W/B HIDTA Treatment and Prevention Spotlight

Prince William Regional Adult Detention Center (ADC), Virginia

The Prince William Regional Adult Detention Center (ADC) provides a medication for opioid use disorder (MOUD) and jail-based medication for addiction treatment (JMAT) program. The program is a collaboration between the ADC, George Mason University, and Prince William County Community Services (CS). George Mason University, through its JMAT program, which is part of the Empowered Communities initiative, provides MAT prescriber services within the ADC, while Community Services provides substance use disorder treatment services within the ADC. The program aims to provide individuals with opioid use disorder and individuals struggling with substance use issues in correctional facilities access to MOUD and peer support during incarceration, medication continuity at release, and peer-supported connection to community care after release. Both Community Services and George Mason University also operate outpatient MAT services in the community, providing opportunities for continuity of treatment following release.

The program includes:

- Expanded peer support navigation
- Initiation or continuation of buprenorphine treatment during incarceration
- Individual and group motivational support
- Overdose prevention education
- Reentry planning within the ADC
- Support for medication continuity, including a transition prescription at release when appropriate
- Assistance with identified needs such as transportation assistance
- Warm handoffs to community providers
- Improved linkage to community care within 14 days of release
- Peer follow-up for up to 6 months post-release

The official start date of the HIDTA-funded initiative was July 1, 2026, building upon treatment and coordination efforts already underway among the ADC, Community Services, and George Mason University. Staff are working to clarify and strengthen their processes while identifying which data will be most meaningful. As part of this work, the partners have enlisted the support of Prince William County's Transformation Management Office (TMO) to help further develop the collaborative model. TMO is currently working with frontline staff from the ADC, Community Services, and George Mason University to map each organization's existing processes. In the coming weeks, the partners will bring these processes together to identify gaps, clarify roles and handoffs, and further strengthen coordination around reentry and community follow-up. TMO will continue to track implementation and progress over the next year so that the partners can refine the model as needed. The collaboration between each organization is a particular strength of the program, allowing them to combine expertise and work towards shared goals. During biweekly meetings, partners share what is working and identify challenges, with staff noting that they are constantly learning from each other. This collaboration is particularly important for supporting participant retention, which can be challenging. These partnerships strengthen the program and foster an environment that encourages participants to stay engaged in treatment. Currently, the program has 65 individual participants.

Funding from the Washington/Baltimore HIDTA supports Prince William County Community Services in hiring dedicated peer recovery support specialists to serve as peer navigators supporting reentry planning, community linkage, and post-release follow-up. Having dedicated positions allows the program to meaningfully serve participants. The role is designed to build a bridge between jail and what happens when someone walks out the door. The peer navigators work across the existing partnership to help ensure that individuals have a coordinated reentry plan and successfully connect with ongoing community treatment, including Community Services or George Mason University outpatient MAT services when appropriate. Jennifer Prestidge, a Certified Peer Recovery Support Specialist with Prince William County Community Services, explained, "Because peer support is based on lived experience, I am able to meet people from a different perspective. I am not there to judge them or tell them what they should do. I am there to meet them where they are, help them identify what they need, and let them know they have someone who will continue to support them through that process."

Peers have several different touchpoints to meaningfully connect with participants, including through the medication clinic, medication assisted treatment groups, one-on-one services, rounds in the jail, education on overdose prevention, reentry planning, and communication after release.

The transition immediately following release is a high-risk, vulnerable period. The program provides continuity of care that participants would otherwise not have. This continuity is critical because individuals may leave the jail motivated and wanting to continue treatment, but immediately face challenges related to transportation, housing, family, employment, and triggers. By giving them a direct connection and ensuring no lapse in their medication – by making appointments before release – care is improved.

The HIDTA-funded peer navigation positions are intended to strengthen this transition by providing a consistent point of contact who can help coordinate the individual's plan before release and continue supporting engagement after the individual returns to the community. Individuals often stay connected with the peer specialist after release, sharing updates about their lives (including reconnecting with their children and families), and expressing their gratitude. These ongoing connections are among the most rewarding aspects of the program's work. In a week alone, 18 re-entry plans were completed to ensure a successful transition into the community.

A recent success story highlighted what the program can offer. An individual worked with a peer specialist for a month or two before their release. During this time, they built a relationship, worked on re-entry needs, and were connected to a clinic to receive MOUD. Their first appointment was set up before release and after release, the peer stayed in contact with them until the clinic was able to take over ongoing support. The practical barriers this individual was facing were addressed through the program, including clothing resources, an Uber card for transportation, and a phone to manage appointments and to maintain communication. Today, that individual is still attending their appointments and is doing well.

The program is excited to keep growing and supporting individuals in their treatment, recovery, and transition. Jennifer Prestidge echoed this sentiment. "For me, success is not just what happens while someone is incarcerated. It is seeing someone walk out of the jail with education, a real plan, and a real connection—and then seeing them continue to engage in treatment and recovery once they are back in the community."