From Barriers to Breakthroughs: Delivering Lifesaving Opioid Use Disorder Treatment to People in the Allegheny County Jail

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Opioid Use Disorder (OUD) is a major driver of criminal justice involvement. Individuals with OUD often enter jail in acute distress, experiencing a cascade of physiological effects — the onset of withdrawal, reduced tolerance and a heightened risk of overdose. In Allegheny County, officials at both the Allegheny County Jail (ACJ) and the Department of Human Services (DHS) recognize that implementing medication for opioid use disorder (MOUD) can deliver evidence-based care and help individuals safely navigate withdrawal and stabilization within a secure, medically supervised environment.

Despite that MOUD is the gold standard of treatment for OUD[1], access to this care remains limited, especially in jails. Nationally, fewer than half of jails offer any form of MOUD and an estimated 13% of U.S jails provide access to MOUD to anyone who requests it.[2,3] This gap in care persists at a moment where treatment can significantly reduce harm and improve long-term outcomes. Allegheny County's commitment to implementing MOUD in jail settings helps address this gap at a time when such approaches remain uncommon—despite strong evidence supporting their effectiveness. Nonetheless, putting that commitment into practice required overcoming significant operational, logistical, and regulatory challenges. This is the story of how the public, County leadership, and ACJ officials confronted these challenges and reshaped what treatment can look like for people navigating incarceration and addiction.

The Path to Implementation

In 2024, more than 1 in 4 individuals booked into the Allegheny County Jail (ACJ) had an opioid use disorder (OUD)—a subset of substance use disorders (SUD)—, and more than half had any SUD (including alcohol use disorder), based on publicly funded behavioral health service claims sourced from Allegheny County's integrated data warehouse. These figures likely underestimate true rates, as these rates reflect only people who had documented treatment histories. The high prevalence of OUD and SUD, combined with the spread of fentanyl— a powerful synthetic opioid—has further heightened the urgency of supporting people through withdrawal and into long-term recovery after incarceration.

"Right now, you can't even find heroin on the street," said Joshua Nirella, regional director of Acadia Healthcare, a substance use treatment agency providing services at the Jail. "It's all fentanyl, which has up to 50 times the potency of heroin."

The gold standard evidence-based treatment for people with OUD involves Food and Drug Administration–approved medications for opioid use disorder (MOUD). Widely used MOUD include methadone, buprenorphine and naltrexone, which can also be used to treat alcohol use disorder (AUD).

On any given day, the ACJ houses over 1,800 individuals, where more than half have a SUD and 1 in 3 have OUD. These figures underscore the significant demand for substance use treatment services—like MOUD—among individuals in the ACJ. Implementing MOUD in a jail setting is complex, but the ACJ and Allegheny County Department of Human Services (DHS) were determined to make it happen; external pressure helped focus attention at all the needed levels to prioritize funding for the program. As a result, Allegheny County has created a comprehensive program—combining evidence-based treatment, counseling and post-release recovery services—that offers a pathway out of the cycle of addiction and incarceration.

Navigating the Obstacles

When Brandi Harrison joined DHS as a project manager in 2018, the ACJ had just one MOUD program. Funded by the Pennsylvania Commission on Crime and Delinquency (PCCD), it provided Vivitrol, a once-a-month naltrexone injection treatment, to a small group of incarcerated people with OUD. While an exceedingly important treatment option for people with Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD), Vivitrol is not suitable for everyone (e.g., people who are actively detoxing).

In 2018, Harrison supported the development of a successful proposal for another PCCD grant, this time to pilot the use of buprenorphine, which can be administered orally. The pilot focused on individuals who were already on that medication before their arrest. This was a critical next step in expanding access to treatment at the Allegheny County Jail (ACJ) and ensuring compliance with the Americans with Disabilities Act (ADA).

As Harrison researched the evidence behind medication for opioid use disorder (MOUD), she became a strong advocate for program expansion. She also learned quickly why MOUD is hard to implement in a jail setting.

"There were a lot of concerns," Harrison recalled. "The Jail was already dealing with contraband substances and was concerned about the potential of medications getting diverted to other people. Administering MOUD is also time- and staff-consuming, because you need a correctional officer and a nurse and you have to do mouth checks before and after."

Holly Martin, who came to ACJ as assistant director of nursing in 2016 and now serves as deputy warden for health services, noted that in one instance, staff caught a resident attempting to divert medication by spitting it into a shirt pocket. As a result, residents are required to wear T-shirts without pockets when receiving their medication.

