



City of Milwaukee

200 E. Wells Street
Milwaukee, Wisconsin
53202

Meeting Minutes

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE

BEVAN BAKER, CHAIR

Hector Colon, Vice-Chair

Karen Loebel, Ald. Michael Murphy, Ald. Khalif Rainey, Mayor

CoryAnn St. Marie-Carls, Michael Lappen, Brian Peterson,

Christine Westrich, E. Brooke Lerner, and Marisol Cervera

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Friday, April 21, 2017

9:00 AM

Room 301-B, City Hall

Meeting convened at 9:03 a.m.

1. Roll call.

Member Marie-Carls arriving 9:27 a.m. during agenda item 3.

Present 8 - Rainey, Baker, Westrich, Marie-Carls, Lerner, Colon, Loebel and Cervera

Excused 3 - Murphy, Peterson and Lappen

2. Review of the previous meeting minutes from March 17, 2017.

Dr. Lerner moved approved, seconded by director Westrich, of the meeting minutes from March 17, 2017 with revisions from Dr. Lerner. There were no objections from those members present.

3. Development of a work plan.

Commissioner Baker made initial remarks. A small group of City-County staffers worked offline on drafting a work plan for the task force to review. The plan synthesizes task force goals and objectives from the first meeting. The work plan is now public record, but there should be the understanding that the plan is a living document subject to modifications. The work plan will ultimately be submitted to the Common Council for approval. Goals and objectives in the work plan will need to be prioritized. Additionally, Dr. Lerner through Milwaukee COPE had provided to members a great summary assessment of local organizational needs to reduce opioid overdose.

Dr. Lerner commented. Two documents were provided to members and are available online at www.mcw.edu/MilwaukeeCOPE. First document is a list of 48 organizations in Milwaukee COPE's inventory. The second is the alluded summary assessment. The work plan addresses many aspects of these two documents. Revealing to her from the summary assessment were the request for and need to access local data. There should be mention that the task force is getting data to

measure outcomes in the work plan.

Commissioner Baker further commented on components of the assessment summary. Everyone should source the summary, which is public and available online. Members should review the types of organizations and their needs across the board. The assessment greatly matches the inventory of organizations to the current challenges, is critical in identifying gaps, and helps convey efforts of the County and City to receive State SAMHSA funding. Many of the social needs organizations are operating with little or no budgets and have the need for expertise personnel training. Task force efforts should be broadened to combat the opioid overdose epidemic. The education category seems to be the one with the most effort and engagement. A big component is community engagement, which needs to be authentic and inclusive of community service professionals and also those in recovery. Another big component is law enforcement needs relative to the whole legal justice system as organizations interact daily with law enforcement and the judicial system. That process needs fluidity, thoroughness, training, coordination, and an understanding of accessing data and navigation through those systems. Significant priorities, in his opinion, are education, treatment and recovery. There should be thought of how early to start education with youths. Treatment and recovery have to be fluid. Front lines are often blurred since recoverees are part of a continuum of care.

a. Prioritizing task force goals, outcomes, and strategies

Director said that the discussion on the work plan will preface the creation of work groups that will work on the work plan.

Commissioner Baker commented. The work plan introduces that the task force is charged with investigating and making recommendations regarding ways to ensure long-term health and safety of City and County residents by reducing fatal and nonfatal overdose from misuse of opioids, heroin, and synthetic analogs, and cocaine (in both powder and crack form) through data-driven public health prevention approaches. The work plan contains indicators of success - a list of recommended task force outcomes. Indicators need to be measured.

Members discussed the Indicators of Success of the work plan as follows:

---Decrease in overdose deaths. 50% reduction by 2022.

Commissioner Baker said that the 5-year (2022) and 50 percent reduction indicator is not urgent, timely, and aggressive enough from a community response perspective due to the massive public health crisis and suffering that is currently happening. The County is on pace to have 200 opioid or related deaths in 2017. The indicator is an academic approach, which may not be appropriate. There needs to be all-hands approach

Deputy District Attorney Loebel said that she is concerned with setting 50 percent reduction outcomes that may not be met due to new threats, such as an influx of synthetic fentanyl and opioids that will surface over the next few years making it difficult to reduce opioid-related. A 50 percent reduction is difficult to predict; however, waiting until 2022 to make an analysis on success may not be timely enough.

