BRENNAN CENTER FOR JUSTICE

Improving Maine's Prisons

Insights from Statewide Correctional Transformation

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Every day, prison officials face the question of how to maintain security while preparing incarcerated people to lead productive and law-abiding lives when they return to their communities.[1] Immediate safety concerns and harsh punishment often take precedence over incarcerated people's long-term needs.[2]

As a result, prisons control what incarcerated people wear, eat, and do.[3] Correctional staff oversee sleep and hygiene schedules, movement, and exercise. They determine what goods, jobs, and services people can access. At the same time, prisons often lack the resources to address the underlying factors that bring people into the criminal justice system in the first place.[4] Upon release, many people struggle to reintegrate into their communities, and they frequently return to prison, often because the very circumstances that got them there — substance use, mental illness, unemployment, lack of education — were left unaddressed on reentry.[5] Corrections staff, meanwhile, experience adverse effects from working in prisons, including negative health outcomes and lower life expectancy.[6]

But there is another way. Recognizing how traditional prisons fail, some state correctional systems are reconsidering their approaches.[7] By prioritizing support and rehabilitation, most have seen safer facilities and lower recidivism rates.[8]

Maine has pioneered one of the more promising prison reform initiatives.[9] Following a 2011 legislative oversight report that detailed harsh conditions in solitary confinement, pressure to change course came from both inside and outside the Maine Department of Corrections (MDOC).[10] Correctional officials, incarcerated people, and advocates collaborated to develop a new model focused on rehabilitation rather than punishment.

In 2022, MDOC formalized this novel approach to corrections statewide, emphasizing "rehabilitation, mutual respect, human dignity, and community reintegration."[11] In place of harsh control measures and ever-increasing security measures, MDOC encouraged staff to build positive relationships with incarcerated people, who are called residents.[12] To foster rehabilitation, MDOC invested in job training, educational and vocational programs, and behavioral health treatment, overcoming budget constraints and a challenging political landscape.[13]

With approval from MDOC, the Brennan Center conducted independent research in three of its larger facilities, which together hold two-thirds of Maine's incarcerated population.[14] We surveyed 350 incarcerated people and 117 security and program staff to understand their perceptions of life and work behind bars. We administered the surveys in October 2024 to residents of the Maine State Prison and staff across all facilities and in March 2025 to residents of the Maine Correctional Center and the Women's Center (see figure 1). These facilities include both intake sites for people recently sentenced and secure sites for people serving longer sentences. We followed up with in-depth discussions with more than 200 people, including correctional leaders, officers, program staff, incarcerated people, and advocates. In addition, we reviewed administrative

records that begin in 2017, several years before the Maine Model of Corrections was formally launched, and run through 2024. While we cannot yet draw causal conclusions about the impact of the Maine Model, this preliminary data is encouraging.

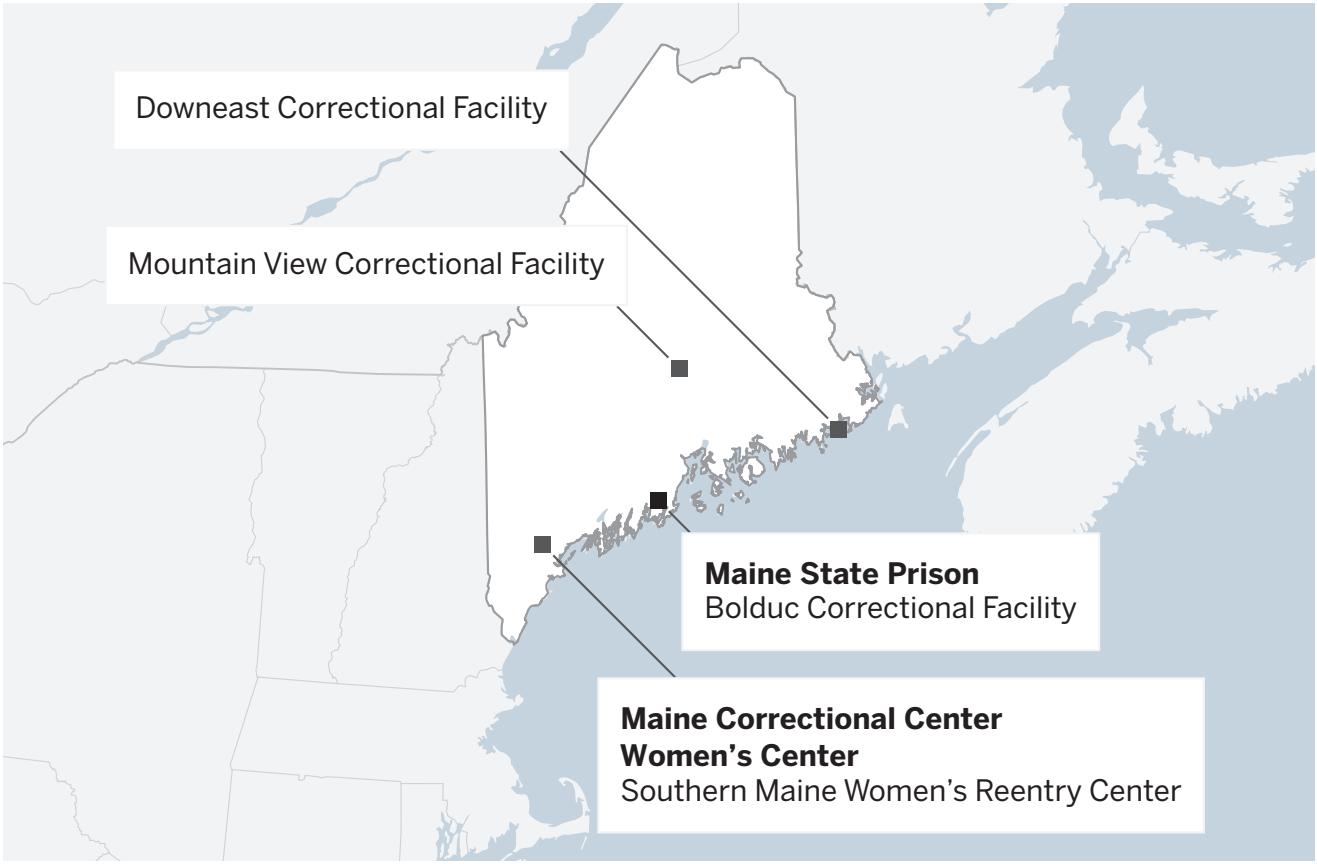
Between 2017 and 2024, rates of violence in Maine prisons fell by 36 percent and rates of staff use of force fell by 69 percent. Recidivism rates for people released in 2014 compared with 2022 fell from 31 percent to 23 percent. Behind these marked improvements are promising indicators of quality of life inside Maine's prisons. Most survey respondents — 67 percent of incarcerated men, 59 percent of incarcerated women, and 73 percent of staff — reported feeling safe in their facilities. Majorities also reported that they have adequate space for exercise and ways to connect with their families.

Still, there is much room for improvement. A core tenet of the Maine Model is that corrections staff should treat incarcerated people with respect, yet only 30 percent of incarcerated men and 43 percent of incarcerated women agreed that staff do so. Similarly, only 21 percent of incarcerated men and 34 percent of incarcerated women agreed that MDOC believes in the centrality of rehabilitation, even as an overwhelming 78 percent of staff said that rehabilitation is central to their mission. Notably, incarcerated men's and women's overall perceptions follow similar trends. However, incarcerated women perceive their conditions differently from incarcerated men in several respects. They are far less likely to perceive their facility as calm, and they rate their health care and reentry preparation even more poorly than men do.

