

ON OUR OWN
OF MARYLAND

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Network News

On Our Own of Maryland, Inc.

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

Visionary Leadership: Innovation, Patience, & Hard Work

By Jennifer Brown

From 1992 to 2020, Mike Finkle led On Our Own of Maryland and our affiliated statewide network of peer-run organizations through tremendous expansion and systems-level advocacy. We celebrate his lasting impact on the transformation of Maryland's behavioral health system.

Jennifer Brown: So Mike, tell us how you first got started in advocacy.

Mike Finkle: Back in the late 1970s I was in and out of hospitals, psychiatric hospitals. ... I was assaulted twice by patients. Then I was threatened by a staff person to physically break my jaw because I didn't do something he told me to do. I filed a complaint against him, and [the hospital] had to file a complaint with the state police, because that was the law. He got investigated, he got to get referred for training, whatever it was, I don't know. The impact was the fact that I made a difference, that this guy shouldn't have been running around thinking he was a bigshot because he has keys.

That's how I got involved in advocacy, because I saw one person could make a big difference if they advocate for themselves and others. That's how I got involved eventually with NAMI, Montgomery County, the Mental Health Association – I became a big advocate.

Many people have spoken about your determination and your quiet tenacity, how you saw things that needed to be done, and you got things in motion to get them done. What has kept you going? Because a lot of this has been really difficult work.

Well, early on it was all new to me. The biggest thrill or charge I got was working in Annapolis testifying on bills. So in 1982, I got recommended to be on the Governor's Advisory Council for People with Disabilities, and in May of 1982 I got appointed by Governor Harry Hughes. This is way before the Department of Disabilities was created by former Governor Ehrlich. But after serving on that for a couple of years, for some reason, they liked me

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Hello, Peers!

You are a leader.

You, the person reading this newsletter, right now. Whether you have a New Year's resolution, a five-year plan, or just an intention for the present moment, you are playing an important part in shaping our collective future.

In this issue, we're diving deep into the idea of leadership through a series of interviews with peers who illuminate its many facets: dedication, passion, courage, inspiration, mentorship, and vision. Too often, we may only get to catch a glimpse of what happens in the spotlight, and not the hours of hard work, the development of trusting relationships, and the everyday moments that pave a pathway to transformation over years and decades.

Living through trauma, mental health, or substance use challenges can change how we see ourselves and our potential. Peer leaders have often had to stare down stigma and doubt, but the process of recovery can also open new doors to skills, connections, and resources that help us build the world we know we deserve.

There's one thing we heard over and over again in our conversations: the strength to step out of your comfort zone and into a space of leadership comes not just from within, but from knowing there is someone who sees you, hears you, trusts you, and believes in you. As we lift each other up, we go farther than we ever could alone.

How will you be a leader today?

Jennifer Brown

Director of Community Engagement

Katie Rouse

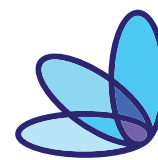
Executive Director



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Visionary Leadership: Innovation, Patience, & Hard Work*continued from page 1*

and they made me chair. All of a sudden I'm chair of this advisory council to the Governor with all the heads of these departments coming to these meetings.

What was it like?

It was interesting, it was a challenge, but it was fascinating. I [recommended that we] should write a letter of support for a legislative bill on the rights of people in facilities, and we did. Then I went and testified, not as Mike Finkle, advocate from On Our Own, but as Mike Finkle, who chaired the Advisory Council for People with Disabilities. In 1983, [the Patients' Rights Bill of Rights] passed. [Then] I was doing some research and I found that within the developmental disability hospitals, there was a provision on the prevention of mental abuse in their facilities. [But the bill that just passed] didn't say anything about mental abuse. So I took the initiative, developed the language, gave it to then-Delegate Paula [Hollinger, the original sponsor of the 1983 bill], she put it in as legislation, it passed in 1985, and now it's in state law. One person can make a difference.

On Our Own of Maryland was created in the fall of 1985, as a special project of the original On Our Own, Inc. in Baltimore. In your tenure at OOOMD, what are some of the things that you are most proud of?

The expansion of the consumer-run programs throughout Maryland. In the beginning there were only a couple [of programs]. Over the years we kept pressing [the state] to fund more programs, so that was one of the biggest accomplishments, expanding the peer network. For the most part there are peer-run programs in every county now.

The other thing I'm very proud of is the fact that we started the Anti-Stigma Project, which, as you know, has gotten a national reputation and recognition. Jennifer, you've traveled all over the United States to do trainings, you went to Hong Kong, you went to Canada, and On Our Own of Maryland did the big national symposium on discrimination and stigma for SAMHSA. And then we also started Main Street Housing. Then the other thing I'm very proud of is our summer conferences and the trainings that we do.



Founding Executive Director Mike Finkle
On Our Own of Maryland, Inc.

Mike, what helped you create that success? You led all of this!

Well, we always tried to hire people that could make a contribution. That was important. One of the things that I've [recommended to] the people that lead the On Our Own groups, whatever the groups are, make friends with the [county behavioral health system leaders]. Try to make peace with your [funders], and do good things in your community.

