



Indian Health Service
2012 NATIONAL BEHAVIORAL
HEALTH CONFERENCE

Welcome

Global Appraisal of Individual Needs

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Mobilizing Partnerships to Promote Wellness



Partnerships

- Chestnut Healthcare Systems.



The Global Appraisal of Individual Needs (GAIN)

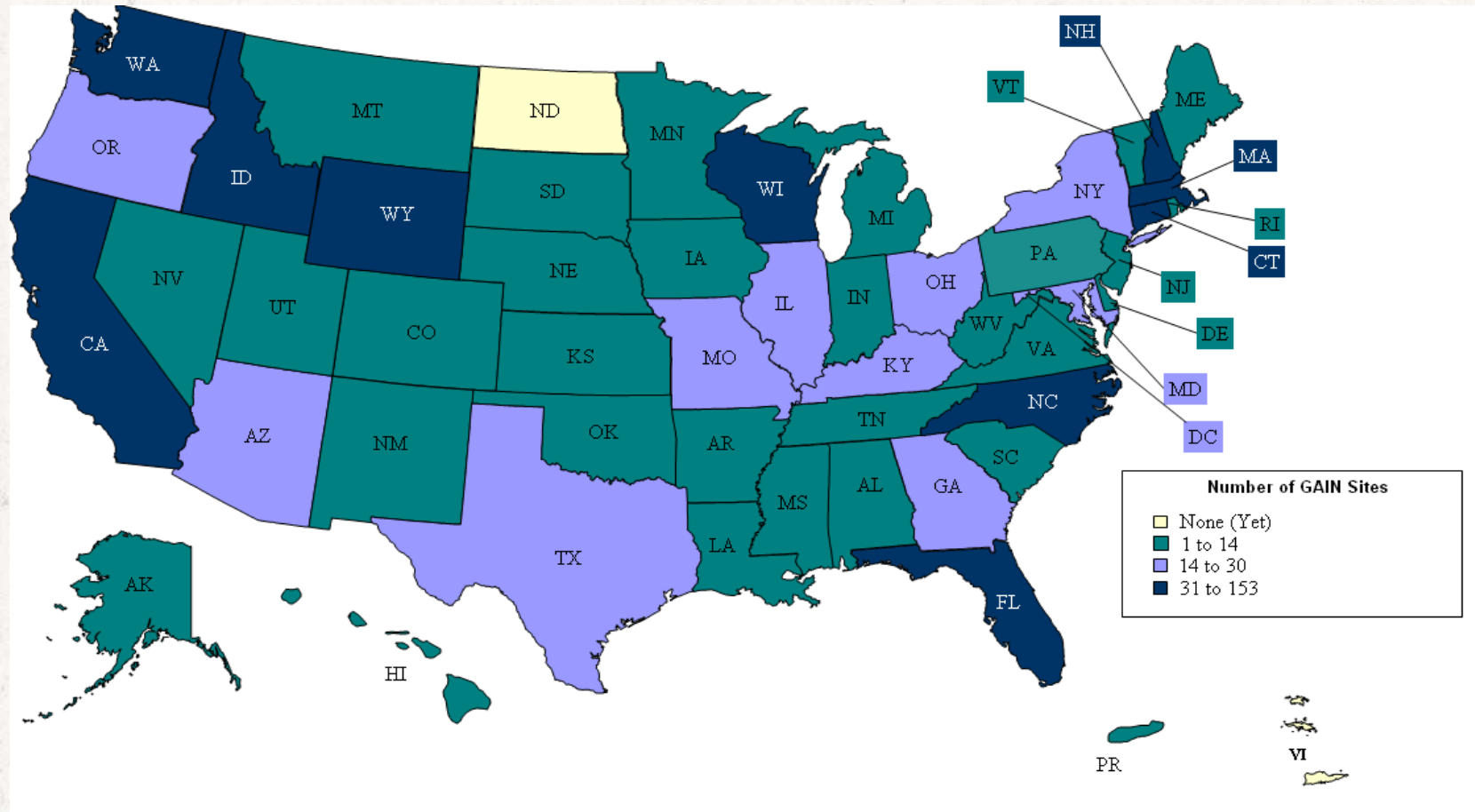


Mission:

*Improving assessment to
facilitate evidence-based practice.*



Clinical and research sites using the GAIN since 1993



What does it mean to move the field towards evidence-based practice (EBP)?

