ON OUR OWN OF MARYLAND

Volume 29, Number 3 • November 2022

Network News

On Our Own of Maryland, Inc.

Contents

We are a network of people with lived experience of mental health and/or substance use challenges and recovery journeys.

Peer Support "Behind the Fence"

BHA and Partners Build a CPRS Pathway for Incarcerated Peers

By Michelle Livshin & Katie Rouse

"Every door leads to a million more. It's up to you to choose which one to go through. That's how you get to where you want to be in your life."

This mantra of hope, choice, and empowerment is what Lee and Dennis (Freedom) Horton shared with dozens of other incarcerated men during their work as peer support specialists and WRAP facilitators "behind the walls" of the Pennsylvania prison where they resided for almost 28 years. At OOOMD's 2022 Annual Conference, the Horton brothers discussed their incredible journey through imprisonment related to a crime they did not commit, and how the experience of becoming peer support specialists and WRAP facilitators changed the course of lives. ▶ **Watch the video on our YouTube channel**.

Here in Maryland, thanks to a collaboration between multiple governmental agencies, individuals incarcerated in eight correctional facilities across the state are gaining a new opportunity to choose the path of becoming a Certified Peer Recovery Specialist (CPRS).

A Collaborative Approach

This exciting project started back in 2019 with a grant from Maryland's Opioid Operational Command Center and a goal of piloting one cohort of CPRS training at the Maryland Correctional Institute for Women (MCIW), located in Anne Arundel County.

Launching a new training program inside a correctional facility is no small task, because there are multiple agencies involved. The Department of Public Safety and Correctional Services (DPSCS) sets policies and procedures across Maryland's 18 correctional facilities, and the Department of Labor is responsible for all workforce development initiatives that take place inside these institutions.

For this specific project, the Behavioral Health Administration's Office of Community Based Access & Supports brought expertise about the CPRS credential. Adelaide Weber, BHA's Peer Workforce Development and Training

continues on page 3

Hello, Peers!

Corrections, Inmates, and Re-entry. Justice, Peers, and Recovery. The language we choose to use shapes our conversation about the criminal justice system. Are we focused on danger or safety? Punishment or rehabilitation? Where you've been, or where you are now?

Being institutionalized against your will – whether in a jail, a prison, or in a hospital under court order – is an inherently traumatizing experience. Yet real-time access to mental health services is extremely limited in correctional facilities, and tortuous punishments like solitary confinement are still commonly used. People from historically oppressed communities – particularly BIPOC and LGBTQ+ individuals – are grossly overrepresented in the criminal justice system, and this can begin early with juvenile justice involvement.

The focus on expanding behavioral health crisis services cannot ignore the harms that are happening right now and every day to peers, families, and communities whose lives have been locked into the justice system through individual circumstances or structural inequities. In this issue, we're highlighting some of the barriers and promising advances in bringing trauma-informed perspectives, research-backed recovery tools, and peer support pathways "behind the fence" of the criminal justice system. From successful implementation of recovery support programs to policy changes, there is hope on the horizon.

People coming out of incarceration face tremendous barriers to stable housing, steady employment, and social connections without stigma. Our affiliated network of Wellness & Recovery Centers across Maryland offer free, walk-in peer support and resource navigation assistance that can start a journey of healing and restoration. Take inspiration from how the Office of Consumer Advocates in Hagerstown is reaching out through their re-entry program, profiled on Page 5, or how CPRS training opened the doors to a career after incarceration in a Recovery Story is shared on Page 4.

As we move into shorter days and longer nights, we hope you are keeping the candle of your spirit burning brightly. Remember that even in the darkest hours, you are a source of light.

Laurie Galloway
President, Board of Directors

Katie Rouse
Executive Director

Miss an issue? Looking for a workshop?

Visit our website for past editions of Network News and information about all our projects and initiatives.
onourownmd.org

ON OUR OWN OF MARYLAND

About Network News

Network News is published quarterly by On Our Own of Maryland, Inc., a registered 501(c)(3) nonprofit organization. Our financial statements are available upon request. Views expressed herein are those of the authors, not necessarily of the board members or funders of OOOMD. Newsletter materials may be reproduced without further permission, if credited, except for copyrighted items.

Peer Support "Behind the Fence"

continued from page 1

Administrator, and Tyrell Moyd, Education & Wellness Director and Principal Facilitator at 3c Recovery Support Training Institute (Light of Truth Center) were selected to co-facilitate a comprehensive 46-hour training program.

In early 2020, the project was off to a great start with 25 individuals at MCIW completing their CPRS coursework. Just a few weeks later, the onset of the COVID pandemic in March forced everything into lockdown.

What happened next was a testament to the deep commitment of the peers and partner organizations to carry the project forward. Funding was secured for the next two years, and two more facility partners were added: Dorsey Run Correctional Facility and Jessup Correctional Institution. While the number of seats per training cohort had to be cut in half to follow COVID safety precautions, moving slow and steady has resulted in a total of 84 peers graduating from the program so far!

As of Fall 2022, the project is expanding to a total of eight facilities across the state, from Hagerstown to the Eastern Shore.

Putting It Into Practice

In order to be eligible for this training program, a person needs to have lived experience with mental health or substance use issues and not be under any current disciplinary infractions. Recruitment benefitted from some facilities already having formal and informal behavioral health support and advocacy groups. There were many applicants who were already aware of or using peer support, but hadn't yet been able to complete all the steps of certification.

While the project was able to streamline training to cover all 46 required CEU hours through a two-week curriculum, with CCAR Recovery Coach Academy fulfilling the core course requirement, the practice hours and supervision requirements of the CPRS credential presented a greater challenge.

According to the Maryland Addiction and Behavioral-health Professionals Certification Board (MABPCB), the CPRS credential requires 500 service hours of "documented, supervised paid or volunteer peer recovery support experiences in a clinical or community setting" and 25 total hours of documented supervision at least twice each month, by a Registered Peer Supervisor, and in a way that

covers five domain categories (Advocacy, Ethical Responsibility, Mentoring/Education, Recovery/Wellness, and General Supervision including Self-Care).

In a correctional setting, individuals can get paying jobs within the facility. However, creating a new job type is a process that takes time and layers of approval. DPSCS has recently created a new paid peer support position that can be added within facilities.

