



# CONSUMER NETWORK NEWS

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## SPOTLIGHT ON MENTAL HEALTH: VISIONARY CONVERSATIONS WITH DR. WILLIAM A. ANTHONY

By Mike Finkle & Jennifer Brown



Dr. William "Bill" Anthony

On September 23, 2010 On Our Own of Maryland launched our new Speakers Series, titled "Spotlight on Mental Health: Visionary Conversations." Our first event featured Dr. William (Bill) Anthony, the Executive Director of Boston University's Center for Psychiatric Rehabilitation, speaking on "Redefining Possibilities: Psychiatric Rehabilitation and the Recovery Movement." Dr. Anthony is considered one of the foremost researchers and educators in the field of psychiatric rehabilitation and is a pioneer in defining recovery-oriented services. For the past 35 years, Dr. Anthony has worked in various roles in the field of mental health and psychiatric rehabilitation, and has been honored for his performance as a researcher, an educator, and a clinician. Dr. Anthony has influenced many important developments in the mental health

field, and his definition of recovery has become one of the most recognized and utilized throughout the world.

Jennifer Brown, Director of Training and Communications for On Our Own of Maryland, began the afternoon by describing the goal of the series, which is to provide relevant, useful and thought-provoking ideas and information about mental health.

Dr. Anthony began by stating that he would be talking about the importance of "possibilities" and how the recovery movement has opened up many new possibilities for people. He began by pointing out what he called "myths" that we used to believe, myths that prevented us from thinking "big." One myth was that providers could predict outcomes – that once they had the diagnosis, they could predict the rehabilitation outcome. Many providers were trained to believe this, and would interview people in a case conference, diagnose them, and then say "this person will become employed," "this person will live independently," etc. Another one was that inpatient treatment alone could affect community outcomes. In reality inpatient treatment had little or no effect on success in the community. Yet another was that if we knew a person's symptoms, we knew their skills and capacities. The truth was that symptoms did not really predict a person's ability to work or not. Years ago, the field of psychiatric rehabilitation was interested in prediction and control, which meant it was about limiting possibilities. "This person can't do this, that person can't do

# SPOTLIGHT ON MENTAL HEALTH

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that, that person needs to be locked up, etc.” Training was about probabilities, not possibilities. Today it’s just the opposite; the emphasis is on recovery and possibilities, not probabilities.



*Marta Archer & Jennifer Brown*

Dr. Anthony stated that he did not invent the concept of “recovery,” as it was put forth by people with disabilities and family members who began talking about their experiences. He sees himself as a messenger. Back in the early nineties, he wrote an editorial that began with, “There is a revolution brewing in mental health.” This was at a time when people were talking about managed care, MRI’s, CAT scans, etc. but he was not referencing those revolutionary new tools; he was talking about a revolution in *vision*. People with psychiatric disabilities were starting to write about their own personal stories of healing and recovery. Courtney Harding came along and presented research showing that many people with serious mental illness in fact, did recover. People with schizophrenia were recovering. The data was clear – anecdotal data from people writing about their own experiences coupled with research data showing that in long-term outcomes, people were recovering. This was the revolution. And with it, things began to change.

All the way up through the 1980’s, the Diagnostic and Statistical Manual (DSM) stated that schizophrenia was characterized by “acute exacerbation with increasing deterioration between symptoms.” Not a hopeful definition. How can one have hope with this type of diagnosis and prediction? There was a given that you would simply get worse over time. This was the field we were in before recovery came along – again, an emphasis on prediction and control.

The revolution opened up ideas about what was possible. He urged folks to “nurture our vision,” and not to get hung-up on empirical data. Dr. Anthony gave an example

of his friend’s daughter who has Down syndrome – her name is Amy. Amy attended grade school, junior high and high school and then a career school. She played on his daughter’s soft ball team. Amy had opportunities, which would never have happened 50 years ago. What changed? Genetics did not change; the only thing that changed was the vision. The vision that Amy, and others with Down syndrome, lived in a world of possibilities.

Dr. Anthony’s definition of recovery includes the following: “Recovery is to develop a new meaning and purpose as one grows beyond the catastrophe of mental illness.” Dr. Anthony likes to use metaphors and in this case the word “catastrophe” is his metaphor for recovery. He asserted that we all have experienced some type of catastrophe in our lives, be it the death of a loved one, a divorce, a medical illness, financial problems, etc. And this is what severe mental illness is – a catastrophe. Dr. Anthony asked participants to think about a time in the lives when they experienced some type of catastrophe, but not a mental health one. He asked them to describe their feelings in one word. Audience members described words such as helpless, hopeless, lonely, despairing, etc. He then asked the audience to think about what helped them through their catastrophe. Participants stated things such as family support, hope, work, friends, and faith. Dr. Anthony then pointed out that no one had mentioned therapy or medication in their comments. Dr. Anthony said he wanted to put a different “lens” on the issue and look at our experiences, not just symptoms.

If relationships are one of the cornerstones of recovering from a catastrophe, as so many people reported, then what are the implications for this in our field? Does our mental health system allow us the time to share, to be close and to develop the positive relationships that one needs in order to recover? Or does a provider have a hundred cases and everybody gets 10 minutes? Thinking about this, you then get an idea on what we need to do as a system to promote recovery.

Dr. Anthony returned to the issue of recovery meaning having a new purpose and meaning in one’s life. He referenced a friend of his in Boston who praised an article he wrote about recovery as the best one he had ever read on the topic. His friend has quadriplegia and describes himself as recovered – because he found a new purpose



*Eileen Hansen*



*Lou Van Hollen*

# SPOTLIGHT ON MENTAL HEALTH

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and meaning to his life. This view of recovery is a new paradigm, a new way to think about people with psychiatric disabilities.

Dr. Anthony talked about his own experience with multiple sclerosis (or MS) and how it has limited him in what he can do, compared to what he could do before MS. His physician has recommended certain medications, but he has chosen not to take all of them. If his doctor were to force him to take them, their relationship would be totally different. He stated that he wouldn't tell her certain things, and he would be very cautious about what he would discuss with her. His point was that you can't promote recovery when you force people against their will.

In discussing the issue of support, he talked about the need for them to be individualized. Just as with eyeglasses which are developed per an individual prescription; supports need to be tailored to the individual mental health client. He discussed the importance of choice, regarding not only *what* supports but *how* that support is offered. For example, Dr. Anthony has a case manager for his MS who calls him once a month to see how he is doing, and feels that's just about right. More than that might feel intrusive, but it's good to know that he can pick up the phone and call his case manager if he needs something.

The whole issue of transitional supports was also discussed, the difficulty of only having supports on a job or in a house for a certain period of time, and the necessity of re-thinking how we provide supports. What if we limited supports to people with physical disabilities? What if we told someone that they could only have use of their wheelchair for a year – that “it's a transitional program?” It would never be tolerated.



*Donna Wells*

We used to categorize people by their diagnosis, their symptoms, their skills in daily living, etc. but we never asked them what they wanted to do. We must develop a system based on preference and choice, not based on diagnosis and function. Dr. Anthony described a person he was working with

who wanted to work for the CIA. Although Dr. Anthony figured that he wouldn't be accepted, he didn't discourage him from applying. It was the consumer's choice. In the end, he went on an interview with the CIA, they did not hire him, but he was happy that he had the experience. He had exercised his choice, accepted the outcome, and moved on to another goal.

Again, the importance of finding purpose and meaning.

