City of Milwaukee

200 E. Wells Street
Milwaukee, Wisconsin
53202

Meeting Minutes

CITY-COUNTY HEROIN, OPIOID, AND COCAINE TASK FORCE

BEVAN BAKER, CHAIR
Michael Lappen, Vice-Chair
Karen Loebel, James Mathy, Ald. Michael Murphy, Ald. Khalif Rainey, Mayor CoryAnn St. Marie-Carls, Brian Peterson, Christine Westrich, E. Brooke Lerner, Marisol Cervera, and Michael Macias

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Friday, July 21, 2017 **9:00 AM** **Room 301-B, Third Floor, City Hall**

Meeting convened at 9:09 a.m.

1. Roll call.

St. Marie-Carls joined at 9:30 a.m. during item 6, a.

Present 9 - Murphy, Rainey, Baker, Westrich, Marie-Carls, Lerner, Mathy, Loebel and Cervera

Absent 1 - Macias

Excused 2 - Peterson and Lappen

2. Introduction of new member.

Commissioner Baker commented. James Mathy, Milwaukee County Housing Division, is a new member on the task force. The division engages in recovery, residential treatment, and housing. Another new member who may join the committee today is Michael Macias, a client and patient advocate with lived experience.

Director Mathy made a brief introduction. He serves as the Housing Director. The division is in charge of all county CDBG home section 8 funds, continuum of care rental assistance, new housing first initiative, and chronic homelessness. His prior experience includes running an outpatient mental health program to address substance abuse and mental health. The County Housing Division can play a role on the task force moving forward.

3. Election of a Vice-Chair.

Commissioner Baker said a new Vice-Chair is needed due to the departure of Hector Colon from the task force and his post at the County.

Ald. Murphy nominated Administrator Lappen, who can appropriately represent the

County to lead the task force. Seconded by Director Westrich. There were no objections from those members present.

4. Review and approval of the previous meeting minutes from May 12, 2017.

Ald. Murphy moved approval, seconded by Dr. Lerner, of the meeting minutes from May 12, 2017. There were no objections from those members present.

5. Extension of task force and reporting update.

Commissioner Baker gave an update. Milwaukee Common Council file 170220 was adopted to extend the task force through February 2018 to adequately complete its work and final reporting. The extension gives time for work group tasks and anticipated community sessions to take place accordingly. The extension does not change the urgency and intensity of task force work. Quarterly reporting to the Common Council is still required, and the first one was given at the Public Safety and Health Committee meeting in June. The next quarterly report to the same committee is anticipated for September 14, 2017.

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

a. Community Paramedicine and Mobile Integrated Health (MIH)

Mark Rohlfing, Milwaukee Fire Department (MFD) Fire Chief, appeared and gave a PowerPoint presentation and overview on the MIH program.

The vision is to help create a healthier Milwaukee. The mission is to provide a path to health care for at-risk populations through proactive MIH visits. MIH healthcare and community paramedicine are synonymous. A goal is to educate and empower patients to take their health into their own hands. The fire departments can fill the gap between community nurses and hospitals, are trusted in the community, can go to places where others cannot, and know where patients are.

MFD partnered with the UW-Milwaukee College of Nursing in 2015 to train its paramedics to become community paramedics to gain additional skills. The college adopted the structures of the programs from California and Minnesota. The college is providing 120 hours of additional training for paramedics who have volunteered for the MIH program. MFD has over 30 paramedics in the program. Other municipalities have sent their paramedics through the UWM program, such as from North Shore, Greenfield, West Allis, and Wauwatosa.

There are current EMS challenges. The healthcare world views EMS as an entity separate from healthcare. Medicare, the largest single healthcare payer in the US, only covers MIH services as a transport benefit. There is legislation that has passed the State Assembly, is awaiting Senate review after the budget, has bipartisan support, aims to allow State EMS to start looking at MIH, but does not touch the Medicare issue. There are organizations throughout the US that are changing this viewpoint and are being compensated appropriately. An additional challenge is responding to gaps in ambulance insurance reimbursement, which requires patient transport and perpetuates a costly healthcare system.

MIH services target high utilizers or abusers of the 911 system, determine subgroup of patients that do not need transport to the ED through a tiered triage response, prevent readmissions, provide end of life counseling, collaboratively assess and

intervene to improve the effectiveness of treatment regimens for chronic conditions (congestive heart failure, asthma, diabetes, hypertension). MIH has been successful to reduce use of the 911 system by enrolling high users of the system. The Affordable Healthcare Act penalizes hospitals for readmissions prior to 30 days. Greenfield is working on hospice care.