Another hurdle is finding qualified and available Registered Peer Supervisors (RPS) to provide the mentoring that is essential to professional development. This can be a challenge even for peers working in a community setting. Inside a correctional facility, choices are even more limited. DPSCS is working to ensure every facility has RPSs in place by the end of 2022, with plans to continue adding RPSs as the project expands.

Creating Hope and Opportunity

The goals of the *Behind the Fence* project are twofold: to bring more peer support resources to individuals inside correctional facilities, and to equip peers with a skillset and professional credential that opens up doors as they come back into the community.

Several graduates from the program are now using their peer support skills and lived experience to help others in the community, like Christina Mazza, who now helps parents navigate the justice system in her position at the Maryland Office of the Public Defender. (Read about her journey on page 4.) Others are building communities of hope, recovery, and peer support behind the walls. We commend and celebrate these peers and partners working to transform the culture of correctional facilities from the inside out. ■

For more information about the ***Behind the Fence*** peer support program, contact Adelaide Weber at the BHA Office of Community Based Access & Supports.
adelaide.weber@maryland.gov

Strength Through Struggle: A Recovery Story

By Huck Talwar

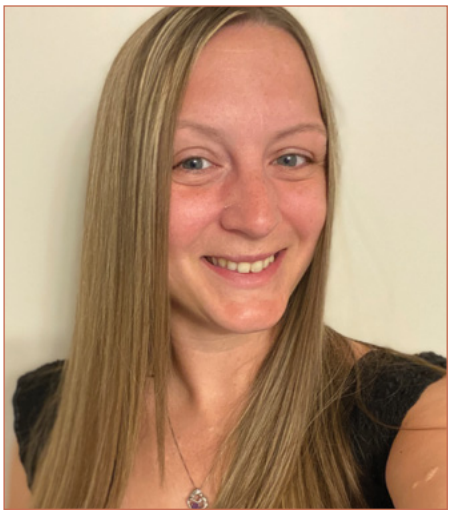
A four-year prison sentence. Seven trips to rehab in the span of one year. A battle for child custody. From struggle to strength and misfortune to success, Christina Mazza has overcome some of the harshest hardships that life has to give, and is living her best life in a way that she can pass on her wisdom to others. However, her story does have its ups and downs.

Christina started to smoke weed and drink alcohol in middle school, a little earlier than the national average. There is always someone around who "knows a guy who knows a guy," so it was not hard to find drugs in the area. However, these "guys" were doing more than selling weed, and through them, Christina met people who were selling things a little stronger. Percocet came into the picture, and this began a downward spiral.

It did not help that addiction runs in the family. According to recent research, genetics have between a 40–60% influence on addiction.[1] Christina's mother and father used drugs and were largely absent, as her father was sentenced to 25 years in prison when Christina was only 14 years old. Christina grew up living with her "old school Italian" grandparents. "It didn't happen right away, that I was addicted, [but] I was always looking for an escape." Christina felt a sense of hopelessness, and was looking for a way out.

Most of Christina's friends were two-to-three years older. As a result, she was skipping school to hang out with her friends who were free during the days, using, and even getting high before cheerleading practice. It was not until she went to college that Christina "realized [she] was addicted to drugs" and went through a rough detox. Soon after, Christina was driving to and from Pennsylvania and Maryland every day to use. Eventually, she dropped out with no degree or credits, but with a large amount of student debt.

Christina was off to rehab, but as soon as she was released (early), she hit the streets again and started using. After a couple of stays in the same rehabilitation facility, Christina was out and able to "successfully use," as she puts it; she was using but also maintaining a facade of functionality. Shortly after, Christina became pregnant with her first child. She was committed to being a good mother to her daughter, but the people coming into her life had some negative influences. What started as weed and alcohol turned into heroin and meth.



Christina Mazza

> *"Christina began working the steps from inside [prison] ... from within those walls, she took it upon herself to make moves that would advance herself, her life, and her career."*

A concerned relative who worked in the justice system saw problems and Christina's daughter was taken away from her after she was taken into a meth dealer's home. Christina entered drug court, went to rehab seven times in one year, and spent a large chunk of time in prison afterwards. Although it was extremely difficult, this is

continues on page 13

1 Deak, J. D., & Johnson, E. C. (2021). Genetics of Substance Use Disorders: A Review. *Psychological Medicine*, 51(13), 2189–2200. https://doi.org/10.1017/s0033291721000969

Coming Home to Peer Support in Hagerstown

Office of Consumer Advocates' Re-entry Program supports transition from incarceration to community in Washington County

By: Michelle Livshin

Every year, nearly 700,000 people in the US are released from prison with the expectation that they are able to successfully reintegrate into the community, often with little support or guidance. Those with a history of incarceration face significant barriers, including high rates of unemployment, homelessness, obstacles accessing benefits, and more. These challenges can be long-lasting, as a 2021 report from the Bureau of Justice indicates that 33% of those released from federal prison were still unemployed for 4 years following their release.[1]

For these reasons, accessing support, guidance, and assistance through person-centered and trauma-informed community-based re-entry services is integral to reducing recidivism and ensuring individuals who have been recently released get the proper support they need to successfully reintegrate back into the community.

In 2019, the Office of Consumer Advocates (OCA) in Hagerstown launched their Community Peer Support Services Re-entry Program. OCA is an affiliated peer-operated Wellness & Recovery Centers within the On Our Own of Maryland network serving the Washington County community. The goal of OCA's program is to assist individuals who have been recently released with adjusting back to a fulfilling life in the community.

