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June 6 & 7, 2019

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Mindfulness in Recovery Communities:
The Science & The Magic

On Our Own of Maryland’s 2019 Annual Conference

Special Guest Presenters

Ali Smith
Founder and CEO, Holistic Life Foundation, Baltimore MD

Dr. Nev Jones
Assistant Professor of Mental Health Law and Policy, University of South Florida

Dr. Barbara Bazron
Deputy Secretary, Behavioral Health, Maryland Department of Health (Invited)

Brendan Welsh
Director, Office of Consumer Affairs, Maryland Behavioral Health Administration

Phil Holmes
Vice-President, Goodwill Industries of the Chesapeake (retired)

Luciene Parsley
Legal Director, Disability Rights Maryland

Kim Burton
Director of Older Adult Programs, Mental Health Association of Maryland

Tamara Van NewKirk
Reiki and Mindfulness Practitioner

Annual Conference Registration Now Open
It’s easy to register online!
http://onourownconference.eventbrite.com
CONFERENCE OVERVIEW

Join us on June 6 & 7, 2019 for On Our Own of Maryland’s Annual Conference being held at the beautiful Princess Royale Hotel in Ocean City, MD. Our overall theme this year is: “Mindfulness in Recovery Communities: The Science and The Magic.” We are very excited for this year’s conference as we will be having two keynote presentations. Though the major focus of the conference on the first day will be in the area of “mindfulness;” on the second day we will also explore the vital link between peer support and recovery and how peer support is being woven into various systems and settings.

Our keynote speaker on Thursday is Ali Smith, the founder and director of the Holistic Life Foundation. The Holistic Life Foundation is 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.

Our keynote speaker on Friday is Dr. Nev Jones from the University of South Florida, who 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/activist and will be speaking about how to mindfully build and sustain diverse, integrated, peer-driven recovery communities on local, state and national levels.

Also on Friday, we have invited Dr. Barbara Bazron, Deputy Secretary for Behavioral Health, Maryland Department of Health to discuss the recent Governor Hogan’s Executive Order creating a Commission to Study Mental and Behavioral Health in Maryland and how that may impact our peer-recovery communities.

Along with our dynamic keynote speakers, we are delighted to have wonderful special guest presenters including Brendan Welsh, Director of the Behavioral Health Administration’s Office of Consumer Affairs; Phil Holmes, former Vice-President of Goodwill Industries of the Chesapeake; Dr. Erik Roskes, nationally recognized forensic psychiatrist; Kim Burton with the Mental Health Association of Maryland; Luciene Parsley, Legal Director at Disability Rights Maryland; Tamara Van Newkirk, clinical social worker skilled in mindfulness meditation, and many others.

There also will be a wide variety of workshop topics focusing on issues such as trauma-informed care, older adult issues, spirituality, meditation, alternative strategies for pain management, peers working in diverse settings, advocacy tips, LGBTQI issues, mindfulness, how music promotes recovery, and many more! A list of all the workshops will be available on our website after May 1st at http://www.onourownmd.org/events.

Our annual Awards Dinner will take place on Thursday evening. Following the dinner there will be several activities including our annual Karaoke dance with a “Harry Potter” theme and costume contest. Experience the magic of the Harry Potter world and come as your favorite Harry Potter character. We will have a “wand-erful” time!

Come hear inspiring and informative speakers, join in the fellowship of our consumer movement, meet and greet old friends, make new ones! Looking forward to seeing you on the beautiful beach in Ocean City, Maryland this June!

Mindfulness Tip:

Become aware of your breathing. Turn your attention to your in-breath and out-breath. Follow the length of each in-breath and out-breath from beginning to end.
CONFERENCE AGENDA

DAY ONE:
THURSDAY, JUNE 6, 2019

Note: No Lunch Served on June 6, 2019

11:00 - 1:00 PM Registration - Visit Exhibit Tables
12:00 - 1:00 PM Reception & Light Refreshments
1:15 - 1:30 PM Welcoming Remarks
   Carolyn Cullison, President, OOOMD
1:30 - 3:00 PM Keynote Address
   “Mindfulness in Recovery Communities”
   Ali Smith, Founder and CEO, Holistic Life Foundation, Inc. Baltimore, MD
3:00 - 3:30 PM Break
3:30 - 5:00 PM Workshop Series A
5:00 - 6:15 PM Break; Dress for Dinner
6:15 - 8:45 PM Awards Dinner

Honorees:
Jennifer LaMade
Director of Planning, Quality and Core Services
Worcester County Health Department

Crista Taylor
President and CEO
Behavioral Health System Baltimore

Tom Godwin
Co-occurring Disorders Training Specialist
Department of Psychiatry, University of Maryland

Tom Hill
Vice President of Practice Improvement
National Council for Behavioral Health

Mindfulness Tip:
Notice what you are doing as you are doing it and tune into your senses. When you are eating, notice the color, texture and taste of the food.

