



CONSUMER NETWORK NEWS

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MARS MARYLAND PEER-LED QUALITY IMPROVEMENT INITIATIVE: THE FINAL RECOMMENDATIONS REPORT IS HERE!

By Lauren Grimes

On November 28, 2017, at the request of Ranking Member Elijah E. Cummings, the United States House Committee on Oversight and Government Reform held a hearing at The Johns Hopkins Hospital in Baltimore, to examine the opioid epidemic and the recommendations of the *Commission on Combating Drug Addiction and the Opioid Crisis*. New Jersey Governor, Chris Christie, who headed this Commission, fielded questions from the Committee members. Behind the panel of Congressmen and Congresswomen, a large sign was displayed, with the number **64,000** centered prominently on its face. This represented the number of deaths from drug overdoses in the U.S. in 2016—a number higher than the deaths caused by car accidents and gun violence combined. Governor Christie gave perspective to the number by likening it to “a 9/11 every 2 and ½ weeks.” The White House declared the crisis a public health emergency, a designation which expires after 90 days. While the declaration allows access to funds in the Public Health Emergency Fund, that fund is currently almost empty.

The opioid epidemic and the efforts to mitigate it is one of the few bi-partisan issues currently facing our country. Most of us agree on the basics: 1) we *must* expand treatment services, 2) we *must* better educate healthcare professionals on alternatives to pain management and require accuracy and restraint in the prescription of opioids, 3) we *must* educate the public on the realities of addiction and recovery in order to defeat the stigma which makes those in need reticent to seek help, and 4) we are *not* going to make a dent in this epidemic by incarcerating those struggling with addiction.

Many states, including Maryland, have made significant strides in several of these areas. For example, Maryland’s HOPE Act which passed in 2017 requires the establishment of behavioral health crisis treatment centers, a plan for increased substance use disorder treatment in jails, enhanced protocols for hospitals discharging patients treated for an overdose, and the increased accessibility of Naloxone. Additionally, Maryland initiatives such as those requiring new accreditation standards for addiction treatment programs have included significant efforts to strengthen the standards of care and improve the quality of addiction treatment services. These measures will help to ensure that the individuals referred to treat-

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ment are receiving the best possible care and, thus, have the best possible shot at recovery.

As a premier statewide peer-run advocacy organization, On Our Own of Maryland (OOOMD) agrees that quality improvement of services is an essential piece of the response to this public health emergency, and that the input and involvement of those with lived experience is a critical piece of this process. In order to ensure that the peer voice played a timely part in Maryland's efforts, we launched a peer-led quality improvement initiative under our Medication-Assisted Recovery Services (MARS) Maryland Project.

This initiative is designed to infuse the voices of those using medication-assisted treatment (MAT) to overcome opioid addiction into strategic policy actions and planning processes for systemic change. Eight (8) peer-led discussion groups were convened with sixty-two (62) individual MAT peers in order to learn about and thereby make recommendations to address the needs of this population and the barriers they face in treatment and recovery. The discussion groups were facilitated by peers who had or were currently using MAT as part of their recovery. This design was chosen with the hope that the common lived experiences would promote trust and create a safe space for open and authentic dialogue. A simple discussion prompt was utilized during the discussion groups to facilitate conversation.

- 1) How have the medication-assisted treatment services that you have received helped you move along your path to recovery?
- 2) What about the medication-assisted treatment services that you have received have created barriers to your recovery?
- 3) If you could suggest new policy, redesign services or include supports that were not offered to you, what would they be?

The Recommendations Report was published in December 2017 with the purpose of offering recommendations to the systems and services with which those being treated for opioid addiction with MAT have the most contact. Many of the recommendations focus on the services re-

ceived within opioid treatment programs, but they also contain concrete implications for state-level regulation, legislative action and cross-system service delivery.

There are 13 recommendations, all of which reflect themes that emerged during our discussion groups and highlight significant areas of importance for the participants. The themes include a range of topics such as: ongoing education about MAT and how it works in the body, the importance of an array of whole health recovery supports and peer support services, the importance of agency in one's own treatment, the creation of and connection to advocacy and leadership opportunities, family engagement, stigma as a barrier to recovery, as well as the imperative to address intake delays and administrative detox policies that jeopardize recovery.

Under each recommendation in the report are direct quotes from focus group participants which provide context and specific examples of both the positive impacts of the recommendations in action as well the damaging consequences of their disregard.

"So many blessings came to me early in my recovery and they came with MAT and the [peer support] center. I got guidance here, information, encouragement. If it weren't for my peers I don't think I'd be here today. They showed me the way. Now I want nothing more than to help others get those things."

"If someone, for instance, comes up dirty or gets kicked out of a clinic for some other reason, there needs to be somewhere else for them to go. They did this to my friend. He got in a fight at the clinic- nobody badly hurt, but it's against the rules so he was gone. He got kicked out and they didn't give him any other options; didn't taper him off, just stopped dosing him, and 4 days later he overdosed and died... If they were to have said 'ok, you lost your privileges here, but let's get you set up at another clinic and you can get dosed there,' he wouldn't have had to go out on the street."

"Clinics are more than just places to get medicine. They are places for support, communities for people who never had none...at least not good ones."

