



CONSUMER NETWORK NEWS

THE QUARTERLY NEWSLETTER OF
ON OUR OWN OF MARYLAND, INC.

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2019 Annual Conference: Mindfulness in Recovery Communities: The Science and the Magic

"A Wand-erful Time Was Had By All"

by Mike Finkle

On Our Own of Maryland held its 27th annual statewide conference on Thursday and Friday, June 6 & 7, 2019 at the beautiful Princess Royale Hotel in Ocean City, MD. The Princess Royale is located on the white sandy beaches of Ocean City. The title of this year's conference was: "Mindfulness in Recovery Communities: The Science and The Magic," which was the major focus of the conference on the opening day. On the second day, we explored the expansion of the peer specialist profession through career ladders and how peer support is being woven into various systems and settings.

We had over 430 folks registered for this year's conference, making this one of our largest conferences to date. We had a wonderful opening reception for conference attendees at noon on Thursday in the hotel's large exhibit hall, which was hosted by Beacon Health Options-Maryland, the Maryland Association of Behavioral Health Authorities, and Affiliated Santé on the Eastern Shore.

We had two keynote speakers. Ali Smith, Executive Director of the Holistic Life Foundation and Dr. Nev Jones, assistant professor at the University of South Florida, Department of Mental Health Law & Policy gave dynamic presentations. See the Keynote article for a full description of their presentations.

We were also delighted to have special guest presenters including Rabbi Seth Bernstein; Phil Holmes, former Vice-President of Goodwill Industries of the Chesapeake, Brendan Welsh, Director of the Office of Consumer Affairs for the Maryland Behavioral Health Administration; Tamara Van Newkirk, LCSW, Luciene Parsley, Legal Director of Disability Rights Maryland, Tricia Christensen, Policy Manager

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of Baltimore Harm Reduction Coalition, Dr. Erik Roskes, and several other excellent workshop presenters. These presentations covered topics including spirituality, nonprofit board development, Maryland's Certified Peer Recovery Specialist credential, trauma-informed mindfulness, legal rights, harm reduction and social justice, LGBTQ+ identities, and many more.

Annual Awards Dinner

On Our Own of Maryland and our Anti-Stigma Project hosted our annual Awards Dinner on the first evening of the conference, June 6th.



Jim Raley

The evening began with the presentation of 2019 Michele Dear Advocacy Award to Jim Raley, former Executive Director of the Office of Consumer Advocates, Inc. We recognized Jim for his extensive advocacy work in the three Western Maryland counties of Washington, Allegany, and Garrett. Jim was a pioneer in establishing partnerships between his organization and the Washington County substance use community, as well as homeless shelters, psychiatric rehabilitation programs, and local food banks.

The Gus Retalis Exemplary Service Award was presented to Dan Snyder, Program Coordinator of the HOPE Station Wellness and Recovery Center in Cumberland, MD. Dan was honored for his longstanding commitment to all the peers at HOPE Station. Dan has been a fixture there for 19 years, providing peer support to members, conducting outreach to the community, and advocating for better overall services in rural areas. Dan was not able to attend this year's conference, and will be presented with this award at our annual meeting in October.

The 2019 Lou Ann Townsend Courage Award was presented to Sherica Dilworth, former Assistant Executive



Sherica Dilworth

Director with On Our Own, Inc. and Peer Support Specialist with People Encouraging People. She was honored for her leadership, dedication, compassion for others, and courage in sharing her recovery journey. Today she is making a difference in the lives of peers with addiction challenges, breaking down stigma, and empowering people to see their worth. She has become a role model and an inspiration for behavioral health advocates everywhere.

Two new special awards were presented to Wellness & Recovery centers. The Phoenix Awards were given to On Our Own of Prince George's County and On Our Own of Frederick County, which made remarkable transformations this year – literally and metaphorically rising from the ashes. These awards were created in recognition of both organizations' ability to respond to difficult situations and re-emerge as new, stronger peer-run programs. Kudos to Matt Ratz, Executive Director of OOPG, for working tirelessly to reopen that center following a devastating fire, as well as to the board of directors of OOOFC for working to improve the center after some internal challenges and leadership turnover. Christy Kehlbeck, Board President, accepted the award with new executive director Lacy Kimble.

This year's President's Award was presented to Brendan Welsh, Director of the Office of Consumer Affairs at the Behavioral Health Administration. Brendan has been a great partner to On Our Own of Maryland and our network of Wellness and Recovery Centers and has demonstrated his commitment to peer support and



Matt Ratz



Christy Kehlbeck



Dan Snyder

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Brendan Welsh

peer-run programs. Many thanks to Brendan for all his support and guidance these past few years.

On Our Own of Maryland's 2019 Award of Special Recognition was presented to Jennifer LaMade, Director of Planning, Quality and Core Services at the Worcester County Health Department.

We recognized Jennifer for her many accomplishments over her career on behalf of people with psychiatric disabilities including her work as the Director of the Worcester County Core Service Agency and her special support for On Our Own of Maryland and our local Wellness and Recovery Centers in the Lower Eastern Shore area and throughout the state. Bunky Sterling, Jennifer Sexauer, and others from the Worcester County Local Behavioral Health Authority accepted the award on Jennifer's behalf.



Jennifer LaMade

Our 2019 Distinguished Service Award was presented to Crista Taylor, CEO and President of Behavioral Health System Baltimore and Co-President of the Maryland Association of Behavioral Health Authorities. Crista was recognized for her visionary leadership in the improvement of the behavioral health system, and



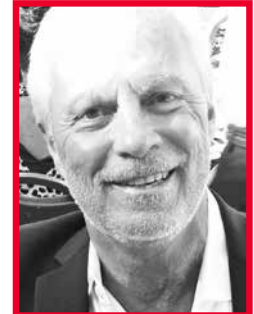
Crista Taylor

for spearheading many new innovative programs on behalf of people with mental health and substance use disorders. Crista was also recognized for her support of the local peer-run Wellness and Recovery Centers in Baltimore City and throughout Maryland. Thank you Crista for all your support!

On Our Own of Maryland's 2019 Lifetime Achievement Award was presented to Tom Godwin, Co-Occurring Disorders Consultant/Training Specialist for the Maryland Behavioral Health Administration at the

University of Maryland School of Medicine Evidence-Based Practices Center. He has assisted state and county leaders in diverse social service systems toward the development of integrated services for individuals with co-occurring mental health, substance use disorders and other complex needs for many years.

Tom has also been a strong supporter for On Our Own of Maryland and our network of Wellness and Recovery Centers throughout his career.



Tom Godwin

The Visionary Award is given every year by the Anti-Stigma Project to someone who has contributed in a significant way to reducing the stigma associated with behavioral health conditions. The 2019 Visionary Award was presented to Mr. Tom Hill, Vice President of Practice Improvement for the National Council for Behavioral Health, in recognition of his visionary leadership, advocacy to promote positive change, and efforts to reduce stigma associated with behavioral health challenges.



Tom Hill

Evening Activities

Following dinner on Thursday evening there were several activities including swimming in the indoor pool, board games, and our annual karaoke and dance with a Harry Potter-themed costume contest. Many attendees dressed up as various characters from the Harry Potter movies. "Moaning Myrtle" won the prize for best cos-



Harry Potter-themed costume contest participants.

