

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.



Bloom: Nurturing Wellness in Behavioral Health

2024 Annual Conference Recap

By OOOMD Staff

Radiant smiles and palpable energy were in abundance at our Annual Conference on May 22nd and 23rd. Over the course of two days, over 300 attendees came together in Ocean City, MD to learn, network, and celebrate, inspired by 18 dynamic and thought-provoking speakers. Attendees learned to implement innovative strategies for growth, both personally and throughout our communities, in order to provide an effective and equitable landscape of supports for all.

Australian mental health advocate **Matt Runnalls**, author of *Nobody Can Save Me*, kicked things off with his *Building Healthier Hearts & Lighter Minds* keynote address, centering the transformative power of human connection. Matt shared his personal journey of overcoming adversity, including losing multiple people to suicide, and experiencing bullying, abuse, and homelessness. He recounted the life-changing encounter with someone who offered him consistent love and support, at a time when he felt he was a burden to all around him. This helped him to counter the false stories he had believed about himself, rebuild his life, and discover his own strength.

Through highlighting the difference between apathy, sympathy, and empathy, Matt urged attendees to choose empathy, symbolized by "love glasses," to see the potential in others and offer support. He emphasized that everyone possesses the innate capacity for compassion, and that acting upon this empathy is crucial for creating a more supportive and understanding world. He stressed the importance of recognizing and validating our individual struggles, listening to people's experiences, and making everyone feel loved, seen, heard, and valued.

Matt inspired our audience to recognize their own resilience and strive to be a source of support for others, ultimately fostering a more compassionate and understanding world where individuals can heal, recover, and thrive. Regarding the "love glasses," Matt adds, "It's our responsibility and choice to pick them up every morning and make sure we put them on."

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

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2024 Annual Conference

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The lineup of workshops that followed provided attendees with opportunities to learn about the value of honoring the past, staying connected to the present, and leaning into the future.

In Honoring the Roots of Maryland's Peer Movement, Mike Finkle, the founding executive director of On Our Own of Maryland, shared the history of Maryland's "On Our Own" peer movement, highlighting the challenges, accomplishments and key players that shaped it. Understanding our history helps us to stay grounded in the values that shaped this movement, and provides momentum to keep it moving forward. From the founding of the first "On Our Own" support group to the development of a statewide network of affiliated peer-run Wellness & Recovery Organizations, he shared many of the pivotal events spanning more than 40 years, including the first national consumer conference, first national symposium on stigma and discrimination, and significant legislative victories for consumer rights protections.

He was then joined by Bunky Sterling, the executive director of Lower Shore Friends, and Michelle Livshin, Director of Network & Peer Empowerment at OOOMD, who moderated a discussion. Bunky explained the importance of bringing peer voices to the table, shared the story of how he got involved, and, demonstrating a core component of leadership, showed appreciation and recognition of the contributions of the staff at Lower Shore Friends. He reminded us of the power of perseverance, stating: "We stayed, we did well, we are still here."

In the workshop, Advocating for Choice: Growing Voices for Disability Rights, attorneys Courtney Bergan and Luciene Parsley from Disability Rights Maryland (DRM) helped attendees become more familiar with the complex web of legal and civil rights protections for people living with mental health and substance use challenges.

The wide-ranging discussion in this session included information about the history of the disability rights movement, the Americans with Disabilities Act (ADA), the Supreme Court's 1999 Olmstead decision, and the legal regulations related to emergency psychiatric evaluation, involuntary hospitalization, forced medication, restraint/ seclusion, and civil commitment (including AOT). Attendees also learned about tools and strategies for using choice-based supports like accommodations, Supported Decision Making, and Psychiatric Advance Directives. Understanding our history helps us to stay grounded in the values that shaped this movement, and provides momentum to keep it moving forward.