Taken as a whole, this research reveals that the Maine Model is off to a strong start, but there is still much work to do to realize its goals. MDOC should redouble its efforts to improve housing options, disciplinary and grievance systems, programming for incarcerated people, and training for staff. It will be most effective if it consults incarcerated people and staff alike as it continues to develop and implement reforms. Other states, meanwhile, would do well to look toward the Maine Model as they consider how their prisons might better achieve safety and rehabilitation.

FIGURE 1

Maine's Adult Correctional Facilities



Note: Residents of the facilities in bold were surveyed, as were staff in all facilities.

The Maine Model of Corrections in Brief

The Maine Model of Corrections is based on nearly two decades of homegrown experimentation in correctional reforms, including a reduction in the use of solitary confinement, an expansion of treatment options and job opportunities, and the adoption of policies and practices designed for the distinctive safety and health-care needs of incarcerated women. Its stated mission is "making our communities safer by reducing harm through supportive intervention, empowering change, and restoring lives."[15]

Key Principles

- **Normalization.** Recognizing that the experience of incarceration is both abnormal and criminogenic, the principle of normalization emphasizes efforts to create or simulate, as much as possible, life and norms outside prison.

- **Humanization.** This principle focuses on honoring the inherent dignity and humanity of all people.[16] When applied, correctional leaders and staff commit to treating residents with respect. Positive and humane interactions replace unnecessarily punitive practices.

- **Dynamic security.** Most U.S. prisons use harsh rules and isolating physical environments to maintain order.[17] Dynamic security shifts the focus to fostering positive relationships between staff and residents.[18] Staff can serve as mentors rather than rule-enforcers, promoting a calm and healthy atmosphere. These proactive practices also allow staff to better prevent and de-escalate potential security risks.

Major Reforms

- **Physical changes.** MDOC has reimagined and redesigned some living spaces to include softer and more humane features, seen in wooden doors, natural light, and sound and climate control. This is a departure from the typical concrete-and-steel prison architecture of noisy metal doors and empty, echoing spaces.[19] Residents have more areas for communal activities, rehabilitative programs, and visitation. They also have greater access to outdoor space and work, including jobs in flourishing gardens and greenhouses.

- **Specialized units.** The Maine State Prison's Earned Living Unit was opened in 2021 to give residents a relatively unrestricted living experience that more closely resembles life outside prison. The original unit was developed by a steering committee of residents and staff and patterned after Norway's Halden Prison. It houses 25 to 30 residents who have clean disciplinary records and high privilege levels. Under the normalization principle, residents have their own rooms, divide chores, and share a kitchen that includes an oven and knives. Work is ongoing to expand this model to other facilities.[20] Another specialized unit is the Maine State Prison's Intensive Mental Health Unit.[21] Housing about 25 people, it functions as a therapeutic environment where a multidisciplinary clinical team provides comprehensive, tailored services to residents with serious mental health diagnoses.

- **Staff training and roles.** When the Maine Model was formally inaugurated, leadership implemented a new, eight-hour training focused on reform principles, which few states offer.[22] All employees receive instruction in basic mental health and de-escalation skills.[23] Since 2024, supervisors have been required to take a 40-hour course on topics ranging from staff decision-making to coaching skills.[24] MDOC also created new staff roles. Correctional acuity specialists can respond to behavioral health crises in addition to performing typical security duties. Correctional care and treatment workers run programs and create reentry plans with residents. People in these roles receive additional training in crisis management, de-escalation, and motivational interviewing (i.e., a collaborative communications approach meant to promote positive behavioral change).

- **Evidence-based education and skill building.** Postsecondary education has historically been strong in Maine prisons, but the implementation of the Maine Model has seen an expansion into courses that directly support reentry. Partnerships with colleges, including community colleges, have allowed the department to offer new courses inside facilities.[25] Vocational training and prison jobs have expanded as well, including woodworking, machinery maintenance, and carpentry. Across Maine, hundreds of incarcerated people have work-release jobs in local restaurants and bakeries, construction, agriculture, and other local trades.[26] About 40 work remotely, earning market-rate salaries as paralegals, software developers, and grant writers, among other roles.[27]

Promising Outcomes In and Out of Prison

MDOC approved external Brennan Center research staff to conduct secondary analysis on administrative datasets spanning 2017 to 2024. Researchers also studied additional public data, such as MDOC's Return to Custody Reports.[28]

Because statewide implementation of the Maine Model has been recent, this administrative data can provide broad insights for the years prior to and during rollout of new policies. Understanding the direct impact of comprehensive policy changes is a complex challenge that will take several more years. However, the metrics analyzed in this section can suggest some successes and areas for improvement. Violent incident data serves as a proxy for facility safety, seen in fights and assaults between residents, assaults against staff, and staff use of force. Short-term recidivism data serves as a limited proxy for post-release success.

Declines in Violence and Staff Use of Force

MDOC tracks the following types of violent incidents: fights between residents, resident-on-resident assaults, resident-on-staff assaults, and staff use of force on residents. The data does not include sexual harassment or sexual misconduct incidents, which were not included in this study. Across all facilities, population-adjusted rates of violence decreased between 2017 and 2024 (see figure 2). Rates of resident fights and resident-on-resident assaults, combined here to capture similar incidents, decreased by 36 percent. And rates of incidents involving staff use of force decreased by 69 percent. (Rates of resident-on-staff assaults also decreased by 38 percent but are excluded from figure 2 due to the smaller scale.)[29]

Dropping Recidivism Rates

Recidivism indicates whether people have the resources and incentives to avoid reincarceration and remain in their communities following release from prison.[30] Maine uses the metric "return to custody" to measure rates of people returning to MDOC facilities within three years of release (see figure 3).[31]

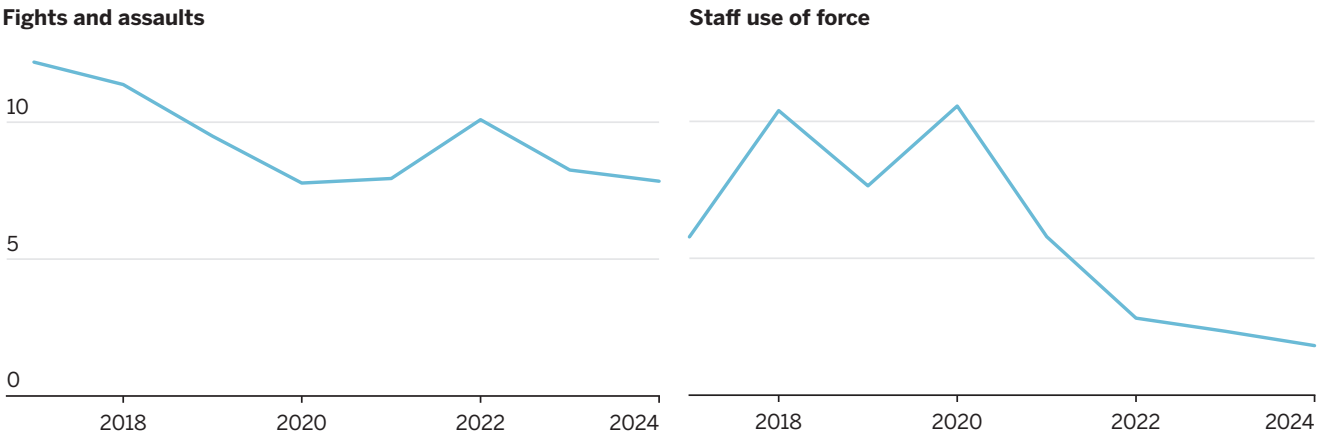
Return-to-custody rates peaked among those released in 2014, with 31 percent returning to prison within three years. For those released in 2022, only 23 percent returned to prison within three years. National average recidivism estimates have similarly seen declines, but over the past decade, Maine's declines have outpaced those of most other states.[32]

Women in Maine have historically had recidivism rates slightly lower than those of men in the state, mirroring national trends. For the 2022 release cohort, however, return-to-custody rates were similar for both groups.[33]

Recidivism is an incomplete measure for success in corrections, as outcomes are affected by external conditions such as the availability of jobs, housing, and health care.[34] Still, the downward trend in recidivism over the past decade may reflect incremental gains from the department's reorientation of correctional policies and practices leading up to and since the implementation of the Maine Model.