- Introducing explicit intervention protocols that are
 - Targeted at specific problems/subgroups and outcomes
 - Having explicit quality assurance procedures to cause adherence at the individual level and implementation at the program level
- Introducing reliable and valid assessment that can be used
 - At the individual level to immediately guide clinical judgments about diagnosis/severity, placement, treatment planning, and the response to treatment
 - At the program level to drive program evaluation, needs assessment, performance monitoring and long term program planning
- Having the ability to evaluate client and program outcomes
 - For the same person or program over time,
 - Relative to other people or interventions

Key issues that we try to address with the GAIN instruments and the GCC

- High turnover workforce with variable education background related to diagnosis, placement, treatment planning, and referral to other services
- Heterogeneous needs and severity characterized by multiple problems, chronic relapse, and multiple episodes of care over several years
- Lack of access to or use of data at the program level to guide immediate clinical decisions, billing, and program planning
- Missing, bad, or misrepresented data that needs to be minimized and incorporated into interpretation
- Lack of infrastructure that is needed to support implementation and fidelity

Overview of the GAIN instruments

- Progressive assessment approach
 - Screening
 - Targeted screening
 - Comprehensive assessment
 - Specialized assessment
 - Program level assessment
- All instruments:
 - Have established norms for both adults and adolescents overall and by level of care
 - Are translated into Spanish
 - Are available on GAIN ABS web application

