

Mental Health and Substance Abuse Screening (MHSAS) for Palm Beach County Ryan White HIV/AIDS Programs (PBC RWHAP)

Purpose, Policy & Procedure

Purpose

To ensure clients who receive a Case Management (CM) Assessment through Palm Beach County Ryan White HIV/AIDS Program (PBC RWHAP) are screened for mental health and substance abuse and referred to appropriate services.

Policy

All clients who receive a Case Management (CM) Assessment shall be screened for mental health and substance abuse using the Patient Health Questionnaire (PHQ), followed by the Substance Abuse and Mental Illness Symptom Screener (SAMISS). If Question 9 of the PHQ is >0 , the Columbia-Suicide Severity Rating Scale (C-SSRS) will also need to be completed. The results of the PHQ and SAMISS shall inform the answers regarding mental health and substance use in the Case Management (CM) Assessment. Action Plans are determined by the results of the CM Assessment. Action Plans for mental health and substance abuse shall include referrals to mental health and substance use services, be in line with the client's payer source of these services, include documentation of appointments, and documentation of attendance/lack of attendance to those appointments. Re-assessments should occur every 6 months in conjunction with the CM Assessment or earlier per case manager's discretion. The PHQ can be re-administered at next follow-up case management visits if client is experiencing "mild depression" as determined by PHQ assessment and was not referred to mental health.

Recipient's Office Training Link for MHSAS for RWHAP:

<https://discover.pbcgov.org/communityservices/pages/ryan-white-care.aspx>

Procedure

PHQ, C-SSRS and SAMISS Assessment (Flow Chart in Appendix)

- All clients who are case managed (medical or non-medical) will need a PHQ and SAMISS completed in tandem with their CM Assessment and Re-assessments. The PHQ and SAMISS are found under "Create" when logged into a Client's Profile in Provide. There are also copies of these assessments in English, Spanish and Haitian Creole in the appendix to these instructions (for use in the field, for translation, and/or for clients to complete themselves on paper); however, it is required to input the answers into Provide.
- Re-assessments should occur every 6 months in conjunction with the CM Assessment or earlier per case manager's discretion. The PHQ can be re-administered at next follow-up case management visits if client is experiencing "mild depression" as determined by PHQ assessment and was not referred to mental health
- If the result to Question 9 of the PHQ ("Thoughts that you would be better off dead or of hurting yourself in some way") is >0 , the client will need to be followed up with a Columbia-Suicide Severity Rating Scale (C-SSRS) (not a fillable tool in Provide – see appendix of attachments for this form and in Provide itself for this document). The C-SSRS should be scanned and uploaded in Provide under the "C-SSRS" document type. There is an additional (and optional) training for the C-SSRS. The first 15 minutes of the following link is the most

relevant (the last 10 minutes focuses on distinguishing attempts, which is not necessary for the C-SSRS)

https://www.youtube.com/watch?v=XTg8nCDoTo&list=PLZ6DpvOfzN1kV1F_IDw9-26JifBSDIbF.

- **If High Risk: Be calm and reassuring to your client. Emphasize you care and that their safety is the most important. Immediately call South County (PBC) crisis line (561-637-2102) and/or national crisis line (800-273-8255 or deaf & hard of hearing option 800-799-4889) or text (741-741). For clients who identify as trans (877-565-8860) or LGBTQ+ youth/young adults (call 866-488-7386, text 678-678 or online chat thetrevorproject.org/get-help). For Veterans (call 800-273-8255, followed by pressing 1 and 1, text 838-255 or chat online veteranscrisisline.net). For seniors and adults living with disabilities (800-971-0016). If unable to reach anyone or client leaves, call 911. Stay with client until they can be evaluated.**

Case Management (CM) Assessment

- Following the PHQ and SAMISS assessment, the client's Case Management (CM) Assessment will need to be updated/completed. The results of the PHQ and SAMISS assessments should inform the following questions in the CM Assessment, found under "Create" in the Client Profile:
 - Under the "Other Core Services" tab for the CM Assessment
 - Mental health concerns?
 - If SAMISS result is "Yes" for "Should client be referred for Mental Health?", ask client if they are currently experiencing those symptoms or not.
 - If they are currently experiencing symptoms, select "Currently experiencing problems"
 - If they are not currently experiencing symptoms, select "Some concerns or history of mental illness"
 - If PHQ result is >0 for Question 9 is "Thoughts that you would be better off dead or of hurting yourself in some way" AND C-SSRS is High Risk, select "Danger to self or others"
 - If SAMISS result is "No" for "Should client be referred to mental health", ask client if they have had a history of mental health issues/services in the past
 - If they have had a history, select "Some concerns or history of mental illness"
 - If no history, select "No"
 - Currently seeing a mental health professional?
 - Ask this question independently to the client, regardless of any other responses/results, and respond accordingly
 - Taking medications as prescribed?
 - This should be used for psychiatric medications. Ask this question independently to the client, regardless of any other responses/results, and respond accordingly.

- Depression
 - Select “No depression” if PHQ severity level does not display (score is <3) or if PHQ severity level is “Minimal depression”
 - Select “Depressed” if PHQ severity level is “Mild depression” or “Moderate depression”
 - Select “Severe Depression” if PHQ severity level is “Moderately severe depression” or “Severe depression”
- Drug or alcohol use and/or abuse
 - If SAMISS result is “Yes” for “Should client be referred for Substance Abuse?”, select “Yes” – otherwise, select “No”
- Client has perceived problems with drug or alcohol use
 - If SAMISS result is >0 for Question 6 (“In the past year, how often did you drink or use drugs more than you meant to”) and/or Question 7 (“How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to”), select “Yes”
- Friends, family, or legal system believe client to have problems with drug or alcohol use
 - Ask this question independently to the client, regardless of any other responses/results, and respond accordingly
- Under the “Support Services” tab
 - Support Group needed?
 - If SAMISS result is “Yes” for “Should client be referred for Psychosocial Support?”, select “Yes”
 - “Yes” to support group can also be selected based per case manager’s decision/discussion with client

Action Plan

- Following the client’s Case Management Assessment, select “Get Relevant Areas of Concern” and then “Select Areas of Concern to Address”. These areas populate based on CM assessment responses. Please select the relevant areas as available.
 - Select “Discuss mental health services available and provide immediate referral to mental health” if available
 - Select “Monitor mental health due to current Mental Health treatment” if available
 - Select “Explain complications with HIV, high-risk sex, and recommend substance abuse counseling” if available
 - Select “Provide referral for substance use counseling to address self-identified/family/friend identified Substance Abuse issue” if available
 - Select “Provide harm reduction education and provide referral to Prevention for additional harm reduction counseling” if available
 - Select “Provide referral to support group” if available
- Select “Create/Update” Action Plan and go to “Summary” tab
 - Select “Edit” and complete “Summary” tab

