STAGED SCREENING AND ASSESSMENT FOR ADDICTIONS

AN IMPLEMENTATION GUIDE

Prepared by the SS&A Implementation Team

January 2017
Version 1
Staged Screening and Assessment for Addictions: A Drug Treatment Funding Program Initiative

The Drug Treatment Funding Program (DTFP) was launched in 2008 to support Health Canada’s National Anti-Drug Strategy. The DTFP intends to enhance the system of services for people with substance use problems in Canada, emphasizing three broad target areas for investment:

- **Implementation of Evidence Informed Practice**
- **Strengthening Performance Measurement & Evaluation**
- **Linkage & Knowledge Exchange**

The Staged Screening and Assessment Project (formerly the Best Practice Screening and Assessment Project) is an investment in implementation of best available evidence to enhance quality of care in the addiction sector. With oversight by Ontario’s Ministry of Health and Long-term Care, the SS&A process is being implemented in the province’s publicly funded addiction sector. This implementation is supported by a team within the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH).

In October 2015, the new SS&A process was mandated by the Ministry of Health and Long-Term Care (MOHLTC) and is currently being adopted to replace the existing mandated suite of tools (Admission and Discharge Assessment Tools or ADAT).

This implementation guide provides a detailed walk-through of the SS&A process and tools, and is intended to supplement other SS&A training and implementation supports, such as the SS&A: Orientation to the Tools and Process webinar, the GAIN Q3 MI ONT Training, and your organization’s implementation plan.

**Acknowledgments:**

Thanks to our partners for supporting us in this initiative: MOHLTC, Local Health Integration Networks (LHINs), Drug Alcohol Treatment Information System (DATIS), the Evidence Exchange Network (EENet) and Chestnut Health Systems.

Thanks also to the organizations that were involved in pilot testing this approach and providing feedback during the research stages of this project.

*This project is made possible through a financial contribution from Health Canada and the support of the Ministry of Health and Long-Term Care (MOHLTC). The views expressed do not necessarily represent the views of Health Canada or MOHLTC.*
Preamble - Intention of this Guide

This implementation guide has been developed to support agencies and clinical staff in implementing the new Staged Screening and Assessment process. The intention is not to replace or duplicate other orientation and training resources already developed to support implementation. These are accessible to all and will be referenced throughout this guide. Additionally, it is not intended to replace system or agency level implementation planning supports provided by the Staged Screening and Assessment (SS&A) implementation team from the Provincial System Support Program. Instead, we hope to augment these existing materials and supports, highlighting administration and implementation essentials, in an effort to support fidelity to the evidence behind the new process and advance successful, sustainable implementation. All of this with the ultimate goal in mind; to better serve people who count on us for support to regain their health and well-being.
**SECTION 1 – Introduction**

**Introduction to Staged Screening and Assessment**

The Staged Screening and Assessment process (SS&A) is currently being implemented in Ministry of Health and Long-Term Care funded addiction agencies across Ontario. This new process, mandated to replace the ADAT tools currently used within the system, represents the latest evidence on how to accurately screen and assess clients coming to service. The following depicts the tools embedded within this process, each of which will be covered in depth later in this guide.

<table>
<thead>
<tr>
<th>1st Stage Screener</th>
<th>2nd Stage Screener</th>
<th>1st Stage Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAIN-SS CAMH Modified</td>
<td>MMS (Adults)</td>
<td>GAIN Q3 MI ONT</td>
</tr>
<tr>
<td>- Brief screener</td>
<td>- 15 minutes</td>
<td>- Ages 12 and up</td>
</tr>
<tr>
<td>- 5 to 10 minutes</td>
<td>- Covers 3 categories of mental illness</td>
<td>- Comprehensive, covers 9 domains</td>
</tr>
<tr>
<td>- Ages 12 and up</td>
<td>POSIT (12 – 17)</td>
<td>- Cover detail on substance use/treatment history</td>
</tr>
<tr>
<td>- Covers mental health &amp; substance use +</td>
<td>- 20 to 30 minutes</td>
<td>- 60 to 90 minutes</td>
</tr>
<tr>
<td></td>
<td>- Covers 10 life areas</td>
<td></td>
</tr>
</tbody>
</table>

**Why a new process?**

The overarching objectives for the new process are:

- Facilitate improved treatment plans for clients
- Improve match between client needs/ strengths and services provided
- Increase treatment system efficiency and effectiveness
The SS&A process represents system improvement across 4 dimensions: **quality**, **comprehensiveness**, **efficiency** and **standardization**.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Comprehensiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Addiction system more integrated and concurrent disorder capable</td>
<td>✓ Broad range of life areas covered providing a holistic picture of client needs and strengths</td>
</tr>
<tr>
<td>✓ Better clinical and system data</td>
<td></td>
</tr>
<tr>
<td>✓ Improved documentation</td>
<td></td>
</tr>
<tr>
<td>✓ Potential for system outcome monitoring</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Efficiency</th>
<th>Standardization</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Cumulative information gathering to determine who needs longer assessment</td>
<td>✓ Certification ensures clients access same, high quality assessment no matter where they seek care</td>
</tr>
<tr>
<td>✓ Better treatment planning foundation to support appropriate referrals</td>
<td>✓ Common process facilitates communication across services</td>
</tr>
<tr>
<td>✓ Quick identification of immediate risks</td>
<td>✓ Training and certification expectation supports fidelity to the evidence-based tools</td>
</tr>
</tbody>
</table>

Implementation and ongoing use of the SS&A process advances the Provincial quality healthcare agenda and aligns well with current strategic directions emerging from the Province’s Mental Health and Addiction Leadership Advisory Council. These include a focus on standardization, data quality, system alignment, access and evidence-based practice.

**Pathway to Implementation: Research and Development Overview**

The research and development phase of SS&A, led by Dr. Brian Rush at CAMH, was precipitated by a provincial review of the previous assessment tool package (ADAT) which demonstrated a need to replace the ADAT tools, while honouring some of the foundational system principles reflected within ADAT. The following system principles, introduced with ADAT and reinforced with the new Staged Screening and Assessment process, are intended to put clients first. Key foundational system principles include:

- The addiction treatment system will reflect and use best practices.
- Clients will receive an appropriate level of assessment that is individualized and tailored to their needs and that recognizes the importance of previous assessment information and avoids duplication.
- Clients will be offered the least intrusive intervention that is most likely to help them regain their health.
- Addiction treatment service agencies will adopt a stepped approach to care, placing clients in the least intrusive intervention that will meet their needs, and then, as their needs change, helping them to
move easily through the system.

- Clients will be continually assessed and reassessed throughout their treatment to ensure that the services they receive match their needs.
- Clients will be referred to residential medical or psychiatric treatment services only when they have serious psychiatric or medical problems and require specialized treatment in a multidisciplinary setting.
- Addiction treatment services will be coordinated to avoid unnecessary duplication.
- Addiction treatment agencies will develop common protocols and agreements to ensure that clients can move easily between different levels and intensities of service.

These principles carried forward to inform the selection of the new tools.

**Tool Selection**

The selection of the SS&A tools began with:

- A comprehensive literature review that evaluated screening and assessment tools used in mental health and/or addiction settings; and
- An environmental scan of the current practices and tools used for standardized screening and assessment in publicly-funded addiction agencies in Ontario

Potential screening and assessment tools were then identified and selected for pilot testing based on criteria, including that the tools:

- Be psychometrically standardized and validated
- Apply to a broad population
- Could be easily built into treatment planning
- Facilitate the identification of concurrent disorders

All findings and tools were presented to and discussed with key stakeholders before final selection. Using the criteria and foundational principles outlined above, the GAIN-SS, MMS, POSIT and GAIN Q3 MI ONT were selected to be pilot tested in Ontario.

**Pilot and Evaluation**

Five publicly-funded addictions service providers in Ontario, of various geographic locations, sizes and service types, piloted the new staged process with consenting clients. The overall consensus among pilot organizations was that the staged approach was:

**Comprehensive:** a detailed picture of clinical concerns could be obtained, including mental health and cognitive challenges
Efficient: more resource-intensive screening and assessment tools are reserved for those who require them (based on 1st stage screening results) saving both clinician and client time.

Supportive of treatment and referral planning: greater support for clinical decision-making and planning of a more contextualized and individualized treatment plan; detailed reports generated through the GAIN Q3 MI ONT are particularly helpful in this regard.

Supportive of agency and program planning by identifying system-wide patterns of service needs: GAIN Q3 MI ONT also supported organizations in collecting standardized data re: clients’ patterns and severity of substance use, how clients are using services in the addictions sector; and the proportion of clients who were coping with concurrent disorders.

Moving Forward

The results of the research, development and piloting of the new process culminated in the recommendation that the new process be widely implemented. In October 2015, the Ministry of Health and Long-term Care mandated the SS&A process for their funded addiction services. This implementation is presently being supported by the Provincial System Support Program at the Centre for Addiction and Mental Health.

In summary, the new process reflects the most current evidence for screening and assessment within the addiction sector.

SS&A:

- Supports clinical decision-making such that clients receive individualized treatment plans based on their particular strengths and need.
- Incorporates mental health to address the increasing prevalence of concurrent mental health and substance use issues and facilitate the identification of individuals with co-occurring disorders.
- Enhances addiction system efficiency and effectiveness.
- Facilitates matching clients to the level of care that best meets their needs, ensuring the most intrusive and resource intensive services are reserved for those with the most complex issues.
- Provides a foundation for quality service.
SECTION 2 – Supporting Implementation

Getting Started

Addiction service agencies implementing the Staged Screening and Assessment (SS&A) process will be supported by the Provincial System Support Program at CAMH to develop an agency action plan before beginning implementation. The following steps are involved:

- **Initial Considerations**: Consider what programs and staff may need to be involved in using the new tools. Begin defining an agency approach with the support of a PSSP Coach.
- **Identify Staff to be Trained**: Selecting which staff need to be trained on what aspects of the process (more details below).
- **Staff Training and Certification**: A defined agency training and certification plan begins (more details below).
- **Develop an Agency Action Plan**: Completing an agency implementation plan that fits the service context and is aligned with the evidence for the process. The PSSP Coach can guide this development. It may also be helpful to have staff who have been trained participate in these discussions as they will have in depth knowledge about the tools that can support planning.

