ADVANCING HEALTH EQUITY:

LEADING CARE, PAYMENT, AND SYSTEMS TRANSFORMATION

CASE STUDY

Maine Makes Strides in Advancing Health Equity for Adults Experiencing Incarceration

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Leading care, payment, and systems transformation

Contents

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Introduction

The Maine Learning Collaborative team's goal is to decrease inequities in access to healthcare among Medicaid members who were recently incarcerated as compared to other Medicaid members. Meeting that goal could include, but is not limited to, substance use disorder treatment and other behavioral health treatments, as well as physical health-related care.

Specifically, they are focused on establishing a connection to care within two days after release when individuals are most at risk for negative health implications. Their goal is to address the immediate need to support individuals returning to communities including:

- improved continuity of care through care coordination (connecting services received within jails/prisons and services in the community) and access to medication pre- and post-release; and
- improved health outcomes.

This case study examines how the Maine Learning Collaborative team developed and implemented their Advancing Health Equity initiative. Since the start of their participation in October 2019, the team:

1. selected timely transitional care assistance and care coordination for adults returning home from jails/prisons as the focus for its AHE initiative;
2. identified **the root causes of inequities** experienced by individuals enrolled in Medicaid who were recently incarcerated;
3. built a multi-stakeholder partnership to lay the groundwork for a reduction in health care disparities; and
4. implemented a care transformation that incorporated strategies for timely transitions of care for adults returning home from jails or prisons.

Key learnings from that journey are highlighted on the following pages.

Background

The rise of incarceration in the United States since the 1970s is due, in part, to our country's inability to provide appropriate care needed for two conditions: mental illness and substance use disorders. People with adverse childhood experiences disproportionately have substance use disorders and mental illness compared to the general public.[1]

Traumatic experiences in childhood continue to have profound impacts throughout the remainder of one's life. People who have had four or more adverse childhood experiences are eleven times more likely to use intravenous drugs and four times more likely to experience depression. The use of illegal substances and untreated mental illness can lead to behaviors that increase the likelihood that these individuals will be incarcerated at some point in their life. Further, specific populations continue to be overpoliced and incarcerated at higher rates.[2] The use of illicit substances and untreated mental illness can lead to behaviors that increase the likelihood that a person will be incarcerated at some point in their life regardless of their race, socio-economic status, or education. Populations that have been historically over-policed and, relatedly, incarcerated at disproportionately higher rates face even tougher odds than others.

Individuals with a history of incarceration suffer worse mental and physical health than the rest of the population. Studies have shown that people who are incarcerated are more likely to have high blood pressure, asthma, cancer, arthritis,[3] and infectious diseases.[4,5,6,7] Additionally, data has shown that 44 percent of people who are incarcerated have a mental health disorder[8] and that nearly two-thirds have a history of substance use disorder (SUD).[9] The prison environment itself contributes to these adverse health effects due to the increased likelihood of unhealthy meals, poor ventilation, overcrowding, and stress. Smoking in prisons is also a serious problem, with secondhand smoke concentrations ranging 1.5 to 12 times greater than within homes of people who smoke. Additionally, overcrowding and isolation units have been linked to a serious decline in mental health for many years.[10, 11]

People returning to communities after incarceration face significant health challenges including high rates of mental illness and SUD; this is exacerbated by substantial barriers to accessing key social and health care services. Organizations like the **National Reentry Network for Returning Citizens** and individuals who **serve as peers** for those returning home can make a difference. Medication for Opioid Use Disorder (MOUD) can also reduce opioid-related morbidity and mortality, contribute to long-term recovery, and reduce recidivism.[12] Approximately half of people incarcerated in Maine receive MOUD.

The Advancing Health Equity Program and the Maine Learning Collaborative Team

The Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) program seeks to align key stakeholders to advance health equity in Medicaid. AHE's Learning Collaborative is composed of twelve state/district teams, and each multi-stakeholder Learning Collaborative team designs and implements integrated delivery and payment reform initiatives to reduce health and health care inequities. The Maine team seeks to increase coordination in care when adults are returning home from institutional settings—a particularly perilous time for individuals with substance use and mental health challenges for whom continuity of care is critical.

