Franklin County, Maine, Detention Center Re-Entry Project

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About Franklin County Detention Center

- Serves a rural population of ~30,000 residents (17pp/square mile)
- Average daily population: 41-49 (max capacity of 39)
- 80–90% of residents are pre-trial (not sentenced)
- Historically limited access to behavioral health and re-entry services

The Problem

- Jail culture punitive vs restorative model
- Limited data tracked
- High rates of substance use and overdose post-release
- Recidivism tied to lack of treatment and support
- Housing and transportation remain major barriers
- Staffing shortages and limited in-house programming capacity

Our response – Secured funding to change model

Funding: $1,000,000, Bureau of Justice Assistance, Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP)

- 3-Year Project: Oct 2024 – Sept 2027

Goals:

- Prevent & reduce overdose deaths
- Reduce jail recidivism
- Build a system of care across pre- & post-release phases

4 Major Focus Areas

- Develop comprehensive reentry program
- Enhance MOUD services
- Enhance restorative in-house programming
- Change staff culture by addressing stigma and trainings

Implementation Highlights – Year 1

Hired Reentry Coordinator + 2 Reentry Correction Officers (CO)

Created Advisory Committee + 4 Sub-Committees – Monthly meetings

Developed Re-Entry Plan Form

Streamed lined intake process and now 140 data points

Initiated 4 screening tools (PREPARE, AUDIT, DAST-10 and AC-OK)

Initiated CARE Team for individual coordination

Implemented Extended-Release Buprenorphine (XRB) program

Developed Recidivism Rate Methodology

In-House Programming

- Renovations to be completed Dec 2025 to expand program space
- Interest survey distributed for inmates
- 14 trained volunteers will be delivering programs weekly
- NA, AA, and SMART Recovery offered 4 nights/week
- Stronger collaboration with community partners

Reentry Programming

- Developed Reentry plan
- Staff trained in trauma-informed reentry practices
- Bi-weekly care team meetings including medical, pre-trial, mental health, reentry, correction officers.

Staff Training and Culture

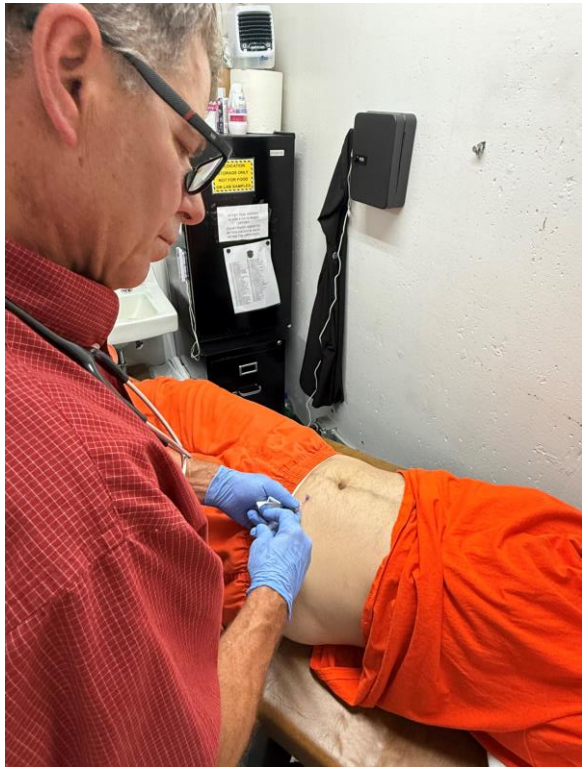
- Culture and Training Survey completed by staff
- Addressed many staff concerns
- Developed staff training plan
- Culture survey will be done bi-annually

Data & Evaluation

- Partnered with USM Cutler Institute for data and evaluation efforts
- Recidivism = rearrest for new criminal conduct
- Tools developed: resident tracker, re-entry form, follow-up system
- Data collected quarterly and reviewed annually