So finding common ground, finding ways to come to the table together?

Absolutely! It doesn't mean you have to agree on everything, or have to be super nice and just be a rubber stamp. It means you can advocate for yourself and for your members, but do it in a logical and compassionate way. That's the way you can make sure people see that what you do is worthwhile to keep funding you. I always remember what [former leader of the Behavioral Health Administration] Brian Hepburn would say when we'd go into budget meetings: "You know, Mike, the best bang for my buck is the peer-run programs. That's where the state really gets the best for their money."

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Visionary Leadership: Innovation, Patience, & Hard Work

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So do what you need to do to get a seat at the table, disagree when you need to, and don't be a jerk about it?

You're there to represent the peers in your community, the consumers in your community, and that's what you've got to do – it's not about what I want, it's what is in the best interest for all the consumers in your area.

What is an important facet of leadership that you think people often overlook? People say you have to be courageous, you have to be determined, you have to be passionate.

You have to put in the work too. [Leaders] can't just go out in the community and represent at the table, you have to go back and you put in the work, whatever it takes to maintain your funding, and make sure your grants get in on time. You've got to deal with all the [challenges] to running a nonprofit, payroll, taxes, paying all your bills, running board meetings. There is a lot of behind-the-scenes stuff you have to do. It's not necessarily easy work, but you've got to put in the time and the effort. You need to remember to take care of yourself because sometimes you put in 60, 70 hours a week instead of 40 hours. If you don't watch it, negative effects can happen.

So, what advice would you give to newer leaders in the behavioral health advocacy movement?

Make sure that you have a good relationship with your local behavioral health leaders, that you put on really good events, that you're running your programs appropriately, and helping out your peers appropriately. A lot of people that come into the local Wellness & Recovery Centers, they're there for support, peer support, social

“You're there to represent the peers in your community, the consumers in your community, and that's what you've got to do – it's not about what I want, it's what is in the best interest for all the consumers in your area.”

– Mike Finkle

support, making friends. But in my mind, there's always going to be a handful of people that would be great advocates, to be out in the community, to go to Annapolis and represent consumers from your county, to network with local delegates and senators. That's important to expand and protect your funding, and make a difference to get other appropriate programs in your community to help people, like housing.

It sounds like you're saying it's really important to serve the people right there in your community, but don't lose sight that there are larger advocacy issues at hand.

Yes, and the behavioral health community can always use people interested in advocacy at the statewide level to get out there and promote peer services: don't cut our budgets, this is what we're doing, give us more [funding to expand services]. Plus, there's always something going on at the national level like 988, they've been pushing for that for ages, and it's important. ... The other thing is to be patient; it takes time. You can bring about change, but you might have to be patient. ■

For more information on the Patients' Bill of Rights, [read Mike Finkle's article in the January 2021 newsletter](#), available on the OOOMD website.

Danielle Johnson: “You Have to Be Willing to Be Bold”

By Michelle Livshin

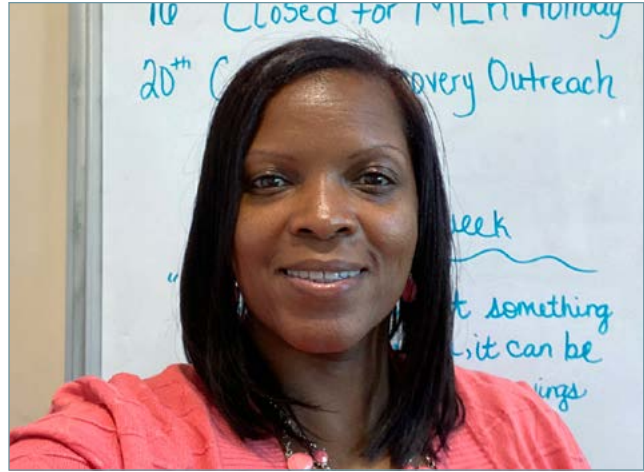
In less than three years, Danielle Johnson has transformed and expanded On Our Own of Calvert County as Executive Director. She has implemented a robust menu of peer programming, created essential partnerships with community organizations, conducted outreach in the community, and fostered a safe, welcoming, participant-driven environment to ensure that recovery is possible for anyone living with a behavioral health condition.

Danielle has been a leader and role model for her members and community, leading with compassion and fierce, yet humble, determination. In speaking with Danielle, she shared that, “My purpose is to give back to the community where I came from ... and speak out about what is lacking. ... You may think that no one is listening but you have to keep making chatter because people are hearing you.”

Danielle came to On Our Own of Calvert as the center was reeling from the passing of their much-beloved former Executive Director, JoAnn Addams, in 2019. In a short time, Danielle has shown herself to be a true peer leader through her advocacy, connection with her community, and keen awareness of their needs.

When local programs closed their doors or transitioned to virtual services during the COVID-19 lockdown, Danielle remained determined that no one in her community got left behind without access to the essential resources they needed. She advocated for On Our Own of Calvert to remain open seven days a week to provide food, laundry, shower, transportation, a comfortable place to be, and computer/internet access.