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“My counselor picked up on my pattern. I was clean all month and then right before a urine test I’d cave and wind up using. She had paid attention and she said, ‘it seems like you are using as a way to not be sick toward the end of every month. What can we do to help this? What’s going on with day 29?’ Seriously, what helped is that she noticed and brought it to my attention and talked about it with me. She called me out on it but not in a punishment way. She just wanted to talk to me about it. She was so earnest in wanting to help me beat that last day. It made me aware the next month and then I could start to get control of it.”

OOOMD believes that there was significant and important feedback derived from the discussion groups that informed this report. However, the MARS Maryland Quality Improvement Project was a time-limited initiative that looked at a broad scope of service quality. Truly effective quality improvement is an ongoing process of acquiring authentic feedback from those utilizing services and an investment in then putting that feedback to work.

Ultimately then, the most important recommendation in the report is the final one:

Programs should develop their own mechanisms for soliciting ongoing feedback from participants and for ana-

lyzing and addressing kudos, complaints, concerns and questions.

The value of this process is two-fold. First, it creates more effective services, including lower rates of relapse and recidivism, increased recovery outcomes, as well as cost savings. However, it also increases the self-confidence and self-efficacy of those being served. Being seen as a resource for a treatment community rather than just its service recipient is an empowering and significant experience. Creating space for not only the validation of feedback but for this collective awakening and sharing of power, requires humility and a commitment to improve on identified failures together with those they serve.

The final report was presented to the Behavioral Health Administration’s Opioid Treatment Program (OTP) Quality Improvement Workgroup and has been disseminated to 62 MATOD-affiliated OTPs throughout the state of Maryland. Additionally, Medicaid and Beacon Health Options have made a commitment to begin implementing these recommendations within OTPs over the coming years. OOOMD is excited about the positive reception of the report and hopes to continue to play a key role in the implementation process as it unfolds.

MARYLAND CERTIFIED SUBSTANCE USE TREATMENT DIRECTORY: A CRITICAL RESOURCE

This resource, created by the Behavioral Health Administration, provides a listing of all state-certified substance abuse treatment programs in the state of Maryland. You can search by various criteria, such as county and level of care (eg. outpatient services, residential services). The directory uses American Society of Addiction Medicine (ASAM) criteria, such as “II.1 Intensive Outpatient” or “III.1 Clinically Managed Low-Intensity Residential Services.” It can also search for services for specific populations, such as adolescents or women with children, or for specific services such as deaf services or Spanish speaking services. The information is updated daily.

The Locator provides contact information for each facility, along with the populations served. It does not provide information about fees or what health insurance plans are accepted by the facility.

To access the Treatment Locator, go to: <https://bha.health.maryland.gov/Pages/Maryland-Certified-Treatment-Directory.aspx>



SAVE THE DATES

**THURSDAY & FRIDAY,
JUNE 7 & 8, 2018**

**ON OUR OWN OF MARYLAND'S
26TH ANNUAL STATEWIDE
CONFERENCE**

The Truth is Out There:

Peer Support as the X-Factor in Recovery

PRINCESS ROYALE HOTEL ~ OCEAN CITY, MD

Join us for our 2018 annual conference at the beautiful Princess Royale Hotel in Ocean City, MD. Located on the white sandy beaches of Ocean City, the Princess Royale Oceanfront is an all-suite resort and one of the Ocean City's premier hotels. It offers a variety of accommodations, from spacious two-room suites with fully equipped kitchenettes directly overlooking the beautiful Atlantic Ocean, to suites overlooking an indoor heated swimming pool and four-story glass oceanfront tropical atrium. The hotel offers complimentary wireless Internet, free covered parking, and free whirlpool and saunas.

This year's theme is: "The Truth is Out There: Peer Support as the X-Factor in Recovery!" We will explore the vital link between peer support and recovery, and how peer support is being woven into various systems and settings, including mobile crisis, homeless outreach, hospitals, and peer-run centers. In addition, we will offer workshops in the areas of wellness strategies, storytelling, LGBTQI issues, trauma, public policy and advocacy, board development and others.

We will be celebrating possibilities for the future and the accomplishments of the past year at our annual Awards Dinner, continuing the fun at our annual dance and karaoke event, and of course, we will be hosting opportunities to network with our fellow peers and to enjoy the sights and sounds of the ocean. So make plans to join us this June in Ocean City, MD!

Our Keynote Speaker ~ Tonier Cain



Tonier Cain is the epitome of resilience, having overcome a traumatic childhood filled with abuse, rape and neglect, a 19-year addiction to crack cocaine, and years of homelessness, incarceration, and prostitution. Once thought to be a "lost cause," today she is a nationally recognized inspirational speaker and trauma informed care expert who has traveled to all fifty states to train mental health professionals on how to better serve trauma survivors struggling with mental health and addiction issues. In addition, she travels to prisons to inspire those stuck in a debilitating cycle of despair caused by trauma. She has testified before Congress, lectured at Yale University and delivered a keynote speech at the United Nations.

A former team leader for the National Center for Trauma-Informed Care, today she is the founder and CEO of Healing Neen, Inc.

Make sure to check out our Spring issue of the newsletter for more information about the conference and the registration brochure.

(Disclaimer: Disney and 20th Century Fox Film Corporation are not sponsors nor endorsers of OOOMD or the Summer Conference event.)

SOCIAL MEDIA: A DOUBLE-EDGED SWORD FOR COMBATING STIGMA

by Casey Saylor

“Did you see Zach’s wedding pictures?”

“Awesome, my favorite charity posted an update!”

“I need a cat video.”