9:00 - 10:00 AM Special Presentation
“Governor’s Commission to Study Mental and Behavioral Health in Maryland”
Dr. Barbara Bazron
Deputy Secretary
Behavioral Health, Maryland Department of Health

10:30 - 11:00 AM Break
11:00 - 12:30 PM Workshop Series B
12:30 - 2:00 PM Lunch
2:00 - 3:30 PM Workshop Series C
3:30 - 4:00 PM Return to General Session

Wrap Up & Raffle Prizes

Drive Home Safely!

DAY TWO:
FRIDAY, JUNE 7, 2019

7:30 - 8:45 AM Breakfast
8:00 - 9:30 AM Registration
9:00 - 10:00 AM Keynote Address
   “Building Integrated Peer-Run Recovery Communities”
   Dr. Nev Jones
   Assistant Professor
   Department of Mental Health Law & Policy
   University of South Florida
10:00 - 10:30 AM Special Presentation
“Governor’s Commission to Study Mental and Behavioral Health in Maryland”
Dr. Barbara Bazron
Deputy Secretary
Behavioral Health, Maryland Department of Health

10:30 - 11:00 AM Break
11:00 - 12:30 PM Workshop Series B
12:30 - 2:00 PM Lunch
2:00 - 3:30 PM Workshop Series C
3:30 - 4:00 PM Return to General Session

Wrap Up & Raffle Prizes

Drive Home Safely!

On Our Own of Maryland’s 27th Annual Statewide Conference

Thursday & Friday, June 6 & 7, 2019
Princess Royale Hotel, Ocean City, MD
THURSDAY, JUNE 6TH KEYNOTE SPEAKER: ALI SMITH

“Ali Smith co-founded the Holistic Life Foundation in 2001, where he currently serves as Executive Director. He is a native of Baltimore, Maryland and a graduate of the Friends School of Baltimore and the University of Maryland, College Park, receiving a BS in Environmental Science and Policy with a Biodiversity specialization. He has over 15 years of experience teaching yoga and mindfulness to diverse populations. Through his work at the Holistic Life Foundation he has helped develop and pilot yoga and mindfulness programs at public and private schools, drug treatment centers, juvenile detention centers, mental crisis facilities, and retreat centers, nationally and internationally. Ali has authored a series of children’s books, and co-authored several yoga and mindfulness based curriculum’s, as well as developed numerous workshops and training’s. His work with the Holistic Life Foundation has been featured on Making a Difference on the NBC Nightly News, CNN, and CBS, as well as O the Oprah Magazine, The Washington Post, Upworthy, Mindful Magazine, Yoga Journal, Shambala Sun, and many other publications.” (Holistic Life Foundation website)

FRIDAY, JUNE 7TH KEYNOTE SPEAKER: DR. NEV JONES

Nev Jones is an assistant professor in the Department of Mental Health Law & Policy at the University of South Florida and faculty affiliate with the Louis de la Parte Florida Mental Health Institute. She also holds an (affiliate) clinical faculty appointment with the Yale University School of Medicine’s Program for Recovery & Community Health. Dr. Jones received her Ph.D. from DePaul University in 2014, followed by a postdoctoral fellowship at Stanford University in medical anthropology and psychiatry. She has lived and worked in rural Nepal and Japan and trained as a cross-cultural philosopher with a focus on social justice, equity, cross-cultural epistemology, and ethics. Nev is a peer with lived experience and has led multiple initiatives designed to help shift power and voice back to those with direct personal experience of the public behavioral health system. Her research has focused on the social, cultural and structural determinants of disability and recovery, youth and young adult behavioral health services, cultural/ racial/ethnic disparities, peer and family support, and stakeholder involvement and leadership in behavioral health evaluation, research and policy.

LOCATION
Princess Royale Hotel & Conference Center • 9100 Coastal Highway, Ocean City, MD 21842
(410) 524-7777 • 1-800-4-ROYALE

The Princess Royale Oceanfront Hotel is one of the premier Ocean City, Maryland hotels and its largest all-suite resort. Located on white sandy beaches, the hotel offers a variety of accommodations, including two-room suites with fully equipped kitchenettes overlooking the ocean, and suites overlooking their heated indoor swimming pool, hot tubs and four-story glass oceanfront tropical atrium. The hotel has an exercise room, tennis courts, convenience, gift and jewelry shops, complimentary T-1 wireless access, guest laundry, game room and business center, along with free parking.

The hotel is non-smoking.

Directions: Detailed directions will be mailed with confirmation of your registration.

Pictures: 1)Living Room, 2) Kitchen, 3) Double Occupancy Room
Distinguished Service Award – Crista Taylor
Crista Taylor is the President and CEO of Behavioral Health System Baltimore, the local Behavioral Health Authority for Baltimore City. A licensed clinical social worker, Ms. Taylor is recognized as a leader in behavioral health in Maryland. She has experience working with policymakers, nonprofit organizations, and elected officials on innovative approaches to improving the behavioral health of Marylanders. Crista has more than 20 years of experience in the behavioral health field where she has overseen the implementation of a range of programs that improved the quality of care delivered in the Public Behavioral Health System.