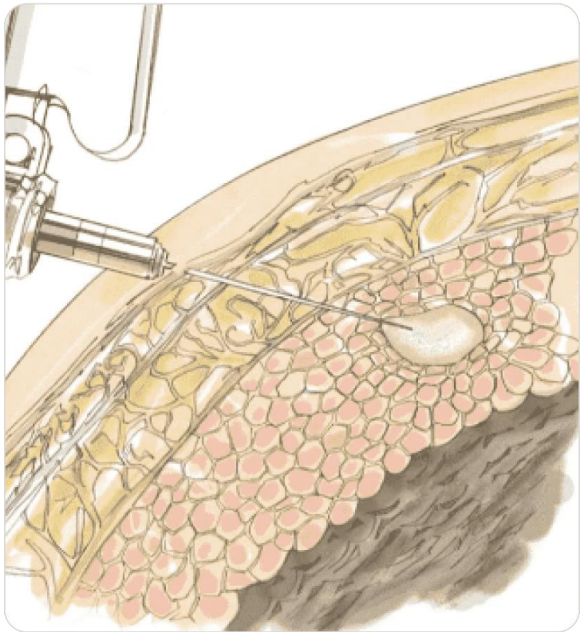
Extended-Release Buprenorphine (XRB)

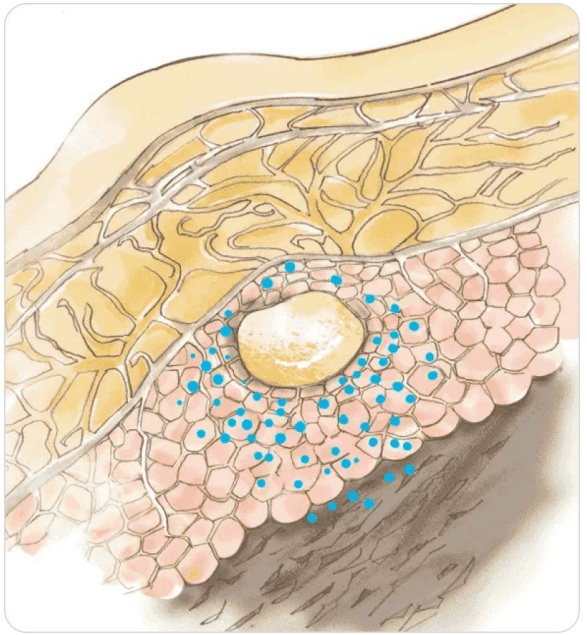
- Medical advisory committee meets bi-monthly. Very helpful in streamlining referrals into the community post-release.
- Goal to implement XRB as part of project.
- So far we have administered 40-45 XRB injections ; several continued post-release.