Dr. Anthony read the following quote by Benjamin E. Mays about choice: “It must be borne in mind that the tragedy in life does not lie in not reaching your goals, the tragedy in life lies in not having a goal to reach. It isn't a tragedy to die with dreams unfulfilled, but it is a calamity not to dream. It is not a disgrace to not reach the stars, but it is a disgrace to have no stars to reach.”

***“It must be borne in mind that the tragedy in life does not lie in not reaching your goals, the tragedy in life lies in not having a goal to reach. It isn't a tragedy to die with dreams unfulfilled, but it is a calamity not to dream. It is not a disgrace to not reach the stars, but it is a disgrace to have no stars to reach.”***

***Benjamin E. Mays***

make in peoples' lives.

He asked us to consider broadening our definition of “evidence-based” as it pertains to psychiatric rehabilitation. If we think of people with mental illness as people, then evidence must then examine how those folks change and grow. Research has shown that positive relationships, setting their own goals, learning new skills, having supports, an environment of hope, and being self aware all have evidence that they help people change and grow. He asserted that we need to think about values-based practices, not just evidence-based practices. Values-based practice incorporates the values of recovery, such as personhood, choice, personal involvement, etc. He challenged us to think about how the policies and procedures in our organizations line up with those values.

He reminded us that the major changes in systems reform are not based on data. He referenced Judi Chamberlin, who wrote the book *On Our Own* back in the 70s, which spoke about self-help and peer support. There was no



*Dick Hegner*

# SPOTLIGHT ON MENTAL HEALTH

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*Mike Drummond & Kaitlin Brennan*

data, just common sense. Innovations over time came from values, not data. Supported employment is a good example. It was not developed from data but rather from the values of the developmental disability movement, when people found that sheltered workshops didn't work. He spoke about Len Stein and Mary Ann Test in Wisconsin who developed the Assertive Community Treatment (ACT) program. He recalled asking Len Stein why he developed it, what made him do it. He explained that he developed ACT based on his mother's values – she always believed that no one was better than anyone else and no one should be treated better than anyone else. Again, Dr. Anthony encouraged participants to review their policies and procedures to see if they are values-based.

The pressure is on to change the way we treat people, to change our programs, and to expand the possibilities for folks with mental illness. Dr. Anthony ended the first part of the afternoon session by describing an incident that happened years ago regarding someone in one of his classes who had a severe mental illness, who was struggling and had been in several programs over the years. He asked her, "What is the most important thing that people can do?" She replied that she looks for people who are both competent and compassionate.

He ended by quoting Victor Hugo who said, "An invasion of armies can be resisted, but not an idea whose time has come!" Ideas, possibilities, vision. He concluded the session with a final thought, "Think hard about what the vision of recovery means in your day to day practice...think about the possibilities."

The second portion of the day included two video presentations featuring Judi Chamberlin. The first was a short tribute film about her life. She passed away this past January at the age of 65, after a long and influential career as



*Sarah Burns & Tony Wright*

a mental health advocate. She is considered the "grandmother" of the consumer movement, and wrote about the dehumanizing treatment practices in psychiatric hospitals and encouraged finding "patient-controlled alternatives to the mental health system." The second video showed a presentation that Judi had made as part of the Boston University Center for Psychiatric Rehabilitation in which she talked about ten core components of recovery and their implications for the mental health system. Dr. Anthony reflected on his long collaboration with Judi and the respect and gratitude he has for both her work and her friendship.



*Dr. Anthony & Jennifer Brown*

The third portion of the day was a question and answer session, a la "Oprah." Jennifer Brown had the opportunity to literally sit down with Dr. Anthony and discuss various issues not yet covered. This included answering pre-submitted questions from the audience that ranged from issues of safety in psychiatric rehabilitation programs, the use of "level systems," and what his own experience with MS had taught him about the experiences of people with mental health conditions. The day concluded with an amusing discussion of two of Dr. Anthony's non-mental health related books, *The Art of Napping* and *The Art of Napping at Work*.

The response to Dr. Anthony's presentation was overwhelmingly positive. According to one participant, he presented valuable information in a "down-to-earth, real manner, and in a way that we can grasp and apply concepts in our programs."

*The Speakers Series is made possible through a Maryland Mental Health Transformation State Incentive grant from the Substance Abuse and Mental Health Services Administration. Stay tuned for information regarding our next "visionary conversation."*

# FEAR VS. SOCIAL INCLUSION

An Editorial by Lauren Grimes

**S**ocial Inclusion has become the cornerstone upon which the rhetoric surrounding the recovery movement has been erected, but it finds itself up against a complex and stubborn enemy: fear.

The deinstitutionalization movement of the 1960's sought to bring those persons segregated because of their mental illness out of state hospitals and back into their communities. Following this movement, these individuals were then segregated within their communities, in various special homes and programs, through a process which technically made room for them in society, but still held them at bay. They were avoided socially by their peers, prospective employers avoided hiring them, professionals avoided their opinions. In this way, they remained behind metaphorical bars and without opportunity or support to become contributing members of society.

The 1990's brought the beginning of the recovery movement, a vision introduced to the field by the writings of current and former service recipients. At the heart of this movement was the idea of full inclusion of individuals with mental disabilities into mainstream social, economic, educational, recreational, and cultural dimensions of society. But an anxious resistance and stigmatizing beliefs still proved to be substantial barriers. The recovery movement and those it sought to integrate met grand prejudices and unfounded fears of the disruption of the rudimentary operation of mainstream existence, and of the safety within which most felt this occurred. Elaborate notions of violent, dysfunctional, and out of control individuals stemmed from the natural but damaging fear of change, fear of the complex, and fear of the unknown.

Throughout the past two decades this fear has been violently exacerbated and facilitated by the media's distortion of events, often through inadequate language and information. Has it ever struck you that in any well-known incidence of violence in the past decade, the perpetrator is assumed to have a mental illness before the facts are known? This is commonplace, in spite of statistics that repeatedly indicate that a person with mental illness is more likely to be the victim of a crime than to perpetrate one. If in our groping attempts to understand manmade tragedy we attempt to explain the capacity for violence with the existence of mental illness, one can easily see how the fear is perpetuated.

Fear of violence is perhaps the most severe, but is only

one of many vague and unsubstantiated fears of the general population with regard to mental illness, which create obstinate barriers to the full integration of individuals with mental illness into their communities. Even as we as a society and as members of the mental health field develop and begin to embrace value-based practices, which William Anthony describes as those grounded in 'people-first' values such as choice, growth, healing relationships, personhood, and flexibility, the very same values that propagate personal wholeness in persons without mental illness, we face more subtle issues related to fear.

Fear that is vague and whose boundaries are not clearly defined is the most difficult to eradicate because it is lazy fear – fear that allows avoidance of large entities or ideas due to sweeping assumptions and grand stereotyping. It is easy to put people in a box. It is easy to pigeon-hole and to label people, because it simplifies the interaction with them.

*“It is easy to put people in a box. It is easy to pigeon-hole and to label people, because it simplifies the interaction with them.”*

It eliminates the need to try to understand them as involved, multi-dimensional people just like us. Instead of putting effort into understanding the facts about mental illness and the people living with its challenges as people, we reduce them and any concepts related to them, to one dimension. In turn, this requires that our interaction with and understanding of them be only one-dimensional, permitting us our laziness.

Understanding and the transformation that accompanies it begins with two things: avoiding incomplete information and lazy language. It is not an easy thing to do in today's society, where we are bombarded by these things on a constant basis, but none of us can afford to take the easy route nor can we afford to hide behind fear and ignorance. We miss out on relationships, ideas, experiences, and we eliminate these things for others as well, depriving them by avoiding them, of the richness that such things, shared with us, might bring to their lives. We harm others and we harm ourselves by what we don't know and refuse to find out.

