



City of Milwaukee

200 E. Wells Street
Milwaukee, Wisconsin
53202

Meeting Minutes

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE

ALD. MICHAEL MURPHY, CHAIR

Michael Lappen, Vice-Chair

Karen Loebel, James Mathy, Ald. Khalif Rainey, Brian Peterson, Christine Westrich, E. Brooke Lerner, Marisol Cervera, Michael Macias, Ryan Shogren, Daniel Bukiewicz, and Jeanette Kowalik

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Legislative Liaison, Tea Norfolk, 286-8012

Friday, November 30, 2018

9:00 AM

Room 301-B, Third Floor, City Hall

1. Call to order.

Meeting called to order at 9:07 a.m.

2. Roll call.

Present 9 - Murphy, Lappen, Loebel, Mathy, Rainey, Westrich, Cervera, Shogren, Kowalik

Excused 2 - Peterson, Lerner

Absent 2 - Macias, Bukiewicz

3. Review and approval of the previous meeting minutes from April 27, 2018.

Vice-chair Lappen moved approval, seconded by member Mathy, of the meeting minutes from April 27, 2018. There was no objection.

4. Results of community sessions.

Individual appearing:

Tiffinie Cobb, Milwaukee Health Dept.

Ms. Cobb gave an overview and PowerPoint presentation on task force community sessions.

The task force was 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 the misuse of opioids, heroin (synthetic analogs), and cocaine (in both powder and crack form) through data driven public health prevention approaches. The task force was created in January 2017 and has held 8 regular meetings and 7 community sessions to date. There were 2 listening sessions in the fall of 2017. There was 1 pilot community engagement session in June 2018 followed by 3 regular community engagement sessions strategically in the City of Oak Creek, City of Milwaukee 12th aldermanic district, and City of Milwaukee 15th aldermanic district.

The objectives of the sessions were to address the purpose and process of the task force, provide an overview of the task force initial work plan, share experiences with substance abuse, identify existing efforts and gaps, and establish/prioritize potential action items. Average session participants at each session was 46 and consisted of practitioners, lived experience, research, community activists, government employees, family members, and business owners. Discussion was held in small groups pertaining to specific focus areas: education/prevention, overdose prevention, treatment, community collaboration, justice system involvement, data, and policy.

The sessions were divided into 3 breakout portions. Breakout 1 involved roundtable introductions of participants, their representation, and their experience with substance abuse. Breakout 2 involved making highlights and identifying gaps within the specific focus areas. Participants discussed existing efforts that aligned with the specific focus areas, desired outcomes under the specific focus areas, and 3-4 action items (with consensus) for the task force to tackle. Breakout 3 involved participants prioritizing action items.

Resulting from the community sessions were specific action items of priority within the specified focus areas, and some have been incorporated into the task force final recommendations. The final recommendations were broader in nature. Through surveys, a majority of participants felt that the sessions had met or exceeded their expectations, discussions were very or extremely useful, questions/answers were very or extremely effective in providing feedback to the initial work plan, the priority action items were impactful, and new connections were made.

In conclusion, participants expressed value in engaging with various stakeholders and were interested in continued engagement from the City-County level.

Chair Murphy added that the sessions were insightful, moving, and involved engaging feedback with participants.

5. Review and approval of task force final recommendations.

*Individual appearing:
Tiffinie Cobb, Milwaukee Health Dept.*

Ms. Cobb gave an overview and PowerPoint presentation of task force final focus areas and recommendations as follows:

Focus: (Prevention and Education) Enhance and fund existing prevention programs to keep individuals from developing substance use disorder, including youth.

Recommendations:

- Conduct widespread public health education on the risk of substance abuse, targeted to potential users beyond traditional outlets—emphasizing fentanyl, opioid overdose and other relevant substances.*
- Support healing programs and services for families and children impacted by the impact of substance abuse.*
- Collaborate with local medical associations to increase provider knowledge, education and use of the Enhance Prescription Drug Monitoring Program (ePDMP).*

Focus: (Overdose Prevention) Reduce the number of opioid-related deaths in Milwaukee County.