Why Substance Use Treatment in the Jail Matters

In 2023, **more than 80,000 people died** of opioid overdoses in the United States.[4] A large portion of these victims had interactions with a jail before their deaths. But a study published in 2024 found that **only 44% of U.S. jails offered MOUD at all and only 13% provided MOUD to anyone who requested it.**[2,3]

"It's giving people a life again"

— Brandi Harrison, DHS project manager

Working through concerns—both foreseen and encountered—took so much planning that the project had only completed an initial test run and was still under evaluation when the COVID-19 pandemic hit. The resulting significant limitations on movement within the Jail constrained progress on implementing new programs and services, including MOUD.

As the pandemic subsided and buprenorphine administration expanded, more ACJ residents began requesting the service. However, induction—initiating treatment with a medication for OUD—requires significantly more time and involvement from medical staff than continuing administration of a drug already started in the community prior to incarceration. Medical staff must determine eligibility and monitor closely throughout induction and titration of the medication to a therapeutic dose. Recognizing that system reform is often most achievable in incremental phases, DHS and the ACJ prioritized methadone continuation services as the next step—ensuring continuity of care for all individuals previously in treatment while laying the groundwork to expand access and improve outcomes for all who could benefit from MOUD in the Jail.

Local Efforts and a National Pattern

During this time, emerging research showed that the few jails carrying out major MOUD initiatives elsewhere in the country were seeing **a decline in behavioral incidents requiring disciplinary action with addiction-impacted residents** and better outcomes following release.

This focused expansion represented meaningful progress—but even an incremental step like methadone continuation services introduced significant logistical challenges at the ACJ. “There are so many regulations around chain of custody,” Harrison said. “We needed an armed security guard in the van that brought the medication to the Jail. We set up weekly deliveries, plus same-day deliveries for new patients. The methadone provider could only staff the program Monday through Friday, putting an additional burden on weekend ACJ staff, who would have to transport patients to local hospitals and/or administer medication directly to meet patient needs over the weekend. But we could see the positive impact.”

Figuring out when to administer the medication was tough, too. Residents are entitled to four hours a day outside their cell, but everyone has to be “locked down” (in their cells) while medications are distributed. As a result, the easiest administration time was on the overnight shift. But because that interrupted patient’s sleep, so many were refusing the medication and would then experience withdrawal symptoms and/or cravings. Eventually, the Jail coordinated staffing to be able to administer the medications after dinner.

Learn more about how the Jail navigated medication timing and sleep disruptions here.

“The Jail is required to do so much with limited staff and time, and that was hard for the community to understand,” Harrison said. “The public perception seemed to be that all the Jail has to do is order the meds and give them to people, when in reality there are a lot of barriers that have to be addressed first.”

It's Not That Simple

Implementing a medication-based treatment program inside a jail setting is far more complex than simply ordering and distributing medication. At the ACJ, staff and partners had to navigate a layered set of operational, logistical and regulatory challenges:

Grant eligibility restrictions are included in block funding for some jail-based programs.

Limited provider capacity and interest led to difficulty in recruiting community-based providers to expand service provisions in the Jail.

Provider waiver rules added federal approval steps that reduce the number of eligible clinicians and discourage participation.

Transportation regulations restrict methadone delivery and handling.

Security licensing requirements delayed setup of onsite medical services authorized to dispense MOUD.

Scheduling limitations require careful coordination to avoid disrupting other Jail operations (e.g., activities, programs, mealtimes, sleep) during medication administration.

Resident movement restrictions constrain both location and method of medication administration.

Mandatory facility-wide lockdowns may occur during medication distribution, disrupting and straining daily ACJ operations.

Strict anti-diversion protocols add layers of oversight, complicating medication handling and administration.

Staffing shortages strain efforts to consistently assign staff and administer medication.

Medication and staffing costs burden the ACJ's budget

From Tension to Turning Point

Sometimes, when logistical barriers and resource limitations stymie good intentions, external pressure can break the logjam. That's what happened in this case.

In May 2021, 180 community members, including various health professionals, signed an open letter to the Allegheny County Jail (ACJ) warden and community government, demanding fuller availability of medication for opioid use disorder (MOUD) in the Jail. Subsequently, an individual who had been denied access to medication while incarcerated filed a complaint with the U.S. Department of Justice, which investigated the complaint as a violation of the Americans with Disabilities Act.

The investigation resulted in a settlement agreement on November 30, 2023, under which the Jail committed to providing MOUD services, including methadone induction, to all persons who meet clinical eligibility criteria and are incarcerated there for at least 72 hours.