We have all been urged before to look at your own prejudices, but perhaps there is a step we missed which would more effectively dissolve our prejudices. I urge you to look more closely at your fears. Do you truly understand the objects of your fears? Do you allow them to be fully realized, intricate personalities in your own head? Give them another look and then challenge yourself to find out more about them. You may find that understanding takes the place of fear when you do.



*The Anti-Stigma Project*  
*is in Full Swing*  
*for Fall 2010 & Winter 2011*

**The Anti-Stigma Project is geared up and ready for Fall 2010 and Winter 2010 with educational and interactive workshops.**

**Stigma...in Our Work, in Our Lives** is a 3-hour interactive workshop. Stigma...in Our Work, in Our Lives is designed to reduce stigmatizing attitudes, behaviors and practices within the mental health and substance abuse communities. Through a variety of learning approaches, participants will:

- Identify stigmatizing attitudes and behaviors and discuss their impact on the design, delivery and receipt of services.
- Examine the impact of stigma on the lives of mental health professionals, family members, and consumers.
- Formulate a plan to combat stigma.
- Talk, listen and learn in a comfortable atmosphere.

**An Inside Look at Stigma** is a 2-hour, educational workshop. The consequences of internalized stigma can be devastating, including lower self-esteem, isolation, and hopelessness. This interactive workshop is designed to help participants recognize, prevent and/or overcome the effects of this problem. Through a variety of learning approaches, participants will:

- Identify and define what internalized stigma is.
- Examine how internalized stigma is different from external stigma.
- Recognize and examine the impact of internalized stigma on one's self and others.
- Identify choices/steps to changing internalized stigma messages.

**Workshops are free to mental health programs, clinics, or hospitals that receive full or partial public funding from the state of Maryland.**



For more information or to schedule a workshop,  
please contact Kristen Myers at  
410-646-0262 x20 or [kmyers@onourownmd.org](mailto:kmyers@onourownmd.org)



# Save These Dates!

## Thursday & Friday

## June 9 & 10, 2011

for

## On Our Own of Maryland's

## 2011 Annual Conference

# WOW 2011

## “Wizards of Wellness: Finding Harmony, Health & Happiness”



*Rocky Gap Lodge*



*View from a sleeping room*



*Morning stroll*

Join us for our 2011 annual conference as we return to Allegany County, the mountain-side of Maryland, at the beautiful and scenic Rocky Gap Lodge and Golf Resort which is located in Rocky Gap State Park seated next to a 243-acre beautiful lake.

Come and join us for a great educational and social networking experience. As usual we will have a wide variety of speakers and workshops with the latest information on the mental health consumer movement. Meet new friends from around Maryland and learn what others are doing in other parts of the state.

For those who attended our 2010 conference you will remember that the Lodge is nestled in a beautiful setting next to the lake at Rocky Gap State Park, with a backdrop of breathtaking mountain scenery in Western Maryland. Located 7 miles east of Cumberland on Interstate 68, Rocky Gap is just 2 hours from Baltimore and Washington, D.C.

Guest rooms have cable television and 11 rooms are ADA certified. Participants can swim in either the lake or the hotel pool. The lake is surrounded by hiking trails to explore nature, or rent a canoe, paddle boat or pontoon. Come explore nature's playground and experience On Our Own of Maryland's 2011 Annual Conference.

# ALTERNATIVES: PROMOTING WELLNESS THROUGH SOCIAL JUSTICE

By Elaine Carroll

This year the National Alternatives Conference “Promoting Wellness Through Social Justice,” was held on September 29th through October 3rd, 2010 in beautiful Anaheim, California. The conference was orchestrated by the National Empowerment Center, one of five technical assistance centers funded by the Substance Abuse and Mental Health Services Administration to help statewide consumer networks grow and use their resources to strengthen consumer-run services. NEC’s wide view of the national flow of the consumer movement steered the focus of the conference toward consumers’ futures in mental health. With all the changes happening in our country it is in my opinion that we have to take the opportunity to be informed and vocal in our views on social issues such as the Affordable Care Act and Mental Health Parity. Both have the potential to enhance the resources we utilize, but if not taken advantage of could also be stifling to the consumer movement.

The importance of social justice is timely and the conference certainly gave attendees a head start in asking questions and clarifying concerns to representatives from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Medicare and Medicaid Services (CMS). When we ask questions and get involved we are endorsing consumer-driven systems and capitalizing on our individual and collective wellness. Many other activities at Alternatives also reminded me that we are all the experts on our own lives and the tools we accumulate to live fulfilling lives do not have to be political in nature. They are a part of our inner strength and resiliency. As always Alternatives gives consumers the platform to prove that recovery is happening all over the country. People come to celebrate their lives and the great changes that have been made over decades of dedicated advocacy.



Elaine Carroll & Cheryl Sharp

Cheryl Sharp and I made the trip to Anaheim, California for Alternatives and spent five beautiful days in sunny Southern California. Although we did not make it to Disneyland we spent our time doing lots of networking, making new friends and enjoying the atmosphere. On Our Own of Maryland has a very strong reputation and we are “ahead of the curve” in many ways, but there are others who are doing new and interesting work to empower consumers and drive the system. In talking with others

I gained a better understanding of how different states apply peer support. I think that is what makes our movement unique. Our mindset seems to be that of collaboration and advocacy and working with what we have to create new pathways. One step at a time it feels like more and more lives are being changed through the leadership and passion of those who support recovery. Maryland is very skillful at collaborating with a wide variety of stakeholders. It is through the dedication of On Our Own of Maryland, other advocacy organizations and state and local mental health authorities that we have been fortunate to be in the forefront of systems transformation. I was humbled when learning about what people in other states are doing to improve their systems with scarce funding and sometimes strong opposition to consumer-operated services.



THIEN AN Performance Arts Group

The conference started on Wednesday September 29th with dinner and an opening ceremony. Everyone there was initiated with a blessing from the THIEN AN Performing Arts Group, a cultural, theatrical, spiritual performance to ward off negative vibes. After the welcomes and introductions from the National Empowerment Center the keynote presenter, Pamela Hyde, J.D. (newly appointed Administrator of SAMHSA by President Obama in November 2009), addressed the audience. Ms. Hyde started with explaining some of her history working in the mental health field. More than 30 years ago she started advocating for the deinstitutionalization of persons in psychiatric hospitals. She remarked on how she spent time in hospitals with people in seclusion and how those people taught her the power of resiliency. Her opinions on self-determination, systemic change and consumer rights really resonated with the



Pamela Hyde

# ALTERNATIVES: PROMOTING WELLNESS THROUGH SOCIAL JUSTICE

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audience. She asked that people “stop and listen,” that prevention is not all about systems but about the stories of people with lived experience. Pamela Hyde also used the opportunity to speak about SAMHSA’s 10 Strategic Initiatives being used to guide the Administration on early prevention and intervention, and increase in recovery support services. Her speech was encouraging and was followed by ample time for Q&A with Ms. Hyde. The dialogue allowed folks to voice concerns and ask questions on issues such as Primary Care and Behavioral Health Integration, Health Care Reform, Self-Determination and the success of Self-Directed Care models of services, youth involvement, technology and social networking. She fielded questions and hopefully people walked away with more information regarding complicated issues that will impact consumers. I know I did.