FIGURE 2

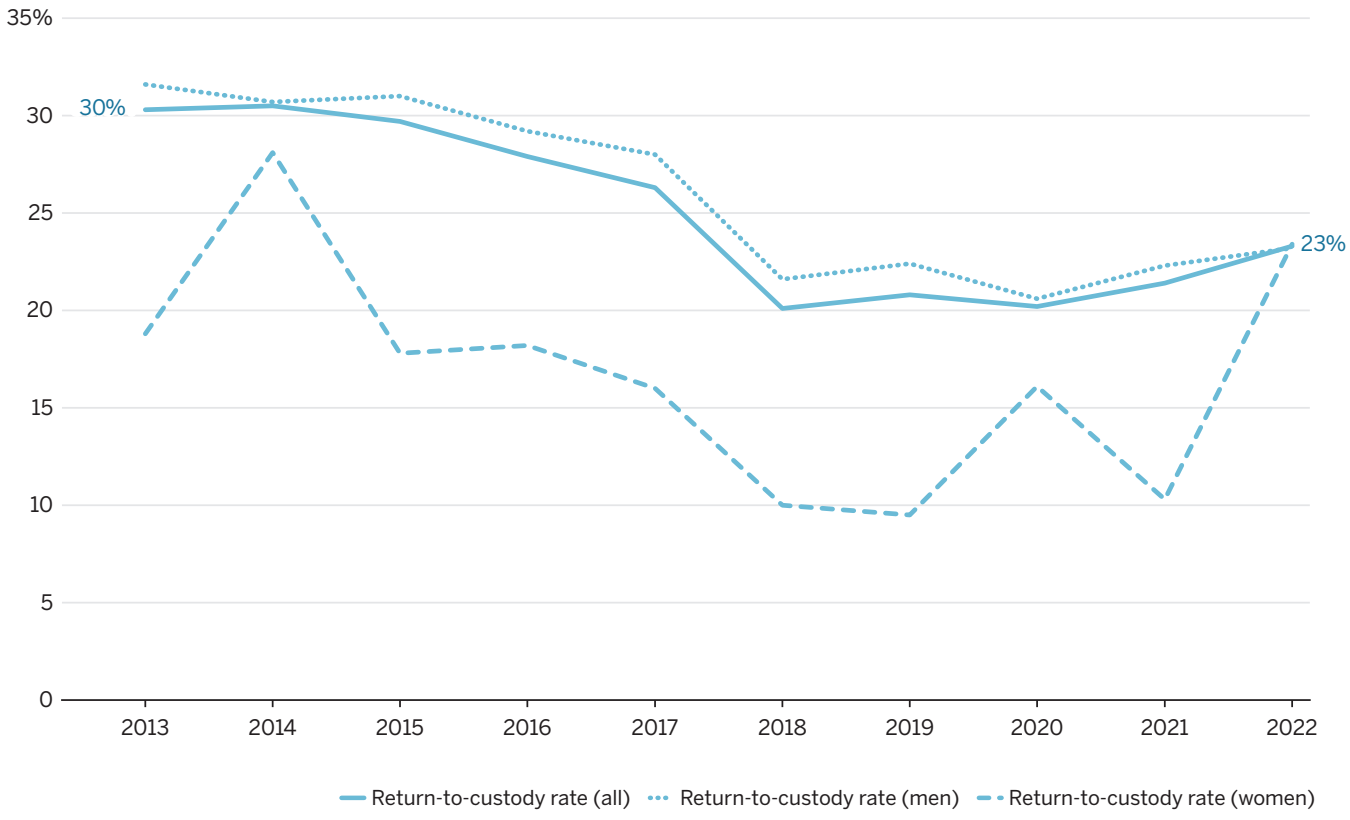
Violent Incidents per 100 Residents, All Facilities



Note: Fights between residents and resident-on-resident assaults are combined to capture all possible cases. Rates represent annual incident counts per 100 residents based on average daily population.
Source: Maine Department of Corrections.

FIGURE 3

Three-Year Recidivism Rates by Release Year



Note: MDOC reports return-to-custody rates at three years post-release, grouped by release year cohort.
Source: Maine Department of Corrections.

Tracking Progress: Staff and Resident Insights

To better understand life in Maine's prisons, Brennan Center researchers administered surveys to 467 correctional leaders, corrections and program staff, and incarcerated residents who were available and willing to participate in data collection. The surveys assessed perceptions of prison culture and climate across three facilities housing nearly two-thirds of Maine's incarcerated population: the Maine State Prison, the Maine Correctional Center, and the Women's Center.[35]

Researchers also conducted discussions with more than 200 correctional leaders, staff, incarcerated residents, and external advocates with experience in the three facilities. This stakeholder engagement provided critical background for survey data and helped researchers identify priorities and solutions for staff and incarcerated people.

The select findings below shine a light on strengths, such as feelings of safety and access to recreation and family, as well as continuing challenges in staffing, fairness and accountability, resident programs, and preparation for reentry. Significant gaps exist between staff and residents' perceptions of reforms.[36]

Quality of Life

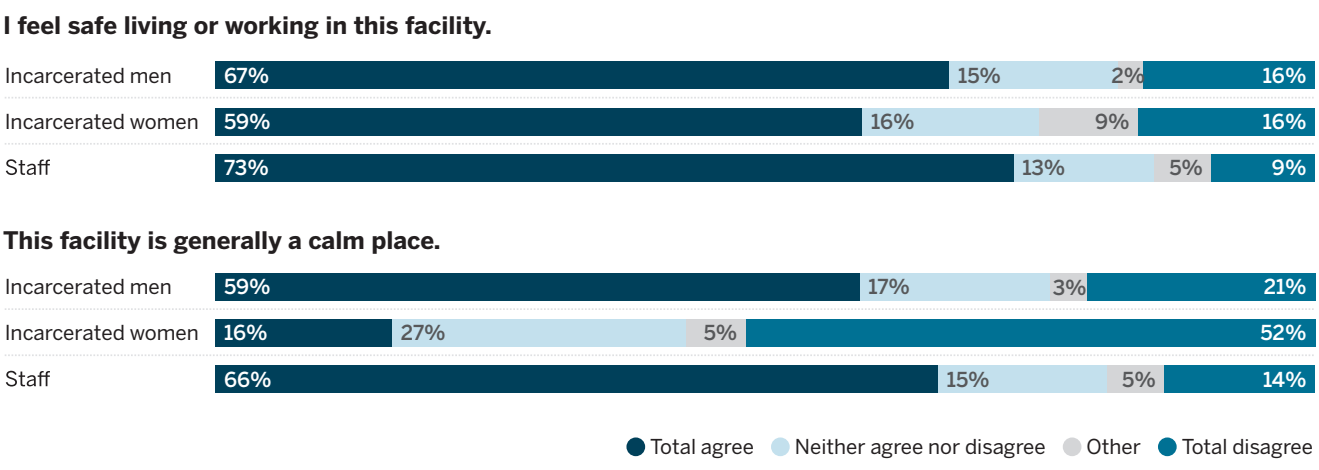
Overall, staff and residents rated their quality of life positively, although some challenges remain. Notably, some improvements in services and infrastructure, such as the earned living units, were not available to all. Most residents of the Maine State Prison's Earned Living Unit reported much better experiences than did those outside the unit. They described a positive community, greater trust between staff and residents, and more programming and job opportunities, which are rare in prisons. While this specialized unit is most advanced at the Maine State Prison, there is a similar unit at the Maine Correctional Center. Others are being established across all state facilities. Residents outside the desirable units expressed frustration with limited openings and long wait lists for them. And across the system, gaps between staff and residents' assessments of health care warrant further examination.

