

NASMHPD Medical Directors Council

Meeting Minutes

Sunday, July 14, 2002

Crowne Plaza Manhattan Hotel

Participants

Tom Hester, M.D. (Hawaii) - *Chair*
Brian Hepburn, M.D. (Maryland)
Alan Radke, M.D. (Minnesota)
Steve Shon, M.D. (Texas)
Bob Glover, Ph.D., NASMHPD
Kevin Huckshorn, R.N, M.S.N, NASMHPD
Roy Praschil, NASMHPD

Review/Approval of May 19, 2002 meeting minutes

The Medical Directors Council reviewed and approved the May 2002 minutes after amending several state reports.

National Summit for State Hospital Superintendents

Dr. Glover reported that NASMHPD obtained funding for the third national summit for state hospital superintendents. Hospital superintendents in all four regions have organized and currently hold regional meetings during the “off” year when no national summit is scheduled. During the two-and-a-half day meeting in Spring 2003, one day will focus on seclusion and restraints. Dr. Glover requested that the Medical Directors Council consider its past Technical Reports on seclusion and restraint and recommend issues for the agenda. In addition, he asked Medical Directors to serve as faculty and recommend other topics of interest to hospital superintendents.

Participants proposed two topics for the superintendents’ national summit, including (1) psychiatric bed capacity across the public and private system and the professional staff necessary to support those beds and (2) the emerging role of state hospitals given the population currently treated in state facilities.

Action: E-mail the Summit’s dates and the list of topics discussed at the May 2002 meeting to all Medical Directors requesting that they respond to Roy if they would like to

serve as faculty and/or suggest other session topics. At the October Medical Directors

Council Meeting, discuss the proposed topics for the Superintendents' Summit and make recommendations to Dr. Glover as a full Council.

State Reports

Dr. Hepburn reported that he is serving as the Acting Director in **Maryland** until November, when the state's gubernatorial election occurs.

Instead of holding a roundtable of state reports, the Medical Directors reviewed the list of topics culled from the May 2002 meeting. Dr. Goetz suggested that a list of Medical Directors' issues could serve as a mechanism for soliciting input from all Medical Directors about concerns in their respective states. At the meeting, Medical Directors could focus their updates on the identified topics, allowing more time for in-depth discussion. The list of topics could also be used to guide decisions about technical report subjects, as well as sessions for the Best Practices Symposium.

Action: At the October meeting, discuss a proposal to reorganize how Council members provide state reports. The proposed change involves (1) sending out a list of key topics to all Medical Directors and soliciting their state's status reports and (2) at the meeting, selecting certain topics for Medical Directors to focus their remarks on and encouraging more in-depth discussion.

Review of Videotape

Participants gave additional feedback to NTAC Director, Kevin Huckshorn on the videotape *Detection of Suspected Neuroleptic Malignant Syndrome*, which they viewed at the end of the May meeting. While those who reviewed the tape thought it could be useful, they commented it was not sophisticated enough for educating physicians. In the videotape, there was some confusion about terms and statistics (particularly around older-antipsychotics). Some parts of the tape appeared to be geared more toward building a legal case. If the videotape's intent is to familiarize direct line staff so that they recognize symptoms associated with neuroleptic malignant syndrome, it would be best to edit out those sections. A teaching manual with discussion questions would be helpful so that the tape does not just stand alone. Experts who could review the videotape and provide the latest information include psychiatrists Peter Buckley of the Medical College of Georgia; Alexander Miller at University of Texas, San Antonio; Charles Shultz of the University of Minnesota; and Will Carpenter at Maryland Psychiatric Research Center.

Action: Medical Directors offered several recommendations for NTAC to pass along

to the videotape's producer: (1) have the film reviewed by a current expert in the areas of psychopharmacology and schizophrenia to ensure the latest information is reflected; (2) note and describe the major changes in prescribing patterns which impact neuroleptic malignant syndrome; and (3) prepare a companion piece that would guide a person in leading a discussion about the tape.

Janssen letter and proposed formation of a focus group

Dr. Glover relayed a request from Janssen inviting Medical Directors to participate in a discussion group about introduction of its long-acting atypical antipsychotic. Participants discussed Janssen's request. In addition, Dr. Hester reviewed the Council's current parameters for accepting pharmaceutical company funding: (1) funding has to be an unrestricted grant and (2) some Symposium sessions could be closed to pharmaceutical representatives and other visitors, as needed.