Over the past few years, the program has continued to grow and flourish under the excellent leadership of program leads Rachel Garner and Frank Baxter, and Executive Director Margaret Paul. Last year, in 2021, OCA's re-entry program supported nearly 100 unique individuals who were formerly incarcerated. Through the program, individuals receive assistance and guidance with accessing basic needs and resources such as food stamps, clothing, benefits, transportation, obtaining housing and employment, connecting to behavioral health or other medical services, and more.

continues on page 14

1 http://civilrightsdocs.info/pdf/criminal-justice/Re-Entry-Fact-Sheet.pdf

Stigma and Medication-Assisted Treatment in Corrections

By Jennifer Brown

As the opioid epidemic has continued to rage on, many strides have been made in the effort to preserve life and facilitate recovery. Part of that effort has been expanded access to FDA-approved medications to treat opioid use disorder, such as buprenorphine, methadone, and naltrexone, commonly referred to as MAT: Medication-Assisted Treatment. According to SAMHSA, MAT is "the use of medications, in combination with counseling and behavioral therapies to provide a 'whole-patient' approach to the treatment of substance use disorders. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services." (SAMHSA, 2022)

In spite of its effectiveness, Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health, estimates that "only 11 percent of people with opioid use disorder receive one of the three safe and effective medications that could help them quit and stay in recovery." (Volkow, 2022)

This is particularly impactful for justice-involved individuals. "People who have been incarcerated are approximately 100 times more likely to die by overdose in the first two weeks after their release than the general public. Despite high rates of opioid use disorder among justice-involved individuals, evidence-based medications exist and can be successfully implemented within jails and prisons." (National Council for Mental Wellbeing, 2022) Detox during incarceration lowers the tolerance for the drug, and sudden use upon release can prove deadly.

While the number of correctional facilities nationwide offering MAT has continued to increase, not all programs have been robust or inclusive. Some facilities provide only some of the approved medications, provide them only for folks who are a certain number of months from release, and/or determine eligibility based on the type and severity of crime. While better than nothing, all are problematic, and in some cases unconstitutional. (ACLU, 2021)

If it's clear that the use of MAT in jails and prisons could prevent much suffering, reduce recidivism and increase recovery, why is MAT not more widely utilized?

"If it's clear that the use of MAT in jails and prisons could prevent much suffering, reduce recidivism and increase recovery, why is MAT not more widely utilized?"

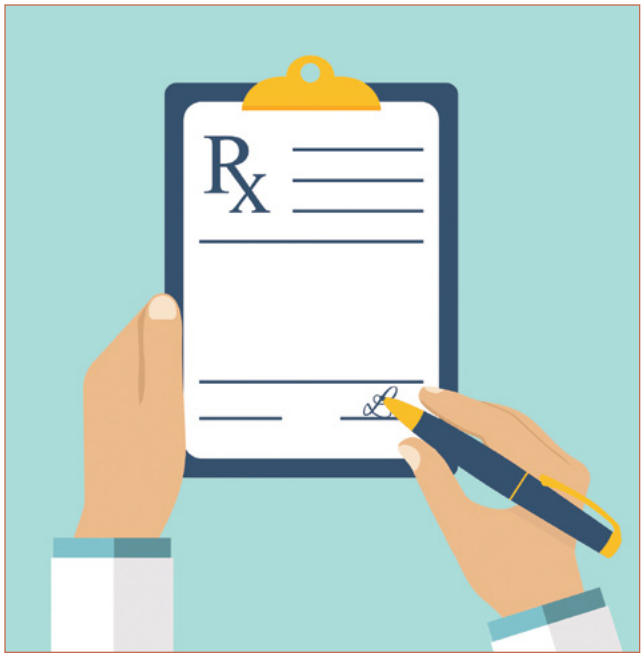
Danger of Stigma

In our last two decades of stigma reduction work, the Anti-Stigma Project consistently heard that stigma hurts, punishes, and diminishes people. Many folks have told us that dealing with the stigma is often harder than dealing with the condition itself, reducing help-seeking behaviors and credibility, damaging opportunities and relationships, and diminishing the provision, choice, and quality of services.

While we know that stigma impacts help-seeking behavior, sometimes the help is simply not available, as with many who become incarcerated. Whether they were already utilizing MAT or wanting to start, in many facilities they may have no choice but to be forced into sudden withdrawal–something that is often agonizing and sometimes fatal. According to a 2021 report issued by the ACLU, "Leaving OUD untreated for days, months, or even years leaves the person at a much higher risk of overdose, death, and brutal withdrawal symptoms while still incarcerated … [and] much more likely to seek out illicit opiates if their OUD is not treated with MAT. An effective MAT program is not only about maximizing the chance of survival upon reentry, but also survival while incarcerated." (ACLU, 2021)

Role of Misinformation

In our recent work interviewing peers in Maryland about their experiences with stigma and OUD, and in particular the use of MAT, they've shared experiences of



widespread stigma from many directions. One common source is misinformation about the protocol itself–folks who mistakenly believe that MAT simply substitutes one drug for another. Those beliefs are not just exhibited by family or friends who are not part of the behavioral health community. Interviews with 47 addiction-treatment professionals summarized in the journal *Social Science & Medicine* suggest that physicians who provide MAT may be subjected to stigma themselves, not only from nonphysician counselors in abstinence-based programs, but also from other physicians with outdated knowledge or different attitudes around MAT. (D'Arrigo, 2019)

Competing Recovery Pathways

Stigmatizing attitudes and behaviors also came from peers and providers with a history of SUD whose recovery journeys were firmly rooted in abstinence, and whose personal experiences shaped the lens through which they see recovery and how it "should" apply to those they support.

Edwin A. Salsitz, M.D., an addiction medicine specialist at the Addiction Institute of Mount Sinai in New York, says that he sees it from both counselors and members of abstinence-based recovery groups. "They say you're not in recovery, which is hurtful to people who are doing well on medication treatment. Many of these patients like to be part of a group, and they don't want to lie and not [reveal that] they take medications." (D'Arrigo, 2019) Adds APA President Bruce Schwartz, M.D.,"The staff who work in those programs have usually attained abstinence without the use of medication treatment, so there's an antipathy against it. Their attitude is that 'This is the way I did it, so this is the way it should work for everybody.' " (D'Arrigo, 2019)

The Role of Experience

Stigmatizing beliefs come from multiple sources, but in our work, perhaps none are more difficult to counter than the ones based on personal experiences. If someone routinely interacts with people with behavioral health challenges when they are in crisis situations, such as in emergency rooms or during encounters involving law enforcement, does their view of folks with behavioral health challenges also include people thriving and doing well?

