

**NASMHPD Medical Directors Council**  
**Meeting Minutes**  
**December 8, 2002**  
**Radisson Bahia Mar Resort**  
**Fort Lauderdale, Florida**

**Participants**

Joe Parks, M.D. (Missouri), *Chair*  
Tom Hester, M.D. (Hawaii), *Past Chair*  
Steve Karp, D.O. (Pennsylvania), *Vice Chair*  
Alan Radke, M.D. (Minnesota), *Vice Chair*  
Larry Miller, M.D. (Arkansas)  
Roy Praschil, NASMHPD

**Absent**

John Kretschmann, Missouri MH Institute

**Role/Position of State Medical Directors**

Medical Directors reviewed a draft survey instrument developed by Dr. Parks with input from Dr. Pollack and Dr. John Rand, Columbia University. As a result, Medical Directors offered the following suggestions:

1. Provide an instruction sheet and an estimate of the time needed to complete the survey
2. When framing questions, remember the principal goal is to provide information that will assist Commissioners with their understanding of the Medical Director position.
3. Survey results also would allow for creating a model position description for the Medical Director role.
4. Collapse sections B and C into section D
5. Provide clarifying examples for some questions (e.g., examples of what constitutes “a non clinical policy”)
6. Include a question on Medical Director’s involvement with research-related activities (e.g., sitting on IRB’s)

7. In Section D, distinguish medical supervision from direct services from clinical consultation
8. Add an element about risk management to questions about agency functions
9. Keep questions focused on specific job tasks and use the longer time frame for frequency questions (e.g., daily, weekly, monthly, annually)
10. Ask about level of influence, including whether Medical Director chose to not be involved or were not allowed involvement
11. Incorporate a question about Medical Director's involvement with agency personnel issues/problems
12. Drop question #12 in section A about level of self-direction as it is confusing
13. Rewrite question #13 in Section E (inquiring about the importance of relationship to power) to capture the information in a more functional manner versus a qualitative opinion (e.g., categorize frequency of contact as daily/weekly/monthly/annually/never)
14. In the "your characteristics" section, item #6, include questions about faculty positions but drop last piece regarding how/whether the position is paid
15. Include a question about responder's previous executive leadership experience and previous involvement with systemic issues outside of the agency
16. Capture whether training, resource or other investment opportunities are available to Medical Directors
17. Inquire whether the Medical Director covers other statewide administrative positions
18. Add a question about whether Medical Directors are asked to trouble-shoot when programs have problems
19. Ask whether Medical Directors advise Commissioners about prioritizing and implementing evidence-based clinical practices
20. Distinguish and highlight the types of leadership provided by Medical Directors, perhaps in section D by specifying medical leadership, clinical leadership and administrative leadership

Dr. Parks will incorporate feedback from the Medical Directors Council and send a revised version of the survey via email to discussion participants. The final product will be a white paper or advisory report (versus a technical report) that the Council provides to NASMHPD Commissioners. The goal is to advise Commissioners about how they can maximize use of their Medical Directors.

Dr. Parks reported that Dr. Rand would be available to lead implementation of the survey and drafting the report, if he could obtain assistance from state agencies with the data entry and analysis. Medical Directors expressed interest in having Dr. Rand coordinate the survey and write the final report with oversight and guidance from the Council.

*Action:* Dr. Parks will discuss the proposed survey and final report with Bob Glover and the NASMHPD Board and request \$10,000 to support the potential product (perhaps with CMHS involvement and funding).

### **Status of 2003 Technical Reports and Development**

#### *Technical Report: Mental Health Disaster Response to Terrorism*

The co-editors of this report, Dr. Tucker, Dr. Rosin, and Dr. Steury, need direction on how to proceed with the report. Roy Praschil recommended that a conference call be scheduled among Dr. Glover, Dr. Parks, and the three co-editors to determine how to proceed. Other Medical Directors suggested involving Brian Flynn, Bob Ursano, Tony Ng, and Robert DeMartino as experts when this work group convenes.

*Action:* Dr. Parks will initiate a conference call among the key individuals mentioned.

#### *Technical Report: Prevention*

Dr. Radke and Dr. Eilers will serve as co-editors. The Medical Directors discussed the scope of the proposed technical report and the range of topics suggested at the October meeting (e.g., children, substance abuse prevention, early detection of psychoses). Dr. Parks urged collaboration with the public health and substance abuse prevention communities. Roy Praschil indicated that NASMHPD is currently collaborating with the Association of State and Territorial Health Officials on a youth suicide prevention project.

Medical Directors decided to produce a technical report that demonstrates how the public health model (e.g., primary, secondary, tertiary prevention) applies to the population of persons with serious mental illness. This overview report would provide a good foundation for future technical reports that could spotlight specific prevention issues (e.g., substance abuse, trauma, early detection of psychosis). Dr. Karp suggested that Ken Thompson at the University of Pittsburgh would be a good expert for this work group. In response to Dr. Radke's question

about where the eventual work group could meet, Roy Praschil indicated that meeting in the west (e.g., Nevada, Utah) is possible depending on the locations of the majority of participants

*Action:* Dr. Radke will contact Dr. Eilers and launch development of the technical report.

### **Prioritizing Unfinished Business**

#### *Web site*

Dr. Hester urged that NASMHPD and the Medical Directors ensure that the Council's web site remains fresh, particularly as budgets grow tighter and fewer Medical Directors are able to attend meetings.

*Action:* Dr. Karp will review the Council's web site review and consult with Roy Praschil about needed changes.

#### *Outreach to new Medical Directors*

Dr. Hester encouraged that the Council adopt a systematic method for reaching out to new Medical Directors and educating them about the Council's activities. Roy Praschil suggested that the Council might consider an orientation session at the Best Practices Symposium, similar to the orientation provided to new Commissioners at Commissioner Meetings. Participants agreed upon initiating phone calls to new Medical Directors as a first step. Given NASMHPD does not have a listserv capacity, the Council will rely on group emails to communicate with Medical Directors on the official roster.

*Action:* Dr. Parks will do a group email to all Medical Directors, determine who are the new Medical Directors, and request that members of the Council's Editorial Board make personal phone calls to each new Medical Directors.

#### *NRI Performance Measurement System*

Dr. Karp reported that NRI is working on selecting substance abuse indicators to incorporate into the Performance Measurement System.

#### *Environmental Scan*

Roy Praschil relayed that Dr. Glover and Dr. Mazade conduct the environmental scan with Commissioners through a telephone survey. After the Council completes the proposed survey, it will consider conducting its own environmental scan of Medical Directors.

#### *Superintendents Meeting*

The Hospital Superintendents Meeting will occur May 11-13, 2003 in Alexandria Virginia. Dr. Evans was to assist with the planning for this meeting. Dr. Parks was unsure whether Medical Directors had participated in drafting of the agenda as he had not talked recently with Dr. Evans.

Dr. Radke suggested that the Medical Directors Council should provide a brief presentation on the Technical Reports issued since the last Superintendents meeting (e.g., seclusion and restraint III and polypharmacy).

*Action:* Dr. Parks will contact NASMHPD and initiate a conference call so that a group of Medical Directors can review the agenda and determine if there any critical items are missing. thing is missing.

*Medical Directors Council Symposium*

Dr. Radke agreed to work with Roy Prashil to ensure planning for the Symposium remains on track.

*Presentation at APA's Psych Services*

The Medical Directors Council typically presented its recent Technical Reports at the APA Psych Services meeting each October. However, the deadline has passed for proposed presentations at the October 2003 meeting.

*Action:* Dr. Parks will check with APA to determine whether the Medical Directors Council still can make a presentation.