- Go to “Goals” tab
 - Keep Goal Type as “Standard”
 - Select Goal Category as “Access” if first time referring to mental health or substance use treatment, select “Retention” if continuing to encourage client to maintain mental health and substance abuse appointments and treatment, select “Adherence” if counseling client to continue attending mental health and substance abuse treatment if they are also struggling to take antiretroviral medication
 - Select Goal Statement as “Mental Health” or “Substance Abuse” as appropriate
 - Document interventions provided in “Interventions” open text area
 - Select Target Resolution date as appropriate
- Go to “Notes” tab
 - Add any additional Action Plan Goal Notes
- Continue to update Action Plan when working with client to achieve the Action Plan Goals (can be found in “View” and “Case Management Summary”)
 - Important to update “Outcome Measure” and Current Progress (“Goal Closed” and “Progress Update”)
 - When creating Progress Logs, make sure to select relevant “Goals Addressed” in the same named tab

Referrals

- Back in the Client Profile, select “Create” and then “Referral” if referrals need to be made
 - Select “Internal” for Referred Type if internal referral to PBC RWHAP is to be made
 - Select “External” for Referred Type if external referral outside PBC RWHAP is to be made
 - If “External” be sure to contact the external referral directly as this only documents the referral, but does not send it anywhere
- Please also document internal and external referrals in Progress Logs as well
- Follow-up with referrals made to ensure they are acknowledged and client is set-up with an intake appointment

Appointments

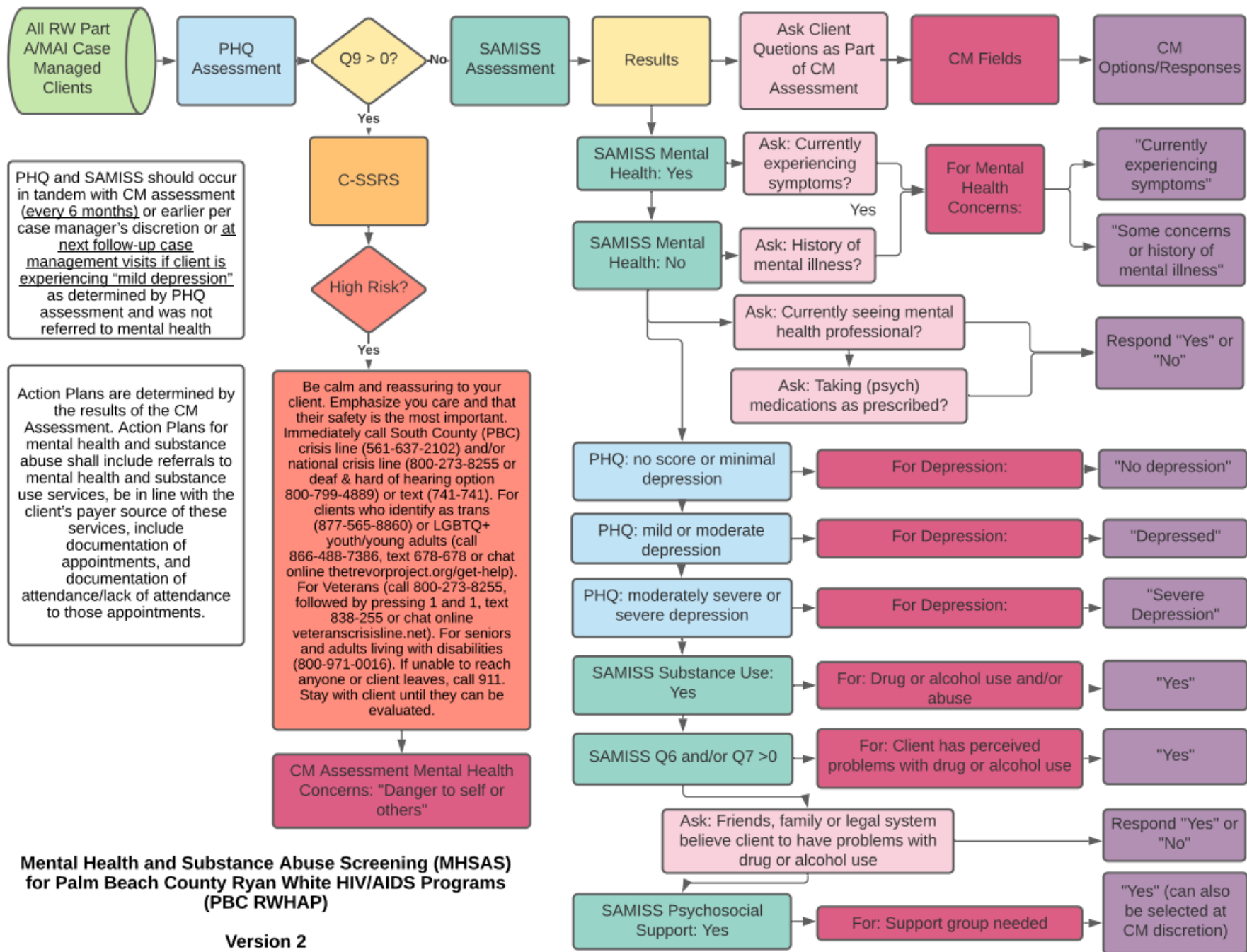
- Back in the Client Profile, select “Appointment”
 - Select “Mental Health”, “Substance Abuse (Outpatient)” or “Substance Abuse (Residential)” as appropriate
- Back in the Client Profile, select “View” and “Activity” to enter whether the client attended the appointment
 - Update “Status” and select appropriate response (“Rescheduled”, “Cancelled”, “Kept”, or “Missed”)

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Appendix of Documents

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PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
<i>Continue to Q3 if combined score of Q1 & Q2 is >2</i>				
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

If any question is >1, answer following two questions

How difficult have these problems made it for you to take your HIV medications as prescribed?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

How difficult have these problems made it for you to go to your medical and lab appointments for HIV care?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

For all:

Taking my HIV medications gives me hope

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE-9 (PHQ-9)

Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas? (Marque con un "□" para indicar su respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
1. Poco interés o placer en hacer cosas	0	1	2	3
2. Se ha sentido decaído(a), deprimido(a) o sin esperanzas	0	1	2	3
<i>Continúe hasta Q3 si la puntuación combinada de Q1 y Q2 es >2</i>				
3. Ha tenido dificultad para quedarse o permanecer dormido(a), o ha dormido demasiado	0	1	2	3
4. Se ha sentido cansado(a) o con poca energía	0	1	2	3
5. Sin apetito o ha comido en exceso	0	1	2	3
6. Se ha sentido mal con usted mismo(a) – o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia	0	1	2	3
7. Ha tenido dificultad para concentrarse en ciertas actividades, tales como leer el periódico o ver la televisión	0	1	2	3
8. ¿Se ha movido o hablado tan lento que otras personas podrían haberlo notado? o lo contrario – muy inquieto(a) o agitado(a) que ha estado moviéndose mucho más de lo normal	0	1	2	3
9. Pensamientos de que estaría mejor muerto(a) o de lastimarse de alguna manera	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

Si marcó cualquiera de los problemas, ¿qué tanta dificultad le han dado estos problemas para hacer su trabajo, encargarse de las tareas del hogar, o llevarse bien con otras personas?

