



# City-County Heroin, Opioid, Cocaine Task Force

Final Recommendations  
November, 2018

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## Executive Summary

The City-County Heroin, Opioid, and Cocaine Task Force (CCHOCTF) 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, Common Council File Number 161061, passed January 18, 2017).

The CCHOCTF represents multiple sectors from city, county, and state agencies and those with lived experiences of substance abuse. The CCHOCTF met regularly to gather information and create items to guide the community in addressing substance abuse. Opportunity for community comments was provided during regular meetings, and two additional meetings were held specifically for community input.

Multiple community engagement sessions occurred throughout Milwaukee County to gain insight from all stakeholders. Participants included those in active treatment or recovery, social workers, public health nurses, family members of those experiencing substance abuse disorder, researchers, community activists, educators, business owners, providers and other concerned citizens. Participants had the opportunity to share their experiences with substance abuse, discuss existing efforts, and expectations of the CCHOCTF by identifying action items. The results of this engagement are incorporated into the CCHOCTF recommendations.

The recommendations included aim to scale up response to death related to substance misuse. The CCHOCTF recommendations include the following focus areas.

1. Enhance and fund existing prevention programs to keep individuals from developing substance use disorder, including youth.
2. Reduce the number of opioid-related deaths in Milwaukee County.
3. Ensure adequate access to timely, affordable, and quality services for all people with substance use disorders.
4. 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.
5. Enhance collaboration between community-based initiatives and government agencies.
6. Improve epidemiology and surveillance related to substance misuse.
7. Support federal, state, and local policies and legislation aimed at reducing substance misuse and overdose with equitable, cost-effective, and evidence based approaches.

This document serves as a guide to develop multifaceted strategies across communities to address substance abuse. The recommendations represent a shared-vision of how stakeholders across Milwaukee should join forces to combat this public health crisis. It also highlights existing efforts throughout Milwaukee that align with the CCHOCTF recommendations.

## Letter from Co-Chairs

Dear Community Members,

On behalf of the City-County Heroin, Opioid, and Cocaine Task Force we present to you the final recommendations generated by the Task Force to turn the tide against a wave of overdoses and substance abuse in our community.

The City and County of Milwaukee is a storied community with the potential for a bright future. Its foundation is built upon a spirit of resiliency, vibrant culture, and a strong sense of community. We are also a community that faces massive challenges, particularly a public health crisis driven by substance abuse.

This is one of the most significant public health crises we have faced, and its scope and magnitude are substantial. Over the past 5 years, drug overdoses are the leading cause of non-natural death in Milwaukee County, killing over 1,700 individuals. This epidemic crosses racial, economic, and cultural boundaries, affecting every facet of our lives. It is inseparable from problems of poverty, violence, incarceration, homelessness, and mental health. As a result of the wide-ranging contributing factors to this substance abuse epidemic, any solution will require a multi-disciplined approach.

The devastating reach and impact on our community served as the catalyst in creating this Task Force. Over the past two years, a substantially qualified set of officials, health professionals, community leaders, academics, and industry experts have dedicated themselves to generating recommendations with four guiding principles.

1. This is a public health issue, and therefore solutions must be framed through a public health lens.
2. Substance abuse is a community-wide problem, which necessitates a comprehensive, coordinated approach with collaboration across the various levels and agencies of government.
3. Recommendations and strategies for implementation must be evidence-based, actionable, create accountability, and represent community input.
4. Community engagement is critical to this effort, to increase public awareness, identify missing elements, and generate momentum.

Going forward, the Task Force will utilize these recommendations to guide the development and enhancement of efforts. Additional community collaboration will be required to put these recommendations into action.

Most importantly, we want to stress that there is hope. Addiction and this crisis can be overcome. While the yoke of addiction is heavy and the challenges we face are substantial, we can begin to alleviate the burdens created by substance abuse by harnessing Milwaukee's collective power and resiliency, engaging with compassion and urgency.

Michael J. Murphy  
Alderman, 10<sup>th</sup> District

Mike Lappen  
Administrator, Milwaukee County Behavioral  
Health Division  
Co-Chair

## Overview

Focus	Recommendation
<p><i>Enhance and fund existing prevention programs to keep individuals from developing substance use disorder, including youth.</i></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Support healing programs and services for families and children impacted by the impact of substance abuse.</li> <li>• Collaborate with local medical associations to increase provider knowledge, education and use of the Enhance Prescription Drug Monitoring Program (ePDMP).</li> </ul>
<p><i>Reduce the number of opioid-related deaths in Milwaukee County.</i></p>	<ul style="list-style-type: none"> <li>• Advocate for and support provider and social networks focused on long-term recovery including those leaving the prison system.</li> <li>• Support evidence-based harm reduction strategies to decrease overdose related deaths beyond Naloxone.</li> <li>• Build community capacity to recognize and prevent overdose deaths caused by opioids.</li> <li>• Ensure substance abuse resources are deployed to high need areas of the community.</li> <li>• Support the development of policies that incentivize property owners to rent to those in recovery.</li> </ul>
<p><i>Ensure adequate access to timely, affordable, and quality services for all people with substance use disorders.</i></p>	<ul style="list-style-type: none"> <li>• Advocate for small residential treatment facility to address the needs of those receiving Medicaid.</li> <li>• Ensure access to alternative pain management therapies.</li> <li>• 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.</li> </ul>

