-89 Days	2.9%
Percent of Clients in Treatment 90 Days or More	5.7%

Figure 3.31



## Treatment Summary Report

The Treatment Summary Report is a quick reference of some of the most important information coded in the Treatment Log. They include:

- Total Number of Admissions
- System Engagement Rate
- Continuing Care Rate
- Percent of Clients Still/Back in Treatment (Total Duration)
- Number of Discharges

This report will appear as a PDF document which makes it easy to print.  
(see figure 3.32)

Site ID	199423
Site Name	- Clinic1
Program Name	- Data Team
Total Number of Admissions	34
Total Number of Unique Persons	32
Mean Number of Admissions Per Client	1.1
System Engagement Rate	93.5%
Continuing Care Rate	93.8%
Percent of Clients Still/Back in Treatment (Segment Duration)	82.4%
Percent of Clients Still/Back in Treatment (Total Duration)	87.5%
Number of Discharges	6
Mean Number of Discharges Per Client	0.2

Figure 3.32

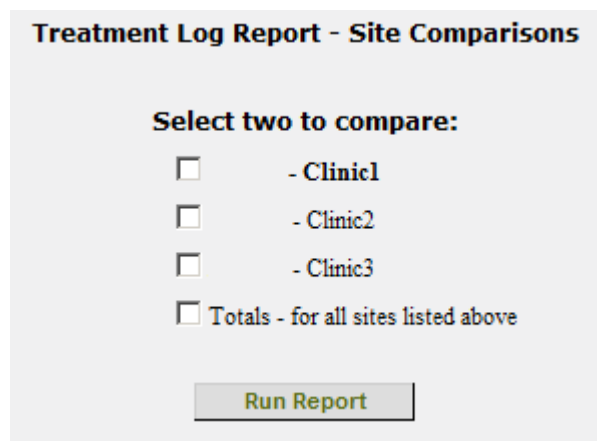
## **Treatment Log Report – Site Comparisons**

The Treatment Log Report – Site Comparisons is a way for sites to compare their overall rates and totals with another agency’s rates, within their project cohort, or to compare their rates with the total across all agencies within the project.

There are several key points of information in the Treatment Log Site Comparisons Report that should be reviewed:

- Total Number of Admissions
- System Engagement Rate
- Continuing Care Rate
- Percent of Clients Still/Back in Treatment (Total Duration)
- Number of Discharges
- Intake Status

A selection screen allows for two options to be selected for comparison. (see figure 3.33)



**Treatment Log Report - Site Comparisons**

**Select two to compare:**

- Clinic1

- Clinic2

- Clinic3

Totals - for all sites listed above

**Run Report**

Figure 3.33

After a selection is made, choosing “Run Report” will generate a PDF comparison report for the selected sites. (see figure 3.34)

### Treatment Log Report - Site Comparisons

Site ID	20100105	Totals
Site Name	Clinic1	
Program Name	- Data Team	- Data Team
Total Number of Admissions	35	287
Total Number of Unique Persons	32	259
Treatment Summary	20100105	Totals
Mean Number of Admissions Per Client	1.1	1.0
Clients With Only 1 Admission	90.6%	89.2%
Clients With 2 Admissions	9.4%	10.8%
Clients With 3 or More Admissions	0.0%	0.0%
Date of First Admission	05/18/2009	01/26/2006
Date of Last Admission	01/25/2011	01/25/2011
System Engagement Rate	90.3%	96.1%
Continuing Care Rate	93.5%	75.3%
Number of Discharges	6	187
Mean Number of Discharges Per Client	0.2	0.7
Percent of Clients Never Discharged	81.3%	37.1%
Percent of Clients With 1 Discharge	18.8%	53.7%
Percent of Clients With 2 Discharges	0.0%	9.3%
Percent of Clients With 3 or More Discharges	0.0%	0.0%
Date of First Discharge	11/10/2009	03/28/2008
Date of Last Discharge	01/25/2011	01/25/2011
Total Duration Per Client	20100105	Totals
Percent of Clients Still/Back in Treatment	90.6%	38.6%
Percent of Clients With Less Than 30 Days in Treatment	3.1%	2.3%
Percent of Clients in Treatment for 30-89 Days	3.1%	6.6%
Percent of Clients in Treatment for 90 Days or More	3.1%	52.5%
Segment Duration Per Client	20100105	Totals
Percent of Clients Still in Treatment	82.9%	34.9%
Percent of Clients With Less Than 30 Days in Treatment	8.6%	4.6%
Percent of Clients in Treatment for 30-89 Days	2.9%	7.5%
Percent of Clients in Treatment for 90 Days or More	5.7%	53.0%