Action: Medical Directors expressed appreciation for Janssen's continued support of the Medical Directors Council with unrestricted grant funding. However, the Council cannot accept Janssen's invitation to participate in a discussion group due to the perception of impropriety.

At the October meeting where there is greater attendance, the Council will review its guidelines for accepting outside funding and discuss parameters for formally handling similar requests. The Council may also discuss policies around Medical Directors consulting with pharmaceutical companies in their own states.

Status of 2002 Technical Reports

Seclusion/Restraint (MI/Deaf)

Dr. Glover reported that an excellent draft report is still being reviewed. NASMHPD decided to share iterations of the draft report with members of the deaf community, which slowed the editing process down. The final report is expected to be available in early September.

Action: Kevin Huckshorn will e-mail the draft report on seclusion and restraint for persons who are deaf and have mental illness to Dr. Hester. Dr. Hester will send the pre-publication draft to the American Association of Community Psychiatrists per earlier discussion.

MH Disaster Response to Terrorism

Dr. Glover advised the Medical Directors Council that, prior to September 11th, NASMHPD had obtained a small contract to review states' mental health planning process in response to disasters. Subsequently, the review was expanded to include responses to terrorism and bioterrorism. NTAC has requested copies of existing state plans. A state-by-state review should be complete by September 30, 2002. The next step will be to convene an experts meeting to develop guidelines and technical assistance strategies to assist states with their planning process. Thus, the Medical Directors Council's Technical Report is being delayed so it can be developed in conjunction with these NTAC activities.

Action: Medical Directors who want to be part of this expert group should contact Kevin Huckshorn. Kevin will follow-up with Steve Steury, M.D. (District of Columbia) who is the chief editor for the eventual Technical Report.

Suggested Topics for Future Reports

In a future Technical Report, Dr. Glover requested that Medical Directors address the perceived link between the increased use of chemical restraints with the decreased use of physical seclusion and restraint. Medical Directors discussed the broad continuum of perceptions and opinions on the use of chemicals and nuances of targeted symptom medication. The Medical Directors agreed that it would be helpful to clarify the meaning of widely used terms (e.g., "emergency medications") and outline the ensuing dilemmas.

Status of J-1 Visa Program

As follow-up to discussion at the May meeting, Medical Directors expressed support for the letter that was sent about the concern over eliminating the J-1 visa program. Participants suggested that NASMHPD might collaborate with other organizations (e.g., American Academy of Child Psychiatry) on this issue. One participant commented that over 44 percent of graduating residents from U.S. residency programs are foreign medical graduates. If states lose that resource, there will not be enough public psychiatrists to staff state hospitals and community programs. NASMHPD might consider surveying Commissioners/Medical Directors to obtain aggregate data on this issue.

2002 Best Practices Symposium

Dr. Phil Veenhuis is unable to plan or present at the upcoming Symposium's session on "Lessons for State Clinical Directors from Business Management." Dr. Radke volunteered to chair the session, given his training from the American College of Physician Executives. Dr. Hester recommended that the session include an overview of the various types of

training paths for physician executives.

NTAC Meeting on Cultural Competency

In June 2002, NTAC brought in a dozen experts to discuss cultural competency and make recommendations to NASMHPD and its membership. While the key issues would be presented at the July Commissioners Meeting, Dr. Shon, who participated in the meeting, summarized the recommendations for the Medical Directors Council.

The experts recommended that State Mental Health Commissioners:

- Personally lead the cultural competence initiative
- Develop mechanisms to ensure commitment by key staff and stakeholders
- Establish an Office of Cultural Competence
- Form a state-level cultural competence advisory committee
- Develop a system-wide cultural competency plan
- Require analysis of utilization related to utilization, performance measures, outcomes by race/ethnicity to identify disparities
- Ensure linguistic competence and access to interpreters
- Implement standards and develop contractual requirements for local providers
- Identify resources needed for priority activities
- Identify resources for development of cultural specific programs and services.

The recommendation for NASMHPD was:

- Develop an exemplary cultural competency plan to serve as a model and framework for other states based on what other states have done.

Next Meeting

The next Medical Directors Council meeting will occur October 2002 in conjunction with the Council's Best Practices Symposium in Chicago.