Most staff and residents feel safe, but far fewer women feel calm.

The majority of staff and residents described feeling safe in their facilities. Violence was far less of a concern for residents than it had been in years prior or in other facilities where they had been incarcerated. However, men and women relayed disparate perceptions of calmness (see figure 4).

- A large majority of respondents reported feeling safe in Maine's prisons.
- In discussions, many staff and residents highlighted that safer conditions had resulted from reforms, noting that violence had become less common in recent years. Staff and residents who had been in facilities longer observed less harsh punishment — in both frequency and degree — and improved conditions.[37] Staff theorized that declines in violence and the use of force were due to their new de-escalation skills.

FIGURE 4



Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.
Source: Brennan Center for Justice survey.

- 66 percent of staff and 59 percent of incarcerated men reported that their facility was a calm place.
- Only 16 percent of incarcerated women agreed that their facility was calm. The facility houses residents of all different security levels, sentence lengths, and offense types in one unit, whereas a similar men's unit would have a more homogeneous population.
- In discussions, residents and staff alike shared the view that crowding at the Women's Center exacerbated the unaddressed behavioral health needs of some residents and led to conflicts. Incarcerated women also said that they had few incentives for good behavior. For example, there is currently no earned living unit at the Women's Center.

Incarcerated residents value spaces for exercise, recreation, and greenery.

MDOC recognizes that exercise in prison is important for physical and emotional health.[38] Each of the surveyed facilities has a garden, outdoor spaces, and access to recreational facilities, including a gym.[39]

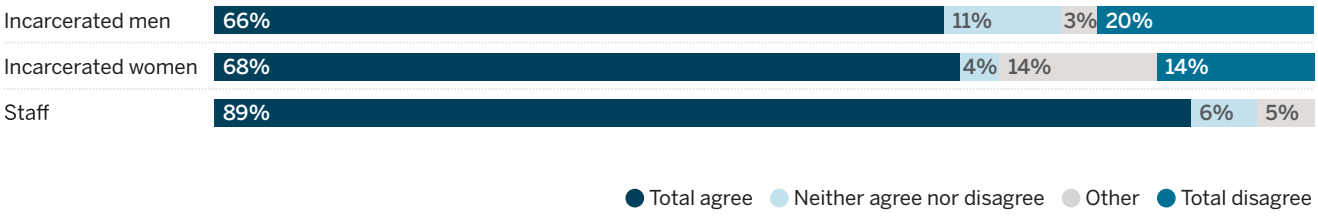
- Survey respondents generally agreed that residents have access to adequate indoor and outdoor recreational spaces (see figure 5).
- In open-ended survey responses, residents described physical spaces and outdoor access for exercise as making a substantial positive difference in their daily lives.
- However, those with higher privilege levels, such as residents of earned living units, have greater access to recreation areas and outdoor gardens. In discussions, residents of other units reported more-restricted access and recommended increasing availability of these spaces.

Expanded family visitation is a positive step, though some structural barriers remain.

Emotional support is vital during incarceration, and family contact is a significant factor in people's success both inside prison and after release.[40] Incarcerated parents and caregivers face particular challenges. Once in custody, they often struggle with separation and strained relationships.[41] This is especially true for women,

FIGURE 5

Residents have reasonable access to space where they can exercise.



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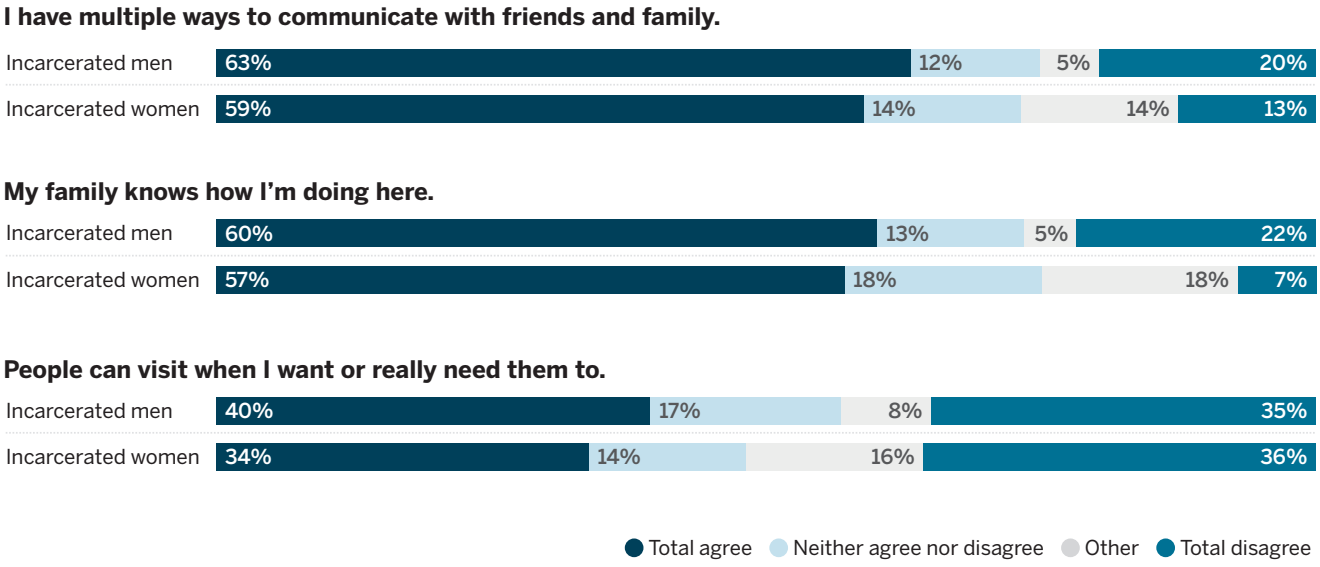
Source: Brennan Center for Justice survey.

who are more than twice as likely to be a child's primary or sole provider.[42] In Maine, about three-quarters of incarcerated women are mothers.[43]

Accordingly, all three MDOC facilities under study have upgraded their visitation spaces. They also reported expanding family engagement policies, such as increasing in-person visitation hours and offering opportunities for virtual communication. Residents generally rated family engagement policies positively but were less satisfied with visitation (see figure 6).