<p><b><i>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.</i></b></p>	<ul style="list-style-type: none"> <li>• Implement restorative justice practices for those criminalized due to substance use disorder.</li> <li>* 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.</li> <li>* Advocate for and support provider and social networks focused on long-term recovery including those leaving the prison system.</li> </ul>
<p><b><i>Enhance collaboration between community-based initiatives and government agencies.</i></b></p>	<ul style="list-style-type: none"> <li>• Support a multidiscipline community led initiative to identify strategies for the CCHOCTF recommendations and oversee implementation and monitoring of community efforts.</li> </ul>
<p><b><i>Improve epidemiology and surveillance (data) related to substance misuse.</i></b></p>	<ul style="list-style-type: none"> <li>• Ensure substance abuse resources are deployed to high need areas of the community.</li> </ul>
<p><b><i>Support federal, state, and local policies and legislation aimed at reducing substance misuse and overdose with equitable, cost-effective, and evidence-based approaches.</i></b></p>	<ul style="list-style-type: none"> <li>• Develop and enforce substance abuse parity with health insurers to address the disparities amongst access to substance abuse treatment.</li> <li>* Implement restorative justice practices for those criminalized due to substance use disorder.</li> <li>* Advocate for small residential treatment facility to address the needs of those receiving Medicaid.</li> </ul>

\* Indicates a duplication due to overlapping areas of focus.

## Recommendations

### **Advocate for and support provider and social networks focused on long-term recovery including those leaving the prison system.**

Treatment is an essential stage of recovery; however, maintaining sobriety is just as critical. The CCHOCTF recommends recovery programs supporting long-term recovery including, housing supports, employment, food and nutrition, financial management, legal assistance, and peer support. Many incarcerated have never received treatment for substance use disorder. Those who undergo detox during their time in prison are more likely to overdose after leaving prison. The CCHOCTF recommends the development of aftercare relapse prevention for those leaving prison systems. *This also includes establishing partnerships amongst public and private entities.*

### **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.**

Similar to current the Department of Justice ‘Dose of Reality’ campaign aimed to prevent prescription opioid abuse in Wisconsin, the CCHOCTF recommends launching a public health education initiative focused on including Cocaine and Fentanyl and other substances of abuse.

The opportunity to prevent substance abuse amongst youth should occur throughout middle and high school. The Milwaukee County community needs more preventative efforts focused on educating youth on the risk of substance abuse and overdose prevention. The CCHOCTF recommends expanding primary prevention initiative to focus on addiction and overdose education to target 6th-12th graders.

### **Build community capacity to recognize and prevent overdose deaths caused by opioids.**

Individuals with substance use disorder or experience substance misuse are at-risk of overdosing in various settings. The CCHOCTF recommends increasing Naloxone access and training to community stakeholders with standardize community training that emphasizes calling 911. Many City and County staff service the community directly in various capacities across multiple sectors. All local governmental direct service staff should be trained to recognize and respond to an overdose with Naloxone.

### **Support evidence-based harm reduction strategies to decrease overdose related deaths beyond Naloxone.**

The CCHOCTF recommends developing and supporting distribution of rapid testing kits for drug users to test substances for Fentanyl, safe needle exchange, harm reduction messaging such as ‘Don’t Use Alone’ and others.

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

A system for detecting geographically concentrated spikes in overdoses can help provide information to ensure harm reduction initiatives are effective and efficient. With this information, resources should be deployed to specific areas of the city. Notification to partners who can respond rapidly should be sent immediately upon a spike detection. These information increases community awareness and assist with appropriate distribution of Naloxone.

**Support healing programs and services for families and children impacted by the impact of substance abuse.**

To address community and familial trauma caused by substance use disorders, support for services should aim to eliminate generational cycles of substance abuse by supporting and advocating for healing program and services.

**Support the development of policies that incentivize property owners to rent to those in recovery.**

After receiving treatment, those in recovery need to return to healthy environments. However, access to housing is limited for this population. The CCHOCTF recommends advocating to create incentives for property owners when renting to those in recovery.

**Collaborate with local medical associations to increase provider knowledge, education and use of the Enhance Prescription Drug Monitoring Program (ePDMP).**

There has been an increase in the number of providers using the states ePDMP. The number of opioids prescribed in recent years has declined (AMA, 2018). Collaborating with local medical institutions on similar programs will also aid in providing vital information to law enforcement, researchers and pharmacies.