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tume, and the folks from the Consumer Quality Team looked great in their coordinated costumes. We all had a “wonderful” time!

Friday General Session

Following Dr. Jones’ keynote speech on Friday, Brendan Welsh, Director of the Office of Consumer Affairs for the Maryland Behavioral Health Administration, gave an overview of the Governor’s new Commission to Study the Mental Health and Behavioral Health in Maryland and urged attendees to participate in the Commission’s various sub-committees, including Crisis Services, Youth and Family Services, Funding & Financing, and Public Safety & Justice. This commission and its subcommittees are tasked with making recommendations for the redesign of the public behavioral health system.

Special Thanks

On Our Own of Maryland extends a big thank you to its staff and volunteers, with special thanks to the staff of Main Street Housing for helping to make this year’s conference a huge success.

We also are deeply grateful to Beacon Health Options—Maryland, the Maryland Association of Behavioral Health Authorities, and Affiliated Santé on the Eastern Shore, for sponsoring a wonderful opening reception. Many thanks to the Conference Planning Committee members: Bunky Sterling, Lydia Brown, Patrice O’Toole, Mike Finkle, Jennifer Brown, Denise Camp, Lauren Grimes, Rowan Powell, Lydia Aimone, Kaitlyn Gough, and Ken Wireman for all their hard work in planning and coordinating the conference.

Make plans to attend next year’s conference, which will again be at the wonderful Princess Royale Hotel in Ocean City, MD on June 4 and 5, 2020. Hope to see you there!

**More
Conference Pics
on Pages 8 and 9**

SAVE THESE DATES!

**ON OUR OWN OF MARYLAND’S ANNUAL CONFERENCE
HOLD THE DATES JUNE 4 & 5, 2020**

**“2020 VISION: Are You Seeing Clearly?
How Distorted Perceptions and Stigma Affect
Behavioral Healthcare!”**

**Join us at the lovely Princess Royale Hotel next June
in Ocean City, Maryland for our 28th Annual Conference!**

Keynote Presentations

Ali Smith & Dr. Nev Jones

by Kaitlyn Gough



Ali Smith

Day One – Ali Smith

On Our Own of Maryland was honored to have Ali Smith as the keynote speaker for day one of our 2019 Annual Conference. Ali Smith is co-founder and current Executive Director of the Holistic Life Foundation, a Baltimore-

based nonprofit organization committed to nurturing the wellness of children and adults in underserved communities through a comprehensive approach which helps people develop their inner lives through yoga, mindfulness, and self-care.

Through his work at the Holistic Life Foundation (HLF), Ali has helped develop and pilot yoga and mindfulness programs at public and private schools, drug treatment centers, juvenile detention centers, and mental health crisis facilities nationally and internationally.

Ali opened his keynote address by inviting the audience to join him in some deep breathing exercises, meditating on sending love to others and yourself. Several attendees remarked that this guided meditation and breathing exercise was their favorite part of the conference. Smith then went on to share his story with the audience, explaining how he came to be involved in the work he does today, and how his upbringing influenced the goals of the Holistic Life Foundation.

History of the Holistic Life Foundation

Ali and his brother grew up in West Baltimore, right off North Avenue. “It was very different back then than it is now,” he said, “It was a community, a family, with a lot of love and a lot of support.” Ali and his brother went to Friends School of Baltimore, a Quaker school, and he credits this school with instilling in him ideals of stewardship and service. As young children, Ali and his brother, Atman, grew up with yoga in their home, with their father having them meditate every morning before school.

Smith and his brother attended University of Maryland College Park, where they met Andres Gonzalez, who would later become the third co-founder of the HLF. During their final semester of college, the trio spent a lot of time reading books on spirituality, philosophy, and similar topics. During this time, they also began learning more yoga and developing their practice under the guidance of Ali and Atman’s godfather. Their godfather emphasized the importance of learning different types of practice, because different styles work for different people. This idea carried through to their later work with HLF. “We couldn’t walk into a kindergarten in West Baltimore and teach the same practice that we could at a private school in Massachusetts, or a drug treatment center, or a senior center. You need different practices for different people; you need different tools in your toolbox,” explained Smith.

At the end of that summer, they moved back into the house in West Baltimore that Ali and Atman grew up in, and noticed the community where they had grown up had changed. They immediately noticed that the sense of family that was present in the neighborhood when they were younger was gone. “There was no community vibe,” Smith said, “You could feel the energy of hopelessness there.”

Smith’s father encouraged them to start their own business, but Ali, his brother, and Andres Gonzalez were not sure where to start. One summer afternoon, after graduation, the three were sitting in Atman’s apartment watching television when they saw Matthew Lesko’s commercial; he was selling a book telling you how to use government grant funds to help you do almost any type of work. They heard him say, “Doing what you want to do in life is like being on vacation every single day! Now here’s your chance to get the government to pay for it.”

Suddenly, they knew that was what they were going to do – they would apply for a grant, and start their business bringing holistic wellness to their community. Smith joked, “We’re going to get the government to pay for us to save the world!”

Keynote Presentations

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Holistic Life Foundation – Growing and Changing

In the early 2000s, Ali, Atman, and Andres Gonzalez began an after-school yoga program. Over time, as they kept practicing with that group of young adults, they began receiving reports from teachers and parents that their students were becoming peer leaders in their school. After the success of the after-school program, the trio took this program to a Baltimore YMCA gym and started a new group with 20 elementary school kids.

Many of the former elementary school kids from that first yoga program 15 years ago now serve as instructors at Holistic Life Foundation. Their program also serves as a training ground for young adult leaders. Smith illustrated this point by showing images of youth leading exercises in one of their programs. Some students even brought what they learned home, and taught their families about meditation and mindfulness. Smith said he and his co-founders were amazed when parents told them that their children, after attending HLF programs, identified when their parents were upset and guided them through stress breathing exercises.

Today, the Holistic Life Foundation works with over 42 Baltimore area schools, serving over 7,500 students per week. Their work with Robert W. Coleman Elementary School in Baltimore, is the subject of a viral news article on Upworthy. With HLF's Mindful Moment program, students are sent to a Mindful Moment Room rather than detention, and are encouraged to sit and re-center through mindfulness or meditation practice. Over time, students learn self-regulation skills and mindfulness practice. After implementation of this program, teachers reported observing fewer fights during school, and Robert W. Coleman Elementary School credits the program for the fact that their school has seen zero suspensions during the last academic year.

Today, Ali Smith and the HLF continue to expand their practice, working in partnership with the Johns Hopkins Bloomberg School of Public Health and Penn State University to conduct research on the longevity and effectiveness of mindfulness practice. HLF has

also recently begun work in three juvenile detention centers. To close his keynote, Ali Smith led the audience through one more guided meditation. "Rather than trying to quiet your thoughts," he instructed, "just sit back and watch the thoughts flow, sit with the thought like you are watching a TV show- just let it pass."

To learn more about Ali Smith and the Holistic Life foundation, check out their website at hlfn.org.