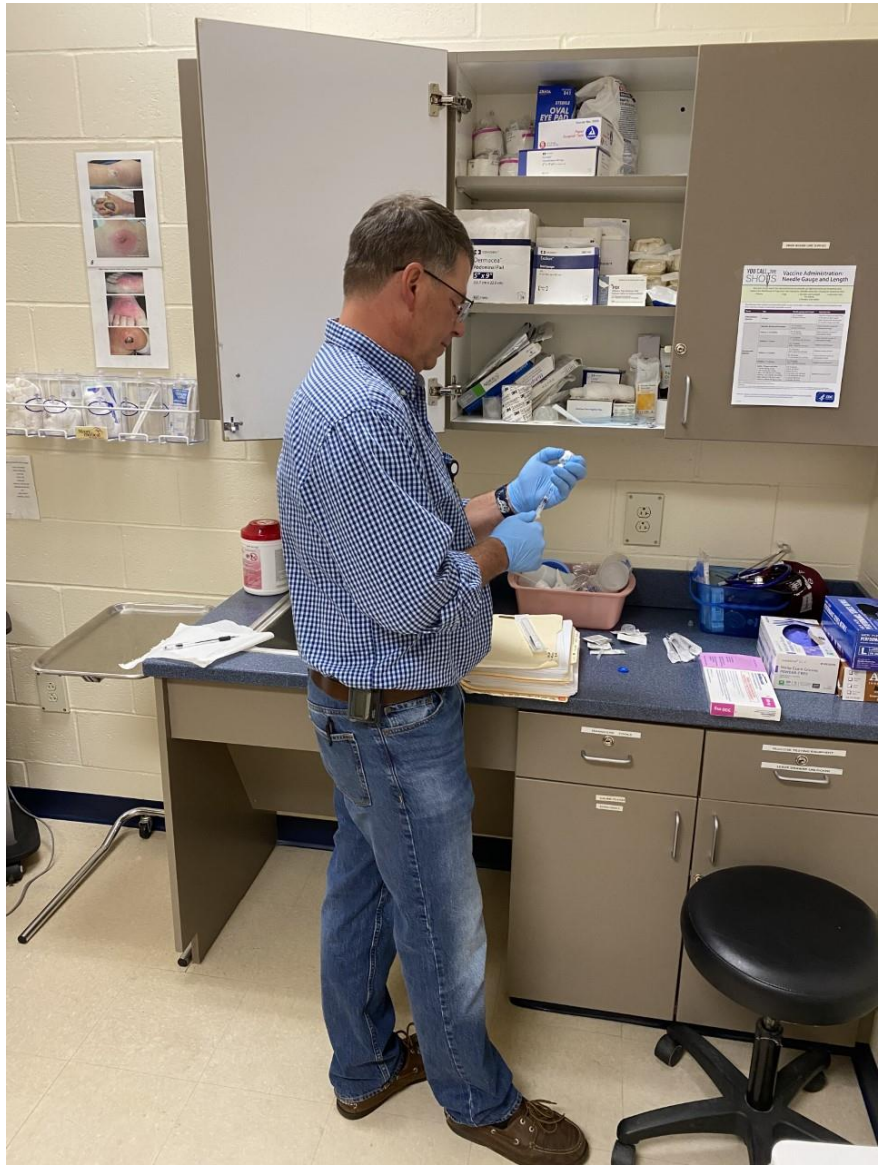


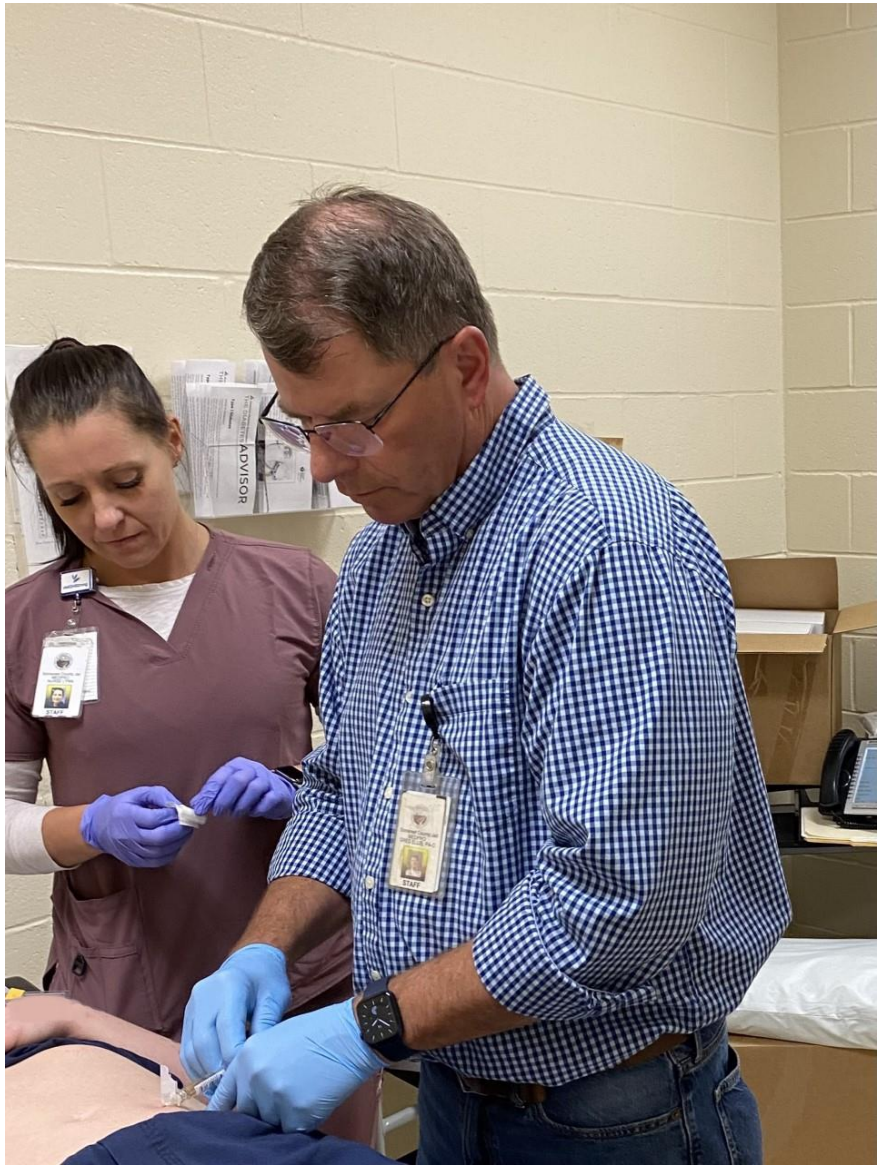
Extended-release buprenorphine (XRB)