There are potential savings with one comprehensive MIH model: reducing EMS high utilizers, transports, emergency room costs; make low acuity patients seek other healthcare means; reduce readmissions; reduce end of life, and reduce chronic diseases. MedStar's MIH program out of the Dallas and Fort Worth area has demonstrated great success. From 2009 through 2014, it generated a 7.4 million dollar savings in emergency room charges. Also, it generated a 1.6 million dollar savings in EMS charges through reduction in 9-1-1 use by 86.2% in a 12-month period. MedStar's MIH program is a model for the County.

MFD are currently doing a number of things. Community paramedics are visiting patients from the Community Paramedic engine house at the quarters of station 4. There are main goals on addressing the vast number of high utilizers of the 911 system, shrink the number of low acuity calls, and navigate patients to what they need versus want. The community paramedicine legislation has passed the Assembly and is awaiting public hearings before being submitted to the Senate for passage. Assembly Bill 151 passed with bipartisan support and is anticipated to be passed in the near future.

In summary MIH will reduce unnecessary BLS and ALS transports to the ED via ambulance, utilize current resources, improve public perception of MFD as a caring, forward-thinking organization, provide the citizens a medical home and best all-around care, insert itself as an integral part of the healthcare system before it is an emergency, save millions of valuable healthcare dollars, and produce a healthier Milwaukee in conjunction with HOME GR/OWN Milwaukee and the Strong Neighborhoods programs.

Fire based EMS and not specifically MIH can help with the opioid, heroin, and cocaine issue. Initial patient contact can be taken advantaged of to begin the process of ensuring consistent reliable information and giving patients information on substance abuse and recovery options, such as through substance abuse cards. Patients can be provided with resource education and literature during initial emergency contact. Point of care education can be provided to the patient and/or family and friends regardless of patient transport occurring or not. Warm hand-off to 211 or other participating recovery organizations can be provided. The goal is to institute for healthcare improvement "triple aim" of better health, better care, and lower costs.

Ald. Murphy questioned statistics on MFD treating overdosed persons, having narcan in its vehicles, advising all emergency personnel to wear gloves and respirators, including overdosed persons as part of the target patient population, the success rate and outreach to repeat offenders, and best practices with success.

Chief Rohlfing replied. The number of MFD treating overdosed persons is not as large as one would expect. He does not have that data but will find out. When identifying overdosed persons MFD has been finding that the overdosed persons are not citizens from the county, but rather are coming from outside the area. Vehicles have had narcan in them for years prior to the crisis. Gloves and respirators are being advised to be worn. There is a one-time contact to enroll overdosed persons into the program if they are repeat offenders, but they could refuse. Best practices or solutions are being talked about, but there are not too many answers right now

except community and family involvement.

Director Westrich said that OEM has data on MFD treating overdosed persons, has submitted the data to Milwaukee COPE, and will ensure its accuracy.

Commissioner Baker inquired about what legislation can be done to acquire compensation and sustainability for MIH as first responder work becomes more dangerous and complicated.

Chief Rohlfing replied. MIH was asked to be included in Medicare reimbursement but was viewed too controversial to be included in the bill. A positive sign is that the target population have costed insurance companies a great deal of money. MIH programs are going to the insurance companies and telling them about savings in costs due to MIH. The mindset is to build the MIH system and perhaps insurance companies will participate. Three insurance companies have been acquired under contract and others are being worked on to acquire. The acquired insurance companies have recognized the gap that MIH has filled. Payment will be a per-patient cost for the finding of patients and assistance in helping them to take better care of themselves. Insurance companies have difficulty in locating and contacting people due to distrust from those persons. People have been more amenable to working with MIH and fire departments. He will obtain statistics on repeat offenders who overdose and will try to find out nationally what is being done in the fire service towards the drug crisis.

Mayor St. Marie-Carls had joined the committee at 9:30 a.m. during deliberation of this item.

b. Community Opioid Prevention Effort (COPE)

Dr. Lerner gave a PowerPoint presentation and overview of current data from COPE. The data is available through the following website addresses:

www.mcw.edu/MilwaukeeCOPE
MKEcommunityopioid@gmail.com
www.facebook.com/Milwaukeecommunityopioidpreventioneffort.

