



Unity Recovery MOUD Re-entry Program

Comprehensive analysis of participant engagement and outcomes for the Unity Recovery Re-entry Program at the Allegheny County Jail

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The Crisis at the Doorstep

1/4

Opium
OUD Rate

More than 1 in 4 individuals
booked into ACJ has an opium
use
disorder

1/2

SUD Rate

More than half had any substance
use disorder, including alcohol

Opium Use Disorder is a major driver of criminal justice involvement. Individuals with OUD often enter jail in acute distress, experiencing withdrawal, reduced tolerance, and heightened risk of overdose.

What is MOUD?

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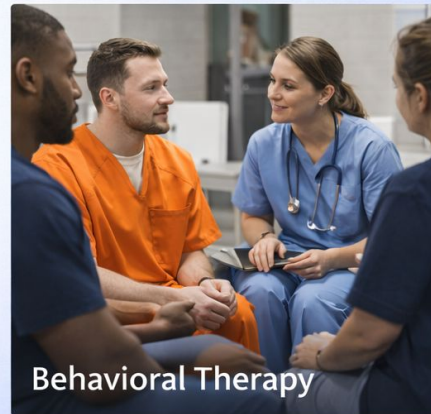
Medication for Opioid Use Disorder (MOUD) is the use of FDA-approved medications, combined with counseling and behavioral therapy, to treat opioid use disorder and support reco-



Medication



Counseling



Methadone

Daily clinic-based treatment that helps stabilize brain chemistry and reduce cravings

Buprenorphine

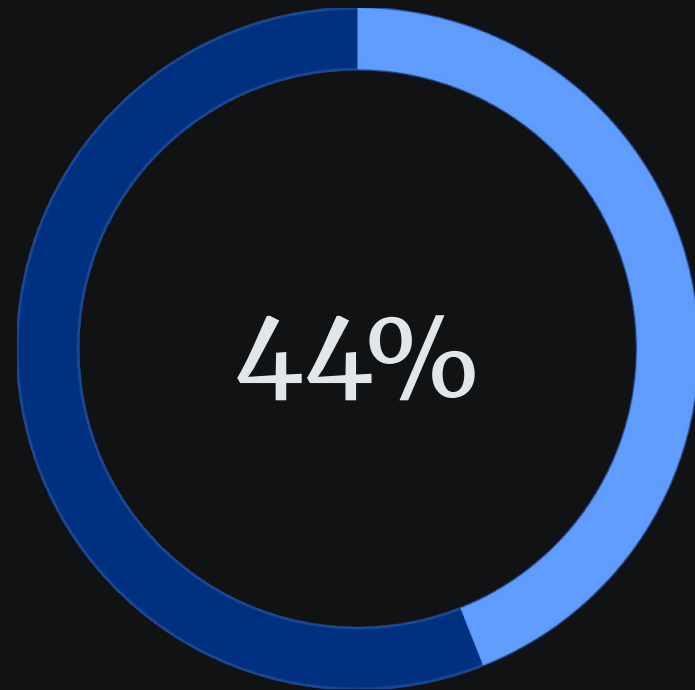
Can be taken daily at home or given as monthly injection, offering flexibility

Naltrexone

Blocks opioid effects and can treat both opioid and alcohol use disorders

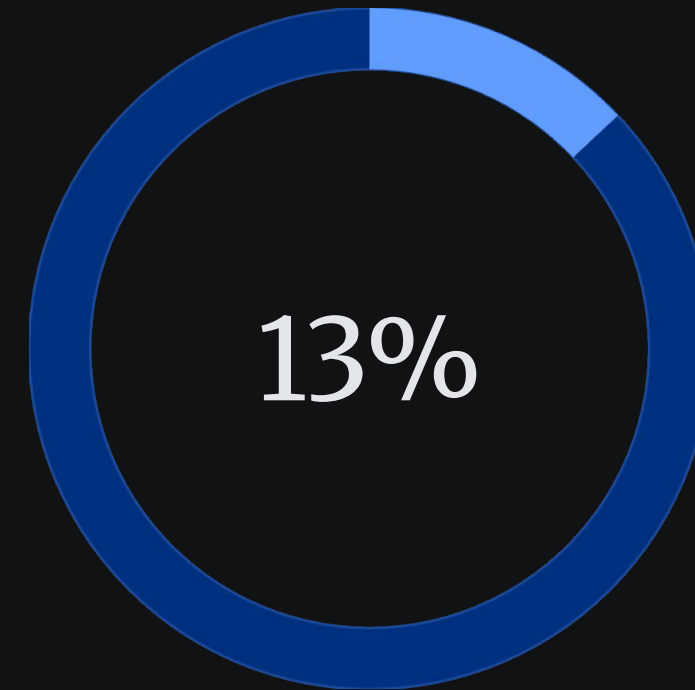
Medication for Opioid Use Disorder (MOUD) represents the gold standard, evidence-based treatment for people with OUD. These FDA-approved medications help stabilize brain chemistry and reduce cravings.