Figure 3.34

#### 4. GAIN Data, Follow-Up Log, and Treatment Log Preparation

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On a monthly basis all Data Managers are expected to prepare their site's data to be pulled from their GAIN ABS account and update the follow-up and treatment information (if applicable) for review by the GAIN Data Management Team.

##### **Monthly Data Collection cycle**

All GAIN data collected through the end of the previous month should be entered into GAIN ABS, and the GAIN Data Management Team will pull all GAIN records from GAIN ABS agency accounts on the specified due date. The Data Managers are also required to post a GAIN Edit reply file Box by the same due date.

Following each data submission, the Data Manager will receive feedback from the GAIN Data Management Team regarding the Follow-Up Log, Treatment Log, and GAIN data. Full datasets in SPSS format and Site Profiles reports<sup>1</sup> are returned on a quarterly basis and GAIN Edits are distributed monthly. Please allow at least the remainder of the submission month for processing and feedback.

##### **GAIN Edit Reply submission guidelines**

GAIN Edit reply files must be submitted by the deadline and include an e-mail notification to the GAIN Data Management Team ([DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org)) in order to be considered on time. The GAIN Edit reply file must be submitted to the GAIN Data Management Team each month by the close of business (COB), 5:00 PM Central Time (CT), on the deadline specified by the Data Management Team.

COB on the due date means:

If the due date is a holiday: by 5:00 PM Central Time of the next closest business day, either before or after the due date. *The GAIN Data Management Team lead for your project will specify the due date prior to the data submission deadline.*

If the due date is a Saturday: by 5:00 PM Central Time the Friday *before* the due date.

If the due date is a Sunday: by 5:00 PM Central Time the Monday *after* the due date.

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<sup>1</sup> The Site Profiles report is created if contracted with Chestnut Health Systems.

To alleviate the risk of being late or out of compliance, aim for posting the GAIN Edit reply file one week before the due date.

### **Post GAIN Edit reply file to Box**

Each agency will have a folder on Box.com. The GAIN Data Management team will send out email invitations to access the specific site folder. The Data Manager is responsible for creating an account using their email address the invitation was sent to and a password of his/her choice.

There are a few different ways to upload the GAIN Edits reply file to Box. The most straightforward way that works with all browsers is simply using the “Upload” button and navigating to where the file is saved. (see figure 4.0).

