

# CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE MEETING

April 21, 2017, 9:00 a.m.

In attendance:	Bevan Baker	Karen Loebel
	Hector Colon	Christine Westrich
	Ald. Khalif Rainey	E. Brooke Lerner
	Mayor CoryAnn St. Marie-Carls	Marisol Cervera

Minutes from the previous meeting were approved.

Discussion regarding developing a work plan: Need to prioritize goals, outcomes, and strategies. This is a living document, and the goals, outcomes, and strategies can be added to or changed as the Task Force works through the process.

Dr. Lerner stated the Task Force should develop lists of needs from the community and from organizations. Additional items discussed:

- Organizations have expressed their need for access to data. Accordingly, the Task Force's lists of outcomes should address the need of organizations to access data.
- Needs assessment from organizations is a tool for achieving outcomes. In a survey sent to organizations, 48 of them responded. Looking at the results can help the Task Force to identify gaps.
- As sources of money come into the state, distribution of those funds should fairly represent the needs of the organizations. Many agencies are un-funded or under-funded.
- Training for existing personnel. Training budgets are often the first to get cut, yet people in these helping professions need to be trained to maximize effectiveness.
- What is the meaning of community engagement to the Task Force? When going out into the community, the interaction must be authentic. The Task Force should listen to those who would not normally have a voice.
- Existing organizations interact with law enforcement and the courts. They need better training to access and interact with these entities.

Discussion relating to creation of work groups: All sub committees are subject to open records and open meeting laws. Additionally, members may cycle in and out of work groups.

Discussion relating to draft work plan: The Task Force needs to determine the purpose of what it is charged with and determine indicators of success. These should be measurable. The Task Force is looking at a 5-year plan for measuring its success, with the final date in 2022. Members expressed that 2022 is a long time from now and questioned the reason for such a late date when there is a sense of urgency to address the problem now. Members discussed reasons it would be difficult to reduce deaths by half in less than five years.

Atty. Loebel stated that deaths are currently rapidly rising because of the deadly nature of the synthetics that are available, and, accordingly, even stemming the tide of deaths is a challenge. She stated the Task Force cannot wait until 2022 to begin measurement and analysis, but noted that reducing deaths by half by 2022 may still be a hard goal to meet.

Dr. Lerner stated it is necessary to have short-term and long-term goals. She acknowledged that the Task Force cannot solve the entire problem within one year, and that it will take a long and sustained effort to accomplish the Task Force's goals.

Director Colon stated that a 5-year plan having yearly targets with tangible and measurable results sounded reasonable.

Dr. Baker stated this is a crisis of massive public proportions and that an academic approach is not appropriate. Instead, the Task Force should take an all-hazards approach. With an average of 300 deaths annually, even if the Task Force were to cut that by 50%, it would need to make aggressive recommendations.

Director Westrich stated that 50% seems aggressive. Realistically, a more attainable first-year goal would be to stop the increase in deaths. Currently, Milwaukee is on target to increase by 40 additional deaths per year if the trend continues. After stopping the increase, the Task Force can then address reversing the trend.

Dr. Baker stated that it is essential to invite community input. He questioned whether a 5-year goal is aggressive from a community response standpoint. He could concur with a 5-year plan if short-term goals were also made clear to the public.

Discussion related to the need for Narcan and reducing recidivism in drug treatment court. Attorney Loebel stated that recidivism is hard to define due to several aspects, including early intervention, veterans, and supervision. Drug treatment court is specific to the type of program and to individual supervision.

Ald. Rainey questioned whether drug traffic court monitored the type of drugs involved in each case.

Attorney Loebel stated that if a person is re-arrested, that information can be collected, but it is not currently collected for first-time offenders.

Dr. Baker stated it would be possible to reduce recidivism in one category and not in another. Accordingly, it is important to determine how the Task Force wants to measure recidivism.

The question was presented whether homicides and criminal action are experiencing the same rate of increase as overdose deaths and whether that data is available. The Office of Violence Prevention does not go to that level of data collection.

Discussion related to increase in funding. Our baseline right now is 0. In looking at a 1% increase each year for 5 years, 5% is too low of a goal. The Task Force should work toward Milwaukee getting its fair share of funding.

Director Colon stated that baseline data is needed. The Task Force should develop an awareness of who has what, what each organization is doing with its resources, and then leverage and align efforts.

The Wisconsin Department of Health Services has \$7.6 million based on the governor's task force. It has a focus on 12-25 year olds. However, that is not the age group most affected by this epidemic. The Task Force needs to be aggressive and clear about its needs.

Director Colon stated there is a need to ask the judiciary about drug treatment court.

Dr. Baker stated drug treatment court's capacity should improve. People should be treated instead of incarcerated.

Dr. Loebel stated court capacity should expand so services are available.

