

ON OUR OWN
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Network News

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Contents

Turning the Kaleidoscope:
2023 Annual Conference Recap . . . 1

Peer Respite Feasibility
Study Concludes With
Recommendations for
Central Maryland 6

The Kaleidoscope of Stigma:
Reflections & Responses 8

Evelyn Clark: A Journey of
Resilience and Advocacy 10

Building Bridges Through
Learning and Listening 12

2023 Award Winners 14

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

Turning the Kaleidoscope: 2023 Annual Conference Recap

Following challenging years of distancing and isolation, we celebrated gathering in person once again for our 2023 Annual Conference on May 31st and June 1st. We set clear intentions: to provide education on the major themes of diversity, equity, and inclusion (DEI), create skill-building opportunities, rejuvenate our sense of community, encourage self-reflection, and renew our commitment to doing better. Over the course of two packed days, for a sold-out crowd of over 200 attendees at Ellicott City's Turf Valley Resort, more than 15 speakers challenged and inspired us. Like a kaleidoscope, we came together to reflect and create new patterns in our behavioral health system and communities.

A Rousing Call to Action

"My liberation was what I was seeking – my liberation from the story that they were telling about me," said national peer advocate and health equity consultant Chacku Mathai in his opening keynote, *Deepening the Conversation about Racism and Racial Equity in Our Movement*. As he tells it, "I was literally raised by this [peer] movement." After a suicide attempt and hospitalization at age 15, he was invited to speak with other young people in a mental health facility. He quickly realized how their conversations involved their struggles with power, and that the group, "mostly Black and brown kids like me," were speaking in code the whole time because didn't feel they could speak freely about their experiences, including racism, in front of the therapist. This emphasized to Chacku the importance of peer-lead spaces to express "what was really on our minds in order to heal."

He spoke of working with Judi Chamberlin, author of the book *On Our Own*, about the importance of addressing marginalization and oppression related to race and racism, and that it cannot be a separate conversation. "If we don't talk about it, we will recreate the same policies that ensnared us in the first place."

He grew to understand that the intersectionality he faced in his own life was also happening with everyone in the peer movement, and that we have multiple identities. "How can we use that? How can that be a powerful

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2023 Annual Conference Recap*continued from page 1*

source for us?” He left us with a powerful charge: “Maybe we can also choose the belief that your liberation is bound up with mine,” and that, in the words of his mentor Gilberto Romero, “Everyone’s in. No one’s out.”

Learning from the past, moving into the future

Building an equitable and inclusive behavioral health system requires addressing and rectifying a painful history of harm. Dr. Danielle Hairston, Residency Program Director for Howard University’s College of Medicine, taught us about the *History of Structuralized Oppression in Behavioral Health*. She illustrated how the field of medicine systemically created and promoted racist ideologies and injustices that intentionally dehumanized and disempowered Black Americans. She asked us to recognize the pervasive impact this history has on the access to and quality of care Black communities receive today.

Dating back to the 18th century, Black communities were labeled and misdiagnosed with mental health conditions that did not exist to justify mistreatment. While the 1840 US Census claimed that enslaved Black people were free of mental illness, those desiring to escape slavery were labeled with the invented diagnosis “drapetomania.” Dr. Hairston’s presentation examined Maryland’s history as well. In 1911, Crownsville State Hospital was referred to as the “House of the Negro Insane,” institutionalizing Black individuals with or without a diagnosed mental illness, and often using them unethically as research subjects for harmful shock therapy treatments.

Highlighting the relationship between this traumatic history and its influence today, she explained how historical racist ideologies have impacted clinical bias in behavioral health, directly impacting the quality of treatment received. Black Americans are more likely to be diagnosed with schizophrenia, trauma is less likely to be identified, and symptoms are more often viewed and treated as oppositional behaviors.

There is much work to be done. The system needs more Black providers, and white clinicians and professionals must be willing to address their personal biases and prioritize creating relationships built on safety and trust. She also cautioned that awareness of the past is not enough to dismantle the racism that still exists within our behavioral health system; we must take active steps.



Chacku Mathai delivering his opening keynote

Down the hall, participants listened to active steps taking place in Maryland in the interactive panel discussion that put the *Spotlight on DEI Efforts in Maryland’s Behavioral Health Community*. Catina Carnell, Programs Manager at the Office of Consumer Advocates, a peer-run Wellness & Recovery Organization serving Western Maryland, highlighted the importance of all-staff training to create an atmosphere that is trauma-informed and welcoming to peers with diverse cultural backgrounds and different experiences with mental health, substance use, trauma, homelessness, and prior incarceration. Johnnie Fielding, co-founder of Leading By Example, a provider agency serving the Greater Baltimore area, shared reflections on intentional leadership and creating experiences of “tangible hope” for recovery and wellness in communities that have experienced historical and present-day oppression. Adelaide Weber, Peer Workforce Development and Training Administrator for BHA’s Office of Community Based Access and Support, gave an overview of how the **Behind the Fence CPRS support training program** in Maryland’s correctional institutions is creating more equitable access to a career pathway in peer support for incarcerated and returning citizens.