Sound familiar? Odds are that it does, since 81% of Americans reported having a social media profile in 2017⁵. And while there are 1.96 billion users worldwide⁵, social media is largely considered to be a personal experience. Profiles and newsfeeds are customized to reflect exactly what we’re interested in, with options like “See First,” “Like,” and “Unfollow” allowing users to prioritize seeing their favorite people and things above everything else. We’ve successfully created our own corners of the world, and we often spend hours there, scrolling through the things that are most important to us.

In a way, websites like Facebook, Twitter and Instagram mean for us to feel this way. Although we may have over 100 friends (perhaps closer to 1,000 for some of us... you know who you are), we can toggle the settings to only see updates from the 20 we’re closest to. While this can lead to a positive viewing experience, it can also lead to a false sense of intimacy because in reality, my posts aren’t just being viewed by those 20 people I’m closest to. Instead, my entire network can see them.

So what does any of this have to do with stigma? The beauty - and a downside - of social media is the open interpretation of content. The context of your post doesn’t matter if someone else doesn’t understand it, and whether or not they understand it has nothing to do with you! For instance, some of your closest friends may offer support for that moment of frustration you posted earlier about how difficult it is to deal with your grandmother’s dementia. They know she’s a wonderful lady and that you’re simply overwhelmed! But to someone else in your Friends List, your well-intentioned post may be perceived as disrespecting people who have the condition. And what if someone in your friends list is experiencing early-onset dementia? They could easily internalize the

negativity that they perceive from your post, stigmatizing themselves as a burden on others.

Research indicates that posts like these aren’t isolated incidences either: a study examining comments and sentiments around dementia *“found that 51 percent of tweets by private users of Twitter accounts contained stigma when making reference to this condition and the people who deal with it.”*¹ The study recognizes social distance (i.e. we’d have never made that comment in face-to-face conversation), unintended audiences (your Friends List

and beyond) and mistranslation (jokes or sarcasm don’t translate well into printed word) as contributing factors. *“This type of stigma can make it less likely that people will admit they have problems or seek treatment,”* says Nels Oscar, lead author on the Oregon State University study. *“Our attitudes [and] the things we say affect others. And social media is now amplifying our ability to reach others with thoughtless or hurtful comments.”*¹

“We live in a world where our personal use of social media has the potential to impact hundreds of people- for better or for worse.”

These ideas go way beyond dementia though, and can be easily applied toward any mental health or addiction issue. For example, posting photos and videos of parents overdosing in front of their children became a popular way of “raising awareness” around the opioid crisis in early 2017. Dr. Samuel Ball, president and CEO of the National Center on Addiction and Substance Abuse suggests that while the community leaders who post these images hope they will prevent opioid use and encourage others to seek treatment, *“Decades of research and expert opinion conclude that scare tactics do not work. Worse,”* say Dr. Ball, *“these videos may lead to even greater suffering by shaming and humiliating the victims or re-traumatizing those who have lost loved ones to addiction. These videos do nothing positive to promote lasting change or improve the health of people suffering with addiction or the wellbeing of their families.”*⁶ Instead, they perpetuate stigma and stereotypes, both internally and externally.

It’s also important to keep this “*what I meant*” vs. “*what it does*” idea in mind as we share about our personal men-

SOCIAL MEDIA: A DOUBLE-EDGED SWORD FOR COMBATING STIGMA

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tal health and addictions experiences as peers on social media. What context of our posts could be getting lost in translation? We can unknowingly be perpetuating stigma by oversharing (too much detail) or under-sharing (not enough context) about our experiences, leading to the perpetuation of external and internal stigma.

That's not to say that social media can't be an effective tool for combating stigma as well! As peers, we can empower ourselves and others by telling our stories of recovery online and sharing positive coping skills. Not only can responsible sharing inspire peer-to-peer connectedness and community wellbeing as people with similar experiences relate to our stories and use them as sources of hope, but it can also combat internal stigma by increasing our self-esteem. Social media outlets like Facebook, Twitter and YouTube are becoming increasingly popular for these purposes² (especially among adolescents³), allowing peers to share their experiences or seek advice from others with similar circumstances.

Social media can also be a very powerful channel for education and outreach. Not only can users informally educate each other about their experiences, but they can also participate in formal education and awareness campaigns, also known as social marketing campaigns. These campaigns take advantage of social media's powerful influence and wide audience in their fight against stigma, using them to educate the general public.⁴ When directed toward de-stigmatizing behavioral health issues, these campaigns tend to highlight personal and family experiences, recovery stories, resources, and services.

To illustrate this idea, consider the "Time to Change" campaign: a five-year anti-stigma program that used mass media (e.g. TV and radio), social media and social contact events (let's meet for coffee!) to reduce mental health stigma throughout England. A follow-up study not only proved the program's social media efforts on Facebook and Twitter effective in increasing awareness, but also in decreasing stigma, leading to changes in people's behavior toward mental health and addiction.⁴

In the battle against stigma in mental health and addiction, social media provides us with a unique tool for change. As we scroll, "Like," and "Share" however, it's important to

keep in mind the double-edged nature that reaches way beyond our news feed, where the things we say (or don't say) have the potential to either perpetuate or combat stigma. We live in a world where our personal use of social media has the potential to impact hundreds of people - for better or for worse. So now I ask you - how will *you* use social media today?



Sources:

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RALLY

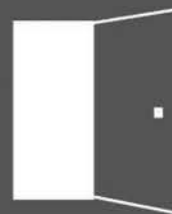
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STAND UP

for the more than 1 million Marylanders who live with a mental health or substance use disorder. Join us, and make your voice heard. Keep the Door Open!