Dr. Lerner said that the outcomes should be arranged into short and long term ones to be realistic, convey commitment, and convey timeliness.

Director Colon said that yearly targets leading up to the five year outcomes should be

established to ensure evaluation, tangible results, and reporting are occurring every year.

Director Westrich said that a 50 percent reduction is aggressive. Numbers are steadily increasing. A conservative first year or short term goal is more attainable and probable. A realistic approach should be to stop the increase, maintain levels, and reverse the trend for the number of overdose deaths and transports. The Medical Examiner Office provided a conservative estimate of almost 200 narcotic deaths for 2017. The number of narcotic deaths has been increasing about 40 per year.

Commissioner Baker added comments. This indicator and all other indicators shall be regulated to the work group level for further refinement. Short term goals should be a focus and highlighted for the public to monitor the task force's activities and the resources being used. Funding may come in for one year only.

Mayor St. Marie-Carls joined the committee at 9:27 a.m.

---Decrease in the times narcan is used by EMS, due to a lack of demand, not a lack of supply or availability.

Commissioner Baker said that there should be determined a percentage of overall decrease.

Director Westrich said that her office can make that determination.

---Reduction in recidivism to drug treatment court.

Commissioner Baker inquired about the recidivism rate in drug treatment court.

Deputy District Attorney Loebel said the District Attorney Office 's (DAO) has an early intervention process consisting of drug treatment court, veteran's treatment initiative, and deferred prosecutions. All three involve a treatment aspect under court supervision. Drug treatment court is a very specific kind of early intervention program, a very high intensity drug program within the court itself, has court meetings with reoffenders once a week, and reduces those meetings based on sobriety success of an individual. Persons with lower treatment needs go into the deferred prosecution program, which has periodic court activity and more individual supervision through a treatment provider. Within the context of all the intervention treatment programs, DAO would have estimated baseline data of people who reoffend with new arrests or have no-charge offenses, like reuse of a controlled substance, under court supervision. There can be a measure of recidivism or reoffending while persons are on supervision under court plans. Recidivism can be a difficult term to define, whether it is based on arrests or reuse of a controlled substance by reconviction.

Ald. Rainey inquired about the monitoring of drugs being abused by offenders in drug trafficking court as that information would be of value to the task force.

Deputy District Attorney Loebel replied. Drug trafficking court is a different facet. DAO has three speedy trial drug courts with conventional prosecutions of felony drug offenders. Early intervention is a separate process and has monitoring done one of two ways. Collection of that information can be collected for those rearrested. Treatment monitors send reports to the court about the sort of violations. She can check to see if data is currently being collected and analyzed. It would be valuable to get information from treatment providers or court. The drug treatment programs can

be asked to start collecting information on identifying drugs for reoffending persons.

Commissioner Baker added that knowing the illicit drug choice of use will better align treatment and produce an understanding of trends and the drugs that are being used.

---Decrease in drug involved homicides. 50% by 2022.

Commissioner Baker commented. Baseline data should be known to show current levels and trends as compared to other categories. Drug involved homicides should be defined further, perhaps through staff. Law enforcement should be deferred to on the validity of this indicator. This indicator can be grouped with reducing overdose deaths. The Office of Violence Prevention for the City has data but not comprehensive data.

---Increase in the funding to the city and/or county to address this issue. 5% increase by 2022.

Commissioner Baker commented. 5 percent may be too low and not aggressive enough, which attributes to 1 percent increase per year subsequently over 5 years. The State is expected to get \$7.6 SAMHSA money. The baseline right now is no discrete funding other than the work of organizations. Sources of funding are not the issue; rather, the issue is expecting more money. There should be advocacy for receipt of a fair share of award funds for residents and agencies.

Director Colon commented. Baseline data should be obtained for all the indicators to understand current metrics and to measure outcomes for the future. Different organizations may provide the baseline data. Zero funding may not be necessarily true since there are City, County, and community organizations that have funding to address the issue. An important task of the task force is to develop an awareness of the resources, funding, and activities of agencies and leveraging those resources to have the biggest impact.

Dr. Lerner commented. Community agencies want coordination and collaboration across sectors. There are many types of funding and ways they come in.