"Prior to the settlement agreement, we had done strategic planning and outlined a long-term vision for what we wanted to do, but we didn't have the resources to make all of it happen," said Jenn Batterton, DHS's manager of justice collaborations. "The agreement helped bring additional momentum and the necessary resources to the table."

That momentum—and the funding it unlocked—allowed the County to move from vision to implementation. Full-scale MOUD programs require significant infrastructure: trained medical staff, secure medication storage, and strong re-entry coordination with community providers. Building a sustainable and scalable system that meets local needs would not have been possible without a dedicated funding stream – and the opioid settlement funds (OSF) filled this gap.

With resources secured and operational barriers reduced, buprenorphine induction was introduced in December 2023, enabling the Jail to provide MOUD to 1,800 patients in 2024—three times as many as in 2023. Peer reentry services to help individuals transition to the community and connect to an ongoing treatment provider began in the same month. In March 2025, ACJ received final approval from the Drug Enforcement Administration for an on-site medication unit operated by a clinic within the Acadia Healthcare network and began offering methadone induction.

Deputy Warden Martin was grateful for the changes. "Previously, when people with substance use came into the Jail repeatedly, we were continually in a detox process with them," she said. "Now we are able to start or continue treatment with them during their stay and support them to continue after they return to the community.

Did You Know?

The on-site medication unit allows for closer monitoring of pregnant individuals receiving methadone. While the Jail has provided methadone treatment to pregnant individuals in the past, **the introduction of the on-site unit increases the stability of their care while in custody, while also reducing hospital transport needs and easing staffing demands.**

"Our goal is to treat them and set them up for success when they are released. That's what MOUD is making possible."

"From a medical standpoint, anyone who walks into this building becomes a patient of ours," Martin continued. "Our goal is to treat them and set them up for success when they are released. That's what MOUD is making possible."

"We have a legal, evidence-based way to stop that pain. We need to make it available."

Her words reflect a broader shift taking place across the system: a move away from punishing addiction as a moral failing and toward treating it as the chronic health condition it is. By offering MOUD in ACJ, Allegheny County is prioritizing health equity at a time when the risk of overdose, relapse and suicide is at its highest. In a context where addiction disproportionately affects justice-involved individuals, providing treatment isn't just compassionate—it's evidence-based, humane, and essential to reducing harm and saving lives.

"This treatment allows people to have a life again," Harrison added. "When someone crosses the line into chemical dependency, they're no longer getting the high they once had; they're just trying to stem the pain. All they can focus on is making that pain go away. If they don't get a substance, whether legal or illegal, to address that receptor in the brain, they can't function in daily life. That's why they are at increased risk of suicide during withdrawal or may take actions that can result in arrest." Harrison's statement offers a personal perspective that overlaps with aspects of the broader clinical definition of addiction found here.[5]

Treating Today with Tomorrow in Mind

For Nirella of Acadia Healthcare, two of the most important words in treatment planning are "final destination"—that is, where each resident entering the Jail is likely to go next.

"We may need to start a new resident on methadone without knowing their final destination," Nirella explained. "However, if they go to a place without methadone treatment (such as another correctional facility), they will experience withdrawal from a medication that had stabilized them for the last 30 days. That can have a big impact on a patient's stability, which is why we need programs like this inside more jails and prisons."

Harrison echoes the concern around continuity of care. Since most recipients of care will eventually be released back into the local community, she said, "I would not feel ethically comfortable starting an induction program without a connection to a treatment provider after release."

For that program component, Allegheny County Department of Human Services (DHS) turned to Unity, a well-established recovery organization whose Pittsburgh-area services include peer counseling and a recovery center in Homewood.

Unity's certified peer recovery and reentry specialists working at the Allegheny County Jail (ACJ) have prior personal experience of their own with the justice system. "There is a lot of value in working with individuals who have walked in the same footsteps," said Bryan Kline, Unity's director of reentry services.

The peer specialists visit with jail residents as soon as possible after receiving referrals from ACJ intake staff. "It's important to build rapport quickly," Kline noted, "as people can be released from a county jail at any moment. It is hard to build trust with someone who has been using substances. We overcome that by becoming a consistent factor in their lives and being a source of critical support. Often, individuals who are incarcerated don't have family or friends available, so our peers may be their only support."

Unity's peer specialists have made a large impact. During the first full program year (January 1 through December 31, 2024), they enrolled 778 individuals out of 1,006 referrals (a 77% acceptance rate) and had 7,730 individual meetings between the peer specialists and individuals referred by the Jail. Unity ensures at least 90 days of ongoing follow-up after an individual's release from the Jail and continues the relationship further if requested.