Recommendations:

- *Advocate for and support provider and social networks focused on long-term recovery including those leaving the prison system.*
- *Support evidence-based harm reduction strategies to decrease overdose related deaths beyond Naloxone.*
- *Build community capacity to recognize and prevent overdose deaths caused by opioids.*
- *Ensure substance abuse resources are deployed to high need areas of the community.*
- *Support the development of policies that incentivize property owners to rent to those in recovery.*

Focus: (Treatment) Ensure adequate access to timely, affordable, and quality services for all people with substance use disorders.

Recommendations:

- *Advocate for small residential treatment facility to address the needs of those receiving Medicaid.*
- *Ensure access to alternative pain management therapies.*
- *Integrate comprehensive MAT into the various settings, including but not limited to: Federally Qualified Health Centers, Opioid Treatment Programs, Prisons and other primary care settings.*

Focus: (Justice System) Develop programs in collaboration with the criminal justice system that treat addiction as a disease, while actively working to reduce the availability of illicit substances.

Recommendations:

- *Implement restorative justice practices for those criminalized due to substance use disorder.*
- *Integrate comprehensive MAT into the various settings, including but not limited to: Federally Qualified Health Centers, Opioid Treatment Programs, Prisons and other primary care settings.*
- *Advocate for and support provider and social networks focused on long-term recovery including those leaving the prison system.*

Focus: (Community collaboration) Enhance collaboration between community-based initiatives and government agencies.

Recommendation:

- *Support a multidiscipline community led initiative to identify strategies for the CCHOCTF recommendations and oversee implementation and monitoring of community efforts.*

Focus: (Data) Improve epidemiology and surveillance (data) related to substance misuse.

Recommendation:

- Ensure substance abuse resources are deployed to high need areas of the community.*

Focus: (Policy) Support federal, state, and local policies and legislation aimed at reducing substance misuse and overdose with equitable, cost-effective, and evidence-based approaches.

Recommendation:

- Develop and enforce substance abuse parity with health insurers to address the disparities amongst access to substance abuse treatment.*
- Implement restorative justice practices for those criminalized due to substance use disorder.*
- Advocate for small residential treatment facility to address the needs of those receiving Medicaid.*

Ms. Cobb added that the next steps following the final recommendations should be supporting a community-lead effort to operationalized recommendations (implementation and monitoring) and securing funds to support efforts aligned with the recommendations.

Chair Murphy commented. Though cases are still pending, the last 2018 statistics provided from the Medical Examiner's Office show a 25% decrease in fatal overdose deaths compared to 2017. City and County programs and efforts can be attributable. The hope is to see the reduction continue or hold true for the year.

Vice-chair Lappen moved approval, seconded by member Kowalik, of the task force final recommendations. There was no objection.

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

Vice-chair Lappen gave an update on County sources of funding for substance abuse treatment and services. There was a \$2.4 million Alcohol and Other Drug Abuse (AODA) block grant. There were Strategic Opioid Response funds from July 2017 to April 2018 to fund wait list service for opioid consumers - a total claim of \$836,685. Funds from May 2018 to July 2019 were increased from \$487,000 to \$1,772,537. There is the finalization of a new medical assistance treatment provider that will provide 24/7 access to medication assistance (suboxone, methadone, vivitrol) in the County. There was a Strategic Opioid Response award of \$250,000 (through the partnership of BHD, Medical College of Wisconsin, and Froedtert Hospital) that created a successful pilot connect team of a clinician and person with lived experience reaching out to individuals in the field to whom narcan has been deployed and making connections to treatment. The pilot will expand.

There was a Substance Abuse Temporary Assistance for Needy Families (TANF) \$4,394,595 grant for 2018 providing residential AODA treatment for individuals with a priority system in place, such as IV drug users and women. There was an IV Drug Abuse Assistance \$510,000 grant through the Intoxicated Driver Program. About \$500,000 will be received from court fees to provide treatment resources. There were federal family and adult drug treatment court grants for \$424,000 and \$324,000

respectively. There was a new \$50,000 Urban Youth Primary Substance Use Prevention grant awarded (through the partnership between BHD, Community Access in Recovery Services, and Milwaukee Child Wrap-Around) for a strategic prevention framework to address youth marijuana use, prescription drug misuse, and to implement the Creating Lasting Family Connections program.