Building skills to create change

Moving from context and inspiration to skill-building, participants attended one of two workshops, one focusing inward, and one focusing externally.

One of the area’s leading experts in internalized stigma, Dr. Alicia Lucksted, from the University of MD School of Medicine, partnered with Kris McElroy from OOOMD to present *Resisting Internalized Stigma & Oppression for*

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2023 Annual Conference Recap

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Personal Well-being and Justice, to show us why, how, and what we can do about it.

Dr. Lucksted explained stigmatization as a social process through which intersectional social pollution (media, culture, institutions, laws, etc.) becomes an ingrained and accepted part of our self-identities. However, she says, “by reminding ourselves that this is a stigmatizing situation, we can sometimes reduce its impact on us.” As attendees shared their experiences with internalized stigma and oppression, they learned strategies for coping and preventing. Importantly, they also discussed how often stigmatized identities can provide community, strength, and pride.

For change to take place within communities, including academic ones, authentic communication must often take place. In *Navigating Difficult Conversations*, Dr. Pamela Rakhshan Rouhakhtar, Assistant Research Scientist at UMBC, Dr. Michael Sinclair, Associate Professor in the School of Social Work at Morgan State University, and social work student Raniya Holmes, shared lessons learned from their recent partnership to create more equitable and inclusive provider training on early psychosis. As members of a collaborative, multidisciplinary team from Predominantly White Institutions and a Historically Black College/University, they had much to share about “lessons learned” on the path to creating this strong partnership.

Healing and Creativity

Moving into the afternoon of day one, attendees had three unique opportunities to support our own healing: connecting with ourselves, supporting our peers, and creating a collective vision for a more equitable future.

Jericho Westgate, LCPC, a therapist experienced in providing care to trans/ gender-expansive individuals, guided participants through a process of incorporating art into healing in *Healing and Realizing You through Self-Portrait*. Using multiple mediums, reminiscent of the multiple pathways of recovery, participants created both concrete and abstract self portraits to express and celebrate their authentic selves. Jericho walked participants through the process, asking thought-provoking and supportive questions, and celebrating every creation. One participant expressed later that the process “actually

had a deep impact on me and I am starting [to draw] on similar themes at home.”

Next door, a different kind of transformative art was taking place. *Voice & Vision: Imagining Transformation* was facilitated by Vanita Leatherwood, founder of The Yes Within, who began by sharing the role that art and music played in her own healing and transformation.

At each table was a 12-piece puzzle. Each participant was given one blank piece and, using art supplies, created a representation of something important to them. Afterwards, each table was invited to connect the individual pieces into a whole, and to create a united description of what the puzzle represented. One group said, “Our puzzles represent joy, optimism, hope and gratitude for our connection and togetherness in diversity.” Another stated, “As a group we all focused on different ideas, desires, and accomplishments. But, once we put the puzzle together again, all of the missions and outcomes related closely.” Many of the puzzles and portraits were on display as part of the Healing & Transformation Arts Showcase on day two of the conference, and we were delighted that so many attendees chose to participate.

The third workshop option offered healing of another kind. Compassionately facilitated by Mexican-Native American peer support professional Evelyn Clark, BIPOC individuals came together to form a sacred and safe space in *Healing Circle: Creating Brave and Safe Spaces for BIPOC Peers*. Drawing inspiration from indigenous and First Nation communities, this practice allowed BIPOC peers and their allies to freely share their personal narratives, actively listen to one another’s stories, and cultivate a sense of community grounded in healing and the profound recognition of each member’s humanity. Attendees seized the opportunity not only to acknowledge the obstacles they encountered but also to revel in the strength and resilience that emerged from being united. As the circle drew to a close, a profound sense of gratitude and empowerment permeated the space with a genuine sense of community.

The power of speaking our truth

One of the cornerstones of advocacy is sharing our stories, and day two started with a poignant example in the opening keynote, *Reducing the Delta: A Life of Service to Make Our Reality Match Our Rhetoric*. Paula Neira, Johns Hopkins Medicine Program Director of LGBTQ+ Equity and Education in the Office of Diversity, Inclusion and



Paula Neira delivering her keynote, starting off day two

Health Equity, is perhaps best known for her pivotal advocacy to repeal the discriminatory law “Don’t Ask, Don’t Tell,” and to change regulations preventing transgender people from serving in the military. Her career has ranged from an officer in the U.S. Navy, to a registered nurse at Johns Hopkins, to an attorney, to a national lecturer on transgender cultural awareness and health equity. She shared how her journey to live an authentic life as a transgender woman has been grounded in deeply held values that buoyed her through adversity. Her ending message was a call to the twin arms of hope and resiliency: “Fear is not a strategy and despair is not a tactic. Courage is not the absence of fear; it is being afraid and still going forward. So, we can be afraid together, and we can be courageous together. Because together we will stand, and together we will prevail!” Heads nodded, tears were wiped away, and there was a palpable energy in the room. Many folks shared afterwards how meaningful it was to witness a transgender person play such a prominent role in a high-profile conference.