Day Two – Dr. Nev Jones



Dr. Nev Jones

On Our Own of Maryland was also honored to have Dr. Nev Jones as the keynote speaker for day two of our 2019 Annual Conference. Dr. Jones, from the University of South Florida, is an assistant professor in the Department of Mental Health Law & Policy and faculty affiliate with the Louis de la Parte Florida Mental Health Institute. She is a consumer, researcher, writer, advocate, and activist. Her keynote address focused on how to mindfully build and sustain diverse, integrated, peer-driven recovery communities on local, state, and national levels by embracing transformative change, particularly around issues of wealth and poverty, which have a major impact on the behavioral health community.

Dr. Nev Jones' Story

Dr. Nev Jones' upbringing taught her how deep the connections between behavioral health and poverty run. Her mother has severe schizophrenia and is on SSI, and Nev grew up with many other members of her family living with poverty, mental health diagnoses, and substance use disorders. Through her family, Dr. Jones saw "what poverty does to people, and losing what in American culture is the defining aspect of who you are – what work you do." Dr. Jones said she witnessed in her mother the deep shame of being asked that question – what work do you do? – and not having an answer.

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When Nev was later diagnosed with schizophrenia herself, her chief source of fear was “not the diagnosis, the label, the social stigma – not that those things didn’t matter. It was ending up like I had seen so many of my family members end up,” living in poverty.

Big Picture – Poverty & Health by the Numbers

Dr. Jones opened her keynote with a quote from Dr. Martin Luther King, Jr. outlining the importance of looking at the structural roots of injustices such as poverty, or economic marginalization.

“More and more, we’ve got to begin to ask questions about the whole society. We are called upon to help the discouraged beggars in life’s marketplace. But one day we must come to see that an edifice which produces beggars needs restructuring” (King, 1967).

Dr. Jones noted that some of what she says might sound bleak, but made an analogy to a bandaid – sometimes you have to just rip it off. She reassured the audience that she would conclude her keynote with discussion of what we can do to address the issues covered during the keynote.

Through her research, Nev has found strong associations between poverty and behavioral health conditions. For young adults diagnosed with schizophrenia spectrum psychosis, for example, there is an 80% unemployment rate 10 years after their initial diagnosis (Jones, 2019). Statistics show that for most, a diagnosis of serious mental illness (SMI) means that you are condemned to poverty, and Nev believes we as a community need to address this head on. There is “a fundamental disconnect between how much people earn and how much it actually costs to live in most of the country,” she said. Nev applauded our country’s focus on stigma-reduction and anti-stigma campaigns, but noted that, as a society, we are not focusing enough on the stigmatization of poverty. Stigmatization of people with behavioral health conditions becomes even more intense where it intersects with the stigmatization of poverty and homelessness. “We need to think of the

intersectional ways other categories, for historical reasons and contemporary cultural reasons, are caught up together.”

There are many reasons that persistent poverty affects our community, but a few key policies Nev highlighted have had a major impact. The paradigm shift from a “war on poverty” to the war on drugs “pushes us to a place of judging people who are largely struggling with poverty and trauma, instead of supporting people who are struggling,” she said. The second policy paradigm shift was from welfare based on poverty to welfare based on disability one must document and prove. Both of these paradigms shifted the problem without solving it and in many cases exacerbated poverty and the stress, trauma, and illness that accompanies it.

Supporting and Sustaining Peer Specialists

Dr. Jones’ keynote address then turned to the subject of much of her research – the working conditions of peer specialists in the United States. In her work around the United States, Nev has continually seen peer-run organizations collapse. She noted that this is not due to some intrinsic lack of ability among the peer community, but because there is a serious lack of funding, resources, and support for peer-run organizations, including a lack of upward mobility for peers.

In Dr. Jones’ ongoing research, she found that when asking peer specialists about barriers to career advancement that they faced, most expressed a desire to attain higher education in order to advance, but cited financial reasons preventing them from doing so. Education and support for education among peer specialists are key advocacy areas Dr. Jones discussed. Even at the level of high school, Dr. Jones says, the disability group with the lowest rate of high school graduation is people with psychiatric disabilities.

Citing her experience with the Hearing Voices Network, Dr. Nev Jones emphasized the value of becoming a trained peer specialist. Training, she said, provides the historical context and the tools developed by peers with lived experience who came before you. This is a valuable skill set you do not automatically have by virtue of having lived experience, and it is useful to

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learn in order to be more effective as a peer specialist. Training is an essential complement to lived experience for peer supporters.

Moving Forward, Making Change

In order to improve living and working conditions for people with behavioral health conditions, including peer specialists, Dr. Nev Jones argued we must advocate for policy that supports better educational access, more opportunities for career advancement and mobility in the peer workforce, quality of work rather than rapid placement strategies, and welfare reform that centers poverty as a core driver rather than documented mental illness or disability. Through asking hard questions in public ways, conducting research to document our lived experiences and back up our concerns with data, and working to connect national policy discussions to their impacts on the consumer community, we can move toward making positive change.

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2019 Annual Conference Snapshots



Carolyn Cullison



Gloria Bowen, Laurie Galloway, Daphne Klein

2019 Annual Conference Snapshots



Carol Madsen & Diane Lane



Susan Tager



Linda Basknight



Daryl Plevy & Jennifer Brown



Cameron England & Michelle DiGiovani England



Casey Saylor



Michael Madsen, Lauren Grimes, and Tina Krahn



Tom Merrick & Natalee Solomon

The Power of the Media: How News and Entertainment Affect Mental Health Stigma

by Lydia Aimone

I was listening to the radio during my commute this morning when I heard yet another story about someone who had been charged with a violent crime and the sentence they were to receive. The story said that this person's lawyers were advocating for leniency, because he had a history of trauma and mental illness. That was where the report ended, without any other information or discussion about individuals with mental health disorders. There was nothing mentioned about the fact that people with mental health disorders are more likely to be the victims of violent crimes than the perpetrators,¹ nor any effort to provide factual information about mental illness in general. This made my blood boil a little. I found myself wondering how other listeners were interpreting this story, and how this story affected their opinions about mental illness. With all the stigma that people with mental illness face, how those opinions form and what kind of information people are exposed to is something that comes into question.

If you are or know someone with lived experience, that informs your knowledge and view of mental health consumers. People without direct contact with someone with a mental illness are reliant on other avenues to learn the facts about behavioral health. According to one source, "research has shown that many people get their information about mental illness from the mass media"² greatly impacting how people think about this topic. Depending on the source, the accuracy of that information can vary greatly. Some news and entertainment make an effort to discuss and depict mental illness in a well-informed way that gives full context to these experiences, while others perpetuate stigma by negatively portraying characters or individuals, or by leaving out relevant information that fully humanizes those that experience mental illness.

The overall goal of the media, whether news, television, or film, is to attract an audience. Which stories are told and how the people in them are portrayed is largely based on how likely it is that the audience will find them interesting or important, and how well they evoke emotions from that audience.² Writers often "misrepresent mental illness simply because it creates conflict in

a story. And conflict is interesting – it's what draws an audience in."³ But sensationalizing mental health conditions, whether positively or negatively, does an injustice to us all.