Selecting Staff for Training and Certification

Not all staff within an agency will need to pursue training and certification. For example, a person who conducts intake may only require training on the screening tools. A staff person who routinely does assessment and treatment planning with clients will need to be certified on the assessment tool. A clinical manager who must supervise assessments yet does not need to conduct them may attend the training but not pursue certification to administer the assessment. Consider staff selection as a continuum:

<table>
<thead>
<tr>
<th>Staff Not Administering or Receiving the Tools</th>
<th>Staff Who Will Screen Clients</th>
<th>Staff Who Will Receive Assessments</th>
<th>Staff that Need to Know the Assessment but Not Administer</th>
<th>Staff Who Will Regularly Administer the Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Raise awareness</td>
<td>• Watch the 90 minute recorded screening orientation webinar</td>
<td>• View the recorded webinar on the reports/clinical interpretation</td>
<td>• Attend/complete the training but do not continue with certification (i.e. Clinical Manager)</td>
<td>• Complete training on the assessment tool</td>
</tr>
</tbody>
</table>
Training and Certification Process

The full training and certification process for staff that will use the assessment (GAIN Q3 MI ONT) can take up to 3 months to complete. The process has multiple steps and some very specific and important deadlines.

1) **Staff must** watch the 90-minute Orientation Webinar prior to beginning assessment tool training. This is a prerequisite and allows the GAIN Q3 MI ONT training to focus solely on the assessment tool administration skills.

2) Staff attends 1-day in-person training on the GAIN Q3 MI ONT.

3) Within 2 weeks post training, staff complete a “mock” assessment using a provided script and submit an audio recording and assessment documentation to a certified trainer (within your LHIN) for Quality Assurance (QA) review.

4) Staff integrates feedback from their mock submission and completes subsequent interviews with real clients. It typically takes between 3 – 5 submissions, including the mock, for most trainees to reach certification.

5) Trainees have 3 months to achieve certification so they must stay active in the process to reach this deadline. Local trainers generally provide feedback within 2 weeks of receiving a submission from a trainee. To maintain momentum, trainees should plan to record another assessment 2 – 3 weeks after their previous submission.

The deadlines have proven to optimize the number of staff that attain certification. Maintaining momentum and constantly integrating developmental feedback help people solidify their administration skills. There is some flexibility given unavoidable circumstances and short extensions may be granted by trainers for staff working diligently on the process. That said, not adhering to these deadlines has multiple impacts including:

- **Ripple effect on overall training and certification capacity.** Training schedules and capacity of trainers to provide Quality Assurance and coaching to trainees are based on staff meeting the certification deadlines. Unmet deadlines may result in some staff being delayed in accessing training/certification.

- **Depending on the length of the delay,** staff may have to attend the training again in order to refresh administration skills, thus effectively starting the process again.

- **Discontinued access to the tool in the electronic database thus inability to use in practice.** Only staff who have attended training and are in the process of certification, or those who have attained
certification, will have access to the tool. If a staff person’s training is discontinued, they will no longer have access to the tool. Trainers will provide support, making every effort to help staff attain certification – that is everyone’s objective.

Coming Soon! Online learning for the GAIN Q3 MI ONT will be developed in early 2017. This will eventually take the place of the in-person training on the assessment tool, making this training more accessible to clinicians. The certification process will follow this web based learning as outlined.

Tips to keep things on track:

✓ Ensure that staff are ready to attend and are aware of and able to adhere to the deadlines before you sign them up for training.
✓ Ensure that staff have watched the 90-minute Orientation Webinar.
✓ Follow up with staff to make sure they are making submissions on time and accountable to the process.
✓ Support staff by ensuring they have adequate time to focus on the certification process and developing these new skills.

Agency Level Implementation Considerations for GAIN Q3 MI ONT Implementation

The implementation of the Staged Screening and Assessment (SS&A) process may require a critical examination of the practices for intake, screening, and assessment at implementing agencies. The stage one (GAIN-SS) and stage two (MMS and POSIT) screeners are quick and easy to administer, and can be implemented individually, in a group setting or via self-administration. It is ideal that screeners be administered upon intake or at an initial appointment to determine whether a client needs to have a full assessment (GAIN Q3 MI ONT) completed, or if they require a mental health specific referral/assessment. The screeners offer a quick snapshot of any red flags related to substance use and mental health. For more information on how to administer the screeners, please see Section 4 of this guide.

The GAIN Q3 MI ONT is a comprehensive assessment, taking 60 to 90 minutes to administer, developed for use within Ontario’s addiction sector. There are three primary administration approaches used to implement the GAIN Q3 MI ONT. Each approach has benefits and drawbacks and thus would be more or less effective depending on the agency context.
To understand which approach would work best, agency leadership should consider the current processes and time commitments related to completing addiction assessments, including:

- Is there a current standard of practice related to addiction assessment that is supervised and monitored across all programs?
- Does a quality service review mechanism currently exist (such as file auditing, clinical supervision, or treatment plan reviews) that ensures all clients with an identified need have access to a quality assessment and treatment plan?
- Is there a tool or set of tools currently used as the foundation for treatment planning within the agency?
- How many service providers are currently engaged in completing assessments?
- What programs within the agency should be using a standardized assessment tool and/or protocol?
- How much time does the agency currently spend on assessment completion, including lost time due to no shows for first appointment assessments? In many agencies the highest rates of no show are for initial appointments.

**Approach #1: Clinician Administration**

In this approach, all agency clinicians will administer the assessment to clients individually, meaning that all service providers will need to be trained and certified to administer the tool. When considering this approach, an agency should consider the process to onboard new staff, the number of assessments completed per week within the agency and the time that needs to be allocated to complete these assessments, and how those assessments are currently being done.

<table>
<thead>
<tr>
<th><strong>Pros:</strong></th>
<th><strong>Cons:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Solid clinician engagement</td>
<td>• There may be an increase in wait time for services if the estimated time to conduct an assessment exceeds that of current processes. To mitigate this, revisit work flow processes and consider the use of the screening tools only at first appointment.</td>
</tr>
<tr>
<td>✓ Evidence-based practice and continuity of care from assessor to assessor</td>
<td></td>
</tr>
<tr>
<td>✓ Consistent engagement with a primary worker who will have completed the assessment and will be involved with the same client throughout the treatment planning and treatment process</td>
<td></td>
</tr>
<tr>
<td>✓ High level of skill and knowledge in the use and interpretation of the tool and its use in treatment practice</td>
<td></td>
</tr>
</tbody>
</table>
Approach #2: Administrator Model

Using this approach, a designated number of service providers ("assessment administrators") within the addiction agency are prioritized for certification, which decreases the overall number of staff that need to be trained and certified on the assessment tool. The assessment administrators develop a high degree of competency with the evidence-based tool through regular use, enhancing engagement with clients and treatment planning competency compared to service providers who don’t regularly/frequently administer the tool.

<table>
<thead>
<tr>
<th>Pros:</th>
<th>Cons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Expert assessors within the agency</td>
<td>• Client transfer from assessor to worker may impact retention. This</td>
</tr>
<tr>
<td>✓ Administrators do not carry a caseload so all clients being</td>
<td>could be mitigated through well-articulated and executed ‘warm</td>
</tr>
<tr>
<td>assessed are transferred to a service provider for</td>
<td>transfer’ process</td>
</tr>
<tr>
<td>treatment planning based on the completed GAIN Q3 MI</td>
<td>• Less depth of competency with the assessment tool across the entire</td>
</tr>
<tr>
<td>ONT</td>
<td>staff group if not all are trained/certified</td>
</tr>
<tr>
<td>✓ Non-attendance for initial assessment has less impact on overall</td>
<td></td>
</tr>
<tr>
<td>staff time/productivity (fewer positions impacted)</td>
<td></td>
</tr>
<tr>
<td>✓ Some reduction in time needed to complete the assessment as</td>
<td></td>
</tr>
<tr>
<td>administrators become more efficient across the organization</td>
<td></td>
</tr>
<tr>
<td>✓ Decreased time commitment for entire staff group related to</td>
<td></td>
</tr>
<tr>
<td>training and certification</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Other service providers may require capacity building regarding clinical interpretation and treatment planning using the GAIN Q3 MI ONT.

Approach #3: Self-Administration Model (Group)

This model involves clients completing the GAIN Q3 MI ONT assessment themselves on the computer, with the support of certified staff members; comparable to a group model of assessment. Agencies develop a set of processes to triage clients to determine if they are appropriate to self-administer the GAIN Q3 MI ONT based on specific factors such as literacy, or the presentation of acute mental health concerns. Other administration alternatives, such as clinician administration, must be available. The screening tools (GAIN-SS, MMS, POSIT) can be administered in advance to support engagement and determination of whether the client is appropriate for self-administration. Clinicians certified on the GAIN Q3 MI ONT must be present to engage with and support clients through the assessment.
To support self-administration, the agency may need to acquire additional computers/laptops to be used by clients to complete the assessment. For this model, certified assessors also need to be available to help clients navigate the process and ensure appropriate use of the computer system. To launch a self-assessment, clinicians must close out of Catalyst so the application does not run in the background, and select the ‘self administration’ mode in ABS to protect client privacy and system data. Note that self-administration can also occur on an individual basis and not just in group settings, however the pros and cons below relate to the group self-assessment approach.