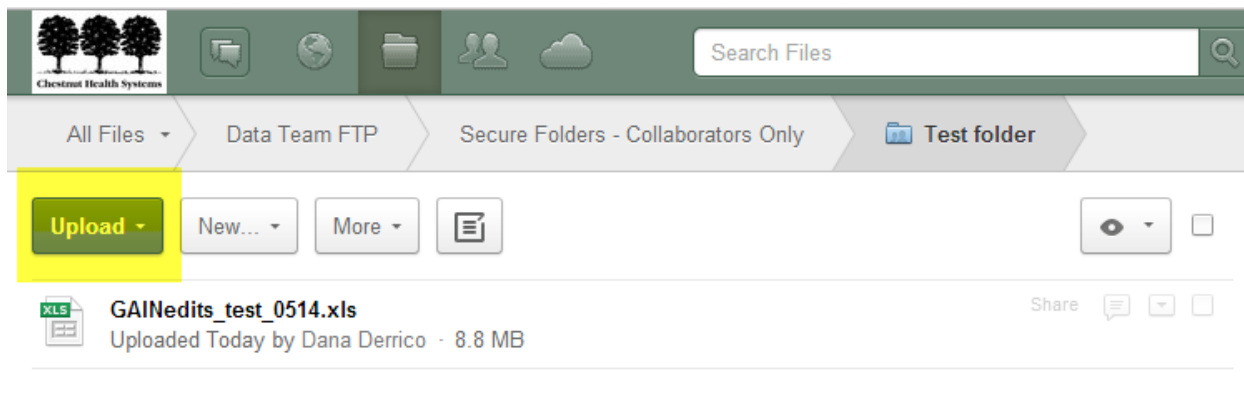


Figure 4.0

### **Naming conventions**

The following file name is reserved for use by the GAIN Data Management Team when posting files (where “mmyy” is the month and year):

GAINEdits\_#####\_mmyy.xls (where ## is the site ID or site ID prefix)

It is the GAIN Data Management Team’s responsibility to remove files that sites have posted, whereas sites are responsible for removing content that the GAIN Data Management Team has posted.

### **FTP common site**

There are many resources available on the FTP common site, including documents regarding how to submit data, how to create GAIN scales and indices using SPSS syntax, and reporting-requirement documentation.

The contents of the FTP common site are organized into three main folders (Data Management, Evaluator, and JMATE presentation). For more specific information about the files located on the FTP common site, please see the “FTP Common Site Info.pdf” file located on the FTP common site.

- Data Management folder – This folder contains various tools and information for staff administering the GAIN as well as instructions on how to manage data.
- Evaluator folder – This folder contains files for evaluators to help analyze GAIN data with SPSS.
- JMATE presentation folder – This folder contains PowerPoint slides that were presented during JMATE as well as helpful documents that some CSAT sites wanted to share.

The FTP common site can be found at <ftp://data.chestnut.org>. The login and password for the FTP common site (both are case sensitive) are:

- Login: Common
- Password: public

### **Data submission notification**

Once the GAIN Edit reply file has been posted to Box, the GAIN Data Management Team must be notified of the submission. Notification takes place in the form of an e-mail to [DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org). In order for the Data Management Team to respond quickly, it is important that the subject line of the e-mail contains a specific format of “Project, Site ID, Agency name, purpose description of the e-mail”. For example, “DEMO 4 ABC Services – July GAIN Edit reply file posted.”

The Data Manager should receive a confirmation of receipt of data submission from the GAIN Data Management Team within 48 hours. If the Data Manager does not receive a confirmation e-mail within 48 hours following data submission, the Data Manager should contact the GAIN Data Management Team to ensure the data submission was received.

## 5. GAIN Edits

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### **Using GAIN Edits**

This chapter reviews the importance of and the processes involving GAIN Edits, for which the Data Manager will be responsible. GAIN Edits are the GAIN Data Management Team's way of providing feedback to the local sites. The edits are created by the GAIN Data Management Team and are a reflection of the quality of data collected and submitted by the Data Manager and the local site interviewers.

Data Managers are responsible for communicating with interviewers at their agency to reconcile all possible inconsistencies or missing values illustrated in the feedback or GAIN Edits that are created by the GAIN Data Management Team. GAIN Edits are an important part of the research project, and this continual feedback can help the local site bring to light any interviewer training needs as well as help maintain the validity and reliability of the data collected. Management of GAIN Edits can also help to ensure all narrative reports generated from the ABS software are accurate and any future research and grant writing is based on valid information.

### **Basics**

Every month, the GAIN Data Management Team reviews and processes each site's data and compiles a GAIN Edits file. This GAIN Edits file is created by the GAIN Data Management team in a Microsoft Excel workbook, and is a detailed log of all inconsistencies, missing data, out-of-range responses, and possible errors found in GAIN data.

