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Network News

On Our Own of Maryland, Inc.

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

Maryland Moving Towards Intentional Peer Support

By Kait Simon and Sebastian McNary

Connection, Worldview, Mutuality, & Moving Towards are the tasks of Intentional Peer Support (IPS), a model framework that promises quality relationship-building in peer support. Maryland is ahead of the curve in many facets of its behavioral health sector. With the recent roll-out of substance use disorder (SUD) outpatient peer support as a Medicaid billable service, Maryland has seen a significant increase in state and federal investment in peer training. That means there is a need for more Certified Peer Recovery Specialists (CPRS).

Maryland's accrediting body of CPRS certification, the Maryland Addiction and Behavioral-health Professionals Certification Board (MABPCB), requires peers seeking certification to complete at least one "core" training. On Our Own of Maryland (OOOMD) has been working diligently over the past three years to expand access to IPS Core as an option for fulfilling CPRS requirements, and to nurture a community of IPS Practitioners who can support all aspects of behavioral health.

What makes IPS different from other peer training paradigms?

IPS offers a different approach, moving from a conventional *helping* mindset that focuses on dealing with mental illness to a *learning together* approach that collaboratively explores the possibilities of mental health. Instead of viewing people through the lens of problems and solutions, IPS encourages a shift toward a vision- and action-oriented approach, creating opportunities for individuals to move towards what they want in life.

This distinction is significant because it represents a departure from traditional mental health models that often center around illness and coping mechanisms. Rather than focusing on simply developing more effective services, IPS strives to build stronger and healthier communities through dialogues that influence all of our understandings, conversations, and relationships. This is a radical shift in thinking and one that challenges traditional assumptions about help.

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Intentional Peer Support

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IPS promotes a trauma-informed way of relating by encouraging individuals to consider how they have come to understand their experiences and the world around them. In IPS, peers build relationships in which they can practice new ways of seeing, thinking, and doing. The practice emphasizes connection and building trust, which is especially important for people who have experienced trauma – compared to traditional approaches, which may not be as effective. Part of this work involves challenging the typical power imbalances within traditional supervision models, in which one person is seen as the expert and the other is being evaluated. IPS encourages everyone to be a co-learner, fighting back against power imbalances. This can be empowering for people who have historically been marginalized, disempowered, or even traumatized by traditional support systems.

By emphasizing mutual learning relationships rather than service relationships, IPS shifts the focus from problem-solving to co-creating a vision for the future. It is a process of choice and experimentation that encourages us to "play" off each other and constantly create more interesting and nuanced ways of understanding. Like improvisation in music, IPS practitioners find beauty in flexibility and creativity.

IPS, OOOMD, and You

In 2022, OOOMD partnered with Behavioral Health System Baltimore (BHSB) to bring the internationally renowned IPS training to Baltimore City. Through this project, we coordinate sessions of IPS Core and Advanced trainings, monthly co-reflection roundtables, and other events to support and strengthen a growing community of IPS peer practitioners in the Baltimore area.

Since its inception, our project has trained 75 peers in the core tasks and principles of IPS, as well as 15 peers in the advanced practice of IPS. Most notably, as of June 2024, OOOMD graduated four staff and eight Baltimore City peer leaders as IPS trainers. This was a monumental milestone in our goal to become the centralized IPS hub for the state of Maryland.

OOOMD first offered IPS to members of our statewide affiliate network of peer-run Wellness & Recovery Organizations in 2017. With the new certification of our staff as IPS Trainers, we will now be able to broaden access to these courses to peers across the state.

Graduates of IPS train-the trainer course (summer 2024)

This marks a turning point in the world of peer support and recovery models in the state of Maryland and provides an exciting opportunity for individuals seeking CPRS certification! By participating in IPS trainings and becoming part of the Maryland IPS community, peers can build a more trauma-informed and recovery-oriented approach to mental health care.

One of the ways we keep our graduates engaged is by hosting monthly co-reflection sessions, an opportunity for IPS practitioners to steep themselves in the tasks and principles of IPS and brainstorm through obstacles and challenges. We also hold quarterly cohort meetings and an annual summit to network and strategize around deepening the IPS community, provide in-person opportunities for togetherness, and sharpen our skills through special presentations.

As we continue strengthening relationships to form a robust IPS community in Baltimore City and beyond, we are truly most excited by upcoming possibilities for statewide expansion. Join us for an IPS training and develop your own understanding of mutually responsible and compassionate relationships, strengthen the bonds within your local and peer communities, and contribute to the growth of a network of skilled peer support providers who share a common understanding of IPS principles and practices. ■

Visit our website
or email **ips.project@onourownmd.org**
for more info about upcoming IPS trainings.