No ha sido difícil

Un poco difícil

Muy difícil

Extremadamente difícil

Si alguna pregunta es >1, responda después de dos preguntas

¿Qué tan difíciles han sido estos problemas para usted tomar sus medicamentos contra el VIH según lo prescrito?

- No es difícil en absoluto
- Algo difícil
- Muy difícil
- Extremadamente difícil

¿Qué tan difíciles han sido estos problemas para usted ir a sus citas médicas y de laboratorio para recibir atención del VIH?

- No es difícil en absoluto
- Algo difícil
- Muy difícil
- Extremadamente difícil

Para todos:

La siguiente es una declaración de acuerdo /en desacuerdo. ¿Está totalmente de acuerdo, en desacuerdo, ni en desacuerdo ni de acuerdo, de acuerdo o muy de acuerdo con la siguiente declaración?

Tomar mis medicamentos contra el VIH me da esperanza

- Totalmente en desacuerdo
- En desacuerdo
- Ni en desacuerdo ni de acuerdo
- De acuerdo
- Totalmente de acuerdo

KESYONÈ SOU SANTE PASYAN-9 (PHQ-9)

Pandan dènye e semèn pase yo, konbyen fwa nenpòt nan pwoblèm ki anba la yo te annwiye w?
(Itilize "✓" pou endike repons ou)

	Pa ditou	Plizyè Jou	Plis pase matyè jou yo	Prèske chak jou
1. Pa prèske enterese oswa pran plezi pou fè okenn aktivite	0	1	2	3
2. Santi w kagou, deprime, oswa pèdi espwa	0	1	2	3
<i>Kontinye Q3 si not konbine nan Q1 & Q2 se >2</i>				
3. Genyen difikilte pou dòmi oswa rete dòmi, oswa ou dòmi twòp	0	1	2	3
4. Santi w fatigue oswa pa genyen anpil enèji	0	1	2	3
5. Pa genyen apeti oswa manje twòp	0	1	2	3
6. Ou pat genyen bon santiman pou tèt ou, oswa ou santi ou echwe tèt ou oswa fanmi w	0	1	2	3
7. Ou genyen pwoblèm pou konsantre sou sèten bagay, tankou li jounal oswa gade televizyon	0	1	2	3
8. Ap deplase oswa pale tèlman dousman lòt moun remake sa? Oswa nan kontrè — ou enève oswa ajite w ap vire tounen anpil plis pase nòmal	0	1	2	3
9. Ou santi ou ta pi byen si ou mouri oswa fè tèt ou dimal nan yon fason	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

Si ou te tcheke nenpòt pwoblèm, ki nivo difikilte pwoblèm sa yo te koze pou fè travay ou, okipe bagay lakay ou, oswa pou atann ou ak lòt moun?

Pat difisil ditou

Difisil enpe

Difisil anpil

Trè difisil

Si nenpòt kesyon >1, reponn de kesyon sa yo

Ki jan difisil gen pwoblèm sa yo te fe li pou ou pou ou pran medikaman VIH ou kom preskri?

- Pa difisil ditou
- Yon ti jan difisil
- Tre difisil
- Pifò difisil

Ki jan difisil gen pwoblèm sa yo te fe li pou ou pou ou ale nan randevou medikal ak laboratwa ou pou swen VIH?

- Pa difisil ditou
- Yon ti jan difisil
- Tre difisil
- Pifò difisil

Pou tout:

Sa ki annapre yo se yon deklarasyon dakò/pa dako. Eske ou fotman pa dako, pa dako, ni pa dako ni dakò, dakò, oubyen fotman dakò ak deklarasyon sa a?

Pran medikaman VIH mwen ban mwen esperans

- Fotman pa dako
- Pa dako
- Ni pa dako ni dakò
- Dakò
- Fotman dakò

PHQ Scoring

Total score of 0-2:

Client has screened **negative for depression** at this time (repeat screening in 6 months or earlier per case manager's discretion).

Total score of 3-4:

Client has screened for **minimal depression** at this time (repeat screening in 6 months or earlier per case manager's discretion).

Total score of 5-9:

Client has screened positive for **mild depression**. Consider referral to mental health services (watchful waiting, repeat screening at next appointment).

Total score of 10-14:

Client has screened positive for **moderate depression**. Encourage referral to mental health services (counseling/therapy, follow-up and/or pharmacotherapy).

Total a score of 15-19:

Client has screened positive for **moderately severe depression**. Strongly encourage and make referral to mental health services (active treatment with pharmacotherapy and/or psychotherapy).

Total score of 20-27:

Client has screened positive for **severe depression**. Make referral to mental health services (expedited referral for treatment with pharmacotherapy and psychotherapy).

Total score of 1-3 for "Thoughts you would be better off dead, or of hurting yourself":

Client has screened positive for **suicide risk**. **Screen for safety and urgency with Columbia-Suicide Severity Rating Scale (C-SSRS) and follow instructions.** Also make referral to mental health services (referral for treatment with pharmacotherapy and psychotherapy).

The **last 4 questions** are for case manager's understanding of how symptoms of depression are affecting HIV medication adherence. These questions are not scored.

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Screen Version - Recent

	Past month	
Ask questions that are <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to question 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Did you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	YES	NO

- Low Risk
- Moderate Risk
- High Risk

Any YES indicates that someone should seek mental health/behavioral healthcare.

If High Risk: Be calm and reassuring to your client. Emphasize you care and that their safety is the most important. Immediately call South County (PBC) crisis line (561-637-2102) and/or national crisis line (800-273-8255 or deaf & hard of hearing option 800-799-4889) or text (741-741). For clients who identify as trans (877-565-8860) or LGBTQ+ youth/young adults (call 866-488-7386, text 678-678 or online chat thetrevorproject.org/get-help). For Veterans (call 800-273-8255, followed by pressing 1 and 1, text 838-255 or chat online veteranscrisisline.net). For seniors and adults living with disabilities (800-971-0016). If unable to reach anyone or client leaves, call 911. Stay with client until they can be evaluated.