- Extended-release buprenorphine (XRB), a monthly subcutaneous injection, is effective, well-tolerated, and overcomes many of the barriers to OUD implementation (staffing challenges/diversion concerns).
- XRB has potential to decrease risk of post-release drug overdose by acting as a longer “bridge” to community treatment (medication effective for 26 to 44 days).
- **The cost of the medication is a significant barrier** (approx. $1,600 per injection at the “corrections rate”).






Vaccine Administration:
Needle Gauge and Length


ADVISOR

Design of XRB pilot launched in 2022

- Individuals screened for OUD during medical intake, again after arraignment. Those positive referred for treatment.
- Opioid withdrawal treated with medications (e.g., clonidine and muscle relaxants) and other non-pharmacologic options (e.g., more blankets, special diet) as needed.
- SLB was initiated a few days prior to the first scheduled XRB injection. First injection was typically 7-10 days after admission (due to unclear release dates).
- Unless medically contraindicated, XRB was the only option for treatment of OUD (other than those already on methadone).
- Upon release from comparison jail, medical staff electronically faxed a 7-day SLB prescription to the patient's preferred pharmacy on the day of release. For up to 28 days, jail medical staff renewed this prescription in 7-day intervals if the patient contacted the jail's medical facility.

Pilot project outcomes

- Post-release treatment retention: 67.1% of individuals treated with XRB had uninterrupted treatment continuation (i.e., connected to community prescriber while medication was therapeutic) compared to only 23.1% of those treated with SLB (p-value <0.0001).
- XRB effectively eliminated medication diversion, was well tolerated and was associated with no safety concerns. XRB side effects were the same as SLB (e.g., constipation and peripheral edema).
- Mortality post-release: Followed individuals for up to 12 months. There were four deaths post-release from the comparison jail and zero deaths after release from SCJ. Four decedents were men (age 35-50 years). Three deaths were due to unintentional drug overdose, and one due to suicide. Mean day of death post-release for those that died of drug overdose was 71. None of the decedents received buprenorphine treatment (with either XRB or SLB) from a community prescriber post-release.