Commissioner Baker added comments. All sources of funding should be looked at. There needs to be a clear and aggressive effort in acquiring a fair share of funds. The State will use the \$7.6 million based on the governor's task force recommendations. The City and County was not represented in the state task force. The City and County may have a difficult time getting an appropriate share of this money categorically. The first recommendation of that task force is to support community coalitions focused on nonmedical use of opioids among people 12 to 25 years old. This age group is not the age group in this region who are seeing the effects of heroin, opioids, and cocaine.

---Increase in drug treatment court capacity.

Director Colon said it is important to speak with the judiciary system to determine their capability.

Deputy District Attorney Loebel concurred. DAO can give baseline data on people in early intervention programs and can monitor persons on a regular basis. Court capacity must expand to prevent sending people into court without immediate access to services.

Commissioner Baker said that treatment court should increase and incarceration

should decrease.

Commissioner Baker said that the next three indicators are countywide.

---Increase in involvement from every municipality to contribute to outreach and education. 100% of Milwaukee County municipalities by 2018.

Commissioner Baker said this indicator is necessary to advocate for federal funding, and he inquired about the Milwaukee County Intergovernmental Cooperation Council (ICC) taking on this indicator as an agenda item.

Mayor St. Marie-Carls replied. The ICC has discussed this indicator and will discuss it again at its upcoming May meeting. At its last meeting, the ICC discussed efforts of the West Allis / West Milwaukee (WAWM) Heroin/Opiate Task Force. WAWM efforts have been the top among the municipalities. The rest of the municipalities need to step up and support the City-County task force to put together a formula to request funding. A representative is present to speak on WAWM efforts.

---Increase number of emergency departments (ED) providing a warm hand-off into treatment or detox for those with opioid use disorder. 100% of Milwaukee County EDs by 2022.

Director Colon said that more resources for residential treatment and other important levels of service, such as detox and outpatient therapy, are needed to address individual's specific needs. There are issues with resources for residential treatment for the County. Collaboration with providers for smooth transitions to appropriate levels of service is important.

Director Westrich said this indicator is realistic. Office of Emergency Management (OEM) has created an opioid alert mechanism where paramedics on transport to hospitals will alert the hospitals about incoming patients, including their stats on overdose and drug type. The idea is for EDs to get warm handoffs to acquire and supply a social worker or drug treatment assistance to meet patients in ED rooms for treatment prior to the discharge of patients. The role of OEM ends once patients are at the hospital. Her office is working to track warm hand-offs. EDs have verbalized interest and understanding this indicator, and OEM can work on getting 100 percent participation.

Commissioner Baker said that a high level of compliance should exist.

---Increase in number of fixed site medication drop boxes.

Commissioner Baker commented. There has been public and private use of drop boxes, including those with the Milwaukee Police Department and private pharmacies. The increase in use and overdoses can be attributed to unused medicines. Baseline data and an inventory of fixed site locations should be monitored, made available publicly, and be assessable in mobile app form.

Director Westrich said that the State does have a website <http://takebackyourmedsmilwaukee.org/> with a map of drop box sites; however, there is no mobile app yet.

Ald. Rainey said he was concerned that the indicators of success, as discussed, lack addressing cocaine or crack cocaine. The approach to address cocaine may be different due to different users. The task force should avoid being short-sided in its efforts. He questioned the authorship of the indicators.

Commissioner Baker commented. Authorship came from member comments from the last meeting relating to task force goals and outcomes. Cocaine is glaringly absent from the list of indicators. Council legislation directs the task force to include addressing cocaine as part of its tasks. The success indicators will be inclusive of cocaine and must be included at the work group level. Some of the indicators overlap and "cocaine" can be inserted to the indicators.

Members discussed Summary of Goals and Strategies.

---Increase narcan and naloxone availability in non-medical settings within the community.

Director Westrich commented. OEM is working on increasing naloxone training for law enforcement. There is not 100 percent participation from all County municipalities, which OEM is trying to achieve. OEM is establishing an online mechanism for police officers to report, log-in, and identify the drug on scene if known. OEM will be collecting that information. Law enforcement agencies that have been involved include the FBI, DOJ, DEA, and DAO. OEM is looking to involve the Milwaukee County Sheriff.

Commissioner Baker said there should also be legislation and mandates that would allow for availability in certain sectors, such as schools, treatment centers, prisons, and jails. Parental consent for students would be something to look into.

---Enhance community-based options for easy, safe, and environmentally friendly medication disposal.

Commissioner Baker said this can be achieved through the Take Back Your Meds drop sites and the mail back program.