From principles to application

The next two workshops shone a light on the vital question: How can we ensure that everyone is included?

In the panel *Voices of Inclusion: How Peer Advocates Apply DEI Principles in Their Work*, facilitated by OOOMD TAY Project Coordinator Kris Locus, peer advocates Shira Collings, Val Hicks, and Donielle Davis fearlessly shared their personal journeys. Donielle set the tone by asking the audience if they’ve ever felt “othered,” and almost every hand was raised. Decreasing experiences of otherness necessitates embracing discomfort, engaging in difficult conversations, and pushing beyond our own biases. Val acknowledged where she could show up better – modeling in real time what it means to listen and

grow. Shira spoke about the lack of diversity they witnessed in those who facilitated training and workshops at their organization, leading to a direct role in making sure youth voices were uplifted, and a priority placed on diverse voices.

Illuminating Inclusivity in Organizations and Communities: Mental Health Practices for Native Americans turned the spotlight to the “I” for indigenous in BIPOC, a community whose needs and concerns, as Native American Lifelines Executive Director Kerry Lessard (Shawnee) reminded our audience, often continue to be overlooked in larger discussions. She highlighted the impact of generational historical trauma by sharing a personal connection to relatives removed from their families by the U.S. government and forced into Native American boarding schools, where they were forbidden to practice their culture or speak their own language, and forced to change their appearance. Both she and Mercia Cummings (Piscataway Conoy), Clinical Director at Native American Lifelines, spoke about the lasting and stigmatizing effects this trauma has on behavioral health, and how the sometimes invisible population of “urban Indians” they serve, as an organization based in Baltimore City, desire reconnection to their culture as a central means of healing. Native American Lifelines provides these opportunities for reconnection to traditional practices, and they also emphasized the need for cultural competency among nonindigenous behavioral health clinicians, to honor methods guiding a person’s path to recovery that may be outside the clinician’s own experience.

Our conference came to a close as our third keynote speaker, Evelyn Clark, presented *JEDI: Justice, Equity, Diversity, and Inclusion*. Through a *Star Wars* theme, Clark presented a three-step approach to resolving equity issues set in place not so “long ago and far away.” By beginning, reflecting, and doing, Clark argued that we can add justice to DEI, thereby “dismantling barriers to resources and opportunities in society so that individuals and communities can live a full and dignified life.”

According to Clark, we all need to begin somewhere. Beginning involves making and recognizing mistakes to continually improve on the impact of our words and actions. Improvement comes through reflection on our own biases, and by questioning systems that present barriers to resources for already marginalized people. By conceptualizing a change and normalizing diversity, we can do DEI rather than just talk about it. ■

Peer Respite Feasibility Study Concludes With Recommendations for Central Maryland

By Marcie Jones

After six months of exploration, OOOMD's Peer Respite Feasibility Study project wrapped up at the end of June, with a recommendations report calling for a pilot respite project in Baltimore City to establish best practices, followed by four more respites to be developed in the Central Maryland region over a 10-year period. Data analysis estimates that each respite could save the state of Maryland as much as \$3.6 million a year.

Peer respite is a 24/7 short-term, voluntary and non-coercive crisis residential program that offers peer-delivered, non-clinical support services as an alternative to hospitalization. There are more than 40 peer respites operating across the United States, but none currently exist in Maryland. The study employed a variety of strategies to identify existing strengths and gaps in the behavioral health crisis service system and assess how different Peer Respite program models might fit into Maryland's current continuum of care.

Commissioned by Behavioral Health Systems Baltimore, the study kicked off in January with stakeholder engagement activities, including virtual engagement sessions and individual interviews with peers, behavioral health service providers, government officials, and employees and volunteers from local organizations operating in the mental health and substance use recovery space in Central Maryland. OOOMD also presented details of the study to stakeholder groups in the four counties engaged in the regional integrated crisis system initiative (Baltimore City, Baltimore County, Carroll County, Howard County), including local behavioral health departments, community entities such as Recovery Oriented Systems of Care (ROSC), state and county-level opiate task forces, Maryland Early Intervention Partnership (MEIP) and Assertive Community Treatment (ACT) teams, ultimately raising awareness of the peer respite model with hundreds of people and gathering deep insights and feedback.

Three primary themes emerged from stakeholder engagement: the need in all communities for alternatives to emergency rooms and law enforcement for people in crisis, the need for low-barrier services to fill gaps for



Peer Respite Study stakeholder participants enjoying Promise Resource Network's front yard.

people who reject or are shut out of the current behavioral health system, and how much more empowering and helpful people found peer services to be as compared to their experiences with the traditional medical behavioral health system.

Stakeholder Survey

As part of engagement, the study hosted an online survey to gather perspectives on the current state of the behavioral health crisis response system. The majority of respondents, 85.9%, said that they were aware of peer services, and 33.8% had personally used peer support. Of those that had used it, the experience was overwhelmingly positive. Conversely, the majority of respondents who used the crisis system did not have affirming experiences. Noted one respondent who identified as a user of the mental health crisis system, "Treatment was not individualized, it stripped away comforts, and invalidated mental health struggles."

