

Maryland Department of Human Services (DHS), Social Services Administration (SSA)

Substance Exposed Newborn (SEN) Policy Training FAQs

# ➤ Overview of SEN Policy Implementation & Federal/State Laws

## **When are the expected changes to take place and high-level information of changes?**

Programmatic and practice changes have been made in policy to reduce SEN out-of-home placements, improve the quality and effectiveness of services for SEN and families impacted by substance use, and promote the well-being of all families served. Cross-system coordination of services and providers working more effectively together to meet the unique needs of SENs and parents impacted by substance use. Utilizing data to understand the needs of the families, develop plans for improvement, and identify interventions and services to address the full spectrum of needs for families served.

## **What was the driver of this policy change?**

Federal laws and reporting requirements, Maryland state laws, Code of Maryland Regulations (COMAR), and gaps in preceding policies were the main drivers in this policy change. The development of a standardized Plan of Safe Care along with revisions to current SEN forms to improve practice were additional drivers for this policy update.

## **What are the federal reporting requirements and the governing body for the policy changes?**

The Comprehensive Addiction and Recovery Act (CARA) of 2016 and the Child Abuse Prevention and Treatment Act (CAPTA) aims to address the problem of opioid dependence in the United States and prompted these changes. CAPTA requires states to apply policies and procedures to address the needs of infants born and identified as being affected by all substance abuse (not just illegal substances abuse). States are also required to develop plans of safe care for all SENs and monitor these plans to determine delivery of appropriate services to the SEN and affected parent/s are also requirements.

## **Any practice guidelines to address racial and class bias in screening related to the new policy changes?**

In partnership with Maryland’s Department of Health Behavioral Health Administration and technical assistance received from the National Center on Substance Abuse and Child Welfare (NCSACW), a SEN Toolkit was developed by the Social Services Administration (SSA). The SEN Toolkit provides guidance on universal screening and toxicology testing to address racial or class bias, as well as best practices for supporting SENs and families impacted by substance use.

The SEN Toolkit can be accessed on Maryland’s Department of Human Services (DHS) SEN webpage under "Resources & Forms.”

<https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/>

## **Does the new policy create changes in the way LDSS respond to reports of a SEN?**

SSA/Child Welfare (CW) SEN #21-05 policy does not change the overall way the LDSS responds, but provides new guidance on the initial response/engagement with the family. The LDSS caseworker’s face-to-face contact with the SEN and mother within 48 hours of case acceptance is critical to ensuring the safety of the child. The engagement during the initial response helps to obtain key information from medical providers. Completing a substance use disorder screen and assessing other children in the care of the parent/s that will inform the agency’s service decision are also critical steps when responding to SEN reports.

## **What are the new requirements for reporting and for cases where a mother has a positive toxicology, but the newborn’s toxicology is negative?**

Family Law Article, § 5-704.2 requires an HCP/reporter involved in the delivery or care of a newborn to notify the LDSS when 1.) Newborn displays a positive toxicology screen for a controlled drug as evidenced by any appropriate test after birth, 2.) Newborn displays effects of controlled substance use or symptoms of withdrawal resulting from prenatal controlled substance exposure as determined by medical personnel **OR** 3.) Newborn displays the effects of fetal alcohol spectrum disorder. The policy only requires the newborn to meet one of the above definitions. The mother’s positive toxicology alone does not warrant a SEN notification to the LDSS.

SSA’s SEN Referral Guide provides additional guidance on reporting requirements. The guide can be accessed on DHS’ SEN webpage: <https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/>

## **What are the requirements for a newborn that comes to the LDSS attention through Safe Haven and is identified as a SEN?**

Yes, a SEN can be a Safe Haven as well as stated in the Safe Haven policy. A newborn identified as a Safe Haven and SEN should be screened in as a SEN service case. LDSS screeners should ensure intake information documents the newborn as a Safe Haven and SEN. The SEN assessment conducted by the LDSS will adhere to procedures and timeframes stated in the SEN #21-05 policy along with the actions required under SSA’s Maryland Safe Haven Program policy (SSA/CW# 18-04).

## **Who from the hospital should make the reports (i.e., medical staff in addition to hospital social workers)?**

A health care practitioner (HCP)HCP or hospital staff such as a social worker or registered nurse involved in the care of a newborn can make a SEN notification to the LDSS.