KEEP THE DOOR OPEN MD

Behavioral Health Coalition

RSVP HERE: <https://KTDOrally2018.eventbrite.com>

www.KeepTheDoorOpenMd.org | [#keepthedoropenmd](https://twitter.com/keepthedoropenmd)

WAKING UP IN WINTER: HOW MY LIFE BECAME MY OWN AGAIN

by Jamie Miller



My name is Jamie and I am a person in long term recovery, and what that means to me is that I have not found it necessary to drink or use drugs since February 1st of 2007. I'm sharing my story here to provide hope to those who are struggling, to show that recovery is possible, and to put a human face on a struggle that often renders people invisible.

So how did it all start? Well, I didn't sit in school as a small child and think, "*When I grow up, I want to be a junkie. I want to lie and steal and hurt those that love me the most.*" Rather, things happened in my life that created a tremendous amount of noise inside my head, and I turned to drugs and alcohol to quiet it down.

Both of my parents were addicts, and while I don't blame them for the choices in my life, they are part of who I am. My mom was only 19 when she had me and my father left before I was born, so my grandmother helped raise me. She was my rock. We lived with her in a house filled with love and lots of company, as it was not only a safe place for us, but for many other family members. But like many kids, I wanted to fit in with my peers whose families were mostly nuclear and intact, and so I would lie and tell people that my dad was stationed overseas, and my mom was a nurse who worked the night shift, which was why she slept all day.

I've had a small voice in my head as far back as I can remember that tells me that I'm not smart enough, pretty enough, good enough, or lovable enough. That voice got louder around 9 years old when I began being molested by a friend's older brother. He told me that no one would ever believe me if I told, because it would be his word against the "riffraff from down the street." So I suffered in silence.

A few years later, my mom and I moved in with her new boyfriend, and things got even tougher. Not only did I have a tough time adjusting to a new neighborhood, new school, and new friends, but I had been taken away from my life-line, my grandmother. I started drinking, and it wasn't long before I was experimenting with other things as well. My behavior became rebellious and difficult. I was hurt-

ing badly, and the drugs and alcohol helped to quiet the voices in my head. The pain became even worse when my grandmother passed away suddenly when I was 15. My world was shattered, and I consumed even more drugs and alcohol to numb the pain. I simply didn't know how to go on without her, and things continued to spin out of control. By the time I was 17, I had spent time at a treatment center as well as a long term mental health ward for a severe eating disorder and drug use, dropped out of high school, left home, and was staying wherever I could that would allow me to continue to drink and party.

Eventually I fell in love with someone and moved in with him. However, I soon realized that I was in a relationship with a heroin addict. My first thought when I found out was "*I need to leave,*" followed by "*But where would I go?*" So instead of leaving, I started using the drugs with him, thinking it would make him love me more. By my 18th birthday, I was a full-blown heroin addict on a downward spiral into a life I could not have imagined.

The addiction took over. From the minute I woke up until I passed out at night, I was finding ways to get high. Because your body becomes physically addicted in a very short period of time, when you don't have the drugs in your system, it feels like the worst flu you've ever had—and you'll do anything to make it go away. Because the addiction impacts your ability to make good choices, I did things I never would have done in my "right mind." I lied, manipulated, stole, and caused fear in the lives of everyone who loved me. The overwhelming guilt became one more voice in my head I needed to suppress with drugs, and the cycle continued. I spent the next 8 years in and out of detox, trying (and failing) to kick my habit. At that point, my family wanted nothing to do with me. I had been arrested numerous times, couldn't hold down a job, and the drugs no longer quieted the voice in my head, which was now louder than it had ever been. Something had to change, and fast.

In April of 2006, at age 25, I found myself facing jail time in Baltimore. I was on probation, had failed multiple drug tests, and was given the option of either jail or treatment. I hadn't been in long term treatment since I was 15, and I was scared. I opted for treatment, honestly more to avoid jail than to make a real change, but I went.

WAKING UP IN WINTER

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I stayed in treatment for 28 days and then went to a recovery house in Frederick. I did okay for a while--I went to 12-step meetings, made friends, got a job, and managed to remain drug and alcohol free for almost 9 months. I had a new boyfriend who was also in recovery. Things were going really well, but then I found out I was several months pregnant the same week I found out my boyfriend had relapsed. I was determined to help him and move forward with creating our happy new family, but a month later nothing had changed. I was frustrated and angry, and wanted to hurt him the way he was hurting me, and so I used again. It was supposed to be just one time, but that turned into several weeks' worth of times. I knew it was wrong and I didn't want to hurt my baby, so I called for help and checked myself into treatment right after Christmas. I was detoxed there and after about a week, I was taken for my first ultrasound. Even though I was 5 months pregnant, I'd had no prenatal care up to that point, and I was excited and hopeful. That all came crashing down when, during the ultrasound, a doctor came in, looked at me and simply said "Your child is expired" and walked out of the room. No explanation, no compassion, nothing. He made it clear that he thought I was to blame for this tragedy. Once the news sunk in, I fell apart. I left the treatment center and, even though I had an apartment in Frederick, walked around the streets of Baltimore for two weeks, my dead child inside of me, trying to use enough drugs to kill myself.