Survey respondents were also asked about the potential benefits of having a peer respite option, with most citing hospital diversion and the non-coercive nature of peer support:

“Based on current crisis system utilization rates, each respite could save the state of Maryland as much as \$3.6 million a year.”

“People would have an option of how they handle their crisis, and they would not have to deal with the label placed on them when they have to recover in a hospital.”

“I would be so relieved to have access to peer respite and be able to get the support I needed outside of an institutional setting. Being able to get the support I need to get through a crisis without fear that the only option is hospitalization would be a game changer.”

“There are so many benefits to voluntary, non-coercive, peer support. There will be fewer people stuck in an often retraumatizing system, without legal, financial, or personal consequences for seeking support.”

Symposium & Site Visits

In addition to focus groups, interviews and surveys, on March 16, 2023, OOOMD hosted an online symposium featuring nationally renowned respite experts Steve Micco of Rose House in Poughkeepsie, New York, Vesper Moore of Kiva Centers in Massachusetts, and study partner Cherene Caraco of Promise Resource Network in Charlotte, North Carolina. The experts took participants along on a deep dive into the joys, challenges, and lessons learned when it comes to sustaining a respite. **(Watch on our YouTube channel or read the recap.)**

While all three experts brought slightly different perspectives, they agreed that keeping the fewest possible barriers to entry was key. As Vesper Moore put it, “we try to find ways to say yes.” They also emphasized the importance of working closely with neighbors and partner organizations, so that the respite functions as a part of the community and provides guests with a continuum of services after their stay.

OOOMD also sponsored a total of 23 stakeholders to visit five successful respites in Queens and Manhattan, NY; Worcester and Bellingham, MA; and Charlotte, NC, with guests representing local behavioral health

authorities, peer providers, crisis services providers, peer and family support advocates, and local governments. The respite destinations were chosen because they represent variations in funding and operational models, and are located in geographic areas with very different cultural demographics and population densities, similar to the diversity between the different counties of Central Maryland. Community Access Services of Manhattan and TSNY Meile’s Respite in Queens serve dense urban populations and a high volume of unhoused people, Kiva Center’s respites serve peers from across the entire state of Massachusetts in smaller suburban settings, and the Promise Resource Network in Charlotte is located in a suburban area of a city that has a population similar to that of Baltimore City and County.

Data & Outcomes

Finally, the study involved a data analysis of Central Maryland’s crisis service systems. Study partner Travis Atkinson of TBD Solutions crunched county and state-wide utilization and cost data, including emergency department and hospital use, mobile crisis and crisis residential services, and involuntary commitments. Between 23% and 28% of all Emergency Department (ED) visits in the GBRICS region in 2019 were for behavioral health conditions, with 23% of the 63,140 ED visits for a behavioral health condition ending in admittance to the hospital or a person being kept longer than 23 hours. Each ED visit in 2022 cost an average of \$1,309, and inpatient stays were upwards of \$2,000 per day. Based on these estimates, the study projects that one peer respite would save the state of Maryland up to \$3.6 million a year through ED and hospital diversion.

Next Steps

The Recommendations Report will be made available on OOOMD’s website, with multiple community presentations planned to help circulate the results. Interested stakeholders are encouraged to email peer.respite@onourownmd.org to join the mailing list for updates and opportunities to advocate to finally make peer respite a reality in Maryland. ■

Learn more about the study and recommendations at
onourownmd.org

The Kaleidoscope of Stigma: Reflections & Responses

By R.J. Barna

Stigma looks different depending on your perspective: who you are, how you were raised, and what your community and cultural values may be. We know that it's persistent. We also know that experiences with behavioral health stigma intersect with others (stigma based on age, race, gender identity, etc.), compounding them into harmful situations as diverse and complex as we are. It can be challenging to identify stigma, its sources, and the scope of its impact. Developing effective and accessible stigma solutions can be all the more so.

With this in mind, we interviewed several individual attendees of On Our Own of Maryland's 2023 Annual Conference about their thoughts on stigma. We "turned the kaleidoscope" in hopes of finding stigma solutions and strategies for positive change, inside and out. We refocused and looked again, and what we found was a mosaic of perspectives on choice, voice, and alternatives with hope at its heart.

Stigma persists

For all the positive change the Anti-Stigma Project has seen over 30 years working with healthcare providers, peer organizations, faith-based organizations, judges, students, law enforcement personnel, departments of social services, and many others, our work is far from over. As Denise Camp put it, stigma persists, "by not seeing us as individuals and seeing us as a diagnosis." She said that, "I, myself, went to a doctor's office complaining about some physical issue. He saw the [psychiatric] medications I was on and just wrote me off – left me in the room for an hour and a half – and only came back in the room because he left his pen."