**Pros:**
- Designated certification for specific positions supporting the self-administration model
- Less training and certification time required for entire staff group
- Ability to manage lost capacity for assessment time related to “no shows”. Clients are invited to attend on a specific day/time. “No shows” do not impact individual booked appointments
- May increase overall ability to reduce wait time for service as no time is lost due to missed appointments
- Client’s self-administration of the tool may lead to more accurate self-assessments (i.e. the literature has shown that clients tend to be more accurate in self-administered assessment tools compared to assessments conducted by a worker)

**Cons:**
- Fewer competencies with the assessment tool across the entire staff group.
  Clinicians still need to build capacity to do the assessment for clients who are not able to do the self-assessment and for reassessments
- Workers will have to become comfortable with this paradigm shift related to use of technology in this manner in this setting
- Self-administration may not be appropriate for some clients so alternate options need to be available
- Must ensure clients accessing the assessment tool on the computer do not have access to any other agency files

---

**Planning for Fidelity and Sustainability**

The Staged Screening and Assessment process is rooted in evidence and best practice. Maintaining fidelity and sustaining the implementation of the SS&A will necessitate planning and require the participation and commitment of everyone in the system. The following are considerations for supporting fidelity implementation:

**Training and Certifying New Staff**

All new staff assigned to an assessment role will need to begin their training process as soon as possible. Consider the staff person’s role at the agency and what level of training is required per the continuum above.
Only service providers who have participated in training and are in the process of certification should administer the tool with clients.

**Monitoring Internal Fidelity**

As part of an agency action plan, it is ideal to identify mechanisms for monitoring:

- Implementation of the SS&A
- Feedback from staff to support fidelity implementation
- Maintaining fidelity (staying true) to how the tools should be administered

Revisiting and improving processes periodically will be important to ensuring fidelity implementation is maintained. Ensuring that staff can provide their feedback on how things are working and what they might need to complete the tools as intended will help agency leadership make the necessary adjustments to sustain the implementation and fidelity to the process and tools.

Over time, client flow and agency landscape can change which may necessitate changes to how SS&A was initially implemented. There are various possible models for implementing SS&A (as outlined above) and in future a different model may better meet the client volume or service approach.

**SS&A Critical Components for Fidelity**

As articulated on pages 5 – 6, the addiction system is predicated on foundational principles that have been honoured with the selection of the new tools and supported implementation approach. These principles are operationalized through the defining of critical components and administration essentials.

**Critical Component #1: Competency**

To ensure high quality addiction screening and assessment, it is imperative that service providers using the SS&A process receive orientation, training, and certification (depending on the tool/s they are implementing). This mitigates against drift away from best practices and the effectiveness of the staged process and ensures clients receive a consistent quality approach to screening and assessment regardless of where they receive care.

All service providers implementing the screening tools will be oriented to the tools with a recorded webinar. All services providers implementing the assessment tool will achieve Site Interviewer certification by completing the formal training and certification process. Only those service providers who are certified or in the process of training and certification will have access to the tool. This process is not about testing staff but
rather being able to demonstrate a high level of competence and commitment to quality care within the addiction sector.

**Critical Component #2: Data Quality**

To ensure that clients receive consistent, high quality service regardless of where they access care, it is vital to collect accurate and complete client information. Accurate client information also provides a foundation for funders and decision makers to respond to identified system needs.

It is expected that all tools will be administered with fidelity to ensure accurate data collection. This includes entering data completely and accurately. For the GAIN Q3 MI ONT assessment, it is expected that inconsistencies are resolved and/or explained, and that clinicians edit and use the Recommendation and Referral Summary (RRS) for referrals to any kind of treatment (i.e. outpatient counselling, intensive day treatment, residential treatment, etc.).

**Administration Essential #1: GAIN-SS**

All new clients seeking support from an addiction service provider should have access to the GAIN-SS quickly and efficiently to determine next steps and the client’s need for further assessment. This should happen early in their interaction with the organization (i.e. intake or initial appointment). Clients who have had a GAIN-SS completed within the past 30 days, which can be readily accessed by the clinician/service the client is currently entering, may not need to have the tool re-administered provided they self-report no significant change in their circumstances.

The GAIN-SS allows for efficient use of service time and quickly identifies both immediate concerns (i.e. suicidality) and next steps for screening and assessment. Key clinical areas that require further assessment are quickly identified with a high degree of reliability and validity. Applicability of the GAIN-SS across sectors may also lead to greater service integration and will ensure a consistent system approach to screening and movement of clients through the system. The GAIN-SS “Internalizing Mental Health Disorder” sub-scale is utilized to determine whether to administer the second stage screener which gathers more information about mental health (MMS or POSIT, depending on client age). A score of 3 or greater on this sub-scale within the GAIN-SS prompts further exploration on mental health status using the appropriate 2nd stage screener. This can inform mental health service referral for in depth assessment (i.e. OCAN).
Administration Essential #2: Second Stage Screeners

The staged approach to screening and assessment is a more efficient way to gather information and helps ensure that resources for assessment are reserved only for those clients who require comprehensive assessment. Administration of the 2nd stage screener facilitates expeditious identification of mental health issues with enough depth of diagnostic impression to facilitate referral to mental health specific services for further assessment and/or to support development of a concurrent disorder focused treatment plan. It also allows for increased integration and information sharing between addiction and mental health sectors as it promotes a consistent/standardized system approach to mental health screening for clients.

The use of the 2nd stage screener can be context dependent and there are some variations on how and when it might be used. For example, if a service workflow process allows a full assessment to be completed at the first appointment, the 2nd stage screener may be administered after the GAIN Q3 MI ONT to ensure most expeditious access to care. The following considerations may help you decide what is appropriate in your context:

- How quickly will the client who ‘red flags’ in the internalizing mental health disorders sub-scale on GAIN-SS be administered the assessment? If quickly, then it may be prudent to move directly to the assessment.

- Do you have collateral information that corroborates need for more mental health information? Are you facilitating a referral to mental health specific services where more diagnostic language would be helpful? If yes, then the second stage screener should be administered.

The MMS should always be administered to an adult client if they score very high on the internalizing mental health disorder subscale of the GAIN-SS (i.e. 4 or greater) and a mental health specialized service referral to an external program is clearly indicated. The MMS provides information and diagnostic language that would support this type of referral.

Administration Essential #3 - GAIN Q3 MI ONT

The GAIN Q3 MI ONT is a standardized, psychometrically sound, comprehensive 1st stage assessment tool that provides a concrete foundation for treatment planning.

All clients accessing services within the addiction sector will be offered a comprehensive assessment using the GAIN Q3 MI ONT. The GAIN Q3 MI ONT will be administered by a certified site
interviewer, and all clients will participate in the development of a treatment plan. This treatment plan should be informed by a recent assessment i.e. completed no more than 30 days before treatment planning takes place. The assessment and related treatment plan will precede all levels of addiction treatment (outpatient counselling, day programs, short and long term residential etc.). Agencies will not admit someone to any level or type of addiction treatment without a treatment plan based on the GAIN Q3 MI ONT assessment. In cases where an assessment and resulting treatment plan (articulated in the Recommendation and Referral Summary) were completed no more than 90 days prior by a certified staff at another agency and this information is available (with consent) for use in continued treatment, the assessment typically does not need to be repeated. However, if a client has experienced significant change (i.e. a traumatic event or increased substance use) within that 90 day period, re-administration of the assessment may be necessary.

*It is helpful to keep the following principle in mind when deciding whether to re-administer the assessment: the information captured in the GAIN Q3 MI ONT provides a foundation for a person’s recovery trajectory so it is critical that it accurately reflects their present circumstances. Otherwise, it may be difficult to plan the best treatment approach. If there is any question that the information is outdated or inaccurate, re-assessment is necessary.

Use of the GAIN Q3 MI ONT as outlined above will ensure that all clients accessing addiction services will be offered a consistent, high quality, comprehensive assessment that provides a foundation for collaborative, motivationally based treatment planning. It will support matching clients to the level and type of service that will best meet their identified needs. The assessment documentation, including the auto-generated clinical reports, will contribute to enhanced clinical records and more fulsome information communicated (with consent) upon referral. As with the screeners, the concurrent disorder capability of the assessment will facilitate greater integration between mental health and addiction care/sectors. The assessment can also provide a foundation for outcome monitoring (if re-administered at 90 day intervals).
SECTION 3 – System Considerations

System Implementation Monitoring

At the time of development of this guide, various mechanisms are being developed to monitor system implementation. For example, implementation status at each agency within scope of the mandate is being tracked. This entails reporting on the progress for staff training and certification but, more importantly, organizational status on transitioning to the new tools. Additionally, work is underway with the Drug and Alcohol Treatment Information System (DATIS), where the tools are administered and data is stored, to extract information on the number of GAIN Q3 MI ONT assessment tools completed at each agency (in relationship to the number of new registered clients) and develop reports that can be used for system planning. The GAIN Q3 MI ONT data presents an opportunity to deepen our understanding about the individuals seeking care in the addiction sector. Information on poly-substance use, level of complexity of need across all life domains, concurrent mental health challenges, and utilization of other services can support identification of gaps in the continuum of care across the system and opportunities for clinical program capacity building within agencies.

System in Transition

Due to the scope and nature of this change, the roll out of the new tools necessitates a significant period of transition for the sector. With the leadership of the Local Health Integration Networks (LHINs) across the province, community specific implementation plans are being developed and enacted. Agencies are being supported by PSSP Implementation Coaches to bring the new practices to their clients. This planned and intentional approach to this system change will take time.

What are the implications for service providers?

LHIN funded addiction agencies that provide assessments and treatment planning for clients are transitioning to the new tools. There are several transition implications that should be highlighted.

- Staff are in the process of training and certification on the new GAIN Q3 MI ONT assessment tool. As certification can take up to 3 months to achieve so individual staff will be certified at different times.

- Some programs within agencies may be ready to transition to the new assessment while others continue to use the Admission and Discharge Assessment Tools (ADAT).
Some agencies are contributing to the scale up and sustainability of the new practices by putting forward trainers/Quality Assurance reviewers which is a significant commitment to support system enhancement.

Training plans are being developed and implemented across LHINs to ensure scale up to all service providers requiring assessment tool certification. Due to the nature of the certification, agencies within the same community may be at various stages of implementation of the new tools. Again, some providers will be using the GAIN Q3 MI ONT while others continue to use ADAT.