---Enhance community understanding of substance use disorders.

Commissioner Baker said that social media and other media methods are along these lines. Cost and funding should be considered for community programs, media, and promotion campaigns that are needed to reach communities and schools.

---Enhance and broaden the continuum of care for substance use disorder throughout the county.

Expand medically assisted treatment (MAT) capacity.

Commissioner Baker commented. An inventory of all sources of MAT is key in order to expand it. Wait-times for admissions into treatment should be reduced, and there should be data on wait-times. Residential treatment capacity should expand.

Director Colon said that not everyone does well with residential treatment. The task force should be mindful of other services that are more appropriate for individuals depending on their specific needs in addition to adding resources to expand residential treatment.

Director Westrich added that access to treatment in criminal justice facilities should be evaluated. Wait-times should be measured and treatment availability should be expanded to persons waiting in County jail, House of Corrections, and other facilities. OEM can assist to source this data.

Expand aftercare and relapse prevention initiatives, including sober housing.

Commissioner Baker commented. Funding is key. Although needed, sober housing is one of the most difficult things to fund due to the reimbursement scheme being not where it should be. Funding is mostly through philanthropic dollars as opposed through municipal support. The only one through with municipal support in the State is in Ozaukee County.

---Enhance availability and quality of timely data.

---Enhance collaboration between community -based initiatives and government agencies.

Leveraging funding opportunities through collaboration.

4. Creation of work groups.

a. Task force members opt in and work group champions

Commissioner Baker initially stated that subcommittees, which would be subject to both open records and meeting laws, should be created; however, directed that offline work groups, not subject to open records and meeting laws, be formed. Task force members may opt in. The expectation is that members champion work groups that are of interest to them and for every member to participate in one or more of the work groups. Work groups may include participants or subject matter experts who are not part of the task force.

b. Identification of subject matter experts for work groups

Director Colon suggested two work groups: public awareness & prevention and treatment & intervention.

Director Westrich suggested one work group for prehospital care relative to opioid prevention. OEM has some mechanisms in place to do its task prior to hospital transport, and she can be the subject matter expert for this work group.

Dr. Lerner said that there should be recruitment of a subject matter expert on cocaine.

Commissioner Baker suggested there be a work group for intergovernmental relations & funding to ensure that task force recommendations align with federal and state resources, there be funding mechanisms, and to comprehensively look at state and federal funding allocations. He will participate in this work group, which coincides with ICC.

Commissioner Baker added comments. Law enforcement and the judicial system, which there is access to, will be included in the work groups. Prior to the next meeting there should be solicitation of work group membership. There should be discussion about membership and outside participation at the next meeting.

5. Reporting deadlines.

a. Quarterly reports

Commissioner Baker said the first quarterly report is due to the Common Council in

May. This report to the Council should include a status update on the task force, the work plan, and structure of work for the remaining months.

b. Final report

Commissioner Baker said that the final report is due in September and the initial charter of the task force may be possibly extended, if needed.

6. City-County efforts, programs, initiatives, grants, or activities.

a. Wisconsin Partnership Program Community Impact Grant Program

Director Colon commented. Department of Health and Human Services has the opportunity to apply for the grant with initial conversation with the UW-Milwaukee Health Science Chancellor about partnering together on the drug issue. The grant would provide an opportunity to add more rigorous structure and accountability to the task force to create a clearinghouse of all opiate strategies that exist in the County presently; build awareness on specific efforts and leverage and align those efforts for maximum utilization; create a sustainable public awareness campaign and identify gaps on prevention; and identify new funding opportunities on the prevention and intervention side. The assimilation and collection of data and evaluation of the efforts will be done by UW-Milwaukee Health and Sciences through the Center for Urban Population Health. There was an offline meeting with some task force members. To consider for the task force is making an application and having another offline meeting to explore the grant opportunity. The initial due date is this June.

Commissioner Baker commented. The grant opportunity is \$1 million max up to 5 years, coinciding with task force 2022 goals. There are academic partners, and the process is competitive. This grant process is from the UW-Madison School of Medicine and Public Health via an endowment as a part of the Blue Cross Blue Shield settlement. A decision on award funds may occur in November, and use of funds may be acted upon in 2018. There are offline meetings and enthusiasm. He will speak with the academic partner.