A National Treatment Gap



Jails Offering MOUD

Less than half of U.S. jails offer any form of MOUD



Full Access

Only 13% of jails provide MOUD to anyone who requests it

This gap in care persists at a moment when treatment can significantly reduce harm and improve long-term outcomes.

Allegheny County's commitment helps address this gap when such approaches remain uncommon.

73,000

Americans died of opioid overdoses in 2025

Many had interactions with a jail system before their deaths

The Research Behind the Mission

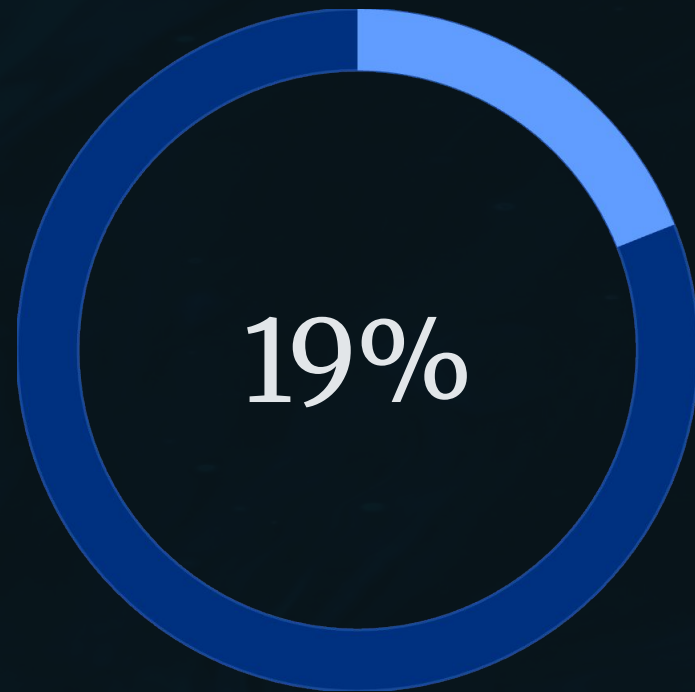


National Research

Emerging studies showed jails with major MOUD initiatives saw decline in behavioral incidents and better post-release outcomes.

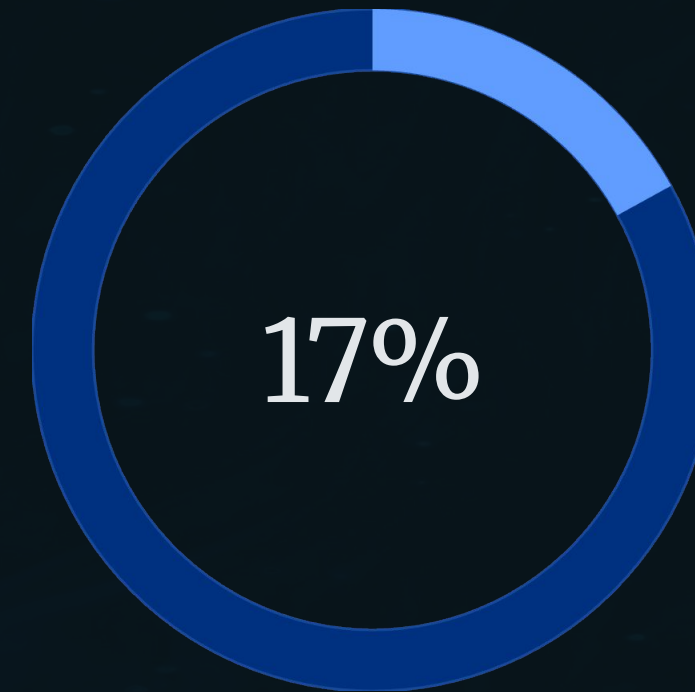


System Impact: Reducing Overdose Deaths



2016-2020

Fatal overdoses involving someone released from jail in prior year



2025

Same statistic showing improvement

Additionally, only 29% of deaths in 2024 occurred within first 90 days post-release, down from 50% in previous years. The timing suggests expanded MOUD access and better community coordination may be helping reduce overdose fatalities.