**Ensure access to alternative pain management therapies.**

Alternative approaches to opioid medications help manage chronic pain with those co-occurring substance abuse and mental illness<sup>1</sup>. The CCHOCTF recommends approaches of treatment that reach beyond the physical source of pain but include the emotional and mental effects. This effort also aligns with the [National Pain Strategy](#).

**Develop and enforce substance abuse parity with health insurers to address disparities amongst access to substance abuse treatment.**

There is a growing need for evidence-based treatment proven to reduce illicit opioid use and overdose risk. The lack of providers that offer these services is due to limited reimbursement and access caused by health insurers<sup>2</sup>. The CCHOCTF recommends the development and enforcement of health parity focused on substance abuse.

**Advocate for small residential treatment facility to address the needs of those receiving Medicaid.**

The Institute for Mental Disease (IMD) Exclusion applies to residential substance use treatment providers. These providers, either in a single location or in the aggregate, have more than 15 beds. The IMD Exclusion was intended to keep States from warehousing people with mental illness in State operated asylums, it was never intended to prevent Medicaid participants from accessing substance use disorder treatment.

Currently Milwaukee’s local residential providers fall under the exclusion and thus Medicaid is not an available funding source for residential AODA treatment. This means the County can only fund with grants— that come with treatment priorities and other challenges and limitations. Therefore, the CCHOCTF recommendation advocacy for small residential treatment facility to address the needs of those receiving Medicaid.

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<sup>1</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/wellness\\_initiative/paw-opioid-prevention-fact-sheet.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/wellness_initiative/paw-opioid-prevention-fact-sheet.pdf)

<sup>2</sup> Mark, T. L., Olesiuk, W., Ali, M. M., Sherman, L. J., Mutter, R., & Teich, J. L. (2017). Differential reimbursement of psychiatric services by psychiatrists and other medical providers. *Psychiatric Services*, 69(3), 281-285. DOI: 10.1176/appi.ps.201700271



**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.**

The CCHOCTF should increase access to “office-based” MAT services. This approach allows physicians more accessibility to certifications. Furthermore, the strategy aligns with [ForwardHealth June Update](#). Those incarcerated experiencing substance use disorder, need treatment that is consistent with other medically oriented healthcare avenues. The CCHOCTF recommends advocacy for prisoners to receive treatment for substance abuse including MAT. Medication alone is not a sustainable approach to ensuring one’s health. MAT should be comprehensive which supportive services to ensure long-term recovery.

**Implement restorative justice practices for those criminalized due to substance use disorder.**

The 2017 Wisconsin Act 32 offers alternatives to prosecution and incarceration—including drug courts for individuals charged with certain drug-related crimes. However, this bill does not account for the thousands of individuals imprisoned for similar crimes included in the legislation. The CCHOCTF recommends advocating for expanding Treatment and Diversion (TAD) grants to include those who are currently incarcerated due to substance misuse by amending prison time for treatment.

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

To ensure recommendations are advanced into action, the CCHOCTF recommends the development of a community led initiative to identify aligning strategies. Addressing substance abuse at a community level requires a wide-spectrum of stakeholders. The CCHOCTF represent various sectors of governmental agencies, however, future efforts should include a variety of other stakeholders such as family and children advocates. The initiative should consist of community partners as strategy implementers and include a monitoring and reporting process.

## City-County Heroin, Opioid, and Cocaine Task Force

The Task Force and community deserve a sincere thank you for the professional manner in which they embarked on this massive undertaking in a collaborative spirit. The Task Force has passionately and judiciously worked countless hours with the community in creating these recommendations.

1. **Michael Murphy** Common Council President appointee  
10<sup>th</sup> Aldermanic District  
City of Milwaukee
2. **Khalif Rainey** Common Council President appointee  
7<sup>th</sup> Aldermanic District  
City of Milwaukee
3. **Jeanette Kowalik** Commissioner of Health or designee  
Health Department  
City of Milwaukee
4. **Karen Loebel** Milwaukee County District Attorney designee  
Deputy District Attorney
5. **Daniel Bukiewicz** Milwaukee County Intergovernmental  
Cooperation Council representative  
Mayor of Oak Creek
6. **Marisol Cervera** Mayoral community appointee  
United Community Center
7. **E. Brooke Lerner** Mayoral medical profession appointee  
Ph.D, Research Director  
Medical College of Wisconsin  
Department of Emergency Medicine
8. **James Mathy** Milwaukee County Executive appointee  
Administrator  
Housing
9. **Michael Lappen** Milwaukee County Executive appointee  
Administrator  
Behavior Health Division
10. **Brian Peterson** Milwaukee County Executive appointee  
Medical Examiner  
Medical Examiner's Office
11. **Christine Westrich** Milwaukee County Executive appointee  
Director  
Office of Emergency Management
12. **Michael Macias** DHHS appointee
13. **Ryan Shogren** Chairperson appointment  
Wisconsin Dept. of Justice  
Division of Criminal Investigation  
Field Operations Bureau Director