According to Dr. Salsitz, "Such attitudes may take hold in medical training, where MAT is often passed over on rounds and medical students are not exposed to success stories involving patients who use MAT, said Salsitz. "For many medical students, a large part of their education takes place in large urban hospitals, where the methadone patients are admitted if they're not doing well. If that's all you see, that's what you expect." (D'Arrigo, 2019)

Multiple studies of law enforcement and medical professionals show varying degrees of negativity toward the use of MAT, which researchers propose is linked to their constant exposure to people who are not doing well.

Stigma in Policies and Practices

Stigma can manifest itself not just as beliefs and interactions, but also in policies and environments that can either reduce or exacerbate stigma. One of the frustrations voiced by providers as well as peers involves the way in which medications are dispensed in MAT programs without enough privacy or confidentiality. Logistics become even more complicated in correctional settings, which are subject to heightened security measures for storing medications, and the potential for MAT medications to be secretly and unsafely shared with others in the facility.

When Maine's Department of Corrections implemented the use of MAT in their facilities, they purposely

continues on next page

Stigma and Medication-Assisted Treatment in Corrections

continued from previous page

dispensed MAT using the same process as for other medications. According to Deputy Commissioner Ryan Thornell, "A medline is a medline, if we don't want to stigmatize people for prioritizing their treatment, why would we single them out by having them in a separate medline?" (Black, 2021)

A Multi-Pronged Approach

Maine prepared for their rollout of MAT through extensive training to 500 staff members, including both global information about the science of addiction as well as the specifics of MAT. Importantly, they also spent significant amounts of time in discussion with multiple stakeholders, including their residents, in order to uncover their true concerns and attitudes toward the rollout. According to Deputy Commissioner Ryan Thornell, "What we recognized through the conversations with residents, staff and other states was that we needed to address attitudes, fears and reservations." (Black, 2021) It didn't happen overnight, but MAT is now available in Maine in local jails as well as state and federal prisons. (ACLU, 2021)

According to Commissioner Randall A. Liberty, "We've seen an increase in staff opening up about their struggles, seeking the staff-oriented peer support network, expressing their feelings about situations more in the last couple years. Creating a culture of wellness doesn't start and stop with our residents, this cuts across the entire system." Liberty himself opened up about his own behavioral health struggles to both staff and residents. (Black, 2021)

Our two decades of work with the Anti-Stigma Project has echoed the importance of that kind of frank discussion. Education is important but has limitations: learning about MAT's effectiveness doesn't ensure that the underlying beliefs about MAT, or the people who utilize it or provide it, will shift. We have found that kind of change requires both a cerebral and visceral approach, and a clear understanding that education is always reciprocal. Yes, people learn about others, but they also learn about themselves.

Maryland Steps Forward

Here in Maryland, we have much to be proud of, including being the first state to mandate the provision of MAT to individuals being held in local detention centers. 2019's House Bill 116 requires that, by January 2023, local correctional facilities must make all three FDA-approved medications for opioid use disorder (MOUD) options available to any individual in need, and this must take place within 24 hours of their incarceration.

Will stigma reduction in those settings help to ensure continued progress? Current research is asking thoughtful questions, and we look forward to being part of the continued work in Maryland to create a more responsive, effective and respectful behavioral health system and the systems directly connected to it. ■

For more information about Anti-Stigma Project workshops, email **antistigma@onourownmd.org**

References

ACLU. (2021, June 30). *Report: Over-jailed and un-treated*. American Civil Liberties Union. Retrieved October 17, 2022, from https://www.aclu.org/report/report-over-jailed-and-un-treated

Black, A. (2021, August 17). *Maine's Department of Corrections on what it takes to implement Mat Services*. Corrections1. Retrieved October 17, 2022, from https://www.corrections1.com/correctional-healthcare/articles/maines-department-of-corrections-on-what-it-takes-to-implement-mat-services-bCjcwIwWuyB8JplW/

D'Arrigo, T. (2019). Stigma, misunderstanding among the barriers to mat treatment. *Psychiatric News*, 54(19). https://doi.org/10.1176/appi.pn.2019.10a2

Medication-assisted treatment (MAT). SAMHSA. (n.d.). Retrieved October 17, 2022, from https://www.samhsa.gov/medication-assisted-treatment

Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit. (2022, February 4). National Council for Mental Wellbeing. Retrieved October 19, 2022, from https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/

Volkow, N. D. (2022). Making addiction treatment more realistic and pragmatic: The perfect should not be the enemy of the good. *Health Affairs Forefront*. https://doi.org/10.1377/forefront.20211221.691862

Juvenile Justice Reforms Protect Maryland Youth

By Huck Talwar

Maryland youth involved in the juvenile justice system face challenges that have often led to traumatization and a fixed future. Fortunately, recent reforms that went into effect in June 2022 are changing the way youth are treated in some significant ways.

The juvenile court handles cases involving youth who are under the age of 18. Previously, there was no set minimum age for prosecution, meaning that even very young children could potentially become court-involved. The new standards set a minimum age of 13, with rare exceptions for serious violent offenses by children at least 10 years of age.

Other reform measures are eliminating barriers for young people to participate in diversion programs, setting maximum limits on probationary sentences, and, most importantly, prohibiting the use of incarceration for most misdemeanors and technical probation violations. All together, these reforms are making it possible for more young people to stay connected and receive support in the community instead of being further isolated and identified with the criminal justice system.

There is a strong psychological impact that juvenile incarceration has on youth, and we also need to take into account the past traumas that many of these young people have gone through. Multiple studies have found high rates of past traumatic experiences and behavioral health disorders among youth who are justice-involved. The younger the trauma takes place, the higher chance of that youth internalizing any psychological distress they may be facing. This applies to new struggles resulting from the inherent stress of justice involvement, as well as previously diagnosed mental and behavioral health disorders.

With the proper education, connections, and resources, justice-involved youth can be successful in taking care of their mental health and establishing a new life path. A person's reactions to the emotional and physical changes of adolescence depend on a healthy developmental environment, which can hardly be found within the walls of incarceration.

The Annie E. Casey Foundation explains that "given that the adolescent brain, body, and emotions are not fixed, but rather highly dynamic and responsive to their environment until a young person reaches his or her mid-20s, youth who have broken the law should be held accountable in ways that recognize their developmental stage and capacity for change."[1] It is hardly appropriate to compare the decisions of someone in their 30s or 40s to those of youth that are decades younger, whose brains have not fully developed, whose background may involve multiple Adverse Childhood Experiences (ACEs).