Award of Special Recognition – Jennifer LaMade
Jennifer LaMade, MSW, LMSW is the Director of Planning, Quality, and Core Service at the Worcester County Health Department. She has been with the Health Department since 2000 serving in various capacities over the years, such as the Director of the Core Service Agency, Executive Director of the Local Management Board, and the Assistant Director of Case Management Services. Jennifer has over 35 years’ experience in behavioral health services in both residential and community settings. Ms. LaMade has direct service expertise in serving children and adults with mental illness and co-occurring diagnoses. Ms. LaMade has a passion for advocacy, and works diligently to assure that the citizens of Maryland and her jurisdiction have the services they need to achieve recovery from behavioral health disorders.

Lifetime Achievement Award – Tom Godwin
Tom Godwin is a Co-Occurring Disorders Consultant/Training Specialist for the Maryland Behavioral Health Administration at the University of Maryland School of Medicine Evidence-Based Practices Center. In his current role, and as the former Director of the Co-Occurring Disorders Integrated Service Initiative, under the former Maryland Mental Hygiene Administration, Tom has been involved over the years in assisting state leaders and county leaders in all 24 Maryland jurisdictions toward the development of integrated services for individuals with co-occurring mental health, substance use disorders and other complex needs. Over the years Tom has provided technical assistance, training and guidance for state leaders, numerous behavioral health agencies, family and consumer empowerment organizations in support of the delivery of system, program and clinical evidence-based practices, alongside of his passion toward the elimination of stigma.

Visionary Award – Tom Hill
Tom Hill, MSW, joined the National Council for Behavioral Health in March 2017 as Vice President of Practice Improvement. Mr. Hill previously served as a Presidential Appointee in the position of Senior Advisor on Addiction and Recovery to the SAMHSA Administrator. As part of this post, he initially served as Acting Director of the Center for Substance Abuse Treatment. Prior to his appointment, Mr. Hill was a Senior Associate at Altarum Institute, serving as Technical Assistance Director for a number of SAMHSA treatment and recovery support grant initiatives. He also served for four years as Director of Programs at Faces & Voices of Recovery. Mr. Hill is frequently sought out as a national thought leader in the addiction and recovery field; his personal experience of recovery from addiction spans two decades. Reflecting his commitment to the goal of long-term recovery for individuals, families and communities, he has also served on numerous boards of directors, advisory boards, committees and working groups.
**Refund policy:** Cancellations must be received in writing. If received before June 1, 2019 you will receive a full refund; if between June 1 and June 4 you will be subject to a 50% cancellation fee; after June 4 or (no shows), there will be no refund.

**PAYMENT INFORMATION**
Make your check payable to On Our Own of Maryland, Inc. and return with this form to:

On Our Own of Maryland, Inc.
7310 Esquire Court, Mail Box 14
Elkridge, MD 21075

You may also fax this form to our office at 410-540-9024; however, a hard copy and a check must also be sent.

For an extra fee, you may also pay by credit card. For more information, please contact Kaitlyn Gough at 410-540-9020.

**FOR MORE INFORMATION**
Contact On Our Own of Maryland, Inc.
410-540-9020 • 1-800-704-0262 (toll-free)
Email: ooomd@onourownmd.org

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**CONFERENCE REGISTRATION**

**SPACE IS LIMITED SO REGISTER EARLY! DEADLINE IS MAY 17, 2019**

Please use a separate form for each registrant. Copy as needed. Please print clearly.

| Name: ____________________________________________ | Special Needs*: ____________________________ |
| Organization: ______________________________________ | * Requests for special accommodations, including interpreter services and dietary needs must be received by May 17, 2019. |
| Address: __________________________________________ | Roommate Preference**: ______________________ |
| City/State/Zip: _________________________ | **Double occupancy registrants (including scholarship recipients) who do not give the name of a preferred roommate will be assigned one. |
| Phone #: (______) ____________________________ | Check here if a vegetarian meal is requested: ☐ |
| E-Mail: ________________________________________ | |

A limited number of hotel rooms have been reserved for the conference. Please register early to ensure overnight accommodations.

<table>
<thead>
<tr>
<th>Please register me for the following:</th>
<th>Member Cost*</th>
<th>Non-Member Cost*</th>
<th>Amount Enclosed</th>
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<tbody>
<tr>
<td>Thursday, June 6 - conference only (no meals)</td>
<td>$50</td>
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<tr>
<td>Thursday, June 6 - Awards Dinner only</td>
<td>$45</td>
<td>$55</td>
<td>$___________</td>
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<tr>
<td>Friday, June 7 - conference &amp; lunch</td>
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<td>$105</td>
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<tr>
<td>Thursday &amp; Friday, June 6 &amp; 7 - conference &amp; lunch (NO overnight lodging)</td>
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<tr>
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<td>$280</td>
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<tr>
<td>Thursday &amp; Friday, June 6 &amp; 7 - conference, all meals, &amp; lodging (single occupancy)</td>
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<td>$320</td>
<td>$___________</td>
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<tr>
<td>Membership fee (optional - see below*) JOIN &amp; SAVE!</td>
<td>(see below for membership fees)</td>
<td>$___________</td>
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<tr>
<td>Late fee for all registrations postmarked after May 17th (Hotel room is for Thursday night only)</td>
<td>$10</td>
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**Total Amount Enclosed** $___________

**MEMBERSHIP INFORMATION**
Members are those who have paid annual dues or made equivalent contributions during the past year. To find out if your membership is current, please call On Our Own of MD. To become a member, include dues with your conference registration fee. Check which fee applies.

