

GAIN-Q3 MI ONT: Frequently Asked Questions

The Staged Screening and Assessment (SS&A) project aims to improve how people are screened and assessed when they seek substance use treatment in Ontario. With the goal of standardizing quality care, the SS&A tools offer a staged and systematic way for people to access the appropriate services at the appropriate time. Below are some Frequently Asked Questions about the GAIN-Q3 MI ONT assessment tool.



2. How do I make a referral using the GAIN-Q3 MI ONT?

The Q3RRS (Recommendation and Referral Summary), once edited and finalized, is meant to accompany referrals to external programs or agencies.

This report tells the narrative story of the client, based on the information they provided, and allows you to edit the recommendations to be community-, agency- or person-specific. This report is auto-generated in the Assessment Builder System so it is important to conduct the assessment electronically.

This is the report that will be uploaded and viewable in the Integrated Assessment Record. Agencies that use Catalyst directly can also make referrals efficiently using the e-referral module.

1. How long does it take to complete the GAIN-Q3 MI ONT?

Provincial completion time data varies by agency, with those more familiar with the assessment generally taking less time to complete it. The average across all agencies is 80 minutes. The average completion time for the three agencies completing the most assessments is about 67 minutes.

The client's circumstances dictate how long it takes to complete the assessment, and that time is an investment in building an informed treatment plan. (Times based on 17/18 Q4 data)

3. Should the assessment be completed at the initial appointment?

Not necessarily; agencies have varied processes for when the assessment is conducted. It is intended that the shorter, more efficient screening tools (GAIN-SS, MMS/POSIT) should be used first to determine what the client needs next. The next step is often a full assessment.

A shorter, initial appointment that encompasses the screening tools and any intake processes can be used as an opportunity to get to know the client, develop rapport, and prepare them for the upcoming assessment (use the "My Assessment Experience" infographic).

The GAIN-Q3 MI ONT can be administered at the next session. Check with your leadership about the process in your agency.

4. Why is it important to complete the assessment?

The GAIN-Q3 MI ONT provides you with a number of clinical reports to support your client.

- **Recommendation & Referral Summary (RRS)** for treatment planning and referral
- **Personalized Feedback Report (PFR)** to support motivational interviewing and collaborative treatment planning with clients
- **Individualized Clinical Profile (ICP)** for at-a glance representation of client needs

These reports help you create an integrated, collaborative treatment plan to better meet your client's needs.

5. How do I use recommendations from the Recommendation and Referral Summary?

The recommendations in the Q3-RRS are generated based on what your client has reported (severity of issues, goals, and service utilization) and are based in evidence-based practices that will meet their needs. These recommendations are meant to compliment your clinical judgement and should be edited to include person-, community- or agency-specific details (i.e. what services are accessible and desired by the client).

Consider adding collateral and observational information, or emphasizing specific goals that are particularly important to your client when reviewing the recommendations.

6. Does every client need a GAIN-Q3 MI ONT?

It is evidence-based practice that any treatment should be based on a comprehensive assessment. That said, screening might indicate that an assessment is not necessary (i.e. the client only scores a 1 in the substance use section of the GAIN-SS so brief, solution-focused intervention or education is indicated).

The majority of clients that come to addiction service providers will need an assessment. It would only be rare situations where this would not be conducted (i.e. the client is experiencing psychosis or acute physical withdrawal), though it may be possible to administer the assessment at a later time