Celebrating our connection with nature

Heroic Gardens is a mental health organization based in Pennsylvania, dedicated to working with veterans, using horticulture to foster healing. With a team of horticultural therapists and social workers who are committed to equality, reliability, and inclusion, they work to be responsive and accessible to veterans across as many areas of the U.S. as possible. Collie Turner, the founder and executive director, began her workshop *Cultivating Community and Connections with Heroic Gardens* by discussing the science behind various kinds of trauma and PTSD, as well as presenting research on the therapeutic benefits of working with plants. She described gardening as a tool for self-care – as a way to learn to love and care for a living thing, and then turn that care towards oneself.

Participants then engaged in a hands-on activity (making scented herbal sachets) while learning about the history of the herbs involved, promoting social interaction as well as stress relief. Collie shared powerful stories of helping veterans learn to work with plants and nature as part of their healing process, whether in their backyards, communities, or on windowsills. She emphasized the importance of connecting with one's community and spending time in non-judgmental environments that allow us to connect to nature and remember that we, too, are part of the earth.

Attendees had another opportunity to explore our relationship with our surroundings in *Introduction to Nature Therapy: Connecting with Nature to Support Health and Wellness.* According to Phil Hosmer, a Certified Ecotherapy Facilitator and the founder and executive director of **Nature Worx** (a nonprofit based in Bel Air, MD), one of the most important ways we can foster mental

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and spiritual wellness is to connect with nature. Human beings have historically flourished while surrounded by the calming sounds of birds and flowing water, by feeling the sun and wind on our faces, and by bolstering our immune systems with tree-produced phytoncides (airborne essential oils) and good bacteria from the soil.

And yet, the average person today spends nearly 93% of their time indoors. In order to inspire behavioral change and improve our well-being, Phil considered what all people have in common; we tend to seek pleasure and avoid pain. Building from the foundation of Nature Therapy (founded in Japan in the 1980s), Nature Worx gets folks out into the woods where water, birds, and wind ("the big three") are present, and tasks them with finding something awesome. If we can enjoy being in nature, we're more likely to return to nature, and approaching the world around us with a sense of awe and wonder can help us to "feel like a kid" and "give our problems some space."

Even more remarkable, it forges connection, even in a windowless workshop room far from the forest. Phil led a meditation exercise for participants to "transition out of thinking mode into being mode." By breathing deliberately and connecting to the nature around us (fibers in our clothes, wood in our pencils, water in our cups), he led folks to a place of pleasant calm, evidenced by a room full of smiles and satisfied glances.

Discovering the way forward

In Reaching for the Sun: Growth, Self-Worth, and Values Alignment, Matt Runnalls once again shared his expertise and strategies with us, this time about recognizing and celebrating our strengths, living in alignment with our values, and communicating effectively. He utilized unique tools to engage the audience in the discovery process. The session began with the "Yardstick" activity, where attendees were challenged to lower a yardstick to the ground using only two fingers each. Initially, certain individuals quickly assumed leadership roles. Then Matt introduced a new rule: the most outspoken person was no longer allowed to speak. This shift provided an opportunity for others to step forward and contribute their ideas on how to complete the task, underscoring the



On Our Own of Maryland staff welcome conference attendees.

critical role of communication to create an environment where everyone feels heard and valued.

His second activity encouraged attendees to identify their core values and relate them to their strengths. This exercise provided an opportunity for deep and honest reflection, and the room fell silent as attendees engaged seriously with the task. As the session concluded, participants left feeling rejuvenated and reassured about the distinctive value they bring to their work and beyond. The experience reminded everyone that, similar to a garden where each plant is tended and appreciated for its unique role, when we lean into our strengths, we all bloom.

The *Legacy Blooms Here* workshop consisted of two interrelated sessions led by dynamic speakers Vanessa Holloway-Truxon and Laurie Galloway, who shared their experiences with addressing intergenerational trauma and guiding others toward healing & wellness.

Trauma research suggests asking "What happened to you?" instead of "What's wrong with you?" Session 1 focused on detailing "what happened" and provided attendees with a glimpse into how their individual traumatic experiences as children shaped their adulthoods, and continued the pattern of trauma with their families and children. Session 2 focused on the turning points that changed the direction of their lives toward healing, and what that healing process has been like.