Discussion related to increasing involvement of municipalities in outreach: Mayor St. Marie-Carls stated this is on the agenda for intergovernmental relations. Other mayors agree this should be a goal.

Discussion related to "warm handoff" into treatment / detox from emergency departments: Director Colon stated there is a need for adequate treatment. There are

resource issues for residential treatment programs, and there is a need for other levels of care: outpatient, inpatient, etc. There should be collaboration for a smooth transition.

Director Westrich discussed the opioid alert system: Medics learn on the way that they are going to treat an overdose. Emergency departments should get a warm handoff right away. This should be the case for 100% of emergency departments. The Office of Emergency Management needs 100% participation.

Discussion related to increasing fixed-site drop boxes for medication. Milwaukee Police Department and private pharmacies have drop boxes. There is a need for a map of the locations and that information should be made publicly available.

[Takebackyourmedsmilwaukee.org](http://Takebackyourmedsmilwaukee.org) is a website from the state that has this information.

Ald. Rainey stated that references to cocaine seem to be largely absent from the plan and questioned who wrote it. He also stated the Task Force may need a different approach for cocaine because it is a different user.

Dr. Baker stated the plan came from member comments and that it is not the final list. It is an evolving document that can be added to. He also stated he will ensure there is a subcommittee work group to address cocaine.

Discussion relating to Narcan / Naloxone availability: Director Westrich stated the Office of Emergency Management is working on collecting data.

Dr. Baker stated there is a need for legislation and mandates to make these medications available to sectors such as schools. The question was raised regarding parental consent.

Discussion relating to enhancing community understanding of substance use disorders: Cost should be considered. There is a need for resources to promote a campaign. Any reduction in stigma requires dollars. The Task Force hopes to enhance and broaden community care in medical settings.

The State knows the capacity of methadone clinics. Community access to treatment needs to increase. Other levels of services depending on individual need should also be available.

Director Westrich discussed treatment available to people waiting in jail and questioned whether there is available data regarding current wait times. She is not aware of such data if it is available.

The expansion of after care and sober housing is hard to fund. Mostly such treatment is for-profit, private dollars. The question was raised where money would come from to make such treatment more available.

Director Colon discussed the need for public awareness regarding prevention and treatment programs.

Director Westrich discussed the need for pre-hospital care.

Dr. Lerner stated there is a need to recruit subject-matter experts to discuss cocaine.

Dr. Baker stated the need for an intergovernmental relations and funding work group to make strong recommendations for state and federal funding and allocation of resources.

Regarding reporting deadlines, May is when the first report is due. The Task Force's goal is to submit a report outlining work done to that date and to include the structure for summer meetings. For September's report, the Task Force would need to determine whether the initial charter would be extended.

Discussion regarding City-County efforts: Director Colon stated there is an opportunity to apply for a grant. The grant would involve the UWM Health Sciences chancellor. The entities could align their efforts to maximize resources, and the Task Force should look for new funding for prevention and intervention. Data collection would be done by UWM Health Sciences. The grant application is due in June. If the Task Force pursues it, the members should make it known to proceed. The UW School of Public Health has an endowment making this \$1 million grant available.

Dr. Lerner stated that if this grant meets the Task Force's agenda, then yes, the Task Force should apply.

Dr. Baker stated this is a high-risk and high-reward grant, and it seems worthwhile.

Mayor St. Marie-Carls introduced speaker Joanie Luedke, who is the founder of WAWM (West Allis/ West Milwaukee) Heroin/ Opiate Task Force, which started in January 2016. WAWM provides programming in schools. There is a Monday through Thursday day program for students and a Thursday evening program for parents. The next goal is to go to middle schools and offer incentives to the students for their parents to come. Ms. Luedke spoke at the Aurora Women's Auxiliary, and the group wants to go to businesses to educate adults. Education includes signs and symptoms to look out for.

Currently, the group is presenting in high schools, and many students have parents who are addicts. The group is awaiting approval to go into elementary schools. It also created a Knowledge is Power room, which is set up like a teenager's room and shows red flags to look out for. Ms. Luedke also discussed the need to train parole officers and CPS officers, especially with respect to making sure the adult is clean before reuniting with the child. There needs to be a cost-effective soft handoff, and information needs to be given to the family to connect them to resources. Ms. Luedke urged the Task Force to apply for the grant, noting that small groups often do not get the funds that are needed. Dr. Baker asked whether she had any information on cocaine. Ms. Luedke stated there is not as much crack or cocaine in her community, so the focus is on heroin, opioids, fentanyl, and Xanax. Dr. Baker stated there is a need to talk with treatment providers to learn what drugs are trending in real time. Ms. Luedke stated Narcan is not always the first choice in treatment for overdose. She also shared the story of her daughter, who is a recovering addict and started down that path with prescription medication. Her daughter is clean today.