Stigma and Neurodiversity: Inside and Out

By Kris McElroy and R.J. Barna

The Anti-Stigma Project's **Refocus: Look Again** campaign's most recent Topic of the Quarter focused on the intersection of stigma, neurodivergence, and behavioral health. This topic was chosen because behavioral health conditions and neurodivergence such as autism and ADHD carry their own stigma.

Mental health problems affect approximately 70–80% of autistic individuals across all age groups, with anxiety and depression being the most common and persistent. Studies also reveal that autistic people are at a significantly increased risk of suicidality, experiencing suicidal ideation at a rate nine times higher compared to the neurotypical population. Suicide is a leading cause of early death for autistic people.

Despite rising of awareness and public education, people with autism, ADHD, and intellectual and developmental disabilities (IDD) are frequently misunderstood and misrepresented. They experience disproportionately high rates of trauma, stigma, and co-occurring mental health conditions, yet often face barriers in finding accessible mental health care that is adapted to their communication styles and needs.

Reducing stigma and increasing access to informed, affirming support systems can improve lives and present neurodivergent differences as a valuable form of diversity that has strength.

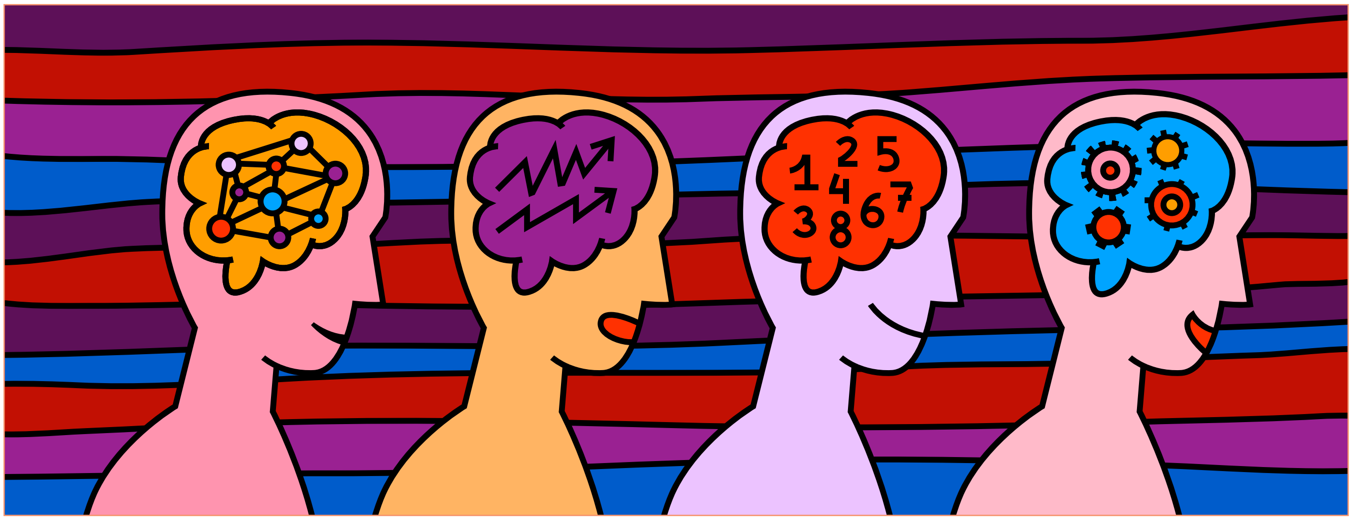
Neurodiversity 101: What Is It?

Many of us know a neurodivergent person, whether they are living with autism, ADHD, or one of the many other kinds of neurodivergence that make up our wonderfully diverse world.

While neurodiversity seems to be a growing buzzword, its meaning is still difficult for many people to define. Dr. Nick Walker, a queer autistic scholar, explains that neurodiversity is, "the infinite variation in Neuro-cognitive functioning in humans … a biological fact of our existence." Neurodiversity, in its broadest sense, is the word we use to describe brains that function differently than what we consider "normal."

Behavioral health encompasses a wide range of mental health issues, including neurodivergent conditions. Two examples of neurodivergence are ADHD, characterized by symptoms of inattention, hyperactivity, and impulsivity, and autism, marked by differences in social communication and repetitive behaviors.