For Laurie, the turning point was losing her daughter Brittany to mental health complications. Laurie mentally "checked out," but her remaining three children were able to help her emerge from despair by telling her how much they needed her. She began advocating for the integration of care for people with co-occurring disorders, speaking in front of state and national legislators, and in her position as the executive director of On Our Own of Carroll County where she practices peer support in Brittany's honor. She has risen from a place of deep sadness to "feeling like she can accomplish anything with Brittany beside her."

During the COVID quarantine, Vanessa began researching her ancestry, exploring the intergenerational trauma, and furthering her own healing. She also began working at Minary's Dream Alliance (MDA), a non-profit that provides mentoring, tutoring, and vocational training to Kent County families. In her roles as the Parent Engagement Coordinator and the Keeper of the Garden, she helps families face and overcome their trauma through gardening as a hands-on metaphor for personal growth. Participants enter the garden as their 6 year old selves, to address their prior unmet needs, and invite peace and healing into their hearts. MDA is the first place she truly experienced inclusion and today she is able to continue a compassionate legacy of community service and advocacy through her work.

Attendees learned strategies such as finding your passion, being the person you needed when you were traumatized as a child, utilizing a Wellness & Recovery Action Plan (WRAP), and practicing self reflection. The main message was that healing will continue to happen throughout our lives and we have the ability to share it with everyone we encounter.

Stories as catalysts for change

One of the cornerstones of nurturing wellness in behavioral health is speaking to the connection between the past and the present through storytelling. The second day started with a poignant example in the opening keynote. New York Times bestselling author Antonia Hylton, joined us virtually to discuss her book, *Madness: Race and Insanity in a Jim Crow Asylum*. In it, she tells the 93-year-old history of Crownsville Hospital, one of the last segregated asylums with surviving records and a campus that still stands in Anne Arundel County. She blends intimate tales of patients and employees, investigative research and archival documents, and her own family's experiences with mental illness.

Antonia shared the intersections of the past and the present, showing how race and racism are still woven

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Exploring a Garden of Resources

By Kaely Whittington

Tucked away in a downstairs corner of the hotel was another opportunity for learning and networking at OOOMD's 2024 Annual Conference: the Exhibit Hall. Prior to entering, attendees were invited to take part in our Creative Planter Swap, where they had an opportunity to decorate a colorful flower pot with a positive affirmation, friendly greeting, or artwork for one of their fellow attendees. Many folks said they enjoyed engaging in conversation with other peers while taking part in a creative activity.

Upon entering the hall, attendees had an opportunity to take pictures in front of a beautiful backdrop of greenery, accented with a neon "Bloom" sign, before touring the hall.

The Exhibit Hall hosted 14 organizations and individuals, including many of our affiliated peer-operated Wellness & Recovery Organizations, as well as several booths for conference presenters and community partners. Participants learned about a variety of topics such as gardening for self care, guidelines for CPRS certification, and a variety of wellness resources.

Matt Runnalls, the keynote speaker on day one, signed books and took pictures with many of the attendees. At the Maryland Addiction & Behavioral-Health Professionals Certification Board (MABPCB) table, Tamara Toney-McCall gave out resource information about becoming certified as a peer recovery specialist. Collie from Heroic Gardens provided essential oils and dried flower petals for sachet making, and spider plants to take home, as a tangible reminder to nurture our wellness.







Family members of Cynthia Petion



Donna Bruce



Main Street Housing staff



Najma Durrani

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into the fabric of behavioral health care today, impacting how Black people seek and receive (or don't) behavioral health support. We were reminded that mental health is everything for *all* people – good schools, equitable health care, safe and affordable housing, a living wage.