Residential treatment providers are a provincial resource. Receiving referrals from across the province means that both the ADAT and the GAIN Q3 MI ONT will be received from referring partners during this transition. In the interest of client-centred care and equitable access for all clients, both assessments are acceptable to gain access to necessary treatment. **No client should be expected to have a duplicate assessment**, meaning that clients who have completed the GAIN Q3 MI ONT should not be asked to complete any of the ADAT tools.

The addiction sector is navigating a challenging yet exciting change. This transition period will ultimately result in enhanced quality of assessment and treatment planning for those accessing service across Ontario.
SECTION 4 – Tool Administration

Overview of the Staged Screening and Assessment Process and Tools

Defining Screening and Assessment

**Screening** provides a perspective that is an “inch deep and mile wide”. The clinician applies a broad lens to identify various types of potential problem areas. Screening is an efficient way of raising a red flag or identifying a particular cluster of symptoms, behaviours, or problem areas that a client may be/is at risk of experiencing if the current conditions persist.

**Assessment** provides a perspective that is “inch wide and mile deep”. The clinician focuses in and digs deeper on potential problem areas highlighted during screening. It is a comprehensive evaluation of an individual’s substance use behaviours, mental health and other life areas. Assessment also includes the identification of an individual’s strengths to determine the best client-centered approach to treating and supporting them throughout the care process.

The diagram below provides a visual of the **Staged Screening and Assessment (SS&A) process** being implemented in Ontario:

**GAIN-SS:** The 1st stage screener quickly identifies areas for further exploration as well as things that require immediate attention (i.e. suicidality). It helps determine the next best step for the person. A score of three (3) or greater on the “Past Year Score” of the GAIN-SS internalizing disorders subscale would indicate the need to
proceed to administer the 2nd stage screener to gather more detail around potential mental health needs. The cut-off score of three (3) was selected based on research and tool validation in clients presenting with substance use issues.

**MMS/POSIT:** The 2nd stage screeners allow for more comprehensive screening of presenting mental health issues. Depending on the client’s age, this could mean administration of the Modified Mini-Screen (MMS) for clients 18 or over, or the Problem Orientated Screening Instrument for Teenagers (POSIT) between the ages of 12 and 17. These tools may demonstrate a need for more in depth mental health specific assessment (i.e. OCAN).

**GAIN Q3 MI ONT:** The GAIN Q3 MI ONT is a comprehensive assessment tool with a semi-structured interview format that is used to identify and address a wide range of life problems among adolescents and adults, including mental health. The tool assesses for challenges in nine areas: school, work, stress, physical health, risk behaviours and trauma, mental health (internalizing and externalizing disorders), crime and violence and detailed substance use and treatment history. A motivational interviewing approach is utilized in the GAIN Q3 MI ONT to gain a deeper understanding of a client’s motivation and readiness for change. A client may need further agency specific assessment (Stage 2) to delve into particular identified issues.

**Staged Screening and Assessment Tools – Quick Facts**

<table>
<thead>
<tr>
<th></th>
<th>GAIN-SS</th>
<th>MMS</th>
<th>POSIT</th>
<th>GAIN Q3 MI ONT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicable age range</strong></td>
<td>12yr+</td>
<td>18+</td>
<td>12-17</td>
<td>12+</td>
</tr>
<tr>
<td><strong>Administration Time</strong></td>
<td>5-7 minutes</td>
<td>15 minutes</td>
<td>20-30 minutes</td>
<td>60-90 minutes</td>
</tr>
<tr>
<td><strong>Items</strong></td>
<td>23 items; 4 subscales; CAMH-MODIFIED: +6 items</td>
<td>22 items; 11 disorders in 3 areas</td>
<td>139 items; 10 Subscales</td>
<td>9 domains</td>
</tr>
<tr>
<td><strong>Who can administer</strong></td>
<td>Clinician or Self-administered</td>
<td>Clinician or Self-administered</td>
<td>Clinician or Self-administered</td>
<td>Clinician or Self-administered</td>
</tr>
<tr>
<td><strong>Modes of administration</strong></td>
<td>Paper or electronic (Catalyst)</td>
<td>Paper or electronic (Catalyst)</td>
<td>Paper or electronic (Catalyst)</td>
<td>Paper or electronic (DATIS/ABS). To generate clinical reports must be completed electronically or inputted after administration</td>
</tr>
<tr>
<td><strong>Languages available</strong></td>
<td>English and French</td>
<td>English and French</td>
<td>English and French</td>
<td>English and French</td>
</tr>
<tr>
<td><strong>Formal certification</strong></td>
<td>Not required</td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
</tr>
<tr>
<td><strong>Psychometric Validation</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Administering and Scoring the Screening Tools

It is highly recommended that the SS&A tools be directly administered on Catalyst, within the Drug and Alcohol Treatment Information System (DATIS). All three of the screening tools have been built into Catalyst and electronic administration allows for automatic scoring and report generation. The tools can be accessed via your client’s Catalyst profile, in both English and French. Service providers that need to use the screening tools can access the Screening Tool Orientation webinar which provides detailed, step by step instructions on administering and scoring the tools both on paper and in Catalyst. Please contact the Implementation Coach assigned to your LHIN to access this. If you do not know who your Coach is, please e-mail SSA@camh.ca

What follows are some tips and reminders about screening tool administration. It is meant to support their use but does not replace the need to watch the orientation webinar.

Stage 1 Screener: GAIN-SS CAMH Modified

The GAIN-SS CAMH Modified (GAIN-SS) is a brief screening interview that quickly and accurately identifies clients whom a full length assessment would identify as having one or more behavioral health disorders, and may need referral or more thorough assessment.

The tool measures problem recency, which can be determined for the past month, past 90 days, past 12 months, and lifetime. Clients have the option to respond from one of the following (see below). All items must be completed, as any incomplete items will impact subscale scores. However, there is the option for clients to respond with either a “Don’t Know” if they do not know the answer or a “Refused” if they do not wish to respond to an item.

<table>
<thead>
<tr>
<th>Response choices for the GAIN Short Screener</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please use these response choices when answering the questions on the GAIN Short Screener.</td>
</tr>
</tbody>
</table>

1. **Past month scores** measure changes in a client’s progress over time. The GAIN-SS can thus be a quick way to assess client progress when re-administered at 30 day intervals.

2. **Past year scores** screen for any concurrent disorders. Thus, it is strongly recommended that the GAIN-SS be re-administered whenever a client returns for care. However, clients who have a GAIN-SS completed within the past 30 days that can be accessed by the client’s current clinician/service may not need re-administration provided they self-report no significant change in circumstances.
GAIN – SS Administration

✓ Have a calendar to help the client establish time anchors (reference points) for responding to the questions. Ideally these anchors would be a positive or neutral event for the person. Circle the response time frames on the calendar.

✓ Some clients benefit from having a copy of the response options to look at as you ask questions. You may still want to read out the response options to your client with each item.

✓ Be sure to introduce your client to the tool. You can use the introduction within the tool or an alternate one BUT clients should always be reminded to:
  a) respond to each item as accurately and completely as possible and b) if he or she does not know the response to an item or does not wish to answer, they have an option to respond with “Don’t Know” or “Refuse”, which can be noted in the margin

✓ Read the introductory prompt verbatim

✓ Read each item in order and document the person’s response each time

✓ Remember to read the stem at the beginning of each subscale (“When was the last time……”) and when you get interrupted or have to repeat a question

✓ Record one response per item and jot any verbatim responses or notes in the margin

1. Introduction (read to the participant)

To help us get a better understanding of any problems you might have, how those problems are related to each other, and what kind of services might help you the most, I would like to spend about 5 to 10 minutes asking you some questions as part of a short screener that we use with many of our clients. Your answers are private and will be used only for your treatment and to help us evaluate our own services.

Please answer each question as accurately as you can. If you are not sure about an answer, please give us your best guess. If you simply do not know the answer to a question, you can tell me and I’ll enter “DK” for that item. You may also refuse to answer any question, and I’ll enter “RF” for that item. Please ask if you do not understand a question or a word. At the end of the interview, I will check to make sure that everything is complete, and I’ll answer any additional questions.

Do you have any questions before we begin?

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can’t go on.

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.

<table>
<thead>
<tr>
<th></th>
<th>Past month</th>
<th>2 to 3 months ago</th>
<th>4 to 12 months ago</th>
<th>1+ years ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
GAIN-SS Scoring and Interpretation

Scoring can be done by hand or within Catalyst where an automatic scoring summary is generated. Each subscale is separately validated and scored by recency (time-frame). The scoring summary is organized with separate scores for each subscale and time-frame.

### Scoring Summary Table

<table>
<thead>
<tr>
<th>Screener</th>
<th>Items</th>
<th>Past month (4)</th>
<th>Past 90 days (4, 3)</th>
<th>Past year (4, 3, 2)</th>
<th>Ever (4, 3, 2, 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDSscr</td>
<td>1a – 1f</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>EDSscr</td>
<td>2a – 2g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDSscr</td>
<td>3a – 3e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVSscr</td>
<td>4a – 4e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDSscr</td>
<td>1a – 4e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental questions</td>
<td>AQ5a-f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** the TDScr (or total score) is only a tally of the four original subscales. The supplemental CAMH-modified items are tallied in the “Supplemental Questions” subscale.

To calculate the recency score for each subscale, tally the number of times a client endorses that time frame for all questions in that subscale plus the tallied score(s) for earlier time-frames in the same subscale. Do not add the numeric value of the scores.

In this example, looking only at the Internalizing Disorders subscale (IDSscr), we see that the client endorsed the past month time frame once (item IDSscr_b). In the scoring summary below, this counts as a tally of one under the past month count for this subscale. Next, we see that the client endorsed the past 90 days (or 2 to 3 months ago) time-frame twice (items IDSscr_c and IDSscr_d). In the scoring summary table, this is a score of three (2 tallies from past 90 day time-frame and 1 from the previous, past month time-frame).