- In surveys, around 63 percent of incarcerated men and 59 percent of incarcerated women agreed that they had multiple ways to communicate with their families.
- In discussions, some expressed their appreciation of the expanded opportunities to connect with family and friends via tablets, phones, and in-person and virtual visits. One woman said that extending visits to two-hour blocks was beneficial for her and her children.
- Staff also expressed support for increased family engagement and praised a recent event in which residents' family members were brought inside the Earned Living Unit at the Maine State Prison. A staff member noted that access to living quarters is unheard of in prisons. The department intends to expand this practice in the Earned Living Unit and other units.
- Only 40 percent of incarcerated men and 34 percent of incarcerated women agreed that people could visit when they wanted or needed them to.
- In discussions, residents said that they felt hindered by some MDOC practices, including the imposition of prohibitive phone costs, shorter visits for some residents (despite positive disciplinary records), and long visitor approval processes. Residents also mentioned long physical distances and poor transportation options as external barriers to visitation.

FIGURE 6



Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.
Source: Brennan Center for Justice survey.

Preparation for Reintegration

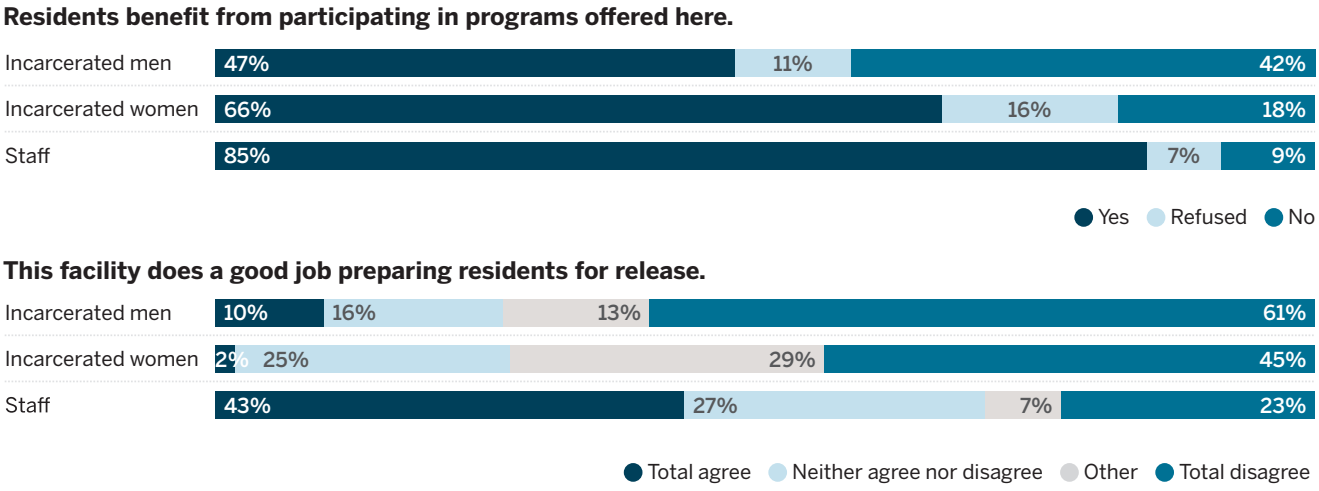
The Maine Model emphasizes preparing residents for success after incarceration. Programming includes educational and vocational courses as well as mental health and behavioral health support groups and treatment. While views of these programs are generally positive, incarcerated people wanted better reentry programming that prepares them for life outside prison.

Limited access to programs and challenges with reentry planning leave residents feeling unprepared to leave prison.

Staff and residents' views of program delivery, especially for reentry preparation, differed (see figure 7).

- 85 percent of staff said that residents benefited from participating in the programs offered in Maine prisons. By contrast, 66 percent of incarcerated women and only 47 percent of incarcerated men indicated that they benefited from programs.
- In discussions and open-ended survey responses, many residents said that these programs gave them a sense of purpose, helped them develop useful skills, and provided opportunities to help themselves and others.
- However, program access is an issue. Some residents said that they could not get into existing programs due to unclear eligibility standards, long wait lists, and staff favoritism.
- Just 43 percent of staff, 10 percent of incarcerated men, and 2 percent of incarcerated women agreed that MDOC adequately prepared people for release.[44]
- In discussions, staff consistently identified rising housing costs and tough job markets as obstacles to reentry. Residents said that they needed more time working with reentry services while incarcerated to line up transportation, jobs, and housing for their releases.
- Staff and residents alike noted that people differ widely in sentence lengths, geographical locations (pre- and post-custody), social support networks, skills, and financial resources. Preparing reentry plans that account for all these factors requires substantial time and personalized attention.

FIGURE 7



Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.
Source: Brennan Center for Justice survey.

Organizational Challenges

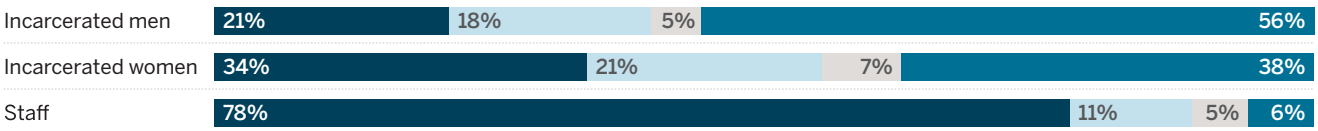
Ultimately, the success of the Maine Model will depend on the people in the system — not only correctional and program staff but also residents. In surveys and discussions, these stakeholders raised some concerns that are common to corrections departments and others that are unique to Maine.

Rehabilitation has robust support, but views on implementation are mixed. Staff and residents agreed that rehabilitation should be the primary goal of corrections, but they differed on whether MDOC was realizing this goal (see figure 8).

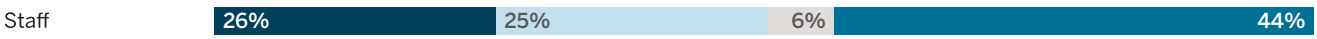
- About 78 percent of staff agreed that MDOC believed in rehabilitation, but only 21 percent of incarcerated men and 34 percent of incarcerated women agreed.
- Only 26 percent of the staff surveyed agreed that they were involved in discussions about achieving MDOC's vision. In subsequent discussions, some staff expressed that they and their peers had not been sufficiently involved or informed about the Maine Model and its implementation, including why certain policies existed or why changes were made. Furthermore, some staff said that many of their peers did not know why certain policies existed or how they related to the Maine Model.
- In discussions, staff across facilities reiterated their strong support for a focus on rehabilitation. Some pointed to specific benefits, such as a better working environment and less violence.
- By contrast, residents recalled negative and discouraging interactions with staff when they tried to get assistance, including physical and mental health care, addiction treatment, education, and job placement. Some staff and residents also agreed that certain staff were unwilling to change from a traditional punitive mindset.

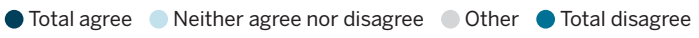
FIGURE 8

MDOC believes in rehabilitation as a goal for corrections.



There are discussions involving all staff about the vision for MDOC and ways to achieve it.





Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.
Source: Brennan Center for Justice survey.

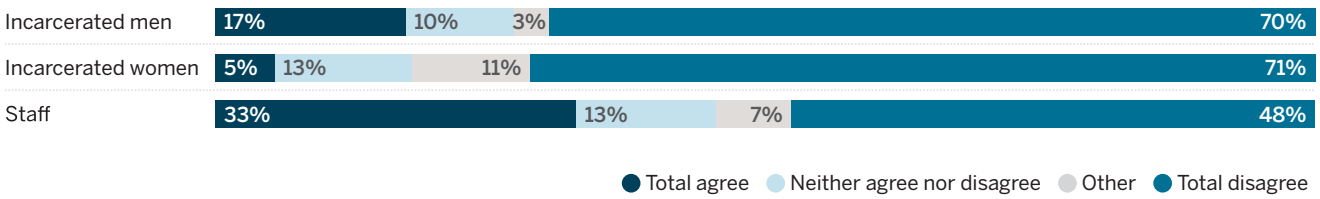
Residents found disciplinary and grievance filing systems to be inconsistent, unfair, and unclear.