In her closing remarks, she underscored a fundamental truth: as a journalist, regardless of the story she covers, mental health lies at its core, shaping its narrative. Today, an increasing number of Americans seek alternative forms of care and support, yearning to engage in advocacy for change. The pivotal question remains: How do we reach these individuals and dismantle the stigma surrounding these discussions, fostering an environment where sharing one's story feels safe and welcomed? It's a collective journey, where each of our stories holds significance, serving as catalysts for change, both individually and as a community.

A changing landscape in Maryland

Maryland Deputy Secretary for Behavioral Health, Alyssa Lord, opened her remarks with a personal story in line with the conference theme, about seeing a community bloom through the power of peer support. Around the age of 12, she started volunteering at the community redevelopment organization in Trenton, New Jersey, where her father worked. She shared how a community gardening program brought people together "to grow something beautiful, to take back something they thought they had lost: green space, joy, camaraderie, communication, and support of one another. They went



Recovery Friendly Workplace panelists

there for safety, for solace, to share their grief, and to show their resilience. It really was formidable for me to understand the role that individuals play in supporting others [and building] community."

She went on to share updates about how the Behavioral Health Administration (BHA) has been using the continuum of care framework to organize and expand access to a full range of behavioral health services and supports: from prevention and early intervention, to urgent and acute care, to treatment and recovery. She noted several projects and initiatives underway at the BHA around data and evaluation, integration with other public systems, school- and community-based services, and workforce development, including funding investments for expanding peer support positions. "When this opportunity was offered to me to move to Maryland, and I learned about the tremendous work that peers do in the state of Maryland, I couldn't have been more excited," she shared. "I know we do a lot now, and there's a lot more that we need to do, but with you all in this room, we'll get there."

Bringing your wellness to work

It can be daunting to protect our wellness with so much of our lives spent in the workplace, particularly for the 1 in 5 employed Americans who live with a behavioral health challenge. Fortunately, we had the opportunity to hear from a panel of experts on the topic of *Recovery Friendly Workplaces* (RFW) and how we can improve those spaces for everyone.

Jim Bollinger, a dedicated peer specialist from Philadelphia, PA, said RFW may look like policies and practices protecting an employee's confidentiality, referring an employee to training around stigma, or expanding how paid time off can be used. These policies improve employee health and well-being, reducing the amount of time employees miss from work or spend being un/ under-productive during work hours. It is also easier (and cheaper) to retain employees than replace them, and employees who feel taken care of do better work. Stacey Ferrare, project manager on the Support to Communities grant for Western Maryland, added that these positive results are precisely the reason why organizations and employees profit from making proactive changes.

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2024 Conference Keynote Transcript: Madness: Race and Insanity in a Jim Crow Asylum

By Antonia Hylton

I am so honored to be able to join all of you today, and my only regret is that I'm not able to be there in Maryland celebrating with everyone in person. It has meant so much to me to be a part of this community, to get to know so many people in the area over the last 10, 11 years of doing this work. I want to present to you some of my work and much of the argument of the story of *Madness*.

In March of 1911, officials in Maryland marched 12 black men into the heart of the woods in Anne Arundel County, Maryland. Those men were allegedly suffering with a range of mental illnesses and developmental differences. But when they entered the forest, they did not find a ward or a therapy room or a place to rest. There stood a doctor named Robert Winterode. And he told these patients that they had a new job.

They would spend the next three seasons doing the backbreaking work of building an asylum, clearing roads, moving railways, constructing a foundation, erecting a series of massive brick structures. And then when they finished, they would step into the rooms, into the wards, in the hallways that their hands built, that they hammered into place. And the doors would close behind them. And they would become this institution's very first patients.

It's an unbelievable story, but it's also a very American story, one that I've spent the last 10 years unearthing. It's the history of Crownsville Hospital, once called Maryland's Hospital for the Negro Insane.

It's a story, a case study really, that tells us so much about the foundations of our mental health care system and about our beliefs about patients of color. More than anything, I think its birth represents a critical moment actually, when many of the myths and the pseudoscience that had filled this field in the years after emancipation were actually cemented and calcified into a practice, a system.