The more we learn about neurodiversity, the clearer it becomes that that "normal" doesn't really exist. Still, society does have expectations about how people's brains function, and those whose brains function differently are considered neurodivergent. And although neurodiversity is often used as a code for only autism and ADHD, this isn't correct. Neurodivergent is an umbrella term for



> *The social model of disability emphasizes equality and empowerment. People with disabilities are just as worthy and deserving as everyone else, and those who want to support them should strive to make environments more inclusive. It encourages people to focus on their strengths and views disability as a difference, not a deficit.*

many other neurotypes of people who think and function differently than society expects.

The Stigma Surrounding ADHD and Autism

Historically, mental health conditions and neurodivergence have been shrouded in ignorance and fear. For decades, autism and other forms of neurodivergence were viewed in the overall category of "mental illness" and this often led to involuntary placement in residential institutions and state hospitals (Grinker, 2020). Progress has also been made such as dismantling psychiatric state hospitals, growing initiatives to decrease stigma, and the growing understanding of diagnoses from a provider perspective, including conditions being more of a "spectrum of experience" rather than a singular rigid box as represented in the Diagnostic and Statistical Manual of Mental Disorders. (Grinker 2020)

Stigma surrounding mental health conditions and neurodivergence still exists. For those living with ADHD, common prejudgments include stereotypes that individuals are simply disorganized, or lack focus due to a lack of effort. For those with autism, misconceptions range from the idea that they cannot experience empathy to the oversimplification of autism as merely a set of quirky behaviors.

Such stereotypes contribute to discrimination in social settings, workplaces, and educational institutions. For example, Praslova (2021) from the Harvard Business Review reports neurodiversity discrimination is systemic, as demonstrated by the unemployment rate for autistic people in the U.S. being 85%. Praslova reports autistic people feeling like they have to work harder to understand social nuances and this impacts personal and professional relationships. Many autistic people can feel isolated, misunderstood, and discriminated against in life and at work.

It is important to note that additional intersectional factors such as race, ethnicity, socioeconomic status, gender identity, and sexual orientation can add additional challenges in daily life, present barriers to accessing support, and compound experiences of both external and internal stigma.

Reducing Stigma by Adjusting Perspectives

Social dynamics and the lens through which we view our experiences and the world around us impacts how we think about behavioral health conditions and neurodiversity. According to Dr. Walker, there are two main models that society uses to engage with behavioral health, neurodiversity and disabilities: the medical model and the social model.

In the medical model, people with disabilities are viewed as needing to be fixed. Disability is considered a health condition addressed by medical professionals. It is seen as the disabled person's problem, and the ultimate goal is to find a cure. The medical model presents disability as a tragedy, and people with disabilities as less-than, abnormal, and pitiable. It only considers people by what they cannot do and cannot be, stripping away their autonomy and potential. Disability defines and limits them.

The medical model is often seen in school settings or adult behavioral health treatment settings, where significant time is spent focusing on limitations rather than strengths and trying to force people to fit into a certain box. Insurance billing requirements also require diagnosis and evaluation through a medical model lens.

The social model of disability, on the other hand, focuses on the environment and how it impacts someone's disability. People With Disabilities Australia describes disability from a social perspective as, "the interaction between people living with impairments, in an environment filled with physical, attitudinal, communication,

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Stigma and Neurodiversity

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and social barriers. The environment must change to enable people with impairments to participate in society on equal footing with those around them."

According to the social model, impairments still exist, but they only cause significant problems because the person's environment does not accommodate their needs. For example, entering a building in a wheelchair isn't a problem unless there is no ramp. The stairs are the problem, not the person using the wheelchair.

The social model of disability emphasizes equality and empowerment. People with disabilities are just as worthy and deserving as everyone else, and those who want to support them should strive to make environments more inclusive. It encourages people to focus on their strengths and views disability as a difference, not a deficit.

Improving Support through Empowerment and Affirmation

A diagnosis of autism, ADHD, or both can be life-changing. These imperfect yet specific labels can validate what neurodivergent people have sensed about themselves all along, especially by breaking down the stigma that perceives both of these conditions as a "personal failing" or "needing to be cured." Still, there are still many challenges to receiving a diagnosis.

Devon Price highlights these challenges, including expense, diagnostic validity, and discrimination. Testing for autism and ADHD is expensive; the average cost of an autism evaluation ranges from $1,000 to $2,000, although costs can vary widely depending on insurance coverage and where you live.

Diagnostic validity has also been called into question as the tools themselves were only designed with young, white, cisgender male patients with visibly obvious symptoms in mind. He says that, "to this day, it remains very common to be turned away from even being assessed for autism for being too old, too feminine (or effeminate), too socially appropriate, too good at eye contact, too Black, too brown, or too trans. In response to these barriers, a growing number of people are using social media and knowledge from those with lived experience in online communities to diagnose themselves with autism and ADHD without a psychologist's rubber stamp, either out of necessity, principle, or both."