I eventually ended up back in Frederick, and woke up a few days later in a pool of blood. I was taken to the hospital, where they performed a D & C. The details are fuzzy, but when I woke up from the surgery, I pulled out the IV, checked myself out against medical advice, and left with my boyfriend. We headed to Baltimore to get heroin, and lived on the streets for several weeks, sleeping in abandoned houses. All I wanted to do was die.

I'm not sure how it happened, but when I woke up on the morning of January 31, I had a moment of clarity. I realized that I wanted to live more than I wanted to die, that I wanted help, and that I was ready to leave my boyfriend. I called the treatment center I'd been in the year before and was able to obtain a bed. I called my mom and asked her to take me to treatment. I was admitted the next day and that is where my recovery began.

It was a rough start.

I had only been there for three days when I had to be rushed to the hospital, where I was admitted with a severe infection that was days away from killing me. Once I was stabilized, I returned to the treatment center where I stayed for four months, began a 12-step program, got a sponsor, and began to work the steps. Days turned into weeks, weeks into months, and then one day I realized that I was no longer thinking about using on a daily basis. As I stayed sober, I started to discover who I was and what I wanted out of life. I began going to school and got my first job in the treatment field, working as a treatment aide in the same treatment center I had once been a patient in.

Other jobs in the field followed. I worked at On Our Own of Anne Arundel County as a peer support specialist, at the health department with at-risk adolescents in a recovery center, at a local detention center with inmates, and then back to On Our Own, where I've been for the last two years, working mostly with homeless folks in our county.

Recovery has given me so much that I never imagined having. Today I have a job that I love, am a mother to two beautiful little girls, am married to an amazing man who loves me for who I am, and have friends who are genuine and true. Life's not perfect but it's so much easier now that I'm not using. I've learned new ways to cope, learned to love myself, and that voice in my head no longer screams at me.

It took years for me to get out from under my addiction, before my life became my own again. It's important to me to remind myself and others who are struggling with addictions – or who support those who are struggling – that no situation is totally hopeless and it is never too late to change it. I often think about that moment on January 31, 2007 when I inexplicably woke up motivated to get better. This is not an uncommon story—many people who are in recovery from addiction have recounted a brief "window" of time when they suddenly had the clarity to seek help. It is important that someone is there to help that person seize that moment, however brief, and use it to take the first steps toward taking their life back.

Recovery is a choice I make every day. I've finally realized that I deserve to be a priority. It has been a rough road, but recovery has given me a freedom that I never knew before. If you or a loved one is struggling, know that there is hope and that recovery is possible!

VOLUNTEERS NEEDED FOR MARYLAND'S PAIMI ADVISORY COUNCIL

Disability Rights Maryland (DRM) is the state's federally-mandated organization to protect the rights of persons with disabilities. Through our PAIMI program, DRM provides legal advocacy services to Marylanders with psychiatric disabilities. The PAIMI Program was created in 1986 after investigations revealed horrific conditions in mental health facilities throughout the nation. DRM's vital role under PAIMI is to advocate for individuals who have a mental health diagnosis, who are often among the most marginalized and stigmatized of our citizens. Much of the work involves protecting individuals in state and private psychiatric hospitals from abuse, neglect and civil rights violations.

Disability Rights Maryland (DRM) is looking for volunteers to join the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council. This is an exciting opportunity to become an advocate for individuals with mental illness, and to become (or continue to be) a leader within the mental health community! The PAIMI Advisory Council advises DRM staff on the work DRM does in protecting the rights of persons with psychiatric illnesses. The Council meets

4-6 times per year to 1) adopt priorities for the PAIMI Program; 2) provide oversight and make recommendations to staff, the full Board and/or Board Committees regarding services provided to individuals eligible for PAIMI services; 3) make recommendations regarding PAIMI priorities and policies; 4) review PAIMI expenditures and the annual budget; and 5) review grievances from PAIMI clients, potential clients, and the PAIMI program in general.

By law, at least 60% of the PAIMI Council must be comprised of individuals who are receiving or have received mental health services, or are a family member of such a person. People of color, individuals with disabilities, LGBTQI individuals, those living on the Eastern Shore and Western Maryland, and others who contribute to diversity are especially encouraged to apply. In-person attendance is encouraged, but members may also join by telephone via conference line, if necessary.

For more information and to apply, visit our webpage at: www.disabilityrightsmd.org (click on the PAIMI Council tab). Or, call (410) 727-6352 and ask to speak with a PAIMI program attorney. We are happy to assist you.

** ON OUR OWN OF MARYLAND IS OFFERING A NEW WORKSHOP **

"Eating Healthy on a Budget"

Eating healthy can be difficult, *particularly* on a limited budget.

This workshop will teach participants:

- how to shop for low cost foods,
- how to make low-cost substitutions for more expensive foods, and
- how to plan delicious, easy-to-make, low-cost meals.

Participants will leave with a handful of helpful recipes that fit within a budget of \$4/day.

**For questions or to schedule a workshop, contact Kristen Myers
at 410-540-9020 x10 or email at kmyers@onourownmd.org**

MAIN STREET HOUSING, INC. CELEBRATES CREATION OF 100TH TENANT SLOT

by Katie Rouse, MSH Operations Director

After 15 years of near continuous property production, Main Street Housing (MSH) has reached one of the most exciting milestones a non-profit housing development organization can dream of:

Our 100th Tenant Slot!

Thanks to generous funding through the **City of Annapolis Community Development Block Grant** and a grant from the **Anne Arundel Mental Health Agency**, MSH broke ground this October on the property improvement project that would create the opportunity for a new tenant living with psychiatric disabilities and Extremely Low Income to experience quality, affordable, independent housing in their community.