You see, Crownsville was created by the Maryland General Assembly after years of debate, not just in Maryland actually, but around the United States. And this debate was about what to do about Black people



who seem to be so unwell, so unstable in the years after slavery.

Doctors, politicians, members of the media at places like the Baltimore Sun and Washington Post, they all commented, wrote, and shared debate about what they observed to be an increase of insanity among free populations of Black members of Maryland, of America. Many of them bought into this myth that I mentioned, this myth that Black people were uniquely incapable of handling the rigors of everyday life, uniquely incapable of being free. That we were inferior and we required different and substandard care.

So places like Crownsville were built up all around the United States in the 19th and 20th century, purposefully separating Black patients from white patients, and some of them like Crownsville, sought to recreate and reenact at times the antebellum social order.

What I show in *Madness* through records and oral history is that this myth, this origin story told to us about

healthcare, about these patients, impacted the hospital all the way up until its closing in 2004.

It led lawmakers, for example, to provide less funding, to invest less in therapy, and ultimately to make Crownsville a more carceral rather than therapeutic space. It led reporters who didn't have deep ties to Black communities in Maryland to write sensational racialized stories about the institution that further eroded the hospital's reputation and capacity for good quality care.

And these actions aren't just hurtful and discriminatory. They didn't just impact the Black patients at Crownsville and the Black staff who came to work there in the mid-20th century.

These attitudes, these myths, these stories about who we are and the kind of care that we deserve, they had long-lasting impacts on the asylum from its founding as an entirely white-run institution, even to the moment that a Black superintendent took over and tried but often struggled to overcome all these challenges.

I firmly believe that building a better future in mental healthcare, or honestly in the healthcare field more broadly, is only going to be possible if we understand, value, and talk publicly about our history.

I wrote this book because in my experience as a reporter traveling the country, and as the family member of a patient, a loved one who is struggling with all this, I believe that doctors, nurses, therapists and social workers often aren't properly equipped to provide these services to people of color. And that's an injustice.

And I think that it is in no small part because they often don't appreciate the legacy of race in mental health and they don't understand the context, the community we come from. I experienced this firsthand.

As I wrote in part of my book, my own loved one experienced psychosis starting in 2020, they believed that a group of white supremacists were hunting them down. They would tape up all their windows. During the summer, they went without air conditioning. During the winter, they went without heat because they believed that this group was hunting them and planning to kill them with a toxic gas. It was terrifying. My family fought and fought to find a provider in the state of Massachusetts, a state that we were told has one of the best mental healthcare services in the country. We could not find a single doctor of color.

And the doctor that we did find ultimately repeatedly told my loved one that they weren't interested in discussing race, that they didn't see their fears about racism and racial violence in America as relevant to their diagnosis or their care. Mind you, this is the time right after George Floyd's murder, the moment of racial reckoning.

This was leading up to the January 6th insurrection at our nation's capital, a moment when many Black Americans, many Americans, I think of actually all backgrounds, were suffering deeply.

And still, we couldn't seem to find a doctor who thought that that was relevant to the kind of medical care my loved one would receive. It was horrifying. And it made my loved one lose faith and disconnect from therapy and refuse treatment. But it also motivated me, frankly, to see parallels between my loved one's experience today and the stories I discovered of patients in the 20s, 30s, 40s, and 50s at Crownsville.

I think that it is now on all of us to use our different types of platforms in the media as advocates, storytellers with lived experience, or health care providers. We have to actively fight and debunk the individual and collective myths that have been told about Black patients and our shared history.

For those who design and run these programs, my ask to you is that you think about reimagining the ways in which you deliver care and build relationships with your patients. I ask that you remain open to learning more about your patient's humanity. And that means at times being open to the fact that you may sometimes get it wrong.

For advocates, it means seeking local leaders and politicians who believe that mental health matters, who are willing not to just support a single clinic or put up some money for a project in their own backyard. We need the kind of leaders who want to think big about investing in good schools, good parks, safe social spaces for children, and affordable housing. I don't need to tell you all of this, but all of these systems are tied together.