- $10 for consumer/survivors/peers
- $2 for consumer/survivors/peers on disability income
- $25 for non-consumer friends and family members
- $50 for organizations

**SCHOLARSHIP INFORMATION**
A limited number of scholarships are available for consumers who reside in Maryland. For scholarship applications, call On Our Own of Maryland at 410-540-9020 or 1-800-704-0262.

**REGISTRATION DEADLINE: MAY 17, 2019**
Registration must be postmarked by May 17, 2019. Confirmation of your registration will be mailed to you. Enclose $10 late fee for all registrations postmarked after May 17, 2019.

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410-540-9020 • 1-800-704-0262 (toll-free)
Email: ooomd@onourownmd.org
My name is SirRon, though it hasn’t always been. My recovery story spans four decades and four different personas, each with their own trauma and challenges. Through my names and experiences, I have learned many lessons about hope, redemption, perseverance, and the importance of family. For me, family is everything. I have come to realize that this may or may not be the family you were born into, but rather the family you create, sometimes biologically but also through the deep connections you make in life. Let me start at the beginning ….

Baby Ron fought to survive from birth, weighing under five pounds, and began life in an incubator. His mother was dependent on alcohol and his father was addicted to heroin, and he attempted to kill his mother while Baby Ron was still an infant. Fannie, his mother’s caregiver at the time, is the one who took him home from the hospital and raised him as her son. At age five, he learned that the person Fannie was raising as his older sister was actually his biological mother. When he was twelve, Fannie legally adopted him as her son. Throughout his school-age years, Ron was bullied because he was smart and did well in school. To make matters worse, he was sexually molested by older kids in the neighborhoods. He discovered pornography at a young age, became sexually curious, and was raped and taken advantage of by older men. He fought his sexual preference and became a teenage father when he was only thirteen. For those of you who are familiar with it, his Adverse Childhood Experiences (ACE) score was 8/10. Life seemed unfair and he wanted to escape from the pain and horror, so here came “Ronnie.”

Ronnie was rebellious, abandoning all sense of purpose and belief in God, and began to live a very destructive life of self-centered joy. He fought with Fannie and stole from her, used narcotics, and slept with men to get the things he desired to make a better life out of this “sh*t” he was given. His biological mother died when he was nineteen, and he attempted suicide multiple times, all of them cries for help. One attempt landed him in the hospital, where Fannie stood by him and cleaned the feces from his body after his stomach was pumped with charcoal. The final attempt was made from behind the wheel of a car. He was the driver in four hit-and-runs, survived, ended up in jail, and then into a rehab program.

Now Ronald, in his adult years, navigated a life of confusing questions that seemed to have no end, trying to figure out why he was here. At twenty-two years of age, and with Fannie by his side, he received a federal indictment. Through his twenties, his primary place of residence was the Richmond City Jail in Virginia. Fannie watched her son struggle to find his footing, with short experiences of clean time and engagement in the recovery process. Ronald neared death, and attempted suicide by using drugs, to escape from the trauma that caused great pain. Fannie held on to faith and never lost hope.

Life didn’t end, and here came his son Troy who was seventeen years old now. Ronald was thrown into a dilemma when Troy was introduced to drugs and told his father, “I will not stop if you are still doing it.” In 2005, Ronald was arrested on his birthday and an opportunity to change was afforded to him; however, his mind was not clear, and upon release, within thirty days he tried drugs again. After three days of being clean, Ronald reported to probation, where his probation officer had him arrested and sent to jail. Again, Ronald wanted life to be over, however he cried out to God in jail and said, “If you are real, show up now to me, and no other way.” God had always been a presence in his life; however, the belief had been inspired by external reasons. A new day emerged, as SirRon emerged from the pain and strain of Ron, Ronnie, and Ronald. The re-birth that took place caused all the pain to be pushed into purpose and a changing of my total persona.

I am now SirRon, released to society, where I must face life without restrictions. I was released without probation and began to practice always trying to do the right thing, without hesitation. Prayer and meditation have supported my path. It hasn’t been easy, but it’s been worth it. Many doubted my chances of success because of the many disappointments from the past. This April I will celebrate thir-
teen years of being sober, and July will mark twelve years being out of prison.

I am here to share that recovery is possible, and that you need support from people who care enough to want your best, push for your best, and not let you rest until they see your best. Fannie’s family became my own extended family. Now my son Troy is back in my life, and this August I will become a grandfather. I learned that I need to nurture all the parts of me – Ron, Ronnie, Ronald, and SirRon – as others nurtured me along the way.

Today recovery has become a lifestyle where everything I participate in is part of the process. I am currently focused on giving back and being a mentor in my community and seeing Lifting Individual Voices for Empowerment (LIVE) become a full-fledged organization of hope and redemption, where all people have a chance to recover a holistic lifestyle. I feel like I have found purpose and enlightenment, and I am still learning.