Another interesting keynote on day two of the conference was given by Shawn Terrell, Health Insurance Specialist, U.S Department of Health and Human Services; John O’Brien, Health Care Reform Specialist, SAMHSA; and Barbara Coulter Edwards, Director of Disabled and Elderly Health Programs and State Operations, Center for Medicaid Services. Conference attendees were awarded more information on the complexities of Health Care Reform; how to get involved, how to influence your state by contacting state officials and legislators, and how to decipher Medicaid waivers for your state’s options in planning for health care services. I look back at all the information given and what we can realistically do, and I believe it comes down to our power in numbers. We create peer support for our mental wellness, so why not get together and talk about these issues?



*Patrice O’Toole, Kevin Hines, & Cheryl Sharp*

For those of you who attended On Our Own of Maryland’s Annual Conference this past June, you will remember Kevin Hines, our conference keynote speaker. Kevin was also one of SAMHSA’s “Voice Award” winners in 2009, and was at Alternatives spreading his message. He is a suicide survivor and now a renowned spokesperson for suicide prevention and mental wellness. Mr. Hines presented his workshop at Alternatives “Survival Against All Odds: One Man’s Quest to Promote Wellness and Prevent Suicide”. Cheryl and I spent a lot of time catching up with Kevin and

he had a message he wanted to pass on:

***“My name is Kevin Hines. I am living with Bipolar disorder AND I am living mentally well!”***

Kevin is an inspiration and we were so glad to again be in his positive presence.



*Joanne Meekins, Cheryl Sharp, & Katie Rouse*

Other folks from Maryland who were at Alternatives were Tony Wright and William Dorsey from On Our Own, Inc. Patrice O’Toole from On Our Own of Anne Arundel County, Joanne Meekins and Katie Rouse from the MD Consumer Quality Team, Solomon Robinson, Herman Cole, and Michael Matthews from Helping Other People Through Empowerment, and Troy Washington, Steven Syndor, and Antonio Collier from Elan Safe Haven in Baltimore City. A special thanks to Patrice O’Toole for accepting The National Coalition for Mental Health Recovery’s prestigious, first time Judi Chamberlin Award on behalf of Mike Finkle. Way to go Mike!!! Also kudos to Joanne and Katie for their workshop “Turning Up the Volume of the Consumer Voice: Building the Consumer Quality Team of Maryland”, and Cheryl Sharp for her moving workshop on Trauma-Informed Peer Engagement, Making Meaning of Our Lives.”

The Annual Alternatives Conference offers peers a place to learn, grow and connect. People come from all over the U.S. and other nations to be a part of the experience. Scholarships for the Alternatives conference are offered yearly, so if you think you would like to be a part of this amazing event next year check with your local, state, and national support services for financial assistance in attending.



*THIEN AN Performance Arts Group*

# WRAP FORUM, MAPSS AND MORE...

*By Cheryl S. Sharp*

**W**hen I started at On Our Own of Maryland a few years ago as the WRAP Outreach Coordinator, I was very excited to bring WRAP to Maryland and so pleased with the excitement and enthusiasm that welcomed the project. As many of you know, the Five Key Concepts of WRAP are Hope, Personal Responsibility, Education, Self Advocacy and Support. Mary Ellen Copeland has written extensively on Peer Support and has collaborated with Shery Mead of Shery Mead Consulting on many of her efforts. I had the opportunity to take Shery Mead's Intentional Peer Support Training in 2004 and as with WRAP, I found a firmer foundation for my own wellness and recovery.

As we moved the WRAP Outreach Project forward, it became apparent that peer support was the next step. When we find our foundation in wellness, whether it is through WRAP or other wellness tools, most of us discover that it is the support of those who have had similar experiences to be of tremendous benefit.

The consumer movement has been built on peer support, sharing a knowledge base, struggling together and growing together. Peer support is as old as the history of mankind. We lived in tribes, we developed cultures, and found new ways to do things. We formed the first wheel out of stone so that we could move faster and more efficiently and now we have created wireless devices that allow us to communicate an entire world away. No human accomplishment was made in a vacuum. Progress was made in groups.

Peer support started in basements, kitchen tables, coffee shops and has become a massive grass roots movement. Voices that were once silent and lives that were diminished because of their challenges are now being heard and it is through common experience, shared vision and a desire for something better that has shaped peer support efforts.

The Twelve Step Recovery Movement grand-parented many of the principles we are now using in Peer Support but with a special flourish that having lived experience with mental illness often provides. Peer support has been around awhile and it now has a name and a framework to make it more real.

What we have discovered through WRAP is that every person is the author of their own self-help book. It makes so much sense when we honor our own journey, find our own partners/peers and supporters. How many of us have tried to fit into prescribed treatment plans or programs only to find ourselves falling short of something someone else decided would be a good idea. We can use the knowledge, education and wisdom of others to build upon but

until we make it our own, it avails us nothing.

As in WRAP, Peer Support creates a relationship where we come together as equals. Peer Support is a lived and organic process just as using our WRAP. Those I once used as peer supporters might not be who I continue to use. We may have diverged on our path and gone our separate ways. We may have changed and found that we needed different kinds of support. If we are practicing true peer support there is the freedom to move and grow with blessings and lessons learned along the way about relationships, connection and supporting each other in what we want to move towards.

On July 19, 2010, the first group of Maryland Association of Peer Support Specialist Trainees met at Eastern Shore Hospital Center to begin a long and arduous journey. None of us knew what we were in for, as this was a pilot program coming out of the closure of the Upper Shore Hospital Center in Chestertown.

Maryland Secretary of the Department of Health and Mental Hygiene, John Colmers had the foresight to make certain that peer support was part of community mental health support services by allocating funds for peer support training on the Shore. Holly Ireland, LCSW-C, Acting Director of Mid-Shore Mental Health Systems, began seeking training resources for a peer support specialist certification. Holly contacted On Our Own of Maryland and asked if we knew of reputable training for the consumers in her area.

The Maryland Consumer Leadership Coalition, made up of consumer leaders throughout the state, including members of On Our Own, NAMI Peer-to-Peer, Mental Health Association of Maryland's Consumer Quality Team, the Office of Consumer Affairs, Mental Health Transformation Project, and the Veteran's Administration had already established the Maryland Association of Peer Support Specialists (MAPSS) Committee who had been researching and working on curriculum evaluation in other areas of the country.

Those curricula were reviewed; including the National Association of Peer Support Specialists (NAPSS), Recovery Innovations, University of New Jersey's Peer Mentoring Program, the Howie the Harp Center out of New York, etc. A total of 15 organizations that were Medicaid Reimbursable and peer-driven were scrutinized. After final analysis, MAPSS developed a curriculum that incorporated all of the topics covered and added to what was being offered in other trainings. Our curriculum includes a full WRAP class, Mental Health First Aid, Intentional Peer Support and other topics covered in other curricula.

# WRAP FORUM, MAPSS AND MORE...

*continued from page 10*

Mid-Shore Mental Health Systems decided to place their confidence in MAPSS and the Maryland Consumer Leadership Coalition. We proceeded with an ambitious schedule of having the certification done by mid-September and we made our mark.