Public comments were taken. The following comments were made:

- Resident believes in the principle of non-aggression, and we are in a drug war. Underlying this war is prohibition. People have the right to ingest whatever they want (that is their natural right), the government will kill a person for doing so. The state is at war with the people. The U.S. government is complicit in this. Afghanistan produces 90% of the opium.
- A member of Team Havoc and Milwaukee Heroin Diary lost four cousins in one year. Heroin is more deadly than guns. No one is going into the community and saying we have an epidemic. Where is the government addressing the community to get their input? The government is dealing with red tape. The government is not taking this seriously. It should be suing pharmaceutical companies.
- Ald. Rainey sought clarification whether the Task Force would hold community meetings. Dr. Baker affirmed.
- John Cohen, City of Greenfield Fire Chief, stated in the 70's and 80's there was a fire problem. It was addressed through fire prevention. Then they took on EMS. It was more effective than "you call, we haul." The City of Milwaukee, Greenfield, West Allis, and North Shore fire departments went to UWM to educate paramedics, but there was a lack of state legislation for the scope and practice of prevention. Legislation was recently passed. They are well positioned and trained. Dr. Cullen from the Office of Emergency Management stated their program was designed to fill gaps; it was a Mobile Integrated Healthcare 24/7 platform that sent help instead of law enforcement.

- Take Back Meds: Several organizations work together to increase collection and public education of the need for collection. Currently, they are aimed at law enforcement. Most effective program is with pharmacies, however. Walgreens has 5 and there are 2 more at Hyatt. There are only 7 pharmacy collections in the city. There is a need for funding to get more collection points. Drug companies should be compelled to provide this service. Currently, there is not enough education regarding the mail-in programs. The Task Force should address this. There is also a need for strong, long-term funding of the program. The goal should be to get pharmaceutical companies to pay for it. The City Attorney's office has decided we do not have authority to draft an ordinance pertaining to this.
- Monty Negro of the Voice of the Fatherless Child still sees no one with addiction on the Task Force. The 5-year plan says to him "put it off to tomorrow." There are a lot of issues we are not addressing. Hungry kids whose parents buy drugs instead of food. Not looking to the right places to get funding: local businesses want to fund clean-up. Take them up on it.
- Next meeting the Task Force will hold nominations for recovering addicts to select a member to be on the Task Force.
- A recovering addict with two years clean stated Teen Challenge did not have a waiting list. We as a community need to start being more efficient. Need to kill the stigma associated with addiction. Addicts are afraid to speak up. Milwaukee should step in and take off as quickly as West Allis's program.
- Dr. Carter of Westbrook Clinical and professor at the Medical College of Wisconsin trains residents in addiction recovery. He urged the Task Force to focus on engagement with community need providers and recovering addicts. There is a lot of overlap with heroin and cocaine addicts. Also mental health needs. There should be a forceful stance taken against insurers. UnitedHealthcare discontinued treatment coverage. This is outrageous. The Commissioner of Insurance should enforce insurance companies to cover addiction recovery treatment.
- The Task Force is engaged in the back end and not the front end. People start with prescriptions, most of which come from friends and family. The front door needs to be closed. The Task Force should lobby prescribers. Cartels would not be making heroin if there was not a market for it because of prescribers. There should be a focus on kids. There should be a change in the cultural mentality that if you take a pill you get better (the community needs better education regarding the danger of pills). The Task Force should not stop being aggressive.
- A recovering addict 6 months clean started drugs young, broke his ankle, and started prednisone. Then he went to street drugs. He tried to seek help and was denied for insurance. He was put on waiting lists. He sought help and was turned

down. He overdosed in 2013 and his only help came when he called 211 and said he was going to commit suicide. The only way to get help is through the suicide hotline. We are all here for the same solution.

- Is there any way to add an education component about drugs to MPS recreation programs?
- Pastor Robert Bell has been sober 5 years. He teaches at Teen Challenge and does not turn anyone away. The community needs to make places for people to come and they can get a purpose in life. Society leaves God out. Once you connect to the power, you can never go back.

Next meeting's agenda items were discussed. The bulk of the meeting will be in-depth review of goals, strategies, and tactics. Work plan items. Cocaine will have an agenda item next time. An addict with lived experience should speak next meeting.

Pharmaceutical companies should be addressed at the next meeting. The mobile integrated health task force should be included next meeting.

The meeting frequency schedule was distributed. The next meeting dates are:

May 12

June 16

July 21

August 18

Two community meetings should be held – one on the North Side and one on the South Side. Recommendation for using County facilities. The meetings should be in early summer and late summer.

Dr. Baker closed, stating the Task Force's plans are a living document. Additionally, funding is how we are able to achieve advocacy. Milwaukee should be represented by its fair share of funding. There is no shame in accepting federal funding because we all pay into it.

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