Neurodiversity Affirmative Care: Provider Perspective

Rachel Kraus at Kraus Psychotherapy LLC is one of the growing behavioral health practices providing therapy with a neurodiversity affirmative approach to improve support for all clients.

She explains being *neurodiversity affirmative* means using problem solving techniques to allow an individual to become more effective in getting to the goals they have set for themselves. Sometimes this means coaching the individual towards change and identifying barriers to that change and sometimes it means changing the environment itself. Often it is a bit of both.

It also demands a commitment to practices to be inclusive and equitable.

Reducing Internal and External Stigma through Conversations

As with the stigma associated with neurodivergence and ADHD, behavioral health stigma – whether related to mental health or substance use – is all around us. We see it in media reports and dramatized depictions of people in crisis as dangerous, incapable of choice, and even criminal. We hear it in even well-meaning conversations within our personal and work relationships. We learn it from institutions and organizations, often as policy or "best practice."

Stigma has an insidious way of infiltrating our thinking. We begin to label ourselves as, "Just a ____," or "Less than___." Once we start to internalize these messages, we eventually embody and project them. Using person-first language is a pivotal way to begin granting individuals with disabilities the right to be treated as a "person first," rather than being defined by their disability, condition, or illness.

One way we continue to fight stigma – whether external or internal – is through contact and education: talking with one another to teach and learn from our unique and shared experiences. Continuing a conversation started over a decade ago, members of On Our Own of Maryland's Anti-Stigma Project Workgroup

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Opioid Restitution Funds Peer Recovery Support

Millions in Grant Awards Directed to Peer-Run Organizations for Community-Based Recovery Programs and Services

By Katie Rouse

On Our Own of Maryland (OOOMD) and many other leading peer organizations have recently been awarded millions of dollars in grant funds as a result of opioid restitution settlements.

Across the country, state and local governments have been pursuing legal action against opioid manufacturers and distributors, seeking damages for the harms experienced by consumers and communities impacted by the opioid overdose crisis.

State of Maryland

The State of Maryland has so far secured over $238 million dollars in projected payments from cases against four companies, according to a press release from the Maryland Attorney General's office earlier this year. Each settlement is subject to particular restrictions on how the funds may be used and a distribution schedule over a set number of years. Funds are received into Maryland's Opioid Restitution Fund (ORF), which is managed by the Opioid Operational Command Center (OOCC) and the Maryland Department of Health. The ORF Advisory Council, which includes appointed community representatives with lived experience, provides recommendations on appropriate uses of the funds in accordance with requirements established through law when the fund was created.

State ORF dollars are distributed through a variety of mechanisms. Some funds are passed to local counties and municipalities through a formula-based model. Grants have been provided to implement opioid-specific programs and services, such as supporting local detention centers to meet the requirements of the Opioid Use Disorder Examination and Treatment Act (ETA) of 2019, which requires screening, peer support, counseling, and medication access for individuals with Opioid Use Disorder. Another grant program supported transportation access to recovery programs and extended stays in recovery housing.

In October 2023, the ORF Advisory Council provided recommendations to Governor Wes Moore and Secretary of Health Laura Herrera Scott, which included the following priorities for funding:

1. Improve Infrastructure for Opioid Initiatives
2. Promote Youth Resiliency
3. Increase Awareness of the Opioid Crisis
4. Expand Harm Reduction Services
5. Promote Comprehensive Care Coordination
6. Expand Maryland's Crisis Response System
7. Expand Access to Treatment for Opioid Use Disorder
8. Support Recovery Communities

The ORF Advisory Council is expected to establish its next set of recommendations later this year.

Baltimore City

The City of Baltimore opted to pursue litigation independently from the State of Maryland in light of the particularly devastating effects of opioids on its communities. The Baltimore City Health Department recently reported statistics illustrating these disparities: while

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From Struggle to Resilience: An Advocate's Journey

An interview with Donna Bruce by Katie Rouse

Donna Bruce, CPRS-F, RPS, RCP-F received OOOMD's 2024 Michele Dear Advocacy Award for her outstanding work in Baltimore City as a recovery advocate and community leader. Donna is the Founder and CEO of DBU Inc. and works as a Peer Navigator supervisor within a public library system.

Thank you so much for speaking with us, and congratulations again! Would you tell us more about your journey into advocacy from lived experience and recovery?

