

GAIN

Global Appraisal of Individual Needs Data Manager Manual

June 2009



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Preface

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-Quick, the GAIN-Quick Monitoring 90 Days follow-up, 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: GAIN Record Log.** This chapter provides detailed descriptions about how to record all follow-up and treatment information for each participant.
- **Chapter 3: GRL Submission and GAIN Data Preparation.** This chapter includes instructions on how to prepare the GRL (if applicable) and the GAIN data for submission to the GAIN Data Management Team at Chestnut Health Systems and the deadlines involved.
- **Chapter 4: 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

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 participants (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.

GAIN instruments

There are four 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 participants' 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-Q)** is a subset of items from the full GAIN-I assessment and is designed to streamline the referral process, since the GAIN-Q has far fewer items than the GAIN-I. The GAIN-Q 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-Q data takes an average of 3-5 hours depending on the number of records and the quality of the data.

The **GAIN-Quick–Monitoring 90 Days (GAIN-QM)** is a subset of the GAIN-M90 and is designed to track quarterly outcomes following the initial GAIN-Q assessment. The GAIN-QM contains fewer items than the GAIN-M90 and can be imported into the GAIN-M90. Data Processing for a GAIN-QM takes an average of 2-4 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) comprising 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 gather clients' opinion of the treatment they received. This measure should be administered during the second treatment session or the second day of inpatient treatment 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)¹ 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). 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,² ASAM-based level-of-care placement,³ JCAHO-based treatment planning,⁴ and DOMS-based outcome monitoring.⁵ 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),⁶ 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 Assessment Building System (ABS)⁷ 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).⁸ 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):

| Scale Index | Adolescent alpha | Adult alpha |
|--|------------------|-------------|
| 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.^{9,10} 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 = $.65$).¹¹

References

- ¹ 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.
- ² American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)* (4th rev. ed.). Washington, DC: American Psychiatric Association.
- ³ 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.
- ⁴ 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.
- ⁵ 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>.
- ⁶ 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.
- ⁷ 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>.
- ⁸ 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*.
- ⁹ 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.

¹⁰ 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*.

¹¹ 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 who will administer the GAIN to clients, 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 collects GAIN assessments and provides feedback on data quality and validity as well as trains data managers at agencies and provides quarterly preliminary profile and outcome reports for agencies throughout the country. Data collected from agencies is returned quarterly in the form of SPSS 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 and 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 and maintain that success throughout the implementation and maintenance process. Some of the additional trainings include:

National GAIN trainings in Bloomington, IL are for clinical staff who are going to be implementing use of the GAIN instrument and conducting GAIN interviews. This comprehensive training prepares interviewers to administer the GAIN and collect the most accurate and valid data possible. Trainees also learn the Assessment Building System (ABS), which is the software that houses the GAIN and allows interviewers to conduct the interview interactively. In addition, some trainees choose to go on to achieve Local Trainer certification, which allows them to train other staff members on GAIN administration.

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 GAIN ABS software. This training is available through Moodle software as well as provided in the form of documentation in Microsoft Word.

GAIN-Quick administration trainings are offered to sites that use only the GAIN-Q. This training may include instruction on the computer applications.

Data Coordinator trainings are for GAIN users who would like to opportunity to learn to manage their own agency's GAIN data or provide GAIN data management services throughout a states, county, or region. The training prepares individuals to process the data with SPSS and create feedback based on the findings in SPSS.

Data Manager Training Calls are provided using Microsoft Live Meeting software and is provided to clients at no extra cost. These training calls outline the necessary steps involved in data management step by step, including maintaining and entering cases into GAIN ABS, editing cases in GAIN ABS, and ensuring all data is accurate and valid at the point of data submission. These training calls last between 1-2 hours and are held bi-monthly.

These trainings are just a sample of the trainings that the GCC can provide to help your system use the GAIN family of instruments. For further questions or to inquire about holding trainings in your area, please contact GAINInfo@chestnut.org.

Contact

We at the GAIN Coordinating Center are dedicated to providing our clients with the best services possible and helping all sites start up 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.

If your agency is interested in using the GAIN, please contact:

**GAIN Coordinating Center
Chestnut Health Systems
448 Wiley Drive
Normal, IL 61701
(309) 451-7700
GAINInfo@chestnut.org**

1. Data Manager Role

Data Manager description

This chapter includes 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.
- Is responsible for data integrity: reviews data quality and ensures that records have been entered into the GAIN ABS software and the GAIN Record Log (if applicable).
- Assures that the data in the GAIN Record Log (GRL) including the Follow-up Log (FUL) and Treatment Transition Log (TTL) reports are accurate, complete, and up to date at each submission.
- Acts as liaison between the GAIN Data Management Team and all local staff who collect GAIN assessments regarding data submissions and GAIN Edits. The Data Manager:
 - Posts the GRL (if applicable) and the GAIN Edits reply files each month on or before the agreed due date to Chestnut Health Systems' secure sFTP site and retrieves files posted by the GAIN Data Management Team.
 - Responsible for addressing and responding to any data anomalies identified by the GAIN Data Management Team. The Data Manager ensures that GAIN records have been entered in the GAIN ABS software; so all records can be pulled by the GAIN Data Management Team.
 - After the Data Management Team reviews the data, a GAIN Edits file is sent to the site to modify any inconsistent, missing, or invalid responses in the GAIN ABS software. Once the data record has been edited within GAIN ABS with the accurate responses, the Data Manager enters site responses in the GAIN Edits file and returns the GAIN Edits file with the site responses to the GAIN Data Management Team by the agreed upon due date.
- Has access to all cases in the GAIN ABS software for their agency.

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 participants in the study and may be impacted by local site configuration.

Ideal candidates for Data Manager

The GCC recommends that the staff member who is chosen to fill the role of Data Manager attend a national GAIN training.

- Local administrative/research staff member who can coordinate with clinical staff to perform the Data Manager responsibilities.
- Local clinical person with aptitude for research and data integrity.
- Local technical person (IT staff) with access to technical and clinical staff for data questions.

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.

Data Manager training

Data Managers will need to understand the function and purpose of the GAIN Record Log (if applicable), 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 attend a Data Manager training call. Trainings are held twice a month through an on-line web cast utilizing Microsoft's Live Meeting software. There are no additional costs or installations necessary to use Microsoft's Live Meeting, however, in order to use Live Meeting, each site will need access to the Internet and have Microsoft's Internet Explorer software. This 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. Data Managers will learn the basic skill set needed to complete their responsibilities, including:

- How to maintain the GAIN Record Log (if applicable), including entering data on the Set Up tab, Follow-Up Log, and the Treatment Transition Log.
- How to prepare GAIN data for pulling by the GAIN Data Management Team.
- A description of the data submission process.
- How to submit the GRL (if applicable) and GAIN Edit reply files to the GAIN Data Management Team.
- 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.

Once the training call 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.

Data Manager start up

Before a Data Manager can submit their site's data they need to know and confirm:

- Which GAIN instruments are going to be utilized.
- If the site will use interactive assessments or paper and pen version with data entry into the GAIN ABS software.
- The Licensing and Data Sharing Agreements (DSA) have been completed and received by Chestnut Health Systems. Chestnut Health Systems must accept the DSA prior to receiving any data. For questions about the DSA, please contact Trena Mullenix at trmullenix@chestnut.org.
- How participants (participant IDs), staff (staff IDs), local sites (XSITEa) and GAIN ABS Users will be identified. All study participants, staff members, and local sites that the agency interacts with will require a unique ID number. However, site IDs will be assigned. Please send an e-mail to the GAIN Data Management Team at DataSubmit@chestnut.org if a site ID has not been distributed to you.

2. GAIN Record Log

The purpose of the GAIN Record Log (GRL) is to help local sites or agencies track participants who have been entered into the study and are being assessed using the Global Appraisal of Individual Needs (GAIN). The GRL also helps local sites track the treatment each participant receives as part of the study and each level of care provided. The assessments that are recorded on the GRL are the GAIN Intake (GAIN-I) and GAIN Monitoring for 90 Days (GAIN-M90) as well as the Treatment Satisfaction Index (TxSI).

The GAIN Record Log (GRL) is required for all CSAT grantees and is an optional tool that can be provided to other GAIN users if requested and desired.

For submission, Data Managers will submit a GRL. The GAIN Data Management Team is responsible for updating the GRL to the most recent version and reviewing the GRL to make sure it has been filled out correctly by Data Managers. Once done, the GRL is used to make reports.

GRL basics

The GRL is an MS Excel Version 2003 workbook consisting of four sections and a total of fourteen worksheets or tabs that will:

- Identify site-specific information for multi-site analysis and/or GAIN ABS software preparation.
 - Track treatment received by each participant.
 - Track GAIN initial and follow-up interviews for each participant.

Function of the GRL

Each section of the GRL has a specific purpose for the site and Data Manager. In general, the GRL:

- Provides site information in a single location that is used in reports throughout the Excel workbook.
- Provides information about local site and staff IDs, which assists in preparing Staff IDs and initials for use in the GAIN ABS software.
- Tracks the date of intake to treatment, the dates and current statuses of all GAIN intake and follow-up interviews and additional study questionnaires.
- Produces a site-specific report summarizing status and completion rates by interview wave across all participants.
- Tracks treatment by each level of care received for each participant, including admission and discharge dates, referral source, discharge destination and includes

an identifier indicating an admission type for all participants across all levels of care.

- For GRL inclusion guidelines, the Data Manager should use the definition established by the project (example: AAFT, YORP, TCE/HIV, etc.) and/or the Institutional Review Board (IRB). Typically, the inclusion guidelines involve participants who attend treatment that is funded through the study and have either a GAIN or GPRA intake assessment and GAIN or GPRA follow-up assessments planned. The information on the GRL (specifically that in the Follow-up Log) is used by the GCC to determine which participants are expected in the monthly GAIN data submission received through the GAIN ABS software. All participants who receive a GAIN Intake assessment through the study should also be recorded on the Treatment Transition Log (TTL).
- Produces a site-specific report summarizing referral source site and level of care, current treatment site, length of stay and level of care, discharge status, discharge site and discharge level of care as well as follow-up rates and expected follow-up rates.

Navigation

There are several ways to move through the GRL. Two common ways are:

- Select the tabs at the bottom of the Excel spreadsheet (see figure 2.1).



Figure 2.1

- Click on the blue hyperlinks on the Introduction tab (figure 2.2).

| | |
|---|--|
| 1 | SET UP - centralized information about your project entered in one place |
| 2 | FOLLOW-UP LOG (FUL) - recruitment and follow-up tracking |
| 3 | TREATMENT TRANSITION LOG (TTL) - tracking of treatment received |
| 4 | GPRA CONVERSION TOOL - GAIN data conversion for data entry on the GPRA website |

Figure 2.2

General guidelines for using the GRL

- Macros must be enabled upon opening the GRL. This allows the buttons that sort, save, and initialize the data throughout the workbook to work properly. Be sure that the macros or this file are not disabled by the e-mail security system or by Excel. In Excel, click Tools, Macros, and Security and make sure the security level is set to medium instead of high.
- Data entry or changes should never be made in gray-colored areas of the workbook.

