

GET SCREENED FOR SICKLE CELL TRAIT

KNOW YOUR STATUS.

Did you know there's more than one way to inherit Sickle Cell Disease?



SICKLE CELL DISEASE

TYPES

There are many types of Sickle Cell Disease (SCD), determined by the types of abnormal hemoglobin (Hb) a person makes. Hb protein in red blood cells carries oxygen from the lungs to the rest of the body. People with SCD have abnormal Hb, which doesn't carry oxygen well, causing some of the medical problems of SCD. The most common types of SCD are:

HbSS

People with this type of SCD inherit a sickle cell gene ("S") from each parent. This is commonly called sickle cell anemia.

HbSC

People with this type of SCD inherit a sickle cell gene ("S") from one parent and from the other parent a gene for an abnormal Hb called "C".

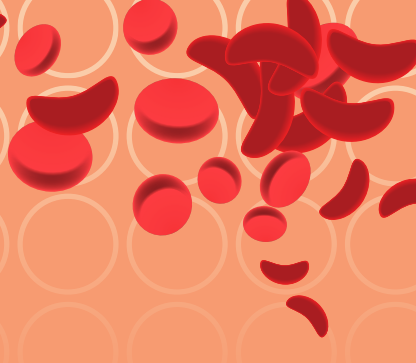
HbS beta-thalassemia

People with this type of SCD inherit one sickle cell gene ("S") from one parent and one gene for beta-thalassemia, another type of anemia, from the other parent. There are two types of beta-thalassemia: "zero" and "plus".

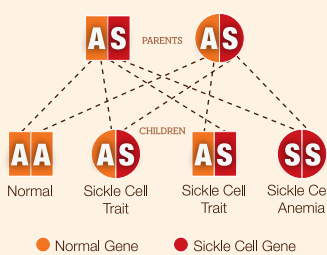
Sickle Cell Trait (SCT or HbAS)

People with sickle cell trait inherit one sickle cell gene ("S") from one parent and one normal gene ("A") from the other parent. People with SCT usually don't have signs of the disease and live a normal life, but they can pass the sickle cell gene on to their children. However, SCT is not a mild form of sickle cell disease.

FAMILY STORIES



INHERITANCE OF SICKLE CELL DISEASE FROM PARENTS WITH SICKLE CELL TRAIT

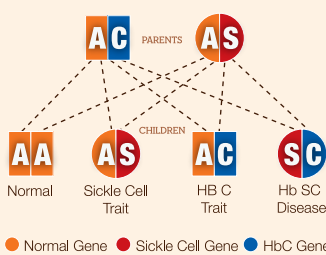


Newlyweds Maria and Saanjh each have sickle cell trait, and want to start a family. The couple has one chance in four that their child will have normal hemoglobin, one chance in four that their child will have sickle cell anemia, a form of sickle cell disease, and a 50-50 chance their child will have sickle cell trait.

Kwame and Nancy have been married for five years and already have one child. Kwame has hemoglobin C trait (HbC trait) and his wife Nancy has sickle cell trait. Their first born inherited two normal genes and doesn't have sickle cell disease or sickle cell trait. The couple has one chance in four that any future child they have will have the two normal genes, sickle cell trait, hemoglobin C trait or hemoglobin SC disease (a form of sickle cell disease).

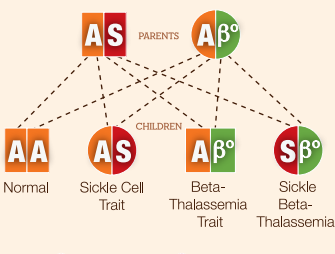


INHERITANCE OF Hb SC DISEASE



Nia, who has beta-thalassemia trait, and Kiano, who has sickle cell trait, have been married for 10 years and have three children. Nia just learned she is pregnant with the couple's fourth child. The couple has one chance in four that their child will have normal hemoglobin, one chance in four that their child will have sickle cell trait, one chance in four that their child will have beta-thalassemia trait, and one chance in four that their child will have inherited the genes both for sickle hemoglobin and for beta-thalassemia; in this last case, the child will have sickle beta-thalassemia (a form of sickle cell disease).

INHERITANCE OF SICKLE BETA-THALASSEMIA



Centers for Disease Control and Prevention
National Center on Birth Defects and Developmental Disabilities

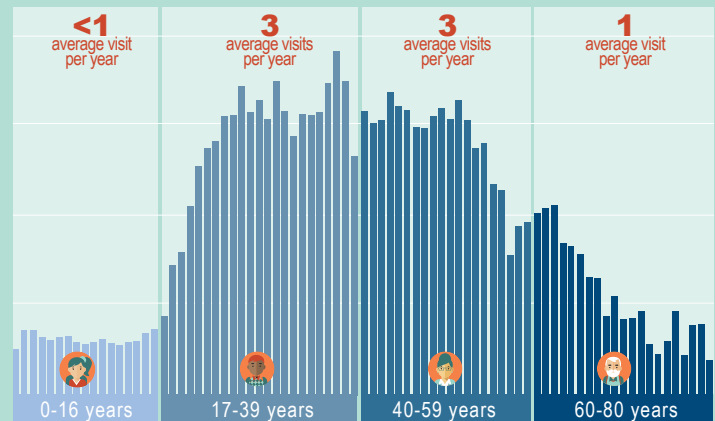


3 TIPS ABOUT SICKLE CELL DISEASE

EVERY EMERGENCY PROVIDER NEEDS TO KNOW

Children and adults with sickle cell disease (SCD) often require care in the emergency department (ED) of hospitals and clinics for health issues related to SCD. The ED may be a patient's only option for health care when symptoms, such as pain crises, cannot be managed at home or when a patient does not have access to a healthcare provider who specializes in treating SCD. The Sickle Cell Data Collection (SCDC) program found that in California, people with SCD seek care in the ED an average of three times a year from their late teens to their late 50s.

Emergency Department (ED) Visits Among People with Sickle Cell in California, 2005-2014



Tips for ED Health Providers

- Take complaints of pain from patients with SCD seriously and treat promptly with appropriate fluids and pain medication.
- Work with the SCD team at your hospital or clinic to develop individualized care plans for patients with SCD, especially those with frequent ED use. When possible, make these plans available in the electronic medical record.
- Refer to the National Heart, Lung, and Blood Institute guidelines for the management of SCD: www.nhlbi.nih.gov/health-pro/guidelines/sickle-cell-disease-guidelines

Primary Health Complaint: Extreme Pain

Pain crises, which can be excruciating, are the most common reason for ED visits among patients with SCD. Patients may not always appear to be in pain because they have often developed a high pain tolerance due to a lifetime of chronic pain.

Patients with SCD require prompt pain treatment. The medical evaluation of patients includes determining the cause of pain and assessing recent medication use. For mild or moderate pain, begin treatment with nonsteroidal anti-inflammatory drugs. For severe pain, treatment with opioids may be needed. If the patient is already on opioid therapy, calculate opioid dose based on current opioid dose. Reassess pain and provide additional opioid administration, if necessary, for continued severe pain. For greater effectiveness, medication can be combined with nonpharmacologic approaches, such as heat application and distraction.



CDC's National Center on Birth Defects and Developmental Disabilities is committed to protecting people and preventing complications of blood disorders. Learn more about CDC's work to help people with SCD here: www.cdc.gov/ncbddd/sicklecell



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DO YOU USE THE EMERGENCY DEPARTMENT FOR CARE OF SICKLE CELL DISEASE?

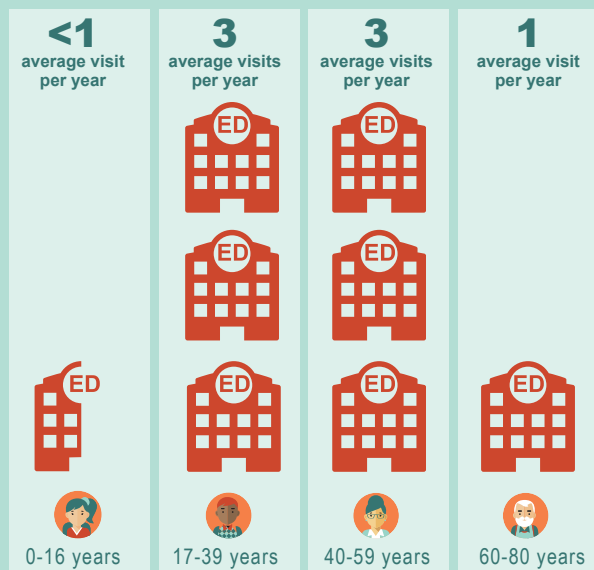


WHAT TO KNOW BEFORE YOU GO.

Children and adults with sickle cell disease (SCD) often require care in the emergency department (ED) of hospitals or clinics for health issues related to SCD. The ED may be your only option for health care when symptoms, such as pain crises, cannot be managed at home or when you do not have access to a healthcare provider who specializes in treating SCD.


The Sickle Cell Data Collection (SCDC) program found that in California, people with SCD seek care in the ED an average of three times a year from their late teens to their late 50s. *Excruciating pain, known as a sickle cell crisis, is the most common reason for these ED visits.*

Emergency Department (ED) Visits Among People with Sickle Cell in California, 2005-2014



Tips for receiving better care in the ED

Before you get sick or have a pain crisis, work with your regular doctor to

- Make sure that information in your electronic medical record (EMR) is updated, including your medical history and current pain medicines. 
- Create a pain management plan and make sure it is entered into your EMR. Keep with you a printed copy of the plan and a list of all your medicines.

When you go to the ED

- Tell the ED staff right away that you have SCD.
- Share openly with your ED nurse and doctor
 - Your medical history, including a list of your medicines.
 - Your pain management plan. Ask the ED nurse or doctor to look up your plan in your EMR or share a printed copy.
 - Your regular doctor's contact information. If the ED nurse or doctor has concerns about your pain management, ask the ED staff to call your regular doctor.



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AVEZ-VOUS RECOURS AUX SERVICES DES URGENCES POUR Y RECEVOIR DES SOINS LIÉS À LA DRÉPANOCYTOSE ?

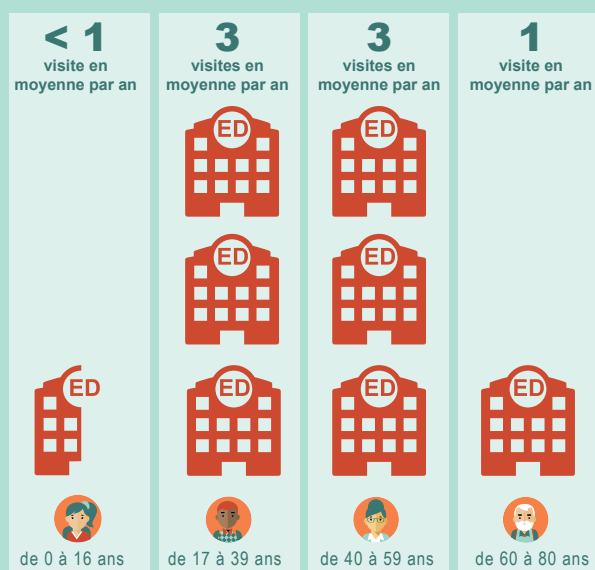


CE QUE VOUS DEVEZ SAVOIR AVANT DE VOUS Y RENDRE.

Les enfants et les adultes souffrant de drépanocytose (SCD pour ses initiales en anglais) requièrent souvent des soins auprès des services des urgences d'hôpitaux ou de cliniques pour des problèmes de santé liés à la SCD. Les urgences peuvent être votre seule option de soins lorsque les symptômes, tels que des crises de douleur, ne peuvent pas être pris en charge à votre domicile ou lorsque vous n'avez pas accès à un professionnel de la santé spécialisé dans le traitement de la SCD.

Le programme Sick Cell Data Collection (SCDC) a constaté qu'en Californie, les personnes souffrant de SCD sollicitent les services des urgences en moyenne trois fois par an depuis la fin de l'adolescence jusqu'à environ 60 ans. *Les douleurs aiguës, connues sous le nom de crise de drépanocytose, sont le motif le plus courant de ces visites aux urgences.*

Visites aux urgences parmi les personnes atteintes de drépanocytose en Californie, 2005-2014



Conseils pour recevoir de meilleurs soins aux urgences

Avant de tomber malade ou d'avoir une crise de douleur, travaillez avec votre médecin traitant pour

- Vous assurer que les informations apparaissant dans votre dossier médical électronique (EMR pour ses initiales en anglais) sont à jour, notamment vos antécédents cliniques et les analgésiques que vous prenez actuellement.
- Créer un plan de gestion de prise en charge de la douleur et vous assurer qu'il est enregistré dans votre EMR. Conservez une copie imprimée du plan ainsi qu'une liste de tous vos médicaments.



Lorsque vous allez aux urgences

- Avertissez immédiatement le personnel des urgences que vous souffrez de drépanocytose.
- Partagez ouvertement avec l'infirmière et le médecin des urgences
 - Vos antécédents médicaux, notamment la liste des médicaments que vous prenez ou que vous avez pris.
 - Votre plan de prise en charge de la douleur. Demandez à l'infirmière ou au médecin des urgences de consulter votre plan dans votre EMR ou fournissez-lui en une copie imprimée.
 - Les coordonnées de votre médecin traitant. Si l'infirmière ou le médecin des urgences a des doutes au sujet de votre plan de prise en charge de la douleur, demandez au personnel des urgences d'appeler votre médecin traitant.