COPE has been working with OEM, Wauwatosa Fire Department, Greendale Health Department, Cudahy Health Department, Greenfield Fire Department, Milwaukee Health Department, North Shore Fire and Health Departments, West Allis Fire Department, and ARCW to create informational palm cards with phone numbers and website information to get help, information, or naloxone. The cards are primarily intended for fire departments to give to overdosed persons or those seeking help in the community. The website on the card is MKEopioidprevention.org. The website provides direct links to prevention resources for the community.

Milwaukee COPE recently released its 2012-2016 data report.

Opioid-related overdose deaths have increased each year with 139 for 2011, 144 for 2012, 181 for 2013, 220 for 2014, 231 for 2015, and 294 for 2016. EMS naloxone administration, excluding cardiac arrests, for each year in comparison to the deaths were 851 for 2011, 1072 for 2012, 1107 for 2013, 986 for 2014, 897 for 231, and 1169 for 2016. EMS has been in the middle of the crisis for a long time. For every overdose death there are about 4 EMS overdose reversals.

A comparison of 2016 Medical Examiner and Milwaukee County EMS data by sex shows that EMS naloxone administration response for suspected opioid overdose

persons and opioid-related overdose deaths affected more men (64% and 65% respectively) than women (36% and 35% respectively). By race and ethnicity the data shows EMS naloxone administration response for suspected opioid overdose persons were 44% for unknown/not specified, 41% for white, 11% for black, 3% for Hispanic/Latino, and 1% other. By race and ethnicity the data shows opioid-related overdose deaths were 72% white, 19% black, 8% Hispanic/Latino, and 1% other. By age range opioid-related overdose deaths were 5 between 0-9, 5 between 10-19, 64 between 20-29, 90 between 30-39, 48 between 40-49, 60 between 50-59, 20 between 60-69, and 1 between 70-19. People in the middle of life were more apt to die. By age EMS naloxone administration response for suspected opioid overdose persons were 6 between 0-9, 27 between 10-19, 398 between 20-29, 348 between 30-39, 188 between 40-49, 183 between 50-59, 109 between 60-69, 38 between 70-19, and 22 between 80-89. EMS reaches younger age groups.

The number and percentage of opioid-related overdose deaths occurring at the victim's residence in Milwaukee County were 106 (74%) in 2012, 131 (72%) in 2013, 150 (68%) in 2014, 162 (70%) in 2015, and 190 (65%) in 2016. Consistently the deaths were in a victim's home.

Fifteen most common drug combinations attributed to cause of death based on toxicology results between 2012 and 2016 were 19% drug/other opioid, 15% heroin, 12% other drug/heroin, 7% other opioid, 4% other drug/cocaine/heroin, 4% other drug/morphine, 4% cocaine/heroine, 4% other drug/morphine/other opioid, 4% other drug/other opioid,/heroin, 3% fentanyl, 3% morphine, 2% morphine/other opioid, 2% heroin/other opioid, 2% other drug/fentanyl, 1% other drug/cocaine/other opioid, and 14% remaining combinations. Only 28% of deaths were from one drug (15% heroin only, 6% single type of other opioid, 4% fentanyl only, and 3% morphine/codeine only) and 72% were from a combination of 2 or more drugs.

Overdose deaths where fentanyl was attributed as the cause of death alone or in combination with other drugs between 2012 and 2016 were 5 in 2012, 11 in 2013, 16 in 2014, 30 in 2015, and 97 in 2016. Overdose deaths in 2016 that involved fentanyl increased to 33% from 13% in 2015.

Overdose location for opioid-related deaths and location of EMS naloxone administration response for suspected opioid-related overdose in Milwaukee County for 2016 is spread throughout and is a countywide problem. There is a little more concentrated spot in South Milwaukee and West Allis area.

Ald. Rainey questioned young children dying from overdoses.

Ald. Murphy said that children dying from overdosing are becoming an issue and questioned the trend for children who are overdosing. Perhaps fire departments should go door to door to educate neighbors to properly discard unused prescriptions, such as giving out prescription drug mail-back envelopes, in situations of an overdose at a residence similar to how fire departments are going door to door to inform and educate neighbors about fire safety due to a fire or fire death at a residence.

Captain David Bandomir, West Allis Fire Department, appeared and commented. Narcotic drugs are available in the community. Prescription drugs are just as dangerous and are on shelves just to be found, especially for children. Prescription drugs should be locked up in homes or discarded to drop off centers if not used. Substance abuse disorder can be attributed to prescription drugs. West Allis is affected by the overdose issue. Their goal is to prevent fatal overdose. They are use community paramedics to engage and get residents resources. They do have the

mail back envelopes as a resource.

