

CITY-COUNTY OPIOID, HEROIN, AND COCAINE TASK FORCE

DRAFT WORK PLAN 2017

PURPOSE

The City-County Heroin, Opioid, and Cocaine 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. (City of Milwaukee Resolution 161061)

INDICATORS OF SUCCESS

Need to determine operational definitions, sources of data, and frequency of reporting.

- Decrease in narcotic overdose deaths. **50% reduction by 2022**
- Decrease in the times naloxone is used by EMS, due to a lack of demand, not a lack of supply or availability.
- Reduction in recidivism to drug treatment court, where cocaine or heroin/opiates are identified as their primary drug of use.
- Increase in drug treatment court capacity.
- Decrease in drug involved homicides. **50% reduction by 2022**
- Increase in funding to the city and/or county to address substance use disorders, especially heroin, opioids, and cocaine. **5% increase by 2022**
- Increase in involvement from every municipality to contribute to outreach and education regarding substance use disorders, especially heroin, opioids, and cocaine. **100% of Milwaukee Co. municipalities involved by 2018**
- Increase in number of EDs providing a warm hand-off into treatment or detox for those with substance use disorder. **100% of Milwaukee Co. EDs by 2022**
- Increase in number of fixed site medication drop boxes.

SUMMARY OF GOALS AND STRATEGIES

- A. Increase naloxone and naloxone availability in non-medical settings within the community.
 - a. Support and expand already existing naloxone and naloxone training and distribution programs (ARCW, Mke Co EMS, Mke Co BHD).
 - b. Support legislation that mandates the availability of naloxone or naloxone in specific community settings (schools, treatment centers, prisons/jails, etc.)
- B. Enhance community-based options for easy, safe, and environmentally friendly medication disposal.
 - a. Expand number of fixed-site medication drop boxes.
 - b. Increase frequency of single day drug take back events.
 - c. Promote importance and availability of safe and environmentally friendly medication disposal.
- C. Enhance community understanding of substance use disorders, including heroin, opioids, and cocaine.
 - a. Launch social media campaign focused on prevention and destigmatizing substance use disorder and to promote seeking treatment.
 - b. Monitor and promote already existing community programs that focus on stigma reduction and peer support.
 - c. Monitor and promote school-based initiatives to reduce illicit substance use and/or recreational drug use.
- D. Enhance and broaden the continuum of care for substance use disorder, including heroin, opioids, and cocaine, throughout the county.
 - a. Expand medically assisted treatment (MAT) capacity for heroin and opioid dependency.
 - b. Expand residential treatment capacity.
 - c. Reduce wait-time for admission into treatment.
 - d. Enhance care management of those identified with a substance use disorder moving from ED admission to treatment.
 - e. Expand aftercare and relapse prevention initiatives, including sober housing.
- E. Enhance availability and quality of timely data about heroin, opioids, and cocaine use.
 - a. Support the identification of funding to modernize toxicology testing equipment at the Milwaukee County Medical Examiner's office.
 - b. Support efforts to streamline and collate data from multiple sources (OEM, BHD, MEO, etc)
 - c. Increase frequency of data reporting made available to stakeholders and general public.
- F. Enhance collaboration between community-based initiatives and government agencies.
 - a. Leverage funding opportunities through collaboration.
 - b. Support opportunities for continued shared learning of new initiatives and best practices.
 - c. Provide opportunities for community input.

GOAL A: Increase naloxone availability in the community.

STRATEGIES & TACTICS	Current Status	Responsible Parties	Time Frame	Outcomes & Process Measurements	Fiscal Impacts
a. Obtain a baseline of the current system of availability of naloxone within the community (numbers, locations, organization, etc.)					
b. Support and expand naloxone training and distribution programs.					
Include messaging about naloxone in a comprehensive media plan	Many myths or negative viewpoints on naloxone.				
Standardize naloxone training.	Many different training providers, no standardized algorithm.				
Develop and maintain a toolkit of local resources related to the administration of naloxone					
c. Support legislation that mandates the availability of naloxone or naloxone in specific community settings (schools, treatment centers, prisons/jails, etc.).					
Explore the current law on where naloxone can be distributed and who can administer it.					
d. Facilitate an opportunity for those who utilize naloxone or naloxone to identify barriers and recommendations for improved availability.					
Engage persons who have a lived experience					

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

STRATEGIES & TACTICS	Current Status	Responsible Parties	Time Frame	Outcomes & Process Measurements	Fiscal Impacts
a. Expand number of fixed-site medication drop boxes.					
Prioritize pharmacy locations.					
Draft concept for an “adopt a box” program for sponsorship.					
b. Increase frequency of single-day drug take back events.					
c. Promote importance and availability of safe & environmentally friendly medication disposal.					
Social media campaign					
Joint statement/policy regarding preferred methods of med disposal and/or standards					

GOAL C: Promote community understanding of pain, pain management and substance abuse disorders to achieve a reduction in opioid exposure in order to reduce risk of individuals developing abuse of other medications including heroin and cocaine.