"When I follow up with patients one week after induction, the physical and attitudinal transformation is refreshing. Some of the most irritable patients are completely different people once they're stabilized on MOUD."

Importantly, Kline said only 6% of participants have reported new arrests, less than 1% have reported a new overdose event, and only 5.5% have reported a recurrence of substance use since starting with a Unity reentry peer specialist and medication for opioid use disorder (MOUD) at the Jail. These early results show the promise of peer-based services at the Jail when paired with MOUD induction and continuation.

One of Unity's most important roles is to connect released individuals with a provider who can continue their MOUD treatment without interruption, as individuals taking buprenorphine or naltrexone leave ACJ with only three days of medication. Individuals taking methadone are expected to report to their home clinic the next business day and are only provided take-home doses if the home clinic is closed the day after their release. To help address this transition, the RIvER Clinic—a program of Allegheny Health Network's (AHN's) Center for Inclusion Health—has provided post-incarceration health care, including medication-assisted treatment (MAT), since 2021. RIvER staff meet with patients prior to release to help bridge the transition from custody to

Opportunity to Reduce Racial Disparities in MOUD

Reducing racial disparities in substance use treatment may be a crucial step towards advancing health equity.

In Allegheny County, **Black people remain more disconnected from supportive treatment than White individuals**. In 2024, Black Medicaid members used outpatient and inpatient substance use disorder treatment at half the rate of White members. At the same time, **Black people in Allegheny County experience fatal overdoses at 2x the rate of White individuals.**

During August 2024 through July 2025, on any given day more than 256 Black individuals in the jail had an OUD, most of whom entered the jail without a prior connection to MOUD. Inside the jail, **only 19% of Black individuals with OUD receive MOUD compared to 42% of White individuals.**

Previously, jail policy limited eligibility for the MOUD program, but the new jail induction program changes this approach. The new induction program initiates treatments for at-risk individuals while they are in jail and strengthens their connection to the treatment system post release.

community-based care. The addition of peer support through Unity builds on RIvER's foundation, offering another layer of community-based support for individuals transitioning out of the ACJ.

"My message to legislators and others is clear: try to find a better solution."

Tori Pipak, an AHN certified physician assistant, has been managing administration of buprenorphine at ACJ since January 2023. (Acadia Healthcare handles methadone administration.) "Nine out of 10 residents are thankful to be offered MOUD," Pipak said. "Those who aren't thankful at first are typically just irritable due to their detox. For that reason, it is not uncommon for patients awaiting induction to refuse to come to the clinic or leave their cell to be seen. I might have to go to their cell to get them to talk to me so that I can get them the help they need."

Pipak's statement reflects perspectives shared by many healthcare and addiction professionals, policymakers, patients, and families alike. Withdrawal does more than cause physical pain—it can cloud thinking, exhaust patience, and leave people feeling disoriented or overwhelmed. In detox, a person's reactions often reflect what their body is enduring, not who they are.[6]

"When I follow up with patients one week after induction, the physical and attitudinal transformation is refreshing. Some of the most irritable patients are completely different people once they're stabilized on MOUD."

Pipak explained that medication decisions are very patient-centered. Some residents already know what has worked for them previously. Transportation and clinic access are important factors for post-release; methadone regimens require daily clinic visits at first, whereas buprenorphine typically starts with once-a-week appointments, which eventually can be spread out to monthly or even bimonthly visits once the patient is on a stable dose. Buprenorphine also comes in a long-acting injectable form that can be given every 28 days. Pipak noted that an injection just before release gives the patient more time to connect with a community clinic for ongoing services.

Misconceptions and Redirection

Nirella has been involved in the field of medication-assisted treatment for nearly 20 years and has served on the board of American Association for the Treatment of Opioid Dependence (AATOD). As such, he is particularly irked by the widespread misperception that medication for opioid use disorder (MOUD) is "just trading one drug for another."

"My message to legislators and others is clear: try to find a better solution," Nirella said. With methadone, you're trading incredible instability and danger [on heroin or fentanyl] for stability." Nirella's message underscores the effectiveness of medication for opioid use disorder (OUD). Eliminating impactful programs without providing suitable replacements—ones that offer comparable effectiveness and follow evidence-based practices—may weaken support and disrupt continuity of care.

Accordingly, Nirella felt honored to have Acadia involved in the first freestanding methadone medication unit anywhere in Pennsylvania, despite the challenges of setting up in a jail.

"There are so many nuances to working inside a locked facility," Nirella said. "We have had to develop a complete dispensary with an alarm system that meets Drug Enforcement Agency (DEA) specifications, set up our own data network, dispense medications based on the Jail's schedule, and staff the program seven days a week."