Supporting unhoused people in Calvert County has been a specific passion of Danielle's. As she witnessed the barriers her members faced in accessing local services, resources, and even shelter, she realized that she had to begin speaking out. She urged local administrators and providers to consider the dire need for more services for unhoused and low-income residents. “You have to be willing to be bold enough to advocate for the needs of community members and what's lacking. We can't be afraid to not speak up. I had to get uncomfortable ... and just go for it,” she said. Her concerns were heard. She was approached with an opportunity to apply for funding



Executive Director Danielle Johnson, On Our Own of Calvert

from the Maryland Department of Housing and Community Development's Community Development Block Services Grant to build an emergency shelter in Calvert County. The proposal was accepted with a unanimous vote from the local homelessness board, and the shelter is anticipated to open in 2024.

When asked about the integral components of peer leadership, she spoke about the importance of compassion, connection, and inclusion. She expressed the importance of fostering a safe, welcoming environment where members are heard, listened to, and the feeling of community is present. She often tells members that On Our Own of Calvert is “your program and we will implement what you all need.” She explained that part of being a peer leader is about “listening and helping to facilitate that change.” At On Our Own of Calvert, Danielle continuously involves her members in every decision made about the center and the services provided. The inclusive feel of the center has resulted in members spreading the word about the center in the community, continuing to grow its membership. Members of the general public are now coming to the center up to four times a week to donate meals and clothing. “Word is spreading like wildfire,” she said. Danielle exemplifies what it means to be a peer leader, possessing bravery, courage, compassion, inclusivity, and hope. ■

Marie's Journey: A Message of Hope

By Huck Talwar

This past year, I got to know someone – let's call her Marie – who represents the effectiveness of recovery, and the courage it takes to trek that journey. Facing depression, an eating disorder, substance use disorder, anxiety, and more, Marie has used her recovery journey as a guiding path to greater wellbeing and happiness for herself, and for her peers whom she met on that journey.

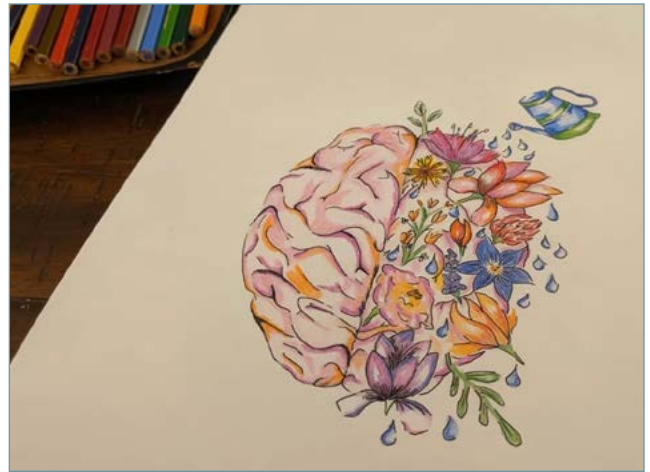
When Marie was six years old, she began having distorted thoughts about her body while at the beach. The comparison to other girls took over her thoughts, and her body image issues began dictating her decisions, like skipping out on quality friend time because of how she thought she looked, a common experience across ages and gender identities. Our culture teaches that we need to look a certain way or we are not good enough. This was Marie's thought process leading up to high school.

After experimenting with diet fads, high school was when things got worse. Marie set unrealistic rules about what and how much to eat, and how much to exercise. She drastically lost weight, and mood shifts began shortly thereafter, along with obsessive thoughts, perfectionism, and a highly competitive attitude. She began binge drinking on weekends as a way to cope. Marie describes this time as having "moments of darkness, [with] the thoughts, feelings, and sensations [being] all-consuming."

For the next decade, Marie experienced depressive symptoms with little to no relief. She felt "devastating torture" within the sadness that overtook her, leaving her feeling "like an empty shell of [herself]."

Marie's parents urged her to get professional support, and though an eating disorder specialist was recommended, she never saw one because her parents were overwhelmed by the idea of mental health treatment. One night, after drinking excessively, Marie reached her breaking point, and became actively suicidal. She spent months in an inpatient eating disorders unit, an experience full of triumphs, setbacks, learning, and nourishment. Marie progressed in completing meals, dealt with triggers that prevented her from doing so, had slip-ups that led to regression, and got back on track. She left with new skills to tackle her eating disorder head on.

From 2013 to 2021, Marie was able to stay out of a higher level of care using the tools and supports she



An original drawing by Marie

had gained. In the summer and fall of 2021, she went into a partial hospitalization program (PHP) for a "tune-up," which was difficult but rewarding. She met amazing peers, received valuable support, and learned new coping skills. This was a big step toward a life that Marie describes as "indescribably great."