## **How does the new policy changes affect current LDSS intervention in SEN cases?**

The new policy does not affect current LDSS interventions in SEN cases but may clarify information to ensure consistency of practice across Maryland.

## **What are some of the screening questions Intake workers should be asking when taking SEN referrals?**

LDSS screeners are encouraged to utilize the Notification of Substance Exposed Newborn form (DHS/SSA/3010/December 2020) developed by SSA to guide and elicit information from HCPs/reporters. As well LDSS screeners should encourage HCPs/reporters to utilize the notification form when providing information verbally to the LDSS.

## **What are the required timeframes for assessments for cases with a SEN?**

A SEN Assessment Flowchart has been developed for supervisors and frontline staff identifying key periods during the SEN assessment which includes the LDSS response time.

### SEN Assessment Flowchart:



## **Does the new policy change the reporting requirements for a mother taking a legally prescribed substance?**

No, it does not change this reporting requirement

## **What are the timeframes that hospitals have to complete and submit the SEN notification form to LDSS?**

According to Family Law Article, § 5-704.2.(c)(2), a HCP/reporter involved in the delivery or care of a SEN shall make a written notification to the LDSS no later than 48 hours after the contact, examination, attention, treatment, or testing that prompted the notification. SSA’s Notification of Substance Exposed Newborn form (DHS/SSA/3010/December 2020) should be used when making a written notification to the LDSS.

## **In cases where there are concerns for the families’ ability to care for the child, would a 2nd report be required in addition to the report regarding a SEN?**

If at any point the LDSS receives information or determines abuse, neglect, or circumstances indicate the SEN’s (or any other child in the home) health or welfare is at substantial risk of harm, a maltreatment report (investigative response) should be made to Screening. The LDSS screener should document and identify the newborn as a SEN based on SEN criteria/definition.

## **Per the new policy, are LDSS still required to accept all referrals for SEN?**

View response #6.

## **Are jurisdictions where the mother delivers the newborn or the jurisdictions where the mother resides supposed to respond to reports of SEN?**

The SEN notification should be made to the LDSS where the SEN’s parent/s or caregiver intends to reside with the child, and that LDSS will be responsible for the SEN service case.

# ➤ SEN Reporting related to Cannabis-use

## **Are we required to report a newborn with a positive toxicology report for solely cannabis if there are no other social concerns?**

Yes, according to Family Law Article, § 5-704.2.(a)(1)(2)(b)(1), controlled drug means a controlled substance included in Schedule 1 and a SEN is a newborn that displays a positive toxicology screen for a controlled drug as evidenced by any appropriate test after birth. Medical cannabis is a Schedule 1 substance under the United States Controlled Substance Act and Maryland’s Criminal Law § 5-402(2)(D)(1)(vii).

## **Should an infant with a positive toxicology for cannabis with no withdrawal or any other medical issues be accepted as a SEN case? What about positive for THC or CBD edible products with trace amounts of THC?**

Yes, view response #1 in this section.

## **Will we know any future reporting mandates surrounding verified medical marijuana use?**

SSA will continue to partner with the Maryland Medical Cannabis Commission (MMCC) to inform internal and external stakeholders on any federal and state statutes or regulations related to medical marijuana use.

## **What about mothers who have the Medical Marijuana Card from the Cannabis Commission? Is a written certification the same as a marijuana card? Beyond the certification, a provider also provides a written prescription. Would medical cannabis provided by a nurse practitioner whose only business revolves around medical cannabis be considered a valid medically prescribed use?**

A “Patient Identification Card” issued by the MMCC is not comparable to a written certification for medical cannabis issued by a certified provider. A certifying provider, which may include but not limited to a nurse practitioner, does not issue written prescriptions for medical cannabis only written certifications. Written certifications by a certifying provider must be renewed annually (meaning a patient must see a certifying provider once per year to determine recertification), whereas MMCC issued patient identification cards are good for three years. Medical cannabis is a Schedule 1 substance under the United States Controlled Substance Act and Maryland’s Criminal Law § 5-402(2)(D)(1)(vii). A written certification for its use **does not** make it a prescribed controlled substance under Family Law Article, § 5-704.2(e)(2)(i).

