October 4, 2010

Rep. Pasch and Member of the Committee,

I am unable to attend today's meeting and give this testimony in person. I am Dr. Bill Topel, a Licensed Clinical Psychologist of 20 years and current Director of Winnebago County Human Services Department. Since 1988, I have worked in county human service systems in Portage, Marinette and Winnebago counties. I have been a full-time crisis worker, therapist, psychologist, Behavioral Health Manager and Director.

I have provided several hundred crisis contacts, worked in collaboration with law enforcement and hospitals on scores of involuntary commitments and supervised several thousand cases of crisis contact and admissions to hospitals over the past 25 years.

My experiences are similar to what law enforcement officials have previously testified to. I worked closely and cooperatively with law enforcement, hospitals and more recently, hospital diversion facilities to get people in crisis the services that they need.

Similarly, if there is a problem in our system today, it remains the confusion and low priority that Emergency Departments of hospitals give to mentally ill patients. I have read the recommendations of the Hospital Association and wonder why they don't address the issue.

Another problem statewide is the lack of available psychiatry time to adequately staff psychiatric units of hospitals. I know of several hospitals or free standing psychiatric facilities that closed or greatly reduced bed size due to the lack of physicians or other trained treating staff. This also was barely mentioned in the Hospital Association recommendations.

I do agree that good collaboration and cooperation is essential in providing necessary and appropriate crisis services and counties do desire a good working relationship.

I do have to comment on the Hospital Association's recommendation #7. DHS 34 services do provide a clear and consistent set of expectations of counties when providing crisis services. Statute 51.42 clearly mandates that that all counties are responsible for the programming and care of the mentally ill, drug dependent, and developmentally disabled within their borders and are also responsible for the cost of care for emergency situations regarding these groups.
Therefore, until the counties are divested of their responsibility for programming, care and payment, I believe that no changes should be made until a careful study of what those changes will mean. The Department of Health Services has just started to look at systemic changes and many questions and concerns have been left unanswered. I would suggest that now is not the time to make quick and broad reaching changes when our current system is clearly working well with some notable exceptions.

Finally, I would like to point out that as a result of DHS 34 becoming fully operational, over 14,000 individuals statewide were diverted from hospitalizations between January and July of this year. Many counties who have these facilities, with psychiatrists as part of their system of care, have reduced psychiatric admissions between 25% and 50%. This model truly follows the "least restrictive environment" doctrine of care established by the courts in meeting the needs of the mentally ill.

Thank you for considering my comments.

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