Even though I am currently penniless, homeless, and jobless, the principles that LIVE has taught me to incorporate in my life have helped me to live better. I want to thank everyone who was part of this journey in making it possible to share my recovery with you. And know this: my story is not done!

Ronald-SirRon Fountain, CPRS, RPS

Ronald-SirRon Fountain is a published author in the anthology Writing Our Way Out: Memoirs from Jail. He is a Certified Peer Recovery Specialist and a Registered Peer Supervisor. He volunteers his time as a community resource worker for the Lifting Individual Voices for Empowerment (LIVE) organization. He participates as a member in several community partnerships, including the Community Advisory Board for Baltimore City Health Department’s B’More for Healthy Babies project, the Fetal–Infant Mortality Review Board, the Thriving Communities Collaborative, F.A.C.E. – Freedom Advocates Celebrating Ex-Offenders, and Misha House.

New workshop from On Our Own of Maryland!

10 Ways To Get The Most Out Of Your Health Care Visit

This workshop focuses on strategies and tips to help you create more effective interactions with your health care providers. You'll learn tips for before, during, and after your appointment to help you maximize your outcomes and assess your care.

Schedule today by contacting Michael Madsen, Training Coordinator at michaelm@onourownmd.org or 410-540-9020
Certified Peer Recovery Specialists (CPRSs) are an integral part of behavioral health care teams. They are utilized in a wide variety of healthcare settings, including emergency rooms, psychiatric hospitals, and substance use and psychiatric rehabilitation programs. In these professional positions, peers use their lived experience to provide recovery support to individuals who are in treatment for mental health or substance use issues. Evidence shows peer support has a significant impact on recovery including reductions in re-hospitalizations and days in inpatient treatment, and increases in the use of outpatient services and quality of life. Overall, “the supportive effects of peer interventions can help sustain longer term and more regular treatment utilization”.

Despite their important role, however, CPRSs can face stigma in the workplace. Interdisciplinary stigma exists throughout the continuum of provider roles. CPRSs are not alone in this and, as with all stigma, it creates barriers for them in accomplishing their work. They may face discrimination or exclusion from certain team meetings involving their clients or their opinions may be dismissed despite their presence. In one survey, a peer specialist said that she was asked, “would you get triggered and not be able to professionally do your job?...because you have the title of Peer you’re not as capable as other staff.”

Negative attitudes from other employees and/or management can also affect the well-being and job satisfaction of CPRSs, and therefore contribute to turnover. The stigma that CPRSs face from their colleagues not only sends the message that professionals with lived experience are less valued, but it perpetuates the entrenched stigma that anyone with a behavioral health issue is as well. In order to mitigate the consequences of this stigma, employers must find ways to integrate CPRSs into their care teams fully and effectively. Part of this process involves addressing stigmatizing attitudes among staff and leadership. This article examines methods and tools that can be used to accomplish this.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a peer recovery specialist as “a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency”.

This is a broad definition because depending on the setting, CPRSs may facilitate groups, provide one-on-one peer support, do treatment referral, conduct crisis intervention or any number of other activities. The result is that there is often confusion about the role of a CPRS both for the CPRS themselves as well as the rest of the staff. This can create a circular problem where the lack of guidance and clarity can result in inaction and tentative behavior which can then be misinterpreted as incompetence.

Additionally, there is sometimes a level of skepticism around the professional credibility of someone who has struggled with similar issues as the people they are now serving. This can manifest in a few ways. One of them is questioning the value and content of the training received by CPRSs. Some behavioral health professionals are reticent to collaborate with CPRSs because they have not received the same training as other providers in clinical settings. Other professionals also seem to have confusion regarding whether CPRSs should be viewed as either clients or providers, and have trouble accepting that a person can both receive behavioral health services and be a competent professional. After all, when a physician becomes ill, he/she is, in that moment, a client, and that does not take away their value as a professional.

While there is not a large amount of quantitative data regarding the experiences of CPRSs, there are individual accounts of how these stigmatizing attitudes present themselves. In a qualitative study, Smedburg describes first-hand accounts of this interdisciplinary stigma, which range from comments to not being treated as an equally valuable employee. At the root of the problem, as Dr. Larry Davidson says in an interview, is “an us and them view of the world. There are those that are ‘normal’ and those that have mental illnesses, who have addictions.”

Since peer services are a relatively recent addition to behavioral health care teams, there is not yet a large amount of data detailing best practices for employing CPRSs. A few research studies have been conducted that examine employee experiences, determine the challenges that CPRSs face in the workplace, and make recommendations for methods employers can use to integrate peer professionals into their care teams. Even though combating stigma is not an easy task to undertake, many employers are taking steps to address these attitudes among their staff.
For Employers:

- Create a strong job description. Having a clear, detailed job description will help mitigate role confusion among staff and the peer specialist.

- Ensure that the peer specialist receives quality supervision. Provide training to supervising staff regarding the role of the peer specialist, and what their supervision needs may be.

