

Testing Two Models of Treatment Linkage Facilitation for Women with OUD After Release from Jail

BACKGROUND

The Problem

Most research on medication for opioid use disorder (MOUD) effectiveness in jail populations focuses on men. Incarcerated women with opioid use disorder (OUD) have unique factors leading to both substance use and incarceration. Research is needed to understand how best to connect women with OUD treatment while detained and upon return to the community.

The Study

This study tested a pre-treatment telehealth (TH) intervention for women who were within 60 days of anticipated release from jail. This involved an introductory videoconferencing session between the participant and an MOUD provider in the community. Half of these participants were selected at random to receive additional peer navigation (PN) services.

Peers were women with personal histories of recovery and justice system involvement. The peers met with the participants prior to release, identified potential resource needs, and then followed up weekly for 12 weeks post-release to help encourage treatment engagement. A control group of women received treatment while in jail (modified therapeutic community with option for naltrexone), but they did not receive either the TH or PN intervention. Outcomes for all participants were measured at 3 months post-release.

The Numbers

The study enrolled a total of 900 women who were detained in 9 Kentucky jails: 299 received pre-treatment TH only; 301 received pre-treatment TH+PN; and 300 were in the control group (jail treatment services as usual). A total of 849 women were released from jail in time to complete the study; 90% of these (n=764) participated in the 3-month follow-up interview.

RESULTS

Main Findings^[1]

- ✓ 49% of women in the experimental groups (TH-only or TH+PN) entered SUD treatment post-release.
- ✓ Women in the experimental groups were significantly more likely than the control group to engage in some form of SUD treatment in the community post-release.
- ✓ Women in the TH-only group reported more days of substance use post-release vs. the control group, who received treatment while detained.
- ✓ Women in the TH+PN condition completed an average of 4.53 (of a possible 13) PN sessions.^[2]
- ✓ Completion of more PN sessions was associated with fewer days of substance use post-release.

Additional Outcomes of Interest

- ✓ Women who were on community supervision post-release were more likely to engage in SUD treatment, and reported fewer days of substance use.
- ✓ Women were more likely to engage in SUD treatment and/or MOUD post-release if they had a pre-incarceration history of receiving these services.

IMPLEMENTATION INSIGHTS

- Motivational interventions and/or additional supportive resources at re-entry may be needed to facilitate treatment engagement upon release.
- When possible, jails should establish relationships with providers in the communities to which detainees will return.
- While telehealth provides an important strategy to connect with women prior to release, increasing opportunities for face-to-face meetings may be important for continuing to build trust and rapport during community re-entry.
- Peer navigation services should anticipate addressing women's many basic needs upon leaving jail (clean clothing, food, stable housing). Having a plan to provide or refer for these issues may help women be better able to engage in treatment services.
- Community re-entry outcomes may depend on active collaboration across the systems through which women must navigate: jail, community corrections, SUD treatment, and social services.

[1] Staton, M., Tillson, M., Terrill, D., Oser, C., Leukefeld, C., Fanucchi, L., McCollister, K., Dickson, M. F., Winston, E., Annett, J., & Webster, J. M. (2025). Outcomes following two models of treatment linkage facilitation for women with a history of OUD following jail release. *Journal of substance use and addiction treatment*, 174, 209702. <https://doi.org/10.1016/j.josat.2025.209702>.

[2] This additional detail was clarified in direct correspondence from the research team.