### Interpretation: The scores on the GAIN-SS not only inform the next steps of the SS&A process, but also support clinical decision-making. To determine next steps in the SS&A process, refer to the past year score in each subscale. If this score is 3 or greater, administer more formal assessment is definitely indicated. For a score of 3 or greater in the Internalizing Disorders subscale, this triggers the appropriate second stage screener: MMS for clients 18yr+ and POSIT for clients aged 12-17. In the Substance Use Disorders subscale (SDScr) a score of
three (3) or more would indicate a GAIN Q3 MI ONT needs to be administered. This may also be considered with a score of 1 to 2 depending on scores across the entire screening tool (see chart below, “Past Year score per subscale & Interpretation”).

<table>
<thead>
<tr>
<th>Screener</th>
<th>Items</th>
<th>Past month (4)</th>
<th>Past 90 days (4, 3)</th>
<th>Past year (4, 3, 2)</th>
<th>Ever (4, 3, 2, 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDScr 1a–1f</td>
<td>1</td>
<td>3</td>
<td>(3)</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

In this example, the client scored a 3 on the past year count, so one would move on to administering one of the Stage 2 screeners.

Other subscale scores, as well as the total score (TDScr) also provide important insight around a client’s specific needs, including quick identification of immediate needs (i.e. suicidal tendency), and level of acuity re: substance use issues (based on that subscale score). Here is how GAIN-SS scores may be interpreted:

<table>
<thead>
<tr>
<th>Past Year score per subscale</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0)</td>
<td>Unlikely to have a diagnosis or need service</td>
</tr>
<tr>
<td>Moderate (1 to 2)</td>
<td>Possible diagnosis; client likely to benefit from brief assessment and intervention</td>
</tr>
<tr>
<td>High (3+ on total screen; 3-5 on subscales)</td>
<td>High probability of diagnosis; client likely needs more formal assessment and intervention</td>
</tr>
</tbody>
</table>

Stage 2 Screeners: MMS (clients 18+) and POSIT (clients 12-17 years)

Although you may already have a sense of co-occurring disorders from the **Stage 1 Screener: GAIN-SS**, the Stage 2 screening tools allow for a more in-depth look at the issues flagged from the GAIN-SS, providing the clinician with more information about mental health concerns and consequentially, opportunity for more informed decision-making.

**Modified Mini Screen (MMS) Administration**

The 22 items on the MMS screen for 11 disorders in three domains: mood disorders; anxiety disorders, and psychotic disorders.

- It is helpful to introduce the tool by explaining that this builds on some of the information shared already by exploring their mental health in more detail
- Read each item verbatim and document the “yes” or “no” responses; additional comments can be recorded in the margin.
- Be aware of some of the items that impact how you code responses to other items (these are shown on the following page)
MMS Scoring and Interpretation

Scoring can be done on paper or automatically if responses are inputted into Catalyst. Scores are calculated by adding the total number of yes responses for that section. Then calculate the total score by summing the number of yes responses across all three sections. The scoring draws particular attention to questions 4, 14 and 15 that may indicate that more assessment is needed (see below).

**Interpretation:** The total scores from the MMS are interpreted over three distinct ‘risk zones’. A total score (or even subscale score) that falls into Zone 3, or even Zone 2 in some cases, can indicate need for further mental health assessment and/or referral. Clinicians should consider the combined information gathered both from the MMS and GAIN-SS, paying close attention to commonly endorsed items or subscales. This cumulative information should be used to inform next steps.

<table>
<thead>
<tr>
<th>ZONE 1</th>
<th>ZONE 2</th>
<th>ZONE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

Low likelihood of Mental Illness | Moderate likelihood of Mental Illness | High likelihood of Mental Illness

**Particular attention should be given to responses from items 4, and 14/15.** Endorsement for either set of questions can indicate need for immediate and urgent support. Take appropriate steps as per clinical training and organization’s policy.

4. In the past month, did you think that you would be better off dead or wish you were dead?

14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?

15. Have you re-experienced the awful event in a distressing way in the past month?

Endorsement for Q4 is a flag for recent suicidal tendency.

Endorsement of both Q14 and 15 is a flag for recent trauma.
Problem Oriented Screening Instrument for Teenagers (POSIT) Administration

The 139 items on the POSIT assess 10 subscales and take approximately 20-30 minutes to administer.

 ✓ Introduce the tool by explaining that this builds on some of the information shared already by exploring their mental health in more detail
 ✓ It is helpful to have the POSIT Answer Sheet, POSIT Scoring Template, and the POSIT Risk-Adjusted Score Sheet when administering to help determine and interpret certain responses. These are a necessity if scoring on paper.
 ✓ Administer each item verbatim and note the person’s “yes” or “no” responses
 ✓ If an item does not apply to the client, or if they are unsure or unable to answer, select the response that does not endorse that item.
 ✓ If a client refuses to answer, select the response option that does endorse that item.

POSIT Scoring and Interpretation

The POSIT can be scored by-hand or responses may be entered directly into Catalyst for electronic scoring. If scoring by-hand, the POSIT is scored by determining the total number of items endorsed in each of the 10 subscales. The total score for each subscale indicates a client’s risk level for that subscale. For some questions, a yes response endorses that item and for others a no is the endorsing item. On the Scoring Template you’ll see there are two columns beside each number – column on the left is for “yes” and column on the right is for “no” as per the interview questionnaire. The non-shaded option for a particular item represents an endorsement for that item. The letters in the 3rd column for each item tell you which scales the endorsement is for. For example, for item 7, “Do your parents or guardians argue a lot?”, yes would be the endorsing response. For item 8, “Do you usually think about how your actions will affect others?”, no would be the endorsing response.

Certain types of items and responses need to be scored in a specific way. See the guidelines on the next page.
The following types of items/responses on the POSIT require particular attention.

**16+ items:** Certain items apply only to clients **16 years or older.** To identify these, refer to the *POSIT Scoring Template*, where such items are denoted with a **16+.** If your client is less than 16 years old, select the non-endorsing response for this item. For example, item 29 asks, “Did you have a paying job last summer?” If a client is under 16 years old, this item would not (normally) apply to them. The non-endorsing response in this case would be **no.**

**Not applicable items:** There may be certain other items that simply do not apply to your client’s context. For such items, select the response that would **not endorse** that item. For example, item 10 asks, “Have you ever been intimate with someone who shoots up drugs?” If your client has never been intimate with anyone, this item would not apply. Select **no** as the response.

**Unwilling to respond:** In instances where a client is unwilling to respond to an item, select the response that would **endorse** that item.

If scoring by-hand, you will first need three things:

1. Your client’s **completed** *POSIT Answer Sheet*
2. A copy of the *POSIT Scoring Template*
3. A copy of the *POSIT Risk-Adjusted Score Sheet*

**NOTE:** It is best to have these printed on separate sheets when scoring.

1. Begin with your client’s completed *POSIT Answer Sheet* and a *POSIT Scoring Template*. Identify whether your client’s response to each item would count as an endorsement or not:
a. The **POSIT Scoring Template** has two columns for each item: the cells in the left column correspond with *yes* responses and cells in the right column correspond with *no* responses. For each item, one of the cells will always be shaded in. Transfer your client’s responses to the **POSIT Scoring Template** by checking off the appropriate cell for that item as per your client’s response.

b. **An item is endorsed if a client’s response falls into the non-shaded cell.**

2. Next, determine which subscale the endorsed items are linked with. There is a 3rd column next to each item. **Cells in the third column list a single-letter code that corresponds to a particular subscale.**

a. Some items endorse more than one scale. For example, an endorsement (*yes* response) for item 1, “*Do you have so much energy, you don’t know what to do with it?*” endorses both subscales C (mental health) and F (educational status).

b. Whether an item is applicable only to clients 16yr+ is also indicated in this column.

3. Using the POSIT Scoring Template and POSIT Risk-Adjusted Score Sheet, determine the level of severity for each subscale as per your client’s responses.

a. Tally only the number of endorsed items for each subscale and circle the total score per subscale on the Risk-Adjusted Score Sheet.

b. If an item endorses more than one subscale, count that item in the tally of both those subscales. For example, the endorsed item 1 would be counted twice - once for subscale C and once for subscale F.

**Interpretation:** The Risk-Adjusted Score Sheet indicates whether a subscale score falls into a low, middle, or high risk zone, identifying which problem areas may require further assessment. As with the MMS, you should use the cumulative information gathered in the POSIT and the GAIN-SS to identify potential issues requiring additional support.
CHECK OUT the VIDEOS!

The following demonstration or instructional videos familiarize clinicians with the administration of the screening tools.

**GAIN Short Screener Administration on Catalyst**
FRENCH Version [https://vimeo.com/174284501](https://vimeo.com/174284501)
ENGLISH Version [https://vimeo.com/179097020](https://vimeo.com/179097020)

**POSIT Administration on Catalyst**
ENGLISH Version [https://vimeo.com/179097840](https://vimeo.com/179097840)

**Modified Mini Screen Administration on Catalyst**
FRENCH Version [https://vimeo.com/174284543](https://vimeo.com/174284543)
ENGLISH Version [https://vimeo.com/179097626](https://vimeo.com/179097626)
GAIN Q3 MI ONT Assessment

The GAIN Q3 MI ONT (Global Appraisal of Individual Needs Quick3 Motivational Interviewing Ontario) is a semi-structured, comprehensive and targeted assessment tool used to identify and address a wide range of life areas among both adolescents (12-17 years) and adults (18+ years). The GAIN Q3 MI ONT has been tailored specifically for the addiction sector in Ontario. The tool includes items that focus on an individual’s behaviours during the past 90 days, as well as a set of items for each domain that probe into motivation and readiness for change. The diagram below provides an overview of the basic structure of the tool.

The tool begins with ensuring informed consent and establishing time anchors to assist the client in responding throughout the assessment.

Next, client demographic information is collected.

The main section of the tool gathers client circumstance across eight domains (pictured at left in yellow), with particular depth of information gathered regarding substance use. Each area identifies both strengths and concerns.