- Assess your organizational climate. Consider conducting a staff survey to address concerns and dispel stigmatizing myths about behavioral health and peer support.

- Remember that a person can be both a provider and a client, and that having a behavioral health (or any) diagnosis does not make them less capable as trained professionals.

For Peers:

- Do research on how to become certified. Your personal experiences can be powerful tools, but be sure to familiarize yourself with the other skills that are associated with being a certified peer professional.

- Be aware of ethical issues that might arise on the job, such as confidentiality and setting boundaries with clients.

- Speak up if you feel that stigma or discrimination is present at your organization, whether it is from other staff, management, or organizational policy. Part of the role of a peer support specialist is modeling how to advocate, and being your own advocate is a great place to start!

- Take care of yourself. Being in the human services field and working with vulnerable populations can be exhausting. Practice self-care and seek help when you need it.

The research on peer support continues to corroborate its value in healthcare settings. Fully integrating CPRSs into care teams is well worth the effort that it takes to do it well.

Resources


Agencies and organizations in many states are creating integration toolkits, meant to provide a guide for employers on how best to incorporate peer support staff within their workplace. The topics that these toolkits generally address include describing the role of peer support professionals, dispelling myths and addressing concerns among staff, ways to identify stigma within employees and organizational culture, and recommendations on how to onboard and supervise CPRSs so that they feel adequately supported in their role.

Due to the rapid growth of the peer services profession in which CPRSs operate, many states now also have credentialing processes to become certified peer specialists. Even though many states now have a certification, like the CPRS certification in Maryland, there is not a uniform process across the country to enter into and grow within these roles. As the profession grows, it may become possible and necessary for more uniformity in certification so that credentials are recognized and transferable to different areas of the country. Additionally, it would be beneficial for evidence based practices for integrating peer service professionals to be developed. Until then, if you are an employer seeking to integrate peer professionals into your organization, or if you are a peer that is considering peer support as a career, consider the following recommendations. This list is by no means exhaustive, and further examination of toolkits should be done before implementing a peer support professional into the workplace.

For Employers:

- Create a strong job description. Having a clear, detailed job description will help mitigate role confusion among staff and the peer specialist.

- Ensure that the peer specialist receives quality supervision. Provide training to supervising staff regarding the role of the peer specialist, and what their supervision needs may be.

- Assess your organizational climate. Consider conducting a staff survey to address concerns and dispel stigmatizing myths about behavioral health and peer support.

- Remember that a person can be both a provider and a client, and that having a behavioral health (or any) diagnosis does not make them less capable as trained professionals.
It was a cold and snowy morning when I walked into Soul Haven Wellness and Recovery Center in Hagerstown, MD. Even though I arrived early, the doors were already open due to the weather, and people were arriving to warm up with a hot cup of coffee. Though Soul Haven’s mission is primarily to support those with behavioral health issues, many individuals who seek out the center for resources also face homelessness. It is therefore imperative, especially on a freezing day in January for their members to have access to a place that is warm and safe. Soul Haven is that sanctuary, and not only provides a warm place that is out of the elements, but is also warm at heart. I saw much laughter and levity among the attendees that day. Each individual that walked through the door was treated with the utmost respect and trust, and was invited to use the space that the center provides as a place to socialize and build community. The center is peer-run, from the handful of paid staff to the peer volunteers who contribute to day-to-day operations. This sense of community, where everyone is seen as equal, was the first impression I gained from my visit to Soul Haven.

On a typical day, Soul Haven offers services including peer support, education and support groups, hot meals, transportation, and assistance with accessing resources such as housing, treatment, and benefits. I had the opportunity to talk with numerous members, many of whom echoed the impression that I had gleaned of community and belonging. Those I talked with described Soul Haven as a place where people come to make connections and build recovery and life skills where people do not face judgement for circumstances not under their control. People also come to heal, to find their footing, and to give back and support those experiencing similar hardships. I was told that finding Soul Haven was like “opening a door to recovery,” with the understanding you have to be willing and committed to doing the work that recovery requires. While Soul Haven provides many supports and resources for people, it is up to the individual to utilize them in the way that will be most beneficial to them.

This center is a perfect example of how time and effort can improve wellness and facilitate recovery, both on an individual level and an organizational one. At the time of its inception in 1999, Soul Haven was housed in a conference room. Now, Soul Haven occupies a townhouse with multiple offices and community rooms, serves its members healthy meals, and organizes trainings and support groups such as expungement clinics, AA meetings, and physical health workshops. What began as essentially a drop-in center 20 years ago, is now an impactful wellness and recovery center, and is still growing. Over the last few years the center nearly doubled the number of members that they see, with an average of just under 100 individuals utilizing services daily. On average, each month, they find at least 3 new people a place to live, provide assistance with finding a job to 5 people, and help at least 6 people enter a rehabilitation program.

One recent major accomplishment for the organization was hiring an Americorps member to help develop opioid support and prevention programs. With the help of this new staff member, Soul Haven has been able to connect with a wider network of Hagerstown community organizations and treatment facilities, and to focus on getting people into recovery programs and providing them additional supports they need, including harm reduction services. Community collaborations such as these are essential as the opioid epidemic continues to grow in Maryland and across the country. Addressing the reality of opioid use and overdoses is one of the challenges that Soul Haven faces on a daily basis. They try to balance the goals of supporting people where they are while maintaining a space that does not feel triggering to those actively in recovery.