COLUMBIA-ESCALA DE SEVERIDAD SUICIDA (C-SSRS)

Versión exploratoria - Reciente

	Pasado Mes	
Haz las preguntas que están <u>subrayadas</u> .	SÍ	NO
Formule las preguntas 1 y 2		
1) <u>¿Ha deseado estar muerto(a) o poder dormirse y no despertar?</u>		
2) <u>¿Ha tenido realmente la idea de suicidarse?</u>		
Si la respuesta es "Sí" a la pregunta 2, formule las preguntas 3, 4, 5, y 6. Si la respuesta es "No" continúe a la pregunta 6.		
3) <u>¿Ha pensado en cómo llevaría esto a cabo?</u>		
4) <u>¿Ha tenido estas ideas y en cierto grado la intención de llevarlas a cabo?</u>		
5) <u>¿Ha comenzado a elaborar o ha elaborado los detalles sobre cómo suicidarse? ¿Tenida e intenciones de llevar a cabo este plan?</u>		
6) <u>¿Alguna vez ha hecho algo usted, comenzado a hacer algo o se has preparado para hacer algo para terminar su vida?</u>		
Ejemplos: Colectar píldoras, obtener una arma, regalar cosas de valor, escribir un testamento o carta de suicidio, sacado píldoras de la botella pero no las tragado, agarrar una arma pero ha cambiado de mente de usarla o alguien se la ha quitado de sus manos, ha subido al techo pero no ha saltado al vacío; o realmente ha tomado píldoras, ha tratado de disparar una arma, se ha cortado, ha tratado de colgarse, etc.		
Si la respuesta es "Sí", formule: <u>¿Fue esto en los últimos 3 meses?</u>		

- Bajo Riesgo
- Riesgo Moderado
- Alto Riesgo

Cualquier SÍ indica que alguien debe buscar atención médica de salud mental/comportamental.

Si es de Riesgo Alto: Mantén la calma y tranquiliza a tu cliente. Enfatiza que te preocupas y que su seguridad es lo más importante. Llame inmediatamente a la línea de crisis del sur del condado (PBC) (561-637-2102) y/o a la línea de crisis nacional en Español (888-628-9454) o envíe un mensaje de texto (741-741). Para clientes que se identifican como trans (877-565-8860) o jóvenes/adultos jóvenes LGBTQ+ (llame al 866-488-7386, envíe un mensaje de texto al 678-678 o charla en línea thetrevorproject.org/get-help). Para veteranos (llame al 800-273-8255, luego presione 1 y 1, envíe un mensaje de texto al 838-255 o chatee en línea veteranscrisisline.net). Para personas mayores y adultos que viven con discapacidades (800-971-0016). Si no puede comunicarse con nadie o el cliente se va, llame al 911. Quédese con el cliente hasta que pueda ser evaluado.

COLUMBIA-SWISID ECHEL RATING (C-SSRS)

Ekran Vesyon - Denye

		Sot pase mwa	
Poze kesyon ki souliye yo.		WI	NON
Poze Kesyon 1 ak 2			
1) <i><u>Eske ou vle ou te mouri oubyen vle ou te kapab ale domi epi yo pa reveye?</u></i>			
2) <i><u>Eske ou aktyelman te gen okenn panse pou touye tet ou?</u></i>			
Si WI pou 2, poze kesyon 3, 4, 5, ak 6. Si NO 2, ale direkteman nan kesyon 6.			
3) <i><u>Eske ou te panse sou fason ou ta ka fe sa?</u></i>			
4) <i><u>Eske ou te gen panse sa yo e te gen kek entansyon pou aji sou yo?</u></i>			
5) <i><u>Eske ou te komanse travay deyo oswa travay soti detay yo nan ki jan yo touye tet ou? Eske ou te gen entansyon pote plan sa a?</u></i>			

		WI	NON
6) <i><u>Eske ou te janm fe anyen, te komanse fe anyen, oswa prepare fe anyen nan fen lavi ou?</u></i>			
Egzanp: kolekte grenn, jwenn yon zam, te bay vale, te ekri yon not oswa swisid, te pran grenn men li pa t' vale nenpot ki, fe yon zam men chanje lide ou oswa li te pwan nan men ou, ale nan kay la men li pa t' ale; oswa aktyelman te pran grenn, eseye tire tet ou, koupe tet ou, te eseye pann tet ou, elatriye.			
Si WI, mande: <i><u>Eske sa te pase nan twa mwa pase yo?</u></i>			

- Risk Ki Ba
- Modere Risk
- Gwo Risk

Nenpòt WI endike ke yon moun ta dwe chèche swen sante mantal/konpòtman.

Si Gwo Risk: Fè kalm ak rasire kliyan ou. Mete aksan sou ou pran swen e ke sekirite yo se pi enpòtan an. Tousuit rele liy kriz South County (PBC) (561-637-2102) ak/oswa liy kriz nasyonal la (800-273-8255 oswa opsyon pou moun soud ak moun ki mal pou tande yo 800-799-4889) oswa voye tèks (741-741). Pou kliyan ki idantifye kòm trans (877-565-8860) oswa LGBTQ+ jèn/jenn adilt (rele 866-488-7386, voye tèks 678-678 oswa chat sou entènèt thetrevorproject.org/get-help). Pou veteran yo (rele 800-273-8255, epi peze 1 ak 1, voye tèks 838-255 oswa chat sou entènèt veteranscrisisline.net). Pou granmoun aje ak granmoun k ap viv ak andikap (800-971-0016). Si yo pa kapab jwenn okenn moun oswa kliyan ale, rele 911. Rete ak kliyan jiskaske yo ka evalye yo.

FOR CLIENT: Modified SAMISS

Date _____

Client ID _____

1. How often do you have a drink containing alcohol?

Never Monthly or less 2–4 times/mo 2–3 times/wk 4 or more times/wk

2. How many drinks do you have on a typical day when you are drinking?

None 1 or 2 3 or 4 5 or 6 7–9 10 or more

3. How often do you have 4 or more drinks on 1 occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

4. In the past year, how often did you use nonprescription drugs to get high or to change the way you feel?

Never Less than monthly Monthly Weekly Daily or almost daily

5. In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel?

Never Less than monthly Monthly Weekly Daily or almost daily

6. In the past year, how often did you drink or use drugs more than you meant to?

Never Less than monthly Monthly Weekly Daily or almost daily

7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to?