- Data may be entered in areas highlighted yellow (Set Up tab), white (Follow-up Log tab (FUL) with the exception of columns that capture due dates, intake date (INTKDT), and last revised date. Likewise, data may be entered in all fields on the Treatment Transition Log tab (TTL) except the revised date column. In addition, green fields on the GAIN-In tab are also read only. The columns with exceptions are either generated with conditional formatting or contain embedded formulas.
- Yellow areas (Set Up tab) are used for items that will need to be entered one time only and changed as necessary when there are staff changes.

Expectations

Each local site is expected to:

- Submit the GRL each month by the assigned due date. Records submitted each month must include all data completed through the end of the previous month. For example, if the submission is due on the tenth of May, the submission will include all records completed through April 30th.
- Refrain from entering additional information into their GRL file once the GRL has been submitted to the GAIN Data Management Team.
- Complete the Set Up tab with site-specific information including local site (XSITEa) and staff (XSID) information on an as needed basis.
- Complete the Treatment Transition Log tab as participants are admitted, discharged, or change level of care. Doing this regularly makes for an easy and on-time submission to the GCC each month.
- Complete the Follow-up Log tab as the GAIN interviews are conducted. Doing this regularly ensures an easy and on-time submission to the GCC each month.

The GAIN Data Management Team is expected to:

- Review the submitted GRL and complete general maintenance on the workbook (e.g. ensure the formulas work properly, maintain the overall functionality to the workbook, etc.) Once this has been completed, the GRL will be returned to the site. Along with the GRL, the Data Manager will receive an e-mail notification that the GRL has been posted to the sFTP site and it will also include a summary of any items changed in the GRL, if applicable. This maintenance process occurs every month.
- Within two business days of data submission, sites will receive either the updated GRL or a data clarification question from the GAIN Data Management Team.
- Create Follow-up Log and Treatment Transition Log reports for each project on a monthly basis. The files are posted on the Adolescent Programs Support Site (APSS) website by the middle of each month.

GRL tabs

The GRL is comprised of fourteen tabs: Introduction, Set Up, Follow-up Key, Follow-up Log, Follow-up Report, Follow-ups Due, Treatment Log Key, Treatment Transition Log, TTL Site Report, GAIN-In, GPRA-Out, Data, Lookups, and Documentation.

Introduction tab

The Introduction tab is the first tab of the workbook and contains basic information about the GRL file including the version date of the GRL in cell B5 (see figure 2.3) and specific information about and instructions for the use of each section. It is important to read this tab first. This page includes contact information, instructions for submitting the file, and hyperlinks that take the user to the desired tab. This tab should be checked periodically to make sure the site is using the correct version.

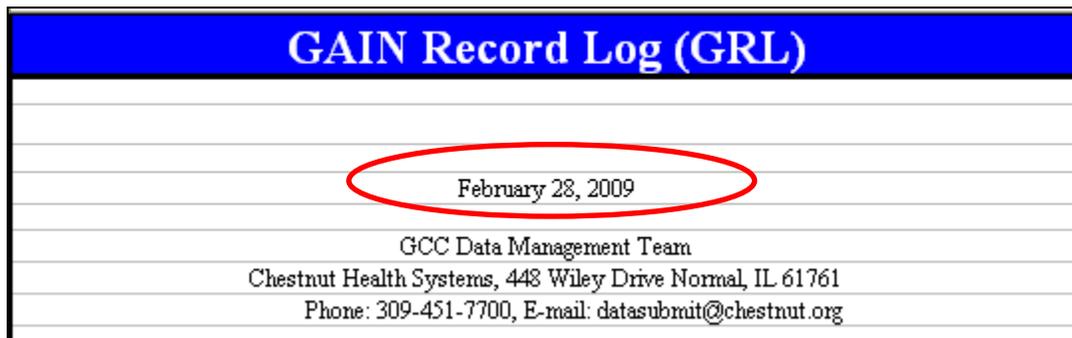


Figure 2.3

1. Set Up tab

The Set Up tab is used to enter site information that will be used as look-ups by other tabs in the GRL. Data Managers should enter site information once and update as needed throughout the duration of the study. The GAIN Data Management Team should be informed if the Data Manager or Principle Investigator changes.

- In order for the GRL to function properly, the Set Up tab needs to have information entered in it first before using other tabs in the file.
- The site ID (XSITE), assigned by the GAIN Data Management Team, must be entered on the Set Up tab.
- In the first section of the Set Up tab, the Data Manager should enter information that is specific to the site (e.g. site ID, GAIN type used, grant start and end dates, etc.) in the cells highlighted yellow as seen in figure 2.4.

| Variable | Description | Answer | Notes |
|--------------|---|--------|---|
| XSITE | Site ID assigned by the cross-site data coordinating center or 999999 for other. | | See Site List in "4.4 Lookups" table or contact datasubmit@chestnut.org |
| XSITEV | Site city | | (Will be looked up) |
| XSITEN | Site's local project name | | |
| Grant | Site grant number | | (For site. Will be looked up) |
| Program | Name of the funding program | | (Will be calculated using ART for Adolescent Residential Treatment, SCY for Strengthening Communities—Youth, RCF for Reclaiming Futures, and OTH for other) |
| Contract | Program contract number | | (Will be looked up) |
| YEAR | Federal FY that grant was funded | | (Will be looked up) |
| GAIN | GAIN type to be used | | Select type from drop-down box. |
| GStart | Grant (for site) start date (mm/dd/yyyy) | | |
| GEnd | Grant (for site) end date (mm/dd/yyyy) | | |
| Target | Target number of people to be recruited over the total duration of the project | | |
| RStart | Date recruitment is expected to start (mm/dd/yyyy) | | |
| REnd | Date recruitment is expected to end (mm/dd/yyyy) | | |
| RPM | Expected number recruited per month (Target/Truncated((Rend-Rstart)/30)) | | Will be calculated when target number and recruitment dates are added. |
| Data Manager | Name and contact information of the primary person who will be submitting data and of whom clarification questions might be asked | | If you change this, please be sure to mention it when you e-mail the file. |
| PI/PPD | Name and contact information of the principal investigator, project director, and/or any other day-to-day manager who should be cc'd on any communications with the database liaison. | | If you change this, please be sure to mention it when you e-mail the file. |

Figure 2.4

- Gray cells will be looked up and entered automatically as earlier cells are completed (see figure 2.5).

| Variable | Description | Answer | Notes |
|--------------|---|---------------|---|
| XSITE | Site ID assigned by the cross-site data coordinating center or 999999 for other. | 4 | See Site List in "4.4 Lookups" table or contact datasubmit@chestnut.org |
| XSITEV | Site city | Chenoa | (Will be looked up) |
| XSITEN | Site's local project name | Clinic | |
| Grant | Site grant number | 4 | (For site. Will be looked up) |
| Program | Name of the funding program | DEMO | (Will be calculated using ART for Adolescent Residential Treatment, SCY for Strengthening Communities—Youth, RCF for Reclaiming Futures, and OTH for other) |
| Contract | Program contract number | 0 | (Will be looked up) |
| YEAR | Federal FY that grant was funded | 2004 | (Will be looked up) |
| GAIN | GAIN type to be used | V5.4 Full | Select type from drop-down box. |
| GStart | Grant (for site) start date (mm/dd/yyyy) | 1/31/2003 | |
| GEnd | Grant (for site) end date (mm/dd/yyyy) | 1/31/2009 | |
| Target | Target number of people to be recruited over the total duration of the project | 150 | |
| RStart | Date recruitment is expected to start (mm/dd/yyyy) | 1/31/2004 | |
| REnd | Date recruitment is expected to end (mm/dd/yyyy) | 1/30/2009 | |
| RPM | Expected number recruited per month (Target/Truncated((Rend-Rstart)/30)) | 3 | Will be calculated when target number and recruitment dates are added. |
| Data Manager | Name and contact information of the primary person who will be submitting data and of whom clarification questions might be asked | James Ford | If you change this, please be sure to mention it when you e-mail the file. |
| PI/PPD | Name and contact information of the principal investigator, project director, and/or any other day-to-day manager who should be cc'd on any communications with the database liaison. | Jack Shephard | If you change this, please be sure to mention it when you e-mail the file. |

Figure 2.5

- In the grant start, grant end, recruitment start and recruitment end date fields, it is important that the years reported are correct as this is used to generate the Recruitment Status section of the Follow-up Report tab.

- The GAIN Instrument being used at the local site (FULL vs. CORE) on the Set Up tab is set by selecting the drop-down box in cell C14. Once the cell is selected by clicking on that cell, a box with a down arrow on the right side of the cell will appear. Click this box with the down arrow to show the other choices and select the instrument that is being used.
- The local site ID is the local interview location. Enter any local site IDs (XSITEa) in the second section of the Set Up tab, if being used (see figure 2.6).

| Local Site Codes [XSITEa] | |
|---|---|
| Please enter your local site ids and associated locations as you plan to use them for XSITEa or in the Treatment Log. These values can be used to load the Site ID lookup table in your ABS system. They will also be used to create an overall Study Specific Appendix. To add extra rows, position the cursor in column A below the last entry, highlight the number of rows to insert (for 1 row, just position the cursor), and click the 'Insert New Row(s)...' button (macros must be enabled) --> | |
| | <input type="button" value="Insert new row(s) above cursor"/> |
| Code | Local Site Name(XSITEa)/Interview Location |
| 42 | OP |
| 43 | School |
| 44 | DOC |

Figure 2.6

- Local site IDs should never be re-assigned, reused, or removed once entered. New sites should be assigned with a unique code.
- If more local site IDs need to be entered, but no space is allotted, extra rows can be added by positioning the cursor where the new rows are needed. Highlight the number of new rows needed and click the macro button labeled “Insert new row(s) above cursor.” This button will automatically add the number of rows specified.
- Enter staff IDs (XSID) in the third section of the Set Up tab (see figure 2.7). Staff IDs, listed in the column labeled ID followed by last name, first name, and the role on the project.

| Staff ID [XSID] | | | |
|--|-----------|------------|---|
| Please add Staff ids, associated staff names and the role on the project for all staff who will be conducting interviews or who will be listed as an ABS User. DO NOT REASSIGN OR REUSE AN ID --assign a new ID for each new staff member. Add the Principal Investigator/Project Director first and any additional staff in the following rows. These values can be used to load the Site ID lookup table in your version of ABS. They will also be used to create an overall Study Specific Appendix. CHS Staff will add the 'Valid GAIN Data Date'. To add extra rows, position the cursor in column A below the last entry, highlight the number of rows to insert (for 1 row, just position the cursor), and click the 'Insert new row(s)...' button (macros must be enabled) --> | | | |
| | | | <input type="button" value="Insert new row(s) above cursor"/> |
| ID | Last Name | First Name | Role on Project |
| 401 | Shephard | Jack | PI |
| 402 | Ford | James | Data Manager |
| 403 | Littleton | Claire | Outpatient Clinician |
| 404 | Locke | John | Research Assistant |

Figure 2.7

- Staff IDs should never be re-assigned, reused, or removed once used. New staff members should be assigned a unique code. If a staff member leaves their current position, their name and ID must remain on the Set Up tab of the GRL.