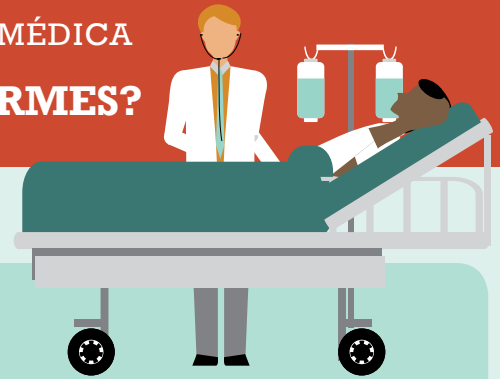
Le Centre national des anomalies congénitales et des troubles du développement des CDC est déterminé à protéger les personnes et à prévenir les complications des maladies du sang. Pour en savoir plus sur le travail des CDC et aider les personnes souffrant de SCD, consultez la page : www.cdc.gov/ncbddd/sicklecell



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¿VA A LA SALA DE EMERGENCIAS PARA RECIBIR ATENCIÓN MÉDICA PARA LA ENFERMEDAD DE CÉLULAS FALCIFORMES?

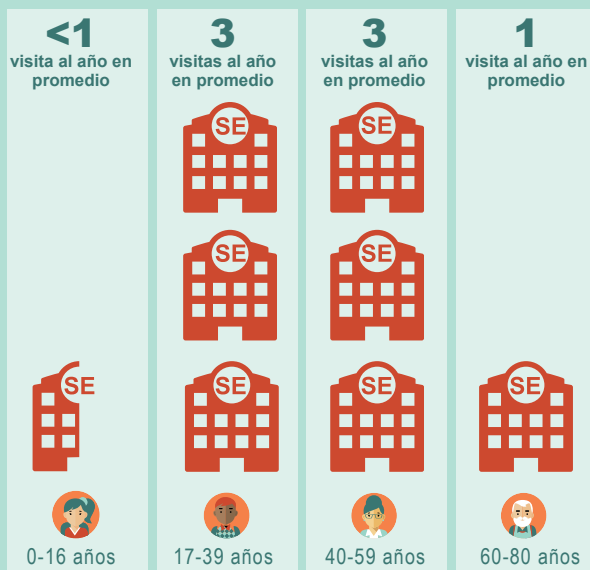


LO QUE DEBE SABER ANTES DE IR.

Los niños y adultos con enfermedad de células falciformes (SCD, por sus siglas en inglés) a menudo necesitan recibir atención médica en la sala de emergencias de un hospital o clínica, debido a problemas de salud relacionados con esta afección. Puede que la sala de emergencias sea su única opción cuando los síntomas, como las crisis de dolor, no puedan manejarse en la casa o cuando usted no tenga acceso a un proveedor de atención médica que se especialice en el tratamiento de la SCD.


El programa Recolección de Datos sobre la Enfermedad de Células Falciformes (SCDC, por sus siglas en inglés) halló que, en California, las personas con SCD buscan atención médica en una sala de emergencias tres veces al año en promedio, desde los últimos años de la adolescencia hasta antes de cumplir los 60 años de edad. *El dolor insoportable, conocido como "crisis de células falciformes", es la razón más común para estas visitas a la sala de emergencias.*

Visitas a la sala de emergencias entre las personas con células falciformes en California, 2005-2014



Consejos para recibir mejor atención en la sala de emergencias

Antes de que se enferme o tenga una crisis de dolor, colabore con su médico de cabecera para...

- Asegurarse de que la información en su registro médico electrónico esté actualizada, incluidos sus antecedentes de salud y los medicamentos que use para el dolor. 
- Crear un plan de manejo del dolor y asegurarse de que sea incluido en su registro médico electrónico. Mantenga consigo una copia impresa del plan y una lista de todos sus medicamentos.

Cuando vaya a la sala de emergencias

- Dígame enseguida al personal que usted tiene SCD.
- Hable abiertamente con el personal de enfermería y el médico de la sala de emergencias acerca de lo siguiente:



- Sus antecedentes médicos, incluida la lista de sus medicamentos.
- Su plan de manejo del dolor. Pídale al personal de enfermería o al médico que busquen el plan en su registro médico electrónico o deles una copia impresa.
- La información de contacto de su médico de cabecera. Si el personal de enfermería o el médico de la sala de emergencias tienen alguna preocupación sobre su manejo del dolor, pídeles que llamen a su médico de cabecera.



El Centro Nacional de Defectos Congénitos y Discapacidades del Desarrollo de los CDC está comprometido a proteger a las personas y a prevenir las complicaciones de los trastornos de la sangre. Obtenga más información sobre el trabajo de los CDC para ayudar a las personas con SCD aquí: www.cdc.gov/ncbddd/spanish/sicklecell.



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What You Should Know About Sickle Cell Trait

What Is Sickle Cell Trait?

Sickle cell trait (SCT) is not a mild form of sickle cell disease. Having SCT simply means that a person carries a single gene for sickle cell disease (SCD) and can pass this gene along to their children. People with SCT usually do not have any of the symptoms of SCD and live a normal life.

Hemoglobin is found in red blood cells and it gives blood its color. It carries oxygen to all parts of the body. Hemoglobin is made from two similar proteins, one called alpha-globin and one called beta-globin, that “stick together.” Both proteins must be present and function normally for the hemoglobin to carry out its job in the body. People with SCT have red blood cells that have normal hemoglobin and abnormal hemoglobin.

Genes are the instructions that control how red blood cells make alpha- and beta-globin proteins. All people have two genes for making beta-globin. They get one beta-globin gene from each parent. SCT occurs when a person inherits a gene for sickle beta-globin from one parent and a gene for normal beta-globin from the other parent. This means the person won't have sickle cell disease, but will be a trait “carrier” and can pass it on to their children.

What Is Sickle Cell Disease?

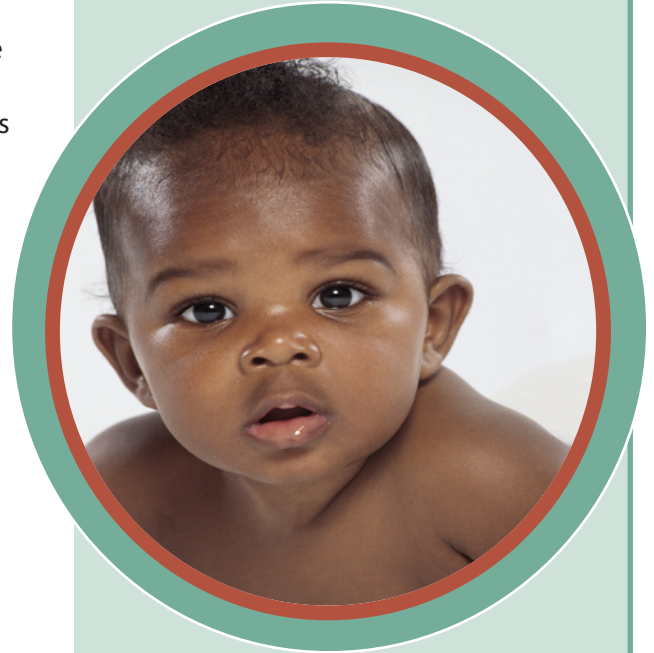
SCD is a genetic condition that is present at birth. In SCD, the red blood cells become hard and sticky and look like a C-shaped farm tool called a “sickle.” The sickle cells die early, which causes a constant shortage of red blood cells. Also, when they travel through small blood vessels, they get stuck and clog the blood flow. This can cause pain and other serious problems. It is inherited when a child receives two sickle beta-globin genes—one from each parent. Therefore, a child can only have SCD when both of his/her parents have at least one abnormal beta-globin gene.

Who Is Affected By Sickle Cell Trait?

SCT is more common among people whose ancestors come from Africa, the Mediterranean region, Middle East, and South Asia, but anyone can have SCT.

- 1 in 12 blacks or African Americans in the United States has SCT.

What Are The Chances That A Baby Will Have Sickle Cell Trait or Sickle Cell Disease?



The most important thing to know about having SCT is that you could have a baby with SCD if your partner also has an abnormal hemoglobin gene.



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If both parents have SCT, each child that they have together has a

- 1 in 2 (50%) chance of having SCT. Children with SCT will not have symptoms of SCD, but they can pass SCT on to their children.
- 1 in 4 (25%) chance of having sickle cell anemia, one of several types of SCD. Sickle cell anemia is a serious medical condition.
- 1 in 4 (25%) chance that they will not have SCD or SCT.

If one parent has SCT and the other parent has another abnormal hemoglobin gene (like hemoglobin C trait or beta-thalassemia trait), each of their children has a

- 1 in 2 (50%) chance of having SCT.
- 1 in 4 (25%) chance of having SCD (not sickle cell anemia). These other types of SCD can be more or less severe depending on the specific abnormal hemoglobin gene.
- 1 in 4 (25%) chance that they will not have SCD or SCT.

If only one parent has SCT, each of their children has a

- 1 in 2 (50%) chance of having SCT.
- 1 in 2 (50%) chance that they will not have SCT.

What Health Problems Might Occur in People with Sickle Cell Trait?

Most people with SCT do not have any health problems caused by sickle cell trait. However, there are a few, rare health problems that may potentially be related to SCT. For example, if people with SCT have pain when traveling to or exercising at high altitudes, they should tell their healthcare provider. People with SCT and eye trauma should seek out medical attention and inform the physician about the trait status. People with SCT should drink plenty of water during exercise. People with SCT should contact and inform their doctor if they notice blood in their urine. To find out more about SCT and to get specific answers to your questions, call your healthcare provider.



How Will A Person Know If He Or She Has Sickle Cell Trait?

To find out if you have SCT, your doctor needs to order a blood test. If you find out you and/or your loved one has SCT, talk to your healthcare provider and/or a genetic counselor about what that means. It is important that you know what SCT is and how it can affect you and your family.

For more information visit:
www.cdc.gov/sicklecell



Lo que usted debe saber sobre el rasgo de células falciformes

¿Qué es el rasgo de células falciformes?

El rasgo de células falciformes o rasgo drepanocítico (SCT, por sus siglas en inglés) no es una forma leve de la enfermedad de células falciformes (SCD, por sus siglas en inglés). Tener el SCT simplemente significa que la persona es portadora de un gen único de la SCD y que puede pasar ese gen a sus hijos. Las personas con el SCT usualmente no tienen ninguno de los síntomas de la enfermedad y viven una vida normal.

La hemoglobina se encuentra en los glóbulos rojos y le da a la sangre su color. Lleva oxígeno a todas partes del cuerpo. La hemoglobina está compuesta de dos proteínas similares, una denominada globina alfa y otra denominada globina beta que “se pegan juntas”. Ambas proteínas deben estar presentes y funcionar normalmente para que la hemoglobina lleve a cabo su trabajo en el cuerpo. Las personas con el SCT tienen glóbulos rojos con hemoglobina normal y hemoglobina anormal.

Los genes son las instrucciones que controlan cómo los glóbulos rojos producen proteínas de globina alfa y de globina beta. Todas las personas tienen dos genes para producir globina beta. Ellas reciben un gen de globina beta de cada padre. El SCT se produce cuando la persona hereda un gen de globina beta de células falciformes de un padre y un gen normal de globina beta del otro padre. Esto significa que la persona no tendrá la enfermedad de células falciformes, pero será una “portadora” del rasgo drepanocítico que lo puede pasar a sus hijos.

¿Qué es la enfermedad de células falciformes?

La SCD es una afección genética que se presenta al nacer. En la SCD, los glóbulos rojos se vuelven duros y pegajosos, y tienen la forma de C de una herramienta agrícola llamada “hoz”. Las células falciformes mueren anticipadamente, lo cual causa una constante escasez de glóbulos rojos. También, cuando se trasladan a través de vasos sanguíneos pequeños, se pegan y obstruyen el flujo de la sangre. Esto puede causar dolor y otros problemas graves. La enfermedad se hereda cuando el niño recibe dos genes de globina beta de células falciformes, uno de cada padre. Por lo tanto, un niño solo puede tener la enfermedad de células falciformes cuando ambos padres tienen al menos un gen de globina beta anormal.

¿A quiénes afecta el rasgo de células falciformes?

El SCT es más común entre personas cuyos antepasados vienen de África, la región Mediterránea, el Medio Oriente y el sur de Asia, pero cualquiera puede tener el SCT.

- 1 de cada 12 estadounidenses de raza negra o afroamericanos tiene el SCT.

¿Cuáles son las probabilidades de que un bebé tenga el rasgo de células falciformes o la enfermedad de células falciformes?



Lo más importante que debe saber si tiene el SCT es que usted podría tener un bebé con este rasgo si su pareja también tiene un gen de hemoglobina anormal



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Si ambos padres tienen el SCT, cada hijo que tengan juntos tiene:

- 1 de 2 (50 %) probabilidades de tener el SCT. Los niños con el rasgo no tendrán síntomas de la SCD, pero pueden pasar el SCT a sus hijos.
- 1 de 4 (25 %) probabilidades de tener anemia drepanocítica o de células falciformes, una de las varias clases de SCD. La anemia drepanocítica es una afección grave.
- 1 de 4 (25 %) probabilidades de que no tenga la SCD o el SCT.