When others treat us like we are unimportant, less than, or just a diagnosis, we can internalize these concepts and lose our sense of self: who we are and what we are capable of doing. As Dr. Alicia Luckstead explained during the conference, "stigmatization is a social process" or "social pollution"; "through media, cultural saturation, institutions, laws, [and] information consumption, stigma becomes internalized and accepted as 'normal.'" We may then project this sense (and the accompanying sense of

'abnormal') onto others and their situations, continuing the cycle of stigma.

Stigma looks different

Stigma presents itself through the language we use and the ways we treat ourselves and others. It would be nice if there were simple rules to follow, but we know it's not that easy. As Sean Driscoll said, "I think it just comes down to ... understanding that not everyone goes through the same things," continuing, "conversation is the starter for [ending stigma], right? We have to get out of our comfort zone a little bit and start conversations with people that might [look] completely different than how we look, and we might already have our preconceived notions without even getting to learn who they are."

Education helps

We can learn from our own experiences. Interviewee Robert VanDyke shared that his decision to discontinue medication with negative side effects was an important part of his recovery journey. It was then he, "noticed there's a lot of stigma coming from the situation about medication." Even though treatments may work for some and providers may have good intentions, it's important that we have space to reflect on our own experience and choose our own treatments, especially if they are resulting in negative outcomes.

Adelaide Weber also championed self-education, saying, "we really need to educate ourselves on recognizing that language does matter. Making sure that we are aware of what we are saying and how we say things, and then, if we hear something, we should – we ought to – be brave enough to have a conversation with somebody else and right the wrongs. I think it's worth doing, because there could be times where an individual may not be aware that what they're saying is hurtful."

Starting with the self

Bryan Johnson suggested that changing stigma starts with, "looking in the mirror; it starts with yourself." This



aligns with a commonly recognized theory of human development by Jacques Lacan, the Mirror Stage, during which we come to know who we are – and who and what we are not – by recognizing our reflection in the mirror. A good place to start looking for solutions can be from the position that we are all works in progress.

Starting with the self doesn't always mean going it alone. Another side to Lacan's theory of self-discovery is that self-awareness may come through our reflection in the behaviors of those around us. According to Jackie Pettis, "I think the power and importance of having peer-run spaces is that it opened my eyes to a whole different world of how to experience having a diagnosis. I was introduced to a world where people are talking about it in an empowering way. I think advocacy is something that I am, [because as I] became more passionate about [it, it] helped with my self-stigma."

Solutions that offer choice, voice, and alternatives

We've long known through experience and research that collaborative relationships reduce stigma, and yet, finding a voice in one's own recovery remains difficult. According to Shira Collings, "It's a very coercive process often where people are locked up and they're told they have to take certain medications to get out or undergo certain treatments."

Shira continued, stating that solutions need to start with, "many more alternatives to coercive mental health services. I think too often people who are in crisis and

really struggling and who just want support and help and compassion and just a human-to-human connection are instead met with an immediate response of taking away their autonomy, taking away their rights, [and] sending them to a psychiatric hospital where they feel alienated and isolated and away from family and friends who could be supports."

Solutions have hope at heart

Shira concluded that, "a world without stigma would just be us acknowledging [the needs and harms of the current behavioral health situation] and validating that and coming together to be with each other around that instead of labeling each other or taking away rights from each other or excluding each other based on that." Coming together, establishing equitable relationships, seeing ourselves and others as unique and our situations as ever-changing presents opportunities for solutions.

We can create new patterns for positive change by considering the full spectrum of intersectional perspectives of those around us. We keep turning the kaleidoscope with intention and hope that the next pattern will look better than the last. Sometimes for ourselves, and sometimes for others. Like Laurie Galloway said, "you have to have hope. I think I've had people come into my center and say to me, thank God you had hope, because I didn't have any, and I need somebody to believe in me. I think we just can't stop doing that." ■

Evelyn Clark: A Journey of Resilience and Advocacy

By Kris Locus

At the OOOMD Annual Conference, we had the honor of meeting Evelyn Clark, an extraordinary and versatile Mexican-Native American woman who facilitated the *Healing Circle for BIPOC Peers* and gave a captivating closing keynote speech on justice, equity, diversity, and inclusion (JEDI) principles. Evelyn's unwavering passion for peer support, dedication to reforming the juvenile justice system, and expertise in creating safe spaces resonated deeply with everyone in attendance. Her inspiring journey of recovery serves as a powerful reminder of the transformative impact that a single individual can have.