- If additional staff IDs need to be entered, but no space is allotted, extra rows can be added by positioning the cursor where the new rows are needed. Highlight the number of new rows needed and click the macro button labeled “Insert new row(s) above cursor.” This button will automatically add the number of rows specified.

2.1 Follow-up Key tab

The Follow-up Key tab contains the information needed to enter data on the Follow-up Log tab. This includes valid response codes where applicable and definitions of color-coding for automated error detection. The key is a quick reference guide to understand what to enter in each column, determine valid codes, and to attempt to answer preliminary questions about the Follow-up Log before the Data Manager contacts the GAIN Data Management Team.

The Follow-up Key is extremely useful when trying to decipher color-coding or formatting that appears on the Follow-up Log tab. Typically, color-coding or formatting indicates possible problems with the data entered. These issues, highlighted in color, should be resolved before the Data Manager submits the GRL to the Data Management Team each month.

2.2 Follow-up Log tab

The Follow-up Log tracks the GAIN and GPRA Initial assessments, the Treatment Satisfaction Index (TxSI), and the GAIN and GPRA follow-up interviews that are due or have been conducted for all participants in the study. Each participant should be given only one row on the Follow-up Log. This one row is completed using the intake and follow-up interview dates and tracks the interview status across all interview waves until the participant has completed the final follow-up expected under the study (see figures 2.8 and 2.9). The Data Manager should hand enter follow-up dates and statuses for each participant on the FUL on a regular basis.

| Sort by XPID | | | | | | | | | | | | |
|-----------------------|----------------------|---|--------------------------------|----------------------------------|--|--|--|--------------------------------|------------------------------------|--------------------------------|--|--|
| Participant ID [XPID] | Intake Date [INTKDT] | Initial Interview (GI or GPRA-I) Date [0INDT] | Any Follow-up Planned [FUPLAN] | TxSI (or WAI) Due date [TxSIDUE] | TxSI (or WAI) Completion Status [TxSISTAT] | TxSI (or WAI) Completion Date [TxSIDT] | GPRA Discharge Interview Done [GPRADI] | 3 Month Interview Due [3INDUE] | 3 Month Interview Status [3INSTAT] | 3 Month Interview Date [3INDT] | | |
| 1000 | 10/08/05 | 10/18/05 | 1 | 11/05/05 | 11 | 11/18/05 | 1 | 1/17/2006 | 11 | 01/17/06 | | |
| 1001 | 01/01/05 | 01/04/05 | 1 | 03/02/05 | 11 | 03/02/05 | 4 | 4/5/2005 | 11 | 04/05/05 | | |
| 1002 | 05/20/05 | 05/15/05 | 1 | 05/25/05 | 11 | 06/14/05 | 4 | 8/14/2005 | 11 | 08/14/05 | | |
| 1003 | 10/12/05 | 10/18/05 | 1 | 11/21/05 | 11 | 11/28/05 | 1 | 1/17/2006 | 11 | 01/25/06 | | |
| 1004 | 05/05/05 | 05/05/05 | 1 | 06/25/05 | 11 | 07/01/05 | 1 | 8/4/2005 | 11 | 08/10/05 | | |
| 1005 | 07/14/05 | 07/17/05 | 1 | 08/01/05 | 11 | 08/06/05 | 1 | 10/16/2005 | 11 | 10/16/05 | | |
| 1006 | 07/10/05 | 07/16/05 | 1 | 08/05/05 | 11 | 08/28/05 | 1 | 10/15/2005 | 11 | 10/15/05 | | |
| 1007 | 06/10/05 | 06/08/05 | 1 | 06/26/05 | 11 | 07/03/05 | 1 | 9/7/2005 | 11 | 09/07/05 | | |
| 1008 | 07/18/05 | 07/19/05 | 1 | 07/29/05 | 11 | 08/30/05 | 1 | 10/18/2005 | 11 | 10/31/05 | | |
| 1009 | 04/20/05 | 04/15/05 | 1 | 06/01/05 | 11 | 06/25/05 | 1 | 7/15/2005 | 11 | 07/15/05 | | |
| 1010 | 10/21/05 | 10/18/05 | 1 | 11/28/05 | 11 | 12/01/05 | 1 | 1/17/2006 | 11 | 01/15/06 | | |
| 1011 | 12/19/05 | 12/16/05 | 1 | 02/05/06 | 11 | 02/14/05 | 3 | 3/17/2006 | 11 | 03/17/06 | | |
| 1012 | 03/25/07 | 03/25/07 | 1 | 04/01/07 | 11 | 04/01/07 | 3 | 6/24/2007 | 0 | | | |
| | | | | | | | | 3/31/1900 | | | | |
| | | | | | | | | 3/31/1900 | | | | |
| | | | | | | | | 3/31/1900 | | | | |

Figure 2.8

| 6 Month Interview Due [6INDUE] | 6 Month Interview Status [6INSTAT] | 6 Month Interview Date [6INDT] | 9 Month Interview Due [9INDUE] | 9 Month Interview Status [9INSTAT] | 9 Month Interview Date [9INDT] | 12 Month Interview Due [12INDUE] | 12 Month Interview Status [12INSTAT] | 12 Month Interview Date [12INDT] | Additional Comments [FULNOTES] | Date Last Revised [XREVDT] |
|--------------------------------|------------------------------------|--------------------------------|--------------------------------|------------------------------------|--------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------------------------|----------------------------|
| 4/18/2006 | 11 | 04/18/06 | 7/18/2006 | 2 | | 10/17/2006 | 11 | 10/17/06 | | 10/17/2006 |
| 7/5/2005 | 11 | 07/12/05 | 10/4/2005 | 2 | | 1/3/2006 | 31 | | | 7/12/2005 |
| 11/13/2005 | 11 | 11/01/05 | 2/12/2006 | 2 | | 5/14/2006 | 11 | 05/18/06 | | 5/18/2006 |
| 4/18/2006 | 21 | | 7/18/2006 | 2 | | 10/17/2006 | 11 | 10/17/06 | | 10/17/2006 |
| 11/3/2005 | 11 | 11/03/05 | 2/2/2006 | 2 | | 5/4/2006 | 11 | 05/15/06 | | 5/15/2006 |
| 1/15/2006 | 11 | 01/15/06 | 4/16/2006 | 2 | | 7/16/2006 | 11 | 07/18/06 | | 7/18/2006 |
| 1/14/2006 | 11 | 01/14/06 | 4/15/2006 | 2 | | 7/15/2006 | 11 | 07/15/06 | | 7/15/2006 |
| 12/7/2005 | 21 | | 3/8/2006 | 2 | | 6/7/2006 | 11 | 06/07/06 | | 6/7/2006 |
| 1/17/2006 | 11 | 01/17/06 | 4/18/2006 | 2 | | 7/18/2006 | 11 | 08/01/06 | | 8/1/2006 |
| 10/14/2005 | 11 | 10/10/05 | 1/13/2006 | 2 | | 4/14/2006 | 11 | 04/15/06 | | 4/15/2006 |
| 4/18/2006 | 11 | 04/28/06 | 7/18/2006 | 2 | | 10/17/2006 | 11 | 10/17/06 | | 10/17/2006 |
| 6/16/2006 | 11 | 06/16/06 | 9/15/2006 | 2 | | 12/15/2006 | 22 | | | 6/16/2006 |
| 9/23/2007 | 0 | | 12/23/2007 | 2 | | 3/23/2008 | 0 | | | 3/25/2007 |
| 6/30/1900 | | | 9/29/1900 | | | 12/29/1900 | | | | 1/0/1900 |
| 6/30/1900 | | | 9/29/1900 | | | 12/29/1900 | | | | 1/0/1900 |
| 6/30/1900 | | | 9/29/1900 | | | 12/29/1900 | | | | 1/0/1900 |

Figure 2.9

The Follow-up Log tab has features that make navigation and data entry consumer friendly. There are validation boxes that will appear when a cell is selected. The validation box displays either a definition of the cell or a shortened list of the valid code options for that particular cell. There is also a “Sort by XPID” button that will automatically place the records in ascending order by participant ID (XPID). This allows sites to add each participant in any order and sort by participant ID to put all IDs in numeric order.

There are several fields in the Follow-up Log tab that must be hand entered and/or checked for accuracy. The fields are noted below with possible color-coding and formatting that occur in certain circumstances.

- **Participant ID (XPID)** – The participant ID is the ID assigned to the participant for the study. The same participant ID is used on all research documents for each participant. Participants should be included on the FUL if they are included on the GPRA website (e.g. participants have completed the GAIN-I or GPRA-I and are

intended for follow-up). Government Performance and Results Act (GPRA) is an “intent to treat” program, so if a participant does not attend the first treatment session, follow-up assessments still need to be collected.

- A participant ID (XPID) that is **red/bold** indicates that there are two records entered for the same participant. Each participant in the study can have only one Follow-up Log record (row). *This item should be corrected on the Follow-up Log.*
- If the participant completes the full study (i.e. if the participant finishes the study through the last follow-up wave), and they return to treatment again, they are considered a new participant and must be given a new participant ID as well as a new GAIN-I assessment and follow-up interviews. *A comment should be added to the Additional Comments column with information indicating their initial participant ID.*
- **Intake Date (INTKDT)** – The intake date is the admission date for the index admission as reported on the Treatment Transition Log in mm/dd/yyyy format. The intake date is automatically entered on the Follow-up tab using a look up from the TTL and cannot be hand entered.
 - The intake date (INTKDT) field is highlighted **orange** and contains text of "No TTL Index" when the participant has been entered on the Follow-up Log, but the intake date has not been entered on the Treatment Transition Log. The INTKDT on the Follow-up Log will automatically be entered based on the INTKDT entered on the Treatment Transition Log. *This item should be corrected on the Treatment Transition Log.*
- **Initial Interview Date (0INDT)** – The initial interview date is the actual date of the initial interview (GAIN-I or GPRA intake) in mm/dd/yyyy format. For GAIN records, use the XOBSDT. If the interview was not done (for any reason), the participant should not be added until GAIN-I or GPRA is completed.
 - The initial interview date (0INDT) field is **violet/underlined** if the assessment is done outside the expected window. The initial interview needs to be completed within the window of 28 days before through 7 days after the participant is admitted to treatment, which is referenced in the intake date (INTKDT) field. *This item should be checked for accuracy on the Follow-up Log.*
 - An **orange/underlined** initial interview date field indicates a possible data entry error. The date is formatted with **orange/underlining** if the intake date (INTKDT) is more than 90 days from initial interview date (0INDT) or the 0INDT is a future date. *This item should be checked for accuracy on the Follow-up Log.*
- **Any Follow-up Planned (FUPLAN)** – The any follow-up planned field indicates whether a participant is part of the study’s follow-up sample.