Breaking the Cycle



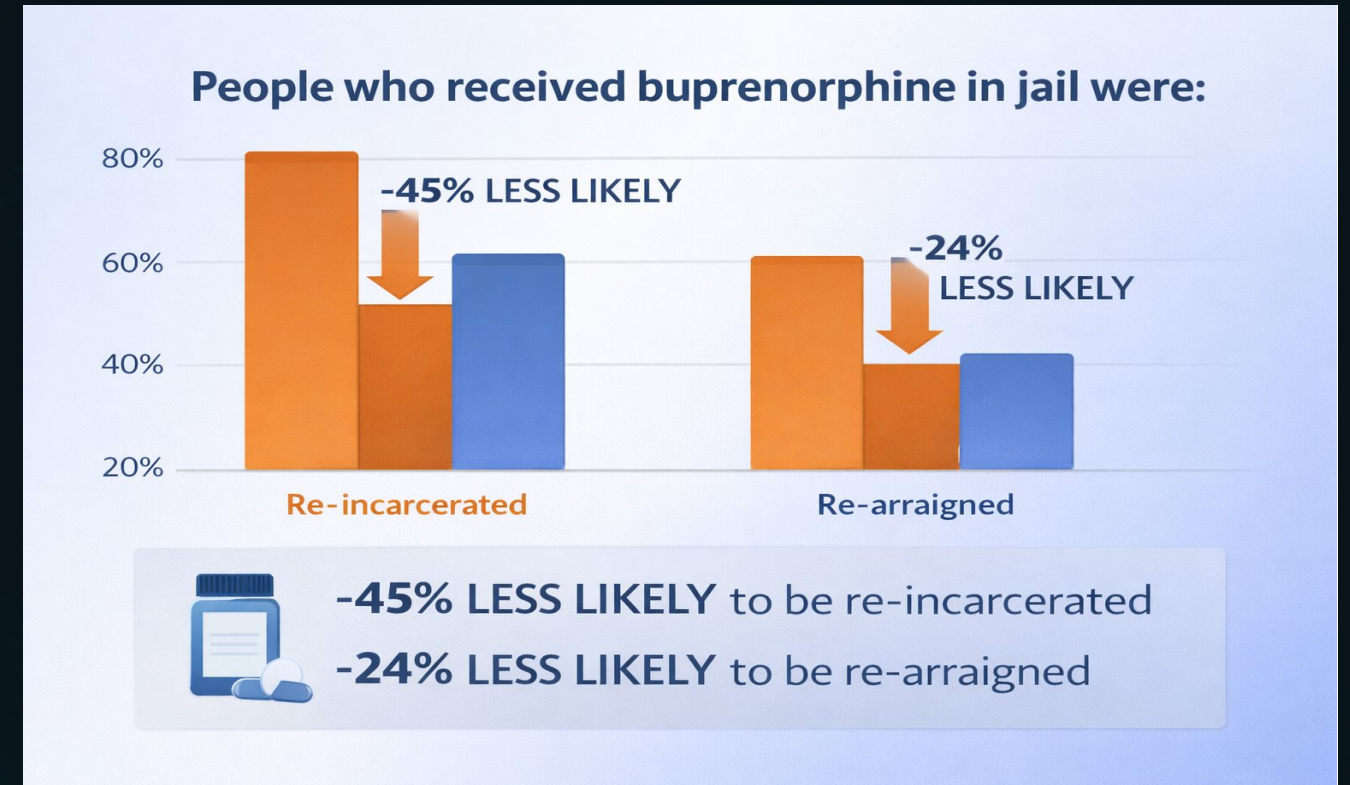
MOUD disrupts the traditional cycle of addiction, incarceration, and relapse by providing medical intervention at a critical moment.

Evidence of Effectiveness

Research Findings

People who received buprenorphine in jail were:

- Over 45% less likely to be re-incarcerated
- 24% less likely to be re-arraigned



National systematic reviews confirm that providing medications like buprenorphine or methadone in correctional settings reduces likelihood of relapse, re-arrest, and return to jail or prison.

MOUD isn't just clinically effective—it's a lifeline that can prevent death, promote recovery and break the cycle of recidivism.

Why Jail-Based MOUD Re-entry Saves Lives

The Risk

20-30% of incarcerated individuals have OUD, but many don't receive treatment in custody

The Danger

Formerly incarcerated individuals are 10x more likely to die from opioid overdose

The Solution

MOUD and peer services in correctional settings reduces relapse, re-arrest, and return to custody

The greatest overdose risk occurs in the first two weeks after release, making treatment during incarceration a critical intervention point.

Community Integration



During Incarceration

Ensure *MOUD* access for those in custody



In Community

Reduce number needing jail-based treatment

The goal includes reducing incarceration for people with OUD through prevention and diversion to treatment-focused alternatives better equipped to meet their needs.

A Shift in Philosophy

1

From Punishment

Treating substance use as moral failing requiring punishment

2

To Treatment

Addressing substance use as the chronic health condition



Unity: Peer Recovery Services



Lived Experience

Certified peer recovery specialists have personal experience with the justice system, building trust through shared understanding.



Rapid Engagement

Specialists visit jail residents within 24 hours after referral, as people can be released at any moment.



Ongoing Support

Ensures at least 90 days of follow-up after release, continuing relationship if requested.

Unity's peer specialists become a consistent factor in lives where individuals often lack family or friend support during incarceration.