## **MAPSS TRAINING CURRICULUM INCLUDES...**

INTRODUCTION TO THE TRAINING  
WHAT IS A PEER SUPPORT SPECIALIST?  
HISTORY OF MENTAL HEALTH  
CONSUMER/SURVIVOR MOVEMENT  
COMMUNICATION  
THE WELLNESS RECOVERY ACTION PLAN®  
(WRAP) – (16 HOURS) – Pre-Facilitator Certification  
MENTAL HEALTH FIRST AID (12 HOURS) –  
Pre-Trainer Certification  
INTRODUCTION TO TRAUMA INFORMED CARE  
INTENTIONAL PEER SUPPORT –  
Five Day Certification  
BASIC PRINCIPLES OF CASE MANAGEMENT  
(What peers do and what case managers do)  
NAVIGATING THE SYSTEM  
COMPONENTS THAT MAKE UP THE HEALTH AND  
HUMAN SERVICES SYSTEMS  
NETWORK OF CARE & VALUE OPTIONS  
ACCESSING THE SYSTEM  
ADVOCACY  
ENTITLEMENT PROGRAMS  
RESOURCES  
ANTI-STIGMA TRAINING  
EMPLOYMENT ROLES AND RESPONSIBILITIES  
VALUES & ETHICS  
LEGAL ISSUES AND ADVOCACY  
THE IMPORTANCE OF MAINTAINING  
CONFIDENTIALITY - HEALTH INSURANCE  
PORTABILITY AND ACCOUNTABILITY ACT. (HIPPA)  
DUTY TO WARN/PROTECT  
MENTAL HEALTH ADVANCED DIRECTIVES  
TESTING – ORAL AND WRITTEN  
ONGOING EVALUATION

The first day of training took place on July 19, 2010 at Eastern Shore Hospital Center and was followed by a WRAP Class, facilitated by Cheryl Sharp of On Our Own of Maryland, Inc. and Diane Lane of Chesapeake Voyagers, Inc. The class was opened to the entire community as many of those who applied and were accepted into the peer support specialist training had already taken the 3-Day WRAP Training and had also become Certified Wellness Recovery Educators (WRAP – CWREs) by taking the 5-Day WRAP Facilitator training in the late winter and early spring.



*Linda Sturgeon, Earlene Robinson, Cynthia Pease, Sarah Knutson (first row)  
David Pease (back row), Jim Smith, Jeremy Edmonson, Melanie Craig, Audrey D'Alliard,  
Anita Cage, Alex Heatley, David Funk, Neil Dodrill & Carolyn Cullison*

WRAP was followed by Mental Health First Aid (MHFA), a course offered through the Mental Health Association of Maryland (MHAMD) on August 19 – 20, 2010. Carolyn Cullison, Executive Director of On Our Own of St. Mary's County co-facilitated the training along with Cheryl Sharp of On Our Own of Maryland, Inc. We offer many thanks to MHAMD for allowing us to offer the course to peer support specialist trainees and also allowing other members of the community to participate.

Intentional Peer Support developed by Shery Mead was the centerpiece of our training August 30 – September 3, 2010. Chris Hansen of Shery Mead Consulting from New Hampshire was lead facilitator along with Cheryl Sharp of On Our Own of Maryland, Inc. This five-day training truly proved itself as the heart and soul of peer support. You only need to read the comments of those who were present to know that it makes a profound difference in the way we view peer support and how it is different from other types of support services. We are not providers or therapists, nor do we want to take the place of them. One of the participants actually was a consumer/case manager and the discovery of how different case management is from peer support was made very apparent.

We discovered that there were many opportunities to support our peers as well as the case managers who serve so many of us. We discovered that we are wonderful van drivers, greeters, grocery shoppers and links to the community. We also discovered that we are so much more.

There are places and spaces within our system that we fill that no one else can. The smallest conversations can make a difference. We also explored how we create more effective and healthy environments in our consumer run and operated programs.

## **THE FOUR TASKS OF INTENTIONAL PEER SUPPORT**

**Connection** – Finding our authenticity, paying attention to each other, being honest in our relationships, and developing trust. Connection creates a sense of belonging and that we are in this together. When we build trust it leads to learning for both people in the relationship. It moves the focus away from the individual and towards the relationship.

**Worldview** – Gives us the opportunity to look at our own sense of where we came from based on our race, gender, cultural, socio-economic background, religion, age and many other aspects of ourselves. Opening ourselves to the worldview of others becomes a co-learning experience that broadens and enriches our own world.

**Mutuality** – Promotes learning and growing together. It helps us move away from a “service” type of relationship where we are helping each other to supporting each other. We begin to share risks creating health boundaries so that others also assume personal responsibility in the relationship. It is only working if it is working for both of us.

**Moving Towards** - When we're moving away from something we're focusing on problems. When we're moving towards, we're creating what we want in our lives and in our relationships. Move towards is focused and very intentional.

Each one of these simple words is a semester long class within; yet because of our common experiences we were able to encapsulate them into a week. All of us were hungry for more. We discovered that as consumers each one of these tasks is essential to our recovery as we enter into healthy relationships. Once again, WRAP is a very personal perspective on how we want to be in recovery and move towards wellness as individuals. Intentional Peer Support provides us a way to move towards the type of relationships that build upon each other. Many of us did not have many healthy models of positive, powerful and supportive relationships. IPS creates a framework to practice relationships in a very different way.

## **THE MARYLAND ASSOCIATION OF PEER SUPPORT SPECIALISTS HOLDS THE FOLLOWING VALUES:**

- The right of all people to be treated with dignity, compassion and mutual respect.
- The belief that self-directed recovery is possible for everyone, with or without professional help.
- That individuals have the capacity to live the full and meaningful lives that they envision for themselves.
- That people have the right to self-determination and to make their own choices about their treatment, even if others think their decisions are wrong
- That there are no limits to recovery and that people can and do get well.
- The understanding that every individual is the expert on him or herself.
- Approaching people from a strengths- based perspective and away from perceived deficits or disabilities.
- That each person is unique and special and deserves unconditional acceptance. We honor diversity.
- That sharing our recovery experiences fosters mutual relationships, reduces isolation, inspires hope, and strengthens the ongoing recovery process.
- The importance of community-building and the creation of natural supports.
- Connection, mutuality, understanding worldview, and moving towards wellness.
- That crisis can be an opportunity for growth.

The final week of the training focused on the nuts and bolts of working within consumer run agencies or provider agencies. We discovered that the values and ethics of Peer Support must apply regardless of our work or volunteer environment but that there are specifics that must be addressed in both.

The fourth day of the last week of the training was set aside for testing. Participants were given the opportunity to take their tests either orally or written. The test included questions from every section of the training that was covered. Testing also included an oral exam based on several different situations. Participants were given the opportunity to share their knowledge and competency us-

## **THE CODE OF ETHICS OF THE MARYLAND ASSOCIATION OF PEER SUPPORT SPECIALISTS (Proposed) A Peer Support Specialist:**

- Will hold peers with unconditional high regard
- Will be self-aware and personally responsible for their own recovery
- Will maintain honesty in their relationships
- Will maintain mutuality in their relationships with peers, avoiding personal agendas and power dynamics
- Will support individuals to find their own path to recovery
- Will uphold human dignity and advocate for self-direction and personal empowerment
- Will not make promises they cannot keep
- Will honor their commitments to their peers and employers
- Will explore options and alternatives with their peers and refrain from giving advice
- Will share their recovery stories of experience, strength and hope
- Will treat all peers equally and avoid favoritism
- Will negotiate shared power in their relationships
- Will not exploit, devalue, manipulate, abuse, neglect, or ignore a peer
- Will not loan or borrow anything from peers, especially money
- Will not engage in romantic relationships with peers and will refrain from intimate or sexual activity with peers
- Will avoid dual relationships; when they are unavoidable, mutual boundaries will be formed within the relationship
- Will uphold a peer's confidentiality except where required by law, or with permission from the peer
- Will refrain from accepting or giving gifts, except as related to the peer recovery process
- Will not invite peers into their homes unless explicitly approved to do so by their agency.
- Will not hire peers to work for them if they are currently receiving services from their agency
- Will provide person-centered documentation that is done with the peer whenever possible
- Will take personal responsibility for professional development and will be proactive in expanding their knowledge base by honing skills with continuing education and training
- Will take personal responsibility for developing and finding available community supports and resources as well as establishing community contacts
- Will not make medical diagnoses or give advice regarding medications
- Will promote the use of recovery language and avoid the use of diagnostic or clinical language
- Will not interfere with a peer's treatment plan other than acting as a supporter or advocate
- Will not engage or practice therapy with clients
- Will offer support from a trauma-informed care perspective

*(These ethics were established based on working within provider agencies or in situations where the peer support specialist has a specific role as a peer supporter. They do not necessarily apply to mutually established personal peer support relationships.)*

ing intentional peer support techniques. We are pleased to report that all participants in the training passed the exams with scores of 80% or better. Only one participant did not complete the training due to medical reasons, so we had a 95% completion rate.