The assessment also contains some overall ratings related to life satisfaction and probes for any barriers to treatment that a client may be facing.
Consistent Concepts for Each Life Domain

Though questions within each of the life domains differ, they attempt to get at three concepts that are of clinical significance: **recency**, **breadth**, and **prevalence**.

**Recency** refers to the last or most recent time that something has happened (i.e. when challenges were experienced). In general, the more recent an event is the greater the significance; for treatment planning the GAIN Q3 MI ONT focuses on past-90 day behaviors and service utilization.

**Breadth** focuses on how widespread challenges have become. It assesses not only the scope of the clients’ challenges, but also service utilization. In general, a greater presentation of clinical symptoms and service utilization is of greater significance than a smaller number of challenges or services utilized.

**Prevalence** looks at how often, or how frequently, that something has occurred. The greater prevalence of either problem behaviours or service utilization, the more clinically significant it becomes for treatment planning.

GAIN Q3 MI ONT Fast Facts

<table>
<thead>
<tr>
<th>Takes, on average, <strong>90</strong> minutes to complete</th>
<th>Can be either <strong>clinician</strong> or <strong>self-administered</strong></th>
<th>Can be administered on <strong>paper</strong> or <strong>electronically</strong></th>
</tr>
</thead>
</table>

Although the tool can be administered pen to paper, electronic administration is strongly **recommended**. Administration is faster, information inconsistencies are identified in real time, and the clinical reports are generated through the web platform. Assessments done on paper will need to be entered into the database afterwards to generate the reports.

The assessment is a **semi-structured** interview tool. The tool is structured in that each question must be asked as written, and in the correct order to ensure that the data collected is both **valid** and **reliable**. However, the clinician can transition from following the assessment exactly as written to engaging in a dialogue with the client when the client has a question, needs clarification on the meaning of an item, or needs a word or phrase defined. In other words, any clinician across the province should be asking the
questions on the tool in the same way, to ensure that the client would give the same answers to the intended questions regardless of where the assessment was completed. This doesn’t mean that the clinician is unable to have additional dialogue with a client.

**Overview of Administration Guidelines**

- The interviewer must read the items exactly as they appear. The interviewer is not to change words, paraphrase, or add or delete words.
- The interviewer should also read the items in the exact order as they’re printed.
- When administering the assessment, the interviewer must ask every item unless there is an instruction to skip an item or series of items. The client can choose not to respond to a question.
- All items also must be read completely, meaning that the interviewer can’t stop after reading part of an item, thinking that the client will not understand.
- The interviewer must read the transition and introductory statements. These statements orient the client to the nature of the questions and responses and help the interview flow more smoothly and efficiently.
- The interviewer reads all items at an appropriate tempo. It is important for the interviewer to remember that, although they may be very familiar with the questions in the assessment, it is very likely that this is the first time that the client is hearing them; therefore it is important to move through the tool at a comfortable pace to increase the likelihood of getting good information.
- The interviewer should repeat items that are misunderstood by the client, as it is important that the client understand what the interviewer is asking to best ensure the collection of valid information.
- The interviewer should listen to what the client is saying to ensure that information is coded correctly, while keeping in mind previous responses to catch any discrepancies that may occur.
- The interviewer can utilize neutral probes to gather more detailed information to appropriately code a response. This means helping the client understand the question but not guiding their answer.
- The interviewer should not suggest an answer to the client. It is important to keep in mind that this assessment provides an opportunity for a client to tell their story and the interviewer should allow the client to do so without suggesting or assuming answers on their behalf.
- Last but not least, the interviewer should use **good common sense** throughout administration. For example, be thoughtful and offer breaks or a glass of water, adjust your approach in response to the client’s level of attentiveness, avoid confrontation when addressing possible inconsistencies, etc.
As noted in the preamble, this guide is not intended to replace the training and certification process. All clinicians using this tool must attend training and complete the three month certification process. As such, the following administration information is not an all-encompassing administration guide for this tool but is intended to reiterate some aspects of the administration.

**Preparing to Administer – A Checklist for Clinicians**

- A quiet/private environment with no distractions (distractions can impact how a client responds)
- A computer with GAIN ABS
- A GAIN Q3 MI ONT paper copy (even if using GAIN ABS to be able to transfer over to the paper version in the event that you encounter computer problems during administration)
- A two-year calendar
- Response cards
- Pens (NOT PENCILS) and scratch paper
- Have restrooms, beverages, snacks and breaks available – it is a good idea to check in with the client at the end of each section, especially the substance use section because it is the longest. Breaks should also be offered whenever the participant seems tired or restless; therefore it is important to be aware of their body language.

**Note:** In rare circumstances, a client may not be able to complete the assessment. For example, the client may be in severe physical withdrawal and unable to engage at that time. The clinician would address the client’s acute withdrawal needs and return to the assessment when the client is physically stable. Another example is when a clinician suspects that the client may not have the cognitive ability to respond to the assessment questions. In this case, the **Check for Cognitive Impairment** (found on SS&A SharePoint) may be administered to make that determination. The vast majority of clients are able to complete the assessment with the guidance of a skilled administrator.

**Completing the Cover Page**

This must get completed before beginning the assessment. There are **five (5) fields that are required** for every GAIN Q3 MI ONT assessment: Site ID, Local Site Name (if applicable), Staff ID, Participant ID, and Observation.
Site ID: This identifier is **auto generated in ABS and should not be changed**. It links the assessment in ABS to the client in DATIS. Changing this may result in loss of your assessment record.

**Local Site ID** (if applicable): This item corresponds with the Site ID, and can be used as an additional identifier for sites with multiple settings/locations or for special studies – for example some agencies may have multiple locations and may want to assign a local site name for each.

**Staff ID and Initials:** Staff ID is a number used to identify the clinician who is administering the assessment and can be up to six digits in length. Staff initials are those of the clinician administering the assessment.

**Participant ID:** This number is used to identify each client/case. When completed on paper, this can be written in. In ABS, this is also **auto generated and should not be changed**.

**Observation:** This number is always “0” if it is an initial assessment. If the assessment is re-administered at the three month mark then the Observation wave would be “3”, at six months a “6” and so on.

As noted above, when accessing the assessment in ABS (via DATIS) do not alter any auto generated client or site ID #s. This links the assessment in ABS to the client file in your agency’s DATIS database. Breaking this link may result in an irretrievable assessment!

Other fields on the cover page are items that need to be completed after finishing the assessment.

**Edit Staff ID and Date:** These items must both be completed together if an edit had been made to the original assessment; ID of the individual who conducted the field edit and the date of the field edit.

**Data Entry Staff ID and Date:** These items must also be completed together if data entry of a paper administration has occurred; ID of the person who entered data from the assessment and the date of the data entry (if different from the person who administered the assessment).
Once the interview is about to begin you will need to complete this administrative information.

<table>
<thead>
<tr>
<th>For Staff Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Administrative Information</td>
</tr>
<tr>
<td>A1c. Today's Date [XOBSDT]: ____________________________ / ______ / ______ / 20 ______ (MM/DD/YYYY)</td>
</tr>
</tbody>
</table>

**Time:** Record the time starting the assessment in hh:mm and AM or PM (not military time)

**Today’s Date:** This is the date of the interview.

**Setting Timeframe Anchors**

Time anchors help orient the client to the period of time asked about throughout the assessment. The 90 day time period is used very frequently.

Ensure that the anchor is a positive or neutral event for the client. Avoid using an event that has any negative associations for the client, as this event will be referred to numerous times throughout the administration. Help the client determine an anchor event by using probes if necessary. If the client is unable to remember an event or cannot remember a positive or neutral event, the actual date 90 days prior to the interview date may be used. Document the anchor on the verbatim line.

The same process will then repeat to establish the 12-month anchor.

**Four Types of Item Formats in the GAIN Q3 MI ONT**

Though the assessment includes many questions, there are four general types of questions repeated throughout the interview.

**Pick One:** The ‘pick one’ format can pertain to a list of options or yes/no items. It is important to circle these items legibly to be able to clearly read the client’s responses to these questions. There are two types of ‘pick one’ questions that must be administered in a specific way; in the tool, some questions will have parentheses with ‘Select One’ or ‘Clarify and Code’ before a list of responses. These parentheses will guide the clinician on how to administer the questions, as follows:
‘Select one’: For these questions, the clinician must read all of the options to the client. If the client answers before all of the options have been read, let the client know that you must read all items.

‘Clarify and Code’: For these questions, the clinician will ask the question and the client will provide an answer. The clinician will then circle the response that is most appropriate, based on the client’s answer. If the answer is not clear, the clinician should clarify the client’s response before coding. Do not read all of the response options to the client.

**Give a Number:** The ‘give a number’ format asks for a number response, such as the amount of times or days in the past 90 days that the client did something. Note: When documenting dates, be sure that you document them in a 2 digit month, a 2 digit day, and a 4 digit year. Numbers must be whole numbers as the ABS system will not accept fractions/decimals.

**Mentioned:** This format will ask the client to give as many pertinent responses as they can. The interviewer reads the question and codes “yes” for the corresponding responses and follows up by asking “any others” until the participant has nothing else to report at which point the interviewer codes “No/0” for the unmentioned responses. When the interviewer is finished administering these items, all responses should be marked either “Yes” or “No”. Note: for this question, the clinician does not need to read all the response options to the client.

As noted above, the clinician circles all responses based on client response.
**Verbatim Responses:** The ‘verbatim’ questions ask the client to answer the question in their own words. There is a line provided so that the interviewer can record the client’s verbatim response. It is important not to abbreviate the participant’s response to ensure that the entire response is captured and the meaning is not altered.