## **How is information about reporting being disseminated to practitioners and consumers of medical marijuana?**

SSA’s Well-Being Unit developed SEN materials that provides information about reporting requirements and the SEN Risk of Harm assessment. The Well-Being Unit attends various state and local events to present and share information about reporting requirements. Any requests for SSA’s Well-Being Unit to attend and present can be submitted to Shawnett.Mills1@maryland.gov

SSA’s SEN literature can be accessed on DHS’ SEN webpage: <https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/>

# ➤ Medical determinants of substance-exposed newborn and reporting requirements for hospitals

## **What are the hospital reporting requirements for a SEN?**

View responses #3, 6, and 13 under **Overview of SEN Policy Implementation & Federal/State Laws.**

## **What should happen in cases where a newborn’s toxicology comes back negative because the substance leaves the newborn’s system quickly (e.g., fairly common for maternal cocaine or amphetamine use and positive toxicology, the child is born premature, but the newborn’s toxicology comes back negative)?**

When a newborn’s toxicology comes back negative, clinical judgment should be utilized to identify or determine if the newborn displays any effects of prenatal substance exposure as defined by Maryland’s Family Law § 5-704.2. View response #6 for the SEN definition under **Overview of SEN Policy Implementation & Federal/State Laws**

## **How are cases of false positives being accounted for in the referral process? Also is the mother testing positive enough to warrant a case being open?**

Currently, SSA’s child welfare system does not account for SEN notifications/referrals with a false positive result. If a SEN notification is screened in as a SEN service case and the LDSS worker receives information during the SEN assessment of a false positive for the newborn with no other effects from prenatal substance exposure, effects of fetal alcohol spectrum disorder, or no safety concerns present, the LDSS may determine to close the case. A Plan of Safe Care (POSC) would not be required in this case as the newborn did not meet the SEN definition.

A mother’s positive toxicology test alone does not meet Maryland’s SEN statute definition nor the screening criteria for a SEN Risk of Harm service case.

## **What would be considered effects of substance use for a newborn (e.g., premature delivery may be due to a number of different factors which may include substance-use)?**

Clinical judgment should be utilized based on the current science around abuse of substances to determine any effects of prenatal substance exposure. In addition, during the SEN Policy Training held on February 17, 2021 information was presented on the effects of prenatal substance exposure. Requests to receive training material can be submitted to Shawnett.Mills1@maryland.gov.

## **The majority of individuals with Fetal Alcohol Spectrum Disorders (FASD) do not show facial/physical features and it's hard to get a diagnosis until early childhood. What is the recommendation in these cases?**

Clinical observations for signs and symptoms of FASD during the newborn’s initial weeks is recommended. FASD symptoms can range from physical defects to neurological problems and may often require a referral to a developmental pediatrician or another medical expert. Maryland’s SEN statute, § 5-704.2.(a)(1)(4), defines a newborn as a child under the age of 30 days. If it has been determined through clinical observations or an evaluation the newborn displays the effects of FASD, a notification to the LDSS should be made.

## **If the mother has been prescribed an opioid and the infant is showing signs of Neonatal Abstinence Syndrome (NAS) should there be a referral (even if the mother was prescribed the substance by a doctor)?**

Yes, Maryland’s Family Law § 5-704.2.(a)(1)(2)(i-iv) exception for making a SEN notification requires verification that the mother was using a controlled substance as currently prescribed by a health care practitioner in addition to the newborn not being affected by the substance. **All must be met in order to meet the exception:** 1.) Newborn does not display the effects of withdrawal from a controlled substance exposure as determined by medical personnel 2.) Newborn does not display the effects of fetal alcohol spectrum disorder 3.) Newborn is not affected by substance abuse.

SSA’s SEN Referral Guide provides additional guidance on reporting requirements. The guide can be accessed on DHS’ SEN webpage: <https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/>

## **We have had cases when the meconium was positive, but at birth the newborn showed no effects. Would this warrant a referral?**

Yes, view response #6 under **Overview of SEN Policy Implementation & Federal/State Laws**

## **For mothers clinically being determined to be experiencing alcohol use disorder with a safety concern to the newborn but there is not a positive toxicology for mother or the newborn with no effects to the newborn present at birth, would this be considered a SEN report or should it be called in as an alternative report?**

At any time when an HCP/reporter determines or suspects serious, imminent danger or any risks to the newborn, a report to the LDSS should be made.