Si un padre tiene el SCT y el otro tiene otro gen de hemoglobina anormal (como el rasgo de hemoglobina C o el rasgo de beta-talasemia), cada uno de sus hijos tiene:

- 1 de 2 (50 %) probabilidades de tener el SCT.
- 1 de 4 (25 %) probabilidades de tener la SCD (no anemia drepanocítica). Estos otros tipos de SCD pueden ser más o menos graves dependiendo del gen específico de hemoglobina anormal.
- 1 de 4 (25 %) probabilidades de que no tenga la SCD o el SCT.

Si solo uno de los padres tiene el SCT, cada uno de sus hijos tiene:

- 1 de 2 (50 %) probabilidades de tener el SCT.
- 1 de 2 (50 %) probabilidades de que no tenga el SCT.

¿Qué problemas de salud pueden tener las personas con el rasgo de células falciformes?

La mayoría de las personas con el SCT no tienen ningún problema de salud causado por este rasgo. Sin embargo, hay unos pocos y raros problemas de salud que posiblemente pueden estar relacionados con el SCT. Por ejemplo, si las personas con el rasgo tienen dolor al viajar o al hacer ejercicios físicos en altitudes elevadas, deben informarle a su proveedor de atención médica. Quienes tengan el SCT y experimenten un traumatismo en un ojo, deben buscar atención médica e informarle al médico que tienen el rasgo. Las personas con el SCT deben tomar abundante agua durante los ejercicios físicos. Las personas con el SCT deben comunicarse con su médico e informarle si notan sangre en la orina. Para conocer más sobre el SCT y para obtener respuestas específicas a sus preguntas, llame a su proveedor de atención médica.



¿Cómo puede saber una persona si tiene el rasgo drepanocítico?

Para averiguar si tiene el SCT su médico debe ordenar una prueba de sangre. Si descubre que usted o su ser querido tiene el SCT, hable con su proveedor de atención médica o con un consejero genético acerca de lo que eso significa. Es importante que sepa qué es el SCT y cómo puede afectarles a usted y a su familia.

Para más información visite: <https://www.cdc.gov/ncbddd/Spanish/sicklecell/traits.html>



What You Should Know About Sickle Cell Disease

What Is Sickle Cell Disease?

Sickle cell disease (SCD) is a group of inherited red blood cell disorders.

- Healthy red blood cells are round and they move through small blood vessels carrying oxygen to all parts of the body.
- In SCD, the red blood cells become hard and sticky and look like a C-shaped farm tool called a “sickle”.
- Sickle cells die early, which causes a constant shortage of red blood cells.
- Sickle cells can get stuck in small blood vessels and block the flow of blood and oxygen to organs in the body. These blockages cause repeated episodes of severe pain, organ damage, serious infections, or even stroke.

What Causes Sickle Cell Disease?

SCD is inherited in the same way that people get the color of their eyes, skin, and hair.

- A person with SCD is born with it.
- People cannot catch SCD from being around a person who has it.

Who Is Affected By Sickle Cell Disease?

- It is estimated that SCD affects 90,000 to 100,000 people in the United States, mainly Blacks or African Americans.
- The disease occurs among about 1 of every 500 Black or African-American births and among about 1 out of every 16,300 Hispanic-American births.
- SCD affects millions of people throughout the world and is particularly common among those whose ancestors come from sub-Saharan Africa; regions in the Western Hemisphere (South America, the Caribbean, and Central America); Saudi Arabia; India; and Mediterranean countries such as Turkey, Greece, and Italy.



What Health Problems Does Sickle Cell Disease Cause?

Following are some of the most common complications of SCD:

“Pain Episode” or “Crisis”: Sickle cells don’t move easily through small blood vessels and can get stuck and clog blood flow. This causes pain that can start suddenly, be mild to severe, and last for any length of time.

Infection: People with SCD, especially infants and children, are more likely to experience harmful infections such as flu, meningitis, and hepatitis.

Hand-Foot Syndrome: Swelling in the hands and feet, often along with a fever, is caused by the sickle cells getting stuck in the blood vessels and blocking the blood from flowing freely through the hands and feet.

Eye Disease: SCD can affect the blood vessels in the eye and lead to long term damage.

Acute Chest Syndrome (ACS): Blockage of the flow of blood to the lungs can cause acute chest syndrome. ACS is similar to pneumonia; symptoms include chest pain, coughing, difficulty breathing, and fever. It can be life threatening and should be treated in a hospital.

Stroke: Sickle cells can clog blood flow to the brain and cause a stroke. A stroke can result in lifelong disabilities and learning problems.

How Is Sickle Cell Disease Treated?

The goals of treating SCD are to relieve pain and to prevent infections, eye damage, and strokes.

There is no single best treatment for all people with SCD. Treatment options are different for each person depending on the symptoms. Treatments can include receiving blood transfusions, maintaining a high fluid intake (drinking 8 to 10 glasses of water each day), receiving IV (intravenous) therapy (fluids given into a vein) and medications to help with pain.

For severe SCD, a medicine called hydroxyurea might be recommended. Research suggests that hydroxyurea can reduce the number of painful episodes and the recurrence of ACS. It also can reduce hospital stays and the need for blood transfusions among adults who have SCD.

Is There A Cure For Sickle Cell Disease?

To date, there are only two potential cures for SCD: a bone marrow or stem cell transplant and gene therapy.

Bone Marrow or Stem Cell Transplant

- A [bone marrow or stem cell transplant](#) is a procedure that takes healthy stem cells (blood forming cells) from a donor and puts them into someone whose bone marrow is not working properly. These healthy stem cells cause the bone marrow to make new healthy cells.
- Bone marrow or stem cell transplants are very risky and can have serious side effects, including death. For the transplant to work, the bone marrow must be a close match. For more information visit www.cdc.gov/sicklecell.

Gene Therapy

In December 2023, the US Food and Drug Administration (FDA) approved two cell-based gene therapies for the treatment of SCD in patients 12 years and older:

- Exagamglogene autotemcel (also known as exa-cel), or CASGEVY™
- Lovotibeglogene autotemcel (also known as lovo-cel), or LYFGENIA™

Both products are made from the patient's own blood stem cells, which are modified and are given back as a one-time, single-dose infusion as part of a blood stem cell transplant. Prior to treatment, a patient's own stem cells are collected, and then the patient must undergo high-dose chemotherapy, a process that removes cells from the patient's bone marrow so they can be replaced with the modified stem cells.

More information about both CASGEVY™ and LYFGENIA™ can be found [on the FDA website](https://www.fda.gov/news-events/press-announcements/fda-approves-first-gene-therapies-treat-patients-sickle-cell-disease) at <https://www.fda.gov/news-events/press-announcements/fda-approves-first-gene-therapies-treat-patients-sickle-cell-disease> and the [Sickle Cell Disease Association of America website](https://www.sicklecelldisease.org) at <https://www.sicklecelldisease.org>.



Managing Pain With Sickle Cell Disease

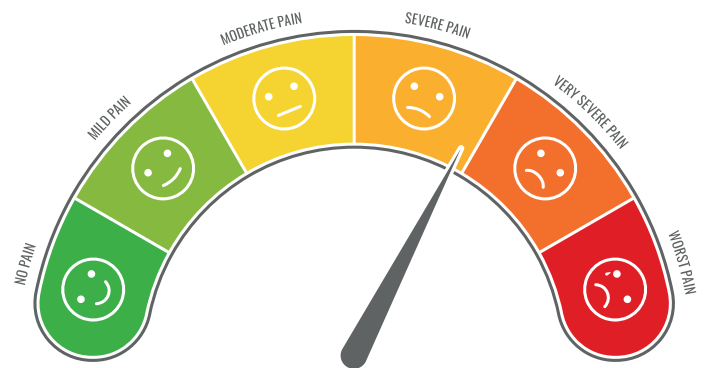
People with sickle cell disease (SCD) may experience pain in different ways. The sickled cells that give the disease its name can lead to pain throughout the body and serious damage to organs, such as the heart and kidneys. If you have SCD, see your healthcare team regularly to help prevent pain, complications, and serious problems. Work with your healthcare team to create a pain management plan that makes sense for you.

Common Types of Pain

- **An acute or severe pain crisis** can happen without warning when sickle cells block blood flow. People describe this pain as sharp, intense, stabbing, or throbbing.
- **Pain from organ damage** may occur when sickled cells affect your heart, kidneys, spleen, or other body parts.
- **Chronic or long-term pain** is also common, but it can be hard to describe. It is usually different from crisis pain or the pain that results from organ damage.
- **Joint problems and pain** may develop if there is sickling that lowers oxygen flow. This can occur in the hip bones and, less commonly, the shoulder joints, knees, and ankles.
- **Priapism** is an unwanted and sometimes prolonged painful erection. This happens when blood flow out of the erect penis is blocked by sickled cells.

Tips to Manage Pain

- Most patients can sense when an acute crisis is just starting. Drink lots of fluids and take a nonsteroidal anti-inflammatory (NSAID) pain medicine, such as ibuprofen. If you have kidney problems, acetaminophen is often preferred.
- If you cannot manage the pain at home, go to a day hospital or outpatient unit or an emergency department to receive additional, stronger medicines and IV fluids. Your healthcare team may prescribe stronger medicines called opioids for severe pain.
- In the event of priapism, seek medical care immediately if symptoms last more than four hours or if it happens more than once within a 24-hour period.
- Keep a copy of your pain management plan (print or electronic) when you seek emergency care.



“If I feel pain within a day or two and don’t do something about it, I’ll be in a full-blown sickle cell crisis.”

That internal barometer has helped Ebow H-Smith, healthcare professional and sickle cell disease advocate, manage pain as an adult.



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sicklecell.nhlbi.nih.gov

Managing Pain With Sickle Cell Disease

Tips to Manage Pain (*Continued*)

- Other methods for managing pain include physical therapy, acupuncture, using a heating pad, massage, yoga, or guided audiovisual relaxation.
- Talk to your healthcare team about when to [seek emergency care](#).

Prevent Problems Over Your or Your Child's Lifetime

- **Avoid situations that may set off a crisis.** Extreme heat or cold, as well as sudden changes in temperature, are often triggers. When going swimming, ease into the water rather than jumping right in.
- **Do not travel in an aircraft cabin that is unpressurized.**
- **If you experience priapism,** you may be able to relieve your symptoms by doing light exercise, taking a warm bath or shower, emptying your bladder by urinating, drinking more fluids, and taking medicine recommended by your healthcare provider.
- **If your child attends day care, preschool, or school, speak to their teacher about the disease.** Teachers need to know what symptoms to watch for and how to accommodate your child.
- **Ask your healthcare team about medications that may control SCD and help reduce the risk of pain crises.**



Questions to Ask Your Healthcare Team About Treatments

- Which treatments are best for me?
- How is this treatment administered?
- How often do I need this treatment?
- What are the side effects?

With help from your healthcare team, you can create a plan to manage your pain and prevent serious problems. Learn more at sicklecell.nhlbi.nih.gov



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Healthy Living With Sickle Cell Disease

If you have sickle cell disease (SCD), you can live a full life and enjoy the things that most other people do. Follow these tips to support your mental and physical health, manage your condition, and stay as healthy as possible.

See Your Healthcare Team Regularly

Work closely with your healthcare team to develop your unique care plan. Try to establish strong relationships with your hematologist and other specialists, and keep in touch with them as often as needed. Routine checkups can help prevent serious problems. Your healthcare team can offer specific guidance, prescribe medications and treatment options, and address any concerns or questions. Most people with SCD should see their provider every 3 to 12 months. It's also important to get vaccines as directed by your healthcare team, including a flu shot each year, and a COVID-19 vaccine, as recommended.

Manage Your Blood Pressure

People with SCD are at high risk for complications, including stroke and kidney disease. These complications can be worsened by high blood pressure (hypertension), which often adds to the workload of the heart and blood vessels. Ask your healthcare team to check your blood pressure at each visit, and ask what your numbers mean for you — and how to control your blood pressure if it's consistently higher than 130/80 mm Hg.

Take Care of Your Mental Health

Children and adults with SCD may experience pain, anxiety, and depression. Talk to your friends and family about how you are feeling. Your healthcare team can refer you to a mental health professional to develop healthy pain-coping strategies, address negative thoughts, and improve overall well-being. Supportive counseling and, sometimes, antidepressant medicines may help.



Adopt a Healthy Lifestyle

Maintaining a healthy lifestyle is important for overall well-being and managing SCD.

- Be physically active
- Choose heart-healthy foods
- Drink 8–10 glasses of water daily
- Limit alcohol
- Quit smoking or vaping
- Wash hands often to help prevent infections
- Take care of your mental health
- Aim for 7–9 hours of sleep each night



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Healthy Living With Sickle Cell Disease

Learn What to Do in a Pain Crisis

When an acute crisis is just starting, drink lots of fluids and take a nonsteroidal anti-inflammatory (NSAID) pain medicine, such as ibuprofen. If you have kidney problems, acetaminophen is often preferred. If you cannot manage the pain at home, go to a day hospital or outpatient unit or an emergency department to receive additional stronger medicines and IV fluids. You may need to be admitted to the hospital to fully control an acute pain crisis.

Know When to Seek Help

Have a plan to get help quickly if there is a problem. Keep a copy of your health records (electronic or print) so you can bring them to a healthcare facility as needed.