- If the participant is ineligible or not planned for follow-up for any reason, the field should be coded as no follow-up planned (0)². All follow-up interview status fields will automatically be filled with formatting that will leave the statuses blank, as they will never be filled in.
- For participants who will have GAIN and GPRA data collected at intake and subsequent follow-ups, the FUPLAN should be GAIN and GPRA follow-up planned (1)³. All follow-up interview status fields will automatically be coded not due yet (0) as the follow-up interviews will not be due for at least three months (if doing the three month follow-up).
- For participants who will only have GPRA data collected at intake and subsequent follow-ups, GPRA only (2) should be entered. Local evaluation reports should address the reasons for this pre-inclusion attrition (e.g., ineligibility, refusal, early dropout) or GPRA only records. The participant will not be required to complete the Treatment Satisfaction Index (TxSI) and will only be asked to complete the GPRA instrument at each follow-up conducted. All follow-up interview status fields will automatically be coded not due yet (0).
- The any follow-up planned field should not be changed to no follow-up planned (0) partway through the study. *The GAIN Data Management Team should be contacted for approval before changing the follow-up plan field.*
- If a participant ID is in the XPID field, but the FUPLAN is missing, the FUPLAN cell will be highlighted **orange**. *This item should be completed on the Follow-up Log.*
- **Treatment Satisfaction Index Due Date (TxSIDUE)** – The Treatment Satisfaction Index due date field is automatically calculated and entered in mm/dd/yyyy format. The TxSI is due and considered on time if it is conducted during the second therapeutic session. It can also be completed at the third, fourth, and fifth treatment sessions, but the TxSI will be considered late.
 - If the engagement date (ENGDT) has not been entered on the Treatment Transition Log, the TxSIDUE will be estimated based on the intake date plus 14 days. The estimated due date will appear in **gray** text to indicate that it is not the true due date.
 - If the second treatment session has been reached and the date has been entered on the Treatment Transition Log in the engagement date (ENGDT) field, the due date will automatically appear as **black** text in the TxSIDUE field. This indicates that the second treatment session or second night in residential treatment has been reached and therefore the TxSI is due.

² This code is only acceptable for certain projects. Contact the GAIN Data Management Team for more information.

³ The decision regarding specific participants will need to reflect grant project requirements and local site decisions.

- **Treatment Satisfaction Index Completion Status (TxSISTAT)** – The Treatment Satisfaction Index completion status field indicates if the index was completed on time, not on time, or was unable to be captured.
 - The TxSI Completion Status has the following possible coding options:
 - The assessment is not due yet (0).
 - The participant is dead at the time of the due date (1).
 - The status is incomplete because the participant dropped out of treatment before the second session (2).
 - The TxSI is not applicable or the follow-up plan (FUPLAN) is GPRA only (2) so the TxSI is not required (3).
 - The participant completed the TxSI on time at the second treatment session (11).
 - The participant completed the TxSI late. This includes the TxSI being done at the third, fourth, or fifth treatment sessions (12).
 - The therapist completed the TxSI on time at the second treatment session (13).
 - The therapist completed the TxSI late. This includes the TxSI being done at the third, fourth, or fifth treatment sessions (14).
 - The status is incomplete because the participant refused (21).
 - The status is incomplete for another reason (22).
 - The TxSI is active (90) because the TxSI due date has passed and it can still be completed.
 - The Treatment Satisfaction Index status (TxSISTAT) field is **blue/bold** when a participant has been discharged from the index admission as recorded on the Treatment Transition Log, but the TxSISTAT is coded as not due yet (0) or active (90). Once a participant has been discharged from treatment, it is too late for the Treatment Satisfaction Index (TxSI) to be completed. *This item should be changed to a status of 22 (incomplete).*
 - The TxSISTAT will be **blue/bold** if the field is coded refused (21). *This item should be checked for accuracy on the Follow-up Log.*
 - If the TxSISTAT field contains a code of not applicable/GPRA only (3) and the follow-up plan (FUPLAN) is coded either no follow-up planned (0) or GAIN and GPRA planned (1), the status field will be **orange/bold**, indicating that the code of three is not a valid option. The TxSISTAT can only be coded as not applicable/GPRA only (3) if the FUPLAN is GPRA only (2). *This item should be corrected on the Follow-up Log.*
 - If the Treatment Satisfaction Index status field has a code of not due yet (0), which is highlighted **orange**, the formatted code indicates the due date has passed and the assessment can be collected. *The item should be changed in the Follow-up Log to active (90) or to a valid complete/incomplete code.* Note that if the TxSI due date (TxSIDUE) is gray and the engagement date (ENGDT) on the Treatment Transition Log has not yet been reached, there is no need to change the TxSISTAT code.

- The TxSISTAT field will also be highlighted **orange** if it has a code of dropped out of treatment (2), but an engagement date (ENGDT) has been entered on the Treatment Transition Log (TTL). The dropped out of treatment code (2) is used when a client drops out of treatment before they have reached their second session or stayed overnight. *If the participant has reached their second treatment session or stayed overnight as indicated by an engagement date (ENGDT) on the TTL, change the TxSISTAT to incomplete (22).*
- **Treatment Satisfaction Index Date (TxSIDT)** – The Treatment Satisfaction Index date is the date the Treatment Satisfaction Index was completed. The TxSIDT is entered in mm/dd/yyyy format.
 - The Treatment Satisfaction Index date (TxSIDT) field is **red/underlined** when the interview date is reported while the status code indicates it has not been completed (status is something other than completed on time by participant [11], completed late by participant [12], completed on time by therapist [13], or completed late by therapist [14]). The date should be removed unless the TxSI has been completed. *This item should be corrected on the Follow-up Log.*
 - The TxSIDT field will be highlighted **orange** if the TxSI has been completed as noted in the TxSISTAT field (status is completed on time by participant [11], completed late by participant [12], completed on time by therapist [13], or completed late by therapist [14]), but the actual completion date has not been entered. *This item should be corrected on the Follow-up Log by entering a valid completion date that corresponds to the code given in the TxSI status field.*
- **GPRAD Discharge Interview (GPRADI)** – The GPRAD discharge interview field is used to indicate whether the GPRAD discharge interview has been completed either with the participant or with a records review.
 - There are five possible coding options for the GPRADI field:
 - The GPRAD discharge interview or records review has not been completed (0).
 - The discharge interview or records review was completed (1).
 - The participant was never admitted to treatment (2). This code is automatically entered.
 - The participant has not yet been discharged from their final CSAT funded treatment (3). This code is automatically entered.
 - The participant was discharged before July 1, 2005 (4). The field automatically codes to a four because the GPRADI was not required before that time.
 - Data Managers will be responsible for changing codes of zero (GPRADI not done) to codes of one (GPRADI done) once the GPRAD discharge interview has been collected.

- The GPRA discharge interview field is formatted **blue/bold** if the participant has been discharged from CSAT funded treatment, but the GPRADI field indicates the discharge interview or records review has not been completed. *This item should be corrected on the Follow-up Log.*
- If the GPRADI cell is highlighted **gray**, the participant does not have a discharge date listed on the Treatment Transition Log. *This item should be checked for accuracy on the Follow-up Log.*
- **Interview Due (INDUE)** – All follow-up interview due dates including the three-month, six-month, nine-month, and twelve-month are recorded in mm/dd/yyyy format and are automatically calculated based on the GAIN or GPRA initial interview date (OINDT) using 91 day increments. For example, the three-month interview is due 91 days from the GAIN or GPRA initial interview, the six-month interview is due 91 days plus 91 days from the GAIN or GPRA initial interview, etc.
- **Interview Status (INSTAT)** –The interview status is the status of each three-month, six-month, nine-month, or twelve-month follow-up interview (3INSTAT, 6INSTAT, 9INSTAT, or 12INSTAT).
 - The follow-up interview status has the following possible coding options:
 - The follow-up interview is not due yet (0).
 - The participant is dead at the time of the due date (1).
 - The site is not doing this wave of data collection or the interview due date is too late for the study (2).
 - The GAIN follow-up assessment was completed in the on time window of two before to two weeks after the due date (11).
 - The GAIN follow-up assessment was completed in the not on time window of 30 days before to 60 days after the due date (12).
 - The GPRA follow-up assessment was completed in the on time window of two weeks before to two weeks after the due date (13).
 - The GPRA follow-up assessment was completed in the not on time window of 30 days before to 60 days after the due date (14).
 - The participant was located, but they refused to complete the assessment (21).
 - The participant was located, but the site was unable to gain institutional access (22).
 - The participant was located, but the site was unable to gain access (23).
 - The participant was located, but they withdrew from the study (24).
 - The site was unable to locate the participant because they moved out of the area (31).
 - The site was unable to locate the participant for any other reason (32).
 - The interview status is active (90) because the assessment due date has passed and it can still be completed.
 - If a site is not conducting a particular follow-up wave (e.g. the nine-month wave), each record in the INSTAT field should be coded as not doing wave

- (2). The GAIN Data Management Team will set each follow-up wave that is not being conducted to automatically code with not doing wave (2).
- The original interview status code of not due yet (0) will automatically change to a code of active (90) if the follow-up interview due date (INDUE) has passed but has not yet been completed. A code of active (90) means the site is actively trying to get the follow-up instrument completed by the participant.
 - The INSTAT fields are **blue/bold** when the full data collection window for the follow-up has closed, but the status is still coded as active (90). *This item should be corrected on the Follow-up Log by entering the accurate date and status the interview was collected or changing the status to 32 (not located) if the follow-up interview was not collected.*
 - If the follow-up interview status field contains a code that is either GAIN completed on time (11), GAIN completed not on time (12), GPRA completed on time (13), or GPRA completed not on time (14), the code will appear **blue/bold** if the date the GAIN assessment was completed (INDT) is blank. *This item should be corrected on the Follow-up Log by entering the date the follow-up interview was conducted.*
 - The follow-up interview status fields are highlighted in **yellow** if the follow-up plan (FUPLAN) is GPRA follow-up planned (2) and the interview status code indicates that a GAIN follow-up assessment has been completed. *This item should be corrected on the Follow-up Log. The follow-up status should be recorded using GPRA follow-up statuses (13 or 14) if GPRA only follow-ups are planned. This item should be changed to a GPRA code.*
 - If a follow-up interview status field is coded as withdrawn (24), all subsequent follow-up statuses for the record should be entered with 24 (withdrawn). If they do not, the status fields will be highlighted in **yellow**. If the participant has not fully withdrawn from the study, it may be possible that the participant refused (21) the particular follow-up. *This item should be corrected on the Follow-up Log. Change all subsequent follow-up statuses for the record to withdrawn (24) as long as no follow-up interviews have been completed. If they have, change the statuses for a record to more appropriate codes.*
 - If a follow-up interview status field is coded as dead (1), all subsequent follow-up statuses for the record should be entered with 1 (dead). If they do not, the status fields will be highlighted in **yellow**. *This item should be corrected on the Follow-up Log. Change all subsequent follow-up statuses for the record to dead (1) as long as no follow-up interviews have been completed. If they have, change the statuses for a record from dead (1) to more appropriate codes.*
 - **Interview Date (INDT)** – The interview date is the date the three-month, six-month, nine-month, or twelve-month follow-up interview (3INDT, 6INDT, 9INDT, 12INDT) was completed and is respectively entered in mm/dd/yyyy format. If an interview date is entered, a corresponding interview status of GAIN

completed on time (11), GAIN completed not on time (12), GPRA completed on time (13), or GPRA completed not on time (14) must be entered.