STRATEGIES & TACTICS	Current Status	Responsible Parties	Time Frame	Outcomes & Process Measurements	Fiscal Impacts
a. Launch a community informed/engaged health promotion campaign focused on prevention and destigmatizing substance use disorder, and to promote seeking treatment.					
Develop/engage a community advisory panel for campaign development					
Identify community knowledge attitudes and beliefs					
Identify/develop a social media plan					
Identify/develop a comprehensive media plan.					
Audience testing of health promotion campaign – community participatory design in the health promotion campaign					
Evaluate campaign materials and campaign impact					
b. Monitor and promote already existing community programs that focus on stigma reduction and peer support.					
Support and promote the inventory being done by COPE to have better awareness of community programs and efforts.					
Disseminate COPE in conjunction with health promotion campaign					

Promote/support COPE as a hub of community resources, support a single point of information					
c. Monitor and promote school-based initiatives to reduce illicit substance use and/or recreational drug use.					
Identify existing school based curriculums being used countywide (public and private) in order to form an inventory	Not sure what schools are doing county wide				
Assure schools are implementing evidence informed and evidence based curriculum					

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GOAL D: Assure there is adequate access to timely, affordable, and quality services for substance use disorders.

STRATEGIES & TACTICS	Current Status	Responsible Parties	Time Frame	Outcomes & Process Measurements	Fiscal Impacts
a. Expand medically assisted treatment (MAT) capacity for those with an opioid use disorder .					
Determine baseline availability of MAT	List of approved prescribers available at xx, and the number they can prescribe any of the methadone /suboxone because of DEA registration Won't be able to id # who provide vivitrol Vivitrol has other uses so not reliable			# of providers # of MAT persons who can be served (at capacity)	
Advocate for changes in the ability to bill insurance (public and private) for MAT including an expedited approval process for coverage (remove pre-authorization)	Requires pre-authorization and waiting can result in relapse, not always covered, providers can be out of network				
Educate providers MAT through the creation of a physician mentorship program	Providers may not be aware, may not have a place to send patients for counseling that goes along with meds Currently being considered by the state				
Educate consumers/families on MAT	Lack of information / misinformation				

b. Expand residential treatment capacity and funding.					
Provide stakeholder and community education about residential treatment (benefits, length, who, etc.)	Many don't understand residential treatment, simply often viewed as the fix-all. Current waitlist is 150, expansion is not a solution				
Advocate for changes in Medicaid reimbursement for residential treatment (IMD)	Medicaid won't pay if over 16 beds, state has applied for waiver, won't hear until 2019.				
Advocate for policies that support housing as healthcare	Need to create a bridge for people coming out of residential or people who don't need residential but need a place to stay while they get clean				
Advocate for safe and affordable housing for families, and people with substance use issues					
c. Reduce wait-time for admission into treatment.					
Provide data on average wait times.	Many myths surrounding the idea of wait times.				
d. Enhance care management of those identified with a substance use disorder moving from ED admission to treatment.					
e. Expand aftercare and relapse prevention initiatives, including sober housing.					
Host a sober housing symposium.	Many best practices throughout US to learn from.				

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GOAL E: Maintain and enhance availability and quality of timely data about heroine, opioids, and cocaine use, its outcomes and risk factors.

STRATEGIES & TACTICS	Current Status	Responsible Parties	Time Frame	Outcomes & Process Measurements	Fiscal Impacts
a. Assure children of Milwaukee routinely participate in the YBRS					
b. Support identification of funding to modernize toxicology testing equipment at MCMEQ.					
Identify equipment and staffing expenses					
c. Support efforts to streamline and collate data from multiple sources (OEM, BHD, MCMEQ, PDMP, etc.)					
Inventory all available data sources, including non-traditional partners.		Substance Abuse Manager			
Assure data is available from partners website or it's clear how data can be requested from those partners		All taskforce participants / Substance Abuse Manager			
Maintain /post inventory on a centralized website	Not sure who this will be	Substance Abuse Manager			
Assure relevant data included periodic assessments such as community health assessments	Consider more frequent / specialized reporting related to substance use	Substance Abuse Manager			
c. Increase frequency of data reporting made available to stakeholders and general public.					
Advocate to create open datasets wherever possible	None	Taskforce members			
Create / publish an online dashboard of key performance indicators related to substance use	Some measures on the COPE site either need to add/maintain COPE	???			

d. Support community service providers in gathering and reporting data such as narcan distribution, medicine collection or needle exchange

Talk with BHD – what are their data needs – how do we quantify access to care issues? What about treatment issues?

Talk w/Beth Collier-regarding bed count issue

Measure of success – data is available and utilized to measure goals and evaluate outcomes

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GOAL F: Enhance collaboration between community-based initiatives and government agencies.

STRATEGIES & TACTICS	Current Status	Responsible Parties	Time Frame	Outcomes & Process Measurements	Fiscal Impacts
a. Support opportunities for continued shared learning of new initiatives and best practices					
Identify a single source (website/coalition/group) to be the central clearing house for local efforts.	Light Unite Red is actively bringing together local health departments to promote each other's efforts. COPE has an ongoing inventory of local efforts.	Impact 211? Substance abuse coalition? MHD Substance abuse manager? Taskforce members to provide information			
Build capacity for community participatory design and engagement through cross discipline training opportunities	Need additional skill building				
Increase awareness across agencies/organizations of community engagement activities	Lack of coordination / communication				
b. Leverage funding opportunities through collaboration.					
Identify baseline funding within county	Not clear who gets what funds				
Utilize grant writing professionals to facilitate collaboration and enhance quality of applications.	Milwaukee County BHD has a contracted grant writer.				
c. Provide opportunities for community input.					
Ensure community voice (focus groups, advisory panels, &/or peer	Sporadic	All Task Force partners and	Ongoing		

worker, etc.) is included in every grant proposal.		those that they partner with.			

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