



# Presidential Overview

*By Lannette Linthicum, M.D., FACP  
ACA Immediate Past President*

**I**t has been an honor and a privilege to serve as the 105<sup>th</sup> president of the American Correctional Association. I am privileged to be the first physician and correctional health professional to serve in this capacity. The journey has been extraordinary! During my tenure as president, I established five new ad hoc committees: the Database Steering Committee; the Information Technology Committee; the Internal Affairs/Compliance and Monitoring Oversight Committee; the Correctional Nurses Committee; and the Correctional Dental Committee. I also established a continuing medical education committee.

I would like to briefly highlight the Database Steering Committee and Continuing Medical Educational Accreditation Committee. I will begin first with the Database Steering Committee. The purpose of this committee is to establish a data warehouse for corrections. A dashboard of correctional indicators that will provide meaningful benchmarks for the field, ultimately leading to better outcomes and quality in the management of correctional institutions and facilities. When this initiative first started, a survey was sent out to the field, and the response was overwhelmingly positive from participating jurisdictions. A good deal of work has been completed in the past two years. Presently, a legal review is being conducted. Once that review is complete, data collection will begin. Several states have agreed to participate in the pilot. President-elect Gary Mohr has also agreed to continue this initiative.

The second initiative I would like to highlight is the Continuing Medical Education Committee.

This committee is composed of correctional physicians, who are all members of ACA's coalition of correctional health authorities and/or the ACA Health Care Committee. As a result of the work of this group and the staff of the ACA Office of Correctional Health, ACA was deemed eligible by the ACCME to begin the initial accreditation process to become an accredited provider. This is vitally important to ACA and the correctional medicine field. ACA's services in this endeavor will be unprecedented. ACA will be a trailblazer equivalent to national, medical societies and professional organizations as a bona fide provider of CME, examined by the ACCME in the July 2020 cohort.

Other highlights of the past two years include: the landmark restrictive housing standards and expected practices were adopted and passed by the ACA Performance-Based Standards Committee; the 18 golden eagle states including the departments of navy and army and private corrections had an initial two-day training at ACA headquarters in December; training was also offered at this conference on Friday and Sunday; training will continue and be ongoing throughout 2019. All training sessions have been at zero cost to the field. Other accomplishments include: the ACI 5<sup>th</sup> edition manual was made performance-based in its entirety; the ACI 5<sup>th</sup> edition was released in an electronic format. These are some of the major highlights of the last two years of my presidency.

On the international corrections front, I traveled with the ACA executive director to London, Quebec City, Mexico City and Montreal. ACA renewed its partnership with the International

Narcotics and Law Enforcement (INL) and entered into a new contract with Mexico. ACA has established a Mexico City office that is staffed with a full-time Mexican national. ACA conducted its first accreditation in South America, a jail in Bogotá, Colombia. ACA entered into a contract agreement with UAE state Dubai to provide technical assistance and accreditation of the central male prison. ACA is in discussion with INL and law enforcement in El Salvador to do training and accreditation. ACA met with representatives from Kosovo and the International Criminal Investigative Training Assistance Program (ICITAP of justice) to explore training and accreditation opportunities in Kosovo. So, as you may note, over the past two years ACA has been very busy with international initiatives.

Back in the states, ACA's "Advancing the Cure for Hepatitis C" initiative continues at no cost to the field. Six national training sessions are

planned for 2019 for physicians, nurses and nurse educators at absolutely no cost to them or their jurisdiction.

Finally, the United States Centers for Disease Control and Prevention (CDC), the National Governors Association (NGA) and ACA have entered into an agreement for a comprehensive approach to the management of opioid use disorder for corrections agencies, governor offices and public health community centers.

Once again, thank you all for your support, prayers and service during my tenure. May God continue to bless our correctional profession and each and every one of you!



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