- The follow-up interview date field will turn **red/underlined** when the interview date is reported while status code indicates it has not been done (status is something other than GAIN completed on time [11], GAIN completed not on time [12], GPRA completed on time [13], or GPRA completed not on time [14]). The date should be removed unless the GAIN or GPRA assessment has been completed. *This item should be corrected on the Follow-up Log by entering a valid response for the interview status indicating the interview was been completed.*
- The interview date field is **violet/underlined** if the date is outside the full collection window (from 30 days prior to the due date to 60 days after the due date). The assessment will be accepted if it occurs on the day the window closes; however, the interview cannot be counted for multi-site collaboration. If the interview is captured late, the site should consider moving the assessment to the next wave or re-administering the assessment to be on time for the next wave. *This item should be checked for accuracy on the Follow-up Log.*
- The follow-up interview date field is **blue/underlined** if the status code indicates the interview was not done on time (more than two weeks before or after the due date) when the calculation indicates the interview was actually completed on time (within two weeks before to two weeks after the due date). If the date is accurate, the follow-up interview status field should be changed to either GAIN completed on time (11) or GPRA completed on time (13). *This item should be corrected on the Follow-up Log.*
- **Additional Comments (FULNOTES)** – The additional comments field is used for any additional information that is necessary to clarify the data for a participant. Both the site and the GAIN Data Management Team may use this field. It is important that names or other Personal Health Information (PHI) are not entered in this field.
- **Date Last Revised (XREVDT)** – The date last revised is calculated in mm/dd/yyyy format. It is automatically calculated as the most recent date entered in the row.

How to delete a row on the FUL

While it is not possible to delete an entire row on the Follow-up Log due to the maintenance of the formulas used to create the report, it is possible to clear data that the site has manually entered. To do this, highlight the data that should be removed, right-click and choose “Clear Contents” or press the “Delete” key on the keyboard. Then, click the “Sort by XPID” button at the top left corner of the worksheet to reorder the records so no blank rows appear in the middle of the data.

2.3 Follow-up Report tab

The Follow-up Report tab is a summary report based on information recorded on the Follow-up Log tab. It includes a summary of the follow-up rates across interview waves as well as information about each individual interview wave. This tab is for creating reports only and cannot be edited.

Each site's report will be combined each month into a full project report known as the FUL Report. The report is then posted on the Adolescent Programs Support Site (APSS) website. Funding sources, Data Managers, and Principal Investigators will be notified by e-mail when a new FUL Report has been posted to the APSS website.

- In column C, color formatted values indicate report results that may not be expected. These values indicate potential errors in the Follow-up Log. For example:
 - A **green/bold** value in column C indicates that a value in the TxSISTAT column on the Follow-up Log has a “completed” status (11-14), but the record is a GPRA only follow-up planned, so the TxSI is not required. *This item should be checked for accuracy on the Follow-up Log.*
 - A **pink/bold** value in column C indicates that the numbers corresponding to the section beside the value in Column C do not add up as expected. This indicates an error that needs to be resolved in the Follow-up Log 2.2. *This item should be checked for accuracy in the Follow-up Log. Often, an interview status code is missing on the Follow-up Log. Make changes as necessary on the Follow-up Log in order to remove the pink formatting.*

2.4 Follow-ups Due tab

The Follow-ups Due tab is a summary list of GAIN and GPRA interview follow-ups that are currently due or marked as active (90) in the interview status (INSTAT) columns on the 2.2 Follow-up Log. The report is divided by interview wave (3, 6, 9, and 12 month). Each wave lists participant IDs (XPID) and interview due dates (INDUE) for participants who have an active follow-up due. The report can be used to help determine when follow-ups need to be scheduled.

In order to determine which participants have follow-up GAIN or GPRA assessments due, the “Determine Follow-ups Due” macro button must be manually clicked. After clicking on the button, the report will generate and record any participants that have an interview due for the three, six, nine, or twelve-month follow up waves in the accurate follow up wave column. The report will display the participant ID and the interview due date for each follow up that is due at the time the “Determine Follow-ups Due” report is run (see figure 2.10). The report is based on the information entered in the Follow-up Log tab, so it is important the Follow-up Log is maintained and checked for accuracy before running the report on the Follow-ups Due tab.

| GAIN/GPRA Interview Follow-ups Due as of 7\23\2007 | | | | | | | |
|--|----------|------------------------|----------|------------------------|----------|-------------------------|----------|
| Determine Follow-ups Due | | | | | | | |
| 3 Month Interviews Due | Due Date | 6 Month Interviews Due | Due Date | 9 Month Interviews Due | Due Date | 12 Month Interviews Due | Due Date |
| 1081 | 7/20/07 | 1041 | 7/17/07 | | | 1074 | 7/17/07 |
| | | 1075 | 7/11/07 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Figure 2.10

3.1 Treatment Log Key tab

The Treatment Log Key tab contains information needed to enter data in the Treatment Transition Log tab. This includes valid response codes where applicable and definitions of color-coding for automated error checking. Data Managers should use this key as a quick reference guide to understand what is to be entered, determine valid codes, and to attempt to answer questions about the Treatment Transition Log prior to contacting the GAIN Data Management Team.

The Treatment Log Key is extremely useful when trying to decipher color-coding or formatting that appears on the Treatment Transition Log tab. Typically, color-coding or formatting that appears on the Treatment Transition Log tab indicates a possible problem with the data entry and any issues should be resolved before submitting the GRL to the GAIN Data Management Team.

3.2 Treatment Transition Log tab

The Treatment Transition Log (TTL) tab is used to record each participant's treatment episode including referral source, treatment type, and treatment and discharge levels of care (see figures 2.11 and 2.12). The Data Manager should hand enter participant information on a regular basis.

There are several fields in the Treatment Transition Log tab that must be entered and/or checked for accuracy. The fields are noted below with possible color-coding and formatting that occur in certain circumstances.

- **Participant ID (XPID)** – The ID assigned to the participant for the study is entered in the first column. The ID is used on all research documents and is numeric and no more than six-digits. Participants should be included on the TTL if they are included on the GPRA website (e.g. participants have completed the GAIN-I or GPRA-I and are intended for follow-up).
 - A participant ID (XPID) field that is highlighted **orange** indicates that a participant has been entered on the Treatment Transition Log, but not on the Follow-up Log. If a participant is entered on the Treatment Transition Log, it must also be entered on the Follow-up Log. *This item should be corrected on the Follow-up Log.*
- **Treatment Program ID (XTPID)** – 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 Transition Log should match the local ID provided in the corresponding field in the ABS software GAIN-I record. *The XTPID is an optional field that can be left blank.*
- **Admission Type (ADMTYPE)** – The admission type is used to identify the timing of each admission to treatment related to other admissions and tracks participation in the study through each level of care provided to the client. There are five coding options for the admission type:
 - Pre-index admission (0) – Admissions before the client became a part of the study (if recorded) should be coded as the pre-index admission (0). 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 (1) – The index admission is the admission to treatment when the client became a participant within the study. The admission type should be coded as index admission (1) for every client’s first intake that is funded through this study even if the client had previous treatment admissions that were not related to the study. Each client can have one and only one index admission (1). If the index admission is a step-down (e.g. aftercare following residential treatment), it is recommended that any prior admissions are included on the TTL that are part of the same episode⁴ of treatment. Please note that there may be more than one TTL record (row) per client, but only one index admission (1).

⁴ An episode of care is defined as a series of admissions with fewer than 30 days between discharge and re-admission. The episode begins with the first admission and ends with the last discharge where the client is not readmitted within 30 days.

- Continuing treatment (2) – Continuing treatment is a step-down or step-up or readmission within 30 days that is not the final admission for the episode, but continues from the index admission (1). 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 (3) to continuing treatment (2) if it was originally thought to be the final discharge for the episode and the client returned to treatment within 30 days. If a treatment episode is continuing care (2) and the discharge date (DISCDT) for that treatment episode is entered and 30 days have passed since the discharge date, the continuing care (2) should be changed to discharge treatment (3). *Note: Some clients may not have records coded as continuing treatment (2).*
- Discharge treatment (3) – 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. Continuing treatment (2) episodes with a discharge date should be changed to discharge treatment (3) unless or until additional treatment is recorded within 30 days of discharge from that level of care. If the client is readmitted to treatment with 30 days, the record may need to be changed from discharge treatment (3) to continuing treatment (2) if it was originally thought to be the final discharge for the episode. *Some clients may not have records of discharge treatment (3).*
- Post discharge treatment (4) – 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 (4) 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 (3) record). The post discharge treatment represents a new episode(s) of care.
- Continuing treatment (2), discharge treatment (3), and post discharge treatment (4) values are used to indicate that the treatment record is a continuation of treatment and is part of the initial index episode. (An episode consists of all treatment segments⁵ with between-treatment gaps of less than 30 days.)
- If the admission type code is **red/bold**, this indicates that two records for the same participant are coded as the index admission (1). Each participant can have only one index admission. *This item should be corrected on the Treatment Transition Log.*
- The admission type is highlighted **orange** if the record is coded continuing treatment (2), but the participant has been discharged from this treatment for at least 30 days. The admission type for the record should be changed to

⁵ A treatment segment is a single level of care. One treatment segment is recorded in each row of the TTL.

discharge treatment (3). *This item should be corrected on the Treatment Transition Log.*

- The admission type is also highlighted **orange** if there are more than 30 days between the discharge date (DISCDT) of the previous treatment and the intake date (INTKDT) for the next treatment (continuing or discharge treatment). The treatment row should not be considered a continuing or discharge treatment. If the participant is readmitted to treatment more than 30 days from the last discharge date (DISCDT), the admission type for the new treatment should be post discharge treatment (4). *This item should be corrected on the Treatment Transition Log.*
- After sorting if the admission type is **bright green/bold**, no index admission (1) has been identified. Each participant must have one record identified as the index admission. *This item should be corrected on the Treatment Transition Log.*
- **Intake Date (INTKDT)** – 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) in mm/dd/yyyy format. If the intake was not done for any reason, the record should not be added to the Treatment Transition Log.
 - Since the intake date is a required field, it is highlighted **orange** until the date is entered. *This item should be corrected on the Treatment Transition Log.*
- **Intake Status (INTKSTAT)** – The intake status is the status of the current treatment admission.
 - The intake status has the following possible coding options:
 - New admission from community (1) – This is often used for:
 - The client is not coming from some other treatment, agency, or system and is not a readmission with 30 days.
 - An adolescent's physician or a private therapist recommends substance abuse treatment.
 - Readmission within 30 days of the previous discharge (2)
 - External transfer from another substance abuse treatment agency (3)
 - Internal transfer from a substance abuse treatment unit within the same agency (4)
 - Transfer from the juvenile justice system (5) – This code is typically chosen for the following scenarios:
 - The adolescent was not in juvenile hall, but was in the juvenile justice system.
 - The adolescent chooses treatment as an alternative to incarceration and the lawyer rather than the judge referred the adolescent to a specific treatment program. Since treatment is technically not an institution, if this client did not go to treatment, s/he would have been incarcerated—thus the client's destination was transferred from incarceration to treatment.