Call 9-1-1 or seek emergency room care right away if you have:

- Fever above 101° F
- Difficulty breathing
- Chest pain
- Abdominal (belly) swelling
- Sudden vision problems
- Severe headache
- Sudden weakness or loss of feeling and movement
- Seizure
- Painful erection of the penis that lasts more than 4 hours
- Pain anywhere in the body that will not go away with treatment

By adopting a healthy lifestyle, you can help take control of your well-being. For more information on a healthy lifestyle with SCD, visit sicklecell.nhlbi.nih.gov

“I drink lots of fluids, eat a healthy diet, take my medications, even if I’m feeling good, and make every doctor’s appointment,” says Yaw Lokko, patient advocate and clinical research trial participant. And to minimize pain triggers, “I try to avoid the heat, avoid the cold. It’s not always easy, but it’s good to pay attention.”



5 FACTS YOU SHOULD KNOW ABOUT SICKLE CELL DISEASE



A child gets sickle cell disease (**SCD**) when he or she receives two sickle cell genes*—one from each parent.

A child who inherits only one sickle cell gene has sickle cell trait (SCT). If both parents have either SCD or SCT, it is important for them to discuss this information with each other and with a doctor when making decisions about family planning.

*Genes, which are passed down from a parent to child, are instructions in each of our cells that determine a person's traits such as eye color, blood type, and risk of disease.

SCD has many faces.

The disease affects millions of people worldwide and is especially common among people who come from and whose ancestors come from the following regions highlighted in red:



SCD can be cured for certain patients.

Bone marrow transplants (BMTs) and newly developed gene therapies are potentially curative treatment options for some patients. A BMT, which involves collecting healthy cells from a donor's bone marrow and transferring them into a patient, can cure SCD. However, it may not be the best choice for all patients because it comes with serious risk. A BMT expert can advise patients about whether it is a good choice for them.

Gene therapies for the treatment of SCD are now approved for use in patients 12 years and older. While these therapies mark major advances in the treatment of SCD, they are so new more data are needed to understand their impact on the patient and their chance of recovery.

Anemia is a common effect of **SCD**, but it can be treated.

In someone with SCD, red blood cells die early and not enough are left to carry oxygen throughout the body, causing anemia. Infection or enlargement of the spleen, an organ that stores red blood cells, may make anemia worse. Blood transfusions are used to treat severe anemia.



A person with **SCD** can live a long and high quality life.

More than **95%** of newborns with SCD in the United States will live to be adults. People with SCD can lower their chances of difficulties from the disease and enjoy many normal activities by



✓ Getting regular checkups with their doctor.



✓ Following treatments prescribed by their doctor, such as taking medication called hydroxyurea.



✓ Preventing infections by taking simple steps including washing their hands.



✓ Practicing healthy habits like drinking 8 to 10 glasses of water per day and eating healthy food.

For more information about SCD, visit: www.cdc.gov/ncbddd/sicklecell



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Managing Chronic Pain if You Have Sickle Cell Disease



Accessible link: <https://www.cdc.gov/ncbddd/sicklecell/betterhealthtoolkit/index.html>

If you have sickle cell disease (SCD), you may experience **chronic pain**, which is pain that lasts most days for 6 months or more. Pain management looks different for everyone. **It is important that you and your healthcare provider work together to make decisions about the best treatment for you.**

KNOW YOUR OPTIONS FOR TREATING PAIN.

Many options for pain management are available. If you have SCD and experience chronic pain, talk to your provider about the following options:



- Medicines shown to relieve chronic pain, including these:
 - » Serotonin and norepinephrine reuptake inhibitors (SNRIs), such as duloxetine and milnacipran. Some of these SNRIs are also used to treat depression.
 - » Tricyclic antidepressants, such as amitriptyline and nortriptyline.
 - » Gabapentinoids, such as gabapentin and pregabalin. These medicines can also treat seizures (convulsions), so they are sometimes called *anticonvulsants*.
 - » Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen.
 - » Opioids, such as oxycodone, hydrocodone, and morphine. However, it is important to consider both the benefits and risks of opioid therapy (see next page for more details).
- Cognitive behavioral therapy, a psychological, goal-directed approach to alter physical, behavioral, and emotional responses to pain and stress.
- Other therapies, such as acupuncture and massage.



Centers for Disease
Control and Prevention
National Center on Birth Defects
and Developmental Disabilities



SCDC
SICKLE CELL DATA COLLECTION

KNOW THE RISKS AND BENEFITS OF OPIOIDS.

Long-term opioid therapy (LTOT), or long-term use of opioids, such as oxycodone, hydrocodone, and morphine, can be prescribed by providers to treat moderate to severe pain but can also have serious risks and side effects. **Have detailed discussions with your provider about whether LTOT is right for you.** Consider the following scenarios:



- If you recently developed chronic pain, LTOT *is not* suggested unless the pain does not respond to other therapies.
- If you are functioning well on LTOT, work with your provider to make decisions about the risks and benefits of continuing LTOT.
- If you are functioning poorly on LTOT, continuing LTOT *is not* suggested.

Learn more about opioids here: www.cdc.gov/opioids/patients/materials.html

Learn more about managing pain without opioids here:
www.cdc.gov/drugoverdose/featured-topics/pain-management.html

Visit the “Sickle Cell Disease: Steps to Better Health” toolkit available here: www.cdc.gov/SCD/betterhealth

Sickle Cell Adolescent Transition Clinic (SCAT)

How to Make and Prepare for Your Doctor's Appointments

It's time to start making your own doctor's appointments. Calling a doctor's office for the first time can be stressful. But you can prepare for the call by following these steps. Making and appointment on your own will be easy!

1. Watch your parent make the appointment.
2. Use the form below to prepare what you will say and practice with your parent.
3. Have a calendar ready and know what appointment date will work with your school, work schedule, or other activities you are involved in.
4. Have all information that you will need to make the appointment, including your date of birth, your insurance provider and the reason you need the appointment.
5. Sometimes you may have to be placed on hold for a few minutes before you can schedule your appointment. Call during a time when you will not be in a hurry and can wait if needed.
6. Use the script below to make your phone call and schedule your appointment.
7. Record your appointment date and time to be sure that you remember. Put it on a calendar, on your phone or in a notebook.
8. Don't forget to prepare for your appointment:
 - a. Bring a list of the medicines you take regularly, including how much you take and when you take them or bring your medicine bottles with you to the appointment.
 - b. Bring your insurance card.
 - c. Prepare and bring a list of questions for your doctor.

How to Make an Appointment –Sample Script

"Hello, my name is _____. (Tip: Use your first and last name)

"I need an appointment to see Dr. _____ because _____

(Example: I need a checkup, my knee hurts, I have a rash, etc.)

"How soon can I get in?" _____ (Write date and time here)

Note: If the date and time are OK, say, thank you. That will be fine.

If not, just say, "That won't work for me, can you look for something else? Or suggest a date and time."

Before you end the phone call, repeat the date and time of your appointment back to them. Don't forget to write down the appointment so you won't forget it! Sometimes you may be told that you have to wait several weeks for an appointment, but if you are feeling sick, remember to always leave a message for your health care provider to let him/her know. They can help you get a sooner appointment if needed.

After a visit with your provider, put a reminder on your calendar or in your phone so you'll remember when you need to call or make your next appointment. If you need to get lab tests checked between appointments, make sure to put a reminder in your calendar or phone for that too!

WHAT IS THIS CLINIC?

The Integrative Clinic for Sickle Cell Disease is a one-of-a-kind clinic in the Division of Hematology where a variety of non-pharmacological services are offered along with standard sickle cell therapies.

This clinic is comprised of a multidisciplinary team that includes doctors, nurses, social worker, psychologists and acupuncturists.

WHAT IS INTEGRATIVE MEDICINE?

Integrative medicine brings conventional medicine and complementary therapies to patients in a coordinated way.

Integrative medicine is different from alternative therapies, which is when non-mainstream practices are used in place of conventional medicine.

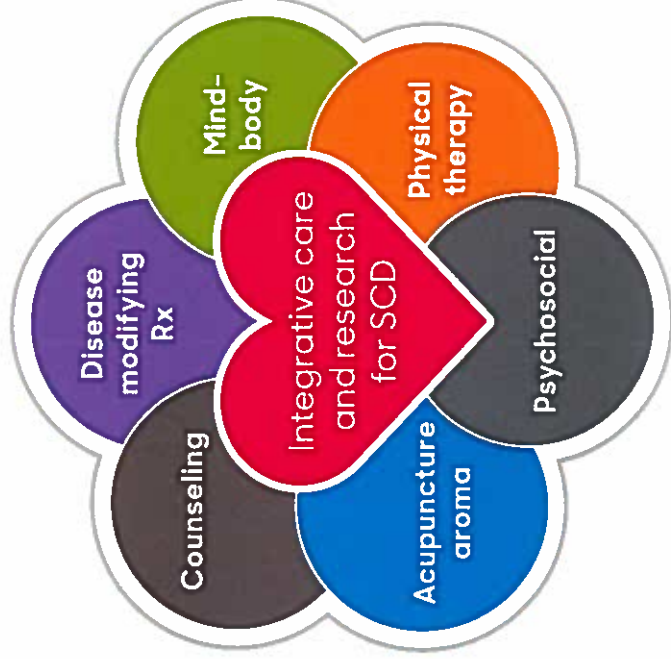
Integrative medicine takes a holistic approach to the relationship between mind and body. This often includes mental, emotional, functional, spiritual, social and community aspects. It treats the whole person, rather than one organ system.

WHAT IS THE EVIDENCE?

Complementary methods, such as acupuncture, have been shown to help with stress, pain and/or nausea associated with various health conditions or therapies.

Psychological treatments, such as cognitive-behavioral therapy and acceptance and commitment therapy, have widespread evidence to support that they improve mood and functioning, enhance coping with pain and strengthen overall quality of life.

Many specialties have been successful in using integrative approaches to treat symptoms related to pain and stress using healing touch, yoga and massage.



HOW WE CAN HELP

- Individuals living with sickle cell disease can experience many chronic complications. The Integrative Clinic is designed to inform and teach families non-pharmacological approaches that can be used alongside standard medical therapies.
- Pain, fatigue, nausea and anxiety can be common symptoms in sickle cell disease. Some of the therapies offered in the Integrative Clinic have been used in other diseases and may be helpful for individuals with sickle cell disease.
- Pain is the most common symptom of sickle cell disease and is often treated with opioids. Frequent and high doses of opioids can cause side effects and may not be very effective. Some strategies taught by our psychologists in this clinic can help improve pain control and can be used alongside their pain medicines.

SERVICES OFFERED IN THE INTEGRATIVE CLINIC FOR SICKLE CELL DISEASE:

- **Acupuncture and Acupressure** are therapies where a trained and licensed specialist uses tiny needles or pressure to stimulate specific nerves in the body. The nerve signals the brain to release hormones, which can ease pain or other symptoms.
- **Hematology visit** – on an as needed basis for hospital or hydroxyurea follow up.
- **Psychological support** – Cognitive-behavioral and acceptance-based therapies focused on helping patients and parents learn how the brain senses pain and build skills for improving mood, reducing stress and sleeping better to help cope with pain.
- **Healing Touch** is an energy therapy in which certified practitioners use the gift of touch to support and help physical, emotional, mental and spiritual well-being.
- **Aromatherapy** uses natural oils to enhance psychological and physical well-being.
- **Massage therapy** provided by licensed practitioners has many benefits including stress and pain relief.
- **Mindfulness training** – a mental state method used to focus one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts and bodily sensations; used as a therapeutic technique.
- **Physical therapy** – stretches and exercises to improve posture, muscle tone and blood flow that may help with pain.

**Therapies may vary from each visit based on the availability of service providers and patient preference.

FREQUENTLY ASKED QUESTIONS

1 How old do I or my child have to be to attend the clinic?

Due to the interactive nature of the session, we generally recommend this clinic for children 8 years or older.

2 Would I/my child need to continue to take other sickle cell medicine (such as hydroxyurea) that I/my child was/is taking?

Yes. The therapies provided here are to help with symptoms that you/your child may be experiencing. Continue to take all medicines. None of the medicines should be stopped unless instructed by your primary hematologist.

3 Would I/my child need to continue taking pain medicine?

You/your child will continue to take the pain medicine that has been prescribed by your hematologist. The tools provided in the clinic may help you/your child better cope with pain. The pain medicines will continue to be managed by your primary hematologist.

4 Do I/my child still need to see my primary hematologist while attending the integrative clinic?

Yes. We highly recommend you/your child keep appointments with your primary hematologist. This clinic is meant to complement your regular hematology visits. All providers will communicate with you/your child's primary hematologist about the care you received in this clinic.

QUOTES FROM PATIENTS SEEN IN THE CLINIC:



"I have incorporated the things I have learned in the Integrative Clinic to deal with my everyday pain."

"The Integrative Clinic is good for recovery after being inpatient. The methods allow you to come down from all the medications you are on when you have a vaso-occlusive crisis."

"I have been using the methods from the Integrative Clinic at home to deal with my back pain."



CHILDREN'S NATIONAL HOSPITAL

INTEGRATIVE CLINIC FOR SICKLE CELL DISEASE

If you or your child is interested in learning more about the Integrative Clinic for Sickle Cell Disease, please discuss with your provider.

Due to the interactive nature of the sessions, we generally recommend this clinic for children 8 years or older.

To learn more about the Integrative Clinic or to make an appointment, please call your Hematology nurse coordinator at **202-476-7806**



Children's National.

111 Michigan Ave. NW
Washington, DC 20010-2970
Phone: 202-476-7806
Fax: 202-476-3605



Children's National.



WANT MORE INFORMATION?

Please visit National Center for Complementary and Integrative Health.