Our final day was spent in intensive evaluation of the overall training. This process was extremely valuable in reviewing our pilot project efforts. Every section of the training was evaluated based on the content of the curriculum; its applicability, the amount of information, where it fell in the training, and quality of presentation. We believe that all of us walked away feeling that we had strong input into

the ongoing development and creation of a superior training.

In closing, the self proclaimed "Peersketeers" are ready to go to work, ready to provide a new level of support to our peers. The curriculum committee deeply thanks the participants for being the pioneers and for "bravely going where no one in our State has gone before." They are true leaders and for the first time out of the gate, the training was a major success. All of us are ready for the consumers in our state to have an opportunity to learn and grow and offer what many of us deeply believe in, now more than ever.

## HERE'S WHAT MAPSS PARTICIPANTS HAD TO SAY ABOUT THEIR 15 DAYS OF TRAINING



John Hobson

*"My experience during this training was very intense. I do feel like I am ready to go & perform the duties of a peer support specialist now." – John Hobson*



Jim Smith

*"The training takes on a life of its own. The individuals bring themselves into a group and I learn as much from the group as I do from the material. My worldview has expanded. What has been started MUST be continued to bring all of us to this point. Help us Dream the Impossible Dream." – Jim Smith*



Cynthia Pease

*"I am so glad I had the opportunity to do the MAPSS Training. I learned that what I have been doing for years has a name and real value. I really liked all the activities and role plays we did and how open the participants were." – Cynthia Pease*

*"When I heard about the job of Peer Support Specialist it sounded off a bell inside me. Day by day as I volunteered I began to fall in love with becoming one. I couldn't ask for a more inspirational training. I have continually thought of all the peer support people as being my new family that functions well." – Audrey D'Aillard*



Audrey D'Aillard



Carolyn Cullison



Anita Cage

*"Anita (our wonderful caterer) should be a permanent part of this training wherever it goes. She is a jewel. I will use my manual and am so glad we have it." – Carolyn Cullison*

*"This was by far the best training I have been a part of. The material is prep for real life application. It was taught at an easily learned pace. Once again trauma really struck me as a worldview I had never thought of that could so strongly impact a person's life. I have felt that I considered tragedies in my life singularly, but taking into account the trauma others have withstood is sobering. As I said, excellent program. I am already putting what I learned into place in my role as a peer support specialist." – Neil Dodrill*



Neil Dodrill

*"Thank you so very much for this experience – it has been the best thing that has happened to me in a real long time. I so appreciate all that you've done to get this program going. It has been an eye-opening wonderful feeling. I can't wait to put my new knowledge into practice and continuing to become a better rounded person. I know there's always going to be problems but now it's how I handle them, how to treat and be treated by others." – Linda Sturgeon*



Linda Sturgeon

# WRAP FORUM, MAPSS AND MORE...

continued from page 14



David Pease

*"It's hard for me to come up with words to express how I feel about this training, words like great, fantastic, empowering, just don't seem to be enough to do it justice. I have learned so much, not just about Intentional Peer Support, but about myself. I am very excited about getting back and implementing all I have gotten from this with the people I have the privilege to serve and work. This has definitely widened my worldview. I don't have to have been in a mental hospital to understand how traumatic it is. It's now up to me!" – David Pease*

***"What a valuable experience! The many subjects within this training's curriculum will serve the attendee well not only in peer support but in all aspects of mental health service. I had opportunities to use pieces of what I was learning along the way and the awareness I had gained put me in a better place to support."*** – Anonymous

*"I enjoyed the training and felt it was very thorough. The facilitators did a great job presenting the material. It was easy to stay focused on the material due to the effective presentation and knowledge of the facilitators. There was ample reading material and handouts. The number of subjects covered was also impressive. I especially liked the training of Intentional Peer Support."* – David Funk



David Funk



Melanie Craig

*"My involvement with WRAP and the pilot training for MAPSS changed my life – literally. Think of an alien searching for something, knowing how important it will be, but not being sure what it is. Feeling "other than" and disconnected. This is how I've felt personally and professionally. With WRAP I found what I needed to get moving forward again.*

*Professionally, I soon realized that I couldn't continue to do case management without identifying myself as a peer as well. Revelations ensued. Many people that I had been working with for two years began relating to me in a whole new way, more meaningful and rewarding. They seemed to have been craving this and it has surely been much more fulfilling for me. I have submitted a formal proposal to my agency to create a position for peer support. Thank you more than I can say for offering me this opportunity and for believing in peer support enough to bring it to Maryland. It is changing my life for the better and I know it will do the same for so many."* – Melanie Craig

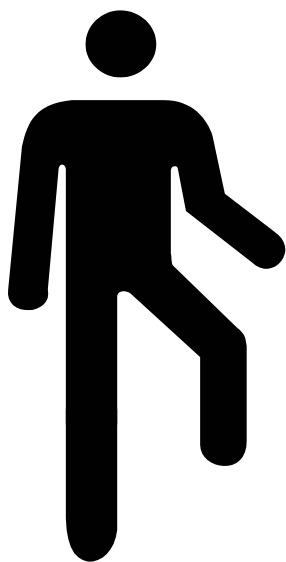
***"I thought that the training was going to be an excellent place for me to start learning about how I could help myself. It turned out to be so much more. I definitely learned more about myself but also feel that I would definitely be able to work as a peer support specialist and help others. I especially feel that every possible resource was utilized. There were different presenters for different topics. All possible technological resources were used to keep the training interesting."*** – Bryn Van Zandt

*"Where this training was most powerful for me was in providing and modeling a framework for us to build honest, mutual, life-giving connection with each other. For me, this happened not only in the classes and coursework, which were salient and powerful, but also and at least equally important in our reflections after class. During formal and informal discussions we processed the meaning of the things we were learning for our lives and the Centers where we work. For me, there was tremendous vulnerability in this process, as well as tremendous opportunity for self-reflection and interpersonal validation of the personal gifts and strengths that help support a connection with others. Thanks so much for an amazing, powerful training experience."* – Sarah Knutson



Sarah Knutson

# ***CLIMB THESE STAIRS TO A HEALTHIER YOU!***



## **CREATE A PLAN OF ACTION**

Set small goals. Do not get discouraged if you slip up – start over the next day. Reward yourself as meet your goals. Remember you are worth it!

## **IDENTIFY SOLUTIONS TO GET PAST OBSTACLES**

No time? Make meals a head of time. Exercise 10 minutes at a time - morning, noon and night. Not enough information? Go to the library, get on the internet, take a class.

## **IDENTIFY WHAT IS STOPPING YOU.**

No time? Not enough money? Don't like the taste of healthy food? Don't have enough information on how to make healthy lifestyle changes?