- Transfer from another controlled environment (6)
- Unspecified or unknown (98) – this code should not be utilized unless necessary
- Other (99) – this code should not be utilized unless necessary
- Intake status is a required field and is highlighted orange until the status is entered. *This item should be corrected on the Treatment Transition Log.*
- **Intake Referral Source Level of Care (IRSLOC)** – The intake referral source level of care is the level of care of the local program or agency identified in the intake status (INTKSTAT) where the participant came from.
 - The intake referral source level of care has the following possible coding options:
 - Community (0)
 - Assessment/intake unit (1)
 - Outreach (2)
 - Aftercare (3)
 - Student assistance program (4)
 - Case management (5)
 - Outpatient for one to eight hours per week (11)
 - Outpatient methadone treatment (12)
 - Intensive outpatient for 9 to 14 hours per week (21)
 - Partial hospitalization for 15 to 34 hours per week (22)
 - Full day outpatient for 35+ hours per week (23)
 - Full day outpatient with work release for 15+ hours per week plus work release time (24)
 - Halfway houses (31)
 - Group homes (32)
 - Short-term inpatient/residential which is 30 days or less (33)
 - Moderate-term inpatient/residential which is 31 to 90 days (34)
 - Long-term inpatient/residential which is greater than 90 days (35)
 - Social detoxification (41)
 - Medical detoxification (42)
 - Other intensive inpatient (43)
 - Correctional institution (51)
 - Other juvenile justice agency (52)
 - Mental health inpatient (53)
 - Mental health emergency room (54)
 - Mental health outpatient (55)
 - Physical health inpatient (56)
 - Physical health emergency room (57)
 - Physical health outpatient (58)
 - Unspecified or unknown (98) – this code should not be utilized unless necessary

- Other (99) – this code should not be utilized unless necessary
- Intake referral source level of care is a required field and is highlighted orange until the code is entered. *This item should be corrected on the Treatment Transition Log.*
- **Referral Source Site (RSSITE)** – The referral source site is a six-digit local code that is assigned by the local agency identified in the intake status field where the participant came from. If no agency is listed or it is not applicable, zero should be entered.
 - If a participant is readmitted after an initial “absent without leave” (AWOL) from the index treatment program within 30 days of the AWOL, it is acceptable for the referral source site (RSSITE) and intake referral source level of care (IRSLOC) values to be the same as the local site name code (XSITEa) and the intake level of care (INTKLOC) values on the index treatment episode. In this example, the preference indicates that knowing where the participant came from the prior treatment agency is more useful than knowing that they came from the community.
- **Local Site Name (XSITEa)** – The local site name is an ID of the local substance abuse treatment facility for each segment of care. The ID can be up to six numeric digits in length and must match an ID on the Set Up tab.
- **Intake Program Level of Care (INTKLOC)** – The intake program level of care is the level of care provided by the local program identified in the local site name field.
 - The intake program level of care has the following coding options:
 - Assessment/intake unit (1)
 - Outreach (2)
 - Aftercare (3)
 - Student assistance program (4)
 - Case management (5)
 - Outpatient for one to eight hours per week (11)
 - Outpatient methadone treatment (12)
 - Intensive outpatient for 9 to 14 hours per week (21)
 - Partial hospitalization for 15 to 34 hours per week (22)
 - Full day outpatient for 35+ hours per week (23)
 - Full day outpatient with work release for 15+ hours per week plus work release time (24)
 - Halfway houses (31)
 - Group homes (32)
 - Short-term inpatient/residential which is 30 days or less (33)
 - Moderate-term inpatient/residential which is 31 to 90 days (34)
 - Long-term inpatient/residential which is greater than 90 days (35)
 - Social detoxification (41)
 - Medical detoxification (42)

- Other intensive inpatient (43)
 - Correctional institution (51)
 - Other juvenile justice agency (52)
 - Mental health inpatient (53)
 - Mental health emergency room (54)
 - Mental health outpatient (55)
 - Physical health inpatient (56)
 - Physical health emergency room (57)
 - Physical health outpatient (58)
 - Unspecified or unknown (98) – this code should not be utilized unless necessary
 - Other (99) – this code should not be utilized unless necessary
- If at admission to treatment the intake program level of care is short-term residential (30 days or less), but in the course of treatment the treatment program is able to get authorization from the insurance company for seven more days of care, which puts the level of care at moderate-term (31–90 days), the TTL should reflect the change in level of care. In this case, the client was transferred (even if just on paper) to a different level of care (i.e., from short-term to moderate-term residential) and the TTL should have two records (or rows on the TTL), one indicating the initial short-term residential and the secondary moderate term residential.
 - In general, the intake referral site level of care (IRSLOC) should match intake status (INTKSTAT). For example, if the participant is new from the community (1) for the intake status, the intake referral source level of care is coded as community (0). Similarly, if the INTKSTAT is transfer from the juvenile justice system (5), the IRSLOC would have a value for correction institution (51) or other juvenile agency (52).
 - A code of unspecified or unknown (98) within INTKLOC is recorded as **red/bold** to indicate that the field should not be used often. *This item should be checked for accuracy on the Treatment Transition Log.*
 - Intake program level of care is a required field and it is highlighted **orange** until the code is entered. *This item should be corrected on the Treatment Transition Log.*
- **Treatment Type (TxTYPE)** – The treatment type (TxTYPE) is used to enter the treatment protocol the participant is receiving. To enter a code, click on the cell and select the arrow at the right side of the cell. A drop down box will appear. Scroll through the box to select the treatment type.
 - The treatment type has the following coding options for Publicly available, Manualized, and Commonly replicated treatment:
 - Adolescent Community Reinforcement Approach/ACRA (1)
 - Adolescent Portable Therapy/APT (2)
 - Assertive Continuing Care/ACC (3)

- Cognitive-Behavioral Intervention for Trauma in Schools/CBITS (4)
- Family Support Network/FSN (5)
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy/METCBT5 (6)
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy/METCBT7 (7)
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy/METCBT12 (8)
- Multidimensional Family Therapy/MDFT (9)
- Multisystemic Treatment/MST (10)
- Seven Challenges/SC (11)
- Brief Alcohol Screening and Intervention for College Student Drinkers/BASICS (31)
- Brief Strategic Family Therapy/BSFT (32)
- Cognitive Restructuring/CR (33)
- Dialectical Behavioral Therapy/DBT (34)
- Functional Family Therapy/FFT (35)
- Purdue Brief Family Therapy/PBFT (36)
- Assertive Continuing Care and Seven Challenges/ACC/SC (37)
- The treatment type has the following coding options for Other Publicly available and Manualized treatment:
 - La Cañada: Adolescent Substance Abuse Step-Down Treatment Model/LC (51)
 - Phoenix Academy Clinical Manual/PACM (52)
 - Dynamic Youth Community, Inc. A Therapeutic Community for Adolescents and Young Adults—Treatment Manual/DYC (53)
 - Mountain Manor Treatment Center—Baltimore: Manual for a Short-Term Residential/MMTC (54)
 - CHS Treatment Manual—Bloomington's Outpatient & Intensive Outpatient Treatment/CHS (55)
 - Group-Based Outpatient Treatment for Adolescent Substance Abuse/GBOPT (56)
 - Thunder Road Treatment Manual: A Hybrid Therapeutic Community Treatment Model/TRTM (57)
 - Multidimensional Family Therapy for Early Adolescent Substance Abuse Treatment/MDFT-EA (58)
 - Suicide Prevention Center—Teen Substance Abuse Treatment Program Treatment/EMPACT (59)
 - Walking In Beauty on the Red Road: A Holistic Cultural Treatment Model for American Indian/Alaska Native Adolescents/Families/WBRR (60)
 - Adolescent Recovery-Hazeldon/AR-H (61)
- The treatment type has the following coding options for Other Treatment with multiple or limited support materials:

- Other Cognitive Behavioral Therapy/CBT (81)
 - Other Contingency management/OCM (82)
 - Other Family Therapy/OFT (83)
 - Other Group therapy/OGT (84)
 - Other Individual therapy/OIT (85)
 - Other Motivational Interviewing/MI (86)
 - Other Psychoeducational Therapy/PET (87)
 - Other Student Assistance Programs/School-based programs/OSAP (88)
 - Other Therapeutic Community/OTC (89)
 - Other Twelve Step Approaches/O12 (90)
 - Other Case Management/OCaMg (91)
 - Other/O (99) – this code should not be utilized unless necessary
- Since the treatment type is a required field, it is highlighted **orange** until the code is entered. *This item should be corrected on the Treatment Transition Log.*
- **Treatment Type Specification (TxTYPEv)** – The treatment type specification is used for any treatment type (TxTYPE) where other (99) has been chosen.
 - The field is highlighted **orange** until text to specify the treatment protocol the participant received is entered. The field may also be used to add notes about the treatment protocol. *This item should be corrected on the Treatment Transition Log.*
- **CSAT Funded Treatment (CSATFT)** – The CSAT funded treatment field is used to indicate whether or not the treatment is funded with a CSAT grant.
 - Two coding options exist for CSATFT:
 - Not a CSAT funded treatment (0)
 - CSAT funded treatment (1)
 - Since the CSAT funded treatment field is required, it is highlighted **orange** until the code is entered. *This item should be corrected on the Treatment Transition Log.*
- **Engagement Date (ENGDT)** – The engagement date is the date the participant reached the second treatment session or stayed the second night in residential treatment. The ENGDT is entered in mm/dd/yyyy format.
 - The engagement date is highlighted **orange** if the participant has completed the Treatment Satisfaction Index as indicated on the Follow-up Log, but the engagement date is not listed on the Treatment Transition Log. In order to have completed the TxSI, the participant would have attended the second treatment session or stayed the second night, so an engagement date should be entered. *This item should be corrected on the Treatment Transition Log.*
 - The engagement date is **orange/underlined** if the date entered is past today’s date or before the intake date. *This item should be corrected on the Treatment Transition Log.*

- If the engagement date field is highlighted **gray**, this indicates the participant has dropped out of treatment before they have reached the second treatment session. *This item should be checked for accuracy on the Treatment Transition Log.*
- The engagement date will also be highlighted **gray** if the record is not the index admission (1) for the admission type (ADMTYPE). The engagement date is only required for the index admission. *This item should be checked for accuracy on the Treatment Transition Log.*
- **Program Discharge Status (DISCSTAT)** – The program discharge status is used to indicate a participant’s treatment status.
 - The program discharge status has the following coding options:
 - Still in treatment (0)
 - Completed treatment and discharged to the community (1)
 - Internal transfer to the next level of care for substance abuse treatment within the same agency (21)
 - External referral to the substance abuse treatment program in another agency (22)
 - Transfer to medical treatment (23)
 - Transfer to psychiatric care (24)
 - Transfer to a criminal justice agency (25)
 - Other transfers (26)
 - At staff request/disciplinary (31)
 - Against medical advice – away without leave or runaway (41)
 - Against medical advice – individual or family choice (42)
 - Against medical advice – insurance or benefit (43)
 - Against medical advice – juvenile justice agency by request (44)
 - Against medical advice – transfer to another agency by request (45)
 - Death of the participant (97)
 - Unspecified or unknown (98) – this code should not be utilized unless necessary
 - Other (99) – this code should not be utilized unless necessary
 - Program discharge status is a required field and is highlighted **orange** if the code is missing. *This item should be corrected on the Treatment Transition Log.*
 - If the participant is still in treatment (0) for the program discharge status, but the discharge date (DISCDT) or the discharge destination site level of care (DDSLOC) indicates the participant has been discharged, the code of zero will be **blue/bold**. *This item should be corrected on the Treatment Transition Log.*
- **Program Discharge Date (DISCDT)** – 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) in mm/dd/yyyy format. If the participant is still in treatment, the field should be left blank.

