JCOIN
Justice Community Overdose Innovation Network

Comparative Effectiveness of Coaching and ECHO Strategies for Implementing MOUD in Jails & Community Treatment Programs

BACKGROUND

The Problem

Jails represent an important potential intervention point to address the opioid crisis. Detainees have high prevalence of opioid use disorder (OUD), but most jails do not offer evidence-based treatments including front-line medications for OUD (MOUD), and few have procedures to transition individuals into community-based care after release. Jails need resources and support to implement these life-saving treatments.

The Study

This study tested two strategies to help participating jails and treatment agencies implement or enhance their MOUD services. Expert organizational coaching (the NIATx model) may be an effective implementation support, but can be an expensive investment. Peer mentoring for MOUD prescribers (the Extension for Community Healthcare Outcomes [ECHO] model) may help increase knowledge about managing OUD. This study tested high-dose (monthly) vs. low-dose (quarterly) NIATx coaching, with or without monthly ECHO sessions, to assess which combination had greater impact on rates of MOUD prescribing.

The Numbers

In all, 25 jails and 13 affiliated community treatment programs completed one of the four intervention conditions: high-dose coaching with (n=9) or without (n=9) ECHO, or low-dose NIATx coaching with (n=10) or without (n=10) ECHO. Researchers measured OUD screening/identification, referrals for MOUD, and receipt of each MOUD (methadone, buprenorphine, and naltrexone in various formulations). Data were collected over a 12-month implementation phase and a 12-month sustainment phase.

RESULTS

Main Findings[1]

The NIATx coaching model resulted in increased use of MOUD in participating sites.

- ☑ The number of persons receiving MOUD significantly increased in both the low-dose (quarterly) and high-dose (monthly) NIATx coaching conditions.
- ☑ More gains were made in the use of buprenorphine than methadone or naltrexone.
- ☑ High-dose coaching did not show a significant difference over low-dose coaching.
- ☑ Prescriber mentoring (ECHO) did not significantly improve MOUD prescribing above and beyond NIATx coaching.

The NIATx model – including both regular coaching and hands-on Plan-Do-Study-Act cycles to test incremental change – is an effective strategy for implementing organizational change. This study extends the NIATx evidence base to include jail settings and continuation of care post-release. Information on using NIATx to support organizational change is available at https://niatx.wisc.edu.

IMPLEMENTATION INSIGHTS

- NIATx coaching focuses on improving key outcomes, e.g., number of individuals on MOUD and continued treatment in the community. It offers an evidence-based approach to engage corrections and treatment staff in implementing new practices to meet the organization's goals.
- Mandates for implementing new practices can be effectively supported with investments in organizational coaching, which can be delivered quarterly, if not more frequently.
- Jails likely need additional MOUD-specific logistical support when implementing new services.
- Implementation interventions should be tailored to match the capacity and priorities of participating sites. Low-dose interventions may be sufficient to achieve meaningful outcomes.
- Data collection tools and templates should reflect the types of data jails and treatment programs are likely to have available, to improve accuracy and minimize staff burden.

[1] Molfenter et al. (2025). Assessing the comparative effectiveness of ECHO and coaching implementation strategies in a jail/provider MOUD implementation trial. *Implementation Science*, 20:7.