Five years ago, MSH purchased a large townhome in a quiet residential community within the City of Annapolis. While it had a sizable ground-floor bedroom, the barrier to having three tenant slots for this building was that the full bathrooms were both on the top floor. One of our standards for a home 'on Main Street' is that individuals sharing a unit as co-tenants should have equitable private living and bathing space, and so this property has been occupied by two tenants since 2012.

Thanks to the new grant funding, construction of a new full bathroom on the ground floor started in October and was completed in the first week of 2018. MSH has been screening applicants to select the third tenant for the new slot at this property. Over the past 12 months, more than 30 single adult Anne Arundel County residents have applied to MSH, the majority of whom are experiencing homelessness.

Since our very first property purchase in 2002, MSH has been growing steadily thanks to the generous support of the MD Department of Health, MD Department of Housing and Community Development, local foundations and individual donors. We hope all of our supporters feel as proud as we do of this tremendous accomplishment!



City of Annapolis
Department of Planning & Zoning

Community
Development
Block Grant



Anne Arundel County
Mental Health Agency, Inc



ON OUR OWN OF MARYLAND IS OFFERING A NEW WORKSHOP



"Working with Diverse Communities: LGBTQ"

On Our Own of Maryland is thrilled to introduce a new LGBTQ Workshop created by our TAY Outreach Coordinator, Rowan Powell. This interactive workshop is designed to help individuals develop a more in-depth knowledge and understanding of the LGBTQ community. Participants can expect to learn basic terminology and gain an understanding of SOGIE (Sexual Orientation, Gender Expression, and Gender Identity), micro-aggressions and other manifestations of stigma. This workshop will also discuss common myths and stereotypes about the LGBTQ community and concrete ways to be an ally to this community.

The workshop is helpful for anyone who is interested in learning more about the LGBTQ community, whether that be in a professional or personal capacity. Rowan can tailor this workshop to fit the needs of your organization. The most common workshop additions include region-specific data on LGBTQ youth or adults, and/or a panel of queer-identifying youth advocates to share their stories. This workshop typically lasts 2 hours but the length can also be tailored for your individual organization.

**For questions or to schedule a workshop, contact Rowan Powell
at 410-540-9020 x 21 or email at rowan@onourownmd.org**

****SAVE THE DATE****

ALTERNATIVES 2018 IS COMING TO WASHINGTON, DC!

The National Coalition for Mental Health Recovery (NCMHR) is proud to host Alternatives 2018, which will be held July 29 through August 3, 2018 at The Catholic University of America in Washington, DC. *“Catholic University was chosen as the location because it is in our nation’s capital, is economical, and has a commitment to justice and the common good,”* said conference chair Anthony Fox.

The Alternatives Conferences are designed to further peer-operated efforts and to support recovery across the nation. The conferences offer in-depth technical assistance on peer-delivered services and self-help/recovery methods. This is an event that is unique in its history and its importance. The first national Alternatives Conference was coordinated and hosted by On Our Own in June 1985 and held at the College of Notre Dame in Baltimore City. More than 400 folks from all over the United States attended, including Alaska, Puerto Rico and Hawaii. These conferences have taken place annually since then and we are excited that this year’s conference will be held in Washington, D.C. which offers the opportunity for On Our Own of Maryland to help with conference coordination.

The conference theme is *“On Our Own, Transforming the Future Together”*—as both an homage to the seminal work by the late movement leader Judi Chamberlin and in recognition of the fact that this will be a *“People’s Alternatives,”* funded entirely through registration fees and donations. *“We will be ‘on our own’ again, connecting to the roots of our movement,”* Fox said. *“We will be free and empowered to express our unique voices, to learn from each other in the spirit of self-help, mutual support, and the principles of recovery in action, with the goal of living full and independent lives in the community.”*

College dorm rooms (with one or two single beds and private bathrooms) will be available for an affordable price, and three buffet-style meals a day will be available in the college dining hall. All meeting rooms are ADA-accessible and some accessible dorm rooms can be reserved. There is a Metro stop on campus and parking is also available. There are also several hotels a few Metro stops away for those wishing to stay there.

More information will be available soon at www.ncmhr.org, so stay tuned.

WRAP® UPDATE

by Denise Camp

The WRAP® Outreach Project had a super productive second quarter! In October we held facilitator refresher trainings and ended the month with a fun in-person Halloween costume networking meeting. In November, the Project presented “WRAP® for Families,” a one-day workshop for 22 staff at Maryland Coalition of Families. The staff was able to create their own WRAP®s and also learned how to introduce WRAP® concepts to family members with whom they are working. In December, we provided a two-day WRAP® in Frederick with 26 participants in attendance. The Frederick County Health Department sponsored the training, offering the class for free to Frederick County residents.

In the New Year, look for classes at your local wellness and recovery centers. For example, Chesapeake Voyagers Inc. in Easton will be holding a “4x4 class” - four classes on consecutive Thursdays in February. The WRAP® Outreach Project will also be offering a two-day class in February. In addition, we will be sponsoring a “Self-Love Day” celebration on Tuesday, February 13th at the OOOMD offices. Look for a flyer at your local wellness and recovery center.