A great shiny new hospital isn't much help if your patients go home to poor housing and they don't make a living wage and they don't have good health care coverage. For me in the media, it means we have a responsibility to tell these stories, to debunk lies and falsehoods publicly, repeatedly.

It also means elevating the stories of patients and providers who are doing all of the good, all so that we can help de-stigmatize these issues and bring more people into the fold, into this movement with us.

Thank you all so much for hosting me here today.

Leading with Your Heart: Values-Based Leadership

By Michelle Livshin

In May, OOOMD had the pleasure of hosting two special workshops at our Elkridge office, facilitated by award-winning, international mental health advocate and best-selling author Matt Runnalls. One workshop brought together peer leaders and advocates from peer-operated organizations. The other, hosted by our Transitional Age Youth (TAY) Project, brought together peer support specialists and supervisors working in crisis settings.

Matt draws on his lived mental health experience and the heartbreaking losses of his friends to suicide to raise awareness and understanding about suicide and mental health. He has delivered over 1400 presentations across the globe. In 2016, he founded the nonprofit Mindfull Aus in Australia, which provides education, training, and opportunities for dialogue surrounding behavioral health and suicide, provided by people with lived experience.

During the workshops, Matt guided participants through thought-provoking exercises and reflective activities on cultivating authentic and heart-led leadership and advocacy. What does it look like to be a values-embodied leader or advocate? How do we connect to and strengthen our sense of purpose in our work? And how do we cultivate a supportive, collaborative team while also taking care of ourselves in the process? He stressed that true leadership requires being brave enough to understand ourselves on a deeper level and accept ourselves. Through this process, we can gain self-acceptance in order to be able to provide guidance, clarity, and support to others. In the workshop, participants learned to identify their core values, their limiting core beliefs and how these influence their sense of purpose and meaning in their work, as well as, practicing vulnerability through exercises and intimate discussion.

Matt explained that every individual wants to be loved, seen, heard, and valued. He stressed the importance of being present with one another in order to cultivate better understanding and connection, and ultimately to empower others to lead.

Peer support is about building meaningful, trusting, nonjudgmental connections. As a peer leader, presence, understanding, and supporting an individual to discover their own unique strengths are integral pillars. This requires addressing uncomfortable situations and being flexible in order to foster an environment for an individual to flourish. Doing so breeds inspiration, empowerment, and leadership that is rooted in heart and purpose.

Participants were inspired, praising Matt's engagement with the audience and how he created a safe space where they could allow themselves to be vulnerable.



The TAY Project hosts peer support specialists and their supervisors from Maryland Early Intervention Program (MEIP), Assertive Community Treatment (ACT), and Coordinated Specialty Care (CSC) teams.



Leaders from Maryland peer-run Wellness & Recovery Organizations

Feeling Free: Reflections on Recovery

An interview with Kathy Schrock by Katie Rouse

Operated by Office of Consumer Advocates (OCA), Mountain Haven Wellness & Recovery Center offers free peer support and resource connection services in Garrett County, at the western edge of Maryland. OOOMD's Katie Rouse sat down with Mountain Haven's long-serving program coordinator, Kathy Schrock, for a conversation about rural life, recovery, and finding your role.

Katie: How did you get involved with the mental health system? What was your experience like?

Kathy: My struggles with mental health started young, when I was in foster care. After I lost custody of my children and my second husband passed away from a brain tumor, I spiraled down quickly. I was drinking, using drugs, and I developed an eating disorder. I was going through a lot with mental illness at the time and I didn't know how to deal with it. I had multiple suicide attempts. When I overdosed in front of my daughter, that was a wakeup call. I went to Finan Center [a state psychiatric hospital in Cumberland]. I saw people put in five-point restraints, which is not allowed any more. Sometimes the seclusion room was my best friend, because I felt so overwhelmed.