Complementary, Alternative, or Integrative Health: What's in a Name?

<https://nccih.nih.gov/health/integrative-health>

PLANNING TO MOVE FROM PEDIATRIC TO ADULT CARE? HERE'S HOW THEY CAN DIFFER

Health care for youth is different than health care for adults. In adult care, you are in charge of your own care and involve your parents/caregivers if you choose. These are some of the changes that happen when you move to adult care.

Please circle any items in the Adult Approach to Care column that you have questions about. Bring this to your next doctor visit to start a conversation about any questions you may have.

Pediatric Care (Where you are now)	Adult Approach to Care (Where you will be)
Your parent/caregiver is with you for most or all of your visit.	 You see the doctor alone unless you agree for others to be present.
Your parent/caregiver helps answer questions and explain your medical conditions, any medicines, and medical history.	 You answer questions and explain your medical conditions, medicines, and medical history.
Your parent/caregiver is involved in making choices about your care.	 You make your own choices about your care, asking your parents/caregivers as needed.
Your parent/caregiver helps make appointments and get your medicines.	 You make your own appointments and get your medicines.
Your parent/caregiver helps with your care and reminds you to take your medicines.	 You take control of your care and take medicines on your own.
Your parent/caregiver can see your health information, including test results.	 Health information is private unless you agree to let others see it.
Your parent/caregiver knows your health insurance and pays any charges at the visit.	 You keep your health insurance card with you and pay any charges at the visit.
Your parent/caregiver keeps a record of your medical history and vaccines.	 You keep a record of your medical history and vaccines.
Many pediatric specialists provide both specialty and some primary care.	 Adult specialists often do not provide primary care, so you need to have a primary care doctor along with a specialist.

“The fact that I will have to go ... and not being familiar with it. That’s probably where the nervousness comes in.”

“I guess that’s one of the reasons I’m not jumping to change doctors is because I feel close to him and I trust him.”

From **youth** in **pediatric care**¹

From **young adults** in **adult care**¹

“They treat you more maturely. They expect you to know your responsibilities and stuff ... I like it. I like to have responsibility. I mean it’s knowing ... you have to know your medications and everything.”

“She gave me this big talk about some of the new things I’m going to encounter as an adult with a chronic condition. And she just opened my eyes to a lot of things.”

TIPS FOR PREPARING FOR YOUR MOVE TO ADULT HEALTH CARE

- Write down a list of questions and concerns you have before seeing your new doctor.
- Keep a list of your medicines, how much you take, and any allergies to medicines. You can take a picture of your medicines label and bring it with you to your visit.
- Keep your doctor’s phone number in your phone or somewhere you can easily find it.
- Keep your health insurance card with you always.
- Keep a record of your medical history, allergies and vaccines to share with your new doctor.
- Ask your doctor where to go if you need to get care after office hours or on the weekend.
- Ask your doctor to explain information you do not understand
- Ask your doctor if there is an online portal or an app you can use to look up your health information, contact information, or to make appointments.

TEST HOW READY YOU ARE TO MOVE TO ADULT CARE BY TAKING THIS QUIZ:

<https://www.gottransition.org/youth-and-young-adults/hct-quiz.cfm>

¹Tuchman LK, Slap GB, and Britto MT. Transition to adult care: Experiences and expectations of adolescents with a chronic illness. *Child: Care, Health and Development*. 2008; 34(5):557-63.



Health Care Transition Timeline

for Youth and Young Adults

Age 12-13

- Learn about your health condition, medications, and allergies.
- Ask your doctor questions about your health.
- Ask your doctor if and at what age they no longer care for young adults

Age 14-15

- Find out what you know about your health, health care, and family medical history. Both you and your parent/caregiver can take Got Transition's Transition Readiness Assessments* and discuss this together and with the doctor.
- Carry your own health insurance card.
- Learn more about your health and what to do in case of an emergency.
- Practice making a doctor's appointment and ordering prescription refills (either by phone, online, or through an app).
- Begin to see the doctor alone for part of the doctor's visit to help gain independence in managing your health and health care.

Age 16-17

- Make doctor's appointments, see the doctor alone, ask the doctor any questions you have, and refill medications.
- Ask the doctor to talk with you about your privacy rights when you turn 18.
- Work with your doctor to make a medical summary. Keep a copy for yourself.
- Before you turn 18 and become a legal adult, figure out if you will need help making health care decisions. If so, ask your Family Voices chapter for local resources.
- Talk with your parent/caregiver about the age you want to transfer to a new doctor for adult care.

Age 18-21

- You are a legal adult at age 18 and are legally responsible for your care. Parents/caregivers cannot access your medical information or be in the doctor's visit unless you agree.
- Work with your current doctor to find a new adult doctor, if needed. Make sure that the new doctor accepts your health insurance.
- Update your medical summary with your doctor. Have your doctor send this to your new adult doctor. Keep a copy for yourself.
- Call your new adult doctor to schedule the first appointment. Make sure the new office has your medical information, and learn if there are any charges at the visit.
- Learn if there are additional changes at 18 that affect you (e.g., health insurance, Social Security Income).

Age 22-25

- Continue to get care from your adult doctor, learn to manage your health and health care, and update your medical summary.
- Be sure to stay insured. If you change your health insurance, make sure your doctor takes your insurance, and learn if there are any charges at the visit.

*For a Transition Readiness Assessment for youth, visit <https://gottransition.org/6ce/leaving-readiness-assessment-youth> and for a version for parents/caregivers, visit <https://gottransition.org/6ce/leaving-readiness-assessment-parent>.

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Health Care Transition Timeline

for Parents/Caregivers

Age 12-13

- Help your teen learn about their own health condition, medications, and allergies.
- Encourage your teen to ask their doctor questions about their own health.
- Ask your teen's doctor if and at what age they no longer care for young adults.

Age 14-15

- Learn what your teen knows about their own health, health care, and family medical history. Both you and your teen can take Got Transition's Transition Readiness Assessments* and discuss this together and with the doctor.
- Have your teen carry their own health insurance card.
- Help your teen learn more about their own health and what to do in case of an emergency.
- Help your teen practice making a doctor's appointment and ordering prescription refills (either by phone, online, or through an app).
- Encourage your teen to see the doctor alone for part of the doctor's visit to help gain independence in managing their own health and health care.

Age 16-17

- Encourage your teen to make doctor's appointments, see the doctor alone, ask the doctor questions they may have, and refill medications.
- Ask the doctor to talk with your teen about their privacy rights when they turn 18.
- Work with your teen and the doctor to make and share a medical summary.
- Before your teen turns 18 and becomes a legal adult, figure out if they will need help making health care decisions. If so, ask your Family Voices chapter for local resources.
- Talk with your teen about the age they want to transfer to a new doctor for adult care.

Age 18-21

- At age 18, your child is a legal adult and legally responsible for their care. You cannot access their medical information or be in the doctor's visit unless your young adult agrees or certain legal forms have been completed.
- If you need local resources on supported decision-making, ask your Family Voices chapter.
- Learn if there are additional changes at 18 that affect your young adult (e.g., health insurance, Social Security Income).
- Encourage your young adult to ask their current doctor to find a new adult doctor. Make sure that the new doctor accepts your young adult's health insurance, and help them learn if there are any charges at the visit.
- Encourage your young adult to keep a copy of their medical summary and always carry their health insurance information with them.

Age 22-25

- Encourage your young adult to get care from their adult doctor, learn to manage their own health and health care, and update their medical summary.
- Encourage your young adult to stay insured. If they change health insurance, encourage them to make sure their doctor takes their insurance and learn if there are any charges at the visit.

*For a Transition Readiness Assessment for youth, visit <https://gottransition.org/6ce/leaving-readiness-assessment-youth> and for a version for parents/caregivers, visit <https://gottransition.org/6ce/leaving-readiness-assessment-parent>.

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Behavioral Health Resource Guide

Local 24/7 Crisis Resources

Washington, D.C.

- DC Access Helpline: 1-888-793-4357
- CHAMPS mobile crisis for children and teens under the age of 18: 202-481-1440
- Mobile Crisis for Adults: 202-673-9300

Maryland

- Maryland Crisis Hotline, for use if your county is not listed below: 1-800-422-0009
- Prince George's County: 301-864-7130
- Montgomery County: 240-777-4000
You can also walk into the Crisis Center 24/7 located at 1301 Piccard Dr., Rockville, MD 20850, which provides services to all Montgomery County residents regardless of age or insurance status.
- Anne Arundel County: 410-768-5522
- Baltimore City: 410-433-5175
- Baltimore County: 410-931-2214
- Calvert County: 1-877-467-5628
- Howard County: 410-531-6677

Virginia

- For complete list of Virginia's Community Services Boards (CSBs), visit: <https://dbhds.virginia.gov/contact/need-help/>
- Alexandria: 703-746-3400
- Arlington: 703-228-5160
- Fairfax/Falls Church: 703-573-5679
- Loudon: 703-573-5679
- Prince William: 703-792-7800, press 2 for Mental Health Crisis

National 24/7 Crisis Resources

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
Video Relay and Voice/Caption Phone: 800-273-8255, TTY: 800-799-4889
- Crisis Text Line: Text "HOME" to 741-741
- Suicide and Crisis Lifeline: 988
- National Sexual Assault Hotline: 1-800-656-HOPE (4673)
- The Trevor Project: 1-866-488-7386
- Boys Town National Hotline: 1-800-448-3000 or Text "VOICE" to 20121
- National Maternal Mental Health Hotline: Call or Text 1-833-852-6262
- SAMHSA Disaster Distress Hotline: Call or Text 1-800-985-5990

To reach the Children's National Hospital Department of Social Work call **202-476-3070** or visit our website at childrensnational.org/visit/resources-for-families/family-services/social-work

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Last Revised: June 2023

Behavioral Health Resource Guide

Scheduling outpatient behavioral health with commercial (private) insurance

- Call the number for member services on the back of your insurance card to identify in-network behavioral health providers in your area.

Scheduling outpatient behavioral health with Medicaid

Washington, D.C.

- For any person with a Medicaid plan in Washington, D.C., you can schedule with a behavioral health provider by calling DC Access Helpline: 1-888-793-4357
- The Access Helpline is 24/7 and can be called in cases of emergency. There is no age limit.

Maryland

- For any person with a Medicaid plan in Maryland, you can schedule with a behavioral health provider by calling Optum Maryland Health at 1-800-888-1965
- For more information, visit <https://maryland.optum.com>

Virginia

- Public behavioral health services in Virginia are provided through Community Services Boards (CSBs). Contact your local CSB to access services in your area by visiting <https://dbhds.virginia.gov/contact/need-help/>
- You can also call Department of Behavioral Health and Developmental Services at 804-786-3921.

Substance Use

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Anyone can use the Treatment Locator to find a substance use treatment provider near you by visiting <https://findtreatment.gov/>
- 1-800-662-4357

Children's National Hospital Addictions Program at Takoma Theatre

- Treatment services for children and youth at risk for substance use disorders and other types of addiction
- 6833 4th St. NW, Washington, DC 20012
- 202-729-3300
- Accepts many commercial health insurance plans and some DC, MD and VA Medicaid plans
- <https://childrensnational.org/departments/psychiatry-and-behavioral-sciences/programs-and-services/addictions-program>

Latin American Youth Center

- Individual, group, and family counseling, crisis intervention and case management. Bilingual services (English and Spanish)
- Eligibility: resident of DC youth between 12-21 years of age.
- 202-319-2229
- bhreferrals@layc-dc.org
- <https://www.layc-dc.org/substance-use-disorder-treatment>

Hillcrest Children and Family Center

- Outpatient therapy, intensive outpatient services, Wellness Recovery Action Program
- 202-232-6100
- info@hillcrest-dc.org
- <https://hillcrest-dc.org/children-and-adolescent-services/>

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Behavioral Health Resource Guide

Substance Use

Mary's Center Integrated Recovery Program

- Provides medication assisted treatment (MAT), care coordination, therapy and psychiatry, family support and other services available at Mary's Center.
- Assist uninsured in DC and MD to apply for insurance and provide care. Financial assistance is available to help families who do not qualify for insurance to access services including medications. Accepts commercial insurance, DC and MD Medicaid.
- Narcan/Naloxone is available at all Mary's Center locations
- Intake Coordinator & Addictions Specialist: Maria Page
mpaige@maryscenter.org, 1150-253-202
- <https://www.maryscenter.org/behavioral-health/other-specialties-and-services/addiction-and-substance-abuse-treatment/>

Youth Recently Discharged from the Children and Adolescent Unit at Children's National Hospital

- For medication management including refills.
- Contact your referred/established provider from your discharge paperwork.
- For DC residents insured through DC Medicaid; this resource offers a one-time medication refill. Call to request an appointment. If you have a prescription, you will need to bring it to the appointment:

DC Department of Behavioral Health Child Psychiatric Practice Group

- 821 Howard Rd. SE, Washington, DC 20020
- 202-698-2611
- Monday-Friday, 8:30 a.m.-2 p.m.

For Medical Records requests:

- If you need to request your child's medical records to share with any providers for additional diagnostic support for your child, contact: Children's National Hospital Medical Records at 202-476-5267
- Fax: 202-476 - 2270
- Medicalrecords@childrensnational.org

For more information, please contact the **Department of Family Services-Social Work Services** at 202-476-3070 or visit our resources page by scanning the QR code.



Childcare Resources

Finding Childcare in Washington, D.C.