I got into the process of recovery in 2003. I met this attorney, Jessica Emerson, through the Human Trafficking Prevention Project at the University of Baltimore School of Law. She believed in me and supported me. I would go into her office and talk about my life, and that was my first time actually understanding what human trafficking was. She taught me language and words to put around the exploitation I experienced.

One day, Jessica asked if I was ready to share my story. We wrote all these things down for my testimony in support of the True Freedom Act of 2020 [which allows human trafficking survivors to have criminal convictions related to their exploitation removed from their records].

When we got to Annapolis, she reminded me to just be myself. I was shivering, and I was nervous. But in that moment [up at the podium], I got real and authentic. After I testified, all these legislators came out from behind their desks, hugged me, and thanked me.

What did you think and feel about telling your story so publicly?

Before I went to testify, I had to call my father, who did not know the full story of what had happened to me growing up. He watched the hearing from home, and he and my stepmom were distraught, saying, "We didn't know. If you had told us, we would have come to save you."

At this time, I was also teaching cosmetology as the Director of Education at the Baltimore Beauty and Barber School. My students heard about my background, and they were so supportive, just like, "We love you."

After I testified, I was on cloud nine, and then the Washington Post called me. That was my first official interview, and it rocked my world. It was shaping me for a time like this, to be the voice to speak.

Donna Bruce

Today, honestly, I don't worry – I trust. When I open up my mouth, it doesn't match what people expect. People think sharing your story is supposed to be sad, but it's freedom. I'm not ashamed to talk about the things that I've lived through and survived. I don't mind talking about being a human trafficking survivor.

[Sharing openly] allows others to heal. It allows others to be vulnerable. It allows others some freedom just for that moment to say, "Yeah, I'm struggling with mental health." Really, I think sometimes the hardest first step is being able to just voice what your experience was.

How has peer support been part of your advocacy?

I became part of a coalition of women, the Maryland Survivors Network, with [national survivor advocate] Shamere McKenzie. We formed this group. We met and built bonds with other people. I was exposed to what "multiple pathways to recovery" really looked like in real life.

I worked at Baltimore County Detention Center as a Behavioral Health Associate for the Baltimore County

Health Department. I met this one young lady while she was on segregation (being housed separate from others in the facility) and was about to go through some serious time. While we were talking, she shared something that happened during her breakdown that I had also experienced but never spoken about. I'll never forget that moment because we connected so deeply.

I began to write my book [From Shadows to Strength: The Saga of Donna Bruce] because there were so many women that I saw whose faces looked like mine and stories sounded like mine. I couldn't leave the jail [to take a mental health break] while I was working, so instead, I was typing, typing, typing all day.

You've explored a lot of different ways to transform pain into purpose and to find healing through creativity. How has your career as a cosmetologist enriched your recovery advocacy?

After my son passed away, I was just in a very, very, very dark place. I said, "You know what? I'm going to do a fashion show for my birthday." The first show was in 2022. We had models from New York and designers from Atlanta. In the middle of the event, we had a panel discussion. I was just freestyling and said, "If you lost a child, come to the stage." The stage was packed, and people were sharing and hugging each other in the audience. Then we invited the therapists in the audience to stand up, and the connection was made.

This is the reason why we do it. We're building this whole network: the club nobody wants to be in. We've done shows for bereaved parents, domestic violence, gun violence. We do [creative events], because we understand that the right side of the brain has got to keep moving.

One young lady came to the fashion show after losing her son. She told me, "This is the first time that I put on clothes [since his passing] to come to the show today." I have a model who's also a survivor – she becomes a different person when she hits the runway. You'll look out in the audience and you'll see two moms just hugging each other, crying, connecting. That's healing.

In 2020, Baltimore became the first city in the country to legislate trauma-informed care through the Elijah Cummings Healing City Act. As a member of the Trauma-Informed Care Task Force today, how do you use your lived expertise to advocate for community needs and priorities?

After the transition of my son is really when I understood what advocacy meant and the depth of actually doing it. Not too long ago, I met the man who was the last person to see Devon on the day he died. He told me about the last moments of my son's life, how he did nothing, and began to cry. I began to cry and I said, "I forgive you, because you didn't know what to do." So that's what advocacy looks like: teaching people what Narcan is and how to use it, when to use more, when to step back to call 911, and understanding the Good Samaritan law [which protects people providing assistance during a drug or alcohol overdose].

We just met with Maryland Public Television and did a documentary piece for the PBS News Hour about Baltimore having the highest rate of overdose deaths in the nation. [In so many families], we're just like trauma, trauma, trauma, on top of trauma, and no one's talking about it. People are passing away, and nobody's still talking about it.