As with many folks, Marie tried various tools, supports, and treatments before finding something that worked for her. It wasn't until her mother suggested [an emerging medication] that Marie started to see a significant shift in her mood. This coupled with the PHP made a big difference. "For the first time," she said, "I was able to maintain a full-time job, buy my first car, buy a house with my husband, marry my husband, and maintain a life without the constant need of almost full support." She said that the shift she experienced in the last six months was akin to being reborn. Even though Marie still sometimes feels uncomfortable enjoying life, having spent so much of it in the comfort of her usual negative emotions and behaviors, she is living a wonderful life with her husband and their playful pup.

Marie offers a message of hope, and urges everyone struggling with mental illness to keep fighting. "Keep going even when it feels like you're running on fumes." As a message to her younger self and those reading, Marie leaves us with this: "The potential beauty that life has to offer is so worth the [time] fighting." ■

Passion for Change: Speaking Up and Fighting Stigma

A conversation with Wilmore “Bunky” Sterling

By Yvonne Perret

Bunky Sterling, Executive Director of Lower Shore Friends in Salisbury, has been a strong, outspoken, and shining leader in the peer recovery movement since the mid-1990s. He remains a humble, curious, engaged, thoughtful leader who has not lost sight of his recovery journey, and who is mightily invested in supporting others in theirs.

In his 20s, Bunky recognized “something was going on,” but didn’t know what. He worked every day, came home, drank, took pills, and eventually wound up in a psychiatric ward. He found being in the hospital scary, and didn’t see himself like the other people there.

As so many people do, Bunky faced stigmatizing comments said to him directly, reinforcing feelings he had of not believing in himself, feeling bad about himself, and not loving himself. As he continued to work with this therapist, his view of himself slowly began to change. While attending a psychiatric rehabilitation program (PRP) on the Eastern Shore, Bunky began to recognize the skills he had and began to work again. He did a variety of jobs there – from overseeing the kitchen and meals and supervising others to being an administrative assistant and receptionist. After 10 years of working there as a peer, he wanted to be hired as a full-time staff person. The director turned him down, saying, “Mental health people can’t be employees here.”

Despite this message, the PRP director did say he would write a grant for Bunky to create his own program within the context of the PRP. He could hire peers as staff and design the groups and classes he wanted to offer. Other peers listened and joined him. This continued for three years under his leadership, with peers leading groups and classes and contributing to a successful program.

Then, the PRP changed locations, splitting the peer program from the administrative staff. Bunky wanted to continue with the peer program but was apprehensive. This time, the director of the PRP said, “Bunky, it’s time for you to sink or swim. You’ve got growing pains, and it’s time for you to go.” He remembered feeling worried and frightened. How could he possibly go out on his



Executive Director Bunky Sterling, Lower Shore Friends

own? Would people join him? A friend and colleague said, “Bunky. People like you more than you think, and they will come.” So he did. Lower Shore Friends became its own identity, in its own place, with its own staff, with Bunky as the Director.

In spite of all of his success, Bunky still felt not good enough. He was encouraged to meet Mike Finkle and to learn about On Our Own of Maryland (OOOMD). He said, “When I met Mike and others, I didn’t realize they were consumers. I never heard Mike say he had a mental illness. Once I caught on that everyone had one, I was really happy then.” And, it was then that Bunky realized that people with mental health challenges didn’t look “crazy,” as were being portrayed on television. Media misrepresentations of people with mental health challenges were rampant, with characters often written as people to be pitied and feared, brimming with weaknesses but few strengths.

He then met Jennifer Brown, Director of the Anti-Stigma Project at OOOMD, who spoke about stigma, and another “ta da” moment happened. Bunky said, “What she talked about was the stuff that made me drink and try to kill myself, made me feel I didn’t deserve to live. The mean stuff people said to me about my sexual

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Leading with Empathy

Tony Wright on opportunity, mentors, and teamwork

By Jennifer Brown

Jennifer Brown: As the Executive Director of On Our Own, Inc., which includes six wellness and recovery centers in Baltimore City and Baltimore County, you have a wealth of experience in this field, and are a well-respected leader. What led you to want to work in behavioral health?

Tony Wright: I was a client at a psychiatric rehabilitation program (PRP) and I saw I didn't have the same concept as the PRP in terms of their vision [of recovery]. Their definition of recovery is being stable, and my definition is reaching the highest potential, whatever that may be. Maintaining a job, running for governor, or anywhere in between. So I started doing support groups here about how are you feeling, how was your day, what do you aspire to be in the next five or ten years? That led to the concept that everyone can be well, everyone can reach their highest potential, everyone can accomplish their goals no matter what your personal situations may be. I also utilized some of that for myself and I was like, well, I'm in the PRP, but I'm not fulfilled, I want something more. I went to STEP (Shapiro Training Employment Program), and when I completed that and became certified, they sent me to various jobs in the behavioral health community. One was On Our Own, so I started working with them as a peer counselor.

Things just sort of came into place, I never really strived to be in the position that I am in today, it just sort of fell in my lap. Basically, Peg Sullivan, [former On Our Own, Inc. Executive Director] had the faith that I was able to do [this] position, and I said, "If you want to give me this opportunity, and you believe in me that much, I promise that I'm going to do everything in my power not to let you down." After a lot of persuading, I did accept the position on a trial basis, and I guess twenty-two years later it's still on a trial basis. (Laughs.) And I've been on just about every board in Maryland at one point in time.