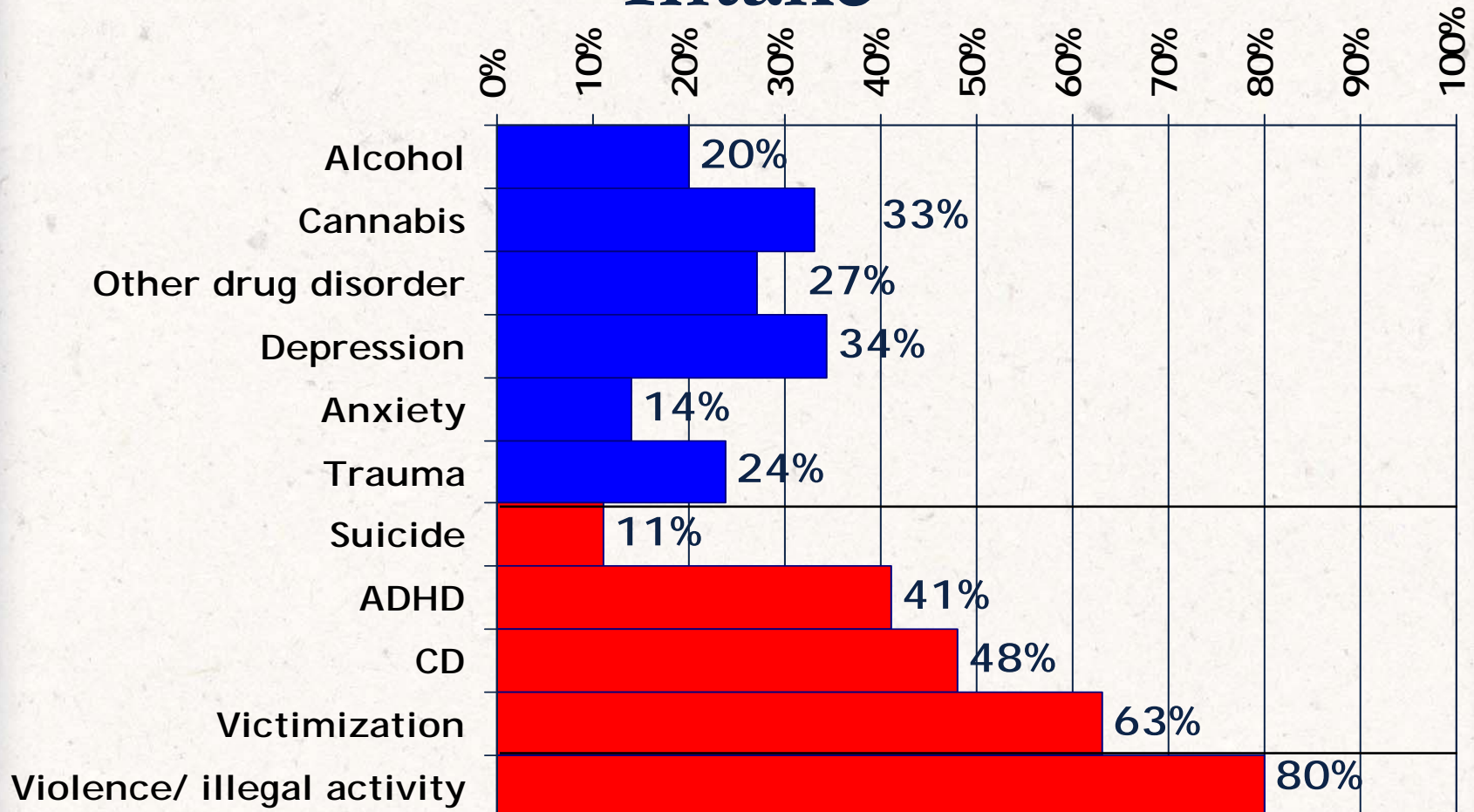
GAIN Instruments

- GAIN-Short Screener (GAIN-SS)
 - 3- to 5-minute screener
 - Used in general populations to identify or rule-out clients with behavioral health disorders
 - Easy for use by staff with minimal training or direct supervision
- GAIN-Quick (GAIN-Q)
 - 20-30 minute targeted referral instrument
 - Used in targeted populations to support brief intervention (e.g., motivational interviewing) or referral for further assessment

GAIN-Initial (GAIN-I)

- 60-120 minute comprehensive biopsychosocial assessment
 - Length dependent on version of GAIN-I and severity of problems
- Used for:
 - Supporting diagnosis, placement, and treatment planning
 - Monitoring of changes in clinical status, service utilization, and costs to society
 - Communications and referrals to other systems
 - Subgroup- and program-level needs assessment and evaluation
- Post-training certification process is highly recommended