Never Less than monthly Monthly Weekly Daily or almost daily

8. In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?

Yes No

9. In the past year, were you ever on medication or antidepressants for depression or nerve problems?

Yes No

10. In the past year, was there ever a time when you felt sad, blue, or depressed for more than 2 weeks in a row?

Yes No

11. In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

Yes No

12. In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried and anxious?

Yes No

13. In the past year, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

Yes No

14. In the past year, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath?

Yes No

If yes, please explain:

15. During your lifetime, as a child or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others?

Yes No

If yes: In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma?

Yes No

16. In the past 3 months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life?

Yes No

SCORING: Modified Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

Date _____ Client ID _____

1. How often do you have a drink containing alcohol?

Never Monthly or less 2–4 times/mo 2–3 times/wk 4 or more times/wk
0 0 2 3 4

2. How many drinks do you have on a typical day when you are drinking?

None 1 or 2 3 or 4 5 or 6 7–9 10 or more
0 0 2 3 4 5

3. How often do you have 4 or more drinks on 1 occasion?

Never Less than monthly Monthly Weekly Daily or almost daily
0 0 0 3 4

Total for Q1-3: _____ (score of 5+ indicates a positive screen for substance abuse)

4. In the past year, how often did you use nonprescription drugs to get high or to change the way you feel?

Never Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q4: _____ (score of 3+ indicates a positive screen for substance abuse)

5. In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel?

Never Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q5: _____ (score of 3+ indicates a positive screen for substance abuse)

6. In the past year, how often did you drink or use drugs more than you meant to?

Never Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q6: _____ (score of 1+ indicates a positive screen for substance abuse)

7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to?

Never Less than monthly Monthly Weekly Daily or almost daily
0 1 2 3 4

Total for Q7: _____ (score of 1+ indicates a positive screen for substance abuse)

8. In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?

Yes No

9. In the past year, were you ever on medication or antidepressants for depression or nerve problems?

Yes No

10. In the past year, was there ever a time when you felt sad, blue, or depressed for more than 2 weeks in a row?

Yes No

11. In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

Yes No

12. In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried and anxious?

Yes No

13. In the past year, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

Yes No

14. In the past year, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath?

Yes No

If yes, please explain:

15. During your lifetime, as a child or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others?

Yes No

If yes: In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma?

Yes No (Not scored)

16. In the past 3 months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life?

Yes No

Scoring for Questions 8-16: If Yes to two or more questions, client should be referred to mental health if not already being seen by a mental health provider: Score 2+? _____

Scoring for Questions 10-16: If Yes to one or more questions, client should be referred to psychosocial support if not already part of a support group: Score 1+? _____

PARA EL CLIENTE: Modificado SAMISS

Fecha _____ Número de cliente _____

1. ¿Con qué frecuencia toma una bebida que contenga alcohol?

Nunca Mensualmente o menos 2–4 veces/mes 2–3 veces/semana 4 veces/semana

2. ¿Cuántas bebidas consume en un día típico en el que toma?

Ninguna 1 ó 2 3 ó 4 5 ó 6 7–9 10 o más

3. ¿Con qué frecuencia toma 4 bebidas o más en 1 ocasión?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente

4. El año pasado, ¿con qué frecuencia usó fármacos no recetados para drogarse o cambiar cómo se siente?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente

5. El año pasado, ¿con qué frecuencia usó fármacos que le recetaron a usted o a alguien más para drogarse o cambiar cómo se siente?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente

6. El año pasado, ¿con qué frecuencia bebió o usó drogas más de lo que era su intención?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente

7. ¿Con qué frecuencia sintió querer o necesitar reducir su consumo de bebidas o su uso de drogas el año pasado y no pudo?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente

8. El año pasado, al no estar drogado o intoxicado, ¿llegó a sentirse extremadamente lleno de energía o irritable y más conversador de lo normal?

Sí No

9. El año pasado, ¿estuvo medicado o tomó antidepresivos para la depresión o por problemas nerviosos?

Sí No

10. El año pasado, ¿hubo algún momento en que se sintió triste o deprimido por más de 2 semanas seguidas?

Sí No

11. El año pasado, ¿hubo algún periodo de más de 2 semanas en el que perdió el interés en la mayoría de las cosas, como pasatiempos, trabajo o actividades que generalmente le causan placer?

Sí No

12. El año pasado, ¿hubo un periodo de más de 1 mes en el que la mayoría del tiempo se sintió preocupado y ansioso?

Sí No

13. El año pasado, ¿tuvo un mareo o un ataque al sentir de repente miedo, ansiedad o mucha inquietud cuando la mayoría de la gente no tendría miedo ni ansiedad?

Sí No

14. El año pasado, ¿tuvo un mareo o un ataque cuando por ninguna razón su corazón de repente empezó a latir aceleradamente, se sintió mareado o no podía respirar?

Sí No

De ser así, sírvase explicar:

15. En su vida, de niño o adulto, ¿ha experimentado o presenciado algún evento o eventos traumáticos que tuvieron que ver con hacerse daño a usted mismo o a los demás?

Sí No

De ser así: el año pasado, ¿ha sufrido de retrospectaciones (flashbacks), pesadillas o pensamientos relativos al trauma?

Sí No

De ser así: el año pasado, ¿ha sufrido de retrospectaciones (flashbacks), pesadillas o pensamientos relativos al trauma?

Sí No

16. En los últimos 3 meses, ¿ha experimentado eventos o recibido información que lo alteró tanto que afectó cómo lidia con la vida diaria?

Sí No

PUNTUACIÓN: Modificado Síntomas de Abuso de Sustancias y Enfermedad Mental Screener (SAMISS)

Fecha _____ Número de cliente _____

1. ¿Con qué frecuencia toma una bebida que contenga alcohol?

Nunca Mensualmente o menos 2-4 veces/mes 2-3 veces/semana 4 veces/semana
0 0 2 3 4

2. ¿Cuántas bebidas consume en un día típico en el que toma?

Ninguna 1 ó 2 3 ó 4 5 ó 6 7-9 10 o más
0 0 2 3 4 5

3. ¿Con qué frecuencia toma 4 bebidas o más en 1 ocasión?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente
0 0 0 3 4

Total por Q1-3: _____ (una puntuación de 5+ indica una prueba positiva de abuso de sustancias)

4. El año pasado, ¿con qué frecuencia usó fármacos no recetados para drogarse o cambiar cómo se siente?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente
0 1 2 3 4

Total por Q4: _____ (una puntuación de 3+ indica una prueba positiva de abuso de sustancias)

5. El año pasado, ¿con qué frecuencia usó fármacos que le recetaron a usted o a alguien más para drogarse o cambiar cómo se siente?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente
0 1 2 3 4

Total por Q5: _____ (una puntuación de 3+ indica una prueba positiva de abuso de sustancias)

6. El año pasado, ¿con qué frecuencia bebió o usó drogas más de lo que era su intención?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente
0 1 2 3 4

Total por Q6: _____ (una puntuación de 1+ indica una prueba positiva de abuso de sustancias)

7. ¿Con qué frecuencia sintió querer o necesitar reducir su consumo de bebidas o su uso de drogas el año pasado y no pudo?