Another issue that affects the organization is that many members are dealing with poverty, and often do not have adequate housing and other basic necessities that are so essential to recovery. The center sees members every day who struggle with addiction and mental health symptoms exacerbated by hunger and homelessness. While there are resources in the community that provide food, such as nearby churches which frequently offer hot meals, there is a shortage of overnight shelters in Hagerstown, especially for women. Soul Haven coordinates their hours as much as possible with the local shelters in order to have a safe space for those without housing for as many hours each day as they can. Developing partnerships with other service providers and organizations in the community is imperative to addressing the myriad obstacles facing those dealing with these issues. One nonprofit alone cannot solve a community’s challenges and it was heartening to hear about the partnerships happening in this county.
Soul Haven Wellness and Recovery Center: Re-Envisioning Home and Community!

Coordinating resources and combating poverty is only part of what makes Soul Haven an indispensable organization. Much of the work that they do is designed to combat the stigma that is associated with mental illness, substance use, and poverty. Stigma is an issue that not only affects individual attitudes and behaviors, but also creates barriers to many of the things named above such as housing and support for people seeking recovery. For example, a few years back, their office was located directly across from the city council building in downtown Hagerstown. They did not have a space or outdoor area for members to socialize while waiting for services. The only option was an alley near the building. The city council deemed that behavior “loitering,” and created an atmosphere that made it difficult for members to access services without facing marginalization and prejudice judgment and exclusion.

For individuals to thrive, it is important that they believe in their ability and their worth, and that they do not internalize the belief that there is something “wrong” with them that stigma perpetuates. Soul Haven nobly directs its efforts to challenging the myths about what it means to deal with mental health and substance use challenges.

The belief that each individual is capable and worthy of respect was apparent in what I observed during my visit to Soul Haven. To begin with, people were not “helped” by staff the moment they arrived, but rather were invited to partake in the resources. If an individual was hungry, they served themselves. If they needed assistance with applying for housing or social security, it was up to them to make an appointment with a coordinator. The idea, I was told, was that individuals need to have autonomy in order to be truly empowered. Treating people as if they cannot do without your aid, as so many organizations do, takes away an individual’s agency and can hinder their ability to advocate for themselves. While Soul Haven aims to engage each person who comes in to create their own recovery path and takes steps toward it, they also make a point to never ask someone “what are you doing back here;,” or question their need, motive or pace for seeking services. The intention is to address stigma by “listening to people first before making assumptions, and do whatever little bit you can to assist them instead of pointing at them and stereotyping” (Kirk Stroup, Soul Haven Coordinator).

I saw this attitude reflected in the peers that I spoke with, as many were engaged in tasks of their own choosing with the aim of improving their well-being. One woman that I spoke with was in the process of securing stable housing and talked about the coordinated supports she received from Soul Haven and other local agencies. Other individuals spoke earnestly about how Soul Haven was able to help them find stability and recovery, as they defined it, in a world that did not deal them an easy hand. I heard from people about how peer groups made them feel valued, and how the wellness programs and hot meals made them feel that being healthy was achievable. As I heard from staff at Soul Haven, the goal really is to not only address acute issues, but to engage people in making intentional choices for their overall health and wellness. From my observations, Soul Haven is doing just that.

Kirk Stroup and Jim Raley
Many people are aware that Wellness Recovery Action Plan is an evidenced-based program/practice that is registered with the National Registry of Evidence-Based Programs and Practices (NREPP). But what does it mean to be “evidence-based”?

According to the Oregon Research Institute, an evidence-based practice is “a practice that has been rigorously evaluated in experimental evaluations – like randomized controlled trials – and shown to make a positive, statistically significant difference in important outcomes.” It will have gone through rigorous evaluation that shows:

- it is supported by data, not just based on theory
- it has been repeatedly tested and is more effective than standard care or an alternative practice
- it can be reproduced in other settings

For WRAP®, this means fidelity to the model is essential to maintain the integrity of its best practice. This ensures that individuals understand that they have personal resources they can use to direct their own wellness, including tools to help themselves get well and stay well, and to equip supporters to best support them in times of crisis.

The publication “How WRAP® Works” is the handbook for fidelity to the WRAP® model. This handbook guides facilitators in the incorporation of all necessary elements in their trainings. For instance, at its most basic level, a WRAP® program that is modeled on best practices means it uses two co-facilitators who have been specifically trained by Advanced Level Facilitators - people who are certified by the Copeland Center to lead a WRAP® facilitator training. Another example of WRAP® as a best practice is ensuring that it remains entirely voluntary for anyone participating.