Milwaukee County Mental Health Board in 2019 will fund about \$500,000 for Outpatient Plus, a new program to provide safe and sober housing and substance abuse treatment for 18 persons at a time. A location was secured on the north side. There was an increase in budget funds for 2019 for bridge housing, which is a safe and sober housing for individuals in recovery coming out of residential treatment or incarceration.

Member Mathy added that the Housing Division acquired a Dept. of Justice grant for \$900,000 over 3 years in partnership with the Benedict Center to expand their sisters program and continuing Housing First outreach work with homelessness, women, and street issues.

Member Loebel commented. A grant (applied by the Medical College) has been awarded for an opioid community outreach prosecutor to connect with victims of fatal and nonfatal overdoses and serve as an intervention point. The prosecutor will liaise with first responders, Dept. of Corrections, treatment providers, and assist in referrals to treatment. The prosecutor will work with law enforcement to aggressively target traffickers.

Member Westrich added that the Office of Emergency Management is working on a public facing GIS website mapping naloxone administration data, which should be available at the end of the year.

Chair Murphy commented. The City has added \$100,000 for next year for a pilot program with the Milwaukee Fire Department to assist victims of overdose with follow-up service. There will be continued support of the Take Back My Meds program. There have been and are many positive initiatives going on that are consistent with task force final recommendations and that shows collaboration between the City and County.

7. Discussion with Milwaukee County Sheriff-Elect Earnell Lucas.

Individual appearing:
Earnell Lucas, Milwaukee County Sheriff-Elect

Sheriff-Elect Lucas commended the task force and pledged to support, with his office, the work that will follow from the task force.

Chair Murphy commented. A willing partnership with the County Sheriff's office is crucial to address and support offenders under substance abuse. The intention is to continue the task force to meet on a quarterly basis.

8. Policy discussion with UnitedHealthcare.

Chair Murphy commented. There has been past concerns raised with UnitedHealthcare regarding health coverage and care for treating substance abuse, and UHC representatives have come to discuss those concerns and inform what UHC, as a health care provider, can do to help address the crisis.

Individuals appearing:

*Kathy Schoenauer, UHC Community Plan Director of Clinical and Medical Operations
Dr. Meyerhoff, United Behavioral Health Senior Behavioral Health National Medical
Director*

Ms. Schoenauer commented. UHC has met with providers on an ongoing basis to address the issues that were presented, is committed to partner with providers, and committed to support all residents and UHC members. She has over 30 years of experience as a registered nurse, had practiced as a clinical nurse, and is now in a managed care role.

Dr. Meyerhoff said that he works primarily in the areas of medical integration and policy.

Ms. Schoenauer and Dr. Meyer-Hoff gave a PowerPoint presentation on UHC activities (nationally and locally) and support for sustained recovery from opioid use disorder.

Opioid use disorder (OUD) is a medical condition, does not discriminate, and is a chronic brain disease, and is not a character flaw or moral failing. There are challenges with OUD. Stigma can discourage people to seek the help that they need. OUD is a chronic, complex disease to treat. The marketplace offers wide variability in treatment. Members struggle to find effective evidence-based care. Individuals are vulnerable to predatory practices. Early exposure can lead to opioid dependence in just a few days. Of importance is to prevent dependence before it starts. 80% of heroin users started on a prescribed medicine.

UHC follows the CDC guidelines for opioid prescribing: opioids are not first-line therapy for chronic pain, short duration for acute pain, avoid opioids in combination with benzodiazepines, offer MAT for OUD, lowest effective dose at start, and minimize dose escalation.

Demographic data on prescription opioid use by age and gender show that those taking opioids are generally an older population. Older people usually have a reason to take opioids, are less likely to recognize an abuse problem, and are least likely to seek treatment. Younger people are more likely to recognize an abuse problem and seek treatment.