## Appendix A: Community Resources

### Milwaukee Community Opioid Prevention Effort (COPE): Opioid Overdose Prevention Activities Data and Research

#### What we have done

- Performed a systematic review of the literature to identify effective, evidence-based interventions that reduce opioid-related overdose deaths in the community.
- Developed a lay-community report on the benefits and barriers of various community-based prevention efforts.
- Worked with the Milwaukee County EMS medical director to review the current EMS suspected overdose treatment protocol to ensure it addressed the sharp increase in fentanyl-related overdose deaths that are occurring in our community.
- Provided a formal report to support recommended changes to the maximum Naloxone dose in the treatment protocol.
- Developed a pathway to explain who and how people die of an overdose to facilitate discussions with external groups as well as to assist in internal planning.

#### Ongoing initiatives

- Gather and analyze data from the various sources in the Milwaukee community to better understand this issue.
- Produce a report bi-annually on opioid-related data in Milwaukee County and disseminate widely.
- Fostering collaboration between academic and community partners to identify gaps and develop research proposals to address those gaps.

#### Community-Driven Projects

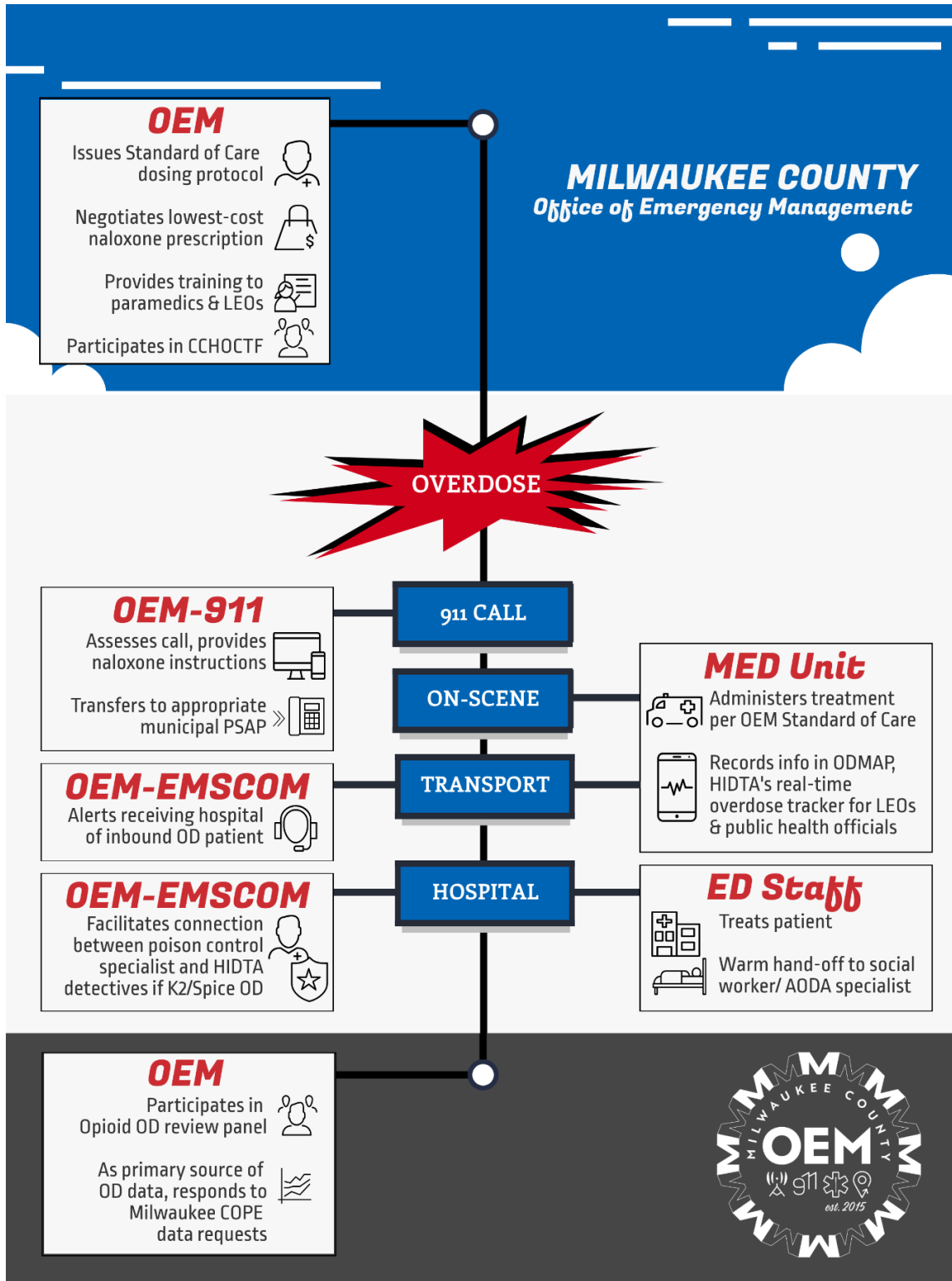
- Through collaboration with numerous individuals and organizations who are working in this field, we have identified prevention strategies and worked to implement them.
- Developed and disseminated a tool to create an inventory of community-level efforts to reduce opioid and heroin overdose deaths in Milwaukee.
- Performed needs assessment with local organizations to identify specific needs at the organizational level as well as at the county level.
- Developed a palm card and website with information about seeking help and harm reduction for families, friends, and users.