The GAIN Edits file also serves as a communication tool between the GAIN Data Management Team and the Data Manager. This file contains an accumulation of all outstanding edits in the data in addition to the follow-up log and treatment log. Helpful notes are provided by the GAIN Data Management Team each month. The GAIN Edits can be used to identify any training issues or interviewer drift, to ensure that all records collected and reports generated are as accurate as possible.

When all of the data from a site has been reviewed, a GAIN Edits file is sent to the Data Manager. Each month the feedback is distributed to the site and the Data Manager will review the feedback with the interviewers and follow-up with clients and/or original interview documentation to reconcile all inconsistencies, missing data, and other edits. Once the Data Manager receives information from the interviewer, they will enter comments in the 'Site Responses' column, make the appropriate changes in GAIN ABS, and return the GAIN Edits file with site responses to the GAIN Data Management Team, preferably before or within the monthly deadline for data pulling and GAIN Edit reply file submissions.

## The GAIN Edits file...

- Allows the GAIN Data Management Team to clearly communicate inconsistent values, suggest changes, and ask questions about the sites' GAIN ABS data to ensure data is accurate and can be corrected if inconsistencies exist.
- Allows the local sites to inform the GAIN Data Management Team of their site's responses to data anomalies and allows the local sites to have the final decision regarding their data.

## Structure of the GAIN Edits file

The Data Manager's GAIN Edits file contains edits for all of the GAIN instruments used at their site. The GAIN Edits file is structured by tabs at the bottom of the file (figure 5.0), which organize the Edits by GAIN instrument. If using the Follow-Up Log and Treatment Log, there will be a tab for each of those as well.



Figure 5.0

The first tab in the file is the Edits Key tab, which is a quick reference for the information contained in the GAIN Edits file.

Each GAIN instrument tab within the GAIN Edits workbook contains column information for every line of edits:

**Added** – The date on which the GAIN Data Management Team found an issue in the data and added the new edit to the GAIN Edits file.

**XSITE** – The site's ID number.

**XSITEa**-The site's Local Program Code (*if using*)

**XPID** – The participant ID for the record being edited.

**XOBS** – The observation wave for the record in question for the GAIN-M90 or GAIN-Q3 instrument (*marked as "0" for GAIN-I and initial GAIN-Q3 assessments*).

**XSID** – The staff ID for the record..

**XOBSDT** – The date the GAIN interview was conducted for the record in question.

**QVer** – The version of the GAIN instrument for the record in question (e.g., 05.05.00, 05.06.00).



**TxEpisd**- The treatment episode of the GAIN assessment in question.

**Variable** – The variable/item name to identify which GAIN item the edit was created for.

**Item** – The item name for which the possible inconsistency or missing value is identified.  
(*Only applies to Follow-Up Log and Treatment Log tabs*)

**From** – The information that is currently recorded in GAIN ABS for this item.

**To** – The correction suggested by the GAIN Data Management Team. If the ‘To’ column is highlighted in yellow, the GAIN Data Management Team could not make any suggestions because of a lack of information. The site will need to determine an accurate response to each edit and make the appropriate changes in ABS.

**Notes** – A brief explanation from the GAIN Data Management Team as to why this edit has been created and why this particular response may need to be clarified with the client or changed by the local site.

**Site Responses** – The site must decide whether the GAIN Data Management Team’s suggestion is correct or determine what other change may be needed to the variable in question. Then, the site must make the change in GAIN ABS and include a short comment on what was done to resolve each edit in this Site Responses column. This response from the site can be as simple as “OK” or “No—changed to *x* instead” or more detailed, if necessary.