My [outreach] is to the people that are ashamed and embarrassed and don't want to talk about stigmas and things like that. I begin to show them my scar marks and my war marks. Then I got your attention, and then I can advocate. What is it that you need? Here are the resources that we have.

You are out on the front lines, connecting and supporting peers in the library, through events, and in community on the streets. What inspires you to get up every day and keep going?

Advocacy is boots on the ground, not discriminating. I don't care what you smell like. I don't care what you look like. When you truly understand, this work is not a heavy lift, and it's not for yourself. It's feeling something else moving through you.

My granddaughter Cassidy is my successor. She goes out with me, talking with people, handing out Narcan, feeding people. She's watching and learning. The cycle has been broken. ■

In 2024, the section of Etting Street where Donna's son lost his life was renamed Devon Wellington Way in his memory. Learn more about Donna's journey and community work at **dbuinc.org**.

Mobile Health Services at New Day Wellness & Recovery: Bringing Healthcare to Those in Need

By Reesheemah Partyka

All over the country, a revolution in healthcare is taking place. Mobile Health Services are hitting the streets, providing vital medical services to low-income and unhoused individuals who often lack access to traditional healthcare. More locally, at New Day Wellness & Recovery in Harford County, a partnership with the West Cecil Health Center's (WCHC) state-of-the-art medical mobile van is bringing quality medical services to community members twice a week.

For many underserved populations, barriers to healthcare can seem insurmountable. Transportation issues, financial constraints, and lack of health insurance can prevent individuals from receiving the care they need. The WCHC seeks to bridge this gap by bringing medical services directly to those who need them most. The mobile health services van is staffed by three medical professionals – an onsite coordinator, a certified nurse practitioner, and a medical assistant – who provide a range of services, including:

- **Primary care**: Regular check-ups, health screenings, and physicals.
- **Preventive care**: Vaccinations and test ordering.
- **Maintenance care**: Hyper-tension and diabetes monitoring; routine gynecology.

This exciting partnership between New Day and the WCHC mobile team began about five months ago when WCHC Practice Manager, Klareese Kelso, contacted NDW Executive Director Brian Bunting and proposed that the two organizations work together. New Day has a very large population of unhoused members, so adding the wellness and recovery center to the mobile van's regular route through Cecil and Harford counties was a logical choice.

According to both agencies, the New Day members really love receiving treatment and being seen at the center in the mobile van. Some have even said that they wouldn't have been able to access care except at the center where it's convenient for them. On average, the staff assists 10 to15 people per week in their few hours at New Day on Mondays and Fridays. Appointments are accepted, and walk-ins are also available, but no one is turned away.

WCHC Mobile Health Service van's interior treatment area.

This partnership is truly making a difference, and the medical staff reports several instances where they were able to catch emergent issues before becoming a bigger problem. They have also been able to build trust with people utilizing their services. Medical Assistant, Melinda Lally, says that "many community members have become established patients who make return visits."

All of the staff really enjoy helping members in the community and are proud to contribute to raising awareness and providing resources. They are creating relationships, building connections, and giving people a place where they are comfortable and feel "heard," as well as "seen". Their work not only amplifies outreach but also builds trust within the community. By integrating health education with existing social services, these programs empower individuals to take charge of their health.

The success of any mobile medical service relies on strong partnerships with local organizations, volunteers, and healthcare professionals who are dedicated to making a difference. Although the small space can create some challenges, the staff at New Day have been extremely supportive and even offer a room in the center where the medical staff can meet with patients or take a break from being in the van. This type of collaboration is creating a healthier, more inclusive community.

The mobile health services van is more than just a medical facility on wheels. It's a beacon of hope for many individuals facing challenges accessing healthcare. Together these two organizations are working to ensure that everyone has access to the healthcare they deserve. By meeting people where they are, the WCHC is changing lives one appointment at a time.

For more information about the WCHC Mobile health services van, including its schedule and services, please visit their website at **westcecilhealth.org**.

Members of New Day Wellness & Recovery in Aberdeen, MD, a part of On Our Own of Maryland's network of affilliated Wellness & Recovery Organizations.

Through a new partnership, the West Cecil Health Center's Mobile Health Services van visits New Day Wellness & Recovery in Harford County twice a week to provide care to their members.