At one time, it was very easy to tell which character in a movie or TV show had a mental illness: they would be "the strange outsider who would hurt or kill a much loved character and be locked up in a mental institution for life."⁴ The portrayal of mental illness in entertainment has improved. There are more stories with fully human characters who have a behavioral health disorder who are not reduced to a diagnosis or stereotype. For instance, while the film *Silver Linings Playbook* does create some controversy about the portrayal of mental illness, the characters of Pat and Tiffany are unequivocally written as three-dimensional people, not defined by their symptoms alone.

Accurate depictions of mental health disorders in both news and entertainment media are integral in increase mental health literacy. In one public opinion poll about mental illness representation in TV storylines, 60 percent of respondents said that seeing a character with a mental health problem had increased their understanding. However, certain experiences and diagnoses are still maligned more than others. Nearly the same percentage of respondents said that schizophrenia is more negatively portrayed than other mental health problems.⁵ The statement that schizophrenia is more negatively represented in media is supported by research. A study, which analyzed how the description of mental illness changed in newspaper articles from 2008 to 2014, indicated that coverage for disorders such as depression and anxiety "were more often reported in an anti-stigmatizing manner"⁶ than disorders such as schizophrenia, which were more heavily stigmatized.

While it may be tempting to shrug off an inaccurate portrayal of a mental illness by saying "it's just a story," incorrect information lends itself to people associating mental illness with criminal behavior, and perpetuates unfounded fear and mistrust towards those individuals. Additionally, portrayals of characters with

The Power of the Media

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mental health conditions as incapable of being productive members of society,⁷ or unable to have healthy relationships, contribute to the social isolation and discrimination of people with these conditions. It can also lead to higher levels of internalized stigma among individuals with mental health disorders, which is when a person applies stigmatizing beliefs and attitudes to themselves.⁸ Research has shown that high levels of internalized stigma can make people less likely to seek help from a professional.⁹

While creating change within the media to combat stigma might feel daunting, there is evidence that things can change for the better. In 2013, the Associated Press released a set of guidelines for the media on how to talk about mental illness accurately. These guidelines include not using derogatory terms such as “crazy” or “insane,” not assuming that mental illness was a factor in a violent crime, and generally not describing “an individual as mentally ill unless it is clearly pertinent to a story and the diagnosis is properly sourced.”¹⁰ Even with these guidelines, entertainment and news media still often fall short of portraying or discussing behavioral health disorders in a fully contextualized manner, but much work still needs to be done.

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**DON'T MISS OUT.
SCHEDULE TODAY!**

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“A Creative Approach to the Eight Dimensions of Wellness”

Research proves that creativity is an integral component of recovery, and can be an effective complementary strategy to traditional supports and services.

In “A Creative Approach to the Eight Dimensions of Wellness” participants will use creative tools to enhance personal growth and recovery surrounding SAMHSA’s Eight Dimensions of Wellness. In this 2-hour workshop, participants will learn about each of the eight dimensions, and then create a “vision board” highlighting one particular area of wellness they want to work on. A vision board is a tool used to help clarify, concentrate and maintain focus on a specific life goal. By creating a vision board, participants will be able to visualize the area of wellness and recovery they want to focus on and work towards.

**For questions or to schedule a workshop, contact
Michael Madsen, Training Coordinator at On Our Own of Maryland
michaelm@onourownmd.org**

7th Annual Young Adult Peer Support & Leadership Retreat

by Rowan Powell

This year was On Our Own of Maryland's (OOOMD) 7th Young Adult Peer Support & Leadership Retreat and my second year organizing the event as OOOMD's TAY Outreach Coordinator. With the help of our partners at Maryland Coalition of Families' Taking Flight and our awesome OOOMD staff and intern, Kaitlyn Gough and Lydia Aimone we pulled off another amazing event! This year's retreat was held at the Claggett Center in Buckeystown, MD on May 24th & 25th. The event brought together 30 young adult peers from across the state to connect with one another, to develop their leadership and advocacy skills, and to learn about the navigation of behavioral health services. We held a group which explored healthy relationships, led a training on strategic story-sharing skills, learned and shared tips for navigating Maryland's behavioral health system of care, and participated in a number of creative art activities.

This was the 5th young adult leadership retreat that I've attended, first as a participant and then as a lead organizer. I've gotten used to seeing familiar faces every year, and it's been amazing that the TAY Project has an event inviting and exciting enough to have young adults return year after year. In the past two years, we've also seen many participants who are working in young adult-specific peer support and advocacy positions. It is so exciting to be able to play a role in ex-

panding young adult peer support across in Maryland by extending support and mentorship opportunities to the young adult peer specialists providing these services.

The goal of these annual events is to introduce young people with mental health and substance use experiences to the peer support, advocacy, and policy fields. We spend time discussing the origin and goal of peer support, the roles that peer advocates play in others' recovery and wellness journeys, and the importance of relationships boundaries and self-care. Our Storytelling for Advocates training is always a favorite and after this workshop, we opened up the floor for participants to share their own recovery stories. It was amazing to hear their stories of courage and resiliency and to see the group come together to support one another. We always make sure we have some good fun at the retreat too, so at the end of our first day we organized a photo scavenger hunt. You can see a picture of the winning team below! On day two we headed down to Upward Enterprises to do team-building activities, a ropes course and ziplining! A big shout-out to our partners Humanim, Waystation, Voices of Hope, Soul Haven Wellness & Recovery Center, Pathways, and Bridges to Future for organizing the participation of young adults in their programs. We had an amazing time this year and we can't wait for our next retreat!



SUMMER 2019 WRAP®

by Denise Camp

Spring was a busy season for the WRAP® Outreach Project! We facilitated a 2-day Introduction to Mental Health Recovery Including WRAP® class in May and a 5-day WRAP® facilitator training in April from which we gained 13 new facilitators. Though summer will be slower, WRAP® will not be on vacation. We kicked off the summer by facilitating a 2-day introductory training for On Our Own of Frederick and will be holding another in Elkridge at the end of July.

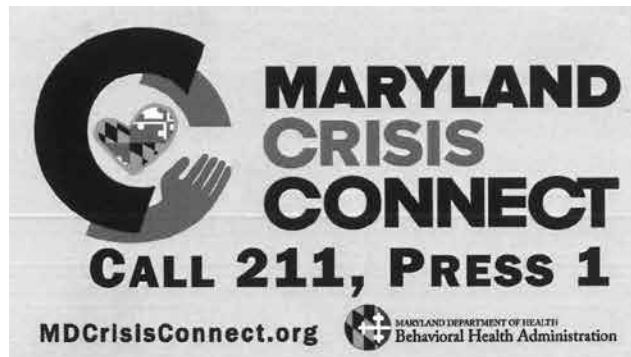
One of the new initiatives we are particularly proud of is the work we are doing with Clifton T. Perkins Hospital Center. In partnership with Perkins staff Kerrie Morgan and Dr. Sybil Smith-Gray, facilitators presented the WRAP® program in the 8-week format to 12 men from medium and maximum security sectors, all of whom finished the program. Ten members of that group are now participating in a WRAP® support group being held twice a month. The goal is to have a couple of participants trained as facilitators so that WRAP® can be self-sustaining at Perkins. In July, Denise Camp, WRAP® Outreach Coordinator and Ms. Morgan will present information on the project at the hospital's grand rounds.