#### Communications and Media

- Maintain a Facebook page to share both local and national information about the opioid epidemic as well as other relevant materials with the community.
- Maintain a project website to share data reports and disseminate project documents.
- We have given over 30 educational presentations about the opioid epidemic in Milwaukee, including:
  1. Lectures to undergraduate, graduate, and medical students at the Medical College of Wisconsin and the University of Wisconsin,
  2. Presentations to professional groups such as the MCW Symposium for Senior Physicians and the Milwaukee Regional Research Forum
  3. Policy presentations such as to the City-County Opioid, Heroin and Cocaine Task Force, and
  4. Media interviews.

## Appendix B: Community Resources

### Milwaukee County Office of Emergency Management



## Appendix C: Community Resources

### Milwaukee County Behavioral Health Division



# Comprehensive Opiate Plan

## WHAT WE ARE CURRENTLY DOING

**Prevention**

- Evidence Based Practice Prevention
- Prescription Drug Boxes in local police stations
- Support annual DEA drug take-back days

**Early Intervention**

- Resource card for life after overdose
- Narcan nasal spray distribution for opioid overdoses to residential programs

**Recovery Services & Programs**

- Includes: anger management, bridge housing, child care, parenting assistance, peer specialist services, school and training, spiritual support, supported employment

**Treatment**

- Variety of federal, state, and grant funding sources to pay for clinical treatment for opioid dependence
- Milwaukee County residents can request a comprehensive screen for substance abuse services
- Treatment is funded by Milwaukee County, the consumer's Medicaid benefits, or a combination of the two



## TREATMENT SPECTRUM

Opioid Treatment Programs (OTPs) cut across all levels of treatment: it is a combination of medication, counseling, and behavioral therapy.

<p><b>AODA Residential (764 consumers served)</b> \$4,970,539 per year Services: clinically supervised therapeutic environment, 3 - 11 hours per individual per week</p>
<p><b>Day Treatment (57 consumers served)</b> \$33,245 per year Services: medically monitored individual or group counseling and case management with physician supervision, a minimum of 12 hours of counseling per week</p>
<p><b>Outpatient Services (784 consumers served)</b> \$464,991 per year Services: Individual, group, and/or family sessions, ameliorate negative symptoms and restore effective functioning</p>

**Unique Consumers in Treatment Services Spectrum 2017**

## QUALITY IMPROVEMENT

Culture of Continuous Quality Improvement  
NIATx Collaborative  
Matrix Model  
BHD leadership involvement in city/county opioid task force  
Overdose Fatality Reviews  
Partnership with ARCW, DMCPs, DOC, & FQHCs

<http://county.milwaukee.gov/BHD-CARS.htm>






# BHD

MILWAUKEE COUNTY  
Behavioral Health Division

## Appendix D: Community Resources

### Milwaukee County Substance Abuse Prevention Coalition



MILWAUKEE COUNTY SUBSTANCE  
ABUSE PREVENTION COALITION

#### OUR MISSION

To improve the quality of lives in our community by preventing the harmful consequences of substance use and abuse among youth, families, and the larger community.

#### WHY WE EXIST:

Established in 2011, the Milwaukee County Substance Abuse Prevention (MCSAP) Coalition is a countywide initiative with a vision of bringing together resources, wisdom, talents and passion to create a happy and healthy community. MCSAP addresses policies, practices and programs in our two priority areas: marijuana use amongst youth, and death by drug overdose.

#### OUR PARTNERS:

MCSAP includes representatives from:

- » Youth Organizations
- » Faith-based Organizations
- » Government
- » Media
- » Schools
- » Legal/Justic Systems
- » Civic Organizations
- » Health Services
- » Businesses
- » Nonprofit
- » Alcohol & Other Drug Prevention Organizations and Community Members

#### DID YOU KNOW?

- ▶ According to the YRBS, the percentage of high school students who used marijuana at least once in the last 30 days in Milwaukee County was **47% higher than the rest of the state of Wisconsin** and **37% higher than the rest of the nation**.<sup>1</sup>
- ▶ Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.<sup>2</sup>
- ▶ Marijuana users are **twice** as likely to be in a **motor vehicle accident**. They also have **lower levels of educational and employment achievement** and **lower life satisfaction**.<sup>3-4</sup>
- ▶ The prevalence of drug-related deaths in Milwaukee County continues to be nearly twice that of the rest of the state of Wisconsin.<sup>5</sup>
- ▶ Estimates of the total **overall costs of substance abuse** in the United States, including productivity and health-and crime-related costs, **exceed \$600 billion annually**.<sup>6</sup>

