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Bangor
LD 1116

Good afternoon I am glad to be here speaking on LD 1116 I am honored to be invited to provide testimony on behalf of mothers recovering from addiction, breaking cycles of trauma, abuse, adversity, and oppression- lacking the services, and supports to be successful. For too long services and supports have been structured for the individual, and overwhelmingly the recovery houses across the state are catered to men- none of which allow children.

I come before you as a woman in long-term recovery a mom of five children, a mental health professional who has worked and served countless women and families through the reunification process in multiple homes in the state of Maine. I know we are specifically here talking about recovery homes that are geared towards mothers who are affected by addiction , but I want to take a moment and shine a light on the glaringly deficient services and supports for at risk mothers and children across the state. Saint Andreas. Stepping stones. Sweetser reunification home. All programs in the state of Maine supporting parents, though overwhelmingly and most often mothers, in reunifying with her children, that all closed in short order.

Most often and unsurprisingly these parents, these mothers, are impacted by addiction. Their root? Trauma. We have one family shelter in the state of Maine the Emmaus center in Ellsworth. The only place that a family can go and not have to be separated during one of the most harrowing and traumatic experiences of their life.

I am 36 years old and I come before you to both humbly ask and also beg that the state of Maine prioritizes the needs of services and supports, recovery homes and treatment options for the most vulnerable, the children and their mothers trying to break the cycle's to heal the pain and save all of them- in a society that has already cast out on them.

As a professional I have watched the systematic failure of formally structured programming to support the recovery and reunification of mothers with addiction and conquering mental health. Often we stack the deck, give them unreasonable expectations and guidelines, provide minimal sustainable supports, and we give them six months to recover and reunite. We have watched these programs fail for years. When the waitlist and cost are a barrier, the insurance is up for political debate, the service itself gets defunded and closed, the efficacy of the program ends. It is time to position the lived experience, the community, peer support, and connection of recovery homes, as as necessary service- and fund them to support our most vulnerable, the children- by creating inherently undeniable access to community and connection.