

**The Role of the Medical Director in a  
State Mental Health Authority  
A Guide For Policymakers  
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**I. Introduction**

During this time of economic strain, the Council wishes to insure that legislators, Governors and the public are aware of the major contribution of the Mental Health Medical Directors to the ongoing provision of patient and public safety, in addition to the prevention and treatment of illness with a focus on promotion of wellness and quality of life. The purpose of this document is to provide state policymakers with a description and recommendations regarding the roles and functions of the State Mental Health Authority (SMHA) Medical Directors. This “job description,” has been developed by the NASMHPD Medical Directors’ Council and is based upon their collective experience over the past 15 years. Two surveys and a literature review were performed to more formally assess this issue (1-2). The National Association of State Mental Health Program Directors (NASMHPD) is a 501(c) (3) that represents the \$34 billion public mental health service delivery system serving 6.3 million people annually in all 50 states, 4 territories, and the District of Columbia. The NASMHPD Medical Directors Council’s membership consists of the medical directors from state mental health authorities from across the country. The NASMHPD Medical Directors Council has developed over 18 technical papers (4) over the past 12 years addressing key areas of clinical policies for the public mental health system including Polypharmacy, Pharmacy Utilization Management, Seclusion and Restraint, Prevention and Integrating Primary Care and Behavioral Health Systems and Reducing Excess Mortality in Persons with Severe Mental Illness. These technical papers have guided recent policy changes and practices in the public mental health system.

**II Background**

Prior to 1980 most SMHA Commissioners were psychiatrists who acted as a combined agency CEO and Medical Director. The increasing complexity of healthcare systems with the accompanying demands upon their administrators required increased sophistication with political, administrative, and fiscal skill sets that were well beyond administratively inclined psychiatrists without formal management experience and training. The states responded by recruiting non-psychiatrist Commissioners with formal management training and experience. Initially in this transition many states dropped the SMHA Medical Director function entirely. Most Health Care Organizations are required to have Medical Directors, such as behavioral health managed care companies and JCAHO accredited health systems (3). Those with full-time Medical Directors have been reported to perform better (4). Even though SMHAs are among the largest Healthcare organizations in the country, some do not utilize a Medical Director to lead statewide

clinical innovation and resolve clinical issues, and influence non-clinician executives to establish organizational policies that support good clinical outcomes for patients and service consumers. Several professional organizations have formally recommended a formal Medical Director position within SMHA;s (5-7). Currently 39 states have SMHA Medical Directors.

### **III Over-Arching Role**

The SMHA Medical Director’s primary role is as the department’s senior clinical leader. As such, s/he provides advice and counsel to the Commissioner regarding a broad range of clinical, clinical policy, programmatic, and strategic issues. S/he also provides leadership and mentoring to the department’s clinical staff, and as a key member of the department’s executive leadership team, contributes to setting the department’s strategic direction. The Medical Director also establishes and promotes the professional, clinical, and ethical values and standards to which all clinical staff are expected to adhere. As such, the Medical Director must be an inclusive clinical leader, not a “medical” leader in the more narrow sense, i.e., a leader of physicians.

The Medical Director promotes the quality of care. S/he is responsible for establishing and maintaining the department’s standards of care on both clinical and programmatic levels. S/he may oversee the department’s quality management program.

The Medical Director stands side-by-side with the Commissioner when highly visible “critical incidents” occur. Under these circumstances, the Medical Director lends professional expertise, credibility, and authority to unfortunate and very public situations which can be difficult to manage from a public relations and political point of view. Additionally, the Medical Director, as part of his/her other functions, (in areas related to clinical risk management activities) should significantly contribute to the prevention of such incidents. The Medical Director, through his/her professional expertise and knowledge, provides clinical credibility for the department to a wide range of internal and external audiences, constituencies, customers, regulatory bodies, other state agencies, etc. In this role, the Medical Director is also one of the department’s essential troubleshooters, being available to be dispatched by the Commissioner to manage difficult and complex situations which arise in the course of administering a State Mental Health Agency.

### **IV Additional Role Functions**

In addition to the overarching role described above, there is a broad range of additional functions to which the Medical Director may be assigned depending upon the needs of the agency and the preferences of the Commissioner. The following list was compiled by the NASMHPD Medical Directors during its last survey. It is not all-inclusive, but is presented here to convey to Commissioners a sample of the range of options.

- ❑ Role identifying, selecting, (and implementing) clinical evidence-based practices, “best practices,” and “best programs”, etc.
- ❑ Develops (and implements) statewide clinical policies, procedures, protocols,

- practice standards, etc.
- ❑ Consultant regarding difficult/controversial individual cases or situations
  - ❑ Role with “special” populations and specialty programs, e.g., individuals with co-occurring mental health and substance abuse disorders, forensics, programs for individuals with brain injury or developmental disabilities, young adult programs, sex offender treatment programs, etc.
  - ❑ Role in utilization management, levels of care determinations, arbitration of clinical appeals, etc.
  - ❑ Oversees recruitment and retention of psychiatrists and other medical and clinical professionals
  - ❑ Role in pharmacy benefit/formulary management; implementation of medication algorithms; monitoring of physician prescribing practices
  - ❑ Role in developing, implementing and evaluating new programs, delivery systems, etc.
  - ❑ Oversees the linkage between primary care/”physical” health system and the behavioral health care system
  - ❑ Provides linkage to professional and academic communities
  - ❑ Provides linkage to accrediting and monitoring bodies and agencies

## V. **Recommendations**

1. *State Mental Health Authorities should have a fulltime Medical Director.* A Medical Director is foundational to assuring quality care, managing risk and providing clinical credibility to SMHA’s. No health care delivery systems of similar scale and complexity attempt to operate without a full-time Medical Director.
2. *The SMHA Medical Director should not be part-time or hospital-based.* It is clear from the range of essential functions and tasks outlined above that anything less than full-time would not do justice to the requirements of the position. Part-time and hospital based Medical Directors report having little or no impact on broader system issues.
3. *The SMHA Medical Director should report directly to the SMHA Commissioner.* The Medical Director is immediate and visible evidence of the Commissioner’s commitment to high quality care. For both the Commissioner and the Medical Director to carry out their essential functions requires a close working relationship.

The NASMHPD Medical Directors Council is available for further technical assistance and consultation to state policy makers regarding SMHA Medical Director roles and functions.

## **Bibliography**

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