1. 10/4/2013, (<http://www.wellnessandpreventionoffice.org/YRBS.html>)

2. 10/4/2013

(<http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html>)

3. Asberg, Hayden, Cartwright, 2012

4. Hall, Degenhardt, 2009

5. Drug Abuse Warning Network

6. Retrieved 10/4/2013

(<http://www.drugabuse.gov/related-topics/trends-statistics>)

Want to get involved? Visit [www.mcsapcoalition.org](http://www.mcsapcoalition.org) or scan the QR code:



## Appendix E: Community Resources

### United Community Center



#### **SUBSTANCE ABUSE TREATMENT**

UCC provides culturally competent, language specific, gender responsive/specific, trauma informed, and co-occurring treatment for both men and woman. We serve people of all races/ethnicities, but specialize in addressing the needs of Milwaukee's underserved Hispanic population. UCC is the only bilingual/bicultural treatment program in Wisconsin with a complete continuum of care (Outpatient, Day Treatment and Residential).

#### **TREATMENT LEVELS**

- **Outpatient**  
Non-residential service totaling less than 12 hours of treatment per week.
- **Day Treatment**  
Non-residential service totaling a minimum of 12 hours of treatment per week.
- **Residential** \*Voluntary admissions only  
24 hour residential treatment facility.

All treatment levels feature individual, group and family counseling, mental health services for dually diagnosed clients with evaluation, treatment and an array of other services.

#### **PROGRAMS**

#### **MADRES SANAS, NIÑOS SANOS (MSNS)**

Residential treatment services for pregnant women or have minor children. Program will serve mothers, their infants and their minor children. Services extended, when appropriate, to fathers of the children and other family members of the women. Program is in partnership with Sixteenth Street Community Health Center (SSCHC).

#### **VIDA SALUD Y ESPERANZA (VSE)**

Integrated substance abuse, mental health and medical care for men and women with substance abuse and/or mental health disorders who are also at risk for or living with HIV. Program is in partnership with SSCHC.

#### **FAMILIAS SANAS (FS)**

Collaborative engagement project with SSCHC to increase participation in integrated treatment services (Medical, Mental Health and Substance Abuse Disorder).

#### **CENTRAL INTAKE UNIT**

Screening and authorization for Substance Abuse services. UCC Human Services is a bilingual intake unit from the county and can take clients by appointment or walk in.

#### **CONTACT INFORMATION**

**To schedule an appointment**  
Contact the clinic via phone or walk in:

(414) 643-8530  
1111 South 6th Street  
Milwaukee, WI 53204  
[www.unitedcc.org](http://www.unitedcc.org)  
[info@unitedcc.org](mailto:info@unitedcc.org)



#### **HOURS OF SERVICE**

Monday and Tuesday	7AM-6PM
Wednesday and Thursday	7AM-6:30PM
Friday	7AM-5PM

#### **FEES**

- No fees for eligible clients of grants or voucher programs
- Sliding Fee Scale
- Certain health insurances accepted

# **HUMAN SERVICES**

## Appendix F: Community Resources

### City of Milwaukee Health Department

**YOUTH SERVICES:**  
BOYS & GIRLS CLUBS – 414-267-8100  
CHILDREN'S MOBILE CRISIS – 414-257-7621  
COA YOUTH & FAMILY CENTERS – 414-269-8983  
DIVERSE & RESILIENT – 414-390-0444  
PATHFINDERS – 414-964-2665  
RUNNING REBELS – 414-264-8222  
URBAN UNDERGROUND – 414-444-8726  
WALKERS POINT YOUTH & FAMILY CENTER – 414-647-8200  
WESTCARE – 414-239-9359

**DOMESTIC VIOLENCE/SEXUAL ASSAULT/HUMAN TRAFFICKING:**  
SOJOURNER FAMILY PEACE CENTER – 414-276-1911  
AURORA HEALING AND ADVOCACY SERVICES – 414-219-5555  
PRICELESS INCITE – 414-750-8826  
THE ASHA PROJECT – 414-252-0075  
UMOS LATINA RESOURCE CENTER – 414-388-6500  
THE BENEDICT CENTER – 414-347-1774  
A CRY FOR HELP – 414-334-4093  
FOUNDATIONS FOR FREEDOM – 414-323-7273  
HMONG AMERICA WOMEN'S ASSOCIATION – 414-462-9031

**ADDICTION SERVICES:**  
12 STEP CLUB INC. – 414-871-0610  
AURORA ADDA TREATMENT – 414-454-6586  
META HOUSE – 414-962-1200  
NARCOTICS ANONYMOUS – 1-866-913-3837