# ➤ SEN Notification form and general reporting

## **Should we indicate what substance the parents have used in the pregnancy or only what the mother was positive for at delivery?**

All necessary and available information about the newborn’s parent/s or caregiver should be provided to the LDSS. Information provided informs and supports the agency’s screening decision and informs the LDSS caseworker when initiating engagement with the family. The LDSS screener and supervisor will analyze the information to ensure and determine that the information provided meets the SEN requirement/criteria.

## **In facilities where there is not a dedicated Maternal Child/ Newborn social worker. Can this form be initiated in the hospital by the staff/nurses so hospital stay information is more complete and available....even if found not to be needed once newborn's meconium results are received (since many newborns are discharged before meconium results are received)?**

View response #6 under **Overview of SEN Policy Implementation & Federal/State Laws.**

# ➤ Role and responsibility clarification between hospitals and LDSS

## **What are the requirements for hospitals to make a SEN referral and what should LDSS do if they are not meeting these requirements?**

View response #6 and 13 under **Overview of SEN Policy Implementation & Federal/State Laws** for reporting requirements.

For hospitals not meeting SEN notification requirements, the LDSS’ may:

* 1. Inform the HCP/reporter at the time of the oral notification that Family Law Article, § 5-704.2 requires HCP/reporter submit a written notification to the LDSS not later than 48 hours. Screeners should inform the HCP/reporter how to access form or email the form to the HCP/reporter; and
	2. Contact SSA’s Well-Being Unit Shawnett Mills to address a hospital’s continued non-compliance after the LDSS has made attempts to inform the hospital or HCP/reporter on SEN notification requirements.

## **Is it the responsibility of the LDSS to request one year of toxicology screening from Medication-Assisted Treatment (MAT) programs and what is the reasoning behind this request?**

Requesting one year of toxicology results from substance use or opioid use providers is not a SEN regulation or policy requirement. Toxicology screens should be a clinical tool to determine whether the safety plan, service plan, or treatment plan is working to adequately address the parent’s substance use. Requesting toxicology screens may vary and should be used to monitor the effectiveness of the parent’s treatment program rather than used to “catch” a parent or for punitive actions.

Best practice supports communication with the substance or opioid use treatment provider (with appropriate release of information obtained) to identify the programs substance use testing procedures (frequency, random testing) and to make any specific toxicology requests that will assist with making a service decision encouraged.

## **What should LDSS do if hospitals submit a form other than the new SEN Notification form?**

Inform the HCP/reporter or birthing hospital the Notification of Substance Exposed Newborn form (DHS/SSA/3010/December 2020) should be used as the written notification to the LDSS. The LDSS is encouraged to provide the form or inform the HCP/reporter or birthing hospital on how to access the form on DHS’ SEN webpage.

## **Are LDSS legally allowed to ask a hospital to hold a newborn’s discharge in order to access the home?**

If circumstances or information received indicates that a newborn is in serious or imminent danger, the LDSS will determine whether there is sufficient information to justify the newborn being held to prevent possible abuse or neglect.

## **Does the SEN Notification form take the place of the written CPS report?**

No,the Notification of Substance Exposed Newborn form (DHS/SSA/3010/December 2020) should only be used for SEN written notifications. Any abuse or neglect written reports should be completed using DHS’ SSA’s “Report of Suspected Child Abuse” form.

## **Will the hospital be required to obtain all information on the SEN Notification form prior to making the report to any LDSS? How will an incomplete form affect whether a report is screened in or out while waiting for more information?**

The hospital should provide all information known about the newborn, the newborn’s parent/s, or caregiver when submitting the SEN notification form to the LDSS’. If the hospital receives additional information that is necessary and relevant, an updated SEN notification form can be submitted to the LDSS.

## **Are hospitals responsible for finding out if the parents have other children in their care for a SEN report?**

The information provided by HCPs/reporters directly impacts the safety and well-being of the SEN or any other children under the care of the identified parent/s. Any information the HCP/reporter gathers about the parent or other family members is vital to the SEN assessment and any subsequent services or interventions by the LDSS.