After getting out of the hospital, I remember I would wake up everyday at 7 a.m., take 10 pills, and go to the PRP [psychiatric rehabilitation program]. For a long time, I felt like my therapist was the only person I could talk to, but eventually I felt like I couldn't really trust them. It seemed like every time I saw the therapist or doctor, they would add a new medication and a new diagnosis. I felt like I just had to go along with it, like I didn't have a voice.

It was very taboo to talk about mental health at that time, in the 1980s. Especially because small towns and rural communities can be very 'closed.'We don't talk about a lot of things openly. Over the next few years, I moved back and forth between Oakland, a small town in Garrett County, to Hagerstown, a city in Washington County, which was kind of like going from the Flintstones to the Jetsons.



Mountain Haven Program Coordinator Kathy Schrock

When did your perspective start to shift toward recovery?

Around 22 years old, I woke up one day and thought: I don't want to live in this fog any more! I was tired of people making fun of me because I was taking so much medication. With the support of my family, friends, and my church, I came off my medication, stopped going to the PRP, and found wellness my own way. It was an amazing transition, like taking the shackles off. I went from just going through the motions to feeling free.

I was introduced to Harvey House, a drop-in center in Oakland, by a friend who I met through a PRP. The first couple of times I went, it was scary because I was stepping out of my comfort zone. After attending a few times, I got offered a job as an assistant to help run groups and things like that. I didn't really know anything about peer support until I met Eugene Smith at Turning Point, a program in Hagerstown. He taught me so much and introduced me to the peer support community.

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PER SUPPORT IN CRISIS SERVICES

By Kait Simon and Kaely Whittington

What do you think of when you hear the word "crisis"? Many people think of a car crash, the loss of a loved one, or a natural disaster, but the definition can change from person to person. Cracking a phone screen might not be considered a crisis to one person; however, to a person who uses their phone as a lifeline, it could be.

While the state of Maryland is actively investing in peer staff positions and peer involvement in systems improvement projects, specifically crisis services, there are very few crisis-specific peer support training pathways. On Our Own of Maryland (OOOMD) set out in 2022 to develop a high-quality Certified Peer Recovery Specialist (CPRS) CEU training pathway on crisis-responsive peer support skills. With the hiring of crisis-passionate CPRS Coordinator Kaely Whittington, we decided to take it a step further and launch a new initiative called *Peer*



Scan for upcoming *Peers in Crisis Services* listening sessions, training, and resources, as we navigate improving crisis services together.

Support in Crisis Services. It focuses on providing training, workshops, and safe talking spaces for peers who work in crisis settings.

To guide the development of this pathway, OOOMD created a Peer Support in Crisis Services (PSICS) Committee. A total of 14 people were accepted as committee members, including those serving on mobile crisis teams and in emergency room settings, and administrators from behavioral health organizations such as Behavioral Health Administration (BHA), Behavioral Health System Baltimore (BHSB), Baltimore Crisis Response Inc. (BCRI).

The committee meets quarterly to discuss goals, potential training modules and training areas that need more focus such as suicidality and self-harm, overdose and harm reduction, psychosis, trauma, cultural awareness, health disparities, and self-care.



Scan to take a three-question survey to provide thoughts, ideas, and feedback about *Peers in Crisis Services*. Cultural competency and trauma were identified as key focus areas, but the most pressing need was around burnout and self-care. Committee members discussed contributing factors such as compassion fatigue, lack of resources and lack of support. To meet that need, OOOMD is planning Peers in Crisis Services celebration days to steep workers in wellness, self care, and appreciation.

We also heard an organizational need for practical strategies that foster healthier culture in the workplace, particularly for organizations who are newly employing peers. This could include training on incorporating peer feedback and strategies to bridge communication gaps, and hiring Registered Peer Supervisors who can provide mentoring and advocacy for employed peers. In order to expand and diversify our reach, we held our first *Peers in Crisis Services* listening session in April, with a total of 29 attendees. The session was facilitated as an open and confidential discussion about working in crisis settings, focusing on best practices, supports, barriers, and needs. Holding consistency as a pillar of quality care, attendees highlighted the importance of exercising good boundaries with the peers they serve. Self-care was, again, identified as an area that demands more attention, as was mentorship and employment of competent and experienced Registered Peer Supervisors. Role playing difficult situations, advocating for ourselves and peers, and safely and effectively sharing our lived experience were proposed as areas for training development.