By eliminating incarceration for smaller offenses, youth will be able to spend their time in groups or counseling to work on themselves more than they would in a detention center. Defined limits for probation times would aid in youth's hope, patience, and resilience. Participating in diversion programs has been shown to result in less likelihood of reoffending. Maryland is well on its way to making better futures for the youth of our communities, and hopes are high that these reform efforts will better equip justice-involved youth with the tools and support they need to succeed. ■

1 The Annie E. Casey Foundation. (2016, January 26). *Supreme Court decision affirms justice system must treat youth differently*. The Annie E. Casey Foundation. Retrieved October 19, 2022, from https://www.aecf.org/blog/supreme-court-decision-affirms-justice-system-must-treat-youth-differently

Moving Toward Intentional Peer Support in Baltimore

OOOMD launches new project to expand access to Intentional Peer Support training

By R.J. Barna

Intentional Peer Support (IPS) is a recovery practice founded in the 1990s by Shery Mead, a person caught in the mental health system herself, to repair relationships lost to the mental health system, encourage and inspire peers to give as much as they receive, and move from fear-based focus on what's wrong to a partnership of possibility.

IPS practice is grounded in 4 tasks: making a human connection, challenging our worldview (how we know what we know), negotiating power to achieve mutuality, and moving towards what's possible. IPS helps us shift the focus from helping to learning and growing together, from the individual to the relationship, and from fear to hope and possibility.

For Maryland peers, IPS is also a core training that counts towards the Maryland Certified Peer Recovery Specialist Certification (CPRS) requirements.

In FY 22, OOOMD received generous funding from Behavioral Health Systems Baltimore to launch our Baltimore City IPS Project by supporting 2 cohorts of Baltimore area peers through the core IPS training. This year, we will continue building a community of IPS practice in Baltimore by holding virtual co-reflection sessions, two additional IPS Core training cohorts in Winter 2023, and an advanced training in Spring 2023.

Practicing the 4 Tasks

Over 10 weeks and 40 hours, IPS trainers engaged participants in conversations, demonstrations, and roleplays of the 4 Tasks and recovery situations. In the spirit of Judi Chamberlin's *On Our Own*, our practice was voluntary, holistic, community-based, and consciousness-raising. We reacted and responded. We related and validated. We shared responsibility for the work we were doing.

It's a lot like jazz: people playing improvised parts to a shared rhythm, learning to make music instead of noise.

Roleplay was a challenge for most of us, but it offered me the chance to recognize something important about myself as a peer. In our practice, my partner took on the role of someone threatening to do harm. There was no right answer. I froze. In this space, my partner and I were able to stop, discuss, and reflect. Our discussion provided a safe space where we could realize the crisis as an opportunity we could negotiate together. It taught me to ask questions to push our relationship further, rather than grasp desperately for answers and end our connection.

> *"[IPS] really helps us move from seeing ourselves as afflicted by our individual problems to understanding ourselves as the co-creators of solutions to our common struggles."*
>
> *— Jake Carlo, IPS participant*

Becoming "Co-Creators of Solutions"

IPS training is an eye-opening experience. Comments from the evaluation forms show how participants found the training was helpful in their work and in their life:

"This IPS course has been quite liberating. Being able to understand and respect all parts of the whole is key in building healthy relationships. I will apply this new way of connecting relationships to every aspect of my life."

"I appreciate the approach of IPS in building effective peer relationships. This gave me skills and tools to better engage … I will enter the relationships with those I serve from a perspective of mutuality, both being responsible for the relationship."

The IPS framework can also inform the peer support process. Participant Jake Carlo said, "… one of the challenges [of starting independent support circles] has been how to establish and cultivate a common understanding

about how we do support in those groups": how peers participate as facilitators and as participants. Practiced mutuality and power-sharing can overcome this issue, because "[IPS] really helps us move from seeing ourselves as afflicted by our individual problems to understanding ourselves as the co-creators of solutions to our common struggles."

IPS has something to offer everyone, whether you're new to peer support or are looking to deepen your practice. OOOMD Board Member and Peer Supervisors Roundtable facilitator Sharon MacDougall shared that she has "taken workshops before, but the 40-hour core training was so much more meaningful." The connections established through sharing and roleplay, "made it easy to open up and really take a good look at my interactions in relationships and how I could apply the IPS tasks and principles to improve or enhance these relationships. I came away from this training with a greater understanding of myself and a new perspective."

Moving Towards Hope

Intentional Peer Support is an experience that has helped me to see and share differently. The connections and lessons shared with Jake, Sharon, our trainers, and the rest of my cohort have brought new insights to my work, life, and service.

