

A Community based program of mentoring mothers in recovery to establish infrastructure and patterns of success: What would that look like?

In a nutshell, we could create opportunities for young mothers and their families who are affected by drug addiction, to maintain recovery and as importantly reestablish in the community—as mothers, employees, tax payors and volunteers.

There exist numerous service and state organizations that tackle pieces of this puzzle: SMA addresses substance abuse and mental health issues and for pregnant women and new moms, who are in recovery and provides long term residential rehabilitation at Project WARM in Bunnell. Currently this program is serving over 75 women and 25 children and has a long waiting list. There are no residential treatment programs for pregnant women and new moms who are being maintained on legal opioids (the current standard of care in our nation). There are no outpatient programs that address these issues unique to mothers and it is virtually impossible for mothers in recovery or on maintenance to find safe, affordable/subsidized housing that will take their children. There are very few employers in the area that will consider hiring a woman who has had a drug or felony history. Many of those in recovery have worked to gain skills, but without the work experience, or persons vouching for their character, they do not get hired. Very few doctors will see these women; there are no other obstetricians in Volusia/Flagler counties that are certified in buprenorphine maintenance. Many women have currently insurmountable transportation and connectivity issues—no cars, no computers or tablets—in essence none of the tools that are necessary to become working members of society. These barriers place mothers who are in recent recovery at great risk of returning to drug use.

If different service organizations each tackle one piece of the puzzle (let's say food stamps, housing, childcare and a job across town) and, if all don't realize she can't get to daycare and work without a car (say the Voltran has no routes that work), she will fail. If Healthy Start has gotten her a phone, and counseling, but she cannot find a safe living environment, the phone may be frequently dead and she misses critical appointments and she fails. If a patient in recovery has a good job, home and transportation, but has lost her Medicaid and can't obtain her mental health medications, she fails.

These failures bring tremendous consequences to the community; DCF involvement with termination of parental rights and entry of children into the foster care system (perpetuating the traumas that often lead to substance abuse); hospitalizations for severe IV drug use related infections that require months of antibiotics (staying in the hospital) and surgeries on the heart and other organs to address infection; homelessness, crime, deaths from overdose and severe chronic child neglect or abuse all proliferate when the mother fails.

HOW CAN WE REDUCE THE NUMBER OF MOTHERS WHO FAIL? HOW CAN WE TRULY IMPROVE THEIR CIRCUMSTANCES?

Well intended service organizations address one piece of the puzzle, hoping to reach out to a number of women and babies at risk. Existing in silos, they are unaware of which other organizations are duplicating their mission/services and where there exist cracks in the system through which these families fall.

If help for these women and children was to focus on ***individual mothers and families*** as opposed to a single or several services, with real time interventions and support available when needed, fewer women and children would find themselves in situations they cannot control or address.

I would like to see a mentor program created in our community. If vetted and put into place, Interested parties (individuals, service organizations, businesses) could become mentors for women graduating from WARM or other programs, who need to re-enter the community. Sometimes they have family waiting for them and can step back into homes, jobs and community that exists for them. Other times, they graduate with only the clothes on their back and a few items for their babies. Because the needs for any one mother/baby dyad can be so great, it makes sense for several members and their families to focus on one mother/baby dyad. She may need help with obtaining her identification (licenses and Social Security cards), identifying housing, job opportunities, transportation, medical care, child care and counseling. Lodge members would not be expected to provide these essentials for the mother (we are not adopting them!) but to help them navigate and network a disconnected and cumbersome system. The biggest gift these women would receive from lodge members would be their time.

Potential mentors would need to be educated on what services are available and how to network them optimally. A clearing house/network could be created to vet both mentors and mentees and match these optimally. While a large part of this is networking the mentee to programs already in existence; programs that should have funding available for their specific missions and the woman's specific needs. Grant opportunities exists to find new funding sources in keeping with these goals. Other ideas, concerns, opportunities are truly welcome, should any members want to be involved in the organization of these programs, as opposed to "in the trenches" execution.

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Thank you for your consideration!

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