Executive Director Tony Wright, On Our Own, Inc.

Why so many boards? Why was that so important?

I love that because I was in a position to learn from people that [were] more advanced and been in this position longer. I'm one of them people now. But back then, it was gratifying for me to learn from these people like Mike Finkle, Oscar Morgan, people like that. I had these great mentors to look up to and learn from.

From a leadership perspective, what's been the greatest challenge for you?

I would say having a behavioral health system that's truly behavioral health in terms of everybody [being] on an equal platform, because sometimes I've seen it sway towards one area or another. That creates a challenge for the whole system, not just me, but the whole system. The other challenge is the [Certified Peer Recovery Specialist] certification process. It is very hard to accomplish. Do you know that show *The Amazing Race*? Getting your certification is very similar to that. You jump through hoops, you go through different games. That is a big challenge for my staff, as well for my peers who want to become leaders in the future.

Tell me about the expansion of the centers, of continuing to open one after another.

[In] the inner city, Wellness & Recovery Centers are so desperately needed and at that time there were no centers in Baltimore City, they were all spread out in different outskirts of the city or at the end of the city line. That's why I made a proposal to open a center there, because the people in Baltimore City needed the same type of peer support services that they were getting throughout the counties. I was very fortunate to have a competent staff, and that's the secret of being able to run a network of Wellness & Recovery Centers. I have staff that can take the lead and that are dedicated to our purpose and our mission.

What is your greatest strength as a leader?

My greatest strength is empathy. I treat everyone the same, no matter who they are, or what they do; everyone is treated with the utmost respect. I treat people the way I want to be treated, and it doesn't matter if it's the janitor or the president of the United States. That means a lot to a lot of people, especially people that are disenfranchised. When they come into an environment where they're respected, and they're treated with dignity, it does wonderful things for their self-esteem as well as their recovery process. I love the fact that I'm able to do that.

How do you instill that value throughout six centers?

Being a leader, your staff basically follows your direction, whatever that direction may be. You've seen that if the leader is not so great, then the staff is not going to be so great. If the leader is selfish, the staff is selfish. So I've learned that people follow [you] – they follow what your beliefs are, and what you believe in, and how you run your organization.

When people talk about leadership, are there things you think sometimes get overlooked?

We're human too, people seem to forget that. (laughs) That's why I guess we have the executive director meetings for [leaders of affiliated Wellness & Recovery Organizations] to get peer support from each other, because it is desperately needed. We have to be like superheroes,

and sometimes we just need a hug, or peer support, or validation, or whatever. You also have to have to work as a team, to say "we're going to do this" not "I'm doing this and you follow me." It's "we work together, we're a collective whole, I can't do this without you."

For people who are just starting to think about behavioral health advocacy or looking into leadership positions, what advice would you give them?

I would say be your authentic self, and go into the endeavor with the mindset of helping others and what you can do for people to reach their highest potential. Don't go into it for a power trip, or a title, because that way you're in it for the wrong reasons. You have to [have] the mindset of "I've been blessed with this, how can I share that blessing with other people?" or pay it forward to other people. With this mindset you'll go far, blessings will just fall basically right into your lap as opposed to "I'm going to be king of the world." It doesn't really work out that way. Especially in a non-profit.

I know you're far from done, but looking over the last twenty-two years, what are some of the things you're most proud of?

I'm most proud of seeing people that started the program who wouldn't even speak or even acknowledge the world around them, and now they are working. And not just within my network, but working within the behavioral health community, and being very productive. I'm most proud of seeing people grow, of seeing peers actually reaching their highest potential, and reaching their recovery goals. When people started going to our program they were committed to hospitals less frequently. A few of my peers have not been back to the hospital at all since attending the program.

Is there anything else that you would want people to know about the idea of leadership?

Leadership means having the opportunity to pay it forward and letting other people experience the opportunity I experienced in order to be where I am, so they can be where I am today. That's what it means to me. It's not just about "oh look at me, I'm this and that." It's "what can I do to help you get to the point where I'm at?" ■

“We’re Constantly Evolving”: Tiffinee Scott’s Reflections

“People in recovery are beautiful. They are like the most beautiful flowers you’ll ever meet. People talk about the recovery process like it’s the most horrible thing, but it can actually be the most beautiful experience to watch people evolve and grow.”

By Katie Rouse

As the president of the Maryland Peer Advisory Council (MPAC), Tiffinee Scott is dedicated to building and supporting a statewide community of individuals, families, and allies who advocate, address, and act to influence social change for recovery at local, state, and national levels.

MPAC’s Leadership Program

From its first incarnation in 2011 as the Baltimore Recovery Corp, directed by the renowned recovery leader Carroll Christopher Conquest, MPAC has grown in scope to bring together recovery community members from across the spectrum of behavioral health through outreach, training, and advocacy.