**Other Documentation**
- A client can refuse to answer any question. This is marked with “RF” for refused, on the paper copy and in ABS the clinician can select the RF icon next to the question.
- Sometimes clients genuinely do not know an answer so can say ‘I don’t know’ which is marked with “DK” on the paper version or by selecting the DK icon next to the question in ABS.
- The clinician can make notes in the margin, both on paper and using the margin notes feature in ABS (entered by clicking the notebook icon). This can add depth to a response if the client elaborates and can prove helpful when editing the Recommendation and Referral Summary later and considering a treatment plan.
- Mark all breaks, including the time the break started and finished.
- When making corrections on paper, make them by neatly crossing out the error, mark the new response, initial and date
- Complete the end section – ‘Z. End’
- Complete ‘Administration XADM’

**How to Recognize/Address an Inconsistency**
An “inconsistency” refers to a possible or definite validity error in the information provided in the assessment – where the client’s response to a question is inconsistent with, or does not match, a response to a similar question asked elsewhere in the tool. It is important to correct inconsistencies to ensure that the most accurate and reliable information is gathered. If administering the tool electronically, the interviewer will be flagged right away about the majority of inconsistencies. That being said, it is important for the interviewer to remain vigilant to inconsistencies as the system may not catch all of them, particularly in the S9 grid. When the interviewer catches a possible inconsistency, it is important to bring it to the client’s attention in a non-confrontational manner. For example, “I just want to quickly clarify your answer to make sure I have it correct. When I asked you about this before you said ____________, and now you have noted _________________. Have I misunderstood your response here or would you like to change your previous answer?”
The interviewer should not suggest any responses, or guide the client in any direction. If the question surrounds the number of times that the client did something in the past 90 days, it may be helpful to refer the client to their 2-year calendar, whereas if the client is struggling with interpretation of the question, it may be helpful to offer some clarification on that item.

For more detail on GAIN Q3 MI ONT administration, please review your training materials or access more information on the Staged Screening and Assessment SharePoint site.

CHECK OUT the VIDEOS!
The following demonstration or instructional videos familiarize clinicians with the administration of the GAIN Q3 MI ONT Assessment tool.

**GAIN ABS Instruction Video**
This video provides a demonstration on how to administer the GAIN Q3 MI ONT tool in GAIN ABS.
https://vimeo.com/166086792

**Substance Use (SU) Grid Demonstration**
This video provides a demonstration on how to administer the SU grids (pages 34 to 45) of the GAIN Q3 MI ONT.
French: https://vimeo.com/170873007
English: https://vimeo.com/168397339
SECTION 5 – From Interview to Intervention: Applying the GAIN Q3 MI ONT to Treatment Planning and Recovery

The Staged Screening and Assessment (SS&A) tools provide a comprehensive and evidence-based framework to inform clinical decision-making and treatment planning for clients. While the stage one and two screeners are intended to support clinical decision-making, the first stage assessment ensures that clients receive individualized treatment plans based on their particular strengths and needs. Evidence-based practice incorporates assessment at the outset of any treatment, providing a foundation for understanding client need and supporting informed referrals and treatment.

Administration of the GAIN Q3 MI ONT produces several reports, which are used to formulate the client’s treatment plan. These reports, generated and accessed in ABS, include:

- Individual Clinical Profile (Q3ICP)
- Personalized Feedback Report (Q3PFR)
- Validity Report
- Substance Use Diagnostic Impressions Report
- Recommendation Referral Summary (Q3RRS)

Follow this link to watch a webinar on linking the clinical reports to treatment planning:
https://vimeo.com/200399100
Clinical Interpretation of the Reports

Individual Clinical Profile (Q3ICP)
The Q3ICP allows clinicians to quickly identify and triage strengths and problem areas in the client’s current life situation. Clinicians are able to use this data to triage clients seeking service, ensuring that those in need of brief versus intensive intervention receive the appropriate level of care. The report also provides a quick measurement of the client’s readiness for change in each life domain, and provides a visual indicator of problem severity and service utilization in each of these domains. In addition to providing a technical report, which allows clinicians to better understand the nature and severity of the client’s problems, standardized cut-off scores are used to ensure that decisions are consistently interpreted.

Personalized Feedback Report (Q3PFR)
The Q3PFR highlights that administering the GAIN Q3 MI ONT is a crucial aspect of the client’s assessment, but it is not the entirety. Reviewing information and engaging in a treatment planning discussion is a fundamental process that is facilitated with this report. The Q3PFR client version reiterates, using the client’s own words, his or her reasons for wanting to make changes in identified problem areas. The Q3PFR clinician version provides the clinician with an intervention script, based on the principles of motivational interviewing, that is individualized to the client’s identified areas of strength and need. This is intended to guide the client toward a path of self-direction and recovery.

Validity Report
The validity report ensures that clinical information is considered with a focus on consistency, as the greater consistency throughout the interview the more valid the information is for treatment planning. Information with a high degree of validity increases confidence in the clinical reports and recommendations derived from them to inform treatment planning. Clinicians can use this report to identify and attend to incongruent responses with the client in an effort to maximize the information’s consistency, validity, and reliability for treatment planning.

Substance Use Diagnostic Impressions
The substance use diagnostic impressions report, which uses the client’s responses to the substance use sections including the grids, provides a diagnostic impression according to DSM V criteria. This impression would subsequently be confirmed by a regulated health professional authorized to perform the controlled act of communicating a diagnosis. This report provides an indication of the overall severity of substance use issues affecting the client, and by reproducing the substance use grids; clinicians have immediate access to the
behaviours, symptoms, or adverse consequences that are generating the diagnostic impression. Ultimately, this information, and particularly the provided severity level within the diagnostic impression, should correlate with treatment matching at a system-level as clients with most severe issues should have timely access to the most intensive level of care (i.e. residential treatment). This report offers the type of information of interest to health care specialists like psychiatrists or psychologists, who may be involved in providing collaborative care to clients with very complex presentations. Information from this report should be edited into the Recommendation and Referral Summary described below.

**Recommendation Referral Summary (Q3RRS)**
The Q3RRS occupies a unique position among the generated reports in that this is the only report that clinicians can edit, and is the singular report used to support addictions-related referrals within Ontario. Clinicians are provided with an automatically-generated standardized narrative report based on the client’s information, which should be edited to verify accuracy as well as include supplementary information as necessary. The Q3RRS outlines treatment interventions that are evidence-based, aligned with particular problems and associated severity levels, and have been shown to improve client outcomes. The clinician can edit these interventions based on specific resource availability in their community. In addition, the Q3RRS provides a comprehensive, biopsychosocial overview of the client’s situation, including areas of strength and difficulty across several life domains, which can be used to guide further discussion and intervention with the client. Clinicians also have the opportunity to include information captured in margin notes throughout the assessment, to provide additional context to the different sections of the tool.

Follow this link to watch a webinar on editing and finalizing the Q3RRS in the ABS system:
https://vimeo.com/192629790

**Supporting Treatment Planning and Recovery**

As noted previously, a primary objective of the Staged Screening and Assessment process is to accurately and efficiently triage clients according to their identified needs, levels of problem severity, and treatment goals. While the generated clinical reports undoubtedly provide a comprehensive picture of clients’ previous and current life experiences, they must be considered alongside any supplementary information to establish next steps in conjunction with the client. It is important that the reports, supplementary information, and decisions be considered within the service provider’s broader, recovery-oriented treatment planning process. The recovery model, recovery approach, or simply recovery is a process that aims to facilitate or encourage clients
afflicted with substance use concerns to restore social roles, responsibilities, or levels of functioning previously lost. The comprehensive clinical reports provide a holistic view of the client’s life, and subsequently, a launching pad for effective treatment planning. They can also provide the client, in a methodical way, with a clearer picture of how his or her current life circumstances can be changed or improved.

**Theory Spotlight:** Motivational interviewing (MI) is a client-centered and directive counseling method for helping resolve ambivalence about behavior change.¹ As most addition service providers are familiar with this approach, it is not described in great detail here. However, it is important to note that the GAIN Q3 MI ONT is employed in a manner consistent with the “spirit” of motivational interviewing; namely, partnership, acceptance, compassion, and evocation. The MI spirit reflects a collaborative, engaging, and empathetic way of interacting with the client with the goal of supporting the client to make changes using their own motivation to do so.²

---

**A Five-Step Treatment Planning Process using the Q3PFR within an MI Framework**

Using a motivational interviewing (MI) approach, clinicians can use the Personalized Feedback Report to engage with the client and begin the treatment planning process. The core components of the MI spirit are embedded into the PFR script and designed to guide the client towards making decisions about any changes he/she will choose to commit to. Similarly, the Q3PFR includes detailed information reported by the client and the corresponding reasons they have identified to change.

**Overview (Setting the Stage)**

Using the spirit of MI, the clinician reviews the areas of strength and success with the client, followed by areas of concern. The clinician and client review the identified recommendations and begin to collaborate around next steps.

**Mining for Strengths**

The client identifies areas of strength and accomplishment, and the clinician reflects and affirms these successes. The clinician uses a focus on these strengths to evoke confidence that the client can address other challenges in his or her life.

---

Agenda Setting

Ensuring client choice, the clinician inquires about what the client would like to talk most about. Using directedness, the clinician expresses concern about other areas and invites the client to discuss them as well.

Review of Specific Life Domains

The clinician reviews each life domain with the client. They review the client’s self-report of problems experienced in the past 90 days, and invite the client to further elaborate on reasons for change. The clinician catalyzes and reinforces change talk throughout the interview.

Treatment Planning

The clinician elicits client ideas for making changes, and asks for permission to share their ideas and recommendations (generated by the Q3RRS report). If an idea is rejected, the clinician reinforces client autonomy. If the client accepts, the clinician reinforces commitment to change for ideas the client accepts.