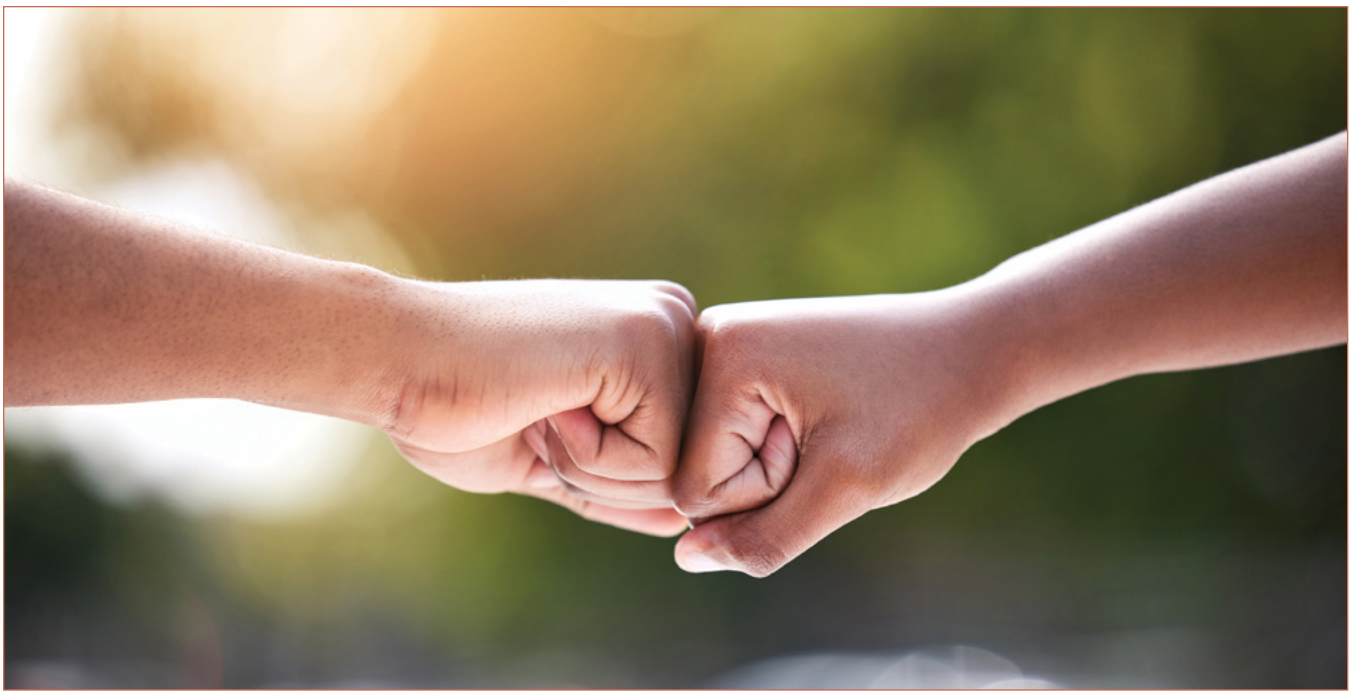
The Four Tasks of

intentional peerSUPPORT

1. *Connection*
2. *Worldview*
3. *Mutuality*
4. *Moving towards*

If you're a peer living or working in Baltimore City and are interested in IPS, I hope you'll apply to join the next cohorts launching in early 2023. You'll give as much as you get, get as much as you give, and move towards possibility in your own way. ■

For more info, email **ips.project@onourownmd.org**



Empower Your Health with WRAP and WHAM

UnitedHealthcare grant supports facilitator training in Baltimore City, Howard, and Prince George's Counties

By Katie Rouse

"Start where you are. Use what you have. Do what you can." Tennis champion and social justice activist Arthur Ashe's motivational mantra fits just as well for all of us on a journey of wellness, recovery and whole health as it does for aspiring athletes and advocates. The only thing we might add is about the importance of peer support along the way.

If you're looking to strengthen daily wellness, recover from crisis, or find support in managing a chronic health challenge, the number of options out there can be overwhelming – especially with the explosion of health apps that may use questionable methods. Fortunately, peers in Maryland can turn to two established programs developed by and for people with lived behavioral health experience.

Thanks to generous funding from UnitedHealthcare through their Empowering Health grantmaking program, OOOMD will be expanding access to Wellness Recovery Action Plan (WRAP) and Whole Health Action Management (WHAM) facilitator training for peers in Baltimore City, Howard, and Prince George's Counties over the next two years.

Wellness Recovery Action Plan (WRAP)

WRAP was developed in the late 1990s by a group of people, including Mary Ellen Copeland, "who were living with a variety of mental health challenges and were working hard to feel better and get on with their lives." Since then, WRAP has grown exponentially, is used around the world, and is recognized as an Evidence-Based Practice by SAMHSA. Two organizations, the Copeland Center for Wellness and Recovery and Advocates for Human Potential, Inc., continue to guide the development and implementation of WRAP across the globe.

In a basic WRAP class, two certified co-facilitators guide a group through understanding the values and ethics of WRAP, identifying wellness tools and stressors, creating an individualized daily plan, and assembling a multi-step crisis and recovery plan. WRAP can work for any sort of challenge a person might face, from mental health to substance use to chronic illness to just dealing with life. The Copeland Center describes WRAP as helping "shape every aspect of your life the way you want it to be, gain freedom from troubling thoughts, behaviors, or patterns that repeat in your life, feel empowered in making decisions about your life, [and] build a strong support network of people and resources to help you reach your goals."

OOOMD first brought WRAP to Maryland in 2008, and our WRAP Outreach Project has trained dozens of WRAP facilitators over more than a decade. WRAP classes can offer CEU credits for the Certified Peer Recovery Specialist (CPRS) credential, and WRAP Facilitator Training is a "core class" for CPRS.

Whole Health Action Management (WHAM)

WHAM was designed by peers, including national experts Larry Fricks and Peggy Swarbrick, and takes a holistic approach to health and the mind-body connection. Like WRAP, it also involves trained facilitators and a peer support group. Through 10 lessons, each person learns practical, science-based skills and strategies about how to manage stress and increase resilience, defines their own specific health goal, and creates a weekly action plan. In the next phase, everyone supports each other through at least eight weeks of group meetings and one-on-one check-ins with facilitators to strengthen new healthy habits.

The process of becoming a WHAM facilitator is organized through the National Council for Mental Wellbeing, and this training can earn CEU hours towards the CPRS credential.

Expanding Access, Empowering Health

UnitedHealthcare's Empowering Health program works to partner with community-based organizations and provide grant funding to help "expand access to care

and address the social determinants of health for uninsured individuals and underserved communities."

For OOOMD, this grant will support scholarships for the staff at affiliated Wellness & Recovery Centers in Baltimore City, Howard County, and Prince George's County to become certified as WRAP and WHAM facilitators, making it possible for the local center to hold more WRAP and WHAM groups for community members.

WRAP and WHAM are amazing wellness tools because they are by peers, for peers. They are all about finding practical self-help strategies to improve your life right now, on your terms. You don't need a pass, a prescription, a smartphone, or any sort of fancy gear. Whether you're a beginner or an expert, always on the move or feeling stuck, WRAP and WHAM can help you start where you are, use what you have, and do what you can … with the support of your peers! ■

United Healthcare

Interested in becoming a WRAP or WHAM facilitator? Email **wrap@onourownmd.org** to learn about upcoming training opportunities.

Strength Through Struggle: A Recovery Story

continued from page 4

where things started to click. She started to think more about what she wanted her life to look like. Prison is where she realized that something needed to change.