The Maine Learning Collaborative team was formed in 2019 and included a strategic group of partners spanning physical & behavioral health: **MaineCare** (Maine's Medicaid Program), **Aroostook Mental Health Services, Inc.**, **Maine Primary Care Association**, and **Community Care Partnership of Maine**. Between 2019 and 2021, the team: selected timely transitional care assistance and care coordination for adults returning home from jails/prisons as the focus for its AHE initiative; identified the root causes of inequities experienced by individuals enrolled in Medicaid who were recently incarcerated; held a first round of focus groups; and drafted an intervention proposal. After a brief period of staff turnover and limited activity due to the COVID-19 pandemic, the state's Medicaid Program, MaineCare, moved the work forward in 2022 with goals to identify funding, implement their Post-Incarceration Incentive Payment Pilot, and conduct broad stakeholder engagement. Even though work slowed down for a period of time, team members made sure their initiative goals were kept on the agenda for related conversations happening throughout MaineCare. The pilot was eventually funded through the **American Rescue Plan Act of 2021, under Section 9817**, and launched in January 2024. Additionally, the Maine State Legislature approved a bill for MaineCare to submit a **1115 Re-Entry waiver** and federal legislation passed **the Consolidated Appropriations Act**, clarifying the long-term vision for the initiative with two additional opportunities that would create a pathway for potential funding beyond the pilot.

Keeping the Work Front and Center During Slowdowns

Although the team's work had to slow down for a period of time to address staff turnover and identify funding, they never forgot the goals of the initiative. Their ability to maintain their focus was due in part to MaineCare ensuring that initiatives include a project sponsor. The project sponsor is a senior leader responsible for overall project outcomes who assists with addressing barriers and decision making. They also ensure that the Medicaid Director and other senior leaders provide input on the initiative. That constant connection was how the Maine team became aware of the funding opportunity to support the pilot. Additionally, MaineCare holds regular leadership meetings where decisions and guidance for projects like the Maine team's initiative are discussed.

Understanding Systemic Root Causes and Partnership with Communities

The Maine team prioritized people with lived experience from the beginning of their initiative. In 2020, they coordinated with Aroostook Mental Health Services and the local county jails in Aroostook and Hancock Counties to facilitate three rounds of focus groups with individuals at county jails and a local recovery center that included participants who experienced re-entry. The focus groups helped refine both the team's health equity area of focus and their root cause analysis. One of the biggest takeaways was that all participants wanted more care coordination while in jail to access services more seamlessly and in a timely manner upon returning home.

Since launching their pilot in January 2024, the Maine team has made additional efforts to partner with people with lived experience. They identified organizations such as the **Maine Reentry Network** (MERN) and the **Maine Prisoner Advocacy Coalition** (MPAC) both of which are composed of staff and volunteers who themselves have experienced incarceration. Specifically, MPAC supports advocacy around policy change and MERN supports individuals as they return home to their communities. The Maine team partnered with these organizations to better understand the needs of individuals experiencing incarceration. The Maine team also discovered that attending existing open meetings can be highly beneficial for bi-directional information sharing. For example, the Maine Prisoner Reentry Network had standing meetings that the Maine team attended to learn from attendees and provide information about the incentive payment pilot and the 1115 re-entry waiver. Their attendance allowed the team to build relationships and receive feedback that they incorporated into their re-entry waiver application.

"There were many language considerations [for focus groups] that were offered [by LaKeesha] that we would have never been aware of had we not had these conversations."
Loretta Dutill

In 2024, the Maine team decided hosting another round of focus groups would be important. As the team prepared for the additional focus groups, they sought advice from LaKeesha Dumas, an AHE National Advisory Committee member. LaKeesha is the founder of **None Left Behind**, an organization that strives to create a loving, nurturing, resilience-based community for kids of all ages who have experienced loss, grief, or trauma within their families of origin. LaKeesha is also certified by the State of Oregon as an Adult Addictions Peer Support Specialist, Adult Mental Health Peer Support Specialist, Community Health Worker, Peer Wellness Specialist, and Youth and Young Adult Peer Support Specialist.

LaKeesha used her professional and personal experience with the carceral system to provide key recommendations to the Maine team such as:

- It's important to have peers lead focus groups or other conversations with individuals experiencing incarceration which balances power dynamics. Participants are much more likely to be comfortable sharing honest feedback with peers versus individuals who hold more power.
- The language and terminology used during focus group conversations matters. LaKeesha used her firsthand knowledge to provide feedback to the Maine team and help them develop questions that were more clear, culturally appropriate, and effective for focus groups.

In 2025, the Maine team will partner with MPAC to hold additional focus groups in jails, prisons, and re-entry centers. The goal of these focus groups is to explore what is most important for individuals returning home after incarceration. The Maine team is curious to learn whether responses will have changed from when the pilot was first designed in 2019. One lesson the Maine team learned from their first round of focus groups in 2020 was the need to compensate individuals providing feedback. In 2025, participants will be compensated for their time and expertise—which took some creative problem-solving to achieve. The Maine team encountered administrative barriers limiting their ability to compensate members for focus group activities. In response, the team partnered with a community-based organization (MPAC) to ensure compensation for members' expertise. Additionally, MPAC can provide peers to conduct the focus groups.