Dr. Lerner commented. She does not know exactly why children are dying from overdoses, which is tragic. Perhaps it may be correlated to easy drug access and being in substance abuse environments. Getting to the underlining problem is key. In 2015 between 0-9 years of age, 6 overdosed followed by EMS naloxone administration, 5 died, and 1 survived. Everyone should educate others about properly discarded unused medicines, but the overdose problem with children is more complicated than prescription drugs being in homes. The issues needs to be further investigated.

Dr. Lerner continued with the presentation.

There were interesting statistics from the review of the Medical Examiner narratives for all 2016 opioid-related overdose deaths relative to contributable circumstances or victims' documented medical history. 42%of all deaths had resuscitation attempted. 58% were found too late to be resuscitated. About 15% of all deaths entailed the victim dying while in transport to the hospital. 84% of victims were in a residence. 64% to 72% of victims were alone at the time of overdose. 25% to 28% were not alone at the time of overdose. 10% (one-third) were thought to be sleeping at the time of death. 96% of victims had a history of a variety of substance use. Small percentages of victims had a history of previous overdose (17%) and substance use disorder treatment (24%).

Director Mathy questioned a further breakdown on overdoses or deaths at a victim's own residence, at another residence, and for those who were homeless.

Dr. Lerner replied that 60% of cases were in a victim's own home. There is a variable for homelessness in the report.

Dr. Lerner continued with the presentation.

EMS transport destinations for suspected opioid-related overdose victims who received naloxone between 2012 to 2016 were 90% to hospital emergency departments, 4.6% to the medical examiner, 5.4% with refused transport, and less than 1% other. A majority of victims are getting into the healthcare system where there are possibilities to intervene.

Commissioner Baker questioned the recidivism and death rates for those who refuse transport as well as what further harm reduction efforts can be done by first responders to save lives.

Dr. Lerner replied. The linkage of data cannot be done all the way through currently. There is a funded project with the intention to do name linkage. There is recent data from New York showing that the practice of EMS naloxone administration to those who refuse transport is safe. The issue regarding the underlying substance abuse is a philosophical one. Using emergency papers the same way for suicidal situations is not permitted, would take a legislative change, and would require that availability of resources and access to treatment are in place.

Dr. Lerner continued with the presentation.

In 2015, 424 laypeople reported using naloxone to reverse an overdose in the County. The data was collected by the AIDS Resource Center of Wisconsin (ARCW). 15% were self-reported 9-1-1 calls and 85% had no 9-1-1 calls reported. People are getting saved, but the problem is linking people into the system to give

them help. Perhaps the new HOPE legislation and limited amnesty for the user will change people's willingness to call 9-1-1. People need to have harm reduction measures, such as not using alone and possessing narcan. 2016 data had an under-estimated 192 overdose reversal attempts but shows a similar proportion of individuals (12%) reported calling 9-1-1 at the time of overdose.

Ald. Murphy added that statistics show that many people are lonely dying in their own homes.

Dr. Peterson continued.

2016 data from the Milwaukee Behavioral Health Division (BHD) - Community Access to Recovery Services shows 26% (938) of 3629 individuals, who sought assistance with a self-reported primary substance of use, reported heroin or another opioid as their primary substance of use. Alcohol is the leading drug of choice at 1162 followed by heroin (772), cannabis (720), cocaine (643), other opiates/analgesics (159), other (125), amphetamines (19), other sed/hyp/tranq (16), methadone (7), and hallucinogens (6).

Commissioner Baker commented. The data shows that alcohol is still first in terms of chemical dependency and addiction, which cannot be overlooked. As part of the opioid crisis the State needs to also address and reverse alcoholism. Having multiple OWIs before being locked up or getting treatment is not satisfactory.

Director Mathy commented. Supportive housing needs to be looked at and is a great low cost option. Many users may not be ready to receive BHD services. Getting these users into supportive housing with no preconditions has been successful with 100% of them accepting voluntary case management as a first step towards recovery.

Ald. Rainey questioned Thurgood Marshall supportive housing residents with opioid, heroin or cocaine addiction and the cost savings of supportive housing.

