

Frequently Asked Questions

The Staged Screening and Assessment (SS&A) process aims to improve how people are screened and assessed when they seek substance use treatment in Ontario. Below are some Frequently Asked Questions about the SS&A process and tools.

1. What is the Staged Screening & Assessment Process?

The Staged Screening & Assessment process is an evidence-based, standardized process mandated by the Ministry of Health for publicly-funded substance use services in Ontario. This staged process helps in identifying both substance use and mental health issues among clients seeking substance use services, and is an important measure to promote needs-based treatment matching and comprehensive treatment planning, with the overall goal of **ensuring consistent, high-quality of care for individuals seeking substance use services in Ontario.**

2. What is the difference between screening and assessment?

Although sometimes used interchangeably, there is an important distinction between screening and assessment.

Screening is the use of evidence-based procedures and tools to quickly identify individuals who are experiencing challenges or are at risk of experiencing challenges related to their mental health and/or substance use. This is particularly important for challenges that require immediate response, such as suicidality or opioid overdose.

Assessment is a comprehensive evaluation of an individual's mental health status and substance use behaviour, which also includes identifying the individuals' strengths to determine the best client-centered approach to supporting them throughout the treatment and support process.

Screening applies a broad lens to identify potential problem areas, whereas assessment digs deeper into the potential problem areas highlighted during screening. The SS&A process utilizes both screening and assessment tools, which serve distinct purposes and are meant to be used in combination, following a staged approach.

3. What added benefits does using the SS&A tools deliver to clients and providers?

Clients: People who are accessing care for substance use concerns will receive screening and assessment that is consistent, thorough, and useful in helping them access appropriate services that match their needs.

Providers: The SS&A screening tools support providers in the following ways:

- Help to quickly and efficiently identify key areas of concern in need of immediate attention.
- Enhanced ability to identify co-occurring mental health issues that may need further mental health-specific assessment, and support referral decisions to mental health-specific services.

- The GAIN Q3 MI ONT provides a standardized and objective way for service providers to gather clinically comprehensive information to inform treatment planning decisions.
- Providers can use the reports that are automatically generated from the GAIN Q3 MI ONT to develop a customized treatment plan with the client, including recommendations for referral to the best fit service intensity.

4. Why is the staged approach needed?

The staged approach responds to the need for a consistent, integrated process that is effective at:

- identifying co-occurring mental health problems,
- facilitating better matching to the appropriate level of service, and
- creating a solid foundation for treatment planning.

5. What is the purpose of each step in the staged approach?

The **Stage 1 screener (GAIN-SS)** serves a few purposes: First, It enables providers to quickly spot key areas of concern in need of immediate attention. Second, the client's scores are used to determine whether their level of substance use warrants a comprehensive assessment (GAIN Q3 MI ONT), and to flag whether there may be co-occurring mental health concerns present that would benefit from further exploration (using a stage 2 screener).

The purpose of the **Stage 2 screener (MMS or POSIT)** is to more thoroughly examine the potential mental health concerns that were flagged by the GAIN-SS.

The purpose of the **Stage 1 assessment (GAIN Q3 MI ONT)** is to get a comprehensive understanding of the person's substance use within the broader context of their life, in order to form the basis of a treatment plan that is customized to their unique needs.

6. How long does it take to complete the SS&A Process?

- The Stage 1 Screener: The GAIN-SS takes approximately 5-7 minutes to administer.
- The Stage 2 Screeners: The MMS takes approximately 15 minutes to administer; the POSIT takes approximately 20-30 minutes to administer. (Note: either the MMS or the POSIT is administered, based on the age of the client.)
- The Stage 1 Assessment: The GAIN Q3 MI ONT can take anywhere between 60-90 minutes to administer. Completion time varies by agency and clinician, with those more familiar with the assessment generally taking less time to complete it.

The client's circumstances will also dictate how long it takes to complete the screening and assessment process. Some clients will have more complex needs which may require more time to complete the assessment. This time can be thought of as an investment toward building an informed and comprehensive treatment plan for and with the person.

7. Does every client need to complete a GAIN Q3 MI ONT Assessment?

Most clients who seek treatment for their substance use will go on to complete an assessment – the assessment provides comprehensive information that is foundational in planning treatment that will a good fit for the client. However, there are a few instances where an assessment may not be conducted:

- If screening indicates that an assessment is not necessary (e.g., the client scores less than 3 on the substance use section of the GAIN-SS). In this case, brief, solution-focused interventions or education would be recommended.
- If the client is experiencing psychosis, acute withdrawal, suicidal ideation, and/or other primary needs. In these cases, it would be better to administer the assessment at a later time, after these immediate needs have been addressed.

8. Why is it important to complete the assessment?

The GAIN-Q3 MI ONT provides you with a number of clinical reports which help service providers to create an integrated, collaborative treatment plan to meet the client’s needs. Some of the reports available are:

- **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

9. Should the GAIN Q3 MI ONT assessment be completed at the initial appointment?

Not necessarily; agencies have varied processes for when the assessment is conducted. Some agencies complete the full SS&A process in one session, while others spread the screening and assessment out over a few appointments. It is intended that the GAIN Short Screener and (if indicated) the MMS or POSIT screeners be administered first. This can be done during 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, which can be administered at the next session. (Use the [“My Assessment Experience” infographic](#)).

Check with your leadership about the process used at your agency.

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

The Recommendation and Referral Summary (Q3RRS) report is meant to be edited/customized and used to form the basis of treatment planning, whether the report is used to accompany a referral, or if the client stays within the agency to receive services. This is the report that is used to facilitate referrals to addiction services within Ontario.

The Q3RRS report tells the narrative story of the client based on the information they provided. The report is auto-generated in the GAIN Assessment Builder System (GAIN ABS) as soon as the assessment is completed. It allows providers to edit the recommendations to include supplementary information as necessary (including clinical impressions and the information from the Diagnostic Impression Report), and make modifications to fit the specific context of the community, agency and person.

Because the Q3RRS is generated in GAIN ABS, it is important to conduct the assessment electronically.

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

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

The recommendations in the Q3RRS are generated based on what your client has reported (severity of issues, goals, and service utilization) and are based in evidence-informed 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).

For more information, please contact the SS&A Implementation Team at PSSP (ssa@camh.ca).

12. Who is involved in SS&A?

The SS&A process is being implemented within agencies that are funded by Ontario's Ministry of Health (MOH) to provide substance use services. Implementation is currently underway in 150+ agencies across the province of Ontario.

13. Where is data from the SS&A tools stored, who has access to it, and how is it used?

Client responses to the GAIN-SS, MMS and POSIT are entered into the Catalyst application by Health Service Providers. Client name and program name data entered into Catalyst, populates the GAIN tool selected to avoid duplicate data entry. Once the tool is completed and saved, the data is stored in the Catalyst Central Database.

HSPs access the GAIN Q3 MI ONT (hosted at Chestnut Health Systems in Canada) via the GAIN-ABS through a link in the Catalyst application to access the tool. Data for the GAIN Q3 MI ONT is entered directly into the GAIN Q3 MI ONT tool launched from Catalyst. The GAIN Q3 MI ONT data is then sent back to DATIS via the GAIN transfer app (data flows only from Chestnut to DATIS, i.e. one-way) built by Chestnut Health Systems for use in reports.