After School Program Finder

- [Learn24.dc.gov](https://www.learn24.dc.gov)

Bright Beginnings

- Free year-round and early childhood education for children from birth to five years old; Home-based program offers support for children and families in their home environments; Specialized resources for pregnant mothers and a fatherhood program.
- 3418 4th St. SE, Washington, DC 20032
- 202-842-9090
- <https://www.bbidc.org/>
- Application: <https://www.childplus.net/apply/en-us/49758F99A4913D6F7C0ED34BF83C2230/20AA573CA9ADC426C7E76C814B790834>

Child Care Connections

- Find a childcare center
- 202-829-2500
- <https://dcchildcareconnections.org/>

Childcare Options for Children with Medical and Developmental Support Needs

- Easter Seals Child Development Center- Harry and Jeanette Weinberg Child Development Center. Provides full-day childcare and early education with parental resources to children with and without disabilities from 6 weeks to 5 years of age.
- 2800 13th St., NW Washington, DC 20009
- 202-387-4434
- Monday-Friday, 8 a.m.-5:30 p.m.
- Year-round
- Email to initiate application: dc@eseal.org
- <https://www.easterseals.com/DCMDVA/programs-and-services/childrens-services/child-development-centers.html>

Educare

- Free childcare for eligible families with children from six weeks to three years old and pre-kindergarten ages three to five years old; Inclusive of children with special needs; Five family engagement staff to support families.
- **Parkside Campus**
640 Anacostia Ave. NE, Washington, DC 20019
- **Deanwood Campus at IDEA Public Charter School**
4501 Lee St. NE, Washington, DC 20019
- <https://www.educaredc.org/>
- Application: <https://www.childplus.net/apply/en-us/09D5D189212325A69BE62DEA8ACDA95F/6A31CBFC26A0F1484E546BD25790B86E>

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Childcare Resources

Finding Childcare in Washington, D.C.

Martha's Table

- Nationally accredited year-round, all-day early childhood education program for students 6 weeks to 4 years of age; Assists caregivers of enrolled children with diapers, food, clothing and connection to resources.
- Locations: The Commons (Southeast D.C.) and The Maycroft (Northwest D.C.)
- 202-328-6608
- <https://marthastable.org/education-programs/>
- <https://www.childplus.net/apply/en-us/09D5D189212325A69BE62DEA8ACDA95F/6A31CBFC26A0F1484E546BD25790B86E>

National Children's Center (NCC) Early Learning Center and Early Intervention Center

- Eligibility: Children ages 8 weeks–5 years old. For Pre-K3, the child must be 3 years old by September 30. For Pre-K4 the child must be 4 years old by September 30. Children with and without disabilities are enrolled in an inclusive educational setting. Financially eligible families can apply for a voucher on-site to cover full or partial cost of childcare.
- Required documents: Birth Certificate for all enrolling children and dependents, parent/guardian's current picture ID, proof of income dated within 30 days, DC Universal Child Health Certificate, DC Oral Health Form, IEP/IFSP documentation (if applicable)
- 3400 Martin Luther King, Jr. Ave. SE Washington, DC 20032
- Monday–Friday, 7:30 a.m.–5:30 p.m.
- Year-round
- Enrollment2@nccinc.org
- <https://www.nccinc.org/education>
- 202-279-4900

Washington Child Development Council (WCDC)

- Find childcare options for evenings and weekends
- 202-387-0002

Finding Childcare in Maryland

Easter Seals Child Development Center

- Provides full-day childcare and early education with parental resources to children with and without disabilities from 6 weeks to 5 years of age
- 301-588-8708
- <https://www.easterseals.com/DCMDVA/programs-and-services/childrens-services/child-development-centers.html>

Maryland Child Care Special Needs Service

- Provides education about applicable supports and factors that influence childcare choices for children with special needs; Provide information about programs and childcare providers with special needs experience.
- 800-999-0120 Monday–Friday
- 8:30 a.m.–4:30 p.m.
- Online intake form: <https://www.surveymonkey.com/r/GD2C6T2>
- <https://www.marylandfamilynetwork.org/for-parents/locate-child-care-special-needs>

Maryland Family Network

- Find licensed childcare centers
- 877-261-0060
- <https://locatesearch.marylandfamilynetwork.org/>

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Financial Resources

Emergency Financial Assistance in Washington, D.C.

Greater Washington Urban League

- 202-427-4100
- uintake@gwul.org
- <https://www.gwul.org/utility-assistance>

DC Department of Insurance Securities & Banking (DISB) Foreclosure Prevention

- Provides resources to help District residents avoid foreclosure, including foreclosure mediation, housing counseling and legal aid for homeowners.
- District's Foreclosure Prevention Hotline:
202-265-CALL (2255) and
1-855-449-CALL (2255)
- <https://disb.dc.gov/service/foreclosure-prevention>

Emergency Financial Assistance in Maryland

Laurel Advocacy & Referral Services

- 311 Laurel Ave., Laurel, MD 20707
- 301-776-0442
- Monday-Friday: 9 a.m.-2 p.m.
- Monday: 5-7:30 p.m.
- <https://www.laureladvocacy.org/foodpantry.html>

Emergency Financial Assistance in Virginia

ALIVE!

- 2723 King St., Alexandria, VA 22302
- 703-837-9300
- Monday-Friday 9 a.m.-3 p.m.
- <https://www.alive-inc.org/family-and-emergency-assistance-program-alexandria-va/>

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Last Revised: June 2023

Financial Resources

Financial Literacy, Education and Planning in Washington, D.C.

DC Department of Employment Services (DOES)

- Financial Literacy Series: <https://does.dc.gov/page/financial-literacy-series>

DC Department of Insurance Securities & Banking (DISB)

- 202-727-8000
- <https://disb.dc.gov/>
- **Financially Fit DC:** helps residents identify short-term needs, make a budget and set plans to reach long-term goals with online tools and curated workshops. <https://welcome.financiallyfitdc.com/>
- **Earned Income Tax Credit information:** special tax break tailored for low- and moderate-income workers. <https://eitc.dc.gov/>
- **Bank on DC:** provides mainstream access to financial services, products and financial education to unbanked and under-banked households in the District. The program partners with banks and credit unions to offer bank accounts that have low minimum balance requirements and no or low-cost monthly fees. <https://bankondc.org/>
- **Student Loan Ombudsman:** helps families and prospective students identify scholarship opportunities and minimize student loan debt. Can show college graduates how to understand loan repayment options and identify debt relief programs and resolve complaints. <https://disb.dc.gov/studentloanhelp>
- **Small Business Resources:** <https://disb.dc.gov/service/small-business-resources>

Opportunity Accounts Program by Capital Area Asset Builders

- 4:1 matched savings program that allows qualified residents to save up to \$1,500 with a match of \$6,000, growing their Opportunity Account contribution up to \$7,500. Funds can be used to help pay for a variety of savings goals, including education, first-time home purchases, small business development and retirement.
- DCoportunity@caab.org
- <https://www.caab.org/en/programs/matched-savings-programs/dc-opportunity-accounts-program>

The Women's Center

- 1025 Vermont Ave. NW, Suite 310 Washington, DC 20005
- 202-293-4580
- <https://thewomenscenter.org/services/legal-financial-resources/>

United Planning Organization

- 2907 MLK Jr Ave. SE, Washington, DC 20032
- 202-682-6572
- FEC@upo.org
- <https://www.upo.org/fec/>

Financial Literacy, Education and Planning in Maryland

Crusaders 4 Change

- 240-630-2242
- hello@crusaders4change.org
- <https://www.crusaders4change.org/personal-finance-coaching>

To reach the Children's National Hospital Department of Social Work call 202-476-3070 or visit our website at childrensnational.org/visit/resources-for-families/family-services/social-work

*Education Toward the
Management of
Sickle Cell Disease*



CFC #57433

**Sickle Cell Association of the
National Capital Area, Inc.**

P. O. Box 41479

Washington, DC 20018-0879

Phone: (202) 271-5733 - Fax: (202) 723-9478

Website: www.scancainc.org ~ email@scancainc.org

Iola Y. Williams, Executive Director

Food Resources in Washington, D.C.

Bread for the City

- Sign up at breadforthecity.org
- Locations:
 - 1700 Good Hope Rd. SE
 - 1525 7th St. NW
- Pickup: Monday–Thursday, 9 a.m.–4 p.m.

Central Union Mission

- 3194 Bladensburg Rd. NE, Suite B
- 202-475-7118
- Pickup: Thursdays, 10 a.m.–12 p.m.
- ID required

DC Hunger Solutions

- Help with SNAP/food stamps
- 202-640-1088
- info@dchunger.org

Martha's Table

- Locations:
 - 2375 Elvans Rd. SE
 - 1474 Columbia Rd. NW
- 202-328-6608
- Grocery pickup: Monday–Friday, 11 a.m.–4 p.m.

Salvation Army Groceries

- 3335 Sherman Ave. NW
- 301-864-3115
- Pickup: Third Tuesday and last Thursday of month, every Friday: 9:30 a.m.–1 p.m.

Share Food Network

- Value packages that cost \$25 and include up to \$50 worth of groceries
- 301-864-3115
- Find locations: <https://www.catholiccharitiesdc.org/program/share-food-network/>

SOME- So Others Might Eat

- Meals every day 7:30–9 a.m.
- 71 O St. NW
- 202-797-8806

Thrive DC

- Bring D.C. ID to pickup groceries
- St. Stephen's Church
 - 1525 Newton St. NW
 - Phone: 202-737-9311
 - Pickup: Thursdays 10 a.m.–1 p.m.
- Father McKenna Center
 - 900 North Capitol St. NW
 - 202-842-1112
 - Pickup: Monday, Tuesday, Thursday and Friday, 1:30–2:30 p.m.

Women, Infants and Children (WIC)

- DC WIC: 202-442-9397
- Children's National Shaw Metro WIC: 202-791-1617
- Apply at <https://www.dcwic.org/how-to-apply-for-wic>

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Last Revised: June 2025

Food Resources in Washington, D.C.

SNAP (Food Stamps)

- You may apply for SNAP online at districtdirect.dc.gov or at any of the following Department of Human Services Service Centers: Monday–Friday, 7:30 a.m.–4:45 p.m.
- *Anacostia*
 - 2100 Martin Luther King Ave. SE
 - 202-645-4614
- *Congress Heights*
 - 4049 South Capitol St. SW
 - 202-645-4546
- *H Street*
 - 645 H St. NE
 - 202-698-4350
- *The Fort Davis and Taylor Street Service Centers are temporarily closed*
- <https://districtdirect.dc.gov/ua/>

The Combined Application for Benefits form can be found online to be printed and completed at dhs.dc.gov/page/apply-recertify-benefits or you may pick up a copy at any service center.

When you visit an ESA service center, take as much of the following paperwork as you have:

- Photo ID for yourself
- Social Security numbers (or A-numbers) for all in your household
- Proof of DC residency (such as a lease, utility bill, written letter from landlord)
- Proof of income (such as pay stubs from last month of work, Social Security or unemployment benefit, child support payments you receive, written letter from employer)
- Proof of expenses (such as rent or mortgage receipt, utility and cell phone bills, childcare or dependent care costs, child support payments you owe)

You may also apply for and recertify your benefits with the District Direct mobile app. Download it at dhs.dc.gov/page/district-direct-mobile-app

For more information, please contact the **Department of Family Services–Social Work Services** at 202-476-3070 or visit our resources page by scanning the QR code.



Food Resources in Maryland

Grocery Distribution Sites:

- See updates at bit.ly/pgcfood

Adventist Community Services

- 501 Sligo Ave., Silver Spring, MD
- 301-585-6556
- Call to make an appointment.

Catholic Charities Center

- 12247 Georgia Ave., Silver Spring, MD
- Pickup: 2nd and 4th Tuesday, 10 a.m.–2 p.m.
- The first 100 people will receive food. Bring a form of ID.
- If your family needs diapers, bring proof of child's age.

Fountain Community Enrichment

- 15853 Commerce Ct., Upper Marlboro, MD
- Drive through pickup: 1st and 3rd Friday 11 a.m.–2 p.m.

Galilee CDC

- 2101 Shadyside Ave., Suitland, MD
- 301-776-0442
- Pickup by appointment: Tuesday, Thursday, 12–2 p.m.

LARS

- 311 Laurel Ave., Laurel, MD
- 301-776-0442
- Pickup by appointment only:
- Monday, Wednesday, Friday 9 a.m.–2 p.m.

Manna

- 12301 Old Columbia Pike, Silver Spring, MD
- 301-424-1130
- Call by 3 p.m. the day before to secure a pickup.
- Pickup: Tuesday–Sunday, 9 a.m.–2 p.m.

Mission of Love

- 6180 Old Central Ave., Capitol Heights, MD
- 301-333-4440
- Pickup by appointment only.
- Groceries: Monday–Thursday, 9 a.m.–2 p.m.
- Produce: Thursday, 11 a.m. – 3 p.m.

Shabach Ministries

- 403 Brightseat Rd., Landover, MD
- 301-532-7003
- Pickup by appointment only:
- Monday–Friday, 10 a.m.–2:30 p.m.

Share Food Network

- Value packages that cost \$25 and include \$50 worth of groceries.
- 301-864-3115
- Find locations throughout D.C., Maryland and Virginia online at: <https://www.catholiccharitiesdc.org/program/share-food-network/>

Silver Spring Christian Reformed

- 1501 Arcola Ave., Silver Spring, MD
- 301-325-0186
- Pickup: 1st and 3rd Tuesday, 3 p.m.