Unity Recovery Program Results

778

Enrollments

Out of 1,006 referrals in 2024
(77% acceptance rate)

7,730

Individual Meetings

Between peer specialists and
referred individuals

6%

New Arrests

Only 6% reported new
arrests since starting
services

<1%

Overdose Events

Less than 1% reported new
overdose events

These early results demonstrate the promise of peer-based services when paired with MOUD induction and continuation.

The Reality of Withdrawal

Physical Pain
Severe physical discomfort

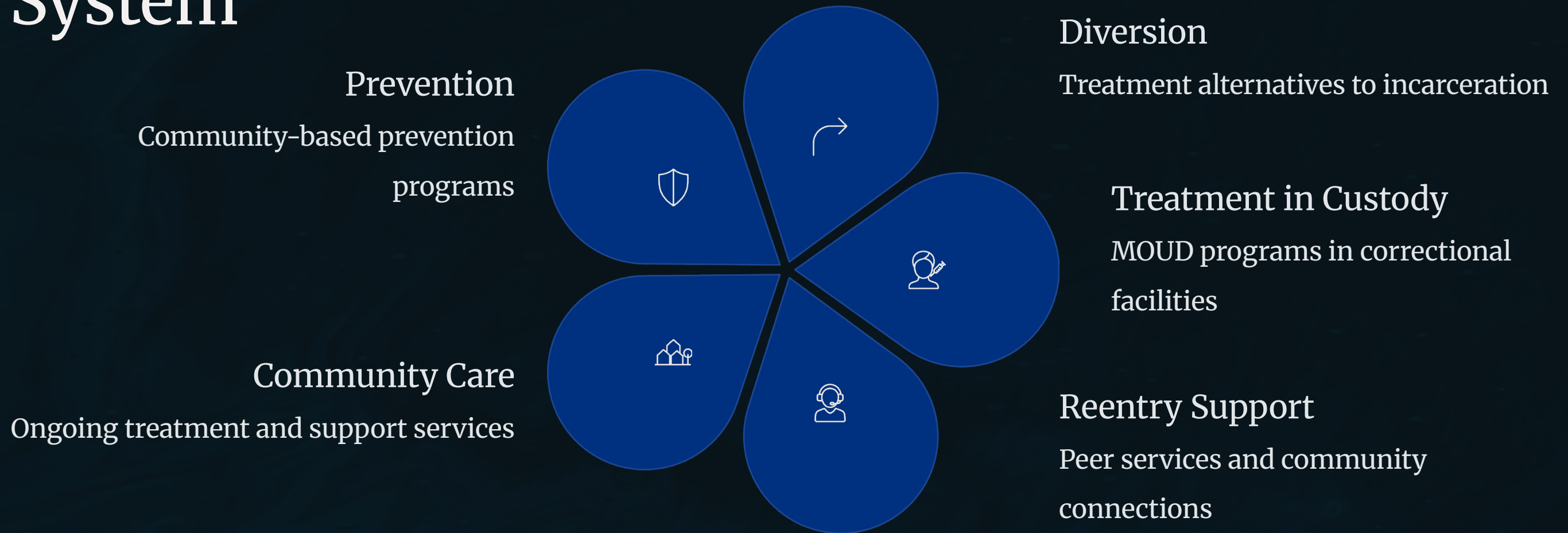


Mental Fog
Clouded thinking and
decision-making

Emotional Exhaustion
Depleted patience and emotional
resources

In detox, a person's reactions often reflect what their body is enduring, not who they are as a person.

Addressing the Whole System



Comprehensive approaches address every point where intervention can make a difference.

Program Overview

Data Period

Year one of the program

Total Sessions

12,114 individual session records analyzed

Unique Participants

986 individuals served through the program

Staff Members

76 unique staff facilitating sessions

Planning for Release

Critical Consideration

Treatment planning must consider where each participant will go after ACJ. Starting methadone without ensuring continuity can destabilize patients.

System Coordination

Effective programs require coordination between all facilities in the justice system to maintain treatment continuity.



Key Findings at a Glance

Diverse Adult Population

Primarily serving individuals in their late 30s with significant concentration in Allegheny County

Multi-Channel Engagement

In-person sessions most common, with brief check-ins representing highest volume interactions

Positive Outcomes

Recovery Capital scores show average improvement, with low reported overdose risk

Cost-Effective Investment

\$791 per participant demonstrates significant potential for societal cost savings





Participant Demographics

Age Profile

Median age: 37 years

Mean age: 37.66 years (excluding outliers)

Majority falling between 32-43 years

Gender

Distribution

- 65.7% Male
- 33.6% Female
- 8.01% missing data

Race & Ethnicity

Race:

- 70.6% White
- 24.9% Black
- Other identities in smaller numbers

Hispanic Ethnicity:

91.1% Not Hispanic, Latin, or Spanish origin

Program Engagement Metrics

147

Average Days

Length of participant engagement

80

Median Days

Half of participants engaged for less than 80 days

12.3

Sessions per Participant

Average number of sessions attended

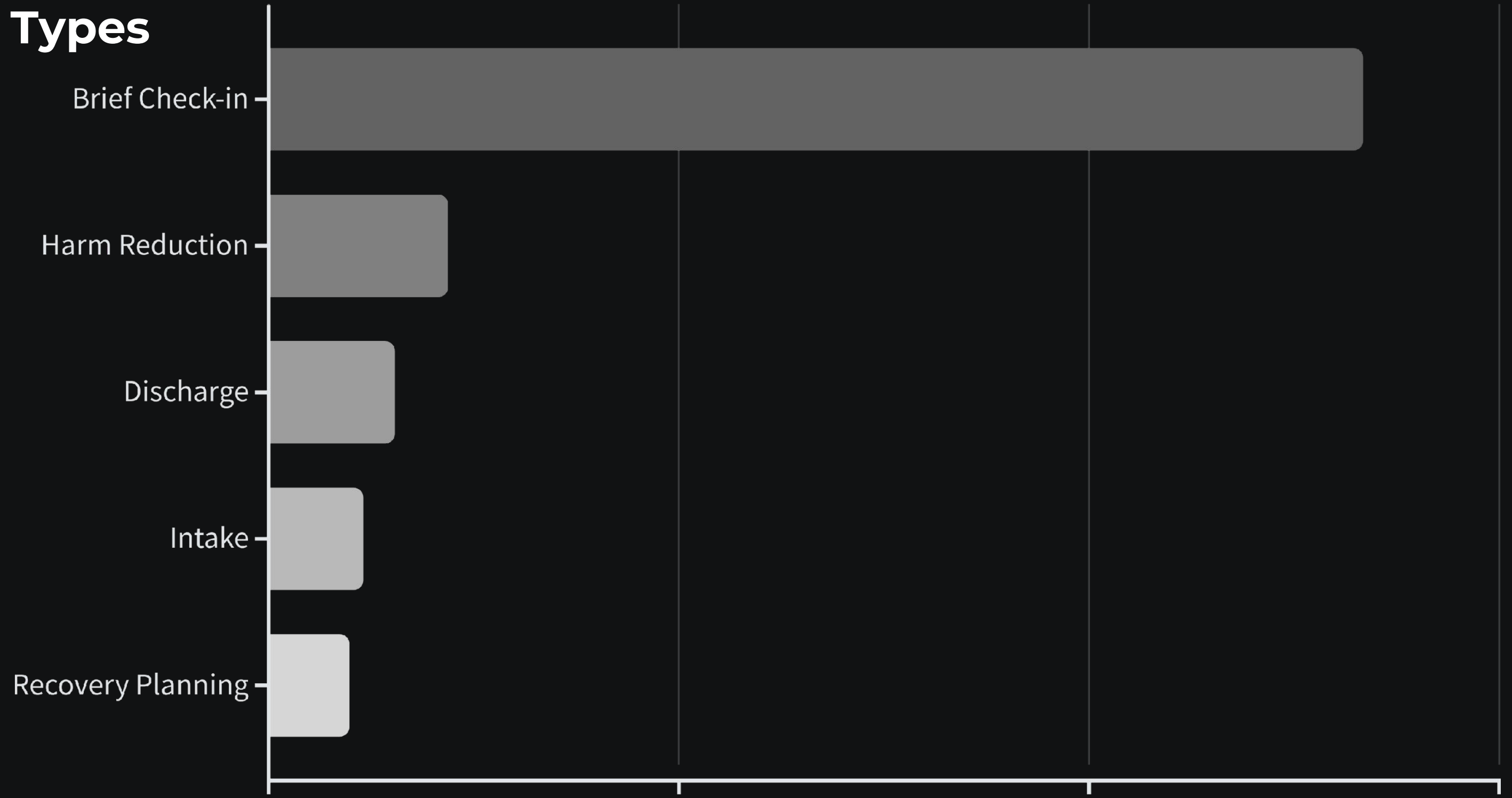
16.5

Minutes per Session

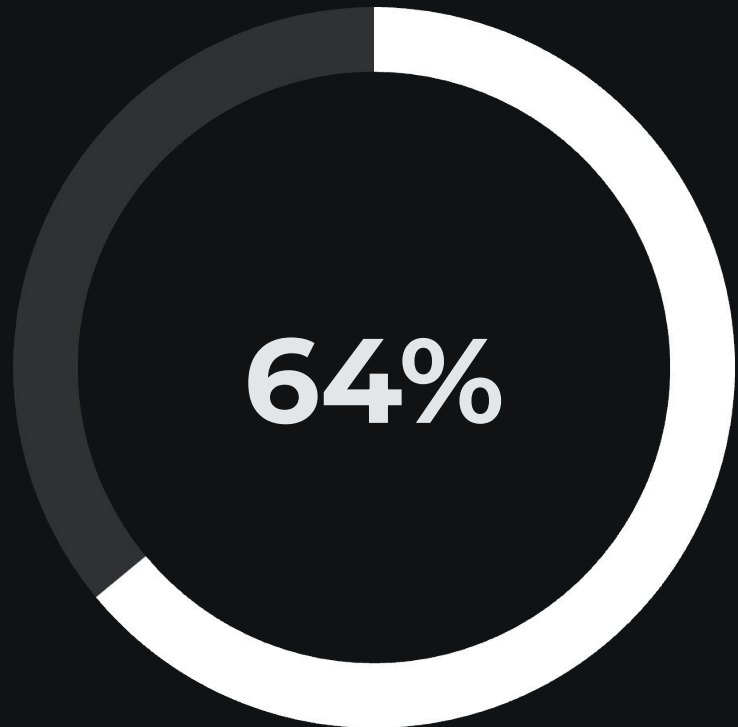
Average session duration

Most Common Session

Types