Their flagship offering is the Advocacy & Leadership Program (ALP), an annual, multi-session, cohort-based training program that combines required courses for the Certified Peer Recovery Specialist (CPRS) credential with advocacy skills and leadership development opportunities. Says Tiffinee, “We are unlike any other program in Maryland; it gives you the opportunity to connect with 15-20 individuals and go through all the trainings for state CPRS certification in addition to advocacy and leadership courses together, start to finish.”

The ALP program is part foundational and part transformational, as Tiffinee describes it. “When you meet people in the beginning of the cohort, everyone is like ‘I want to learn how to be a peer’ – but you already know how to be a peer! It’s when you learn how to utilize your lived experience with training and practical skills to become a Peer Recovery Specialist, that’s when it changes.”

“Some of the individuals want to do this work as a workforce development opportunity, career change, or profession. Some individuals truly love and enjoy both the peer-led services and the advocacy; they want to advance policies or even legislation. You see people evolve over time [in the program]; they find their niche.”

“The program gives you insights and learnings around yourself, about others, about stigma and judgment, how

to be positive, and how to turn advocacy into action. When people want to change things, we always want to be at the Finish line, but we don’t always know where to begin. We want to bring you to Start, and we train you with the knowledge, skills, and abilities to make an impact in the world.”

“There’s no way we can do or serve alone. Our strength is in partnerships and collaborations. It’s the joy about MPAC.”

A Personal Path to Service

When speaking about leadership, Tiffinee comes back to her truth and a place of authenticity. “I give honor to all those who have done this work, and [provided] these supports, well before me.”

“As a person with lived experience from a family perspective, both of my parents, mom and dad, were impacted by substance use recovery. I lost my father at a very young age, lost my daughter in 2020, and journeyed with my mom through recovery in her process. [My grandparents and I] felt voiceless and did not have the information and knowledge we needed to support them in their recovery. Watching as a young person, it placed fire inside of me.”

“[Looking back], I started organizing at the age of 13. I opened up my garage for those who were just like me, who had lost their loved ones. We would sit and talk about our stories and unity came from that. I think people paint our lives [as impacted family members] as terrible, but if I could paint a picture of my childhood, it was that it was beautiful. Family members and community members wrapped their arms around me, and that’s what truly drives me into the service work that I do today.”

“When I came into peer support, I wasn’t looking for [it]. I was speaking up on behalf of a person with co-occurring [mental health and substance use] issues. Two peer leaders – Julvette Price and Carroll Christopher Conquest – heard me [and] told me about the Baltimore



President Tiffinee Scott, Maryland Peer Advisory Council

Recovery Corp training. There was an application process and I was rejected at first because my lived experience was as a family member. So I reapplied, and it gave me the opportunity to explain why I need to be a part of this, and I was accepted the second time.”

“It was a turning point for me; I didn’t realize there was a community of people in recovery. At that time we were trained as peer advocates – not peer recovery coaches, but as advocates. Everything we learned in those experiences, we translated into MPAC’s ALP program to build a foundation that would serve people in the best way.”

“I truly wanted to be a change agent. I just fell in love with [peer support and advocacy], and I was called to leadership in MPAC. It inspired me to meet and address my own mental health and recovery.”

Peer Support and Paradigm Shifts

“I’ve been doing public service work for a very long time,” Tiffinee reflects, “and there’s a humanistic piece in peer support and recovery that is unlike any other. We meet people simply where they are, and we support them in any capacity ... It’s delightful to see people become truly self-empowered: able to not only give back, but to be a vessel of change.”

That philosophy also guides MPAC’s priorities and efforts when it comes to advancing an advocacy agenda, Tiffinee explains. “I believe that we need to unify our understanding of what recovery is ... As we grow and evolve, we learn it’s not just substance use and mental health that impacts individuals, it’s a multitude of things, like Social Determinants of Health. Some of our greatest barriers in recovery support today have to do with access, funding, insurance, and transportation. People don’t always involve themselves in one system, they can be involved with a multitude of systems.”

“I think often for our funders and policy makers, ‘recovery’ is difficult to define, so they can’t get behind things they don’t understand. [That’s why] it takes advocates to stand before them and give 2-minute talks on specific issues, to visualize what recovery looks like. I want to get to the point where I don’t have to define recovery – where people understand and accept it.”

Where does leadership fit into this future? “It takes a strong and bold person to stand up and shed layers and talk about the most grueling things that have happened to them, and to also talk about how they rose from them. What makes us powerful [as leaders] is that we rip the band-aid off and we talk about it, not in shame and guilt, but in self-empowerment and to empower others.”

“[Leadership is about] acceptance of who we are, who our people are, who our communities are, and what we need. To see first, and then go in – not to quickly change things, but to learn and see how we can support, develop, strengthen or grow.”

“If you keep the peer-ness of this work, and focus on what you’ve learned – not what you know, what you learn – that’s what builds us into evolving leaders. We’re constantly evolving, and we need training and new education – not because the state requires it, but because as long as the world keeps turning and changing, we have to adapt.” ■

For more information about MPAC, visit marylandpeeradvisorycouncil.org.