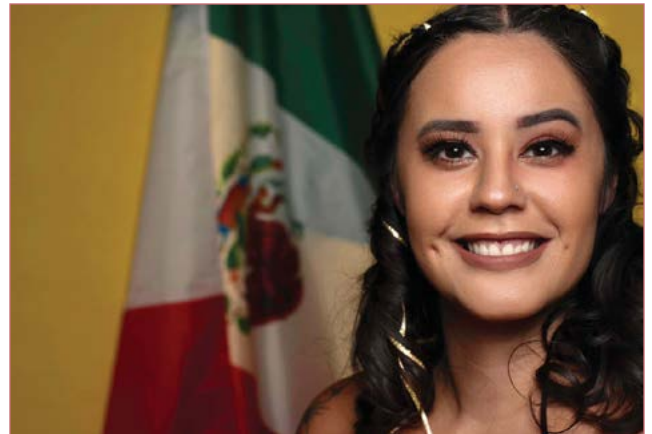
Overcoming the Odds

Evelyn's path to success has been nothing short of extraordinary. Growing up in the California Bay Area, she endured the traumas of exposure to gang and domestic violence from a young age. Sadly, she lacked the support necessary to navigate these challenges, leading to her arrest at the age of 12 for involvement in street life and substance abuse. By the time she reached 17, Evelyn had acquired five felony charges. She was kicked out of middle school and expelled from high school. There was a severe lack of resources and lack of support. Evelyn recalls on numerous occasions where court staff, school staff and those within her household deemed her as troubled and likely to be dead or in jail by age 19.

A pivotal turning point was the belief and support she received from her probation officer. They offered her reassurance that things could change, and that she had the ability to make significant improvements in her life. This simple act of encouragement became a catalyst for Evelyn, igniting hope within her. At age 19, she moved to the state of Washington, completed her GED and started attending community college. With fortitude and determination, she embraced the possibility of change and embarked on a remarkable journey of self-transformation.

The Power of Peer Support

Part of that journey included meaningful work. In Washington State, Evelyn began working at a nonprofit



Evelyn Clark

serving youth in the foster care system, taking them to appointments and court hearings, supporting their supervised visits, and providing respite care for the foster parents. While in this role, she came across a job listing where lived experience with incarceration was a job requirement. Evelyn remembers thinking, "Wait, this is a real job?," and was thrilled with the opportunity to work with young people. In 2012 she began her work as a Certified Peer Counselor (CPC), which was very new in the state of Washington. As a result, Evelyn encountered a lot of stigma and discrimination. Her expertise and knowledge was continuously questioned. However, her unwavering dedication and successful interactions shattered stereotypes and highlighted the transformative power of genuine human connection. When questioned about her approach to engaging incarcerated youth, Evelyn emphasized the importance of treating them as human beings and recognizing that they were victims of trauma and violence.

The work was often soul fulfilling but could be challenging as well. On numerous occasions, Evelyn experienced survivor's guilt watching young people who lost their lives to gang violence or being charged as adults, knowing that could have been her. Evelyn also observed disturbing racial disparities, with BIPOC youth receiving harsher sentences and fewer resources compared to their white counterparts. Determined to make a difference, she tirelessly advocated for BIPOC youth to receive vital mental health services and comprehensive support.

“I remember sitting with a youth in shackles who was venting about how I was just another professional. I proceeded to take off my badge and reassured them that I was there to support them. I then lifted my pant leg to show my scars from being shackled and said, ‘I get it.’”

Evelyn Clark

Changing Systems by Empowering Peers

Even as she transitioned into a peer supervisor role, Evelyn encountered skepticism from colleagues, who often dismissed her as merely a “cheerleader.”

She goes on to say, “there’s still this stigma that we are not professionals. We’re not getting paid the same rate as other roles that are working with individuals such as clinicians.” When she fought for equitable pay, she was told that obtaining a higher education degree was the only path to a raise. Evelyn used these challenges as fuel for personal growth, recognizing her untapped potential.

The negative outcomes from being regarded as less than or out of place also weakens the peer movement, as many agencies lack, “a career ladder for peers, because there isn’t one. And so a lot of peers just think, ‘Oh, I’m gonna move up and go into being a clinician.’ But that’s moving into a different position. You’re not necessarily moving up in the peer world.” Evelyn advocates for better supports in behavioral health that invest in and empower peers rather than reduce and alienate them.

Organizational assumptions also create stigma, “when it comes to tokenization. There’s a lot of that still happening where you have somebody with lived experience, and then they think they can speak for everybody who has that lived experience when we know that’s not the case, especially when you have intersectionality come into play. Just because of my own personal experience, I was incarcerated as a young person, and then I worked with young people who were incarcerated, but I worked with young people who identified as male, and they were Black and male, and I could not understand their experience.”

Being the Change

Evelyn’s journey took another significant leap forward when she assumed a position with the state of Washington overseeing behavioral health services as the youth peer liaison. Part of her job involved working to empower incarcerated youth from all over the state to be leaders. She supported them in building committees with the goal that the youth would take the lead. And lead they did. Some have assisted with passing laws on juvenile justice reform and are national leaders, some while still being incarcerated. Although this role opened up many opportunities for professional growth, it was still challenging working within this bureaucratic system. She was eager to work in an environment where her lived experience was valued as professional expertise.

That’s where her current role at Change Matrix, The National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC) and Mental Health Technology Transfer Center (MHTTC) Network shines. Through initiatives like *Creating Safe Spaces for BI-POC Peers*, she brings together a community of individuals who, like herself, have felt alone in their journeys, providing support and fostering connection. While reflecting on this project, Evelyn shared that, “Even if organizations don’t change, and continue to perpetuate harm, at least we have others that we can still connect with.”