Nunca Menos que mensualmente Mensualmente Semanalmente Diariamente o casi diariamente
0 1 2 3 4

Total por Q7: _____ (una puntuación de 1+ indica una prueba positiva de abuso de sustancias)

8. El año pasado, al no estar drogado o intoxicado, ¿llegó a sentirse extremadamente lleno de energía o irritable y más conversador de lo normal?

Sí No

9. El año pasado, ¿estuvo medicado o tomó antidepresivos para la depresión o por problemas nerviosos?

Sí No

10. El año pasado, ¿hubo algún momento en que se sintió triste o deprimido por más de 2 semanas seguidas?

Sí No

11. El año pasado, ¿hubo algún periodo de más de 2 semanas en el que perdió el interés en la mayoría de las cosas, como pasatiempos, trabajo o actividades que generalmente le causan placer?

Sí No

12. El año pasado, ¿hubo un periodo de más de 1 mes en el que la mayoría del tiempo se sintió preocupado y ansioso?

Sí No

13. El año pasado, ¿tuvo un mareo o un ataque al sentir de repente miedo, ansiedad o mucha inquietud cuando la mayoría de la gente no tendría miedo ni ansiedad?

Sí No

14. El año pasado, ¿tuvo un mareo o un ataque cuando por ninguna razón su corazón de repente empezó a latir aceleradamente, se sintió mareado o no podía respirar?

Sí No

De ser así, sírvase explicar:

15. En su vida, de niño o adulto, ¿ha experimentado o presenciado algún evento o eventos traumáticos que tuvieron que ver con hacerse daño a usted mismo o a los demás?

Sí No

De ser así: el año pasado, ¿ha sufrido de retrospectivas (flashbacks), pesadillas o pensamientos relativos al trauma?

Sí No

16. En los últimos 3 meses, ¿ha experimentado eventos o recibido información que lo alteró tanto que afectó cómo lidia con la vida diaria?

Sí No

Puntuación por Preguntas 8-16: Si respondió Sí a dos o más preguntas, el cliente debe ser derivado a salud mental si aún no ha sido atendido por un proveedor de salud mental: Puntaje 2+? _____

Puntuación por Preguntas 10-16: Si la respuesta es Sí a una o más preguntas, el cliente debe ser derivado a apoyo psicosocial si aún no es parte de un grupo de apoyo: Puntaje 1+? _____

POU KLIYAN: Modifye SAMISS

Dat _____ **ID Kliyan** _____

1. Konbyen fwa ou gen bwe alkol?

Janm Chak mwa oswa mwens 2-4 fwa/mwa 2-3 fwa/ semèn 4 oswa plis fwa/ semèn

2. Konbyen bwason ou genyen sou yon jou tipik le ou ap bwe?

Okenn 1 oubyen 2 3 oubyen 4 5 oubyen 6 7-9 10 oswa plis

3. Konbyen fwa ou gen 4 oswa plis bwason sou okazyon 1?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou

4. Nan ane ki sot pase a, konbyen fwa ou te itilize Dwog nonprescription pou jwenn segonde oswa chanje fason ou santi ou?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou

5. Nan ane ki sot pase a, konbyen fwa ou te itilize Dwog preskri ou oswa yon lot moun pou jwenn segonde oswa chanje fason ou santi ou?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou

6. Nan ane ki sot pase a, konbyen fwa ou te bwe oswa itilize Dwog plis pase ou vle di?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou

7. Konbyen fwa ou te santi ou te vle oswa bezwen koupe desann sou bwe oswa Dwog ou itilize nan ane ki sot pase a, epi yo pa t' kapab?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou

8. Nan ane ki sot pase a, le pa wo oswa entoksike, Eske ou te janm santi tre enejik oswa chimerik ak plis talkative pase dabitid?

Wi Pa gen

9. Nan ane ki sot pase a, Eske ou te janm sou medikaman oswa pa pou depresyon oswa pwoblem ne?

Wi Pa gen

10. Nan ane ki sot pase a, te gen yon tan le ou te santi ou tris, ble, oswa chagren pou plis pase semèn 2 nan yon ranje?

Wi Pa gen

11. Nan ane ki sot pase a, te gen yon tan ki te dire plis pase 2 semèn le ou pedi entere nan pifò bagay tankou pas tan, travay, oswa aktivite ki anjeneral ba ou plezi?

Wi Pa gen

12. Nan ane ki sot pase a, Eske ou te janm gen yon peryod ki dire lontan plis pase mwa 1 le pi fo nan tan an ou te santi enkyete ak enkyete?

Wi Pa gen

13. Nan ane ki sot pase a, Eske ou te gen yon eple oswa yon atak le tout nan yon toudenkou ou te santi pe, enkyete, oswa tre sispek le pifò moun pa ta dwe pe oswa enkyete?

Wi Pa gen

14. Nan ane ki sot pase a, Eske ou te janm gen yon eple oswa yon atak le pou pa gen rezon ke ou toudenkou te komanse ras, ou te santi ou bouke, oubyen ou pa t' kapab kenbe souf ou?

Wi Pa gen

Si wi, tanpri eksplike:

15. Pandan tout lavi ou, antanke timoun oswa yon granmoun, eske ou gen eksperyans oswa temwen evenman twomatik (yo) ki enplike mal nan tet ou oswa bay lot moun?

Wi Pa gen

Si wi: nan ane ki sot pase a, Eske ou te twouble pa flachbak, kochma, oswa panse sou chok yo?

Wi Pa gen

16. Nan mwa ki sot pase yo 3, Eske ou te gen eksperyans nenpot evenman (yo) oswa resevwa enfòmasyon ki te telman oulvesan li afekte ki jan ou sipote ak lavi chak jou?