Summary

The GAIN Q3 MI ONT supports accurate identification of issues and provides an evidence-based foundation for collaborative treatment planning and service matching within the addictions sector. Using a semi-structured, motivational interviewing approach to assessment, a series of automatically generated reports are produced that are used for clinical decision-making and treatment planning purposes. In particular, the Q3RRS report provides clinicians with suggested evidenced-based treatment interventions that are aligned to the client’s problem severity. The process of reviewing the results of the GAIN Q3 MI ONT assessment with the client is aided with the Q3PFR. The Q3PFR provides a structured and scripted motivational interviewing session.
designed to put into practice the important principles of motivational interviewing such as client choice, client autonomy, collaboration, and counsellor directedness. The goal of the Q3PFR Interview is collaborative decision making by the client and the counsellor on specific actions for the treatment plan. The Q3PFR interviewer version will assist with identifying specific actions to address challenges where the client has an identified readiness for change and self-reported reasons for wanting to make those changes. The MI approach used in the Q3PFR interview values the client’s own ideas for actions as well as the counselor’s suggestions which are informed by the evidence-based interventions recommended in the Q3RRS.
SECTION 6 – Training and Certification Details

To ensure that individuals seeking support receive the same quality assessment no matter where they seek service, each provider administering the GAIN Q3 MI ONT assessment tool is required to complete the same training and certification process. An overview of this process can be found in Section 2 – Supporting Implementation. The following provides more detail that will support moving through the process smoothly. There are three steps within this process, designed to both share knowledge and integrate that knowledge into practice.

**Staged Screening and Assessment Orientation Webinar:** This provides an overview of the process and details on how to administer, score and interpret the screening tools: the GAIN-SS, POSIT and MMS. It is a prerequisite for participating in the assessment tool training.

**GAIN Q3 MI ONT Training:** This provides details on the assessment tool, the reports, administration, and the quality assurance certification process. It provides the foundation for clinicians using the tool in practice.

**Quality Assurance and Certification:** Staff who have been trained on the GAIN Q3 MI ONT (also referred to as Site Interviewer candidates) begin to integrate their learning through this process. They work with a local certified trainer who will provide feedback on submissions and coach them to support adherence to administration essentials to ensure they are gathering valid and reliable information on which to base important decisions. This process begins with practice on a mock client (script provided) before moving on to use the tool with actual clients. This is typically a three month process, with minor flexibility for extension in extenuating circumstances.

**Quality Assurance (QA) Process – Some Details**

The QA process begins with completion and submission of an interview using a mock script provided during training; trainees make this submission to the local trainer assigned to them. The mock scripts are designed to support integration of the key concepts learned in training into practice. This can be completed pen to paper and the data entered into a practice database called pGAIN after (for more information about pGAIN, please see section below). This allows the trainee to become familiar with the inner workings of the tool as well as the ABS platform. Once the trainee or Site Interviewer candidate receives feedback on this initial submission, they complete a 2nd submission by doing an interview with a client of their agency. It is strongly recommended
that the 2nd interview, and any subsequent interviews, are completed in the ABS platform to ensure more efficient administration, better information validity, and the generation of the reports that can be used to support ongoing work with the client being interviewed. The process of administering and making submissions then getting feedback from their trainer continues until the trainee has demonstrated strong administration skills. Most Ontario trainees reach certification in 3 – 4 submissions. During this process, the trainee may be asked to engage with their assigned QA reviewer/trainer in a telephone session to review feedback, do a mock administration of specific portions of the assessment, or engage in additional training activities etc. to help them reach certification. It is important to note the intention is that the QA reviewer act as a coach, with the same goal as the trainee; certification. That said, QA reviewers can suggest that a trainee discontinue the process and begin again by re-taking the training portion if they have been inactive in the process and/or it is clear that it would be most advantageous to the trainee to have the administration information reinforced before making any further submissions.

Administration Skill – 4 Key Areas

The trainee/Site Interviewer candidate is evaluated on skill in the following areas:

Documentation

- Accurate and complete documentation of participant responses
- Time anchors, verbatim responses and margin notes accurate and complete
- Length of time to complete the assessment noted
- Staff administration information complete

Instructions

Interviewer’s ability to instruct the participant on things like:

- Purpose, format, and length of the assessment
- Privacy and confidentiality
- Establishing time frame and anchors
- Use of the response cards and defining response choices
- Responding to participant questions
Engagement
Interviewer’s ability to engage with the client demonstrated through:

- Flow of the interview
- Appropriate voice articulation and inflection
- Use of encouraging and motivational statements
- Sensitivity to the participant’s needs
- Development of rapport

Items
Interviewer’s ability to proficiently:

- Follow the question order and skips
- Complete grid administration accurately
- Follow word order accurately
- Use stems and anchors appropriately
- Use parenthetical statements
- Clarify and code participant responses
- Respond to participant questions about items
- Resolve inconsistencies

Certification Deadlines

**Orientation Webinar** – Watch within the 2 weeks before starting GAIN Q3 MI ONT training

**First Mock Submission** – Due within 2 weeks following GAIN Q3 MI ONT training

**Site Interviewer Certification** – Deadline for certification is 3 months from date of GAIN Q3 MI ONT training

Certification Highlights

- Start practicing right away after training as it helps to reinforce the information
- Be sure to use one of the mock scripts provided for your first submission; they are designed to support learning on all aspects of the tool
- Know the common inconsistencies so you know what to watch for
✓ Use the training copy for your mock (if doing it pen to paper)
✓ Plan 2 – 3 hours for each submission including time to administer, review, complete your cover letter and submit
✓ Review trainer feedback carefully so you can integrate it into your next submission
✓ Reach out to the assigned QA reviewer with questions or for support
✓ Using the tool with an actual client (not a mock) is an expectation of certification; they may be a client at your agency or a partner agency within the LHIN, and may be either a new client or an existing one willing to support your learning
✓ Always review the Q3PFR with client volunteers so they get to benefit from the assessment
✓ Clients must have some substance use in the past 90 days to allow the opportunity to administer the detailed Substance Use grids section (trainees can’t get certified if they do not demonstrate skill in this section)

pGAIN Practice Database

pGAIN has been developed specifically for practicing administration of the the GAIN Q3 MI ONT. Initial ‘mock’ submissions can be completed here either in real time or by entering responses after paper administration. This allows trainees to get familiar with the database in a no risk manner (no actual client data is stored here). It is **very important** that no real client information (even with the name removed/changed or DOB altered) can be entered into pGAIN. This practice site is not intended to be secure and entering information for an actual client here may breach confidentiality and privacy policies. Data from actual clients must be stored in the secure agency database to ensure accurate tracking of client information. Conversely, initial mock submissions (any made up information) should not be entered into your agency database as it compromises accuracy of organizational data.

In summary:

<table>
<thead>
<tr>
<th>pGAIN</th>
<th>Your Agency Database (via catalyst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Catalyst practice database</td>
<td>✓ Staff certified (or in process of certification) will have access at their agency</td>
</tr>
<tr>
<td>✓ Used for mock submissions only, to practice navigating the tool</td>
<td>✓ Used with real clients</td>
</tr>
<tr>
<td>× No real client info to be entered here</td>
<td>× No mock client info to be stored here</td>
</tr>
</tbody>
</table>
Making Submissions

All trainees will be given information on how to access SS&A SharePoint, our secure file sharing platform managed by CAMH. The site must be accessed with a valid login and permissions are set to ensure limited access to your files (i.e. only your QA reviewer and our site administrator will have access). This is a secure system but please be reminded that to review files before uploading to ensure no client identifying information (i.e. name and DOB) is included in the submission. Be sure to get client consent to record and share the recording. You can use the consent forms developed through the SS&A project or one deemed adequate by your agency.

Follow this link for a video on how to complete a file submission through SharePoint:
https://vimeo.com/163842421

About SharePoint Security

- Database is behind CAMH firewalls and are secured
- Trainee/agency accounts can only upload interviews and have no access to submissions
- Trainers/QA Reviewers have access to submissions in their folder only, creating secure locations within the secure platform
- Uploaded submission files are routinely destroyed by the trainer and site administrator once QA is complete and the trainee certified
- Administrator and web team have access to provide technical help

Accessing Other Resources to Support Certification

The SharePoint site houses a training materials and resource library dedicated to GAIN Q3 MI ONT training, certification and support. Trainers and trainees have been given the appropriate level of access to relevant information. Trainees can access folders that contain materials such as:

- Catalyst training materials
- Consent and background information forms for clients
- GAIN Q3 MI ONT full training materials (both English and French) such as the training copy of the tool and the most common inconsistencies
- Video resources on various aspects of administration and implementation of the tools
In addition to the above, trainers have access to resources such as:

- Trainer forms and templates such as the QA feedback form
- Most recent, updated training materials such as slide decks and handouts
- Frequently Asked Questions for trainers
- Additional helpful resources from Chestnut Health Systems

Resources for trainers and trainees are added and updated regularly. Please check the site periodically for new and helpful additions!

Accessing Files on SharePoint

To open a file, left click on the file. Upon clicking on the file, a message will appear asking “how you would like to open this file” – please ensure ‘read only’ is selected and click on ‘OK’.
A box will appear at the bottom of the screen. Please select the small arrow next to ‘Save’ and select ‘Save As’ to save the file to your computer.

Once the file is saved to your computer, you can open and print per normal.

**CHECK OUT the VIDEOS!**

There is a growing video library to support SS&A training and certification, as well as use of the tools in your practice. The video library can be accessed through the *Video Resources* folder on SharePoint. For your convenience, links to some of the most viewed videos are below.

**Substance Use (SU) Grid Demonstration:**
Demonstration of full SU grid administration
French: [https://vimeo.com/170873007](https://vimeo.com/170873007)
English: [https://vimeo.com/168397339](https://vimeo.com/168397339)

**GAIN ABS Instruction:**
Demo on how to administer the GAIN Q3 MI ONT in the electronic Assessment Builder System (ABS)
[https://vimeo.com/166086792](https://vimeo.com/166086792)

**Editing the GAIN Q3 MI ONT Recommendation and Referral Summary:**
Demonstration for clinicians on how to edit and finalize the Q3RRS
[https://vimeo.com/192629790](https://vimeo.com/192629790)

**GAIN Q3 MI ONT Clinical Reports and Treatment Planning:**
Provides detail on each of the auto-generated assessment reports and their link to motivational interviewing and treatment planning
[https://vimeo.com/200399100](https://vimeo.com/200399100)
In Closing....

Thank you to all the service providers and system leaders who are working collaboratively to support this change to ensure a better system of care for clients. Thank you for your patience and perseverance as we collectively address implementation challenges.

“Progress is impossible without change, and those who cannot change their minds cannot change anything.” George Bernard Shaw