Save the Date

**On Our Own of Maryland's
2025 Annual Conference**

MAY 28–29, 2025

Princess Royale Hotel, Ocean City, MD

Young Leaders, Big Impact: Inside the YAAC

By Kris Locus

On Our Own of Maryland's Transitional Age Youth (TAY) Project convened its first Young Adult Advisory Council (YAAC) session in June 2024. Since February, the TAY Coordinator and seven young adult peers and advocates have met monthly to discuss the unique strengths and system needs of this population. YAAC members, ranging in age from 18 to 29, come from diverse counties across Maryland, including Montgomery County, Baltimore City, and Talbot County. The council is committed to fostering a collaborative and inclusive environment where unique insights, experiences, and perspectives of young adult advocates and professionals are valued and harnessed through the following guiding principles:

- **Young adult-centered**: We prioritize the needs and aspirations of Young Adults in all endeavors.
- **Transparency**: We operate with honesty, openness, and accountability in our actions and decisions.
- **Innovation**: We encourage creativity and adaptability to address the evolving needs of young adults.
- **Continuous learning**: We commit to ongoing education and self-improvement to better serve our community.
- **Respect**: We treat all individuals with dignity, empathy, and respect, fostering a culture of inclusivity.
- **Lived experience**: We honor and value lived experience, recognizing it as an invaluable source of wisdom.

Championing Change: Insights from a Council Member

YAAC is not only a place for shared stories but also a dynamic platform for action. Each member brings their unique perspective and experiences, contributing to a collective vision of improving mental health care for young people. Over the past few months, the council has been working diligently on several key initiatives aimed at addressing critical gaps in mental health services and advocating for systemic change. To learn more about the strengths of young adult advocates and specific areas within the behavioral health system that the YAAC members believed required urgent reform, please refer to our YAAC Summary Report.

I sat down with Emeka Chima (he/him), a Young Adult Peer Support Specialist working for the OnTrack Montgomery County First Episode Psychosis Clinic, to discuss his experiences as a YAAC member.

What experiences within behavioral health systems led you to become an advocate?

My first time experiencing the behavioral health system is when I was diagnosed with paranoid schizophrenia at age 16, by a psychiatrist, and soon after was involuntarily admitted to the inpatient psychiatric ward. Undoubtedly, while this was the onset of my severe mental illness the behavioral health services provided during my first hospitalization had its pros and cons.

On the plus side, I was offered daily check-ups to keep my psychosis under close management to cause less harm; the routine was consistent. I had the basic accommodations, including medication, food, therapy, and a safe place to stay for the time being.

One major distinction to the hospital system is that it was more isolated; while it created a patient-provider relationship with doctors and nurses, it was far from my usual support network and was missing a key component, a peer-to-peer, mutual relationship to advocate by my side. For this reason, I continue to seek out the opportunity to build a community which fosters a safe space for fellow advocates striving to bridge the gaps and disparities across the behavioral health system of care. With more emphasis on connection and strength-building, I have learned that labels, stigma, and identity shaming have been the norm, but as an advocate for behavioral health I believe that we are not alone and treatment is not linear, contrary to what we hear from the worldview.

What did you hope to bring to the council?

As part of the YAAC council, I hope that by reinforcing my own lived experience and behavioral health challenges, while validating others, we can foster a community

YAAC members celebrate their initial accomplishments together

where there is mutual respect, regardless of intersection, with learning opportunities from each person's unique insight. To create a peer movement with potential for growth, our stories and testimonies are meant to be shared at the decision-making table enabling us to empower each other and give impetus to collective change.

Without a doubt, some of the contributing factors to my recovery are open communication and collaboration with fellow peers, allies, and advocates to my support system. While establishing an environment of hope, empathy, and belonging where other young adults listen to and encourage one another, I believe we all have the potential to become leaders and facilitators of forward-moving progress, promoting ideas and ideals from first-hand experience.

What was your experience like on the council?

As a member of the Young Adult Advisory Council, I truly enjoyed my overall experience being involved with community programs, implementing decisions, formulating new ideas for policy, engaging in informative discussion, and learning from the feedback of fellow council members. My role of helping to coordinate with peers to tackle emerging issues, has provided me the opportunity to look at the bigger picture, to find solutions and systematic approaches to problem-solving scenarios. I had the great honor to strengthen the outlook of the peer movement, and work alongside others following different pathways. Altogether, I have come to recognize that within the YAAC community, there is collective power and capability embedded in an effective team of colleagues. Each of us possesses an insight that may differ from the other, based on personal experience. Still, building on each other's strengths in conversation, fuels connection and drives empathy.