**HOUSING:**  
REPAIRERS OF THE BREACH – 414-342-9323  
THE GUEST HOUSE – 414-346-3240

**EMPLOYMENT:**  
EMPLOY MILWAUKEE – 414-270-1700  
MILWAUKEE CHRISTIAN CENTER – 414-845-5350  
NORTHCOTT NEIGHBORHOOD HOUSE – 414-372-3770  
UMDS – 414-389-6607  
WISCONSIN COMMUNITY SERVICES – 414-290-0400  
WRTP BIG STEP – 414-342-9787

**LEGAL RESOURCES:**  
LEGAL AID SOCIETY OF MILWAUKEE – 414-727-5300

**SOCIAL SERVICES:**  
COMMUNITY ADVOCATES – 414-875-2048  
IMPACT 211 – 414-773-0211 (1-866-211-3380 TOLL FREE)  
SOCIAL DEVELOPMENT COMMISSION – 414-908-2700  
MENTAL HEALTH AMERICA – 414-276-3122 (1-800-273-8255 CRISIS LINE)  
STATE OF WISCONSIN VICTIMS OF CRIME SERVICES – 1-800-446-6564

**CONFLICT RESOLUTION/VIOLENCE PREVENTION MEDIATION SERVICES:**  
10,000 FEARLESS STOP THE BEEF HOTLINE – 414-369-2790  
TEAM HAVOC – 414-313-8290  
X-MEN UNITED – 414-519-1919  
WISCONSIN OOD SQUAD – 414-585-9511

**PARENTING RESOURCES:**  
HOME VISITING PROGRAM – 414-286-8620  
LEAD TESTING – 414-286-3521  
MILWAUKEE FATHERHOOD INITIATIVE – 414-286-5653  
MY FATHER'S HOUSE – 414-353-9015  
THE PARENTING NETWORK – 414-671-0566

**ADDICTION SERVICES:**  
12 STEP CLUB INC. – 414-871-0610  
AURORA ADDA TREATMENT – 414-454-6586  
META HOUSE – 414-962-1200  
NARCOTICS ANONYMOUS – 1-866-913-3837

**STD TESTING:**  
HOLTON STREET CLINIC – 414-264-8800  
KEENAN HEALTH CENTER – 414-286-5526  
SIXTEENTH STREET COMMUNITY HEALTH CENTER – 414-672-1353

**FOOD PANTRIES:**  
FEEDING AMERICA – 414-931-7400  
MILWAUKEE ISLAMIC DAWAH CENTER – 414-462-1998

**414 LIFE**

OFFICE OF VIOLENCE PREVENTION - 414LIFE.COM - 414-286-5468

Think Health  
Act Now!  
CITY OF MILWAUKEE  
HEALTH DEPARTMENT  
OFFICE OF VIOLENCE PREVENTION



## Appendix G: Community Resources

City of Milwaukee | Take Back My Meds Milwaukee



# CITY OF MILWAUKEE

## Prescription Drug Drop Boxes



### ✔ WHAT TO BRING?

- Prescription medications, patches & ointments
- Over-the-counter medications, patches & ointments
- Non-aerosol medical sprays, vials
- Vitamins
- Pet medications

### WHERE TO BRING?

Medications may be taken to the disposal drop boxes located inside the Milwaukee Police Department, District 2 through 7, at anytime, as well as the Milwaukee Municipal Court Monday - Friday, from 8:00 AM - 4:45 PM.

### ⊘ DO NOT BRING

- Illegal drugs
- Needles/Sharps
- Biohazardous material (containing bodily fluids)
- Inhalers
- Aerosol cans
- Personal care products
- Household waste (paint, pesticides, oil, gas)

### LOCATIONS

- **Municipal Court:** 961 N. James Lovell St.
- **District 2:** 245 W. Lincoln Ave.
- **District 3:** 2333 N. 49th St.
- **District 4:** 6929 W. Silver Spring Dr.
- **District 5:** 2920 N. 4th St.
- **District 6:** 3006 S. 27th St.
- **District 7:** 3626 W. Fond Du Lac Ave.

\*Remove all medications from packaging and bring to the Drop Box in a clear plastic baggie.

# Take Back My Meds



Go to [takebackmymeds.com](https://takebackmymeds.com) to find a drop box or postage-free envelopes near you.

**KEEP UNUSED MEDICINE OUT OF THE WRONG HANDS AND OUT OF LAKE MICHIGAN.**



medsafe



## Appendix H: Community Resources

### City of Milwaukee & Milwaukee County: Trauma Response Team



#### What is the Trauma Response Team?

The Trauma Response Team (TRT) is a partnership between the City of Milwaukee Office of Violence Prevention, Milwaukee County Children's Mobile Crisis, the Milwaukee Police Department, the Milwaukee Fire Department, and community organizations to respond to children who've been exposed to trauma or stressful experience either directly or in their neighborhoods.

**There is no cost or insurance needed to use this service.**

If your child has been exposed to a potentially traumatic event, we would like to meet with you to provide your family with support.