Finding Your Voice & A Seat at the Table: A Conversation with Brendan Welsh

By Huck Talwar

Huck Talwar: To start off, please introduce yourself and tell us a bit about your work.

Brendan Welsh: I believe that messaging is really important, so when I introduce myself I always say, “My name is Brendan Welsh and the most important role that I carry is that of a person in long-term recovery. What that means for me is that I haven’t picked up a drink in coming up on twelve years in February and, as a result of that recovery, I have the distinct pleasure of doing many things in my life that I wouldn’t have been capable of, including working for Maryland’s Behavioral Health Administration as their Director of Community-Based Access and Support.”

What the job really is all about is two-fold. On one side, we work hard to make sure that Maryland’s service members and their families have access to behavioral health supports, ranging from crisis services all the way to getting individuals linked up either with long-term treatment or recovery support services. On the other side of the house is our consumer affairs team, which is responsible for managing and growing Maryland’s certified peer recovery specialist (CPRS) workforce. It’s a wide range of work that we do, and I by no means do it alone.

A lot of that growth has to do with your position as a leader. What does leadership mean to you?

I think for me leadership is really most simply defined as a partnership. Early in my recovery I was taught none of us does this by ourselves. At the time, my pathway was specific to mutual support groups, so I had a sponsor. That was leadership in that moment, but in its most core function it was a partnership.

After I got into recovery, I started working as a Recovery House manager, and while that was a leadership role, really it was just a partnership with the guys that I lived with, to make sure that the house ran efficiently and stayed stable.

So leadership really is about partnership, making sure that the work gets done, and the people that are being led are also prepared to eventually lead the next group.



Brendan Welsh, Behavioral Health Administration

Because no matter who’s leading, they’re eventually going to get tired and need to step back. And it’s part of that leader’s job to partner with the next generation and prepare them for leadership.

What advice would you give people in new leadership positions who are working in the behavioral health advocacy movement?

First off, network with other leaders. If you’re a leader, create opportunities to network with other leaders whether it’s in behavioral health, in peer services specifically, or outside of both. And don’t be afraid to ask for opportunities that are outside of your scope. I think back to when I wanted to start getting experience as an administrator, so I asked for the opportunity to sit at the front desk and learn how the intake process worked, and then I asked for opportunities to sit at the policy review team and got familiar with the program policies, etc.

What are some of your proudest accomplishments in your professional life?

I’m really proud of a lot of work we’ve done in consumer affairs, such as [getting the Behind the Fence training program up and running](#), getting [incarcerated peers]

that may not have had opportunity or access to recovery. I think about the work that the Wellness & Recovery Centers have been doing now that their budgets have been expanded over the last five years, and the partnerships that we've grown between us and On Our Own of Maryland at a state level. When I started in this role it was really focused on grant-funded Wellness & Recovery Centers. Now, six years later, we've gone through a massive system transformation as we've started to get to this idea that peer services are so valuable to our system that we're going to invest in them long-term and fund them through Medicaid. Now [I'm] sitting [with] a voice at that table, and creating the policy that will reimburse peer services and Medicaid.

What has been the most difficult challenge you've faced in a leadership position and, in facing it, what did it teach you about leadership?

One was finding my voice at the table. I'm a kid with a high school diploma; that's where my education stopped. And then I had a really strong penchant for drinking, and kind of excelled in management, but really couldn't keep my life together. I brought that experience with me in showing up to these policy-making tables where you're surrounded by PhDs, MBAs, secretaries – it was hard to find my voice. I was scared early on to say, "Hey, that's not really the way we should be thinking about this; when you think about people in recovery there's a different perspective." And so, I think the hardest thing for me was learning to be vulnerable and that a big part of being a leader is getting outside of your comfort zone and testing the waters so that innovation, change, or transformation start to impact these industries. [I've been] mentored by really good leaders; I look at our former deputy secretary – a lot of her focus was about building teams and building effective leaders. I've been able to find my voice, and I now sit at those policy tables, and I'm okay to be a bit vulnerable or get out of my comfort zone, and sometimes doing so has gotten us some really creative, innovative programs. It's finding my voice and figuring out how best to use that voice to affect change.

What do you think is an important facet of leadership that is often overlooked, but is super important?

There are two. They're so cliché and corny, and when they were told to me I was like, "God, I don't want to hear

that," but they've proven to be very true in my leadership style. [Those are] pick your battles, and you can get more flies with honey than you can with vinegar. Early on in my leadership, I wanted to take on every fight, full steam raging ahead. What I've learned over the years is that in order to be effective in any position, I need to know what are my priorities and what are my battles in that moment. You ultimately want to get your way, but I do that in a way that captures the most buy-in from the people I'm working with, and gets us all to a spot where we can feel like we've produced something that's mutually beneficial to everybody.

If you had to pick one aspect that is of the utmost importance to being a leader, what would that be?

Bidirectional communication. It needs to be give and take. Because as long as you continually communicate about whatever issue or issues, you'll be able to make progress towards a solution. It's when communication breaks down, which we working in behavioral health systems have seen, that's when things get really problematic. That's when either services stop working, people stop getting the supports they need. As long as you can continue that back and forth [communication], you can lead through the most turbulent of times.