Gratitude radiates as she speaks about the work she is able to do now in a space that supports both her work and lived experience. “I’m proud of myself,” Evelyn proclaimed, “Starting out in the systems and being impacted by [those] systems, to working in the community level,

continues on page 13

Building Bridges Through Learning and Listening

By Kait Simon and R.J. Barna

One of the takeaways from our 2023 Annual Conference was recognizing how we all have different blind spots when it comes to seeing the kaleidoscope of intersectional identities. Socioeconomic experiences aren't always highlighted in DEI work, but they impact personal, professional, and social relationships, the design and functioning of organizations and systems, and equitable access to opportunities.

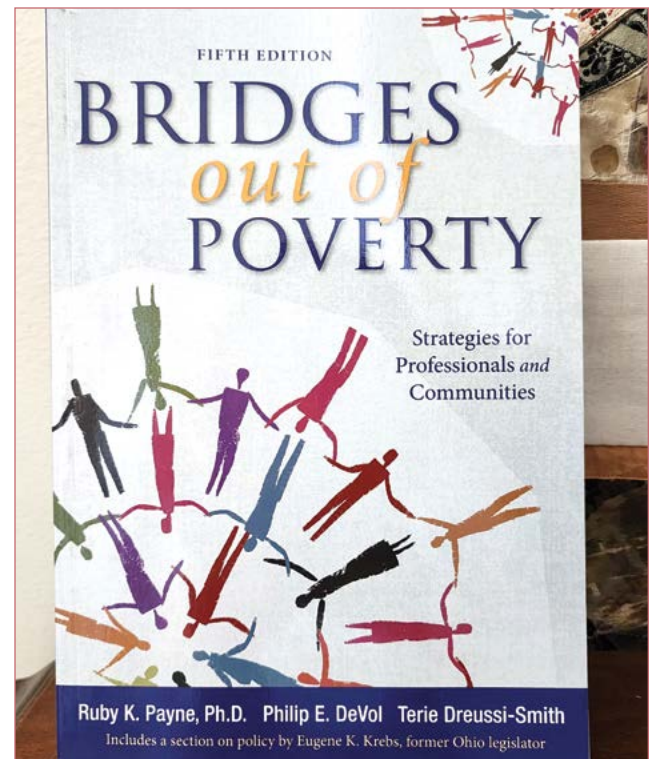
In order to address some of the less-recognized barriers caused by poverty, On Our Own of Maryland invited over 100 Baltimore-area peers and professionals, the Baltimore Community Mediation Center, and national trainers in the *Bridges Out Of Poverty* curriculum to two days of discussion at Civic Works' Historic Clifton Mansion in June. Each day-long training addressed barriers and promoted effective strategies for increasing equitable access to services, employment, and professional advancement opportunities; raising individual and institutional awareness; and responding to how socioeconomic circumstances and communication styles impact relationships. The event was full of community building, gratitude, introspection, and robust tools for creating more inclusive environments.

Seeing Structures of Wealth and Poverty

At first glance, a mansion seems an odd fit for conversations about poverty, but the venue embodies the intersection of economic oppression, restoration, and reconciliation.

For over 20 years, the nonprofit organization Civic Works has worked in partnership with Baltimore communities to increase access and support in education and skill development, job training, and community service. They currently manage the Clifton Mansion property as an event space for the public, with collected rental fees invested directly back into community programming.

The 1800s villa is best known as the summer home of Johns Hopkins, founder of the hospital and university system that has a long legacy of helping and harm in Baltimore and the surrounding area, especially for marginalized communities. Both institutions have chequered pasts that include ethical breaches of trust, exploitation



of patients, and lack of access to medical education. (For more on historical and structural oppression in health-care, see page 3.) Both the original owner and Johns Hopkins benefited from the forced labor of enslaved people. The City of Baltimore purchased the building in 1895, and Civic Works continues to research, acknowledge, and honor the individuals who were involuntarily bound to the estate by creating onsite exhibits that explore their lives and legacy.

The venue's history of transformation from exploitation and exclusivity to intentional community investment was a powerful setting for these workshops of how to listen deeply, acknowledge impact, and build bridges.

Bridges to Listening

The nationally recognized *Bridges Out of Poverty* training uses the lens of economic class to provide concrete tools and strategies for a community to prevent, reduce, and alleviate poverty. The training includes reviewing poverty research, examining a theory of change, and

analyzing poverty through the prism of the hidden rules of class, resources, family structure, and language.

Baltimore Community Mediation Center's *Inclusive Listening* workshop created an open and collaborate space for practicing skills that deepen the way we listen. It was based in nonjudgment, and sharpened our ability to notice how opinions, advice, and judgments show up and cause difficult situations to escalate. As listeners, we focused on hearing feelings, values, and topics expressed, which helps to de-escalate situations by helping others feel heard and understood. These techniques for listening honor diversity, and help people work on understanding, even when conversations are difficult.