Director Mathy replied. The apartments are a 24-hour supportive housing for chronic persons of homelessness. The main focus is for those with chronic alcohol abuse, and data on other drug addiction is not known. The Housing First Program first annual report showed that homelessness in the County decreased by 35% in 1.5 years, which is the largest reduction in the nation presently. Service of 120 persons through Housing First produced $2.1 million in Medicaid savings and over $700,000 in savings through BHD in one year. There were drastic reduction in police calls for that population and 80-90% reduction in municipal tickets.

Ald. Murphy commented. The City has created a housing trust fund with an allocation of about $4 million in property tax dollars that has leveraged about $97 million in new construction, including Thurgood Marshall Apartments. Last week the City increased the allocation by $650,000 through leveraging with other County programs. The proposed budget by President Trump poses serious concerns. It would cut substantial HUD program money for assisted living, including the potential elimination of CDBG funds.

Dr. Lerner continued with a final summary.

Overdose deaths continued to rise in the County in 2016. For every death about 6 additional people overdose and survive. It is not known how many people surfer from substance use disorder. Over 930 people with heroin or an opioid as a drug of choice requested assistance from BHD's Community Access and Recovery Services.

This epidemic touches every sector of the County and no geographic region, race, or age group is spared. The majority of fatal overdoses involve multiple kinds of drugs with a steep rise in fentanyl-related overdose deaths. Of those who die the majority are not identified until after it was too late to attempt resuscitation or administer naloxone.

Ald. Murphy questioned the confiscation and interdiction of fentanyl in the County from the perspective of law enforcement and the judicial system. He added that carfentanyl is brought into the country after being manufactured in China and Mexico, cartels are involved, and fentanyl is being sold online with huge profits.

Attorney Loebel replied. The District Attorney office has not seen a great number of referrals for possession or distribution of carfentanyl. She has not seen much seizure of carfentanyl. The crime lab may not be able to detect small levels of carfentanyl. Some samples may have had carfentanyl but were not able to be reported. Crime lab testing is only for situations where matters are anticipated to proceed into trial.

Captain Alex Ramirez and Shaun Doyne, Milwaukee Police Department Narcotics Division and HIDTA, appeared.

Captain Ramirez commented. There have been some fentanyl and carfentanyl in overdose deaths. There have been 7 carfentanyl deaths this year alone. Carfentanyl seems to be a better product producing a better high. Interdiction efforts are being taken. Carfentanyl is sent to the crime lab if a case is pursued.

Captain Doyne commented. A challenge is determining the point that a drug is carfentanyl. Anything over 7% is lethal. It is difficult to determine the source or point of cutting, which is probably somewhere in the middle from here and the south in Mexico. There have been cases of carfentanyl being cut and portrayed as heroin.

Ald. Rainey inquired about promethazine codeine, tracking of different drugs, and strategy towards a new drug emerging.

Captain Ramirez replied. Promethazine codeine is still out there, readily available, and is sent through the mail. People travel to different states to get it. It is put into couch syrup and is very popular amongst the youth. Drug trends are recognized, followed, and reported on. The prevalent drugs are THC, cocaine, heroin, and a combination with synthetic opioids. We follow strategies to go after the mid-level and upper level drug deals. For new drugs like crystal meth we do go after those dealers to prosecute them.

Captain Doyne replied. A combination of meth and heroin is being seen much in the southern region. There was a case of meth disguised as cocaine in Kenosha County. Mexican suppliers are trying to get meth in, which can be produced more cheaply and sold more cheaply. Cases of promethazine codeine are handled through the police interdiction unit. There was a recent large seizure of bottles. There is a challenge to prosecute for promethazine.

Kathy Federico, Drug Enforcement Administration, appeared and commented. Most cases of promethazine codeine is kept at the local level and are not a part of the registered population that DEA handles with its doctors, pharmacists, mid-level practitioners, and PAs.

Dr. Lerner added that the Governor recently signed a bill to require prescriptions for cough syrup codeine.

Ald. Murphy questioned the structure or organization of gangs involved in drug operations, if MPD is thinking about users resorting to alternative street drugs due to legislation stopping pill shopping from pharmacies and restricting prescriptions, and mobile pharmacies. He added that the U.S. Attorney's Office should be contacted to seek more resources and there may be more robbery of pharmacies.