There's certain things I really believe in because I've been on both sides of the coin. I've been in organizations that don't communicate, and they don't last, or if they do, they're miserable. But on the flipside I've seen what happens when an organization, a unit, or even just a supervision pair has that communication, and it thrives, and it gets stuff done.

If you had to pick one aspect of being in a leadership role that is the most rewarding, what would that be?

I guess it's the opportunity to be the evidence. When I think of the trajectory that my life was set up for versus where I am as a human being today and how that's led to those different opportunities to be a leader in different avenues, I get to speak about beating the odds. Showing people that think they can't do it that they can. I did it with a lot of help from a lot of other people and by bumping my head a lot along the way. But I didn't give up. So I think that's what it is, I'm the evidence that you can do it too. ■

Passion for Change: Speaking Up and Fighting Stigma

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orientation, about being Black. All that stuff.” He had taken those messages to heart, creating a huge block that had weighed him down and made him feel “frozen.” Bunky said, “The more she talked, the more the freeze started to melt. Oh my God, she saved my life.” He was stunned to think that so many other people had his experiences and feelings. The weight was lifted. He recognized that people with mental health challenges are simply all of us.

This realization led Bunky to become an outspoken and passionate advocate, active in planning OOOMD conferences, speaking up when things were not right or were unfair, and feeling not only worthy of being heard, but also expecting to be heard. For instance, at one conference where Bunky was invited to speak, he suggested the term “relaxation lounge” in place of “quiet room,” explaining the detrimental impact the phrase “quiet room” could have on peers. They changed it, and he was impressed that the organizer credited him with the change.

His participation in the work and leadership of OOOMD was, as he said, “magical.” He finally heard “good job,” and “well done,” and it meant the world to him. Bunky received the recognition and acknowledgement of his accomplishments, his persistence, his focus, and his truth that he so richly deserved.

He brings those lessons learned into his work. When Bunky meets with peers in his program, he tries to “pull out all those strengths that they don’t see” and to share

with them what he sees. He recognizes that people feel beaten down from their life experiences and have often internalized the stigmatizing messages that they have heard from the outside world, fighting stigma from the inside too. He describes it this way: “They wake up a little teeny bit at a time. You see a little teeny flower come sticking through the dirt” and see the potential. In real life, he said, growth often happens “extremely slowly,” but it does happen. “That’s change to me.” He said, “The long hard journey was worth it to be where I am now. It truly was worth it. It was hard. It was ugly; it was painful. But I’m in a very good place now.”

Ever humble, Bunky still does not see himself as someone who stands out. He is grateful for the times that have been rewarding, is able now to recognize and love himself, and wants to continue to support others in their quest to see their own strengths and possibilities. Lower Shore Friends is going strong and has made a difference in the lives of its members and in the community, with Bunky having an impact statewide as well. He does not focus on the numerous awards and accolades he has received. Rather, his approach to his work is one of focus on others. And he is far from being done. He said, “I want to continue to learn. I want to feel like I’m doing something worthwhile.”

Bunky has and continues to do “something worthwhile” with humility and grace. His message of recovery, of believing in yourself and in others, of not accepting stigmatizing messages, of speaking up for others and yourself, of saying the truth are all aspects of why Bunky Sterling is a vibrant and exceptional leader. ■

Thoughts on Leadership

“As a peer what is for them is also true for you, your boundaries and self care is important too. Therefore you should lead by example and not feel guilty for remaining firm.”

– Executive Director **Chanelle Pounds**, On Our Own of Cecil County, Inc.

“Enjoy your wellness journey and help others create their version of success. Focus on your health and prepare for the future you want to see.”

– Executive Director **Bryan Johnson**, On Our Own of Howard County, Inc.

“Remember, you are the expert about recovery. Step up into that light, own your space and use your words! We are counting on you!”

– Executive Director **Jennifer Tuerke**, Voices of Hope, Inc.

Wellness & Recovery Organizations

STATEWIDE

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

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

ALLEGANY COUNTY

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

ANNE ARUNDEL COUNTY

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

BALTIMORE CITY

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

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

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

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

BALTIMORE COUNTY

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

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

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

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

CALVERT COUNTY

On Our Own of Calvert, Inc.
120 Jibsail Dr
Prince Frederick, MD 20678
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265 E Main St, Suite C
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CECIL COUNTY

On Our Own of Cecil County
223 E Main St
Elkton, MD 21921
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CHARLES COUNTY

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

EASTERN SHORE

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

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

Somerset, Worcester, & Wicomico Counties:

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

FREDERICK COUNTY

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

GARRETT COUNTY

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

HARFORD COUNTY

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

HOWARD COUNTY

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

MONTGOMERY COUNTY

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

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

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

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On Our Own of Prince George's County, Inc.
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WASHINGTON COUNTY

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

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

ABOUT OUR NETWORK

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

* Not a member affiliate

‡ LGBTQ-operated, with LGBTQ focus



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On Our Own of Maryland, Inc.

Mission

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

Vision

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

Staff

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