### **Creating GAIN Edits**

When the GAIN Data Management Team reviews each site’s data, each inconsistency, error, or other issue found in the data is added to the GAIN Edits file. Each GAIN Edit is created to give the site an opportunity to address the potential inconsistency and, if possible, make a permanent change in GAIN ABS to correct the inconsistency or missing response. When a problem in the data is found, the GAIN Data Management Team may suggest viable responses and if a suggestion is made, the new response is changed temporarily in the SPSS dataset that is created by the GAIN Data Management Team. *Please note that this information can only be changed permanently in GAIN ABS by the site itself, and cannot be changed permanently by the GAIN Data Management team.*

### **Most common GAIN Edits**

Some of the common inconsistencies or errors the GAIN Data Management Team finds in the submitted GAIN assessments are listed below. This list is not complete; however, it can be used as a guide to help the Data Manager find and update the responses in GAIN ABS based on the GAIN Edits that were created.

## Key variables reviewed each month

GAIN Edits are commonly created for certain questions in the GAIN. Listed in the following section are each variable checked monthly by the GAIN Data Management Team and the most common inconsistencies found with each variable. Below are reasons why edits are created for each of these variables to enable the Data Manager to better understand the reason behind each GAIN Edit that is created. *Please note that several additional items are checked for accuracy each month by the GAIN Data Management team; the variables below are an example of some of the core items that are reviewed on a monthly basis.*

## GAIN variables

Variables in each GAIN instrument to review with the GAIN Edits file are:

**XOBS** – (*located in the assessment header*) – If the Observation Value is incorrect, a GAIN Edit will be created. In the initial GAIN assessment, the observation wave is always zero because those instruments are initial interviews and are therefore the starting point for all follow-up assessments. On the follow-up assessments, the coding options for the observation wave are 3, 6, 9, and 12, representing follow-up monitoring interviews (given every 90 days or three months after the initial interview).

**XOBSDT** – (*located in the assessment header*) - Observation date should be automatically completed once an assessment is entered into GAIN ABS. Please confirm that the Observation Date is the accurate assessment date.

**B1** – Gender should not be missing. The site should check to ensure accurate responses are recorded within the response set range (1-5, 99). If this variable is missing or a non-existent response choice is chosen, a GAIN Edit will be created asking the site to update the variable.

**B2** – (*this information should be updated in the Client Demographic screen*) - Date of birth should not be missing. If the year is not reasonable for the client age range, is the current year, or is missing, a GAIN Edit will be created by the GAIN Data Management Team. If this item is recorded with the current year and the observation date and the age of the client are present within the record, the date of birth can be calculated using the observation date (XOBSDT) and age (B2a) and the GAIN Data Management Team will attempt to make a suggested date of birth for that client in the GAIN Edit.

**B2a** – Age should not be missing and will be questioned by the GAIN Data Management Team if it is recorded as less than nine for an adolescent project. In adolescent studies, age should also not be greater than 18 (occasionally, early 20s are acceptable). If a client's age is recorded outside of the 9-18 range for an adolescent program, a GAIN Edit will be created asking the local site to confirm this response. If this item is missing but the birth date (B2) is given, the age can be calculated from B2 and XOBSDT and the GAIN Data Management Team will suggest a more accurate age in the GAIN Edit.

**A1a/A1b** – The start time should not be missing and should be recorded in standard time. If this response is missing or recorded in military time a GAIN Edit will be created.

**Z1/Z1b** – The end time should not be missing and should be recorded in standard time. If this response is missing or recorded in military time a GAIN Edit will be created.

**Z1c** – A GAIN Edit will be created if the number of breaks is missing or unusually high; typically there are not more than two or three breaks taken for each assessment, although seven to nine breaks may be valid on rare occasions. The GAIN Data Management Team will also create an edit if the total time is mistakenly entered in this field and the total number of breaks is entered in Z1d (total duration of assessment field).

**Z1d** – A GAIN Edit will be created if the total duration of the first session is recorded as 0 minutes, is missing, or appears to be inconsistent with the start time, end time, and total number of breaks taken. If there are no breaks recorded, the duration will be calculated from end time minus start time by the GAIN Data Management Team and a suggestion will be made in the GAIN Edits file.