At On Our Own of Maryland, we're concerned with the increase rates of chronic illnesses such as cardiovascular diseases, diabetes, high blood pressure, and cancer among consumers. That's why we created *Steps to a Healthier You*. This 2-hour interactive workshop is designed to motivate and inspire participants to find their way to better health by making smarter choices about nutrition, increasing their physical activity, and developing helpful habits that make an impact on their overall wellness while fitting into their unique lifestyles.

Don't miss out on this outstanding workshop, call and schedule a workshop for your agency today and let On Our Own of Maryland help folks reach their healthy goals step by step!

**This workshop is free to mental health programs, clinics, or hospitals that receive full or partial public funding from the state of Maryland.**

**For more information or to schedule a workshop, please contact Kristen Myers at 410-646-0262 x20 or [kmyers@onourownmd.org](mailto:kmyers@onourownmd.org)**



# DEPARTMENT OF DISABILITIES SECRETARY CATHY RAGGIO VISITS MAIN STREET HOUSING



*Easton Property*

**O**n August 19, 2010 Main Street Housing Inc. was honored with a visit to our Easton properties by the Secretary of Maryland's Department of Disabilities, Cathy Raggio, who visited with several tenants, the Eastern Shore Housing Development Coordinator, and the Executive Director of Main Street Housing.

Secretary Raggio toured three properties from MSH's first Eastern Shore Initiative that have recently been completed. After taking a guided tour of the second property of the Eastern Shore Initiative, Secretary Raggio sat down and met with three tenants that were excited to have the privilege to meet with her and discuss how their lives are different than when they lived in a residential rehabilitation setting. They talked about the fact that they have no curfews and feel that they are able to make their own decisions about their lives.

They make their own schedules and are able to decide what to cook, and to work out their own cleaning and grocery shopping schedules independently. They are able to make their own choices regarding decorating and how they keep their home. The tenants also discussed how they have learned important aspects of being a good tenant including paying rent on time, being a good neighbor, and how to get along with roommates. All three tenants told Secretary Raggio that living in a MSH rental unit is a positive life experience and that they are very happy and feel that their mental health recovery has improved since living in a Main Street Housing home.



*Gloria Bowen, MSH Tenant,  
& Secretary Cathy Raggio*

Secretary Raggio was also able to learn about Main Street Housing's mission and the need for continued growth throughout the state so that other individuals or families with mental health needs are able to live in a Main Street Housing home. Main Street Housing currently has a presence in eleven counties in Maryland, spanning from Cumberland to Cambridge. Secretary Raggio was very impressed with the "Main Street Model" of providing housing to folks with psychiatric disabilities. This model of "supportive accountability" is a positive one that provides an example of the kind of housing that should be more widely available for consumers. Main Street Housing has established a model for housing that demonstrates the capacity that consumers have to be excellent tenants in a everyday Landlord/Tenant relationship within the community.

Everyone at Main Street Housing would like to say an extra special thank you to Secretary Raggio for spending time with us to learn about the "Main Street Model" of housing for folks with psychiatric disabilities. We are very pleased to know that Secretary Raggio supports what we are doing and is very impressed by what she learned during her visit.

## TWO-DAY LEADERSHIP & NONPROFIT TRAINING



*Justin Pollok*

**O**n Our Own of Maryland sponsored a Two-Day Leadership and Nonprofit Management Training on September 9 & 10, 2010 for Maryland's consumer network, which was held at the On Our Own of Carroll County center in Westminster, MD. Guest instructors included Justin Pollok, Managing Director of Education and Programs for the Maryland Association of Nonprofit Organizations and Dr. Kathy Muscari, Director of the Consumer Organization and Networking Technical Assistance Center based in Charleston, WV. Forty-one folks, mostly Executive Directors and Board members of the various peer-run Wellness and Recovery Centers across Maryland, attended this intensive training covering current best practices in running successful nonprofit organizations in areas such as governance, non-profit compliance, standards of accountability and values-based leadership.



*Mary Beth Twigg & Ethel Nemcek*



*Patrice O'Toole*



*John Otenasek & Karen Moore*



*Elaine Carroll & Cynthia Pease*



*Kathy Muscari*

# IN THE NEWS...



John Otenasek

**C**ongratulations to John Otenasek, who is the new Executive Director of On Our Own of Howard County. John was the former WRAP Program Director for the statewide consumer group in Virginia known as VOCAL. John joined On Our Own of Howard County this past August. Welcome aboard John!

**C**ongratulations to Cheryl Sharp (On Our Own of Maryland) and Denise Camp (Martylog) with the Maryland Association of Peer Support Specialists (MAPSS) on facilitating the first training for peer-support specialist certification, which was conducted off and on from July to September for 19 consumers on the Eastern Shore of Maryland. Thanks to Chesapeake Voyagers, Inc. in Easton, MD for hosting the training. (See the article on this training in this newsletter for more information on this training.)

**C**ongratulations to Ken Wireman, Executive Director of Main Street Housing, Inc. for becoming a Weinberg Foundation Fellow. Ken was one of only sixteen executive directors of non-profit, community-based, agencies serving disadvantaged individuals to graduate from this year-long, professional development program. This is a training program of the Harry and Jeanette Weinberg Foundation and the University of Baltimore's Schaefer Center for Public Policy. Way to go Ken!



Kaitlin Brennan

**W**elcome to Kaitlin Brennan, who is the new Housing Coordinator for Main Street Housing. After graduating from Syracuse University in 2009, Kaitlin returned to her native Baltimore and worked in the research field. Kaitlin comes to MSH with a strong interest in equitable housing issues and is looking forward to helping the organization expand its reach. Kaitlin brings property management experience to MSH along with a positive enthusiastic approach. We are very excited to have her on the team. Welcome Aboard!

**C**ongratulations to Mike Finkle, Executive Director of On Our Own of Maryland, Inc. for receiving the Judi Chamberlin, Joy in Advocacy Award from the National Coalition for Mental Health Recovery, which was presented on October 1, 2010 in Anaheim, CA.

**W**elcome back to Lauren Grimes, who has returned to On Our Own of Maryland as our Administrative Assistant upon returning from living in Maine. Lauren worked for us last year before moving to Maine to live.



Lauren Grimes, Dionne McMillian & Elaine Carroll

**O**n Our Own of Maryland is sorry to report that our wonderful Training Specialist, Dionne McMillian has moved back to New Jersey to pursue a career in radio. Dionne was our trainer/benefits counselor and had worked for us for almost five years. We will miss you Dionne but wish you all the best and hope all your dreams come true!



Dan Fisher & Thomas Hicks

**C**ongratulations to Thomas Hicks, Executive Director of Helping Other People through Empowerment (H.O.P.E.) in Baltimore City for attending the 20 year Anniversary Celebration of the signing of the Americans with Disabilities Act (ADA) which was held this past July 26, 2010 at the White House. Also in attendance with Dr. Dan Fisher, Executive Director of the National Empowerment Center based outside of Boston, MA and a good friend of On Our Own of Maryland's.

**C**ongratulations to Daphne Klein who is the new Executive Director of On Our Own of Prince George's County, Inc. We look forward to working with you – welcome aboard!

