



COVID-19 Pandemic Related SS&A Project Impacts

June 5, 2020

PURPOSE

The purpose of this briefing note is to provide information on the impact of the COVID-19 pandemic on the Staged Screening and Assessment (SS&A) project and to identify relevant mitigation strategies.

CURRENT STATUS

Beginning in March 2020, as a result of the COVID-19 pandemic, mental health and addiction (MH&A) organizations have had to make rapid shifts to their services. Many services have been suspended, continuing services have been altered and/or shifted from in-person to virtual format, and there have been capacity issues within the sector relating to staff involvement in pandemic planning/response, illnesses, redeployments and/or lay-offs. These service changes have had an impact on the SS&A process, including training and certification as well as implementation. GAIN Q3 MI ONT assessment completion rates decreased by 27% from February to March, and by 55% from March to April 2020 (based on DATIS reports). With both services and assessments being put on hold, there is a concern a substantial influx of clients will require assessment, reassessment and treatment once the pandemic has resolved or stabilized, creating substantial capacity and access issues.

Examples of Training & Certification Risks and Issues:

Competing priorities, capacity issues, and service disruptions have resulted in trainees and trainers needing to shift their GAIN Q3 MI ONT training timelines. Although the training course content is not impacted by COVID-19, many agencies have made the decision to delay registration in the online training, thus suspending the certification process, which has caused delays in regional training plans. Additionally, many trainees currently in the training and certification process have had to extend their certification (deadline) process indefinitely to accommodate their agency's COVID-19 response. Quality Assurance trainers have also been impacted by redeployments and lay-offs as organizations adjust their pandemic response. As a result, a potential training backlog may occur, with the need for Quality Assurance trainers being greater than available capacity at a time when assessments and training become a priority again.

Service disruptions have also resulted in trainees not being able to access clients to complete in-person GAIN Q3 MI ONT assessments. In line with recommendations from Chestnut Health Systems (CHS), PSSP's current practice has been to discourage trainees from completing virtual assessments as part of certification. The complexities of the assessment and time required to gain familiarity with the tool mean that trainees are typically not comfortable with the administration of the tool and their ability to resolve inconsistencies to ensure tool validity while simultaneously supporting clients if they experience triggers and/or crisis.

Without access to clients, trainees can only complete mock assessments. Mock administration is beneficial for a trainee in the initial learning phase and can support skill retention, but it cannot replace the nuances and complexities of a real client interview. As such, CHS does not permit certification through use of mock administration only. CHS recommends that training be paused if trainees do not have access to clients for submissions. As a result, clinicians who conduct assessments as a core function of their role may be delayed in training and certification, which could impact wait lists/access to services, create capacity issues with other clinicians needing to complete assessments, and/or mean clinicians use other non-mandated tools (such as the ADAT suite of tools) instead.

Examples of Implementation Risks and Issues:

As a result of the pandemic, many organizations that are able to continue services have had to rapidly shift from in-person to virtual assessments. Previously, conducting virtual GAIN Q3 MI ONT assessments was not common practice in the mental health and addiction sector. In addition to challenges relating to information and technology infrastructure and limitations with billing policies, privacy concerns, being able to effectively support clients experiencing crisis, and reduced ability to identify and manage client triggers (particularly over the phone) were flagged as barriers to virtual consults. The rapid shift to virtual service delivery may also heighten health inequities among certain populations that may not be able to participate in virtual care due to safety or technological concerns.

Prior to the pandemic, PSSP did not actively promote virtual assessments or provide coaching support to this practice. PSSP has subsequently released a [“tips and considerations”](#) document for certified site interviewers to use when conducting GAIN Q3 MI ONT assessments virtually; however, sharing additional information on best practices and adjusting coaching practices to include virtual administration would be beneficial.

Service disruptions have also resulted in many treatment services being unavailable or limited to accommodate COVID-19 social distancing measures. In addition, at the onset of the pandemic, some organizations deemed new assessments to be non-essential work. There is a concern that there will be an influx of clients needing both assessments and treatment once the pandemic has resolved or stabilized. With a backlog in assessments and restricted treatment options, it may not be possible to refer clients to treatment, and wait times may be extensive (amplifying pre-pandemic wait times). SS&A guidelines suggest that an assessment completed over 90 days ago loses its validity. As a result, clients may need to be re-assessed, requiring further agency resources and potentially resulting in further treatment delays and clients not being able to access services. As in-person services resume, access to GAIN Q3 MI ONT assessments may still be restricted by such factors as the availability of personal protective equipment to accommodate, and hesitancy by clients to access, in-person services. In addition, it is projected that many organizations will continue to provide virtual care in lieu of in-person (where and when possible).



MITIGATING STRATEGIES AND NEXT STEPS

Many organizations are experimenting with different ways to provide services and are implementing innovative solutions using virtual technologies. PSSP will facilitate sharing of innovative GAIN Q3 MI ONT virtual assessment practices by:

- Hosting a [provincial webinar](#) on June 18, 2020. At this webinar, participants will gain an understanding of how organizations have adjusted to COVID-19 with respect to virtual assessments; share and dialogue about related barriers; and learn strategies from one another regarding successful virtual assessment practices.

To support organizations with GAIN Q3 MI ONT training and certification, PSSP will work with stakeholders to offer an approach to continue the certification process when access to in-person client assessment is not available and/or as agencies shift to more virtual service delivery as a longer-term option. This may include:

- Working with interested stakeholders to define an approach for trainees to complete virtual assessments with a senior service provider or manager acting as an observer.
- Development of a virtual assessment resource for training to be shared with all trainees who are currently in progress as well as Quality Assurance Trainers.
- Partnering with stakeholders to conduct a pilot and evaluation of the observer-present approach to virtual assessment completion by trainees. In this pilot, trainees will have the opportunity to pursue training immediately with these measures if organizational policy and resources allow.
- Adjusting PSSP's coaching practices to better support organizations to complete GAIN Q3 MI ONT assessments using virtual technologies.

Finally, PSSP will continue assessing the need for training and certification by organization and will work with stakeholders to develop a system-level response to a training backlog as required to facilitate client access to services.