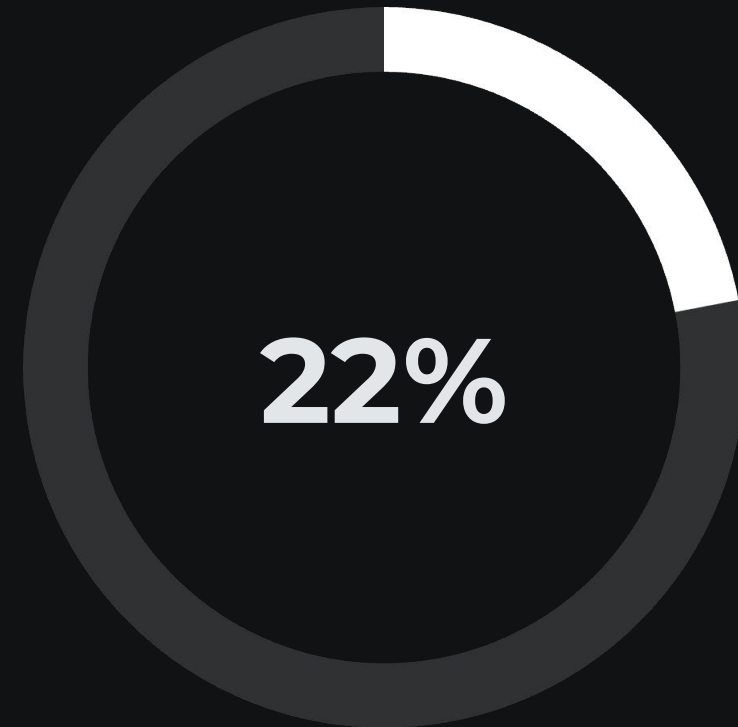


Session Delivery Channels



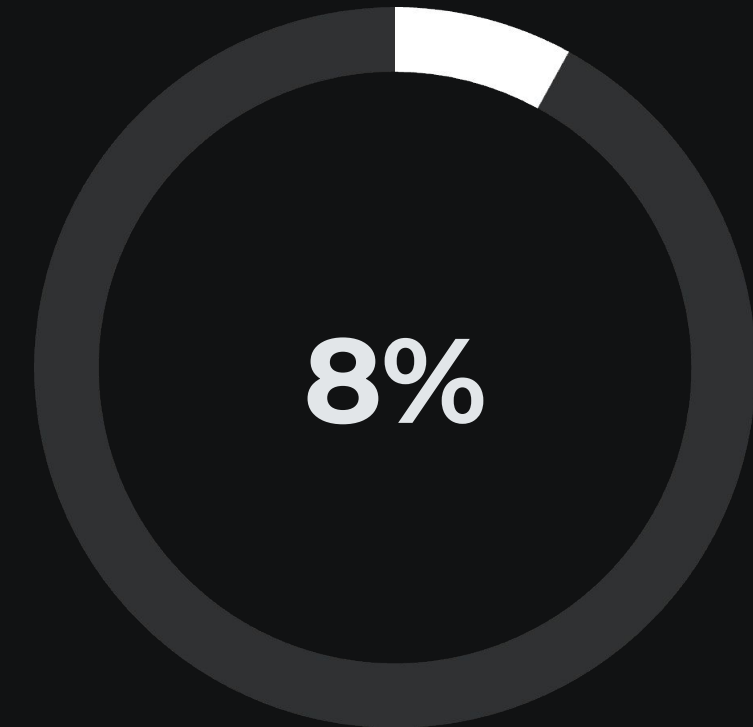
In-Person Sessions

7,768 sessions delivered face-to-face



Text/App Messages

2,701 sessions via digital communication



Other Channels

1,024 sessions through alternative methods

Diverse delivery channels meet participants where they are, with in-person sessions being most prevalent while digital options provide accessibility.