# ➤ Postpartum Infant Maternal Referral (PIMR) form

## **Does the patient have to agree to have a PIMR completed and/or is a release of information/consent required?**

Under HIPAA, a health care provider may disclose protected health information (PHI) to another provider or to a covered entity, including a managed care organization or other health plan, to facilitate treatment, including the provision, coordination, or management of health care and related services by one or more health care providers, without the authorization of an individual. 45C.F.R. § 160.103, § 164.501 and § 164.506(c)(1) and (2). In addition, HIPAA permits a health care provider to disclose PHI, without the authorization of an individual, to public health authorities-- such as local health departments and family health administration programs of the Maryland Department of Health - that are authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury or disability, including but not limited to the reporting of disease, injury, or vital events such as birth or death, and conducting public health surveillance. 45 C.F.R. § 164.512. Therefore, patient authorization is not required to complete and submit this form by facsimile, encrypted email, or other secure means, to the designated health care provider, health plan, or public health authority.

## **For PIMR do we use the HCAM referral for prenatal referrals?**

Please use the PIMR form provided on the MDH website. <https://phpa.health.maryland.gov/mch/Pages/postpartum-referral.aspx>.

## **Is the PIMR to be completed on non-MA clients?**

PIMRs can be completed on any postpartum woman, regardless of insurance status/type.

## **Which one is for Medicaid only?**

The PRA (prenatal risk assessment) is completed for women on Medical Assistance.

## **Is it appropriate and/or can this form be initiated before birth of the newborn?**

This form should be completed only at the time of discharge of the infant. The prenatal provider can complete a PRA if appropriate prior to delivery, but the PIMR is to be used postpartum only.

## **We fax the forms, and get confirmation that fax was successfully sent, but often don't know if it has been received. Is there a way to get confirmation that PIMR has been received state-wide?**

Maryland Department of Health (MDH) anticipates that the PIMR form will be integrated into Chesapeake Regional Information System for our Patients (CRISP), in which case the confirmation will be available through CRISP. CRISP is made accessible to healthcare providers.

## **If similar referrals are made by hospital staff, should a PIMR form also be completed?**

Yes, the PIMR form does not replace other referrals made by the hospital.

## **Can LDSS staff make a PMIR referral or is this just submitted by hospitals?**

Currently only hospitals can submit a PIMR referral, however, we would like LDSS staff to encourage the hospital staff to make the referral and we are working towards having a form for LDSS to send that is the equivalent of a PIMR.

## **Is there also a prenatal risk assessment form that the state has some regulation over?**

Yes, the PRA. This is handled by Medicaid.

## **Can this form be sent to the LDSS as well so that we know this form has been sent to the local health department to enhance care coordination and collaboration?**

At this time the form cannot be sent to the LDSS. However, we would like to work with LDSS to develop a form that could function in this manner.

## **Is the Health Department addressing the issue of racial disparities?**

MDH is committed to addressing health disparities, and our local health departments receive funding targeted towards the goal of eliminating racial disparities in the populations we serve.

# ➤ Education and engagement of expectant mothers

## **How can we engage earlier with treatment providers and OB to prepare mothers for visits from LDSS?**

Building collaborative partnerships through a LDSS SEN team or the Opioid Operational Command Center’s local Opioid Intervention Team (OIT) to inform and discuss LDSS’ SEN practice is recommended. This can serve to facilitate open communication between the LDSS and providers as well as address any questions or clarify the SEN laws and Maryland’s SEN practice. The LDSS can share SSA’s SEN material with providers or coordinate with providers to present at their staff meeting which can also support with preparing mothers for the SEN assessment.

## **How can we better serve the community, especially now, during the pandemic and with limited resources?**

Keeping abreast of the provider regulations due to COVID-19 is recommended. Being aware of the current regulations will help patients navigate treatment services e.g., telehealth platforms expanding; in-person meeting with a prescriber for buprenorphine treatment not being required due to COVID-19 restrictions; patients no longer having to make daily trips to methadone clinics (government allowing clinics to dispense several weeks’ worth of doses at a time); and encouraging online support in the absence of recovery meetings. Some programs such as Narcotics Anonymous have online meetings and some treatment providers offer online continuing care groups.

## **What are some steps taken to inform expectant mothers with a medical cannabis card to the potential for LDSS involvement following delivery?**

View response # 5 under **SEN Reporting related to cannabis-use.**

# ➤ Peer recovery specialists

## **What are the differences between a sponsor and certified peer recovery specialist?**

Sponsors exist to help Persons in Recovery work through the twelve-step model of abstinence-based recovery and hold them accountable to the traditions of their 12-step fellowship. Peer Specialists do not tread on this territory, rather they exist to provide individualized support to Persons in Recovery.