**E1 (GAIN-I, M90)** – Housing status should have a valid response. Values of 99 (Any other housing situation) will be reviewed by the GAIN Data Management Team and all verbatim responses that can be coded elsewhere in the E1 housing options will have a GAIN Edit created asking the site to confirm the code and change the response in ABS.

- Some examples of common verbatim responses for E1 include:
  - “Trailer” should be coded as 1 (A house, apartment or room you, your spouse...), 3 (A public housing or rent-subsidized apartment or house...), or 4 (A friend or relative’s house, apartment or room), depending on whose name is on the deed or lease, and whether the trailer is rent-subsidized or public housing.
  - “A friend’s house” should be coded 4 (A friend or relative’s house, apartment or room).
  - “Residential treatment” should be coded 7 (Any kind of hospital, inpatient or residential facility...).

**V7 (GAIN-I, M90)** –This response should not be missing and values of 99 (Some other work situation) will be reviewed by the GAIN Data Management Team. Every verbatim response that can be more accurately coded in the V7 work or school situations will have a GAIN Edit asking the site to clarify and change the code in ABS.

- Some common verbatim responses include:
  - “Full-time work and part-time school” should be coded 1 (Working full-time)
  - “On summer break from school” should be coded 9 (In school or training, but not currently going to classes)
  - “Full-time school and full-time work or part-time school and part-time work” should be clarified and coded based on the activity the client is involved in most, and a staff note included to describe the situation.

**XADMa1a-z** – All fields in how the questions were administered should have a response of 1 (Yes) or 0 (No), and at least one of items XADMa1a-z must be 1 (Yes). If all responses are missing or a record has all items coded 0 (No), GAIN Edits will be created for each item.

**XADMa2a-z** –All fields in mode of administration should have a response of 1 (Yes) or 0 (No), and at least one of items XADMa2a-z must be 1 (Yes). If all responses are missing or a record has all items coded 0 (No), GAIN Edits will be created for each item.

*Please reference the GAIN Walkthrough for more information on coding and clarifying items throughout the GAIN.*

### **TxSI-only variables**

TxSI (Treatment Satisfaction Index) variables to review with the GAIN Edits file are:

**XSESSION** – Session number should not be missing and the on-time requirements are that the TxSI is collected during the second and/or before the third therapeutic session (or the second night of a residential program). TxSI's are available for late collection during the third, fourth, and fifth therapeutic sessions. If this response is missing, larger than five, or smaller than two, the GCC will create a GAIN Edit asking the site to confirm the response or update with an accurate response if missing.

**T1s** – This variable indicates who completed the TxSI and should not be missing or be recorded using a code outside of the expected range (1-3, 99). If the response is missing, the GAIN Data Management Team will create a GAIN Edit asking the site to confirm the response.

### **GAIN Edits reply file**

Each site will receive the GAIN Edits file each month from the GAIN Data Management Team and will be responsible for determining whether the GAIN Data Management Team's suggestions are correct or determine what changes are needed if the GAIN Data Management Team was unable to recommend a change. There are several effective ways to address GAIN Edits depending on how the site is set up. A few examples are:

- Distributing GAIN Edits to each GAIN interviewer who was responsible for collecting the GAIN assessment and having the interviewer determine the accurate response and report the accurate response to the Data Manager who will then make the change permanent within GAIN ABS.
- Having a GAIN Edits meeting in which all interviewers gather together to discuss all outstanding GAIN Edits for that month. During this meeting, interviewers will inform the Data Manager of correct responses or inform the Data Manager where to find the correct

responses. This meeting can also serve to inform GAIN interviewers of possible areas of GAIN administration where additional training may be needed.

- If the site is doing GAIN interviews on paper and data entering the information into GAIN ABS separately, the Data Manager or another staff person can look through the paper versions of the GAIN to determine more accurate responses and make the changes permanent in the GAIN ABS software.
- *Note that any responses that need clarification should be addressed with the client to determine the most appropriate response before updating the information in GAIN ABS.*

After the site has made all possible corrections and changes within GAIN ABS, the Data Manager is responsible for noting in the Site Response column what changes were made in order to inform the GAIN Data Management Team that the GAIN Edits have been addressed. This can be noted in the Site Responses column as “OK” or “No—changed to a code of x,” and can be more detailed, if necessary.