- If the participant has been discharged from treatment as indicated for the program discharge status (any code other than zero) and the discharge date (DISCDT) is missing a date, the field will be highlighted **orange**. *This item should be corrected on the Treatment Transition Log.*
- The discharge date is **orange/underlined** if the date entered is past today's date or before the intake date. *This item should be corrected on the Treatment Transition Log.*
- **Discharge Destination Site (DDSITE)** – The discharge destination site is a six-digit code that is assigned by the local evaluator to indicate where the participant was sent after they were discharged from treatment. Each local evaluation will set up a list of IDs for local treatment programs (many use the existing state IDs) to track where the participants come from. The same list of digits should be used for both the referral source site (RSSITE) and discharge destination site (DDSITE). 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.
- **Discharge Destination Site Level of Care (DDSLOC)** – 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.
 - The discharge destination site level of care has the following coding options:
 - Community (0)
 - Assessment/intake unit (1)
 - Outreach (2)
 - Aftercare (3)
 - Student assistance program (4)
 - Case management (5)
 - Outpatient for one to eight hours per week (11)
 - Outpatient methadone treatment (12)
 - Intensive outpatient for 9 to 14 hours per week (21)
 - Partial hospitalization for 15 to 34 hours per week (22)
 - Full day outpatient for 35+ hours per week (23)
 - Full day outpatient with work release for 15+ hours per week plus work release time (24)
 - Halfway houses (31)
 - Group homes (32)
 - Short-term inpatient/residential which is 30 days or less (33)
 - Moderate-term inpatient/residential which is 31 to 90 days (34)
 - Long-term inpatient/residential which is greater than 90 days (35)
 - Social detoxification (41)
 - Medical detoxification (42)
 - Other intensive inpatient (43)
 - Correctional institution (51)
 - Other juvenile justice agency (52)

- Mental health inpatient (53)
 - Mental health emergency room (54)
 - Mental health outpatient (55)
 - Physical health inpatient (56)
 - Physical health emergency room (57)
 - Physical health outpatient (58)
 - Unspecified or unknown (98) – this code should not be utilized unless necessary
 - Other (99) – this code should not be utilized unless necessary
- In general, the discharge destination site level of care (DDSLOC) should match the discharge status (DISCSTAT).
 - If the participant has been discharged from treatment as indicated for the program discharge status (any code other than zero) and the discharge destination site level of care (DDSLOC) is missing a code, the field will be highlighted orange. *This item should be corrected on the Treatment Transition Log.*
- **Additional Comments (TTLNOTES)** – The additional comments field is used for any additional information that is necessary to clarify the data in the record for each participant. Both the site and the GAIN Data Management Team may use the field. It is important that names or other Personal Health Information (PHI) are not entered in this field.
 - **Date Last Revised (XREVDT)** – The date last revised is in mm/dd/yyyy format. It is automatically calculated as the most recent date entered in the row.

How to delete a row on the TTL

While it is not possible to delete an entire row from the TTL due to the need to maintain the integrity of the formulas used to create the report, it is possible to clear data that you have entered. To do this, simply highlight the data you want to remove, right-click and choose “Clear Contents.” Then, click the “Sort by XPID and INTKDT” button at the top left corner of the worksheet to reorder the records so that there are no blank rows in the middle of the data.

General recommendations

It is recommended that every admission or change in level of care within a program site(s) should be included until the end of the full follow-up period for the study. Admissions to external facilities may also be included, but should be included consistently across all participants.

There should be one record or row of data 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.

3.3 Treatment Log Report tab

The Treatment Log Report tab is a summary report of the treatment received by level of care and the number of treatment segments per participant. It also includes summary information about the referral source, discharge status and discharge destination. This tab is for report use only and cannot be edited.

Each site's report will be combined each month into a full project report known as the TTL Report. The report is then posted on the Adolescent Programs Support Site (APSS) website. Funding sources, Data Managers, and Principal Investigators will be notified by e-mail when a new TTL Report has been posted.

- In column C, color formatted values indicate report results that may not be expected. These values indicate potential errors in the Treatment Transition Log. Some possibilities include:
 - A **pink/bold** value in column C in the Treatment Summary section indicates that the total percent of the admission in cells B11, B12, and B13 do not correctly add up to 100%. *The admission type (ADMSTYPE) should be checked for accuracy in the Treatment Transition Log. Make changes as necessary on the Treatment Transition Log in order to remove the pink formatting.*
 - A **pink/bold** value in column C in the discharge status or the discharge destination site level of care sections indicate that a value in the discharge status, discharge date, or discharge destination site level of care columns on the Treatment Transition Log is missing. Be sure to enter a discharge status code in column K for every record (row). If the discharge status is greater than zero, a discharge date must be entered in column L and a discharge destination site level of care code must be entered in column N. *These items should be checked for accuracy in the Treatment Transition Log. Make changes as necessary on the Treatment Transition Log in order to remove the pink formatting.*
 - A **pink/bold** value in column C also indicates that a value may be missing on the Treatment Transition Log. Each color-formatted value is associated with a certain column on the TTL. For example, if cell C38 is **pink/bold**, a missing value is in the intake status column on the TTL. Similarly, there can be **pink/bold** values for the intake referral source level of care, and the intake program level of care. *These items should be checked for accuracy in the Treatment Transition Log. Make changes as necessary on the Treatment Transition Log in order to remove the pink formatting.*

4.3 Data tab

The Data tab keeps a backup of the values for a given record from the GAIN-In tab (at the top) and the corresponding GPRA-Out tab (at the bottom) in a single column. The GCC, Mayatech, CSAT or GPRA does not use the data entered from the Data tab. The

data are provided for local site use as a backup and allows the local site to track which assessments the GPRA Tool has been run, and will save a record of the responses entered for future reference if needed.

4.4 Lookups tab

The Lookups tab is used to provide labels for specific values used throughout the GRL—particularly on the Set Up tab and the GPRA-Out tab. This is a reference tab and will not need to be modified by the Data Manager.

4.5 Documentation tab

The Documentation tab contains a list of each GPRA item and the logic of how GAIN items are converted to GPRA items by the GPRA tool. In addition, this tab may include some interim calculations used in converting GAIN data to GPRA data. This is a reference tab and will not need to be modified by the Data Manager.

3. GRL Submission and GAIN Data Preparation

On a monthly basis all Data Managers are expected to prepare their site's data to be pulled from GAIN ABS and submit the GAIN Record Log¹ (if applicable) to 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. By the specified due date it is also required that Data Managers post a GAIN Record Log (if applicable) and a GAIN Edit reply file to a secured sFTP site distributed by Chestnut Health Systems. Following each submission, the Data Manager will receive feedback from the GAIN Data Management Team regarding the GAIN Record Log and GAIN data. Full datasets in SPSS format and Site Profiles reports⁶ are returned on a quarterly basis. Please allow at least the remainder of the submission month for processing and feedback.

On time GRL submission guidelines

The window for submitting GAIN Edit reply files and GAIN Record Log (GRL) files received by CSAT grantees begins anytime on the first of the month (regardless of the day of the week on which the first falls) and ends at close of business (COB) 5:00 PM Central Time (CT) on the 10th of each month for CSAT sites and on the 20th of each month for non-CSAT sites. GRLs and GAIN Edit reply files must be submitted by the deadline and include an e-mail notification to the GAIN Data Management Team in order to be considered on time. If GRL is submitted outside the established guidelines, it will be considered late and will not be accepted or included in monthly reports. For CSAT grantees, all late or missing GRL submissions and or GAIN ABS accounts without GAIN assessments will be reported to the site's grant project officer and the local site will be considered out of compliance for their grant.

COB on the due date means:

- If the due date is a holiday: by 5:00 Central time of the next closest business day, either before or after the due date.

To alleviate the risk of being late or out of compliance, follow the just in case guideline:

- CSAT sites: *Aim for the 5th of each month!*

¹ The GAIN Record Log is required for all CSAT grantees and is optional for Non-CSAT grantees

⁶ The Site Profiles report is created if contracted with Chestnut Health Systems.

- Independent sites: *Aim for the 15th of each month!*

Files to include in each GRL submission

- By the assigned due date, the GAIN Edits reply file and the GRL should be ready for data submission. Included below is the outline of each file that should be included in every data submission to the GAIN Coordinating Center.
 - The most recent GAIN Record Log (GRL) Excel workbook.
 - The GAIN Edits reply file with all corrections indicated in the Site Responses column (GAIN Edits_mmyy_reply.xls).

Post GRL and GAIN Edit reply file to the sFTP site

Each site will be given a unique login username and password by the GAIN Data Management Team to access their sFTP site folder.

After receiving the login and password information, the next step is to download the sFTP file, which is also called the FileZilla Client. Please refer to the documents “How to Install the sFTP Client” and “How to Configure the sFTP Client” for instructions on how to do so. This is a secure location; a username and password are required for access and are provided by the GCC. Each site submitting data is assigned a unique folder where all documents and data files are posted.

To post files to the sFTP site, log in and drag the desired file to the specific site’s folder. It is also possible to copy and paste the file into the site’s sFTP folder. A simple method for posting the file is to place the file folder window and sFTP site window side by side when posting. For example in figure 3.7, the window on the left contains the zip file on the Data Manager’s computer and the window on the right is the site’s sFTP site (see figure 3.7).