As MDOC shifts focus from punishment to rehabilitation, it must improve its systems for resolving disciplinary issues or resident complaints. Lack of fairness was a recurring theme in survey responses and discussions (see figure 9).

- Only 5 percent of incarcerated women, 17 percent of incarcerated men, and 33 percent of staff agreed that rules applied to all residents equally.
- In surveys and discussions, staff and residents alike reported inconsistency in discipline and rule enforcement, reflecting some dissatisfaction across groups. However, staff qualified their response, explaining that they preferred a case-by-case approach, rather than rigid enforcement, to address each individual's circumstances. More research is needed to examine whether these findings show systemic bias or a shift toward positive, relationship-based practices.
- In discussions, a few staff and residents reported that nonwhite residents were treated differently from white residents and punished more harshly.
- Several stakeholders reported that women were written up and found guilty of minor offenses, such as swearing, more frequently than men, while having fewer incidents of violence.

FIGURE 9

Rules apply to all residents equally.



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Source: Brennan Center for Justice survey.

Incarcerated Women

Reflecting a national trend, the women's population in Maine's prison system has grown over the last four decades.[45] Since 1980, the number of incarcerated women in the state has grown more than tenfold, with the number peaking at more than 200 starting in 2016 and remaining stable since.[46] Today about half of the women's population is housed at the Women's Center at the Maine Correctional Center campus in Windham.[47] The other half is incarcerated at the Southern Maine Women's Reentry Center, a minimum-security prerelease facility for women who have less than five years remaining on their sentence.[48] (The latter was not included in this study.)

Advocates and experts have consistently raised concerns about how prisons are a default response to crimes related to addiction, trauma, and poverty.[49] Local experts have called for more treatment and financial support for incarcerated women in Maine, as most are serving sentences for drug or theft convictions.[50] Incarcerated people of all genders often have experiences with trauma and poor health, but women report adverse childhood experiences and serious health conditions more frequently than men.[51]

MDOC's facilities for women operate within a system that was designed primarily for the custody and needs of men. In response, the Women's Center and the Southern Maine Women's Reentry Center provide targeted services and specialized health care, such as unlimited access to free menstrual products and greater prenatal care, but more work is necessary to address the system's compounding physical, mental, and emotional care deficits.[52]

A grievance system is the internal administrative procedure through which residents file formal complaints about staff and about facility conditions such as food, housing, and medical care. It is incarcerated people's only remedy for addressing problems.[53] Residents' views of MDOC's grievance system were consistently negative (see figure 10). They described it as ineffective, difficult to understand, and unfair.

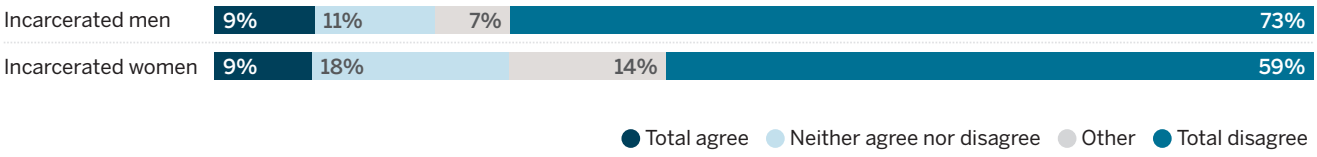
- Only 9 percent of incarcerated men and 9 percent of incarcerated women surveyed thought that the grievance system was working.
- In discussions, residents said that grievances were often closed out without resolution or opportunities for appeal. Some provided examples of grievances being automatically rejected because of technical faults, like marks made outside the lines or writing in a language other than English.[54]
- Many residents expressed confusion about how and when to file a grievance.
- Residents also said that some people were reluctant to file grievances due to fear of staff retaliation.

Staff are key to changing facility culture.

Replacing harsh physical and environmental control with dynamic security requires building relationships between staff and residents. But efforts can be undermined by mistrust and interpersonal conflict. Incarcerated people across facilities affirmed that all staff must engage in positive behaviors for the Maine Model to succeed (see figure 11).

FIGURE 10

The grievance process in this facility is a useful tool to address the concerns of residents.

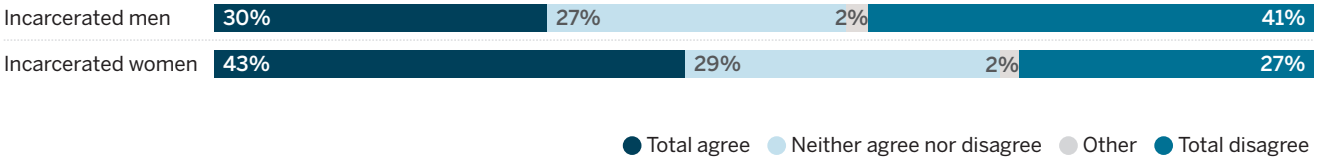


Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.
Source: Brennan Center for Justice survey.

FIGURE 11

Staff behavior influences resident behavior on the unit.

Staff treat residents with respect.



Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.
Source: Brennan Center for Justice survey.

- More than three-quarters of incarcerated people surveyed agreed that staff behavior affects residents' behavior, but only 43 percent of incarcerated women and 30 percent of incarcerated men agreed that staff treated residents with respect.

- In discussions, residents pointed to inconsistencies in staff behavior to explain why trust has been slow to build. Some residents mentioned clear differences between staffing shifts, saying they knew whether it would be a "good or bad day" depending on who was on duty.

- While many residents recalled numerous incidents of poor interactions with staff, some also praised specific staff and leaders for their fairness, respectfulness, and support.

- Longer-serving staff and residents said that interactions had improved over the years and that there was less of an "us versus them" attitude than in the past.

Strained staff capacity is a challenge, especially in more rural facilities.

Despite a national staffing crisis in U.S. prisons, with vacancy rates of up to 50 percent in some states, Maine has been able to recruit and retain adequate prison staff.[55] MDOC reports a monthly vacancy rate of only 5 percent at the Maine Correctional Center and the Women's Center and 16 percent at the Maine State Prison.[56] However, staff survey findings still point to serious challenges (see figure 12).