Finally, the WRAP® Outreach Project is continuing its Facilitator Conference Calls this year, which will be held on the last Tuesday of the month at 4 pm. If you are a WRAP® Facilitator and are not receiving the monthly Facilitator Focus e-newsletter, call reminders, or information about Project events, please call OOOMD and speak with Denise Camp at extension 25. ***Have a happy and wellness-focused 2018!***

On Our Own of Maryland's Annual Meeting

On Our Own of Maryland held our Annual Meeting on October 18, 2017 at the Meeting House at Oakland Mills Interfaith Center in Columbia, MD with close to eighty peers in attendance from around Maryland.

The morning workshop on “Transforming Relationships Between Law Enforcement and the Behavioral Health Community” was conducted by Jason Keckler, Retired Lieutenant with the Frederick Police Department. Jason retired in December 2016 after 22 years of service to the City of Frederick. Jason is also on On Our Own of Frederick County's Board of Directors and is actively involved in community initiatives related to mental health, substance abuse, poverty and homelessness. Jason discussed the importance of developing collaborative relationships with law enforcement and gave practical and concrete examples of how to do so.

In the afternoon, Brendan Welsh, the new Director of the Office of Consumer Affairs at the Maryland Behavioral Health Administration (BHA) presented on BHA's new plan for the expansion of peer support throughout the state. Prior to joining BHA, Brendan worked as a Certified Peer Recovery Specialist and later as the Recovery Support Manager for the Harford County Health Department, working directly with individuals seeking and maintaining recovery.



Jason Keckler & Laurie Galloway



Caroline Warfield



Shariff Johnson



Brendan Welsh



Thomas Hicks



Matt Ratz & Daphne Klein



*Attendees from Lower Shore Friends
Valerie, Bunky, & Lydia*



Cameron England

IN THE NEWS...



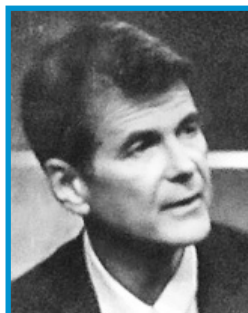
Joanne Meekins

Congratulations to Joanne Meekins who recently retired as the Director of the Consumer Quality Team (CQT), a program of the Mental Health Association of Maryland whose team makes regular site visits to public behavioral health programs and facilities to conduct interviews with those receiving services. Their teams of consumers and family members listen non-judgmentally to what consumers have to say during voluntary, anonymous, qualitative interviews. Comments are shared through a reporting process that reaches every level of the service system and spurs needed change. Thanks for all your great work and wish you all the best in your retirement!



Robin C. Murphy

Congratulations to Robin C. Murphy, the new Executive Director of Disability Rights Maryland, taking the place of Virginia Knowlton Marcus who moved to California last summer. A graduate of the University of Connecticut School of Law, Ms. Murphy has since spent more than twenty-five years working for legal advocacy nonprofits as well as state and federal government organizations throughout the country, including the U.S. Department of Education Office for Civil Rights, the D.C. Legal Aid Society, the Arizona Center for Disability Law. Most recently she served as Chief Counsel of Civil Programs for the National Legal Aid and Defender Association. Welcome Robin – we look forward to working with you!



Dr. Al Zachik

Congratulations to Dr. Al Zachik, Director of Child, Adolescent and Young Adult Services at the Behavioral Health Administration on his upcoming retirement at the end of January. Dr. Zachik has been a visionary in helping to create model services for this population. He has

played a central role in expanding school-based behavioral health services across Maryland, and has forged partnerships with juvenile services and other child-serving agencies to tackle long-standing problems. We wish you a very happy retirement!



Robin Pouponne

Congratulations to Robin Pouponne who retired from the Behavioral Health Administration (BHA) in October 2017. Robin worked in the Office of Planning at BHA. This Office is responsible for the development, implementation, and oversight of state, local and federal behavioral health planning, training and evaluation activities through the divisions of Planning, Evaluation and Training. Robin was a regular at the On Our Own of Maryland Annual Summer Conferences and often lent her skills in American Sign Language when needed. We wish you a wonderful, relaxing retirement!

Congratulations to the 2018 elected officers of the On Our Own of Maryland Board of Directors: Nevelt Steele, Jr., President; Tony Wright, Vice-President; Patrice O'Toole, Treasurer, and Laurie Galloway, Secretary. Congratulations also to Cameron England with On Our Own of Cecil County, Wilmore "Bunky" Sterling with Lower Shore Friends, and Tony Wright with On Our Own, Inc./Baltimore on being elected to an additional three-year term on the Board.

Other Consumer Organizations

Silver Spring Wellness & Recovery Center

1400 Spring Street, Suite 100
Silver Spring, MD 20910

301-589-2303 x108 / Fax: 301-585-2965

Website: www.silverspringdropincenter.blogspot.com

Marty Log Wellness & Recovery Center

3 Milford Mill Road, Pikesville, MD 21208
410-653-6190

Our Place Wellness & Recovery Center

400 Potomac Street, La Plata, MD 20646
301-932-2737

Contact Person: Stephanie Burch
E-mail: ourplace.ccf@gmail.com

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132 Holiday Court, #210
Annapolis, MD 21401
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Contact Person: Patrice O'Toole
E-Mail: onourownannapolis@gmail.com

On Our Own of Calvert County, Inc.
P.O. Box 2961; 24 Solomons Island Road
Prince Frederick, MD 20678
Phone: 410-535-7576 / Fax: 410-535-0984
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Website: www.ooocc.org