A member of the TRT will contact you to set up a time to meet that works with your schedule.

We can help you understand your children's reaction to the stressful experience and share ideas that can help identify and manage their behaviors after the experience.

For more information or to speak with a team member please call the  
**Trauma Response Team**  
**414-257-7621**

Office of Violence Prevention  
 414LIFE.COM  
 414-286-5468  
 1240 North 10th Street, Room 210  
 Milwaukee, WI 53205

Milwaukee County DHHS-BHD  
 Children's Community Mental Health Services  
 and Wraparound Milwaukee Program  
 9455 Watertown Plank Road  
 Milwaukee, WI 53226



*This brochure is also available in Spanish.*



This material is available in alternative formats for individuals with disabilities upon request. Please contact the City of Milwaukee ADA Coordinator at (414) 286-3475 or ADA.Coordinator@milwaukee.gov. Provide a 72 hour advance notice for large print and 7 days for Braille documents.



1318 MHD GRAPHICS

#### Experiences:

When children have been exposed to stressful situations they often react in ways that impact their daily life, which can last long after the event has happened.

#### Some types of experiences that may be traumatic include:

- Community Violence
- Domestic Violence
- Exposure to Gun Violence
- Abuse or Neglect
- Loss of a Loved One
- Bullying/Cyberbullying
- Serious Illness or Injury
- Victim or Witness of a Crime



## Appendix I: Community Resources

City of Oak Creek: Alcohol and Other Drugs Task Force

### Oak Creek Alcohol and Other Drugs Taskforce

The Oak Creek AODA Taskforce aims to increase drug and alcohol education among adolescents, teens and their parents/caregivers to prevent addiction in our community.

Are you interested in planning initiatives for the City of Oak Creek or learning about current drug prevention activities?

**Join the Oak Creek Taskforce!**

#### Meeting Schedule:

The 3<sup>rd</sup> Thursday of every EVEN Month at 2pm

All meetings are held in the Oak Creek Civic Center  
Tower Room

For more information, contact Darcy DuBois: [ddubois@oakcreekwi.org](mailto:ddubois@oakcreekwi.org)



## Appendix J: Community Resources

### Milwaukee County Department of Health & Human Services

Milwaukee County Department of Health & Human Services

**BHD** MILWAUKEE COUNTY  
Behavioral Health Division



**COMMUNITY ACCESS TO RECOVERY SERVICES (CARS)**  
**Available through the Milwaukee County Behavioral Health Division**

If you or your loved one is living with a mental health, substance abuse or co-occurring (mental health and substance abuse) disorder, find peace of mind knowing recovery is possible.

Community Access to Recovery Services (CARS) specializes in helping Milwaukee County residents like you or your loved one get connected with the resources needed to guide and support you on the journey to recovery. CARS has five main areas of focus that put you or your loved one at the center of care, while following best practices to achieve the most positive outcomes. The areas include:

- Prevention
- Access
- Treatment
- Care management
- Recovery support services

CARS's strong partnerships with trusted, local providers give you or your loved one access to treatment and recovery services that are close to home. Recovery services provide the support and education to learn how to use proven tools to take charge of your health and wellness.

**The first step on the journey to recovery**

Get started by contacting CARS for an assessment to learn which services are the best fit. There are many ways to begin the assessment process:

- Ask the behavioral health professional caring for you or your loved one to download and complete a referral form at [county.milwaukee.gov/BHD-CARS](http://county.milwaukee.gov/BHD-CARS).
- Fax completed forms to 414-454-4242.
- Call CARS directly at 414-257-8095.
- Visit or call one of CARS's community-based access point locations.

An assessment typically takes 1-1/2 to 2 hours. This in-depth screening may include questions about mental health history, drug and alcohol use, and other areas of life for you or your loved one. With this information, the CARS team and access point staff can connect you or your loved one to the appropriate programs, level of care, and services that meet your interests and needs.

**PREVENTION**

In many cases, a personal or family crisis occurs without warning. But that doesn't mean the only time to think about a crisis is in the moment it is happening. There are things that you, your loved ones and even the general public can do to help prevent a crisis.

Being more aware of, informed about and educated on mental health, substance abuse and co-occurring disorders is important for crisis prevention. That's why CARS is taking steps now to help Milwaukee County residents like you become more knowledgeable about these life challenges.

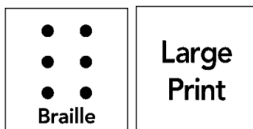
As more people have a better understanding of mental health, substance abuse and co-occurring disorders, we can reduce the stigma, shame and embarrassment often felt by those in need. This, in turn, will encourage more individuals to reach out for help before a crisis occurs.

CARS also focuses on building bridges and opportunities in communities throughout Milwaukee County, working side by side with other organizations to help improve wellness and decrease the stigma of mental health, substance abuse and co-occurring disorders.

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