Nirella held job interviews on site to defuse the perception that the Allegheny County Jail (ACJ) was an undesirable work setting. Acadia has 10 staff directly involved, including a doctor, nurses, a program manager and counselors, in addition to providing back-office and information technology support.

Although many associate MOUD — like methadone — solely as medication, MOUD treatment approaches may include individualized counseling, often required by regulation. **Because many individuals receiving MOUD also experience co-occurring mental health conditions or have trauma histories, counseling helps address the underlying factors that contribute to the substance use.** This support extends the therapeutic value of medications like methadone and positions MOUD treatment plans as comprehensive, person-centered approaches to recovery.

Batterton emphasized that substance use treatment services offered in jail—including MOUD—are also available in the community, underscoring the importance of consistent, accessible care to support recovery and long-term outcomes. The goal is not only to ensure access to MOUD during incarceration, but also to reduce the number of people who require it in jail, as incarceration often disrupts treatment and complicates recovery.

Ideally, fewer individuals with OUD would enter the jail system at all—whether through prevention or diversion to treatment-focused alternatives better equipped to meet their needs. One effort advancing this goal is the County's pre-arraignment diversion program, which enables judges to release individuals with behavioral health challenges — including OUD — to community supports rather than booking them into the ACJ. Providing MOUD in jail will remain a critical component of care for those in custody, but long-term progress means fewer people needing to access MOUD in settings never designed to deliver it.

From Innovation to Expectation

With the launch of methadone induction, Allegheny County Jail (ACJ) has become one of the first correctional facilities in the country offering continuation and induction for both buprenorphine and methadone.

In January 2025, Allegheny County Department of Human Services (DHS) published an extensive, publicly available dashboard describing the medication for opioid use disorder (MOUD) program's performance.[7] Here are some of the significant data:

- Of the approximately 1,800 individuals served in 2024, 46% received MOUD services within two days after intake and 83% were served within a week.
- Fifty-five percent of MOUD clients were connected to community-based services within three days after release.
- The median length of jail stay among program participants is just 38 days—a reminder of the importance of prompt intervention to stabilize residents with substance use disorder and help them prepare for reentry.

Treatment that matches the daily count

Imagine the entire jail population on any given day lining up for treatment — that's about how many individuals received MOUD at the ACJ over the course of 2024.

The results go beyond individual experiences—they show real system impact. Between 2016 and 2020, 19% of all fatal overdoses in Allegheny County involved someone released from jail in the prior year. Half of those deaths occurred within just 90 days of release. In 2024, that figure dropped to 17%—and just 29% of those deaths occurred within the first 90 days. Though not definitive evidence of causation, the decline is encouraging—especially given its timing. The shift coincides with expanded MOUD access and increased coordination between jail and community providers, suggesting that an increase in timely treatment and post-release support may be helping to reduce overdose fatalities.

For the program partners who have surmounted the considerable obstacles to successful implementation, the results justify the effort.

Why Jail-Based MOUD is a Lifeline for People with OUD

Estimates suggest that 20% to 30% of incarcerated individuals have OUD [8,9], yet many do not receive treatment in custody.* This gap in care can have adverse and even fatal consequences. **Formerly incarcerated individuals are more than 10x as likely to die from an opioid overdose** compared to the general population, with the greatest risk in the first two weeks after release.[10] Providing MOUD in jails can disrupt this cycle. In one study, **people who received buprenorphine in jail were over 45% less likely to be re-incarcerated and 24% less likely to be re-arraigned** compared to their peers in a neighboring jail who did not receive MOUD while incarcerated.[11] These findings are consistent with a national systematic review that found providing medications like buprenorphine or methadone in correctional settings reduces the likelihood of relapse into opioid use, re-arrest and return to jail or prison after release.[12] MOUD isn't just clinically effective — **it's a lifeline that can prevent death, promote recovery and break the cycle of recidivism.**

"This needs to happen all across the country," Nirella stressed. "It's something we should have been doing 20 years ago. The people I've been working with at the Jail have gone above and beyond, doing whatever they could to make this project happen here."

With the use of OSF — a flexible nationwide funding stream — Allegheny County has demonstrated what's possible—and offers a practical blueprint for other communities who wish to expand MOUD implementation in their local jails. Progress in one facility cannot be the finish line. The foundation is in place; what comes next depends on who's willing to build on it.

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* According to data from the Allegheny County Data Warehouse, around 32% of individuals in ACJ have an OUD diagnosis. This figure—based solely on publicly funded behavioral health claims—likely underestimates true prevalence.

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