In the summer of 2019, Christina began working the steps from inside. She asked a social worker to be her sponsor and decided to purposefully "live with integrity." From within those walls, Christina took it upon herself to make moves that would advance herself, her life, and her career; she was part of a pilot program that offered CCAR to the inmates. She even created her own program, "PINK," that would introduce all new inmates to the recovery community before joining the general population. A true recovery-committed individual, Christina was released in 2020.

Not long after that, Christina had her second child and, four months later, she was offered a job at the Office of the Public Defender in their Parent Advocate program. That opportunity came as a shock, as she did not feel as though she had the qualifications to help parents make sense of the justice system. Things worked out well as Christina found that she was thriving in her new position. She believes that everything she has gone through has led her to the place where she is now, with the successes she has achieved to date.

However, the justice system does not always lead to a positive outcome. Christina noted that "the justice system isn't set up to help you" and that it "harms everyone." She elaborated by saying that there are often no programs (and if there are some, there are long wait lists for them), no therapy, and rarely one lone social worker. Luckily, Christina reflects on her time within the justice system with introspection and clarity.

When Christina was first sentenced to prison time, she was resentful of just about everyone. At the top of her list were the judge that sentenced her, her aunt that sent CPS after her child, the drug court, and others who did not get punished as severely as she did. Today, Christina has let go of all that resentment, and has taken full responsibility for her past, which is–in part–why she has custody of both her daughters. She has been through so much pain, trauma, heartache, stress, and grief, but leaves us with this message: "Every true strength is gained through struggle." ■

Coming Home to Peer Support in Hagerstown

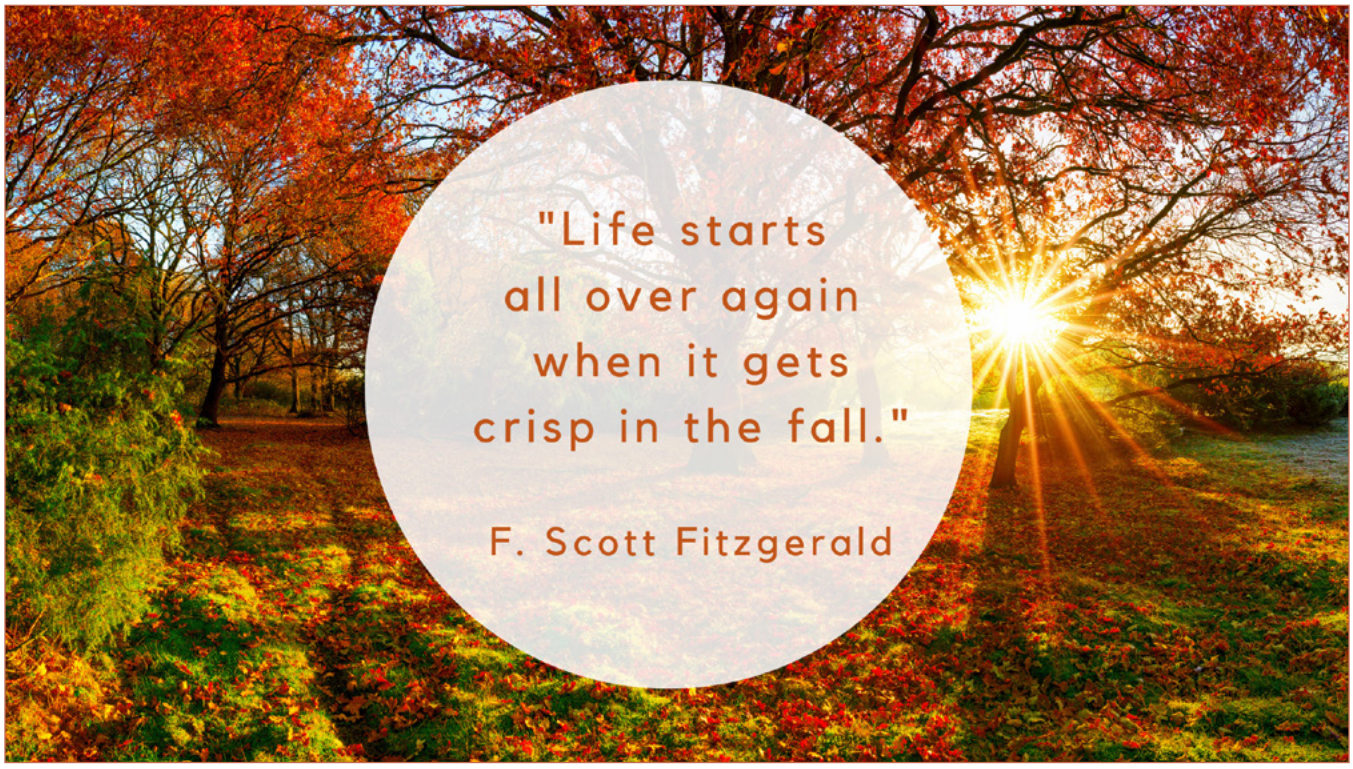
continued from page 5

OCA's re-entry program is unique in that it is run entirely by peer support specialists, who have lived experience with the criminal justice system. Program leaders Rachel and Frank have used their passion, lived experience, expertise, and drive to help individuals in their community 'get back on their feet' following their incarceration. It is truly inspiring to hear them talk about the numerous individuals that they have supported and helped to successfully rebuild their lives following their incarceration.

For those transitioning back into the community, hope, support, and access to community resources are essential elements to rebuilding their lives and beginning to recover. Authentic connection through peer support builds trust, which motivates folks to come back to receive more support. Peer support specialists are able to empathize, serve as role-models to foster hope, provide expertise and linkages to recovery-oriented and person-centered services and resources, and ultimately, empower individuals in their community who have been recently released. OCA's program is making a difference. Frank shares, "on a big scale, the peers that move on and no longer need our assistance, those that are leading healthy, productive, successful lives, they are the evidence that this truly works." ■

OFFICE OF CONSUMER ADVOCATES

Many Wellness & Recovery Organizations offer support for individual seeking re-entry support services. Please contact your local center on the facing page to find out what may be available in your area.