Implementation Highlights

Since the launch of the pilot in January 2024, the Maine team has:

- Seen monthly incentive payments to providers increase by 66% from the first payment in March 2024
- Met with six providers who had the highest volume of claims to understand their motivations and barriers, and attended standing meetings that included providers who served those members to gather feedback. Key takeaways from those conversations surrounded the importance of relationships prior to returning home: between provider organization staff and jail/prison staff, as well as between those experiencing incarceration and provider organization staff. The providers also shared the importance of having walk-in hours so individuals could show up without an appointment after returning home from jail/prison. Starting the connection prior to entering (or leaving) jail/prison helps better support the individual when they are returning home. That way, individuals transitioning back to the community already have an established person with whom to problem solve, ensuring a safety net for the individual upon leaving jail/prison.
- Begun contracting with **MPAC**, a community-based Organization, to conduct focus groups with individuals experiencing incarceration and those who have been through re-entry to understand their needs, motivations, and barriers to accessing care upon release. Recognizing the importance of gathering feedback often, the team hopes to use that information to determine whether their pilot is addressing the issues first raised by individuals returning home.

Designing the Care Transformation

The team investigated transitional care models that emphasize **whole person approaches** and care coordination. Their care delivery transformation includes incentive payments to health care providers ($236.77 per eligible claim) when they deliver an eligible service (e.g., a primary care or behavioral health visit) within two calendar days of someone returning home from prison or jail to motivate providers to deliver timely follow-up and transitions of care. Eligible services include primary, specialty, and ambulatory care; case management; behavioral health; dental/vision; and residential and home health services.

The most commonly used services of the initiative thus far include case management and substance use services, such as SUD treatment programs which include temporary residential housing focused on SUD treatment and medications for opioid use disorder. The least-used services are dental, vision, and primary care which might be due to the incentive structure, which initiates claims within two days. It typically takes longer than two days to coordinate a visit for these services. MaineCare reimbursed eligible provider claims quarterly from March 2024 through June 2025.

"This process can take time, and you will learn a lot on the way. Your focus may change when trying to figure out the process and that's okay." Kaley Boucher

Earning and Maintaining Stakeholder Buy-In

The Maine team has learned that getting feedback from any stakeholder who interacts with a system that needs to change is critical. That feedback should be gathered often—not just at one point in time. The pilot allowed opportunities for broader stakeholder feedback about connecting with individuals with a history of incarceration by having discussions with the Department of Corrections, leaders across their partnering organizations, health care providers, and other groups to apply various perspectives and levels of expertise to their plans.

The team meets with the Sheriffs Association, which includes representation from all the state county jails, on a routine basis to ensure they feel included in the design and process of the 1115 re-entry waiver. They also sought input from staff of jails and prisons by visiting all 21 of the state's jails, prisons, and youth facilities. Those visits were important because each jail and prison is unique based on its location, local population, size, and strengths and opportunity areas.

The only way to clearly see those differences is by visiting each one to understand how the differences impact each facility, its residents, and staff. The team met with jail administrators and staff to share information on upcoming initiatives and better understand the challenges and opportunities staff and administrators faced as it related to those upcoming initiatives. The team learned about what services are offered within jails, and which organizations jails partner with from the community for release planning and connection to resources upon release. It was an opportunity for representatives from the state Medicaid agency to build their knowledge on how the carceral system functions and to initiate collaborative partnerships to support ongoing initiatives.

Looking Ahead

In August 2024, the Maine team was one of six states selected to participate in the **Medicaid and Corrections Policy Academy**. They are working with the other five state teams to develop a shared vision for serving people who are returning home after incarceration. That work includes developing an understanding of state systems for effective enrollment in Medicaid, Medicaid-restoration strategies for people returning home, and planning strategies to address housing and health-related social needs.

The goal is to continue gathering input throughout the pilot implementation from members, health care providers, and other stakeholders with the plan to incorporate feedback into future MaineCare re-entry initiatives and to develop an advisory council comprised of stakeholders to receive input on those initiatives in the future. Once the team's pilot wraps in the summer of 2025, the Maine team will apply what they learned to upcoming opportunities related to their participation in the **Consolidated Appropriations Act (CAA)** and the **Medicaid Reentry Section 1115 Demonstration Opportunity**. CAA allows states to receive federal payment for allowable medical assistance services provided to Medicaid-eligible juveniles while detained. The 1115 re-entry waiver offers states an opportunity to improve care transitions for certain individuals who are soon-to-be former inmates of jail or prison and otherwise eligible for Medicaid.

For More Information, contact MaineCare's Delivery System Reform Unit.

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ABOUT AHE

Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare inequities.

The views expressed here do not necessarily reflect the views of the Foundation.