The WRAP® Outreach Project is working with Jose Rosado, Executive Director of New Day Wellness & Recovery Center and Kaitlyn Borig from the Harford County Detention Center (HCDC) to pilot a program to bring WRAP® classes to HCDC. We are hopeful that lessons learned from the initiative at Perkins will inform the HCDC project. In our efforts to reach more incarcerated individuals we also hope to expand WRAP® into the Baltimore County Detention Center. In August, Denise Camp will receive her Advanced Level WRAP® Facilitator(ALWF) recertification. Additionally, two long-time WRAP® Facilitators – Carolyn Cullison of On Our Own of St. Mary's County and Laurie Galloway of On Our Own of Carroll County

– will be receiving their certifications to become Advanced Level WRAP® Facilitators. On Our Own of Maryland will then have 5 ALWFs, which will enable us to offer more facilitator trainings in other areas of the state.

In late summer/early fall, there will be another set of facilitator refreshers. Keep an eye on the Facilitator Focus newsletter for more information. The

WRAP® Outreach Project wishes everyone a safe, happy and fun summer!



The Light and the Dark Side of the Moon

by Brian Korzec

You know how there is a dark and light side to the moon? For me, anxiety is on the dark side and courage is on the light. Opportunities like sharing my recovery, going to work, eating healthy, staying active, and maintaining and building relationships are examples of the ongoing challenges life presents to me in which I can choose courage.

Since I was 10 years old, I have been practicing martial arts. I was drawn to its philosophy of wisdom. Buddha said, “life is suffering” and that was something I could relate to early on. Back then, life felt confusing and painful – something I felt on guard and anxious about, especially once I started school, when everything became structured and timed. The worst part, though, was the comparison with other kids, creating a constant pressure of, “Am I good enough?” I started to doubt myself. I cried through first grade because that was the only way I knew how to express my pain. It happened so much that, eventually, I felt like the boy who cried wolf. Even the school nurse stopped welcoming me. I’d sit on a chair in her waiting room as she treated others without tending to me. It was awful. I felt as though I didn’t exist when I was needy, unless I was being reprimanded for it. Nobody thought to get me any kind of psychiatric help, so I learned to just keep to myself and push through, in spite of the pain.

Later, after high school, it was stigma that kept me from seeking help, even though my parents encouraged it when I started acting out and getting in trouble. Stigma kept me from being honest about how intense my emotions felt and how distracted they made me. I was terrified of getting sent to a hospital where somebody would do something awful to me: shock me, lobotomize me, or at the very least restrain or chain me somewhere and forget about me. I felt that my suffering would only get worse if I went for help, and that

once I was “in,” I would never get “out.”

The reason I finally decided to reach out for help was guilt. It felt like something I had to do for myself and for others I cared about; it wasn’t until later that it became something I actually wanted to do. During this initial recovery it was driven by sheer force of will. That approach meant that I would eventually

lose concentration, find a reason to get off track, and relapse. Focusing on willpower alone took too much effort and was exhausting, but as my recovery felt more meaningful to me, I was moved by it and no longer needed willpower. A meaningful recovery process led me to achieve a graduate degree from Johns Hopkins, to build my own business, and to the creation of a federal government position for me that paid twice what I was making on my own.

In my 40s, after many years experiencing the benefits of recovery, I went through a difficult 3-year divorce and related bankruptcy. Things also changed politically and my work with the federal government felt less meaningful. All that stress over time wore me down and something happened I didn’t expect; I went into crisis and relapsed. My anxiety was back with a vengeance, coupled with severe depression. For the first time, I’d lost hope. My mind raced, I couldn’t sleep, and I was on maximum dosages of four different meds. Over the next year, I gained 100 pounds, was put on cholesterol meds, my blood pressure kept getting higher, and I still wasn’t sleeping. I needed help but did not want to be hospitalized. Then, I recalled how I recovered before and began focusing on wellness instead of illness. I stopped trying to figure everything out and blaming – myself, others, and circumstances – for my suffering and started focusing on what recovery meant to me personally and figuring out what I had control over so I could work toward it.

**“My greatest
power in recovery
...was my ability
to choose.”**

The Light and the Dark Side of the Moon

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My greatest power in recovery, and what I had control over, was my ability to choose. My choices helped me decide what kind of life I wanted to live. For me, wellness meant making healthier choices that led to positive outcomes including family, friends, and others trusting me more; doctors needing to see me less; my mind and body requiring less medication and receiving more of my caring attention; and sleep being more restful. So, when I look back at my journey, my gauge was looking at the quality of my life in relation to my choices. If my choices were anxiety-driven, the quality would be less. If my choices were mindful, the quality would be more.

Practicing mindfulness helped me learn not to judge anxiety but rather to welcome it as something more than the source of pain and shame I'd always associated it with. That's when my choices became more about the courage to learn and develop. Mindfulness taught me to pause and notice when I would feel anxious and my body would tense up, to notice my breathing and make sure it was deep and slow, and then observe and ask myself, "I'm feeling tense, what's that about?" or ask, "What do I want to do with it?" Choosing to discover something new became an act of courage rather than fear. Feeling brave makes me feel good about myself and inspires me to continue on my recovery journey. I've learned to see the anxiety and sadness as signals for me to be open and supportive of myself while the storm of my emotional or physical discomfort passes.

I love mindfulness because you can't go wrong with it. Mindfulness is simply being present and non-judgmental about the present. The moment you notice you aren't being mindful, you're actually being mindful, and then you feel good! If you don't feel good about it, you open yourself to learning and ask yourself "What is it about that right now I can't feel good about?" Mindfulness has helped me stop wasting time and energy trying to figure myself out.

I always try to remember that recovery is a choice. Creating structure and intentional and conscious ritu-

als help me to take care of myself in healthier ways. My rituals (like mindfully eating, maintaining my hygiene, doing chores, exercising, meditating and praying) keep me healthy in body, mind, and spirit. When I do them, I feel connected to myself, my community, and my Higher Power.

The practice of Focusing has been a blessing for me because it resonated with and complemented the mindfulness work I was doing. While it's similar to mindfulness, there is an important difference. Rather than noticing and then letting go, one notices and then explores even more deeply. It is an effective technique which has been recognized repeatedly by the American Psychological Association. Once I got involved with Focusing, I also got involved in the Focusing community. I began interacting with people who treated each other using a person-centered approach, and it was my first experience with what we now call peer support, which I've been involved with through today. Currently, I coordinate activities for Prologue's peer-run Wellness and Recovery Center providing activity programming, WRAP facilitation, and peer support.

Through that peer support, I felt acknowledged, accepted, and appreciated for however I was at any given time. This kind of support boosted my recovery process a great deal because it enabled me to also acknowledge, accept, and appreciate myself. It helped me transform from someone who was anxious, had low self-esteem, and was guarded around others to feeling more open, confident, and inspired to make healthier choices. I became less reactive and even risked providing feedback to build relationships and get my needs met.