On Our Own of Carroll County, Inc.
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Westminster, MD 21158
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E-Mail: oocarroll@hotmail.com
Website: www.onourownofcarrollcounty.org

On Our Own of Cecil County
103 South Bridge St., Ste. B, Elkton, MD 21921
Phone: 410-392-4228 / Fax: 443-485-6497
Contact Person: Cameron England
E-mail: cameron3765@gmail.com

On Our Own of Frederick County, Inc.
331 West Patrick Street, Frederick, MD 21701
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Contact Person: Eric Wakefield
E-Mail: onourownofrederick@gmail.com

On Our Own of Howard County, Inc.
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Columbia, MD 21045
Phone: 410-772-7905 / Fax: 410-772-7906
Contact Person: Bryan Johnson
E-Mail: bjohnsnooohc@gmail.com

On Our Own of Montgomery County, Inc.
434 East Diamond Avenue
Gaithersburg, MD 20877
Phone: 240-683-5555 / Fax: 240-683-5461
Contact Person: Daphne Klein
E-mail: daphne@oomc.org
Website: www.oomc.org

On Our Own of Prince George's County, Inc.
10007 Rhode Island Avenue
College Park, MD 20740
Phone: 301-699-8939 / Fax 301-699-5378
Contact Person: Matt Ratz
www.onourownpg.org

On Our Own of St. Mary's County, Inc.
P.O. Box 1245; 41665 Fenwick Street; #13
Leonardtown, MD 20650
Phone: 301-997-1066 / Fax: 301-997-1065
Contact Person: Carolyn Cullison
E-Mail: oooinsmc@verizon.net

On Our Own, Inc. (Baltimore City) & Transitional Age Youth Center Mobile Peer Support Unit
6301 Harford Road; Baltimore, MD 21214
Phone: 410-444-4500 / Fax: 410-444-0239
Contact Person: Tony Wright
E-Mail: tonyw21214@aol.com
www.onourownbaltimore.org

On Our Own Charles Street Center
2225 N. Charles St., Baltimore, MD 21218
Phone: 443-610-5956
Contact Person: Robert Williams
E-Mail: tonyw21214@aol.com

On Our Own Dundalk (Baltimore County) & One Voice
6718 Holabird Avenue
Baltimore, MD 21222
Phone: 410-282-1701/410-282-1706
Hours: call for hours
Contact Person: Kathy Franks and Kit Bloom

On Our Own Catonsville Center
7 Bloomsbury Drive
Catonsville, MD 21228
Phone: 410-747-4492 Ext. 1203
Contact Person: Elizabeth Bowers

On Our Own - Towson Center
Sheppard Pratt - Building D, Room D020
6501 N. Charles Street, Baltimore, MD 21204
Phone: 410-494-4163
towsonooo.@outlook.com
Contact Person: Caroline Warfield

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

Hearts & Ears, Inc.
611 Park Avenue, Suite A
Baltimore, MD 21201
Phone/Fax: 410-523-1694
Contact Person: Mary Chirico
E-Mail: info@heartsandears.org
www.heartsandears.org

New Day Wellness & Recovery Center
16 North Philadelphia Boulevard
Aberdeen, MD 21001
Phone: 410-273-0400 / Fax: 410-273-0600
Contact Person: Bill Patten
E-mail: director@newdayhhjp.com

Chesapeake Voyagers
342-C North Aurora Street
Easton, MD 21601
Phone: 410-822-1601 / Fax: 410-822-1621
Contact Person: Diane Lane
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Website: www.chesapeakevoyagers.org

Peer Wellness and Recovery Services, Inc.
9909 Lorain Avenue, Silver Spring, MD 20901
Phone: 240-292-9727 (WRAP)
Contact Person: Miriam L. Yarmolinsky
E-mail: yarmeaux@gmail.com
Website: www.pwrsinc.org

Lower Shore Friends, Inc.
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Salisbury, MD 21802
Phone: 410-334-2173 / Fax: 410-334-6361
Contact Person: Wilmore "Bunky" Sterling
E-Mail: wlmrstrl@aol.com

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Phone: 301-790-5054 / Fax: 301-791-3097
Contact Person: Jim Raley
E-mail: jmraley2@gmail.com

Soul Haven
119 East Antietam Street
Hagerstown, MD 21740
Phone: 301-733-6676
Contact Person: Kirk Stroup
E-mail: soulhavenwellness@hotmail.com

HOPE Station
(part of OCA, Inc. - Allegany County)
632 N. Centre Street
Cumberland, MD 21502
Phone: 240-362-7168 / Fax: 240-362-7170
Contact Person: Dan Snyder
E-mail: HOPEStation@atlanticbnn.net

Mountain Haven
(part of OCA, Inc. - Garrett County)
315 Dawson Avenue
Oakland, MD 21550
Phone/Fax: 301-334-1314
Contact Person: Kathy Schrock
E-mail: kathy59@mthavenwrc.com

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 to 7310 Esquire Court, Mailbox 14, Elkridge, MD 21075.

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ E-mail Address: _____

Amount enclosed for annual dues:

Voting Members (consumers/survivors)

Nonvoting Members (non-consumer friends/family)

\$10

\$2 (those on disability/entitlement income)

\$25 (individual)

\$50 (organization)



CONSUMER NETWORK NEWS

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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 behavioral health consumer education and advocacy network, promotes equality in all facets of society for people who receive behavioral health services and develops alternative, recovery-based behavioral health initiatives.

ABOUT CONSUMER NETWORK NEWS

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