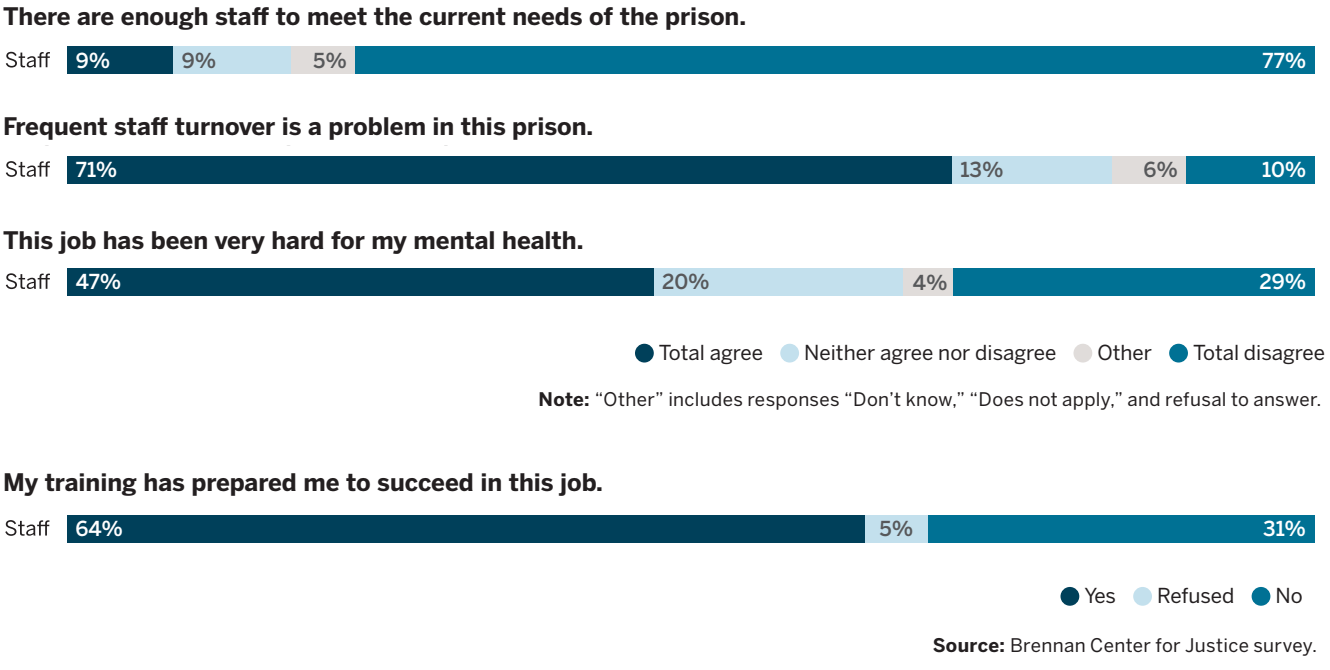
- 77 percent of staff did not think there were enough staff to meet the needs of the prison system, and 71 percent of staff agreed that turnover was a problem.

- In discussions, both staff and residents at the Maine State Prison said that reducing turnover was a critical need. Located in a rural part of the state, this prison faces more challenges with staff retention than other facilities in this study.

- Across facilities, some staff expressed the concern that efforts to build relationships with residents and improve access to programming could be de-emphasized due to lack of staff capacity.

- 64 percent of staff agreed that their training had prepared them to succeed in their jobs, but about 47 percent agreed that their job was hard on their mental health. In discussions, some staff and residents stressed the need for more on-the-job training and more mental health resources for staff who work directly with residents.[57]

FIGURE 12



Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.

Source: Brennan Center for Justice survey.

Persistent Health-Care Challenges

As part of its focus on rehabilitation, MDOC has committed to improving health-care services, which are delivered by an external provider, Wellpath.[58] Many incarcerated people in Maine, like in any prison system, have chronic physical and mental health conditions as well as substance use disorders, which are a persistent challenge in the state and region.[59] The department has taken steps to address long wait times for health-care providers and to bring doctors and dentists into prisons where possible. However, improving access to health care requires further remedial action (see figure 13).

- Resident and staff views differed on health-care access and quality of treatment. Across the system, about one-third of surveyed residents agreed that they received medical treatment (30 percent of men and 20 percent of women), mental health care (38 percent of men and 30 percent of women), or substance use treatment (33 percent of men and 25 percent of women) when they needed it.

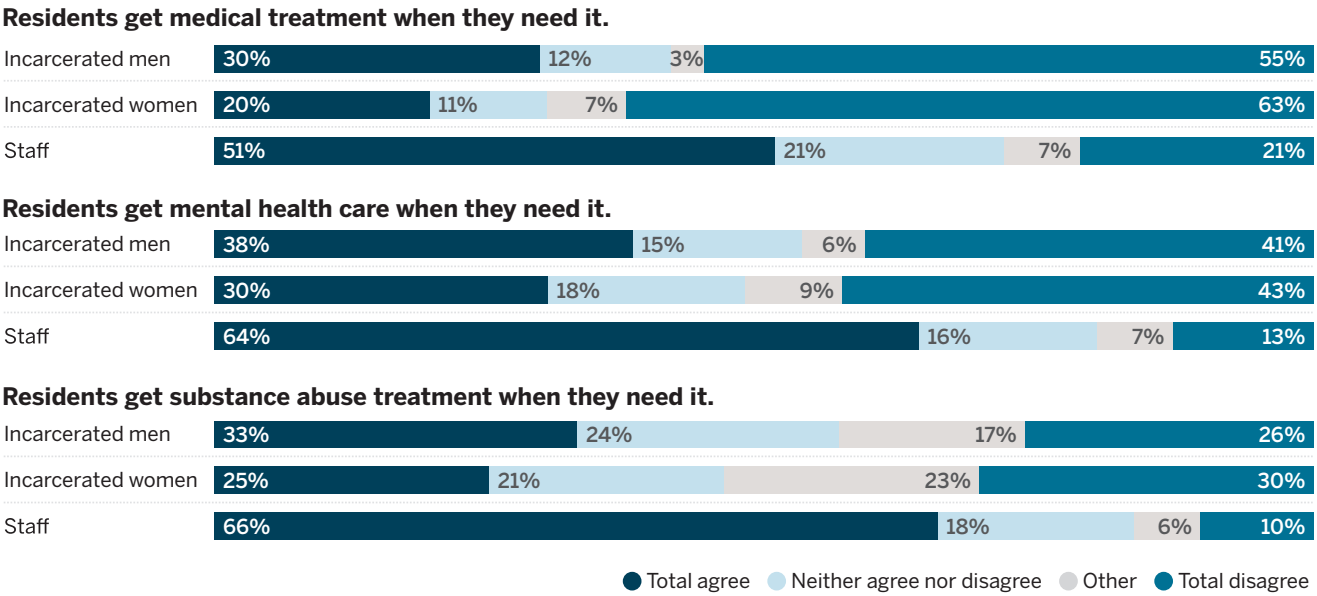
- In discussions, residents frequently expressed concerns about medical services. Top concerns included health-care co-pays for those earning low prison wages, a perceived lack of response to sick calls by medical staff, inadequate treatment, and long waits for appointments.[60] Residents wanted more transparency concerning health-care access, availability, and long wait times.

- In contrast, more than half of staff believed that residents received mental health care (64 percent), substance use treatment (66 percent), and medical treatment (51 percent) when they needed it. Staff acknowledged many of the residents' concerns about health services but cited external barriers, such as medication shortages in the community (e.g., for ADHD stimulant medication) and insufficient local health providers. They felt that many of the residents received medical appointments more quickly than staff and people in the community.

- Survey respondents reported positive perceptions of medication-assisted treatment for substance use disorder, with some staff and residents describing Suboxone as lifesaving. But others said it was prescribed too often as a "one-size-fits-all" response. Residents recounted incidents in which clinical staff offered them Suboxone for unrelated conditions, such as chronic pain.

- Residents and staff of the Maine State Prison's Intensive Mental Health Unit praised its comprehensive treatment but noted that space was limited.

FIGURE 13



Note: "Other" includes responses "Don't know," "Does not apply," and refusal to answer.
Source: Brennan Center for Justice survey.

- In 2024, MDOC trained more than 70 incarcerated residents as peer recovery coaches to provide individual support to other residents experiencing substance use and mental health issues, in line with other prison systems across the nation.[61] Staff and residents agreed that MDOC should train more peer coaches, and residents across facilities have expressed a willingness to fill these roles. Reported barriers included limited meeting space and restricted access to people in certain units.