MAT has benefits in minimizing withdrawal symptoms, reducing opioid cravings, preventing relapse, and restoring normal physiological functioning. MAT considerations for special populations include pregnant women and adolescents. UHC experience with MAT shows that the cost of care decreased in 90 days after MAT service for members with opioid dependence; MAT reduces overdose deaths, overall costs, and retaining of patients in treatment; and MAT should be used as part of a comprehensive, personalized treatment plan to address OUD. A challenge is that MAT need significantly exceeds capacity. Physicians are not prescribing MAT. UHC wants to increase MAT utilization.

Of importance is to prevent addiction, support victims with long-term recovery, and prevent relapse. ER is an important first step to long-term treatment. ER is a setting that has significant OUD patients. Emergency physicians are uniquely positioned to intervene and help OUD patients with warm handoffs. Individuals should be connected to certified peer support specialists, equipped with recovery tools, and there should be

continuous monitoring of pharmacy claims data.

There have been local UHC initiatives. A new substance abuse disorder (SUD) hotline has been launched. It is anonymous, has 24-hour access to clinical staff with SUD training and assessment, provides education and evidence based treatment options, is open to members and the general public, can assist with navigating a complex health care system, and can help with timely treatment referrals to community supports. The hotline can be accessed at (855) 780-5955 or via online chat at Liveandworkwell.com/recovery.

There is local clinical support with care management staffed by clinicians and community health workers, medical/behavioral care coordination (with appointments, medications, and transportation), assessment of health status and social determinants (housing, food, utilities, clothing, social supports), and home visits (in-home supports, durable medical equipment, Mom's Meals).

UHC continues to seek community partnerships and have partnered with City of Milwaukee Community Paramedics to reduce ED utilization, with MY Connections/Milwaukee County Housing to provide subsidized housing to 10 individuals (many with SUD), and with United MKE-Pregnancy Pathways to address social determinants and SUD for women.

UHC has provided financial support to local communities and partners: \$11 million in tax credits for affordable housing projects (Madison Flats at Grandview Commons and Milwaukee SEVEN04 Place), \$1.95 million for improving access to better health for underserved/uninsured populations (Feeding Wisconsin, Children's Health Alliance of Wisconsin/Dentamed, Vision Quest 20/20), \$3.5 million in UHG Foundation grants since 2017 (MATC nursing school capacity and Periscope Project), and community grants (MetaHouse and United Way).

Members commented or inquired about trends that UHC is seeing, areas of greater partnership between UHC and government, UHC to advocate for Wisconsin to take in Medicaid dollars for treatment similar to the success of expanding treatment and providers in Ohio, reduce or address barriers (high rates, no coverage) to treatment for providers (including psychiatry), address providers being able to get prior authorizations, establish partnerships to cover housing care (safe & sober, bridge, Outpatient Plus) like that being done by HMOs, that investment into upfront prevention will reduce or eliminate treatment costs, that (for the Housing Division My Connections pilot) UHC is paying 100 percent for rental assistance costs for its members, that immense cost savings can come from housing investment, that local HMOs are coming to the table unlike before, that the State is considering medical waivers for housing-related costs through Medicaid (addressing homeless), and that the community paramedic program (which is evidence-based) should be expanded.

Ms. Schoenauer and Dr. Meyerhoff commented. UHC has seen prescriptions going down but deaths going up. As a result UHC is supporting a research project between Harvard University and University of Wisconsin to look at overdose commonalities. Greater partnerships can be had with education efforts and supporting people between transitions from prison (Milwaukee County Sheriff) and residential treatment. UHC supports appropriate rates with the Dept. of Health Services for Medicaid and is aware of those challenges. UHC has agreements with individual providers and is open to meet with providers regarding issues with the rates. UHC did do a comprehensive lookback on its prior authorizations and is open to improve the process with providers.

There is no one-size-fits-all solution, and prior authorizations are needed for people to receive the best evidence-based treatment. UHC supports reducing barriers. There is internal communication between case managers and prior authorization staff. Prior authorizations are really for higher levels of care, not intended to be a barrier, and serve to positively contribute to the outcomes for people. UHC is trying to do bundle payments (monthly billing) from organizations to address the barrier of individual copays and provide a full level of services for members. There is no prior authorization at the outpatient level. UHC is always looking to address social determinants, improve care, reduce medical costs, and partner on solutions.