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Food Resources in Maryland

Grocery Distribution Sites:

St. Callimus

- 1600 St Camillus Dr., Silver Spring, MD
- 301-328-5105
- Pickup: Friday, 4-6 p.m., Saturday, 10 a.m.-12 p.m.

St. Stephens Baptist Church

- 5757 Temp Hills Rd., Temple Hills, MD
- Pickup: Tuesday, 11 a.m.-3 p.m.

UCAP

- 1400 Doewood Ln., Capitol Heights, MD
- 301-322-5700 ext. 101

Women, Infants, and Children (WIC)

- Montgomery County: 301-762-9426
- Prince George's County: 301-856-9600
- <https://health.maryland.gov/phpa/wic/pages/home.aspx>

SNAP (Food Stamps)

- Make an account and apply online at <https://mymdthink.maryland.gov/home/#/>
- **Please have as much of the following paperwork with you when you apply:**
- Photo ID for yourself
- Social Security numbers (or A-numbers) for all in your household
- Proof of MD residency (such as a lease, utility bill, written letter from landlord)
- Proof of income (such as pay stubs from last month of work, Social Security or unemployment benefits, received child support payments, letter from employer)
- Proof of expenses (such as rent or mortgage receipt, utility and cell phone bills, childcare or dependent care costs, child support payments you owe)

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Federally Qualified Health Centers in Maryland

Federally Qualified Health Centers (FQHC) are community-based health care providers that provide comprehensive primary care and supportive services such as mental health care, dental care and case management services. These clinics accept Medicaid, Medicare and offer a sliding scale fee for reduced cost.

CCI Health Services

- Services include primary care, family planning, centering pregnancy/parenting, HIV/AIDS infectious disease care, dental care, behavioral health, refugee health, women's health and the WIC program.
- **Appointments:** 866-877-7258 **WIC:** 301-762-9426 <https://cciweb.org/>

Gaithersburg	220 Girard St., Gaithersburg, MD 20877 <ul style="list-style-type: none"> • Medical: Suite 100 • WIC: Suite 212-B • Dental: Suite 206 	301-216-0880 301-840-8339 240-720-0510
Wheaton	2730 University Blvd. W, Suite LL10, Wheaton, MD 20902	240-641-9458 WIC: 301-933-6680
Takoma Park	7676 New Hampshire Ave., 2nd Floor, Takoma Park, MD 20912 <ul style="list-style-type: none"> • WIC: 1401 University Blvd. E, Hyattsville, MD 20783 	301-431-2972 WIC: 301-439-7373
Greenway	7474 Greenway Center Dr., Suite 300, Greenbelt, MD 20770 <ul style="list-style-type: none"> • WIC: Suite 350 	240-624-2278 WIC: 240-638-1270
Greenbelt	9220 Springhill Ln., Greenbelt, MD 20770	240-624-2323
Silver Spring	8630 Fenton St., Suite 1200, Silver Spring, MD 20910	301-585-1250
Germantown WIC	2850 Middlebrook Rd., Suite 108, Germantown, MD 20874	301-515-7576
Rockville	<i>*temporarily closed*</i> 2 Taft Ct., Suite 207, Rockville, MD 20850	240-753-7895

City of Frederick Department of Housing and Human Services (HHS)

- Medical clinic provides care to people (adults and pediatrics) who are uninsured and undocumented. Provides food, housing and other forms of assistance to families and individuals that are low-income or homeless.
- 100 S Market St., Frederick, MD 21701
- Health Center: Monday-Friday: 9 a.m.-5 p.m.
- 301-600-1506 or 301-600-1393
- Existing patients can request appointments by email: Telehealthfcaa@cityoffrederickmd.gov
- Bilingual online intake form: [bit.ly/FCAAHealthIntake](https://www.cityoffrederickmd.gov/183/Housing-and-Human-Services)
- <https://www.cityoffrederickmd.gov/183/Housing-and-Human-Services>

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FQHCs in Maryland

Elaine Ellis Center of Health – College Park Campus

- Provides pediatrics, obstetrics and gynecology (OB/GYN), substance abuse, adult medicine, general dental services and behavioral and mental health services.
- 10001 Rhode Island Ave., College Park, MD 20740
- 301-441-1605
- Monday–Thursday 9 a.m.–6 p.m., Friday 9 a.m.–2 p.m., 3rd Saturday of each month 9 a.m.–2 p.m
- <https://eechealth.com/>

Family and Medical Counseling Services

- Offers a wide range of patient services: primary medical care; pediatric/adolescent medicine; HIV counseling; individual, family and group therapy; substance abuse counseling and case management.
- 5936 Martin Luther King Jr., Hwy, Seat Pleasant, MD 20743
- 202-889-7900 or 202-889-7901
- Monday–Friday: 8 a.m.–5:30 p.m.
- <https://www.fmcsinc.org/>

Greater Baden Medical Services

- Services include pediatric care, adult care, dental services, behavioral health treatment, case management, prenatal and women’s health, substance abuse treatment, HIV/AIDS testing and treatment, Veteran’s medical care, health education, outreach and WIC services.
- **Appointments:** 301-888-2233 **Administration:** 301-599-0460 Ext. 3321 **Patient Services:** 301-888-2233
- Monday–Saturday 8 a.m.–9 p.m.
- <https://www.gbms.org/>

Brandywine	450 Albert Rd., Brandywine, MD 20613	301-888-2233 WIC: 301-836-9654
Capitol Heights I (Adult Care)	1458 Addison Rd. S, Capitol Heights, MD 20743	301-888-2233
Capitol Heights II	1442 Addison Rd. S, Capitol Heights, MD 20743	301-888-2233
La Plata (Adult Care)	6 Garrett Ave., La Plata, MD 20646	301-888-2233
Leonardstown (Adult Care)	23140 Moakley St., Suite #4, Leonardstown, MD 20650	301-888-2233
Oxon Hill (Pediatrics and WIC)	6196 Oxon Hill Rd., Suite 540, Oxon Hill Road, MD 20646	301-686-1171
Pediatric and Women’s Care (WIC)	1472 Addison Rd. S, Capitol Heights, MD 20743	301-324-1873

La Clínica del Pueblo

- Provides medical services, mental health services, LGBTQ support, insurance enrollment, care coordination, health education and promotion services.
- 2970 Belcrest Center Dr., Suite 301, Hyattsville, MD 20782
- Wednesday: 8:30 p.m.–5 p.m., Thursday: 8:30 a.m.–5 p.m.
- 240-714-5247
- Info@lcdp.org
- <https://www.lcdp.org/>

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FQHCs in Maryland

Mary's Center

- Provides medical treatment (pediatrics, adult, obstetrics and gynecology), dental care, mental health treatment, substance abuse treatment, nutrition services, case management, pharmacy and laboratory on site, domestic violence support, English classes, job training and health promotion.
- **Main:** 202-483-8196
- **Appointments:** 844-796-2797
- **WIC:** 202-232-6679
- <https://www.maryscenter.org/>

Adelphi	8908 Riggs Rd., Adelphi, MD 20783 • Monday-Friday: 9 a.m.-5 p.m.
Silver Spring	344 University Blvd. West, Silver Spring, MD 20901 • Monday-Friday: 9 a.m.-5 p.m.

Mobile Med

- Services include comprehensive primary healthcare, integrated behavioral health and specialty care.
- Required documents: photo ID, proof of address (lease or utility bill), proof of income (two pay stubs or income taxes) and your Medicaid or Medicaid card if you have insurance.
- **Appointments:** 301-493-2400
- **Text:** 301-900-6255
- schedule@mobilemedicalcare.org
- <http://mobilemedicalcare.org/>

Aspen Hill (Van)	3820 Aspen Hill Rd., Aspen Hill, MD 20906	301-493-2400
Cardiology MobileMed-NIH	8600 Old Georgetown Rd., Bethesda, MD 20814 * By appointment only. Patients must have a referral from their primary doctor.	301-493-2400
Endocrinology MobileMed-NIH	1500 East Gude Dr., Rockville MD 20850 6420 Rockledge Dr., Suite 1200, Bethesda, MD 20814 * By appointment only. Patients must have a referral from their primary doctor.	301-493-2400
Fairland	3300 Briggs Chaney Rd., Silver Spring, MD 20904	301-493-2400
Gaithersburg (Van)	202 South Summit Ave., Gaithersburg, MD 20877	301-493-2400
Rockville	1500 East Gude Dr., Rockville, MD 20850	301-493-2400
Takoma Park (Van)	8700 Piney Branch Rd., Takoma Park, MD 20901	301-493-2400
Upcounty	19735 Germantown Rd., Suite 300, Germantown, MD 20874	301-493-2400

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FQHCs in Maryland

Baltimore Medical System

- Offers low-cost and free medical care in English and Spanish for children's health, family health, women's health, mental health and substance use disorders. Free prescription delivery is available.
- **Appointments:** 443-703-3600
- <https://bmsi.org/>

Belair-Edison	3120 Erdman Ave., Baltimore, MD 21213 <ul style="list-style-type: none"> • Monday-Friday: 8 a.m.-5 p.m. • 2nd and 4th Saturday: 9 a.m.-1 p.m. Pharmacy: 443-703-3683 <ul style="list-style-type: none"> • Monday-Friday: 8 a.m.-5 p.m. • Saturday 9 a.m.-12:30 p.m. • Closed daily from 1-1:30 p.m. 	410-558-4800
East Baltimore Medical Center	1000 E. Eager St., Baltimore, MD 21202 <ul style="list-style-type: none"> • Monday-Friday: 8 a.m.-5 p.m., Closed Saturday and Sunday 	410-522-9800
Highlandtown	3700 Fleet Street, Suite 200, Baltimore, MD 21224 <ul style="list-style-type: none"> • Monday, Tuesday, Wednesday, Friday: 8 a.m.-8 p.m. • Thursday: 10 a.m.-8 p.m. • 1st and 3rd Saturday: 9 a.m.-1 p.m. Pharmacy: 443-703-3680 <ul style="list-style-type: none"> • Monday, Tuesday, Wednesday, Friday: 8 a.m.-5 p.m. • Thursday 9 a.m.-7 p.m. • Saturday 9 a.m.-1 p.m. • Closed daily from 1-1:30 p.m. 	410-558-4900
Rosedale	9520 Philadelphia Rd., Rosedale, MD 21237 <ul style="list-style-type: none"> • Monday-Friday: 8 a.m.-8 p.m. • 1st and 3rd Saturday: 9 a.m.-1 p.m. 	410-780-0364
Pine Heights	1001 Pine Heights Ave., Suite 100, Baltimore, MD 21229 <ul style="list-style-type: none"> • Monday: 10 a.m.-7 p.m. • Tuesday, Wednesday, Friday: 8 a.m.-5 p.m. 	443-703-3600
Saint Agnes	900 S. Caton Ave., Parking Lot B, Baltimore, MD 21229 <ul style="list-style-type: none"> • Monday: 9 a.m.-8 p.m. • Tuesday, Wednesday, Thursday, Friday: 8 a.m.-8 p.m. • 2nd and 4th Saturday: 9 a.m.-1 p.m. Pharmacy: 443-703-3185 <ul style="list-style-type: none"> • Monday: 9 a.m.-7:30 p.m. • Tuesday-Friday: 8 a.m.-5:30 p.m. • 2nd and 4th Saturday: 9 a.m.-1 p.m. • Closed daily from 1-1:30 p.m. 	443-703-3200

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FQHCs in Maryland

Bay Community Health

- Provides a wide variety of health services for pediatrics and adults. These services include medical and behavioral health services in addition to free care management and outreach services. All Maryland Medicaid is accepted except Kaiser and Jai. Those without insurance can apply for Sliding Fee Program based on income and family size.
- **Medical:** 410-867-4700
- **Behavioral Health:** 443-607-1432
- <https://www.baycommunityhealth.org/>

Columbia	5500 Knoll N Dr., Suite #370, Columbia, MD 21045	410-837-2050
Easton	500 Cadmus Ln., Suite 203, Easton MD 21601	410-837-2050
Glen Burnie	200 Hospital Dr., Suite #300, Glen Burnie, MD 21061	410-837-2050
Randallstown	3510 Brenbrook Dr., Randallstown, MD 21133	410-837-2050
West River	134 Owensville Rd., West River, MD 20778 <ul style="list-style-type: none"> • Monday-Wednesday: 8 a.m.-5 p.m. • Thursday: 8 a.m.-7 p.m. • Friday: 8 a.m.-4:30 p.m. • Behavioral Health: Monday-Friday, some Saturday availability 	410-867-4700
Shady Side	6131 Shady Side Rd., Shady Side, MD 20764 <ul style="list-style-type: none"> • Monday-Thursday: 8 a.m.-5 p.m., Friday: 8 a.m.-4:30 p.m. • Behavioral Health: Weekday availability 	

Chase Brexton Health Care

- Offers primary and pediatric care, mental health services, gender-affirming care, HIV services, dental care, OB/GYN services, The Center for LGBTQ Health Equity, social work and outreach support and psychiatry services. Accepts Medicaid, Medicare and most insurance plans. Sliding scale for people without insurance.
- 410-837-2050
- <https://chasebrexton.org/>