Dr. Lerner said that it makes sense to apply as such funds will align with some of the work plan goals.

b. Other

West Allis/West Milwaukee (WAWM) Heroin Opiate Task Force

Mayor St. Marie-Carls said that WAWM, founded by Joanie Luedke, has been working in West Milwaukee and has had some headway in terms of the municipalities in ICC.

Joanie Luedke, cofounder of WAWM, gave an overview. She has been the director of WAWM Family Resource Center for 20 years. The WAWM task force started in January 2016. There were accomplishments for the task force's first year, which are highlighted in a progress report that has been distributed to members. One major accomplishment was providing outreach programming in WAWM high schools in Fall 2016. Over 2600 students participated during four consecutive school days with parents invited. The program will continue this Fall 2017 with the addition of going into middle schools and offering incentives for parent attendance. There is realization that overdoses affect 25 to 55 year olds inclusive of parents, family members, friends, and employees of businesses. The WAWM task force is additionally doing outreach

and awareness to different businesses, holding support discussion groups at the Family Resource Center every other week, are waiting approval to go into elementary schools, and developing a Knowledge is Power (KIP) teenage replica room showing drug and alcohol use red flags to look for. The center has had visits from social service, welfare, and parole officer agencies. The desire is to have the KIP rooms and community awareness programs be models for all municipalities to implement. Programming for one's own community is cost effective and empowers the community to be involved. A local printing company helped print overdose cards for the local fire department to give out to people to find resources. WAWM will support City and County efforts to apply for grants and can offer data. WAWM has an amazing fire department as its first responder and partner to battle this drug issue.

Commissioner Baker inquired about cocaine use and abuse, and Ald. Rainey inquired about Percocet in WAWM.

Ms. Luedke replied. There is not much death or overdose due to cocaine use in WAWM. WAWM is seeing increases in heroin, fentanyl, Xanax, OxyContin, Percocet, and opiate overdoses and deaths.

Commissioner Baker commented. The City-County task force will look at analogs, Percocet, carfentanyl, and any drug of choice that is trending or popping up. The monitoring of drugs of choice has to be put into place for repeat offenders in real time.

Dr. Lerner added that a subject matter expert from law enforcement, who are on the streets, and drug availability should be considered for tracking the drug of choice.

Commissioner Baker concurred.

Ms. Luedke added further remarks. Numbers for overdoses and narcan use are skewed for situations where individuals wake up when getting assistance. Narcan is not the first choice to use in her community, and other techniques are used like CPR. Her 25-year-old daughter is recovering addiction that stemmed from using prescription drugs for an autoimmune disease at age 16, being addicted to prescribed opioids after breaking her tail bone giving birth at age 19, and using heroin afterwards. She is raising her daughter's child today.

7. Public comments.

Paul Mozina, Milwaukee resident, testified. He believes in the nonaggression principle of not to infringe on life, liberty and property of another person. He believes in the self-defense principle to defend ones' life, liberty and property. There is no right for anyone person or group to tell another person what to put in his or her body. The problem that the task force is tasked to find solutions for is the same drug war with different drugs popping up each time. There is no new strategy and new money. The task force will fail, and the government will kill to enforce its will. The US government has been implicit in drug trade and dealings, such as with opium or other drug fields and production in Iran, Vietnam, and Afghanistan.

Rafael Mercado, Milwaukee Heroin Diaries and Team Havoc, testified. Lacking for the task force are community engagement, immediate solutions, and compassion. A 5-year plan that the task force is recommending is a waiting approach. He has been personally involved in addressing opioid overdoses, making simple phone calls for those needing help, and bringing awareness to the community at a personal level since losing four cousins this year due to opioid overdoses, which has hit zip codes

53204 and 53205 the most. He was involved in coordinating a 1.5 mile march to bring awareness within two to three weeks. The task force will not go anywhere without community involvement. The problem should not be diffused. The City and County should and has yet to sue pharmaceutical companies like how other places have, such as Long Island, Chicago, Kentucky, Washington, and West Virginia.

Jon Cohn, City of Greenfield Fire Department Chief, testified. His department has taken EMS from its police department, seen decrease in fires and increase in EMS, and thought about becoming impactful on the prevention side of EMS services instead of being reactionary. A Mobile Integrated Health (MIH) task force was created. The fire departments of Milwaukee, Greenfield, West Allis, and North Shore have committed to this initiative in solving gaps in healthcare for their communities. There are plans to impact the opioid and prescription drug epidemic. Milwaukee Fire Department had provided education at UW-Milwaukee for the last two years. 45 community paramedics have been educated in the County through a 300-hour course on case and care work. MIH is well positioned, trained, and willing to assist the task force. MIH lacks state legislation for scope and practice of community paramedics. This year the desired legislation passed through the Assembly, and legislators had MIH on their minds to partner with to address the epidemic.

