

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

January 19, 2018, 9:00 a.m.

In attendance:	Michael Lappen	Christine Westrich
	James Mathy	Brian Peterson
	Michael Murphy	Khalif Rainey
	CoryAnn St. Marie-Carls	E. Brooke Lerner
	Karen Loebel	Marisol Cervera

After roll call, Ald. Michael Murphy was nominated and confirmed as chair.

The previous meeting's minutes were reviewed and approved.

Discussion was held regarding the work of the Task Force. It was noted that there has been a quorum challenge; nevertheless, ample work and collaboration have been done.

Michael Lappen stated that housing is an issue, and the Behavioral Health Division has issued an RFP for initiatives related to housing. The County received a grant to expand drug treatment court and State funds to expand beds for drug treatment. Vitriol shots are being provided for released inmates. The County plans to work with Oxford House, which is sober housing based in Maryland. The County hopes to see approval and expansion of this program, which would provide another level of housing and support. The County has purchased nasal Narcan, received a grant for an opioid death investigator, and is working with the behavioral health mail back program. Mr. Mathy is working to expand treatment housing.

Brian Peterson stated that Fentanyl overdose has doubled. Fentanyl and heroin are the top opioid overdose drugs. The County is hiring another forensic analyst, toxicologist, and chemist to decrease turnaround time.

Christine Westrich is working with the Office of Emergency Management to get paramedics to alert hospitals of incoming overdose patients for a warm handoff. This will help to keep hospitals accountable. DCI and DOJ are working to get an Overdose Map, which allows first responders to log an overdose that has happened in a location and to get an accurate record of where overdoses are occurring. This is paid for at the federal level. There is an grant for unscrambling data to establish the journey of a patient and identify where the gaps are through the system. There are Narcan MOUs with law enforcement agencies in the County, including campus police and state police, which allows cops to administer Narcan.

Dr. E. Brooke Lerner stated that Milwaukee COPE has a data report to allow access to deaths and overdose data from many sources. Groups contribute to needs assessment and contribute the basis for the work plan. She has been working on a website for people who are concerned about loved ones using opioids. The website offers links to information. A palm card contains information including phone numbers and the website, which is a good resource for giving people looking for helpful information.

Ald. Murphy stated the City budgeted \$25,000 to contribute to Dr. Brooke Lerner's work and another \$50,000 for a public education campaign and purchase of equipment to get help in a timely manner. It is important for the community to know that the City and the County are working together on this issue. There is recognition that the County has a difficult budget, and some federal money is drying up.

Robert Miranda from ADVOCATE presented, along with Amy West, clinic administrator at West Grove Clinic, and Jean. There are concerns regarding the way insurance companies are treating the issue. United HealthCare is undermining IOPs. Last summer United HealthCare decided to no longer cover intensive patients. These patients were forced to either change insurance companies or drop treatment. Two months later, United HealthCare reinstated coverage, by which time it was too late for many patients. Now United HealthCare has changed its policy to limit the number of times treatment providers can administer urine drug screens to only 18 times per year. Treatment providers need to test patients on a regular basis, and this limits what type of care patients can receive. This is a strict policy with regard to who can get access to treatment. Authorization for treatment is very detailed and cumbersome, sometimes it takes up to one hour for authorization. Providers have been told that if patients were there for alcohol treatment, they could get approved with just a code instead of the arduous process for opiate addiction. Ald. Murphy stated the Task Force can send a letter to the head of United HealthCare. Mr. Miranda stated this is the only insurance company making treatment so difficult. He requested that the Task Force invite United HealthCare to come to the next Task Force meeting.

In reviewing the work plan recommendations, Angie Hagy introduced Tiffinie Cobb, who will take over the work plan. Ms. Hagy stated the current draft is rough. Ms. Cobb needs feedback from the committee on goals. The members need to state whether the goals are in alignment with the objectives and whether the measures are achievable. Additionally, individuals need to be assigned to the tasks that need to be accomplished. How is the Task Force going to implement the plan? How will members report on progress? What is the structure for oversight? Ald. Murphy will work with the Medical College to determine whether Dr. E. Brooke Lerner will take over oversight.

Michael Lappen stated that when the Task Force dissolves, ongoing work needs to involve people with lived experience. Mr. Lappen has community connections to provide people to talk to about lived experience.

Another component that needs to be addressed is child welfare in the foster system. The Sojourner Truth House and nurses from Children's Hospital have stated that more than half of the children coming to Sojourner Truth House are from parents who are addicted. How can this be addressed through the foster care system? There are not enough people who are willing to take on the role of foster parent. There needs to be a campaign to encourage people to take on the role of fostering kids.

Public comments were taken.

Lieutenant Doyne spoke regarding a recent major drug bust, which stopped the flow of illegal drugs into the high-intensity drug-trafficking area. This will have a short-term effect, but someone else will move into the gap left by the drug bust. As long as there is money to be made in drugs, and as long as there is a profit, there will be drug sales. Opioids come mostly from China and Mexico and the dark web. The Fire Department had statistics on how many saves it has completed through administering Narcan, and these are all first-time saves. The question was raised whether Milwaukee has yet plateaued. With Fentanyl, many times several shots of Narcan are needed to save someone from overdose. MPD is now carrying more Narcan. One does is not enough. John Richards' takeback program should have some effect on getting these drugs off the street. Also, the overdose map with time mapping maps fatal and nonfatal overdose, which is helpful information to track.

Elizabeth Collier announced two two-day conferences: an opioid and trauma conference and an opioid forum that includes overdose map training. The State is trying to meet the needs of Milwaukee at these conferences. Also, there is a grant available for expansion and implementation programs.

Paul Mossina spoke regarding the drug war and prohibition's effect on these deaths. His cancer came back and instead of being allowed to use medicinal marijuana, he was prescribed Oxycodone and told the next step is Fentanyl.

Anna Veloz has a clinic that she wants to be part of the solution. Her clinic is one of four that survived several changes in policy. It is the only clinic east of Holton and has been servicing the community for 20 years. No county audits show non-compliance, but yet her clinic is not listed as a resource. She is concerned about the long wait lists for treatment programs, and her clinic could service the needs.

Raphael Mercado stated it is nice there are grants for future work, but wants to know what is being done now to help the inner city, where there are the highest mortality rates. He hopes that the work does not dissolve with the dissolving of the Task Force. Who is monitoring sober living houses? Why is the Task Force not looking at resources that are already in Milwaukee instead of looking to Maryland? What good will suing pharmaceutical companies do? We need psychologists and psychiatrists in the schools instead of guidance counselors. There is a high that dealers get from drug sales. People need mental health treatment. Churches and community groups need to be involved in solutions to the epidemic.

Greg Caftan stated people get more drugs after Narcan. There is not a lot of research about what happens after overdose. If people get treatment started in the emergency room, there is a 75% chance of follow up. If they are just given paperwork, there is only a 20% chance they will end up in treatment. How can we increase treatment in the ER? How can we increase Suboxone? Mr. Lappen stated the County is getting Vivitrol to released prisoners. Mr. Caftan stated this is a different population. Prisoners have been clean. Only ER doctors can administer Suboxone to overdose ER patients.

Ald. Murphy stated the Task Force is not set up to take on the Drug War, but it is taking Mr. Mossina's comments seriously. Ald. Murphy introduced legislation to change marijuana possession from felony to misdemeanor. This is an issue of strong debate in the country. The Task Force is not ignoring the problem, but it is not the appropriate forum for changing legislation, which is better done at the State and Federal level.

The next meeting will be February 9.

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