Member Lappen moved to enter the record correspondence received previously between Avocaid, Chair Murphy, and UHC. Seconded by member Mathy. There was no objection.

9. Presentation on the opioid crisis.

Individual appearing:

Neil Dogra, University School of Milwaukee high school student

Chair Murphy said that Mr. Dogra is working with Milwaukee Public Schools on using his presentation as a peer-to-peer discussion and prevention tool, Mr. Dogra had approached him to make a presentation before the task force, and he was impressed with the presentation.

Mr. Dogra gave a PowerPoint presentation.

His goal is for peer advocacy and public awareness as a means to prevent opioid overdoses. Opioid is a faceless killer. There have been 1,943 opioid caused overdoses in Milwaukee County from 2011 to 2018. He was unaware of the crisis until recently. It can be assumed that many other youths like himself are unaware as well. He founded the Opioid Epidemic Awareness Campaign.

Opioids are used to treat pain, work by binding opioid receptors on neurons, and disabling neurons from sending pain signals to the brain. They are effective pain killers when legally prescribed but are extremely dangerous in easily causing addiction. 80% of heroin addicts started on prescription pills. Most addicts are using opioids to get high and not to treat pain. In the brain opioids releases a rush of dopamine that is unnatural and more opioid receptors. This causes addicts to crave for more opioids, the high, and ultimately addiction. Addiction comes along with tolerance and withdrawal. Opioid use causes an addiction cyclical trap where more opioid receptors are being created and causing demand for opioids from those receptors. Opioids become an addict's necessity and the only thing that can make an addict happy at the cellular level.

Opioids have been negatively impacting the community. US national statistics since 1999 show the rise of drug overdoses. A breakdown of the statistics shows 72 percent being due to opioids. There has been a 220 percent increase in annual opioid overdoses since 2011 in Milwaukee County. The trend is rising. Demographic statistics show that all age, gender, or race are being impacted. Public awareness is vital because anyone can be affected.

To fight the opioid crisis there must be awareness through learning, teaching, and support. Learning involves opioid safety, prescription use, and opioid disposal. The

vast majority of opioid addictions begin on prescription medications, and unused medicines need to be safely disposed of. Teaching includes raising awareness to peers, families and friends. Support involves combating stigma, treating OUD as a disease, and helping addicts seek help. Youths can play a role and be the change to make the change.

10. Public comments.

Individuals testifying:

Jeff Hochstein

Robert Miranda, Avocaid advocate

Dr. Selahattin Kurter, West Grove Clinic

Adam Lovejoy, UCC NA Project Heat

Paul Mozina

Cindy Schwartz, Nar-Non Family Groups

Megan Bielinski, Milwaukee Community Acupuncture

John Richards, Take Back My Meds MKE

Jaimie Haunch, West Grove Clinic

Amy West, West Grove Clinic

Rafael Mercado, Team Havoc & Milwaukee Heroin Diaries

Senator Lena Taylor

Mr. Hochstein testified having 25 years of experience as a parole officer, that cannabis is not dangerous, that cannabis should be deregulated, that the Dept. of Corrections (DOC) is not treating its persons with SUD, that DOC is releasing prisoners into the general pool of treatment, and that DOC needs to help its prisoners with SUD.

Mr. Miranda testified of knowing persons with SUD being turned down for treatment services, gaining insight from West Grove Clinic about the lack of Intensive Outpatient Program (IOP) coverage for addicts from UHC earlier in the year, that the IOP coverage issue with UHC has not been entirely resolved, that other issues exist with UHC cutting services for SUD addicts, and for health insurance revenue dollars to go to providers and into the treatment of SUD instead of into the pockets of CEOs.