Mt. Vernon/Baltimore	1111 North Charles St., Baltimore, MD 21201	410-837-2050
Columbia	5500 Knoll N Dr., Suite 370, Columbia, MD 21045	410-837-2050
Easton	500 Cadmus Ln., Suite 203, Easton, MD 21601	410-837-2050
Glen Burnie	200 Hospital Dr., Suite 300, Glen Burnie, MD 21061	410-837-2050
Randallstown	3510 Brenbrook Dr., Randallstown, MD 21133	410-837-2050

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FQHCs in Maryland

Choptank Community Health

- Offers adult and pediatric primary and dental care. Accepts Medicaid, Medicare and most major insurance plans. A sliding scale fee is available for people without insurance.
- Behavioral health: 833-638-0381
- <https://choptankhealth.org/>

Bay Hundred Medical & Dental Center	933 South Talbot St., Unit 4, Michaels, MD 21663 <ul style="list-style-type: none"> • Medical Hours: Monday 7:30 a.m.–6 p.m. Tuesday, Wednesday, Thursday: 7:30 a.m.–4:30 p.m. Friday: 7:30 a.m.–4 p.m. • Dental Hours: Monday–Friday 8 a.m.–4:30 p.m. 	410-745-0200
Chestertown Health Center	126 Philosophers Terr., Suite 101, Chestertown, MD 21620	443-215-5353
CCHS Administrative Offices	301 Randolph St., Denton, MD 21629 <ul style="list-style-type: none"> • Medical Hours: Monday–Friday 8 a.m.–4:30 p.m. 	410-479-4306
Fassett Magee Medical and Cambridge Dental Center	503 A Muir St., Cambridge, MD 21613 <ul style="list-style-type: none"> • Dental Hours: Monday–Friday 8 a.m.–4:30 p.m. • Medical Hours: Monday–Friday 7:30 a.m.–4:30 p.m. 	410-228-9381 410-228-4045
Denton Medical & Dental Center	808 South Fifth Ave., Denton, MD 21629 <ul style="list-style-type: none"> • Medical Hours: Monday 7 a.m.–6:45 p.m., Tuesday–Friday 7 a.m.–5 p.m. • Dental Hours: Monday–Friday 8 a.m.–4:30 p.m. 	410-479-2650
Easton Pediatrics	522 Cynwood Dr., Suite 100, Easton, MD 21601 <ul style="list-style-type: none"> • Medical Hours: Monday–Friday 7:30 a.m.–5 p.m. 	410-770-8910
Federalburg Medical & Dental Center	215 Bloomingdale Ave., Federalburg, MD 21632 <ul style="list-style-type: none"> • Medical Hours: Monday, Tuesday, Thursday, Friday: 7 a.m.–4:30 p.m. Wednesday 8 a.m.–4:30 p.m. • Dental Hours: Monday–Friday 8 a.m.–4:30 p.m. 	410-754-9021
Goldsboro Medical & Dental Center	316 Railroad Ave., Goldsboro, MD 21636 <ul style="list-style-type: none"> • Medical Hours: Monday–Thursday 7:30 a.m.–4:30 p.m. Friday: 7:30 a.m.–7 p.m. • Dental Hours: Monday–Friday 8 a.m.–4:30 p.m. 	410-634-2380

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FQHCs in Maryland

Chesapeake Health Care

- Offers adult and family medicine, dental, mental health, OB/GYN and pediatrics at a variety of locations. Assists with applying for insurance and payment for services on sliding fee scale.
- <https://chesapeakehc.org/>

Berlin	9958 N Main St., Berlin, MD 21811	410-973-2820
Pocomoke	305 10th St., Pocomoke City, MD 21851	410-957-1852
Princess Anne	12145 Elm St., Princess Anne, MD 21853 Dental: 12165 Elm St., Princess Anne, MD 21853	410-651-1000 410-651-5151
Sweetbay • Adults	1813 Sweetbay Dr., Salisbury, MD 21804	410-219-3769
Salisbury • Pediatrics	223 Phillip Morris Dr., Salisbury, MD 21804	410-548-1747
Riverside • Mental Health	560 Riverside Dr., Suite A-204, Salisbury, MD 21804	443-358-6193
Woodbrooke • Adults	1665 Woodbrooke Dr., Salisbury, MD 21804	410-546-6650
Power Street	100 Power St., Salisbury, MD 21804	410-543-2060
Woodbrooke • Maternal Fetal Medicine, OB/GYN, Urogynecology	1647 Woodbrooke Dr., Salisbury, MD 21804	410-546-2424

Family Healthcare of Hagerstown

- Provides pediatric and adult healthcare, dental care and mental health (psychiatry and counseling) services. There is an on-site laboratory and pharmacy. Case management and assistance applying for health insurance are available. Interpretation services for over 200 languages.
- 201 S. Cleveland Ave., Hagerstown, MD 21740
- 301-745-3777
- Monday and Friday 8 a.m.-5 p.m.
Tuesday, Wednesday, Thursday 8 a.m.-7 p.m.
- <https://familyhch.org/>

For more information, please contact the **Department of Family Services-Social Work Services** at 202-476-3070 or visit our resources page by scanning the QR code.



Housing, Utility and Rent Resources

Rental Assistance in Washington, D.C.

- Emergency Rental Assistance Program (ERAP) is based on available funding
- To apply for ERAP: <https://erap.dhs.dc.gov>
- Organizations that provide additional assistance with the application or other services:
 - **Catholic Charities**
202-338-3100
2812 Pennsylvania Ave. SE
Washington, DC 20020
 - **Housing Counseling Services**
202-667-7706
 - **Salvation Army**
202-332-5000 or 202-678-9771
 - **United Planning Organization**
202-562-3800
housingervices@upo.org
 - **Greater Washington Urban League**
202-265-8200

Rental Assistance in Montgomery County

- Renters at risk of eviction can call 311 (240-777-0311)
- https://www.montgomerycountymd.gov/DHCA/covid-19/eviction_process_and_renters.html
- Emergency Rental Assistance Program (ERAP) is based on available funding
- To apply: <https://dhcd.maryland.gov/Pages/EvictionPrevention/default.aspx>

Rental Assistance in Prince George's County

- Caregivers with minor children in the home can apply for emergency rent assistance in person:
- **Hyattsville Location**
6505 Belcrest Rd.
Hyattsville, MD 20782
- **Landover Location**
425 Brightseat Rd.
Landover, MD 20785
- **Temple Hills Location**
4235 28th Ave.
Marlow Heights, MD 20748
- Or online at <https://mymdthink.maryland.gov>
- Please bring the following:
 - Photo ID
 - Birth Certificate & Social Security Cards for everyone in household
 - Lease
 - Late Notice/court summons
 - 30 day Proof of Income
 - Current Rent Ledger
- This program approves up to \$2,500 depending on eligibility and available funding.

Prince George's Department of Social Services Eviction Prevention Program

- 301-909-6362
- emergency.assistance@maryland.gov

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Housing, Utility and Rent Resources

Rental Assistance in Prince George's County

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- To apply for ERAP: <https://www.princegeorgescountymd.gov/3703/Emergency-Rental-Assistance-Program>
- Additional organizations providing rental assistance:
 - *Catholic Charities*
301-568-9529
 - *Community Ministries*
301-499-2319
 - *Laurel Advocacy and Referral*
301-776-0442
csd@maryland.gov
 - *United Communities Against Poverty*
301-322-5700

Rental Assistance in Virginia

- Salvation Army Emergency Assistance Program (EMAST) and Washington Area Fuel Fund (WAFF)
 - <https://salvationarmynca.org/nca/gethelp>
- Local Department of Social Services
 - <https://www.dss.virginia.gov/localagency/index.cgi>

Utility Assistance in Washington, D.C.

- [Doee.dc.gov/liheap](https://doee.dc.gov/liheap)

Utility Assistance in Montgomery County

- Office of Home Energy Programs
 - 240-777-4450
 - <https://www.montgomerycountymd.gov/HHS-Program/SNHS/SNHSUtilityA-p746.html#apply>

Utility Assistance in Prince George's County

- Maryland Energy Assistance Program
 - <https://dhs.maryland.gov/office-of-home-energy-programs/how-do-you-apply/>
 - Application: <https://mymdthink.maryland.gov/>

Utility Assistance in Virginia

- Virginia Department of Social Services Energy Assistance Program (EAP)
 - <https://www.dss.virginia.gov/benefit/ea/>
- Washington Area Fuel Fund (WAFF)
 - <https://salvationarmynca.org/nca/gethelp>

Internet Assistance

- Verizon Lifeline
 - <https://www.verizon.com/support/residential/account/manage-account/lifeline-discount>

Verizon Forward

- <https://www.verizon.com/home/free-verizon-internet/>

Other Housing Assistance in Washington, D.C.

- Virginia Williams Family Resource Center
 - 202-526-0017

Housing Counseling Services

- 202-667-7706
- info@housingetc.org

Inclusionary Zoning

- dhcd.dc.gov

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Housing, Utility and Rent Resources

Other Housing Assistance in Montgomery County

Family Shelter Services

- Silver Spring: 240-777-3075
- Rockville: 240-777-4550
- Germantown: 240-777-4448

Other Housing Assistance in Montgomery County

HIP Homes

- 301-916-5946

Other Housing Assistance in Prince George's County

Shelter Hotline

- 1-888-731-0999

HIP Homes

- 301-699-3835

Other Housing Assistance in Virginia

211 Virginia

- 211 or 1-800-230-6977
- <https://211virginia.org/>

Eviction Helpline

- 1-833-663-8428
- www.evictionhelpline.org

Salvation Army Emergency Assistance Program (EMAST) and Washington Area Fuel Fund (WAFF)

- <https://salvationarmynca.org/nca/gethelp>

Facets

- FACETS serves individuals and families who are homeless, low income, unstably housed, and at-risk of homelessness in Fairfax County. Services include shelter, food, emergency financial assistance, prioritizing high-risk clients, and coordinating Services.
- 703-352-5090
- www.facetscares.org

Problems with Housing Conditions

If you have concerns about pests, mold, leaks or other housing issues and your landlord has failed to act, a lawyer may be able to help.

Washington, D.C.

Children's Law Center

- 202-467-4900

Legal Aid Society

- 202-628-1161

Washington Legal Clinic for the Homeless

- Especially helpful if you are in public housing, a transitional housing program, or have a housing voucher
- 202-328-5500

Montgomery County

MD Legal Aid Montgomery

- 240-314-0373

Prince George's County

MD Legal Aid PG

- 301-560-2100

Community Legal Services

- 240-391-6370

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 - **Landover Location**
425 Brightseat Rd.
Landover, MD 20785
 - **Temple Hills Location**
4235 28th Ave.
Marlow Heights, MD 20748
- Or online at <https://mymdthink.maryland.gov>
- Please bring the following:
 - Photo ID
 - Birth Certificate & Social Security Cards for everyone in household
 - Lease
 - Late Notice/court summons
 - 30 day Proof of Income
 - Current Rent Ledger
- This program approves up to \$2,500 depending on eligibility and available funding.

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- 301-916-5946

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- 301-560-2100

Community Legal Services

- 240-391-6370

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Legal Resources in Maryland

Education

Disability Rights Maryland

- 410-727-6352
- disabilityrightsmd.org

Employment

Community Legal Services of Prince George's County

- 240-391-6532

Workers' Rights Legal Clinic

- Monday, Wednesday, & Friday
- 8 a.m.–6 p.m., virtual
- Call to participate virtually

Prince George's County Multi Service Center

- 1401 University Blvd. East
Langley Park, MD 20783

Family Law

File for Child Support

mydmthink.maryland.gov/home/#

Legal Aid

- Prince George's County: 301-560-2100
- Montgomery County: 240-314-0373
- mdlabor.org

Community Legal Services of Prince George's County

- Family Law Clinic for the self-represented
- 240-391-6370
- Option #1 for Family Law
- Option #7 for Civil Law
- Monday–Thursday, 20-min time slots starting at 8:30 a.m.
- Friday, 8:30 a.m.–12 p.m.
- **Courthouse, Upper Marlboro**
 - 14735 Main St., Room M2435
- **Suitland Law Clinic**
 - Thursday, 10 a.m.–4 p.m., virtual
 - 240-391-6532
- info@clspgc.org
- clspgc.org

Immigration

Ayuda

- 240-594-0600
- <https://ayuda.com/legal-services-4/>

Community Legal Services of Prince George's County

- 240-391-6553 or 240-391-6370
- Option #4 for Latino Legal Access Clinic
- Tuesday & Thursday, 8:30 a.m.–3 p.m.

To reach the Children's National Hospital Department of Social Work call **202-476-3070** or visit our website at childrensnational.org/visit/resources-for-families/family-services/social-work

DISCLAIMER: This list of resources is intended for informational purposes only and was up to date at the time of printing. It does not constitute endorsement by Children's National Hospital Department of Family Services–Social Work Services for any of the resources listed.

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Legal Resources in Maryland

Immigration

Prince George's County Multi Service Center

- 1401 University Blvd. East, Langley Park, MD 20783
- Monday, Wednesday, & Friday, Virtually from 8 a.m.–6 p.m.
- Call to participate virtually

Landlord/Tenant Issues

Community Legal Services of Prince George's County

- 240-391-6370
- Option #2 for foreclosure
- Option #3 for landlord/tenant issues
- Option #5 for landlord/tenant issues in Anne Arundel County
- info@clspgc.org
- clspgc.org

Legal Aid

- **Prince George's County**
301-560-2100
- **Montgomery County**
240-314-0373
mdlaborg

For more information, please contact the **Department of Family Services-Social Work Services** at 202-476-3070 or visit our resources page by scanning the QR code.