Incarcerated women face particular health-care gaps.

Women rated access to medical care, mental health care, and substance-use treatment significantly lower than men did, suggesting gender disparities in health-care delivery.

The Women's Center was designed to accommodate the specific life experiences and needs of women in prison.[62] Its policies and practices prioritize rehabilitation, gender-specific services, and trauma-informed care. For example, the facility provides prenatal planning and postpartum care, end-of-life care tailored to women, and courses in parenting skills and domestic violence prevention.[63] However, both residents and staff suggested that higher-quality medical care from preventive services to specialized treatment was needed. Several women also expressed dissatisfaction with the lack of trauma-based services for those with histories of victimization and identified meaningful therapeutic programs, such as alternatives-to-violence classes, that had been cut in recent years.

Recommendations

While MDOC has made significant strides to change its corrections culture and practices, the work is far from over. Our discussions with staff, incarcerated people, and advocates informed the following recommendations to advance Maine's corrections system and guide other states working to develop reforms.

>> Expand rehabilitative housing options.

Progress is most visible in specialized units such as the Maine State Prison's Earned Living Unit. Staff and residents alike believe the unit has improved safety, fostered community, and aided rehabilitation.

- **Expand specialized units for women.** The Women's Center has no equivalent to the Maine State Prison's Earned Living Unit. While a proposed earned living wing for women would improve well-being for a small group, a stand-alone unit would allow the creation of a distinct community with greater opportunities and responsibilities for more incarcerated women.
- **Use specialized units as models for general population units.** Privileges and practices in the earned living units, such as freedom of movement, greater program and job opportunities, and better access to families, should be extended to the general population. There should be clear, graduated steps to expand such unit practices, offering residents consistent incentives for good behavior, as envisioned by MDOC leadership.[64] In surveys and discussions, incarcerated people recommended that MDOC more consistently implement specialized, incentive-based units like the Earned Living Unit for the general population.
- **Restore roommate selection opportunities across facilities.** MDOC has historically allowed some people, usually those with long sentences and good behavior, to select roommates. This practice is still in place in certain facilities, including the Maine State Prison. According to residents, extending it to other facilities could help address safety concerns and encourage positive behavior.

>> Improve the disciplinary and grievance systems.

As evidenced by survey findings, deficiencies in the discipline and grievance systems are top complaints for MDOC. The following recommendations may improve staff and residents' experiences.

- **Implement restorative justice alternatives.** The Maine State Prison and the Maine Correctional Center each have a restorative justice committee that mediates conflicts between staff and residents as an alternative to formal disciplinary and grievance processes. This approach is in its early stages but should be implemented more widely across facilities.[65]
- **Empower residents to guide others through the grievance system.** To help make the prison's grievance system more accessible, residents and outside advocates are developing a resident manual for the Maine Correctional Center. With MDOC review and approval, this effort could be adapted for other facilities. MDOC can also train paid resident leaders to help other residents navigate the grievance process, as has been done in the Maine State Prison.

>> Engage residents and staff in developing and implementing reforms.

Reforms are more likely to succeed if staff and residents play a larger role in implementing them, rather than having orders handed down to them.[66]

- **Increase in-person engagement among correctional leadership, staff, and incarcerated residents.** To build buy-in and solve problems, many supported more frequent meetings for staff and residents with central and facility leadership to discuss the "why" and "how" behind reforms.

- **Build on civic engagement groups, a core strength.** Within facilities, existing groups such as resident advisory councils and other resident civic engagement groups can help identify challenges to implementing ongoing reforms and propose solutions to make MDOC more agile and responsive.

>> Add programming and expand external partnerships.

A crucial part of rehabilitation is access to educational, vocational, and reentry support. MDOC staff work hard to meet diverse needs with limited resources, but gaps remain.

- **Support and institutionalize staff- and resident-led programming.** Determining resident demand for specific programs can be challenging for facility leadership. However, discussions with residents yielded examples of well-liked, internally run courses that had been lost when the staff member or resident teaching the course departed. For example, a staff member had taught welding and drywalling classes, and residents had taught alternatives-to-violence programs. But these opportunities disappeared when those people left the facility. Encouraging pilot programs, identifying successful examples, and formalizing those programs through investment and training could both increase overall program availability and align offerings with demand.

- **Expand external partnerships.** MDOC cannot address residents' priorities and needs alone. Providing opportunities for residents to participate in high school, college, graduate, and vocational programs requires deeper collaboration with MDOC's robust and growing network of community organizations. This can help with challenges, including long wait lists and inconsistent program availability. Strategic reentry partners are also needed to help incarcerated people navigate barriers they face as they leave prison, including a scarcity of jobs, housing, and social support.

>> Strengthen staff training.

Survey findings and discussions consistently revealed that staff feel under-supported in their efforts to promote rehabilitation. Prioritizing staff development and resources is crucial for retention and growth.[67] MDOC has already bolstered training, especially for specialized staff and leaders.

- **Continue to incentivize professional development.** Many staff and residents recommended adding supplemental trainings to reinforce communication, interpersonal, and conflict-resolution skills. Staff identified the need for specialized trainings to better understand trauma and addiction, in order to improve interactions with high-need residents. In addition to training, correctional officers also said that pathways to promotion and more leadership opportunities would reward positive track records and improve engagement.

- **Hire more staff in specific facilities.** Staff turnover is a persistent challenge, especially for the rural Maine State Prison. While Maine is doing better than many other states, staff and residents at Maine State Prison see that staff are often stretched thin. Specifically, both groups emphasized that increasing staff there should be a priority. They agreed that without adequate staffing, reforms, particularly building rapport between staff and residents, are nearly impossible.

>> Improve access to and quality of health care.

Incarcerated residents named health-care access and delivery as a top challenge in survey findings and discussions.

- **Address health-care gaps in facilities.** Residents reported that limited overall health-care resources in Maine create a significant challenge for treatment delivery inside its prisons, where some say that many treatments and services are not consistently available. There is a consensus among staff and residents that improving medical and behavioral health services should be a priority for MDOC. These improvements will require significant resources and funding.

- **Meet gender-specific health-care needs.** While many incarcerated men and women in the MDOC system expressed similar barriers to health-care access, such as long wait times for medical appointments and significant gaps in treatment and services, there is a need to expand gender-responsive and trauma-informed care at the Women's Center. Women residents could benefit from a comprehensive health-care strategy that includes treatment and services addressing high rates of trauma, serious health conditions, and overlapping behavioral health diagnoses.

Conclusion

Has the Maine Department of Corrections succeeded in implementing a transformative approach to corrections? Definitive results from a causal impact evaluation of the statewide initiative will take many more years, but early findings are promising. These initial results show what prison officials and systems can accomplish with limited budgets amid shifting political winds. For the most part, people who live and work in Maine's prisons feel safe. Violence and recidivism have declined across facilities over the early period of Maine Model implementation. Environmental changes such as improved visitation and recreation areas are helping residents connect with their families and improve their well-being.

But there is more work to be done. Many incarcerated people note that they cannot access rehabilitative programs, including classes and vocational training. Staff report challenges in their ability to deliver services due to overwhelming demand, lack of training, and inadequate staffing. Incarcerated residents also report inconsistent and, at times, poor treatment from some staff. And despite marked efforts, health care remains a weakness, especially for women and residents with more serious needs.

As Maine continues to implement and hone its approach, other states should look to the Maine Model of Corrections and this accompanying research as a blueprint for improving conditions for prison staff and incarcerated people and, ultimately, improving public safety.

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