Dr. M. Riccardo Colella, Medical College of Wisconsin EMS physician and OEM EMS Medical Director, testified. MIH is a resource to the task force, has many goals aligned with the task force, and designed to fill gaps, such as addiction, in the community. MIH is unique with specialty training outside the normal scope of care for paramedics. MIH paramedics are well positioned, accessible to community, and recognized as a beacon of help rather than an arm of law enforcement.

Jon Richards, Take Back Your Meds Milwaukee Coalition, testified. The coalition consists of several organizations, including Milwaukee County Medical Society, Community Advocates, Hayat Pharmacy, Clean Wisconsin, and Milwaukee River Keeper. The informational document submitted to members is important in providing a baseline of collection points currently within the County. The coalition organization is uniquely focused on the County only. The inventory is successfully engaged towards law enforcement, and every law enforcement agency headquarter has hosted a drop box through the help of CVS Pharmacy. The current focus is on the next generation of collection. The most effective way to have collection is through permanent drop boxes at pharmacies, which there are 7 that do that within the County: Hayat Pharmacy with two and Walgreens with five. The goal within the next 10 years is to have drop boxes at every pharmacy within the County. There are barriers to entry to overcome, such as funding for pharmacies. His organization wants to be engaged with the City, County, and MMSD to create a pool of funds to draw on for drop boxes. An equally important goal is establishing urgent and robust public education for the drop boxes and mail-back program, similar to the campaigns for tobacco and teen pregnancy. He has seen inadequate instruction, promotion, and keeping of marked mail back envelopes at a CVS pharmacy. The coalition wants to work with the task force to develop a long term funding plan for both a public education campaign and drop boxes in pharmacies. Seattle and San Francisco have been successful. An initial coalition goal was to produce legislation to require pharmaceutical companies pay for a plan. The Milwaukee City Attorney Office and Corporation Office determined that both City and County governments do not have authority to pass such an ordinance, but the coalition disagrees. A long term funding solution requires that pharmaceutical companies be in the picture. Government is crucial to require that.

Monte Mabra, Voice of the Fatherless Child, testified concerns. There is a lack of hands-on representation and perspective from lived persons of drug addiction on the

task force. 5-year recommendations are too far out and are not realistic and acceptable for those needing treatment today. People should not be turned away from treatment. Cocaine is a real addiction and has not been addressed. There should be consideration of children affected from parent addicts. The City and County is not looking in the right places to acquire funding. Businesses have sponsored his organization, and the task force should consider business donations. There are many businesses willing to contribute and help rehabilitate the addicts on their sites.

Director Westrich said that there was recent legislation to add a person in recovery to the task force, but that person has yet to be appointed.

Yesenia Barajas, Milwaukee Heroin Diaries and Team Havoc, testified. She is a recovering addict who has been clean for 2 years. She found immediate help at Teen Challenge with no waiting list. People being turned away and becoming a number on a list is a problem. Immediate and efficient services and solutions to those who are in need are desired. It is important to kill the stigma of addiction and raise awareness in schools like in WAWM. Addicts are scared to come out and share their issues. A 5-year plan is not reasonable, and the task force can do better.

Dr. Selahattin Kurter, West Grove Clinic owner and assistant professor at Medical College of Wisconsin (MCW), testified. He is board certified, has been working with patients suffering from addiction for the last 10 years, and trained a variety of medical residents. One of trainee is now head of Fellowship of Addiction at MCW. The task force needs community engagement, a member representing someone suffering from addiction, and a member representing a provider. Providers are on the trenches frontline and are seeing the patients suffering from addiction. 30 percent of people who suffer from opioid addiction also are concurrently suffering from cocaine addiction. Cocaine and mental health disorders are major issues but are not being stressed or mentioned. As much as 70 percent of people who suffer from addiction suffer from anxiety, depression, bipolar, trauma, or PTSD. There must be a forceful stance against health insurance companies, and the task force should be encouraged to make sure patients are getting the treatment that they need. United Health Care, as of 4/1/17, arbitrarily discontinued intensive outpatient treatment for substance abuse for the AmeriChoice Plan. He treated 3 patients for free due to this.