The site should strive to address all GAIN Edits each month as all old and new outstanding edits are compiled and sent to the site each month. If a site does not address GAIN Edits one month, those outstanding GAIN Edits will be added to the new edits created the next month and continue to grow with each month until the site begins addressing the outstanding GAIN Edits.

Once the site has addressed all edits and the GAIN Edits file has been updated, the Data Manager needs to save the GAIN Edits file with a new name by inserting “\_reply,” as in “GAINEdits\_SiteID\_mmyy\_reply.xls.” The Data Manager will then submit the GAIN Edits reply file via the site’s Box folder and send an email to the Data Management Team at [DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org) by the assigned due date.

Once received, the GAIN Data Management Team will use the site’s Site Responses in the GAIN Edits reply file to update the master list of GAIN Edits located at the GCC. All GAIN Edits with Site Responses that indicate the edit has been addressed will be marked as closed by the GAIN Data Management Team and the site will not receive those edits again. If the site is unable to find the missing value to resolve a GAIN Edit or is unable to clarify a more accurate response due to the client or site interviewer having left the project, the site should indicate that the information cannot be obtained and the GAIN Data Management Team will close those GAIN Edits as well.

### **Managing GAIN Edits**

GAIN Edits can serve many purposes when used effectively to communicate many aspects of data validation to a site. The most prominent purpose of the GAIN Edits file is communicating to a local site all inconsistencies and errors found in the GAIN data that is submitted each month. In addition, the GAIN Edits file can be used as a training tool for interviewers at a site. Each GAIN

Edit record is listed with a staff ID (XSID) to identify staff members who may need additional training on specific areas of GAIN administration. GAIN Edits allow the Data Manager, Local Trainer, clinicians, and clinical supervisors at the site to be aware of any additional training needs and move toward improving the data collected during interviews. Over time, this additional training can lead to a decrease in errors identified through the data processing by the GAIN Data Management Team, resulting in fewer GAIN Edits and more reliable and valid clinical reports and future research.

### **Bridging the gap between GAIN Local Trainers and Data Managers**

Once certified as a GAIN Local Trainer<sup>2</sup>, the Local Trainer is responsible for training their agency's staff as GAIN Site Interviewers<sup>3</sup>. The Local Trainer reviews recorded GAIN assessments from the Site Interviewer and writes feedback regarding items accurately administered and areas needing improvement. This feedback process continues until the Site Interviewer is recommended for GAIN Site Interviewer certification through Chestnut Health Systems.

A site's GAIN Local Trainer(s) should conduct ongoing quality assurance for all interviewers at the site to ensure the interviewers' administration techniques remain sharp, and provide any necessary training and/or updates regarding GAIN administration. The quality assurance (QA) process will also continue through monthly data submissions to the GAIN Coordinating Center (GCC). The GAIN Data Management Team reviews all of a site's interviews entered in ABS and returns written feedback to the Data Manager in the form of GAIN Edits. The Data Manager will work together with the interviewers at their site to address the edits included in the GAIN edits file and make the necessary updates to the assessments in GAIN ABS.

Data Managers can work together with the Local Trainer(s) at their site to communicate common issues in the data, like a high number of edits for a certain item or group of items, common coding issues, a particular staff member that appears to have a large number of edits, or any other issues the Local Trainer would find helpful.

### **Bottom line**

Training affects data – The GAIN training a Site Interviewer receives from the Local Trainer affects the overall accuracy of the GAIN data collected in each GAIN interview.

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<sup>2</sup> A person certified by the GCC to conduct GAIN training and provide ongoing quality assurance for interviewers at a local site. CSAT grantee sites are required to have at least two GAIN Local Trainers throughout the duration of the grant.