## Other Consumer Organizations

### Silver Spring Wellness & Recovery Center at Affiliated Sante Group

7961 Eastern Avenue, First Floor  
Silver Spring, MD 20910  
301-589-2303 x108 / Fax: 301-585-2965  
Contact Person: myarmolinsky@santegroup.org  
Website: www.silverspringdropincenter.blogspot.com

### Marty Log - Lewis Rothschild Wellness & Recovery Center

# 3 Milford Mills Road, Pikesville, MD 21208  
410-653-6190  
Contact Person: Denise Camp  
E-mail: prologue4dmc2@mris.com

### Our Place Wellness & Recovery Center at Freedom Landing, Charles County

400 Potomac Street, La Plata, MD 20646  
301-932-2737  
Contact Person: Evette Norman & Shirley Douglas  
E-mail: jabramson@freedomlanding.com

### Chesapeake Voyagers

342-C North Aurora Street, Easton, MD 21601  
410-822-1601 / Fax: 410-822-1621  
Contact Person: Diane Lane  
E-mail: dianelane@chesapeakevoyagers.org  
Website: www.chesapeakevoyagers.org

# AFFILIATED CONSUMER ORGANIZATIONS

## On Our Own of Anne Arundel County, Inc.

134 Holiday Court, #304  
Annapolis, MD 21401  
410-224-0116 / Fax: 410-224-0991  
Contact Person: Patrice O'Toole  
E-Mail: onourownaa@verizon.net

## On Our Own of Calvert County, Inc.

P.O. Box 2961; 24 Solomons Island Road  
Prince Frederick, MD 20678  
410-535-7576 / Fax: 410-535-0984  
Contact Persons: Clifton Evans  
E-Mail: onourownofcalvert@verizon.net

## On Our Own of Carroll County, Inc.

P.O. Box 1174; 265 E. Main Street  
Westminster, MD 21158  
410-751-6600 / Fax: 410-751-2644  
Contact Person: Laurie Galloway  
E-Mail: oooccc@verizon.net

## On Our Own of Cecil County

114 East Main Street, Elkton, MD 21921  
P.O. Box 352; Elkton, MD 21922  
Phone: 410-392-4228 / Fax: 443-485-6497  
Contact Person: Cynthia Pease  
E-Mail: onourown21921@comcast.net

## On Our Own of Frederick County, Inc.

217 North Market St., Frederick, MD 21701  
P.O. Box 3744; Frederick, MD 21705-3744  
Phone/Fax: 301-620-0555  
Contact Person: Sarah Knutson  
E-Mail: onourownfrederick@xecu.net

## On Our Own of Howard County, Inc.

6440 Dobbin Rd., Suite B  
Columbia, MD 21045  
410-772-7905 / Fax: 410-772-7906  
Contact Person: John Otenasek

## On Our Own of Montgomery County, Inc.

434 East Diamond Avenue  
Gaithersburg, MD 20877  
240-683-5555 / Fax: 240-683-5561  
Contact Person: Betty Leckey  
Website: www.ooo-mc.org

## On Our Own of Prince George's County, Inc.

6513 Queens Chapel Road  
University Park, MD 20782  
301-699-8939 / Fax 301-696-5378  
Contact Person: Daphne Klein  
E-Mail: ooopgcinc@verizon.net  
Website: www.onourownpgc.org

## On Our Own of St. Mary's County, Inc.

P.O. Box 1245; 41660 Park Avenue;  
Leonardtown, MD 20650  
301-997-1066 / Fax: 301-997-1065  
Contact Person: Carolyn Cullison  
E-Mail oocoinmc@verizon.net

## Lower Shore Friends, Inc.

P.O. Box 3508; 207 Maryland Ave., Ste 4 & 5  
Salisbury, MD 21802  
410-334-2173 / Fax: 410-334-6361  
Contact Person: Wilmore "Bunky" Sterling  
E-Mail: wlmrstrl@aol.com

## Hearts & Ears, Inc.

1133 Pennsylvania Avenue, Ste. 204  
Baltimore, MD 21201  
Phone/Fax: 410-523-1694  
Contact Person: Renae Sewell/Cheryl Martin  
E-Mail: heartsandears@toast.net  
www.heartsandears.org

## Office of Consumer Advocates, Inc. (OCA)

265 Mill Street, Suite 200  
Hagerstown, MD 21740  
301-790-5054 / Fax: 301-791-3097  
Contact Person: Ethel Nemcek

## Soul Haven

12 West Franklin Street  
Hagerstown, MD 21740  
301-733-6676  
Contact Person: Mary Beth Twigg

## HOPE Station

(part of OCA, Inc. - Allegany County)  
P.O. Box 1062; 632 N. Centre Street  
Cumberland, MD 21502  
Phone: 240-362-7168 / Fax: 240-362-7170  
Contact Person: Dan Snyder  
E-mail: HOPEStation@atlanticcbbn.net

## The Harvey House

(part of OCA, Inc. - Garrett County)  
14719 Garrett Highway, Oakland, MD 21550  
Phone/Fax: 301-334-1314  
Contact Persons: Renee Kitzmiller

## Helping Other People Through Empowerment

2828 Loch Raven Road  
Baltimore, MD 21218  
410-327-5830 / Fax: 410-327-5834  
Contact Person: Thomas Hicks  
E-mail: thickshope@verizon.net

## On Our Own, Inc. (Baltimore City)

6301 Harford Road; Baltimore, MD 21214  
410-444-4500 / Fax: 410-444-0239  
Contact Person: Tony Wright  
E-Mail: tonyw21214@aol.com  
www.onourownbaltimore.blogspot.com

## On Our Own Charles Street Center

2225 N. Charles St., Baltimore, MD 21202  
410-235-0273  
Contact Person: Robert Williams  
E-Mail: tonyw21214@aol.com

## On Our Own Center (Baltimore County)

63 Shipping Place, Ste. 221;  
Baltimore, MD 21222  
410-282-1701  
Hours: call for hours  
Contact Person: Kathy Spath

## On Our Own Catonsville Center

5-7 Bloomsbury Drive  
Catonsville, MD 21228  
Phone: 410-747-4492 Ext. 1203  
Contact Person: Sarah Burns  
E-Mail: sarahburns21228@hotmail.com

## On Our Own - Towson Center

Sheppard Pratt  
Building D, Room D020  
6501 N. Charles Street, Baltimore, MD 21204  
Phone: 410-494-4163  
Contact Person: Caroline Warfield

## Transitional Age Youth Center

6301 Harford Road; Baltimore, MD 21214  
410-444-4500 / Fax: 410-444-0239  
Contact Person: Tony Wright  
E-Mail: tonyw21214@aol.com  
www.onourownbaltimore.blogspot.com  
Program Coordinator: Tiffany Hall

## SPIN, Inc. (Support Peer Independence Now) Harford County

11 Franklin Street; Aberdeen, MD 21001  
443-327-7810  
Contact Person: Sandra Merson  
E-mail: Peer\_Support@comcast.net

## ON OUR OWN OF MARYLAND MEMBERSHIP APPLICATION

By becoming a member of On Our Own of Maryland, you will be supporting our efforts to promote equality in all facets of society for people who receive mental health services and to develop alternative, recovery-based mental health initiatives. To become a member, complete this form, make your check or money order payable to On Our Own of Maryland, Inc., and mail it to 1521 South Edgewood Street, Suite C, Baltimore, MD 21227.

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ (only if part of address)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Amount enclosed for annual dues:

Voting Members (consumer/survivors)

\$10

\$2 (those on disability/entitlement income)

Nonvoting Members (non-consumer friends/family)

\$25 (individual)

\$50 (organization)





# CONSUMER NETWORK NEWS

Nonprofit  
Organization  
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ON OUR OWN OF MARYLAND, INC.  
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(Main Street Housing is a subsidiary corporation of On Our Own of Maryland, Inc.)

## MISSION STATEMENT

On Our Own of Maryland, Inc., a statewide mental health consumer education and advocacy network, promotes equality in all facets of society for people who receive mental health services and develops alternative, recovery-based mental health initiatives.

## ABOUT CONSUMER NETWORK NEWS

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