

Champion of Recovery: Dr. Thomas Lincoln

Spreading the Word Through the Bureau of Justice Assistance's Jail-based Mentor Site Initiative

Dr. Thomas Lincoln, recipient of the American College of Physicians' W. Lester Henry Award for Diversity, Equity and Inclusion in 2021, has long been committed to improving health equity for people who have been historically marginalized. From the human immunodeficiency virus (HIV) epidemic of the last century to today's opioid epidemic, he has been at the forefront of meeting the needs of individuals with substance use disorders (SUDs).



Dr. Thomas Lincoln,
HCSD Medical Director

"Over the 30 years that I've been doing this," Dr. Lincoln reflects, "there's been a pendulum swinging back and forth in treatment approaches. Now, with the increasing risks in opioid use, it is swinging toward harm reduction. We need to prevent overdose for people coming out of corrections and anywhere tolerance has been diminished."

In the Beginning

Early in his career as a primary care physician, Dr. Lincoln observed a pattern among some of his patients who were HIV-positive. Several, after missing multiple appointments, explained that they had been on vacation. Dr. Lincoln learned that, in fact, they had been incarcerated for drug-related crimes. Stemming from the stigma surrounding SUDs and HIV, the patients were reluctant to fully disclose information about their conditions, thereby preventing proper care. His observations and concern about this gap in care led him to his longstanding work in corrections and to become a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified opioid treatment program (OTP) practitioner.

Dr. Lincoln currently serves as the medical director for the [Hampden County Sheriff's Department](#) (HCSD) in Massachusetts, leading its innovative medication-assisted treatment (MAT) program. This program is considered a gold standard of corrections-based care, offering the three U.S. Food and Drug Administration-approved

medications for opioid use disorder (OUD) in all Hampden County facilities, including two jails.

"Effective treatment of HIV helped diminish the stigma surrounding that virus," Dr. Lincoln comments. "The same is happening with OUD. Jail-based MAT is becoming a recognized standard of care, and the stigma associated with OUD is starting to abate."

"Taking people off treatment because they're incarcerated is disruptive. It's an old-school approach."

—Dr. Lincoln

Continuum-of-Care Approach

The HCSD's MAT program is modeled on a continuum-of-care approach. Individuals who enter custody with an active prescription for MAT continue treatment while incarcerated. Those entering who are not receiving MAT but report opioid use are assessed and, if appropriate, are offered the opportunity to start on MAT. Individuals who are currently sentenced but not receiving MAT may choose to start treatment prior to release. Upon release, individuals return to the community with a coordinated plan ensuring continuity of care.

The HCSD contracts with the [Behavioral Health Network, Inc.](#), for counseling, case management, and discharge planning services and with [CODAC Behavioral Healthcare](#) for medical services. The HCSD chose CODAC because it was the first certified corrections-based OTP in the country. "Their research is what drove the pendulum swinging toward the importance of opioid treatment 'behind the walls' and continuing in the community," says Dr. Lincoln. "Their data demonstrated a remarkable reduction in overdose during the first month after people left jail."

Communication among correctional health care staff and other providers improves the likelihood that treatment will continue without disruption when individuals move between correctional settings and other community settings.¹ To facilitate a seamless process, the HSDC organizes care at its facilities into teams or "neighborhoods" that correspond to county

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divisions. Health care providers from each sector are matched with patients who hail from the same division. After release, individuals can follow up with the same provider with whom they worked while in custody.

Dr. Lincoln wholeheartedly embraces the neighborhood model, saying, "I see people when they are in jail *and* when they are back in the community, so I have the luxury of following folks over the long run. That is one of the things that energizes me."

The Importance of Mentorship

Dr. Lincoln recognizes that resistance to MAT is still challenging its widespread adoption. He elaborates, "That's why research—sharing data and experience as well as success stories—is so important."

To that end, the HCSD is one of five sites across the country selected to serve as a mentor in the Bureau of Justice Assistance's (BJA) [Evidence-based Treatment in Custody, Jail-based Mentor Site Initiative](#), which is supported by the [Comprehensive Opioid, Stimulant, and Substance Abuse Program \(COSSAP\)](#). Each mentor site was chosen for its unique program design, focus on recovery, and commitment to helping other custody-based MAT programs succeed. In this role, the HCSD offers site visits and peer-to-peer learning opportunities to representatives from correctional facilities interested in starting their own MAT programs. Observing and learning from innovative programs, such as the HCSD's, helps promote expansion of MAT access in correctional facilities nationwide.

Recently, the HCSD hosted corrections and health care staff from Connecticut, Kentucky, Missouri, New York, and North Carolina. Attendees reported learning about "diverse forms of practices and the importance of consistent and persistent interdisciplinary collaboration." This site visit was virtual because of COVID-19, but the HCSD hopes to host in-person visits soon. Dr. Lincoln says,

"We are eager to share our experience so others can learn from us, just as we learned from others early on."

Dr. Lincoln offers the following advice for starting and maintaining a successful custody-based MAT program: begin discharge planning at booking and partner with the community. Getting individuals to their first community appointment reduces the risk of overdose, which is one of the reasons that the HCSD incorporates discharge planning into its initial evaluation. Dr. Lincoln recommends building partnerships with community programs that will care for patients upon reentry. "If that happens," he says, "we've already shifted the risk of overdose on day one of reentry."

For More Information

- To further explore or apply to BJA's COSSAP Jail-based Mentoring Initiative, visit <https://www.cossapresources.org/Learning/PeerToPeer/JailBased>.
- [How to Become an Accredited and Certified Opioid Treatment Program \(OTP\) | SAMHSA](#)
- [Medical Director for Hampden Sheriff's Department, Physician at Springfield's Brightwood Health Center Wins National Award](#)
- To request training and technical assistance related to recovery among individuals with criminal justice involvement, contact BJA's COSSAP Resource Center at <https://www.cossapresources.org/Program/TTA>.

This project was supported by Grant No. 2019-ARBX-K061, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART).

Endnote

1. Huh, Kil, Alexander Boucher, Frances McGaffey, Matt McKillop, and Maria Schiff, 2018, *Jails: Inadvertent Health Care Providers: How County Correctional Facilities Are Playing a Role in the Safety Net*, The Pew Charitable Trusts, retrieved August 31, 2022, from https://www.pewtrusts.org/-/media/assets/2018/01/sfh_jails_inadvertent_health_care_providers.pdf.