Session Activity Focus Areas



Mental Health Discussion

21.6% of positive activity occurrences focused on mental health support and counseling



Goal Setting & Progress

13.2% worked on personal goals and achievement tracking



Physical Health Discussion

19.3% addressed physical health needs and medical concerns



Crisis Support

8.2% provided immediate crisis intervention and support



Recovery Capital

1

All Participants

Average BARC-10 score increased from 44.67 to 47.65

+2.99 point improvement

2

Discharged Participants

Average score increased from 44.82 to

47.57

+2.75 point improvement

3

Active Participants

Average score increased from 44.36 to 47.83

+3.47 point improvement

Self-Reported Rating Scale Improvements

Community Engagement

+0.44 average improvement

38.0% improved, 15.8% declined

Satisfaction with Self

+0.37 average improvement

37.0% improved, 7.9% declined

Mental Health Rating

+0.34 average improvement

34.1% improved, 16.6% declined

Physical Health Rating

+0.20 average improvement

31.8% improved, 16.3% declined

Low Risk Outcomes



Overdose Risk

90.0% of participants reported 'No' to overdose risk at most recent assessment

Only 0.28% reported 'Yes'



Arrest Events

Mean total of 0.14 arrests per participant during tracked period



Financial Investment Analysis

\$780K

Total Investment

Program funding for data
period

\$791

**Cost per
Participant**

Highly economical compared
incarceration

\$64

Cost per Session

Efficient service delivery
model

\$5.40

**Cost per Day
Engaged**

Daily investment in
participant support

Cost-Effectiveness

Context

Program

Investment

\$791 per participant - dramatically lower than incarceration costs

Incarceration

Costs

\$29,000 - \$44,000+ per person annually

Break-Even

Analysis

Preventing just **18-27 re-incarcerations** would offset entire program investment