Throughout the training, participants developed insights and strategies to recognize and reduce unspoken expectations, stigmatizing behaviors, and other barriers to effective communication and partnership.

The need for these skills is increasingly relevant to Maryland's steady growth of peer support positions in community and provider settings. Providing opportunities to learn from diverse perspectives and develop a shared vocabulary that recognizes what helps and what harms recruitment, integration, productivity, and retention of staff who may be experiencing socioeconomic challenges, high intensity emotional situations, and different communication styles is crucial.

OOOMD's Anti-Stigma Project invited its facilitators to attend a training day, to improve their understanding of socioeconomic stigma and its intersection with behavioral health, and to become more trauma-informed in facilitating conversations. Creating safe, inclusive spaces free from unseen barriers caused by prejudgment and class-based language is critical to the continued positive impact of the project.

Some who came to learn workplace strategies were surprised to glean personal insights, and others who were prepared for rigorous self-reflection walked away with action steps for their agencies and communities. Participants from both days left with new and thought-provoking steps to continue building bridges forward to a more equitable and inclusive future. Learning and listening are valuable tools for bridge-building across a wide range of DEI efforts, and participants from both days left with new and thought-provoking strategies for moving toward a more diverse, equitable, and inclusive future for us all. ■

Evelyn Clark: A Journey of Resilience and Advocacy

continued from page 11

to working at the state, and now [at the] national and international level ... I did all that based on my lived experience without a degree."

Evelyn's journey is a testament to the power of resilience and the profound impact that one individual can have on the lives of others. Her story reminds us of the possibilities that exist when we embrace diversity, acknowledge the strength within ourselves, and work collectively to create a more inclusive and just world. ■

OOOMD's Anti-Stigma Project Workshops

Stigma and Behavioral Health: Why It Matters and What You Can Do

This 30-minute webinar explores what stigma is, how it plays out, and what we can do.

Stigma ... In Our Work, In Our Lives

Reduce stigmatizing behaviors, attitudes, and practices on individual, community, and organizational levels. Investigate stigma's impact on the design, delivery, and receipt of services, and develop strategies and action steps.

Stigma ... In Our Work, In Our Lives (Opioid-Focused)

For substance use treatment providers who specialize in opioid use disorders (OUD) and provide medication-based treatment (MBT).

Stigma: Language Matters

Explore the impact of language on help-seeking, recovery, and behavioral health treatment and supports. Develop alternatives to stigmatizing language and integrate these concepts into communities, organizations, and personal lives.

Scan the QR code to learn more about The Anti-Stigma Project and request a workshop.



2023 Award Winners

Lifetime Achievement Award

Presented to a person in the behavioral health field who has dedicated a significant portion of their personal or professional life to the transformation of behavioral health services.

MIKE FINKLE

Visionary Award

Presented to a person who has contributed in a significant way to reducing the stigma associated with behavioral health conditions, making the system more competent and respectful, and helping us understand our own stigmatizing attitudes and behaviors.

DR. ALIYA JONES

Award of Special Recognition

Presented to someone in the behavioral health field who has realized significant innovation, leadership, contribution, or achievement.

ADELAIDE WEBER

Lou Ann Townsend Courage Award

Presented to a person who inspires others with their bravery, their efforts to reduce stigma, and their dedication to helping others.

DENISE CAMP

Award of Appreciation

Recognizing the steadfast commitment, tremendous efforts, and remarkable achievements of outstanding executive directors with more than 10 years of service at an affiliated, peer-operated Wellness & Recovery Organization.

BUNKY STERLING

TONY WRIGHT

PATRICE O'TOOLE

CAROLYN CULLISON

MIRIAM YARMOLINSKY

LAURIE GALLOWAY

DIANE LANE

Michele Dear Advocacy Award

Presented to a person with lived experience in recognition of their advocacy for accessible, equitable, trauma-informed, and peer-driven behavioral health services.

TIFFINEE SCOTT

President's Award

At the discretion of the OOOMD Board President, recognizes a person in the peer community who has demonstrated outstanding leadership, advocacy efforts, peer support, creative organizational skills, and community outreach efforts.

LAUREN GRIMES

Gus Retalis Exemplary Service Award

Celebrates an OOOMD staff person, board member, or volunteer who exemplifies service, dedication, and commitment to the mission and goals of the peer movement.

SHARON MACDOUGALL

Phoenix Award

Recognizing an affiliated Wellness & Recovery Organization which met challenging circumstances by significantly strengthening their creativity, capacity, and impact.

**ON OUR OWN OF CALVERT COUNTY
DANIELLE JOHNSON**

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
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
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.
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
wlmrstr@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
oooinmc@verizon.net

WASHINGTON COUNTY

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

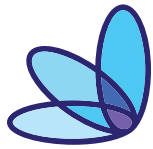
Soul Haven (OCA, Inc.)
119 E Antietam St
Hagerstown, MD 21740
301-733-6676
ocamd.org

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

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**ON OUR OWN
OF MARYLAND**

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.

onourownmd.org

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