Captain Ramirez replied. It is about the money. Much money is to be made in the heroin drug trade. Some drug operations are 24 hour operations. A widespread of different groups or members from various gang groups partake in drug trade with defined roles. Street gangs may be used for distribution. It is not about the gang itself from what has been traditionally once known. The cartels are running more of the show. The distribution of drugs are fragmented and not controlled by any one of the gangs. There are illegal sales of prescriptions, and MPD does have a group to look at these illegal sales. More stringent prescriptions, such as for codeine cough syrup, may result in users resorting to cheaper street drugs. Recent legislation may lead to an increase demand for street drugs. Milwaukee is a big hub and people from outside may come into Milwaukee to get drugs. Robbery of pharmacies are investigated and tracked in partnership with others. There is regular contact with the DA and U.S. Attorney's Office on a regular basis.

Captain Doyne replied. Pharmacy robberies have increased but have tailed off recently. Due to increased prescription regulation the price of pills are going up. Prescriptions do need to be controlled. The DA does investigate doctors and can take administrative action towards doctor licenses.

Ms. Federico commented. PDMP has been out a long time. There are no consequences if doctors do not check. The issue of doctors pumping out oxycodone and promethazine are limited to the southeast region and not the rest of the state. There should not be an increase in pharmacy robberies. The recent robbery locally involved a gang. The hydrocodone and oxycodone are the big issues in the state. Oxycodone is the biggest issue for Milwaukee. DEA data is showing that Wisconsin is increasing the prescription of amphetamine. Meth is becoming more prevalent in certain areas due to the cutting of some of the supply of heroin. Her expertise is in the controlled substance pharmaceutical diversion area. Many communities have done a great job of getting to practitioners to educate their patients and not prescribing as many. DEA does have many cases of addressing and prosecuting doctors who are overprescribing oxycodone and hydrocodone or prescribing unnecessary medicines.

Ald. Murphy said education is important to stop people from getting and using drugs. Breaking the chain of demand and supply is a big issue.

Commissioner Baker commended the DA 360 program model and the collaboration between DEA and MPD.

c. SAMHSA funding and grants (OD Treatment Access, RHOP, FR-CARA)

Commissioner Baker commented on a written update from BHD. There has been some success in acquiring grants at the County level.

The Family Treatment Drug Court (SAMSHA, 2017-2022; $2,124,441) was awarded on July 12, 2017. The grant is for enhancing treatment service at the Milwaukee County Family Drug Treatment Court to address gaps in the treatment continuum for individuals who need treatment for a substance abuse or co-occurring substance abuse disorder and mental disorders while simultaneously addressing the needs of their children. This treatment will address families as a whole and gives service

direction to children under 17 years of age.

An Opioid Crisis State Targeted Response Program funding request (July 1, 2017 - April 30, 2018; $505,639) was awarded to the County on July 13, 2017 as part of the State Targeted Response (STR). The purpose of the grant is to decrease waiting lists, service denials, and other unmet needs for individuals seeking treatment services for an opioid use disorder. Milwaukee County was identified as a high-need area. People currently on the AODA transitional residential waiting list, IV drug users, and additional individuals with unmet needs will receive comprehensive treatment and recovery services over a ten-month period.

d. Wisconsin Partnership Program Community Impact Grant

Commissioner Baker commented on a written update from BHD. There was a stage one proposal for the 2017 WPP Community Impact Grant to address the opioid crisis. The BHD proposal was not chosen to move forward to stage two of the process, which was highly competitive with 23 competitive proposals. 6 were chosen to move forward. Review comments to BHD of its proposal will be available shortly, and BHD may enter a subsequent cycle.

Director Westrich added comments. OEM was part of that grant proposal. Part of that proposal included OEM implementing an app program, which will still commence forward regardless. Paramedics will begin using this app on their smartphone or tablet, as opposed to using a hand held radio, in August. The app will be fully implemented in the County by January. A feature of the app will allow one to email directly to crisis counselors at BHD to alert them of a victim or patient and make a warm handoff.

Ald. Rainey questioned involvement from the academic community.

Dr. Lerner replied. The Medical College of Wisconsin (MCW), as well as UW-Milwaukee, participated in the WPP grant application. MCW colleagues have been engaged in a number of other grants. MCW has been part of bringing groups together successfully with the WPP exception.

Commissioner Baker added that he sits on the Medical College Consortium Board and had seen more applications within the last two years for behavioral health and substance abuse grants than any other area. The academic community has been a great partner in collaboration.

e. Other

There were no other matters.