Dr. Kurter testified of treating addicts in Milwaukee for over a decade, bringing IOP concerns about UHC to the task force, that UHC is in violation of federal parity laws by limiting access to medical treatment, that UHC is offering unnecessary prior authorizations, that UHC reimbursement rates are different for psychiatrist and medical health providers who are offering the same treatment for addiction service, that he has yet to experience UHC peer support for prior authorizations, that prior authorizations serve to limit treatment and not necessarily to increase better care, that UHC is playing two-face with providers, that UHC made \$232 billion last year (UHC highest grossing year), and that UHC revenue comes from not giving services.

Mr. Lovejoy testified of his recovery from addiction. Residential treatment through West Grove Clinic helped saved his life. He was a successful student prior to using drugs and had used drugs as a coping mechanism. He has to tell providers to not give him pain medication. Many areas of support have played a role in his ongoing recovery: transitional housing, meetings, support groups, sponsors, exercise, therapist, residential treatment, intensive treatment, and outpatient treatment. Recovery is a life style change. Addicts cannot think their way out of addiction. Jails are not helping.

Mr. Mozina testified. The task force has not reflected his position, but he continues to

advocate that war on drugs (prohibition) is failing. Prohibition is the cause of the epidemic, the creation of fentanyl and more potent drugs, criminal activities, discriminatory criminalization, and discriminatory police processes.

Ms. Schwartz testified. The Nar-Non Family Groups serve the underserved population of affected families and loved ones. People are encouraged to join a group for family support. First responders need to refer people to these groups. The groups are a resource for everyone.

Ms. Bielinski testified that acupuncture can be used to treat opioid addiction and recidivism through the ear, that there should be more awareness of this low cost treatment, that acupuncture needs to be expanded, is an effective treatment tool, that there is supportive research, and that acupuncture is being used nationally.

Member Rainey left the committee at 11:06 a.m.

Vice-chair Lappen moved to extend the task force to meet quarterly. Seconded by member Westrich. There was no objection.

Mr. Richards testified about the Take Back My Meds MKE coalition. The coalition is made up of 18 community organizations and MMSD, works to collect unused medication in the County, has added 10 permanent collection locations in the County in the last year (every Hayat Pharmacy and 3 locations for Aurora Healthcare), is increasing public education, and had received a small grant from the City for its public awareness campaign.

Ms. Haunch testified that UHC still has restrictive policies for outpatient providers and different billing policies in place for in-training providers that none of the Medicaid plans have.

Ms. West testified. There should be simple phone call access for UHC prior authorizations. UHC's 30-day appeal process for denied prior authorizations is unreasonable and dangerous for patients who need immediate treatment. UHC has unnecessary different prior authorization protocols and costs for different providers offering the same treatment. UHC does have a prior authorization for outpatient treatment involving longer session therapy, which is needed in some cases.

Mr. Mercado testified. There can be great holistic benefits from providing housing, sober housing, and sober safe zones in challenged communities where people, especially those coming out of prisons, can have a place to live, can be employed to construct the housing, be redirected in life, and gain employable skills. Hustling is an addiction and needs to be treated. Investing in reshaping convicts with programs (like housing) to hustle positively instead of in the streets can save costs in the prisons. He is working to establish legislation and HIDTA for better sober housing and safe zones. His organization started as a grassroots volunteer group and has attracted many partners wanting to collaborate with the group over time. Reactive attachment disorder (RAD) is a non-treated disease, needs to be addressed, and affects children who do not know how to behave and have no remorse.

Senator Taylor testified and advocated to the task force to support the LOVE & FAITH Milwaukee Initiative. The initiative is a model designed to help ascend past present circumstances by aligning existing silos to build an infrastructure that will create a pipeline to Hubs in the communities, which will address the crises that the

communities face. The model is an acronym that stands for Literacy, Opportunity, Voice, Environment, Forestry, Agriculture, Innovation, Technology, and Health. Hubs are physical locations placed in target areas that serve multiple functions and provide delivery of services including community connectors, hoop houses, orchards, storm water management, and equipment. Foreclosure housing can be used as a training program to improve properties, employ the less fortunate, and create housing to those in need. The initiative can help address the substance abuse crisis, help addicts, and should be supported by the task force. The initiative can be successful, but needs the will from everyone.

11. Adjournment.

Meeting adjourned at 11:49 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>.