The Road Ahead: Looking Towards Future Advocacy

As the YAAC continues to grow and develop, the path ahead is filled with exciting opportunities and challenges. The council members are deeply committed to creating meaningful change, and their goals for the future reflect the urgency and passion behind their work. One of the council's primary goals is to widen its reach by engaging more young people in mental health advocacy. By hosting workshops, webinars, and community events, the council aims to empower more youth to take an active role in shaping mental health services and policies.

Collaboration is key to making lasting change. The council is exploring partnerships with local mental health organizations, schools, and policymakers to ensure their initiatives gain traction and have the support needed to impact the wider community. The council also recognizes that true change comes from addressing the root causes of mental health disparities. Looking forward, we plan to deepen our advocacy efforts, focusing on policy changes that address issues such as access to care, mental health education, and the reduction of stigma.

Through personal advocacy and collaborative efforts, these young leaders are breaking down barriers, shaping the future of mental health care, and inspiring others to join the movement for change. By standing alongside the council, we can all contribute to creating a world where young people have the mental health resources and support they need to thrive.

We extend our gratitude to the council members for their dedication, passion, and leadership. Together, we are stronger, and with their continued efforts, the future of young adult mental health is brighter than ever. ■

Stigma and Neurodivergence

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collaborated with stigma expert Alicia Lucksted, PhD (University of Maryland School of Medicine), to update our newest workshop, *An Inside Look at Stigma*, available now on our public training calendar. ■

Thank you to the individuals and experts who shared their experiences and insights for this article. Special thanks to Dr. Nick Walker, Rachel Kraus, Sam Brandsen, and Playful Therapy Connections for their professional and scholarly contributions. To see the complete list of references, please view this article's blog post on our website at **onourownmd.org**.

Opioid Restitution Funds Recovery Supports

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Baltimore City residents only make up 9% of Maryland's total population, they have experienced 44% of the state's overdose deaths in the first seven months of 2024.

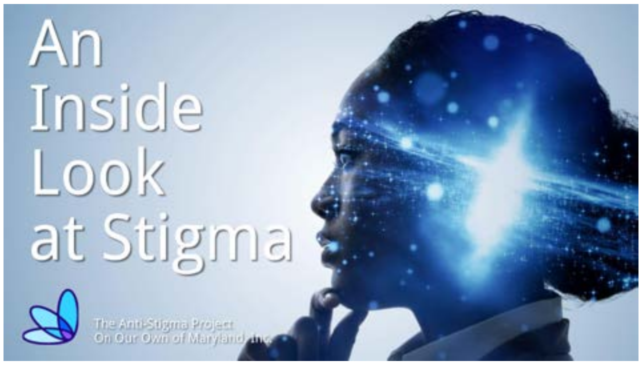
To date, Baltimore City has secured a total of $402.5 million from five settlements, and is creating its own Opioid Restitution Fund and Restitution Advisory Board. Notably, several peer recovery organizations have been specifically named to receive grant funds through these settlements, including On Our Own of Maryland and one of our affiliates, Helping Other People through Empowerment (HOPE), as well as Baltimore Safe Haven, BMore Power, Charm City Care Connection, Maryland Peer Advisory Council, and Penn North Recovery Center.

Investing in Peer Support

Peer support for harm reduction and recovery support with substance use challenges has been practiced for decades, from grassroots community groups like AA and NA, to formal certification programs, to increasing job roles for Peer Recovery Specialists in a variety of clinical and community programs. However, funding has often been limited for peer support programs operating outside of a traditional medical model of healthcare. Grants to peer-run recovery organizations made through opioid restitution settlements justly return resources and self-determination to communities who have suffered and survived the opioid epidemic through collective resilience. This landmark investment in peers' earned expertise in healing and recovery is sure to generate positive returns. ■

2 new workshops now available from OOOMD!

Go to onourownmd.org to register for an upcoming session.



Wellness & Recovery Organizations

STATEWIDE

On Our Own of Maryland, Inc.
7310 Esquire Ct, Mailbox 14
Elkridge, MD 21075
410-540-9020
onourownmd.org

Main Street Housing, Inc.
7310 Esquire Ct, Mailbox 14
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
onourownbaltimore.org

On Our Own, Inc.
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
1107 North Point Blvd, Suite 223
Dundalk, MD 21224
410-282-1706
onourownbaltimore.org

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.
5445 Cherry Hill Rd
Huntingtown, MD 20639
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, Inc.
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.
121 S Market St
Frederick, MD 21701
240-629-8015
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

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

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 affiliates of On Our Own of Maryland, Inc. Affiliates are independent peer-run nonprofits.

* Not an affiliate

‡ LGBTQ-operated, with LGBTQ focus

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