Wi Pa gen

FÈ NÒT: Modifye Abi Sibstans ak Maladi Mantal Sentom Screener (SAMISS)

Dat _____ ID Kliyan _____

1. Konbyen fwa ou gen bwe alkol?

Janm Chak mwa oswa mwens 2-4 fwa/mwa 2-3 fwa/ semèn 4 oswa plis fwa/ semèn
0 0 2 3 4

2. Konbyen bwason ou genyen sou yon jou tipik le ou ap bwe?

Okenn 1 oubyen 2 3 oubyen 4 5 oubyen 6 7-9 10 oswa plis
0 0 2 3 4 5

3. Konbyen fwa ou gen 4 oswa plis bwason sou okazyon 1?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou
0 0 0 3 4

Total depi Q1-3: _____ (not nan 5 endike yon ekran pozitif pou abi sibstans)

4. Nan ane ki sot pase a, konbyen fwa ou te itilize Dwog nonprescription pou jwenn segonde oswa chanje fason ou santi ou?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou
0 1 2 3 4

Total depi Q4: _____ (not nan 3 endike yon ekran pozitif pou abi sibstans)

5. Nan ane ki sot pase a, konbyen fwa ou te itilize Dwog preskri ou oswa yon lot moun pou jwenn segonde oswa chanje fason ou santi ou?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou
0 1 2 3 4

Total depi Q5: _____ (not nan 3 endike yon ekran pozitif pou abi sibstans)

6. Nan ane ki sot pase a, konbyen fwa ou te bwe oswa itilize Dwog plis pase ou vle di?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou
0 1 2 3 4

Total depi Q6: _____ (not nan 1 endike yon ekran pozitif pou abi sibstans)

7. Konbyen fwa ou te santi ou te vle oswa bezwen koupe desann sou bwe oswa Dwog ou itilize nan ane ki sot pase a, epi yo pa t' kapab?

Janm Mwens pase chak mwa Chak mwa Chak semen Chak jou oswa preske chak jou
0 1 2 3 4

Total depi Q7: _____ (not nan 1 endike yon ekran pozitif pou abi sibstans)

8. Nan ane ki sot pase a, le pa wo oswa entoksike, Eske ou te janm santi tre enejik oswa chimerik ak plis talkative pase dabitid?

Wi Pa gen

9. Nan ane ki sot pase a, Eske ou te janm sou medikaman oswa pa pou depresyon oswa pwoblem ne?

Wi Pa gen

10. Nan ane ki sot pase a, te gen yon tan le ou te santi ou tris, ble, oswa chagren pou plis pase semen 2 nan yon ranje?

Wi Pa gen

11. Nan ane ki sot pase a, te gen yon tan ki te dire plis pase 2 semen le ou pedi entere nan pifo bagay tankou pas tan, travay, oswa aktivite ki anjeneral ba ou plezi?

Wi Pa gen

12. Nan ane ki sot pase a, Eske ou te janm gen yon peryod ki dire lontan plis pase mwa 1 le pi fo nan tan an ou te santi enkyete ak enkyete?

Wi Pa gen

13. Nan ane ki sot pase a, Eske ou te gen yon eple oswa yon atak le tout nan yon toudenkou ou te santi pe, enkyete, oswa tre sispek le pifo moun pa ta dwe pe oswa enkyete?

Wi Pa gen

14. Nan ane ki sot pase a, Eske ou te janm gen yon eple oswa yon atak le pou pa gen rezon ke ou toudenkou te komanse ras, ou te santi ou bouke, oubyen ou pa t ' kapab kenbe souf ou?

Wi Pa gen

Si wi, tanpri eksplike:

15. Pandan tout lavi ou, antanke timoun oswa yon granmoun, eske ou gen eksperyans oswa temwen evenman twomatik (yo) ki enplike mal nan tet ou oswa bay lot moun?

Wi Pa gen

Si wi: nan ane ki sot pase a, Eske ou te twouble pa flachbak, kochma, oswa panse sou chok yo?

Wi Pa gen

16. Nan mwa ki sot pase yo 3, Eske ou te gen eksperyans nenpot evenman (yo) oswa resevwa enfomasyon ki te telman oulvesan li afekte ki jan ou sipote ak lavi chak jou?

Wi Pa gen

Plasman pou Kesyon 8-16: Si wi a de oswa plis kesyon, kliyan yo ta dwe refere a sante mantal si se pa deja yon founise sante mantal: Not 2+? _____

Plasman pou Kesyon 10-16: Si wi pou youn oswa plis kesyon, kliyan yo ta dwe refere a sipo psikosoyal si se pa deja yon pati nan yon gwoup sipo: Not 1+? _____

Mental Health and Substance Abuse Resources in Palm Beach County – Page 1 of 4

Agency Name	Population	Description	Agency Phone Number	Agency Email	Agency Address	Agency Website
Compass	Individuals with HIV, with experience with LGBTQ+ populations	Individual and group mental health therapy for individuals with HIV. Compass is a current Ryan White Part A funded provider. Compass Mental Health is able to provide services in English and Spanish. Compass Mental Health Provider: Catherine Doe, plus additional therapists via the Compass Mental Health Collaborative	Refer via Provide and can call 561.533.9699 Ext 4015	<u>Can contact via: https://compassglcc.com/mental-health/#12</u>	201 N. Dixie Hwy. Lake Worth Beach, FL 33460	<u>https://compassglcc.com/mental-health/#1</u>
FoundCare	Individuals with HIV	Mental health therapy and psychiatric medication treatment for individuals with and without HIV. FoundCare's Behavioral Health Team is able to provide services in English, Spanish, and Creole. FoundCare is a current Ryan White Part A funded provider. FoundCare Mental Health	Refer via Provide and you may also call 561-HEALTHY (561-432-5849) or (561) 214-4602	<u>info@foundcare.org</u>	Main Location: 2330 S. Congress Avenue Palm Springs, FL 33406 (Other Behavioral Health locations include: West Palm Beach and North Palm Beach)	<u>https://www.foundcare.org/services/behavioral-health</u>
Florida Department of Health	Individuals with HIV	Mental health treatment for individuals with HIV. Do not need to be a Ryan White client. Only requirements are PBC residency and HIV status. DOH Mental Health Providers: John Boswell, Michael Amberg, Lisa Niebling	Appointment Line: 1-855-438-2778	//	Main Location: 1150 45th St. West Palm Beach, FL 33407	<u>http://palmbeach.floridahealth.gov/index.html</u>