Discussion

- Better treatment retention at SCJ could be because XRB treatment is easier to manage during the post-release time of competing financial, legal, health, and social stressors.
- SLB prescriptions require active health insurance, which is often discontinued if the individual misses his/her 6-month review while incarcerated and has an unexpectedly early release that precludes appropriate planning.
- SCJ's post-release buprenorphine continuation findings are consistent with previous studies. One found that 70% (23 of 33) of incarcerated individuals treated with XRB continued in the community post-release; another small, randomized trial with 52 participants found community buprenorphine treatment retention at 8-weeks post-release was twice as high (69% vs. 35%) for participants treated with XRB compared with SLB prior to release.
- https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-024-00281-w

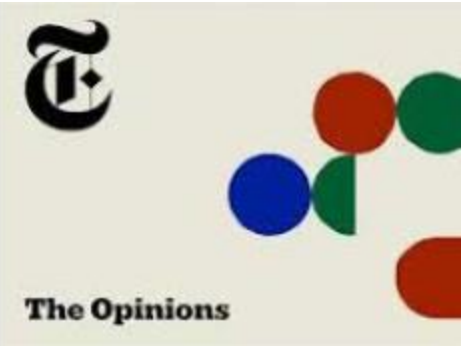
Policy implications

- Expanded access to Medicaid in correctional settings will likely reduce barriers post-release (e.g., insurance challenges, connections to care) and encourage consistency in SUD treatment across all US facilities.
- A Medicaid Section 1115 Reentry Demonstration Waiver allows states to provide healthcare services to incarcerated individuals up to 90 days prior to release. Minimum Medicaid benefits that must be offered in carceral settings include case management and SUD treatment.
- LD 1204 passed in Maine Legislature and required Maine to submit Waiver application to Centers for Medicare & Medicaid Services (CMS). This legislation was created/supported by Maine Sheriff's Association.
- Maine's Waiver filed in June 2025 and being reviewed by CMS. Government shut down slowed the process down. Previous Waiver applications have been approved and have had bipartisan support but take years to fully implement.

This Jail in Rural Maine Is a Model for Treating Opioid Addiction

Jan 15, 2025 — Opinion | This Jail in Rural Maine Is a Model for Treating Opioid Addiction - The...

The New York Times



How a Rural Maine County Jail Helped Prisoners Blunt Opioid ...

Sep 8, 2024 — Yet the outcome of the Somerset jail project, together with a smaller 2021 study...

The New York Times

- Overdose death rates in Somerset County have declined at increasingly steeper rate than rest of Maine since program implementation.
- **Somerset recorded peak overdose deaths of 35 individuals in 2022. Has had 4 deaths in first 9 months of 2025.**

Overdose death rate relative previous year		
Year	Somerset	Maine
2023	-17.1%	-15.4%
2024	-24.1%	-18.8%
2025 (8 mos)	-72.7%	-16.9%

- SCJ pilot was only county wide initiative unique from the rest of the state during this period.
- Typical reason county overdose death rate would decline faster than state rate is “the county may be implementing highly effective, locally tailored programs that the state has not replicated or implemented widely.”
- “The county’s success story offers valuable lessons for the state. Examining the specific interventions and funding allocations in the county could inform more effective statewide strategies.”

What is happening at SCJ 2025?

- We continue our XRB program because it has been so successful.
- But continuing the program requires about $750,000 annually in grant funding to purchase XRB. Obtained grants from Maine Department of Public Safety, Maine Recovery Council, Somerset County opioid abatement funds.
- Working hard with Maine Sheriffs' Association to advance 1115 Waiver process but likely still years to go.
- Have protocols and policies for any other Maine jails that can obtain funding for the purchase of XRB. We are delighted to share our knowledge with anyone who would like it.

Early Outcomes (Year 1)

- Significant reduction in use-of-force incidents
- Decrease in overdose events and mortality post release
- Increased volunteer engagement & participation
- Improved staff morale & interagency collaboration

Challenges and Next Steps

Challenges:

- Readiness for recovery varies
- Unpredictable release timelines
- Persistent housing & transportation gaps

Next Steps:

- Implement robust inhouse programming options (12–15 new partners)
- Secure sustainable funding for XRB and new staffing model
- Enhance post-release follow-up and data integration
- Analyze recidivism rates and program evaluation

Q & A