I have accepted the moon will always have a dark and bright side, and that life will always challenge me. Recovery means having faith in the bright side and choosing courage. An important part of courage is seeking support when you can't do it alone, because the most important word in *On Our Own* is *Our*, meaning we are in this together.

Becoming the Author of My Life: An Interview with Ciara Lynn

by Jennifer Brown

Thanks so much for sharing your recovery journey with us – I appreciate your generosity, time, and honesty. Can you take me back to when it all started?

It's pretty far back! I was living in a safe house with my mom by the time I was 3 months old, due to my dad's abuse. My mom got out of the marriage and raised me as a single mom. By elementary school, I was showing signs of anxiety – pounding heart, clammy hands, and overstimulated by everything. In spite of all that, I was a good student, but the anxiety made me not want to go to school.

Did anyone realize you were suffering and offer help?

I finally got some counseling in middle school when my father was convicted of sexually abusing his stepdaughter and was sent to prison. I had become friends with his new wife and his stepdaughter, so it was devastating to me. On top of that, I felt like I needed to make sure that I had no repressed memories of my own, that nothing had happened to me too, you know?

However, the counseling wasn't particularly helpful, as I was told that it was "normal to worry about what your peers think and normal to worry during the day." They were dismissive of my discussion of experiencing my symptoms, so we never even scratched the bigger issues. By the time I was in high school, I was having panic attacks every day.

What was that like?

I felt like I was going to die. There was a terrible sense of dread, and I felt like I couldn't breathe. But I was also confused – absolutely bewildered – as to why it was happening.

Did your friends know what you were going through?

I kept it hidden from everyone except my mom. She has stuck by me even when things were really scary, even when she didn't understand what was happening. My grades were really good, so it wasn't obvious that I was struggling. But I just didn't want to be there. I asked if I could drop out and my mom said yes, as long as I got my GED right away. But the school told me I couldn't drop out, as my test scores were too high.

Um, what??

Yep, they were worried about losing funding, since my test scores brought up the average for the school. So, I was really between a rock and a hard place: they wouldn't give me the mental health services I needed in order to stay in school, but they wouldn't let me drop out either. Mental health services weren't really available, and to get them through insurance would have meant challenging co-pays. I finally did drop out, got my GED the same year, and started taking classes at Chesapeake College.

Did things get better in a different environment?

I would have thrived in college if my other circumstances had been different. I loved learning. I actually always loved to study and strived to maintain a high GPA. But the next two years were a whirlwind...I met my first boyfriend online, who was much older, probably around 30. Unfortunately, he turned out to be an abuser. I was pretty naïve and not very socially adept, so I was basically a predator's dream. He charmed me, groomed me, and then manipulated me. I was constantly confused and off balance, and then started having delusions. I went into crisis 10 times in those two years and was hospitalized 5 times.

"...communities are ready and willing not only to address the stigma around mental illness and neurodiversity, but to actively and openly support the wellbeing of people affected by it."

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How did he respond when you were in crisis?

He would gaslight me. Each time, he convinced me it was all my fault, that I had brought it on myself, and when I would get out of the hospital, he would tell me nothing really happened. He was also dating 3–4 other people but when I would confront him about it, he would walk me around in mental circles and convince me that I was making it up.

As I'm sure you know, it's common for abusers to isolate their victims from their support networks, and from anyone who might be able to help them see the reality of their situation. Did you find that to be the case?

Oh, yes. He was critical not only of me, but also my friends and my family. He painted himself as my only support – my savior. I couldn't see at all that he was abusive. I just thought I was a crazy, worthless person.

At what point did you realize that you were in an abusive relationship?

I didn't realize it until two years in, when I attempted suicide. You know, when you think of abusers, you often think of them as monsters. But in truth they can be charming, and he was. You almost needed to be on the outside looking in to see it. Other people were telling me he wasn't good for me, but he had convinced me that he was my only savior and that they were wrong. Once I saw him for who he really was, I wanted to get out but that was easier said than done. I finally told he wasn't a good person, that he was abusive and needed to seek therapy. I was also worried about other people he might victimize. We broke up, and I cut off all contact with him. Some of the specifics are cloudy, which I know now is a common symptom of trauma.

How did you feel after you had the courage to get out? What happened then?

I was pretty isolated, partially because of how he had distanced me from my supports, but also because I didn't want anyone to see me like this. I had lost two

years of my life, was now living at home, and trying to figure out who I was. I felt hopeless, angry, and ashamed. I had been tricked, allowed someone to hurt me, and I blamed and stigmatized myself for it.

Were you able to get support with that journey, with the trauma?

I did outpatient therapy, CBT, was on and off of different meds, got different diagnoses. I liked therapy but struggled on medication. Overall, I would say progress was pretty slow. Part of it was my framework – I had a victim mindset. I expected everyone else to fix me, thought I would just find the right process through which I would come out pristine and okay, that someone could just erase my mental illness. No one told me I had to do it on my own.

I spent the next few years getting back on my feet and learning to function, trying to find a recipe for stability. By age 21, I was working on and off, was still in school, and learning to be well. I had a great family and some wonderful friends in my life – a support network. I also was feeling empowered by the fact that I was making progress and looking forward to things again after enduring so much. For the first time I really thought I could still have a good life and be okay. So, I decided to take some time off and do some traveling. I booked a ticket to California and backpacked around for a few months.

Was it what you hoped it would be?

It was a wonderful, profound experience and I met some really good people. But then things fell apart. I was walking across the Golden Gate Bridge in San Francisco, and felt my heart beating really hard, and my chest was hurting really badly – I thought perhaps I had pulled a muscle in my chest. Finally, I just couldn't go on anymore and asked someone to call an ambulance. When they did scans at the hospital, they found a tumor in my chest. I was angry with the whole universe. I felt like the world was laughing in my face. I took a 4 day bus trip home, and the hospital there told

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me I had Hodgkins' lymphoma. I started chemo--actually going with my grandmother who was in chemo for a different kind of cancer.

So now you were battling both cancer and mental health challenges. Did you find that people treated you differently regarding one or the other?

Yes, it was interesting to see the difference. In both instances, people are afraid, I think. But with mental illness, there is such a judgment, such a stigma. Unlike with cancer, when people felt so sorry for me and were so nice to me. I felt pitied, like I was on display. I even got what I called "cancer perks" because I looked so awful.

My grandmother died 3 days before Christmas, and then shortly after, my step grandfather, who had played a huge role in raising me, found out he had cancer too. I was angrier than ever. It was also traumatizing, and I find I have a lot of problems remembering details from this time as well.

What was happening with your own physical and mental health at that point?

I didn't even want to do treatment -- I was tired of being bald, tired of chemo. I had had chemo every week with 5 different IVs plus 3 different surgeries plus biopsies. There were all kinds of complications, things got infected, etc. And it didn't seem to be working. It felt like my life was on hold.

As for my mental health, it really had to go on the back burner through the cancer treatment. I couldn't do anything about it because I was pretty incapacitated and would just lay on the couch for days at a time.

What pushed things forward again?

The following spring, I joined a Facebook group for people who had traveled the way I had, so I could at least live vicariously through like-minded people. I met an intriguing guy, reached out, and we became fast friends. I was honest with him and told him I was sick

and in no position to be in a relationship. There was still no progress with my treatment, but he wasn't deterred.