### [Additional information regarding Certified Peer Recovery Specialists:](https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/resources/)

|  |
| --- |
| BHA Funded Recovery Community Centers (SUD Funds) |
| **ANNE ARUNDEL*****On Our Own of Anne Arundel County***132 Holiday Court, #210Annapolis, MD 21401Phone: 410-224-0116Fax: 410-224-0991Patrice O’TooleEmail: patrice\_otoole@yahoo.comonourownannapolis@gmail.com | ***Arundel House of Hope******Community Recovery Center***514 N. Crain HighwaySuite KGlen Burnie, MD 21061Phone: 410-863-4888 x115Mario BerninzoniEmail: mberninzoni@arundelhoh.org |
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| **CALVERT*****On Our Own Calvert Wellness and******Recovery***24 Solomons IslandP.O. Box 2961Prince Frederick, MD 20678Phone: 410-535-7576Danielle JohnsonEmail: danielleonourown@comcast.net | **CHARLES*****(Our Place) Freedom Landing Inc.***400 Potomac StreetLa Plata, MD 20646Phone: 301-932-2737Joyce AbramsonEmail: jabramson.ccfl@gmail.com |
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| **WORCESTER*****The Atlantic Club***11827 Ocean GatewayP.O. Box 563Ocean City, MD 21842Phone: 410-213-1007Sue RodenEmail: atlanticclubsue@gmail.com |  |
| BHA Funded Wellness Recovery Centers (MH Funds) |
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| **Harford****New Day Wellness and Recovery Center**126 North Philadelphia Blvd.Aberdeen, MD 21001P# 410-273-0400F# 410-273-0600Jose RosadoEmail: jrosado@newdaywellness.org | **Howard****On Our Own of Howard County**6440 Dobbin Road Suite BColumbia, MD 21045P# 410-772-7905F# 410-772-7906Bryan JohnsonEmail: bjohnsonooohc@gmail.com |
| **Montgomery****Common Ground (Family Services Inc.)**200 Girard Street, Suite 203Gaithersburg, MD 20877P # 301-840-3292Ashley Void (PRP Director)Email: ashley.void@fs-inc.org | **Silver Spring Wellness & Recovery Center**1400 Spring Street Suite 100Silver Spring, MD 20910P# 301-589-2303 Ext. 108 or 111F# 301-585-2965Tomeka MagagulaEmail: tmagagula@santegroup.org |
| **Prince George’s****On Our Own of Prince George’s County**5109 Baltimore AvenueHyattsville, MD. 20781P# 240-553-7308F# 301-6969-5378Matthew RatzEmail: matt@onourownpg.org | **St. Mary’s****On Our Own of St. Mary’s County**41665 Fenwick StreetLeonardtown, MD 20650P# 301-997-1066F# 301-997-1065Carolyn CullisonEmail: oooinsmc@verizon.net |
| **Talbot****Chesapeake Voyagers** *(funded through MSBH)*342 – C North Aurora StreetEaston, MD 21601P# 410-822-1601F# 410-822-1621Diane LaneEmail: dianelane@chesapeakevoyagers.org |  |
| **Washington****Office of Consumer Advocates**121 East Antietam St.Hagerstown, MD 21740P# 301-790-5054F# 301-791-3097Margaret PaulEmail: mcpaul.oca@gmail.com | **Soul Haven**119 East Antietam StreetHagerstown, MD. 21740P # 301-733-6676Kirk Stroup |
| **Wicomico****Lower Shore Friends**207 Maryland Avenue Suite 4 & 5Salisbury, MD 21802P# 410-334-2173F# 410-334-6361Bunky SterlingEmail: wlmrstrl@aol.com |  |

## **How many jurisdictions have peer recovery specialists?**

All 24 Maryland jurisdictions have Peer Recovery Specialists. As of July 2020, there were 370 Peer Recovery Specialists in Maryland that are funded through the Maryland’s Department of Health Behavioral Health Administration.

For a complete list of locations in the county where you live, please contact your local behavioral health authority. Local contact information may also be found at: **marylandbehavioralhealth.org**

## **Are there peer supports for people using any substance (e.g. cocaine or heroin)?**

Any individual with a behavioral health disorder is eligible for services provided by a Peer Recovery Specialist this includes individuals who are using or have used substances.

[Additional information regarding recovery resources click here](https://dhs.maryland.gov/child-protective-services/risk-of-harm/substance-exposed-newborn/resources/)