



Michigan Psychiatric Society  
271 Woodland Pass, Suite 125  
East Lansing, MI 48823

June 9, 2010

Chairman Meadows and Members of the House Judiciary Committee:

My name is Kathleen Gross, I am the executive director of the Michigan Psychiatric Society, a district branch of the American Psychiatric Association representing nearly 800 physicians in Michigan who are specialized in psychiatry and work in public, private and academic settings.

The Michigan Psychiatric Society is not able to support this package at this time. We appreciate the large amount of time and effort that Representative Lipton, the Mental Health Subcommittee and bill sponsors have put into these substitutes. MPS has participated in the work groups developing this important package for three years. We have concerns for the large picture—that of keeping the rehabilitation model of the juvenile justice system intact...and concerns for the young people who face serious and life-changing consequences in this system.

We have seen some of our concerns resolved. The definition of incompetent to proceed has been improved and the tightening of the timeframes for juveniles found incompetent to proceed will help prevent young people from languishing in a restoration process. We are encouraged that the bills are including a path to treatment, but feel that the process is yet undefined.

We believe that age ten is too young a threshold for presumed incompetence.

The issue of who can be designated as a qualified examiner remains a source of concern. The assessment of competence is both a clinical and a legal assessment. A third facet is presented when examining children and adolescents. The developmental maturity of the individual must be determined. That is the very issue that brought us here to consider this package.

This is a complex issue. Many of our members, physicians specialized and board certified in child and adolescent psychiatry would not hold themselves up to be qualified examiners unless they have also had forensic training. Likewise, psychiatrists not specialized in child and adolescent psychiatry would rarely undertake these evaluations.

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There are concerns about the available workforce and we support the development of Michigan-based training and certification of examiners, but the bills expand the professionals eligible for the training beyond what any other state has proposed.

Counselors do not have the clinical training to undertake the responsibilities as outlined in the definition of a Competency Evaluation Report. Counselors do not have the authorization to diagnose in their scope of practice, and diagnosing is a fundamental skill for evaluation.

The importance of both solid forensic and clinical expertise specific to the adolescent population cannot be overstated. Arriving at a diagnosis is generally a process that develops over time, especially with kids. A forensic evaluation is a one-time occurrence. Mistakes have grave consequences for a child.

During the three years spent developing this package, we found very few states that allow professionals other than psychiatrists and fully licensed psychologists to become qualified, and those states operate Centers or oversee the professionals within a forensic division of the department.

The department would be charged with the responsibility to work with the licensing boards of the professions seeking this expansion of scope of practice. But it has not been the function of licensing boards to develop subspecialties in the professions. Expanding levels of expertise are developed by the professional educational institutions and validated by accreditation bodies and must follow a foundation of essential knowledge and clinical skills.

The only entity in Michigan that we are aware of that would have the expertise to oversee the training and to qualify forensic experts is the Center for Forensic Psychiatry, which currently employs and trains psychiatrists and psychologists and social workers to perform various forensic duties within the Center. These professionals are credentialed, trained and supervised for these functions. The social workers are not currently evaluating juveniles, to my knowledge. The Department of Community Health and Forensic Center would rightly be concerned about their funding and staffing to undertake this effort and these discussions should precede this legislative package.

The increasing criminalization of the juvenile justice system is a trend that usurps our goal to rehabilitate offending youth and also our resources to do so. The Michigan Psychiatric Society looks forward to working on solutions for Michigan's youth—our future and precious resource.