The most referenced study of WRAP® was done in 2011 by prominent researcher Dr. Judith Cook et.al. at the University of Illinois at Chicago (UIC). Researchers from the Department of Psychiatry at UIC released the results of a rigorous study that demonstrated significantly positive behavioral health outcomes for individuals with severe and persistent mental health challenges who participated in peer-led WRAP® groups. The study measured improvement in various components and the review found WRAP® had a positive impact on:

1. Symptom severity
2. Hopefulness
3. Quality of Life

Other studies have been done in other countries, such as Ireland. Agnes Higgins of Trinity College in Dublin, along with her colleagues, published an article in the Journal of Advanced Nursing evaluating both the 2-day and 5-day trainings using surveys and focus groups. The study showed that “providing mental health practitioners and people with personal experience of mental health problems with a systematic education and training in recovery principles using the Wellness Recovery Action Planning approach leads to positive changes in people's knowledge, skills and attitudes towards recovery. This education appeared to inspire, invigorate and empower people, and for many, it was a life changing experience.”

In Scotland, the Edinburgh Carers Council evaluated WRAP® for effectiveness for caregivers, defined as unpaid individuals who care for a person with a mental illness. Dr. Sue Kelly reported that “WRAP® can increase carers’ confidence to identify and articulate their needs and the resources they need to cope with the challenges that caring places on them.”

On Our Own of Maryland’s WRAP® Outreach Project is currently involved in a research study closer to home. Clifton T. Perkins Hospital Center is now collaborating with the WRAP® Outreach Project and its facilitators to bring WRAP® to patients at Perkins. The pilot program will use a pre- and post-test for participants to measure the outcomes of those participating in WRAP® classes in comparison to a group who is not taking classes. The participants are maximum and medium security patients who have shown an interest in improving their wellness with WRAP®.

Four facilitators of the WRAP® Outreach project have volunteered their time for this project, which will consist of eight weeks of two-hour classes, held once a week. This is an exciting and important pilot for Maryland that could potentially be replicated in other areas, such as the Baltimore and Harford County Detention Centers. WRAP® is already being utilized in the Calvert County Detention Center. The principal clinician, Dr. Sybil Smith-Gray, hopes to publish the findings from this pilot, so look for results in an upcoming issue of Consumer Network News!
On Our Own of Maryland welcomes new Board officers for the coming term - Carolyn Cullison, President, Nevett Steele, Vice-President, Tony Wright, Treasurer and Patrice O’Toole, Secretary. We also wish to extend a big welcome to our newest Board member Avra Sullivan who is the Program Coordinator for Chesapeake Voyagers, Inc. based in Easton, MD which serves the five counties of the Mid-Shore area. In addition, elected for a second-three-year term are Thomas Hicks and Jim Raley. We also wish to extend a big thank-you to Diane Lane, Executive Director of Chesapeake Voyagers who recently left the board after serving two, three-year terms. hanks Diane for all your insight and many contributions to our statewide organization.

Congratulation to Kim Burton, Director of Older Adult Programs with the Mental Health Association of Maryland, who was recently appointed to the On Our Own of Maryland Board of Directors at their March board meeting. Welcome Aboard Kim!

Congratulations to Jose Rosado who is the new Executive Director of New Day Wellness and Recovery Center in Aberdeen, MD. Jose has worked previously as the Resource Advocacy Coordinator for the Harford Community Action Agency. Welcome Jose to the On Our Own of Maryland network of Wellness and Recovery Centers. We also extend best wishes to Bill Patten, the former Executive Director of New Day, and wish him the best of luck in all his future endeavors.

Congratulations to Matt Ratz, Executive Director, and all the folks with On Our Own of Prince George’s County, on their new location for their Wellness and Recovery Center. Their new center is located at 5109 Baltimore Avenue in Hyattsville, MD. For further information, contact their center at 240-553-7308. Their previous center unfortunately was destroyed by fire back in December.

On Our Own of Maryland wishes to extend our sincere condolences to the board and all the folks with On Our Own of Calvert County, on the sudden and recent passing of their long-time Executive Director JoAnn Adams. JoAnn was 79 years old at the time of her death on March 20, 2019. Before becoming their Executive Director, JoAnn was President of their Board of Directors for several years. Kudos to Patsy Mitchell, President of the board and the rest of the board and members of On Our Own of Calvert County for pitching in and carrying on with the day to day business of the organization.

Jim Raley, former Executive Director of the Office of Consumer Advocates, Inc. based in Hagerstown, MD will be leaving his position shortly to become the new Executive Director of Archway Station, Inc. in Cumberland, MD. Archway is a psychiatric rehabilitation program serving folks in Allegany County. We wish Jim all the best in his new position at Archway.

Eric Wakefield, former Executive Director of On Our Own of Frederick County, recently resigned to pursue other endeavors. We extend best wishes to Eric in all his future pursuits.

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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, Mailbox 14, Elkridge, MD 21075.

Name: ___________________________ Organization: ___________________________

Address: ___________________________ City: ___________________________ State: ______ Zip: ________

Phone Number: (______) ___________________ E-mail Address: ___________________________

Amount enclosed for annual dues:

- $10 (Voting Members (consumers/survivors))
- $25 (individual)
- $50 (organization)
- $2 (Non-voting Members (non-consumer friends/family))

**Affiliated Consumer Organizations**

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**On Our Own - Towson Center**
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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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