7. Work groups update.

Commissioner Baker gave a brief update. Much of the task force work would be done through outside work groups, which some meetings had been held. The narcan community understanding work group will meet July 28th. The collaboration work group will meet on July 31st. The continuum of care work group will meet on August 10th. The work groups are in the planning and resource gathering process. Perhaps at the next meeting there will be more thorough reporting out of the work groups as an agenda item.

Director Westrich said that one of the task force goals is to have 100 percent of the

law enforcement agencies within the County distribute or administrate naloxone when coming across overdose persons. The City has been doing that for over a year. Presently there is two-thirds success with 16 total police departments engaged with a memorandum of understanding with OEM. Cops are carrying narcan with them. There are 8 agencies to go.

8. Work plan update.

Commissioner Baker gave a brief update on an updated work plan draft dated June 30th. The draft continues to be an organic living document that will be further developed by the work groups and the community. The draft captures much of what has been done to date. Some of the dates for completion of goals are 5 years out and may still be a concern. The work plan will remain as an item on meeting agendas.

Dr. Lerner inquired about editing the work plan.

Commissioner Baker said that clerk staff, Mr. Lee, Legislative Reference Bureau staff, and health department staff, presently Angela Hagy, are working together to capture and integrate task force comments and recommendations into the work plan.

9. Public comments.

Dr. Gregory Kaftan, Clean Slate Center, testified. Clean Slate just opened in Glendale and is planning to open in other areas within the County.

Commissioner Baker said that Clean Slate's entry into the area is welcomed.

Justin Bielinski, Citizen Action of Wisconsin, testified. Citizen Action has a campaign that meets two of the goals from COPE. First one is providing community needs through education, intervention, and other opportunities to discourage substance abuse and increase awareness of the risks of developing opioid abuse disorder. The other one is understanding the root causes of substance abuse and creating alternative options, positive spaces, and activities for people not to begin recreational drug use. The program is called SBIRT, which stands for screening, brief intervention, referral, and treatment. The goal is to have every high school in the County do SBIRT screening. There is current dialogue with MPS administrators and board members to implement the program for 9th grade, which is the most populous grade for MPS. Anticipated costs would be at the highest $200,000 for a 2-year pilot program. Citizen Action welcomes to work with task force members and is open to make a presentation in the future. The program can be done through school staff with $200,000 in State DPI funding to train school staff. Other districts are doing it through school staff, such as West Milwaukee and West Allis. Another way to do the program is through Medicaid reimbursement for qualified persons, which would require an outside provider.

Commissioner Baker commented. The SBIRT program is a laudable but challenging goal. Perhaps a narrower pilot, through 2 or 3 schools, should be done to produce good system data to deploy the program further uniformly.

Mr. Bielinski replied that the program is open to take incremental steps with school districts.

10. Meeting frequency, dates, times and location

a. Next regular meeting (Friday, August 18, 2017)

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

b. Remaining regular meetings

Commissioner Baker said that monthly meetings have been extended through February 2018 with the extension of the task force.

c. Community meetings

Commissioner Baker commented. It would be prudent to hold community meetings in October. Arranging the community meetings would be dependent upon the progress of the work groups. The dates for these meeting will be forthcoming. October will be a busy month with the start of the City budget deliberations. Pushing past October would be challenging due to the holiday season.

11. Agenda items for the next meeting.

a. Legislation towards pharmaceutical companies

Commissioner Baker said that the idea is to talk about recouping costs despite an uphill battle with powerful pharmaceutical lobbying.

b. Local physicians' response

Commissioner Baker said that local physicians are a key part of task force work and there is support from many of them.

c. Other

Dr. Lerner inquired to obtain more presentation or information on cocaine use.

12. Adjournment.

Commissioner Baker gave concluding remarks. There were 11 bills recently signed by Governor Walker to combat the State's opioid epidemic. A charter school would be established for recovering addicts, which shows how severe the epidemic has become. $63,000 a year would be given to hospitals who hire more doctors specializing in addicting. More providers are needed upstream. Two or three regional opioid treatment centers would be established in a special session of the Assembly. Prescriptions would be required in all cases of codeine and similar drugs. There are many more measures that would result from the bills. The battle against this issue ultimately requires partnerships between all levels of government, bipartisan support, a fair share of federal funding to the County, and more support to those in the trenches (physicians, treatment providers, and law enforcement).

Meeting adjourned at 11:03 a.m.

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

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

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

161554 Communication relating to the activities of the City-County Heroin, Opioid and Cocaine Task Force.

Sponsors: THE CHAIR