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To be designated as a RFW in Maryland, Casey Tiefenwerth, Special Grants Program Manager at the Maryland Department of Labor, explained that an organization works with a Recovery Friendly Advisor, who is an expert in communication and RFW process who can guide development, broker resources, and provide accountability for employers as they adopt RFW practices. By choosing to focus on improving any or all four identified activity areas (data collection, overdose response training, stigma-reduction programming, and improving policies and practices), organizations can be recognized as Bronze, Silver, Gold, or Platinum. Organizations that are interested in learning more can visit https://labor.maryland.gov/ employment/rfworkplace.shtml

A call to action

Marvin Hayes, the executive director of **Baltimore Compost Collective**, wrapped up the conference with a rousing presentation complete with spoken word art and an enthusiastic call to action. He brought to life issues of food apartheid, hazards of trash incineration, environmental injustice in Baltimore City, and ways to combat it.

The Baltimore Compost Collective collects food scraps from over 10 Baltimore neighborhoods and composts

the material at local urban gardens, where it is used to grow fresh produce and build urban food security. It also serves as a youth entrepreneurship program that gives local teenagers a livable wage, workforce skills, and public speaking opportunities. Further, it creates a culture of community awareness, collaboration and advocacy, showing what can happen when folks work together to address significant issues impacting their communities.

OOOMD's TAY Project Coordinator Kris Locus interviewed Marvin for part of the presentation, providing attendees with additional insight. The City of Baltimore currently burns the garbage of surrounding communities for financial gain, disproportionately harming Baltimore City residents with the second hand effects, including the impact on mental health. Marvin sees an alternative to this injustice, calling on us to "Starve the Incinerator, Feed the Soil" by jumping on the compost bandwagon. He concluded with a moving spoken word piece that began:

It's an environmental injustice when it happens to just us. Pardon me, I was choking on the coal dust. Right while our babies attempt to play, the time for change is a must.

and ended in thunderous applause from his motivated and captivated audience.

Recovery Story

Feeling Free: Mountain Haven Coordinator Kathy Schrock continued from page 11

Can you tell me about Mountain Haven and what you do there?

I've been working at Mountain Haven for going on 13 years. I was hired as an advocate. That job title changed the way I thought about myself: "Now that I'm an advocate, what do I do?" I learned by asking questions and getting support from other staff at OCA. They told me, "Be yourself."

Not too long after that, the program coordinator suddenly left. I called the executive director at that time, Yvonne Perret, and said, "What do I do?" She didn't pressure me to take the job, but encouraged me with confidence that I would be good at it. With a lot of support from my OCA colleagues, like Mary Beth Twigg, I took it. One thing I didn't expect at the beginning was that I would learn so much about using the computer! When I started, I didn't know anything about technology. Now, we keep track of all our data electronically. People come into Mountain Haven for all sorts of support. Sometimes they are in crisis: they've just been evicted, or their food stamps have been cut off. Sometimes they just need someone to talk to, to listen. The connections we have through peer support are so important. I wish that when I was going through my struggles that there were more people who really cared, who didn't make me feel like I was getting pushed out the door. When someone is struggling, I can say, "I understand a little bit about what you're going through, but can we talk more about it?"

What is life like today?

I got remarried in the early years of my recovery journey, and my husband and I have been together for 22 years! I have wonderful relationships with my adult children, and we support each other.

I love my job, and it is so rewarding to feel appreciated. I hear a lot of thank yous. Being the program coordinator is a lot of responsibility, but I feel so much better about myself knowing that I can help people.



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 COUNT

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. 22 S Market St, Suite 110 Frederick, MD 21701 240-629-8015 onourownfrederick.org

GARRETT COUNT

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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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.

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