George Morris, Wisconsin Medical Society, testified. There is no community engagement and too much focus on the backend of the problem. More frontend efforts are needed to make a difference. Deaths and overdoses start from the use of prescription drugs from pharmaceuticals that many get from friends and families. Efforts should be made to close the front door of this problem with an aggressive awareness campaign to the public and practitioners. The use of high end opioids has been biggest problem for the last 10 years. Focus should be put on children and changing the cultural view that pills are solutions. Medication has its risk. Many people will die with a 5-year plan. A 5 percent increase in funding is too little and not aggressive enough.

Fernando Brigantti, Jr., West Allis resident, testified. He is a recovering addict who has been 6 months clean. He grew up and lived in Milwaukee, used marijuana at young age then cocaine in his 20s, took prescribed Percocet for three years due to an ankle injury, got addicted, and eventually did heroin. He sought help, was turned away due to lack of health insurance, got put on waiting lists, and overdosed. He finally got help when he contacted 211 saying that he would kill himself. He had worthless and powerless thoughts. He applied everything that he learned to make himself clean. Addicts should not have difficulty in seeking help and treatment.

Mary Blanco, Milwaukee resident, testified that perhaps Milwaukee Public Schools Recreation can incorporate a drug awareness slip-in component in its programs.

Robert Bell, Teen Challenge, testified. He was involved in gangs, detained in penitentiaries, and was an addict. He has been sober for 5 years and teaches at Teen Challenge. God changed his life, and God can change addicts to overcome. More sober housing is needed.

8. Agenda items for the next meeting.

Commissioner Baker commented. Agendas will have standing items like City-County efforts, programs, initiatives, grants or activities. Moving forward the bulk of task force work will be an in-depth review of goals, strategies, tactics, and work done based on the work plan. Cocaine should be prominent on the next agenda.

Director Westrich said that addressing pharmaceutical companies and reinvigorating legislative efforts should be an agenda item.

Mayor St. Marie-Carls said that MIH needs to be explored in work groups and the next meeting.

Director Westrich said that OEM is addressing MIH and will include MIH on the fourth work plan goal.

Director Colon said that his office will appoint a lived person of experience to the task force.

9. Meeting frequency, dates, times, and location.

a. Regular meeting schedule

Next meeting dates are:

Friday, May 12, 2017 at 9 a.m., Room 301-B, Milwaukee City Hall

Friday, June 16, 2017 at 9 a.m., Room 301-B, Milwaukee City Hall

Friday, July 21, 2017 at 9 a.m., Room 301-B, Milwaukee City Hall

Friday, August 18, 2017 at 9 a.m., Room 301-B, Milwaukee City Hall

b. Community meetings

Commissioner Baker said for there to be two outside community meetings with perhaps one in early summer and the other towards the end of summer. One meeting should take place on the north side and the other on the south side. Venue, access, parking, and high community turnout should be considered. The meetings should occur after 5 p.m. on weekdays or on Saturday for easy access to the community. He will work with staff to determine the dates that will get the most participation from the community.

Mayor St. Marie-Carls suggested Milwaukee County Kosciuszko Community Center and Moody Park Pavilion due to those centers being in the hearth of neighborhoods.

Director Westrich said that she can assist in getting those two venues.

10. Adjournment.

Commissioner Baker gave concluding remarks. Public testimony has shown that there is work to be done inclusive of the community. The work plan is a living document to be improved upon. The task force charter can be extended. There must be an all-hazards approach. There is work to advocate fairness and equity for Southeastern Wisconsin for receiving funds. The region may get left out from state funding. The City and County needs to be represented at the state level, which was lacking. It is incumbent for the task force to work academically in putting forward a great proposal to the Common Council and advocate receipt of a fair share of funding from the state for the region.

Meeting adjourned at 11:26 a.m.

*Chris Lee, Staff Assistant
Council Records Section
City Clerk's Office*

This meeting can be viewed in its entirety through the City's Legislative Research Center at <http://milwaukee.legistar.com/calendar>.

Matters to be considered for this meeting and materials related to activities of the task force can be found within this file:

[161554](#)

Communication relating to the activities of the City-County Heroin, Opioid and Cocaine Task Force.

Sponsors: THE CHAIR