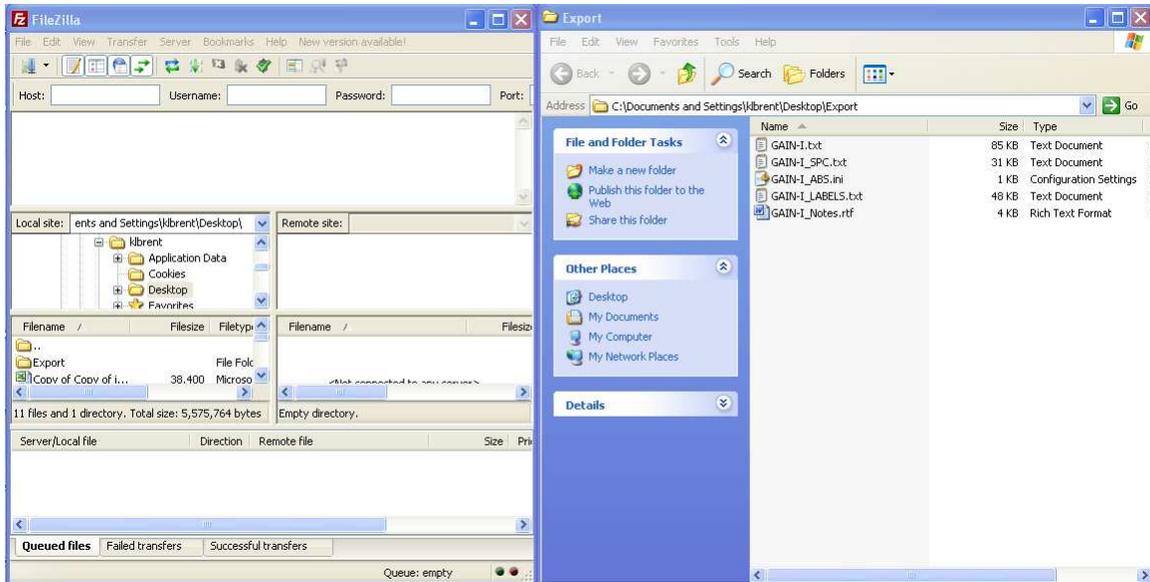


Figure 3.7

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 indexes using SPSS syntax, and reporting-requirement documentation.

The contents of the FTP common site are organized into four folders (Data Coordinator, 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 Coordinator folder – This folder contains files used by Data Coordinators to process their GAIN data with SPSS software.
- 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 login and password for the FTP common site (both are case sensitive):

- Login: Common
- Password: public

Data submission notification

Once the GRL and GAIN Edit reply files have been posted to the sFTP site, 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. In order for the Data Management Team to respond quickly, it is important the subject line of the e-mail contains a specific format of “Project, Site ID, City, purpose description of the e-mail”. For example, “DEMO 4 Chenoa – July GRL and GAIN Edit reply files 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.

4. GAIN Edits

Using GAIN Edits

This chapter reviews the importance 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 data collected and submitted by the Data Manager and the local site interviewers. Data Managers are responsible for communicating with the local site interviewers 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 study, as this continued feedback can help the local site bring to light any site interviewer training needs as well as help maintain the validity and reliability of the data collected 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 an Excel workbook in which the GAIN Data Management Team reports all inconsistencies, responses out-of-range, or missing responses found in GAIN assessments. The GAIN Edits file is one convenient and detailed log of all inconsistencies, missing data, and possible errors in the GAIN data from one site.

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 addition to helpful notes 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 site interviewers and follow-up with participants and/or original interview documentation to reconcile all inconsistencies. Once the Data Manager receives information from the site interviewer, they will enter comments in the Site Responses column, make the changes permanent in the GAIN ABS software, and return the GAIN Edits file with site responses to the GAIN Data Management Team, preferably before or with the monthly due date for data pulling and GRL submissions.

The main functions of the GAIN Edits file

- For the GAIN Data Management Team to inform local sites of 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.
- For the local sites to inform the GAIN Data Management Team of the local sites' responses to data anomalies allowing 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 GAIN instruments used at their site. The GAIN Edits file is structured by tabs at the bottom of the file (Figure 4.1), which organize the GAIN Edits by GAIN instrument.



Figure 4.1

The first tab in the file is the Edits Key tab, which is a quick reference for the information 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.
- **CaseID** – The specific case ID assigned by ABS. This makes it easy to find the record in question within ABS.
- **XOBS** – The observation wave for the record in question for the GAIN-M90 or GAIN-QM instrument.
- **XSID** – The staff ID for the record being edited.
- **XOBSDT** – The date the GAIN interview was conducted for the record in question.
- **Version** – The version of the GAIN instrument for the record in question (e.g., 05.04.00, 05.05.00, etc.).
- **TxEpisd**- The treatment episode of the GAIN Assessment in question. (Only applies to GAIN ABS cases).

- **Variable** – The variable name for which the possible inconsistency or missing value is identified.
- **From** – The current inconsistent or missing data value.
- **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 permanent 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 variable may need to be 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 indication of 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 the GAIN ABS software 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.

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.

GAIN variables

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

- **XOBS** – Observation wave must always be present and if missing, a GAIN Edit will be created. In the GAIN-I and GAIN-Q, 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 GAIN-M90 and GAIN-QM, 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).
- **XOBSv** – The observation wave verbatim should not repeat information entered in XOBS (observation wave). For most studies this field should be left blank unless otherwise noted by the local site. The XOBSv field can be used to identify randomization groups, study or non-study participants, or other site-specific group identifiers and the GAIN Data Management Team should be notified if the site has chosen to use this field. A GAIN Edit will be created if there is something recorded in this field that is something other than what has been communicated to the GAIN Data Management Team.
- **XOBSDT (or BK1 in the GAIN-Q assessment)** – 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 (or BK4 in the GAIN-Q assessment)** – 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 (or BK6 in the GAIN-Q assessment)** – Date of birth should not be missing. If the year is not reasonable for the participant age range and or is the current year or 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 participant are present with in 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 participant in the GAIN Edit.
- **B2a (or BK6a in the GAIN-Q assessment)** – 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 study. In adolescent studies, age should also not be greater than 18 (occasionally, early 20s are acceptable). If a participant's age is recorded outside of the 9-18 range 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 (or BK2a/BK2b in the GAIN-Q assessment)** – 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 (or EN5/EN5a in the GAIN-Q assessment)** – 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 every assessment, although seven to nine breaks may be valid. 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 or is missing. 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** – Housing status should have a valid response. Values of 99 (other) will be reviewed by the GAIN Data Management Team and all verbatim responses that can be coded will have a GAIN Edit created asking the site to confirm the code and change the response in ABS. Common verbatim responses for E1 include trailer (should be coded as 1 or 4) and group home (should be coded as 6).
- **V7** – Vocational status is the most common mistake that is found when the GAIN Data Management Team reviews GAIN data. This response should not be missing and values of 99 (other) will be reviewed by the GAIN Data Management Team. Every verbatim response that can be more accurately coded will have a GAIN Edit asking the site to clarify and change the code in ABS. Common verbatim responses include full-time work and part-time school (should be coded as 8); on summer break from school (should be coded as 9); full-time school and full-time work or part-time school and part-time work (check GAIN FAQs and code as directed).
- **XADMa1a-z** – All fields in how the questions were administered should have a response of 1 (yes) or 0 (no). If all responses are missing or a record has all two negative responses, a GAIN Edit will be created.
- **XADMa2a-z** – All fields in mode of administration should have a response of 1 (yes) or 0 (no). If all responses are missing or a record has all two negative responses, a GAIN Edit will be created.

TxSI only variables

TxSI 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 between the second and fifth therapeutic session (or the second night of a residential program). 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 this form 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.

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 Trainer⁷, the Local Trainer is responsible for training their agency's staff as GAIN Site Interviewers.⁸ The Local Trainer reviews the taped GAIN assessment 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.

⁷ 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.

⁸ A person trained by a Local Trainer and certified to conduct interviews using the GAIN.

After a trainee is GAIN Site Interviewer certified, the quality assurance (QA) process continues 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. This feedback is recorded in an Excel spreadsheet referred to as the GAIN Edits file. The Data Manager uses the GAIN Edits file to address possible errors and inconsistencies found in each GAIN record. The Data Manager and the GAIN Site Interviewer review and edit the records in ABS to improve the quality of the GAIN data and reports.

The GAIN Edits file is not only a communication tool between the Data Manager and the GAIN Data Management Team; it can also be used to provide ongoing GAIN quality assurance and training. While Local Trainers are involved in the initial stages of the quality assurance process, working closely with the Data Manager can help them provide ongoing quality assurance for their GAIN Site Interviewers.

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.

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 Site Interviewers.
- The Local Trainer and Site Interviewer 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 Site 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 you received from the GAIN Data Management Team to identify GAIN administration trends at your site. Summarize the information and send it to your Local Trainers.

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

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.
- Distributing GAIN Edits to each GAIN interviewer who will be responsible for identifying where changes can be made and who will then be responsible for making the change permanent within the GAIN ABS software.
- 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.

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 then is to submit the GAIN Edits reply file via the sFTP server and send an email to the Data Management Team at 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. The Data Manager needs to post a reply file each month. If GAIN Edits are created where the site is unable to find the missing value or find the more accurate response due to the participant 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.

Data Manager Technical Information and Support

If you have questions, determine the type of question you have: GAIN, ABS, SPSS, etc.

Check local sources first:

- Manuals and instructions (GAIN, Data Manager manual, 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, GRL documentation, hand-outs for site interviewers
- **APSS website:** <http://www.chestnut.org/li/APSS>.
 - Instruments, instructions, FAQs, and Data Sharing Agreements.
 - Meeting minutes and reports.
 - GAIN Help Contacts
- **GAIN website:** <http://www.chestnut.org/li/GAIN>.
 - GAIN manuals and FAQs.
 - GAIN training information.

Check with the GAIN Data Management Team for all other questions. See the GAIN Help Contacts for examples of specific questions:

- Data submission, SPSS (DataSubmit@chestnut.org).
- ABS Support (ABSSupport@chestnut.org).
- GAIN Support (GAINSupport@chestnut.org).
- GAIN Evaluation Support (GAINEval@chestnut.org).

Helpful Site Information

| General GAIN Site Information | | | |
|--|---|--------------------------------|--|
| Project (grant): | | GAIN License: | |
| Site ID: | | ABS License: | |
| City: | | Principal Investigator: | |
| Grant Number: | | Data Manager: | |
| GRL and GAIN Edit reply Submissions | | | |
| WinZip password: | | | |
| Send e-mail notification to: | DataSubmit@chestnut.org | | |
| sFTP Site (for exchanging files with the GCC) | | | |
| sFTP website: | http://filezilla-project.org/ *for one-time file download | | |
| User name: | | | |
| Password: | | | |
| FTP Common Site (for resources) | | | |
| FTP website: | ftp://data.chestnut.org/ | | |
| User name: | Common | | |
| Password: | public | | |
| APSS Website Information | | | |
| APSS website: | http://www.chestnut.org/li/APSS | | |
| User name: | | | |
| Password: | | | |