The doctors decided to try a stem cell transplant, and James came to Maryland (from New Jersey) and was with me the entire month that I was in the hospital. The treatment itself went well, and I went into remission almost immediately.

Even though I had better health, some stability, had James, and had my mom, I needed to -- once again -- reassess my identity. Part of figuring that out was wanting to finish the travel adventure I had started earlier. So James and I traveled all over the country, had lots of strange and wonderful adventures, and volunteered a lot.

Did you find it to be a healing experience?

Yes! And once we came back from the trip, I was ready to look again at doing something about my mental health struggles. I went back to outpatient therapy, learned coping skills, learned new ideas, and was also introduced to advocacy at Chesapeake Voyagers, a wellness and recovery center in my community.

Tell me about that -- what was particularly impactful? What did you learn?

I learned what it means to choose your wellness, to have autonomy. And I became really passionate about it. And I learned about education -- about asking questions, even if the question was "What questions should I ask?"

How was your step-grandfather doing at this point?

He was really struggling at this point, and James and I moved in with him to help him. My step-grandfather -- his name was Carvel -- was one of my favorite people in the world. And he was also really my first peer. He had schizophrenia and we bonded over that. I felt like I was the only one who really understood him. And he understood my overwhelm and sensitivity.

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It sounds like you were a great support to each other.

We helped each other to stop self-stigmatizing. I could open up and talk about whatever I was feeling, without fear of judgment. On the one-year anniversary of my remission, I went to a WRAP class at Chesapeake Voyagers and Carvel went with me. And, quite literally, the WRAP class changed my life. I had had periods of stability before that, but now, even when I'm unwell, I can usually maintain that stability due to what I learned from WRAP. It was a huge turning point, not only in my wellness, but I realized that peer support is what I want to do!

That's awesome! Did you begin moving in that direction?

At that time, I still hadn't been working and was still dealing with some physical issues after the cancer treatment. Carvel started doing better, had gotten a roommate, and so James and I moved out.

There were struggles – we were homeless for a while, my mom went through a divorce, etc. The difference was that I could now deal with what was happening, which was huge! I began to actively create a recovery-oriented lifestyle, created a good support network, and I was really doing pretty well. I was working at a gas station but really wanted to work at something more meaningful, so I quit and started some online peer support classes.

How would you describe your life now?

I feel blessed and fortunate. I never thought I'd be okay or know any of what I know now. It's so cool to learn and network with people who really want to support each other.

I now have a peer support specialist job at a crisis house in Harrington, DE, and I hope I'll be volunteering at CVI at some point too! I love it, and I'm learning a lot. I even received a 2019 peer scholarship award that I can use for further training! Additionally, I am now serving

as the Rural Representative for the Doors to Wellbeing National Youth Advisory Council through the Copeland Center for Wellness and Recovery.

What would you say is the most important thing you've learned through the incredible journey of your life thus far?

You know, in November of 2018, Carvel passed away. He really was my best friend, and it was devastating. I was asked to speak at his funeral. I shared, among other things, about our experiences as people living with and recovering from mental illness.

It was my first time speaking publicly about that, and even though I felt very vulnerable, I wanted to advocate for his experience and affirm that there was no shame in dealing with these issues. I wanted people to know that you could still live a vibrant life! I also wanted to open up a dialogue, to share with his loved ones that lifting one another up and supporting each other without judgment is a huge part of getting and staying well.

What was the response?

Overwhelmingly positive – I was blown away. Many others spoke after I did, and shared their experiences with depression, thoughts of suicide, and anxiety. Here we were in the middle of this event where we all were so emotionally frail and mourning such a great loss, and it became such an open and supportive environment.

It showed me the power of advocacy, that communities are ready and willing not only to address the stigma around mental illness and neurodiversity, but to actively and openly support the wellbeing of people affected by it. That moment made me sure that peer advocacy was what I needed to pursue as a major part of my life.

Well, the peer advocacy community is lucky to have you as part of it, to be sure! Thank you again for your courage, candor, and insight.

Thank you. I'm grateful for the opportunity to share and continue to advocate.

Hearts & Ears: A Safe Haven for the LGBTQ+ Community in Recovery

By: Lydia Aimone

Hearts & Ears has provided resources and peer support for individuals with behavioral health needs who also identify as LGBTQ+ for 20 years. The center is located in the Mt. Vernon area of Baltimore City. I had the opportunity to visit the center and talk with members and staff about the history of the LGBTQ+ movement, the challenges they still face today, and why it is so important to have a wellness and recovery center that focuses on the unique behavioral health needs of the LGBTQ+ population. LGBTQ+ individuals experiencing mental illness or substance use challenges face stigma on two fronts, and having a safe space where they feel welcome no matter who they are or what symptoms they experience is necessary for their well-being and survival.

My visit to the center happened to be on the Friday before Baltimore Pride weekend. As we sat making buttons and posters for the parade, a lot of the conversation revolved around this year's 50th anniversary of the Stonewall uprising. On June 28th, 1969, police again raided and harassed patrons of the Stonewall Inn, a gay bar in Greenwich Village, NYC, and the LGBTQ+ community fought back. Often recognized as sparking the broader modern LGBTQ+ equality movement, it was clear this event still had resonance for the members today.

Hearts & Ears starts off each day with a wellness check. I was able to be a part of this check-in during my visit. Participants shared how they were feeling that day, if there was anything that we were struggling with, and had an opportunity to ask for peer support and share anything else that was happening in our lives. It also was "F word Friday," which meant we all shared a (PG) F word that symbolized how we felt about that day, current events, or life in general. Many of the words were inspired by the upcoming Pride celebration, including "freedom," "fun," and "father." This activity allows members to relax and connect with each other before they start their day.

Members prepared to participate in the parade by creating buttons and posters to use for providing outreach and education about the center. I spoke with individual members during this activity, learning about what the center provides and their unique stories. Hearts & Ears hosts a variety of peer support groups, including an NA group, one focused on depression and bipolar disorders, and WRAP®. Focus groups are also available for those who identify as transgender to talk about their own unique experiences of coming out and transitioning.

Another group that sparked a conversation during our afternoon activities was the Hearing Voices group, which brings together individuals who have unusual experiences such as hearing voices or having visions. The group intentionally does not label or diagnose, but rather opens conversation about these experiences, discusses what they might mean, and shares ways to cope with them. This approach allows people to recognize that those voices or visions might serve a purpose, and to honor and reframe their experiences in a way that feels healthy to them.

In addition to support groups, Hearts & Ears builds community cohesion through music appreciation, art therapy, and movie and board game days. These groups and activities build trust between peers and contribute to the warm and friendly environment that I experienced during my visit, which is vital for individuals who need a safe space where they are free to be themselves.