<sup>3</sup> A person trained by a Local Trainer and certified to conduct interviews using the GAIN.

Data affects training – GAIN Edits received from the GAIN Data Management Team can identify problems in administration and areas where more training may be needed.

**To extend quality assurance and training, the GCC recommends that a site’s Local Trainer and Data Manager work together in the following capacity:**

The Data Manager reviews the GAIN Edits file for trends (e.g., are errors identified by a specific interviewer? Are there common errors across all interviewers?) and reports these trends to the Local Trainer.

The Local Trainer uses these trends to modify and improve the training and feedback provided to interviewers at the site.

The Local Trainer and interviewer(s) discuss GAIN administration practices to improve the quality of information collected in each GAIN assessment.

Regular staff meetings are held between the Local Trainer, Data Manager, and interviewers to discuss the site’s data and administration quality assurance progress.

*Note: Since the Local Trainer and Data Manager must work closely together, a site’s Local Trainer may also serve as the Data Manager. In fact, many sites have had success with one person assuming both roles.*

**Data Manager’s guide to identifying trends in GAIN Edits**

Use the most recent GAIN Edits file that was sent by the GAIN Data Management Team to identify GAIN administration trends. Summarize the information and send it to the Local Trainers.

1. Review the Variables column.
  - a. Are there any variables with numerous edits?
2. Review the Notes column.
  - a. What kinds of errors are occurring?
  - b. Are the errors related to documentation (e.g., typos) or GAIN administration (e.g., interviewer needs to clarify the client’s vague response)?
3. Review the XSID (staff ID) column.
  - a. Are the errors occurring for several interviewers at the site?
  - b. Are the errors occurring for certain interviewers?
4. Create a summary note for the Local Trainers.
  - a. Summarize the variable, type of error that is occurring, and whether it’s a problem for several interviewers or particular interviewers.

5. Send the summary note to the Local Trainer(s).



## **Data Manager Technical Information and Support**

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When questions arise, determine the type of question: GAIN, ABS, SPSS, etc.

Check local sources first:

Manuals and instructions (GAIN, Data Manager Manual, GAIN Walkthrough etc.).

Then check existing resources:

**FTP common site:** <ftp://data.chestnut.org/>

- To log in:
  - User name: Common
  - Password: public
- Documentation, SPSS syntax, Data Manager reading, hand-outs for site interviewers

**GAIN Coordinating Center website:** <http://www.gaincc.org>

- Instruments, instructions, FAQs, and Data Sharing Agreements
- Meeting minutes and reports
- GAIN Help Contacts
- GAIN manuals and FAQs
- GAIN training information

For all other questions, please contact the appropriate team (see GAIN Help Contacts on next page).



## GAIN HELP CONTACTS

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### **GAIN products and services**

For questions about purchasing GAIN products or services such as training, GAIN ABS, or licensing please contact us at [GAINInfo@chestnut.org](mailto:GAINInfo@chestnut.org); Chestnut Health Systems, 448 Wylie Drive, Normal, IL 61761; phone: (309) 451-7900; fax: (309) 451-7762; or visit our website at <http://www.gaincc.org>.

### **Administration**

For questions on administering the GAIN, specific GAIN items, or the GAIN certification process, contact our GAIN support team at [GAINSupport@chestnut.org](mailto:GAINSupport@chestnut.org).

### **GAIN ABS**

For questions related to navigating or using GAIN ABS, contact our GAIN ABS support team at [ABSSupport@chestnut.org](mailto:ABSSupport@chestnut.org) or (309) 451-7777.

### **Data**

For questions about GAIN Edits, posting files to Box.com, or the Follow-up and Treatment Logs, contact our data management team at [DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org).

### **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](mailto:GAINEval@chestnut.org).

### **Clinical**

For questions related to the clinical application of the GAIN, contact our clinical interpretation training team at [GAINClinical@chestnut.org](mailto:GAINClinical@chestnut.org).