Mental Health and Substance Abuse Resources in Palm Beach County – Page 2 of 4

Agency Name	Population	Description	Agency Phone Number	Agency Email	Agency Address	Agency Website
Drug Abuse Foundation of Palm Beach County, Inc.	Anyone struggling with substance use issues	Full services: Prevention, Intervention, Crisis, Med/Psych and Treatment.	(561) 278-0000 Emergency Services WALK-IN 24/7	Can use "Contact Us" message system on website	400 S Swinton Ave Delray Beach, Florida-33444	https://www.dafpbci.org/Home/Index
South County Mental Health Center, Inc.	Mentally ill adults with the primary focus on services for severely and persistently mentally ill clients	Case management, Crisis intervention, Medication management, Parenting, Phobias, Psychiatric evaluation, Residential services, Suicide risk	561-495-0522 (Main) 561-637-2102 (Intake / Crisis)	SCMHC@scmhinc.org	16158 South Military Trail Delray Beach, Florida 33484	https://www.scmhcinc.org/
The HUB	Individuals in recovery looking for support and resources	General support for those in recovery from substance use – resources list from HUB is next in document	866-472-2482	ian@pbchub.org	2120 W. Atlantic Ave, Delray Beach FL	www.pbchub.org



Services and Resources

- JFK N ASU-Addiction Stabilization Unit-561-842-6141-2201 45th St. WPB 33407-24 hrs. Access through ER must ask to be admitted to ASU.
- Harm Reduction: FLASH-FL Access to Syringe & Health Services-Rebel Recovery-561-508-8388, 9-5pm-M-F 400 N. Congress Ave. #130, W 33401
- MAT-Medication Assisted Treatment-Therapeutic Services-Health Care District-561-274-3100, 8-5pm M-F Sat-9-1pm-225 S. Congress Ave., Delray Beach 33455
- MAT- Medication Assisted Treatment-The Recovery Network-561-812-2000, 8-5pm 110 John F. Kennedy Dr., Ste 118, Atlantis 33462
- Mental Health Services-South County Mental Health-561-274-3100 8-5pm M-F-16158 S. Military Tr., Delray Beach 33484*accept uninsured
- Mental Health- 24 hr. Crisis Response-South County Mental Health Mobile Response Team-561-637-2102
- Mental Health Support-NAMI 561-588-3477 9-5pm M-F
- Substance Use Treatment-DAF-561-278-0000 24hrs. 400 S. Swinton Ave. Delray Beach 33444 *accept uninsured
- Housing-FARR 561-299-0405 farronline.org 9-5pm M-F
- Housing-CARP 561-844-6400 9-5pm M-F M&F 90 Day Program
- Housing-Oxford House Clusia-561-508-2094 9-5pm M-F
- Housing-The Fern House 561-471-0430 9-5pm M-F Male Only 6 Month Program
- Faith Based Program-Faith Farms 561-737-2222 9-5 pm *men only, 9538 US Hwy 441, Boynton Beach 33472. 9 Month Program
- Homeless Assistance-Delray Police Service Advocate, Ariana Ciancio-561-243-7840, Ariana cell- 561-353-6205-Delray Only
- The HUB Recovery Community Center (Peer Support/Community Resources)-866-472-2482, 2120 Atlantic Ave. Delray Beach 33455 9-5pm M-F
- Rebel Recovery-Recovery Community Organization (Peer Support/Community Resources)-561-508-8388 M-F 9-5pm 400 N. Congress Ave. #130 WPB 33401
- Affordable Healthcare-Health Care District-561-642-1000 225 S. Congress Ave. Delray Beach 8-5 M-F Sat-9-1pm



Services and Resources

- Discounted Bus Passes-Bridges of Boynton Beach 561-904-7743, 639-E. Ocean Ave. #101 Boynton Beach, Mon & Wed 9-12pm- 31 day pass-\$15-\$20
- SNAP-Food Stamps-Apply for benefits: www.myflorida.com/accessflorida
- Employment-Career Source- Delray Beach Library 561-266-0194 100 W. Atlantic Ave. DB, Every Thurs 9-4:30 pm employment and resume help (mask required)
- Halfway Scholarship Assistance-Inclusive Recovery Foundation-Apply at: www.Inclusiverecovery.org
- Alcoholics Anonymous-Meetings: www.aainpalmbeach.org 877-313-1523
- Narcotics Anonymous-Meetings: www.na.org 561-393-0303
- Family Support- Al Anon Meetings: www.findrecovery.org 888-362-4427
- Family Support- Nar- Anon Meetings: www.nar-non.org 888-362-4427
- Family Support- Learn 2 Cope www.learn2cope.org
- Addiction Support/Info-Palm Beach County Behavioral Health Coalition-561-374-7627
- Grief Support-GRASP-Grief Recovery After Substance Passing: www.grasphelp.org
- Grief Recovery Support: Our 2 Sons: www.our2sons.org Our2Sons@gmail.com Staci Katz 561-523-1038 and Cindy Singer 516-978-2904
- Grief Support-Trust Bridge Bereavement 561-227-5175 *Speak with Blanca
- Grief Recovery Support-Project Cope: www.hanleyfoundation.org
- No Charge Hot Meals-The Soup Kitchen 8645 W. Boynton Beach Blvd., Boynton Bch 33472 M-Sat. 9-12pm Closed Sunday
- Food Pantry-CROS Ministries 141 S.W. 12th Ave. Delray Beach 33444 M-F 11-2pm Closed weekends
- Free Clothing & Resume Help for Women: Dress for Success 561-249-3898 2459 S. Congress Ave #204, Palm Springs 33406 9-5pm M-F*appt only
- Free Clothing & Resume Help for Men: Suits for Seniors 305-459-3354, Tae Edmunds M-F 9-5pm 251 W. 11th St.#904, Riviera Beach 33404
- Marchman Act/Substance Use: www.marchmanactflorida.com Apply at the Delray Bch Police Dept-8-4pm M-F 200 W. Atlantic Ave, Delray Bch 33444
- Baker Act/Mental Health: www.namipbc.org/bakeract Apply at the Delray Bch Police Dept-8-4pm M-F 200 W. Atlantic Ave, Delray Bch 33444
- Crisis Services- <https://sefbhn.org/>
- Hanley Foundation-Lifesaver Scholarships-561.268.2355, visit hanleyfoundation.org 9-5 M-F

Disclaimer - The Palm Beach County HUB does not endorse or affiliate with any substance use treatment center or mental healthcare provider or facility. At the time of this publication all of the associated links were current and working.

PRCHUB.ORG
Palm Beach County Recovery Hub

2120 W. Atlantic Ave
Delray Beach, FL 33445

Crisis Line Websites

C-SSRS with “Just Ask. You Can Save A Life” Video: <https://cssrs.columbia.edu/>

National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/>

National Trans Lifeline: <https://translifeline.org/>

Trevor Project (LGBTQ+ youth/young adults): <https://www.thetrevorproject.org/>

Veterans Crisis Line: <https://www.veteranscrisisline.net/>

Senior and Adults Living with Disabilities Crisis Line: <https://www.ioaging.org/services/friendship-line>