Everything that Hearts & Ears does seeks to recognize that living with a mental health or substance use challenge comes with its own hurdles including stigma and discrimination, and that for LGBTQ+ individuals, those challenges are compounded. Individuals with behavioral health disorders who identify as LGBTQ+ also face stigma aimed at their sexual orientation, gender identity, or gender expression. They may face bul-



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lying, isolation, or estrangement from family and loved ones. LGBTQ+ youth are 3.5 times more likely to attempt suicide than their heterosexual peers. LGBTQ+ adults seeking to create families incur additional legal costs and roadblocks not faced by opposite-sex couples. When seeking treatment for a mental illness or substance use disorder, they may face discrimination or inadequate services from providers. Healthcare is another setting where LGBTQ+ people face discrimination. Insurance companies may not cover surgery for gender confirmation if they do not deem it “medically necessary.”

The language that we use is just as important to keep in mind, since words can be used as both tools for empowerment and oppression. Stigma and discrimination come in overt and subtle forms against the LGBTQ+

population just as they do for the mental health and substance use communities. For example, referring to someone using pronouns other than what that individual uses is a common thing for LGBTQ+ persons to have experienced.

Hearts & Ears has been doing this work for 20 years because they know how important it is to have a safe place and supportive community to go to where you are accepted for who you are. As times have changed, so has their community, and the services and supports they offer them. While many LGBTQ+ businesses have closed their doors over the past two decades, Hearts & Ears has been a constant, providing a stable environment where individuals can go to feel safe and welcomed. Hearts & Ears is a true family, and when you visit, you feel at home.



IN THE NEWS...

Congratulations to **Lacy Kimble** on being hired as the new Executive Director of On Our Own of Frederick County. Lacy formerly worked as a Peer Support Specialist with the Frederick County Health Department. She is also a former high school teacher. Welcome Lacy to On Our Own of Maryland's network of Wellness and Recovery Centers! We look forward to working with you in the future!

Congratulations to **Margaret Paul** who is the new Executive Director of the Office of Consumer Advocates, Inc. based in Hagerstown, MD and which operates Wellness and Recovery Centers in Washington, Allegany and Garrett Counties. Welcome to our peer network. We look forward to working with you and all the staff of OCA, Inc.!

Congratulations to **On Our Own of Calvert County** on having a successful proposal from their Health Department for continued funding for their Wellness and Recovery Center. Congratulations to Patsy Mitchell and the rest of the Board of On Our Own of Calvert County for writing a successful proposal to the Health Department.

Congratulations to **Lauren Grimes**, On Our Own of Maryland's Director of Network and Peer Services, on graduating from the University of Baltimore's Masters in Public Administration program. Way to go Lauren!

Dr. Barbara Bazron, former Deputy Secretary for Behavioral Health and Executive Director of the Maryland Behavioral Health Administration, left her position this past April to return to Washington, D.C. as the Director of their Department of Behavioral Health.

The Maryland Department of Health announced that **Dr. Lisa Burgess** is the new Acting Deputy Secretary of the Behavioral Health Administration. Dr. Burgess is a board certified adult, adolescent and child psychiatrist who has been with the Department since 2012 where she started as a physician adviser in the Medicaid Pharmacy Program. Since 2016 Dr. Burgess has been the Chief Medical Officer for Health Care Financing (Maryland Medicaid office). Congratulations to Dr. Burgess in your new role. On Our Own of

Maryland looks forward to working with you and your staff to continue making Maryland's public behavioral health system more consumer-centered and recovery focused.

Best of luck to **Kelley Fitzgerald**, Regional Property Manager for Main Street Housing, who recently left to take another position working in remodeling in the Anne Arundel area.

On Our Own of Maryland hosted a two-day Bridges Out of Poverty training which is sponsored by AHA Process, Inc. based in Highlands, Texas. We had this training last year which was widely praised as one of the best workshops/trainings we have ever had. So we sponsored this training again for about 20 people and again the reviews were very high! Thanks to **Pru Pease** the trainer from Vermont for another wonderful and enlightening training!

Congratulations to **Eugene Smith** on his retirement from the Office of Consumer Advocates, Inc. (OCA) in Hagerstown, MD. Eugene has been a long-time peer-supporter for the OCA office and Soul Haven, their Wellness and Recovery Center. Eugene is also known as the informal "Mayor of Hagerstown" as he loves to talk to people all over the city and, therefore, many folks know who Eugene is! Enjoy retirement Eugene!

Other Consumer Organizations

Silver Spring Wellness & Recovery Center

1400 Spring Street, Suite 100

Silver Spring, MD 20910

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

Website: www.silverspringdropincenter.blogspot.com

Marty Log Wellness & Recovery Center

3 Milford Mill Road, Pikesville, MD 21208

410-653-6190

Contact Person: Brian Korzec

E-mail: sarahburns@prologueinc.org

Our Place Wellness & Recovery Center

400 Potomac Street, La Plata, MD 20646

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Contact Person: Stephanie Burch

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On Our Own of Prince George's County, Inc.
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Phone: 240-553-7308 / Fax 301-699-5378
Contact Person: Matt Ratz
Email: matt@onourownpg.org
www.onourownpg.org

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Contact Person: Nancy Myers

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

On Our Own - Towson Center
Sheppard Pratt - Building D, Room D020
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Phone: 410-494-4163
Contact Person: Caroline Warfield
E-Mail: towsonooo@outlook.com

Helping Other People Through Empowerment
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Baltimore, MD 21218
Phone: 410-327-5830 / Fax: 410-327-5834
Contact Person: Alison Warfield-Daniels
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www.hopebaltimore.com

Hearts & Ears, Inc.
611 Park Avenue, Suite A
Baltimore, MD 21201
Phone/Fax: 410-523-1694
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www.heartsandears.org

New Day Wellness & Recovery Center
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Peer Wellness and Recovery Services, Inc.
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Website: www.pwrsinc.org

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Soul Haven
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Phone: 301-733-6676
Contact Person: Kirk Stroup

HOPE Station
(part of OCA, Inc. - Allegany County)
632 N. Centre Street
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Mountain Haven
(part of OCA, Inc. - Garrett County)
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Oakland, MD 21550
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Contact Person: Kathy Schrock
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ON OUR OWN OF MARYLAND MEMBERSHIP APPLICATION

By becoming a member of On Our Own of Maryland, you will be supporting our efforts to promote equality in all facets of society for people who receive mental health services and to develop alternative, recovery-based mental health initiatives. To become a member, complete this form, make your check or money order payable to On Our Own of Maryland, Inc. and mail to 7310 Esquire Court, Mail Box 14 • Elkridge, MD 21075.

Name: _____ Organization: _____

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

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

Amount enclosed for annual dues:

Voting Members (consumers/survivors)

Nonvoting Members (non-consumer friends/family)

☐ \$10 ☐ \$2 (those on disability/entitlement income) ☐ \$25 (individual) ☐ \$50 (organization)



CONSUMER NETWORK NEWS

ON OUR OWN OF MARYLAND, INC.
7310 ESQUIRE COURT, MAILBOX 14
ELKRIDGE, MD 21075

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(Main Street Housing is a subsidiary corporation of On Our Own of Maryland, Inc.)

MISSION STATEMENT

On Our Own of Maryland, Inc., a statewide behavioral health consumer education and advocacy network, promotes equality in all facets of society for people who receive behavioral health services and develops alternative, recovery-based behavioral health initiatives.

ABOUT CONSUMER NETWORK NEWS

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