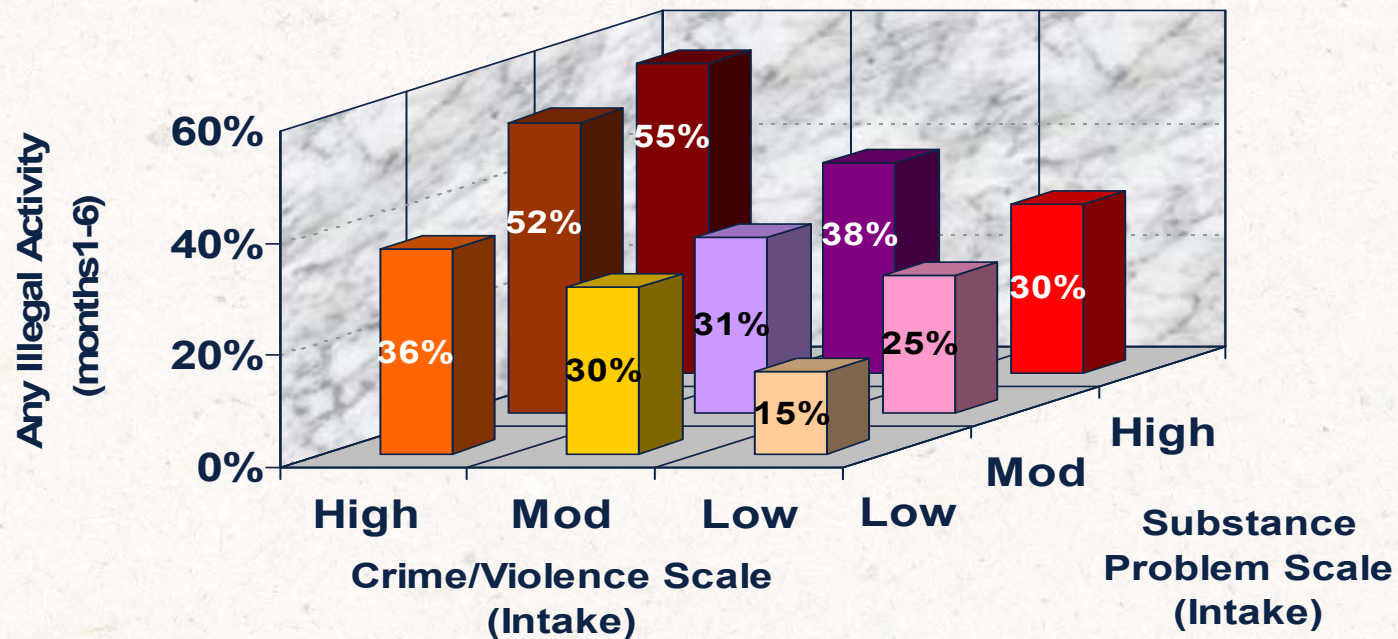
Count of Major Clinical Problems at Intake



GAIN-Monitoring 90 (GAIN-M90)

- Follow-up version of the GAIN-I and can be used for:
 - Monitoring individual changes in clinical status, service utilization, etc.
 - Outcome monitoring at a group-, program-, agency-, or regional-level

Any Illegal Activity in the Next Six Months by Intake Severity on Crime/Violence and Substance Problem Scales



GAIN Clinical Interpretation and Research

- GAIN Training is not just about *getting* information...



- ...*it is about learning to use information efficiently and effectively.*

GAIN Clinical Interpretation

Treatment Planning and Level of Care Placement with the GAIN

You will learn how the GAIN helps clinicians:

- Use various measures of severity (recency, breadth, and prevalence) to prioritize treatment needs
- Consider how various combinations of problem history/severity and treatment history can suggest treatment needs on all the ASAM treatment planning dimensions
- Consider the optimum level of care placement in response to treatment plan needs
- Decide upon the available level of care placement in response to treatment plan needs
- Track discrepancies between optimum and available services so you can document gaps in the service continuum and make a stronger case for funding

GAIN Research and Evaluation

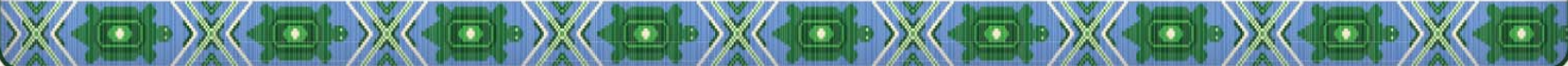
Research and Program Evaluation with the GAIN

You will learn how the GAIN helps Principal Investigators and Evaluators with:

- Program Evaluation - Services that are provided and clients that are being served
- Priority Population - Treatment, successes and challenges that are faced
- Treatment Evaluation - Successfulness for different populations
- Longitudinal Studies - Success and challenges of treatment over time



Valid/Reliable Data + Clinical Utility = Success

- Semi-Structured assessment facilitates valid and reliable data collection which leads to proper diagnosis, appropriate treatment planning and placement.
 - Proper diagnosis, treatment planning and placement leads to successful outcomes for both individuals and programs.
 - Successful outcomes are maintained by ongoing monitoring/quality assurance and lead to continued funding and sustainability of programs and client behaviors over time!
 - **Bottom line:** We owe our clients of today and our clients of tomorrow quality care.
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References:

- Chestnut Healthcare Systems: the Global Appraisal of Individual Needs.

Contact Information

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Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800