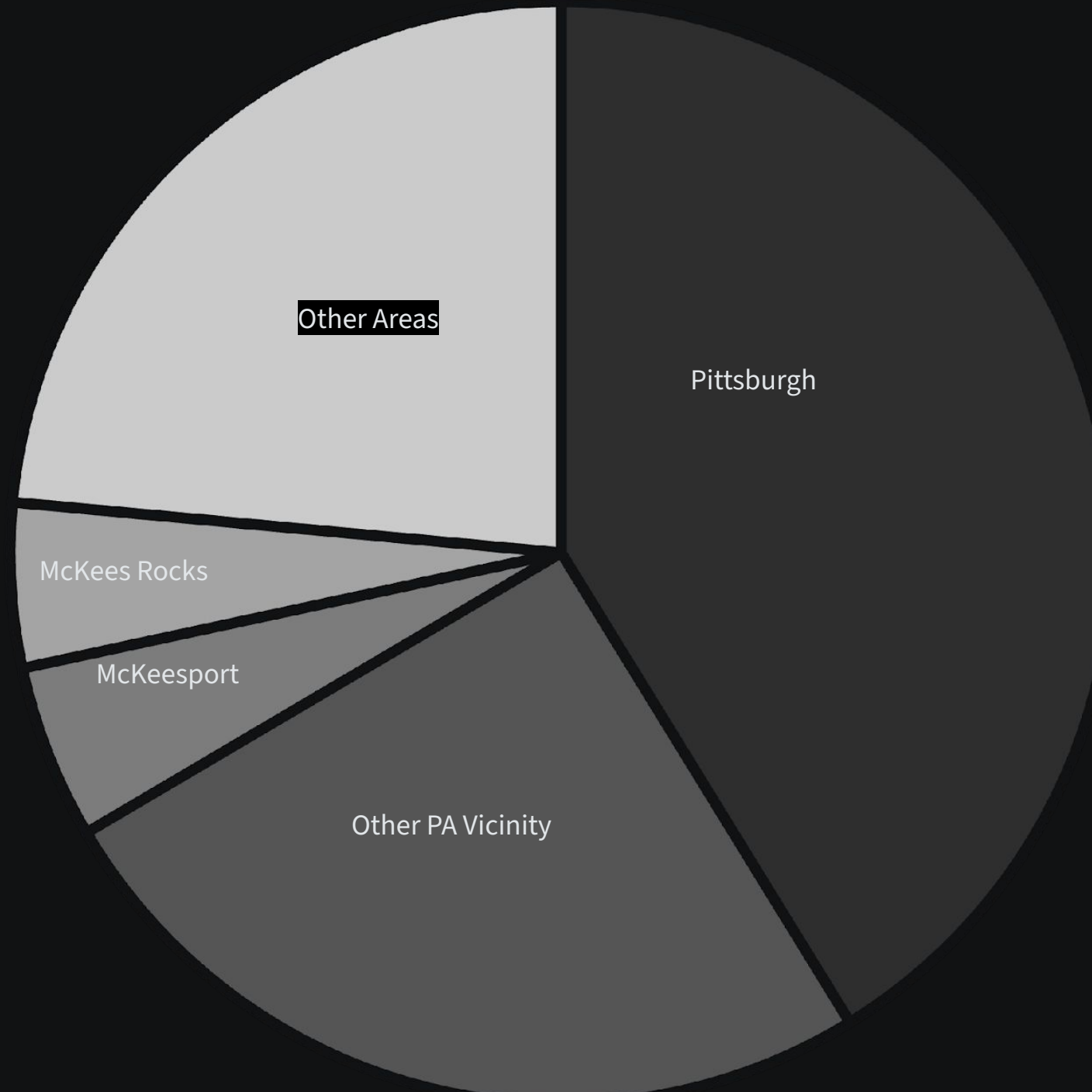
Value Proposition

If program reduces recidivism, societal cost savings far exceed operational costs

Broader Benefits

Successful re-entry fosters employment and economic contribution

Geographic Distribution



Based on 684 participants with valid zip codes, showing strong concentration in Pittsburgh and surrounding Allegheny County areas.

Data Quality & Limitations

Self-Reported Nature

Rating scales subject to individual interpretation and potential social desirability bias

Recidivism Context

Arrest data reflects program engagement period, not comprehensive long-term recidivism tracking

Program Impact Summary

Active

Engagement

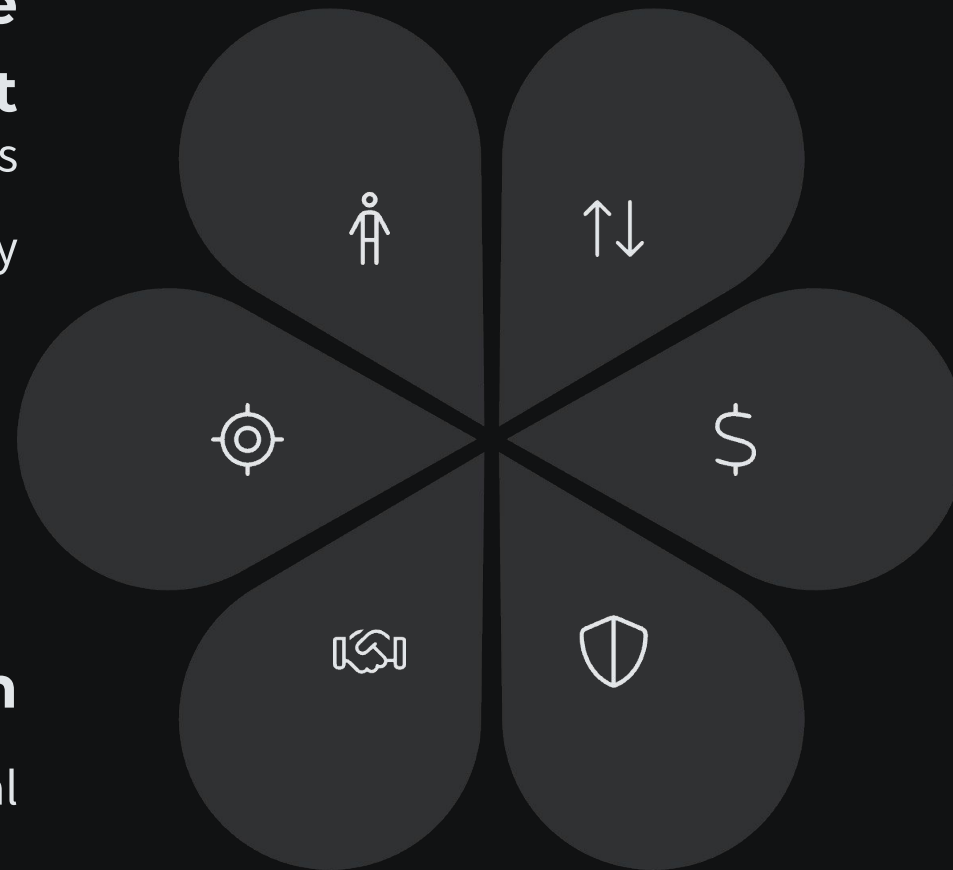
986 participants with diverse needs
served effectively

Community Focus

Strong local presence serving
Allegheny County residents

Holistic Approach

Addressing mental health, physical
health, and life goals



Positive Outcomes

Recovery capital and quality of life
improvements documented

Economic

Efficiency

Cost-effective model with potential
for significant societal savings

Risk Reduction

Low overdose risk and arrest rates among
participants



Moving Forward

The Unity Recovery MOUD Re-entry Program demonstrates active, efficient engagement with its target population and positive self-reported changes in key outcome areas.

Commitment to Excellence

Continued refinement of data practices to demonstrate comprehensive program
impact

Community Value

Reinforcing the value of re-entry services to individuals and broader Allegheny County
community

Evidence-Based Growth

Building on positive trends to expand and enhance program effectiveness

Any questions



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