Wellness & Recovery Organizations

STATEWIDE

On Our Own of Maryland, Inc.
7310 Esquire Ct
Elkridge, MD 21075
410-540-9020
onourownmd.org

Main Street Housing, Inc.
7310 Esquire Ct
Elkridge, MD 21075
410-540-9067
mainstreethousing.org

ALLEGANY COUNTY

HOPE Station (OCA, Inc.)
632 N Centre St
Cumberland, MD 21502
240-362-7168
ocamd.org

ANNE ARUNDEL COUNTY

On Our Own of Anne Arundel County, Inc.
132 Holiday Ct, #210
Annapolis, MD 21401
410-224-0116
onourownannapolis@gmail.com

BALTIMORE CITY

Hearts & Ears, Inc. ‡
611 Park Ave, Suite A
Baltimore, MD 21201
410-523-1694
heartsandears.org

Helping Other People Through Empowerment, Inc.
2828 Loch Raven Rd
Baltimore, MD 21218
410-327-5830
hopebaltimore.com

On Our Own Charles Village Center
2225 N Charles St, 3rd Floor
Baltimore, MD 21218
443-610-5956
tonyw21214@aol.com

On Our Own Harford Road
1900 E Northern Pwky, Ste 309
Baltimore, MD 21239
410-444-4500
onourownbaltimore.org

BALTIMORE COUNTY

On Our Own Catonsville Center
7 Bloomsbury Ave
Catonsville, MD 21228
410-747-4492, x1203

On Our Own Dundalk & One Voice
299 Willow Spring Rd
Dundalk, MD 21222
410-282-1706
nancymyers1979paco@gmail.com

On Our Own Towson Center
Sheppard Pratt
Gibson Building
6501 N Charles St
Towson, MD 21285
410-494-4163
towsonooo@outlook.com

Marty Log Wellness & Recovery Center (Prologue, Inc.) *
3 Milford Mill Road
Pikesville, MD 21208
410-653-6190
briankorzec@prologueinc.org

CALVERT COUNTY

On Our Own of Calvert, Inc.
120 Jibsail Dr
Prince Frederick, MD 20678
410-535-7576
onourownofcalvert@comcast.net

CARROLL COUNTY

On Our Own of Carroll County, Inc.
265 E Main St, Suite C
P.O. Box 1174
Westminster, MD 21158
410-751-6600
onourownofcarrollcounty.org

CECIL COUNTY

On Our Own of Cecil County
223 E Main St
Elkton, MD 21921
410-392-4228
cpounds.onourown@gmail.com

CHARLES COUNTY

Wellness and Recovery Community Center (Charles County Freedom Landing) *
400 Potomac St
P.O. Box 939
La Plata, MD 20646
301-932-2737

EASTERN SHORE

***Caroline, Dorchester, Kent, Queen Anne's, & Talbot Counties*:**

Chesapeake Voyagers, Inc.
607 Dutchmans Ln
Easton, MD 21601
410-822-1601
chesapeakevoyagers.org

***Somerset, Worcester, & Wicomico Counties*:**

Lower Shore Friends, Inc.
207 Maryland Ave, Ste 4 & 5
P.O. Box 3508
Salisbury, MD 21802
410-334-2173
wlmrstrl@aol.com

FREDERICK COUNTY

On Our Own of Frederick County, Inc.
22 S Market St, Suite 110
Frederick, MD 21701
301-620-0555
onourownfrederick.org

GARRETT COUNTY

Mountain Haven (OCA, Inc.)
206 E Alder St
Oakland, MD 21550
301-334-1314
ocamd.org

HARFORD COUNTY

New Day Wellness & Recovery Center
126 N Philadelphia Blvd
Aberdeen, MD 21001
410-273-0400
newdaywellness.org

HOWARD COUNTY

On Our Own of Howard County, Inc.
6440 Dobbin Rd, Suite B
Columbia, MD 21045
410-772-7905
ooohci.org

MONTGOMERY COUNTY

Common Ground Wellness & Recovery Center (Sheppard Pratt) *
200 Girard St, Suite 203
Gaithersburg, MD 20877
301-605-1561
cynthia.elliott@sheppardpratt.org

Peer Wellness and Recovery Services, Inc.
240-292-9727
yarmeaux@gmail.com

Silver Spring Wellness & Recovery Center (Affiliated Santé Group) *
1400 Spring St, Suite 100
Silver Spring, MD 20910
301-589-2303, x108

PRINCE GEORGE'S COUNTY

On Our Own of Prince George's County, Inc.
5109 Baltimore Ave
Hyattsville, MD 20781
240-553-7308
onourownannapolis@gmail.com

ST. MARY'S COUNTY

On Our Own of St. Mary's County, Inc.
41665 Fenwick St #13
P.O. Box 1245
Leonardtown, MD 20650
301-997-1066
oooinsmc@verizon.net

WASHINGTON COUNTY

Office of Consumer Advocates, Inc. (OCA, Inc.)
121 E Antietam St
Hagerstown, MD 21740
301-790-5054
ocamd.org

Soul Haven (OCA, Inc.)
119 E Antietam St
Hagerstown, MD 21740
301-733-6676
ocamd.org

ABOUT OUR NETWORK

Unless noted, listed organizations are member affiliates of On Our Own of Maryland, Inc. Affiliates are independent peer-run nonprofits.

* Not a member affiliate

‡ LGBTQ-operated, with LGBTQ focus

On Our Own of Maryland, Inc.
7310 Esquire Ct
Mailbox 14
Elkridge, MD 21075

NONPROFIT ORG
U.S. POSTAGE PAID
BALTIMORE, MD
PERMIT NO. 4868

On Our Own of Maryland, Inc.

Mission

On Our Own of Maryland, Inc. (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization which promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs.

Vision

All areas of Maryland will have and maintain a continuum of behavioral health services that supports recovery and wellness for all and is guided by peers with mental health and/or substance use challenges.

Staff

Executive Director
Katie Rouse

Fiscal Manager
Nancy Hall

Director of Community Engagement
Jennifer Brown

Operations Director
Michael Madsen

Director of Network & Peer Empowerment
Michelle Livshin

Training Specialist
Huck Talwar