

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

Date: December 3, 2021

To: Marcelia Nicholson, Chairwoman, Milwaukee County Board of Supervisors

From: Alderman Michael Murphy, City-County Heroin, Opioid, and Cocaine Task Force (CCHOCTF) Chairman and Behavioral Health Division  
Administrator Michael Lappen, MS, LPC, CCHOCTF Vice-Chairman

Subject: **CCHOCTF General Update on Current Initiatives and Next Steps**

File Type: Informational Report

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**REQUEST**

To provide the Milwaukee County Board of Supervisors with an informational report on the activities of the CCHOCTF

**BACKGROUND**

The CCHOCTF (Task Force) was established by the Milwaukee Common Council on January 18, 2017, with Resolution 161061. Over the course of about a year, the Task Force assembled representatives and stakeholders and held a series of public events to inform the collective actions and Task Force recommendations, which were formally released on December 18, 2018.

Initially intended to be a time-limited body with the singular purpose of generating recommendations for addressing the epidemic of Substance Use Disorder (SUD) related overdose deaths in Milwaukee County, Task Force meetings convened a robust group of passionate stakeholders who were regular participants in Task Force events. These stakeholders included a diverse group of community members, including people with lived experience and their families, SUD providers, and others who recognized defeating this epidemic would require significant collaboration and policy change on all levels.

With the release of the Task Force recommendations, positive momentum achieved in collaborative and grant funded efforts to reduce overdose deaths, and expansion of prevention and awareness efforts community wide, these stakeholders very publicly insisted in early 2019 that the Task Force remain in place and meet at least quarterly. The call was to maintain a public forum to monitor progress on the implementation of the Task Force recommendations and the other projects it inspired, and to continue to channel public feedback into action at the local, state, and federal level. There continued to be significant participation from both community members and elected

officials. There were enhancements in programming and services, including a collaboration for following up with those who had recently experienced an overdose (where Narcan was deployed) offering them immediate services, a significant expansion of safe and sober housing options with the establishment of a number of Oxford Houses in the Milwaukee community and funded by the Milwaukee County Mental Health Board, and many significant collaborations around prevention and awareness events throughout the community.

Like so many things, the COVID19 pandemic significantly impacted Task Force meetings and community participation. The loss of several key members created quorum issues, which made regular meetings difficult in 2020 and early 2021. At this point, the Task Force membership includes twelve representatives from City/County local government along with treatment providers. There is one vacancy. At our most recent meeting on September 20, 2021, (minutes from this meeting are included as **Attachment A**) a new member was introduced: Selahattin Kurter, MD, a Psychiatrist practicing addiction medicine in Milwaukee. He has been very active with the Task Force since the beginning.

There was discussion about the state of Task Force recommendations (**Attachment B**) and collective efforts of the past two years, a number of opportunities for expansion of proven efforts, and a call to action for areas where the Task Force might impact policy and move the needle on interventions directly impacting the Milwaukee community and reduce overdose deaths. The next meeting is anticipated for January 2022.

### **ALIGNMENT TO STRATEGIC PLAN**

The Task Force efforts to collect community input into its recommendations strongly aligned with the concept of creating intentional inclusion. Several well-publicized sessions were held in public spaces and included a meal for participants during the evening sessions. Stakeholders, public officials, and people with lived experience were able to choose areas of interest where they contributed meaningfully to the final Task Force recommendations. Additionally, pre-pandemic, a diverse and passionate group emerged who regularly attended meetings and provided ongoing comments, feedback, and calls to action. We hope to see a return of these active participants in 2022.

The Task Force has “bridged the gap” in rallying state, local, non-profit, and community stakeholders around the challenges of the Substance Use Disorder epidemic, reducing stigma in seeking services, expanding resources in underserved neighborhoods, and for those living with a substance use disorder who have historically had limited access to high quality Alcohol and Other Drug Abuse (AODA) treatment, safe and sober housing, and opportunities to fully realize an individual recovery. Finally, the Task Force efforts have led to an expansion of community services and assertive overdose prevention efforts especially enhancing collaboration around substance use prevention and awareness efforts, stigma reduction, and policy reform that expands sustainable AODA services to Milwaukee communities where the majority of residents are people of color.

### **FISCAL EFFECT**

The report is informational only and has no fiscal impact.

### **TERMS**

As there are no contracts associated with this report, there are no contract terms to report.

### **PREPARED BY:**

Michael Lappen, Administrator, Behavioral Health Services, Department of Health and Human Services

### **APPROVED BY:**

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

### **ATTACHMENTS:**

- (1) **A** CCHOCTF September 20, 2021 Meeting Minutes
- (2) **B** CCHOCTF Final Recommendations

cc: County Executive David Crowley  
Sup. Felesia Martin, Chair, Health Equity, Human Needs, &  
Strategic Planning Committee  
Mary Jo Meyers, Chief of Staff, County Executive's Office  
Kelly Bablitch, Chief of Staff, Milwaukee County Board of Supervisors  
Janelle M. Jensen, Legislative Services Division Manager, County Clerk  
Steve Cady, Research Director, Comptroller's Office  
Pam Matthews, Fiscal & Management Analyst, DAS  
Lottie Maxwell-Mitchell, Research & Policy Analyst, Comptroller's Office

# ATTACHMENT A



## City of Milwaukee

200 E. Wells Street  
Milwaukee, Wisconsin  
53202

### Meeting Minutes

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

**ALD. MICHAEL MURPHY, CHAIR**

**Michael Lappen, Vice-Chair**

**James Mathy, Ald. Khalif Rainey, Marisol Cervera, Ryan Shogren, Daniel Bukiewicz, Ken Ginlack, Cassandra Libal, Jamaal Smith, Michael Wright, and Selahattin Kurter**  
**Staff Assistant, Chris Lee, 286-2232, Fax: 286-3456,**  
**clea@milwaukee.gov**  
**Legislative Liaison, Tea Norfolk, 286-8012**

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Monday, September 20, 2021

1:00 PM

Virtual Meeting

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**This is a virtual meeting. Those wishing to view the proceedings are able to do so via the Internet at <https://city.milwaukee.gov/cityclerk/CityChannel>.**

**1. Call to order.**

*The meeting was called to order at 1:05 p.m.*

**2. Roll call.**

*Present 10 - Murphy, Lappen, Mathy, Hutchinson, Kurter, Libal, Ginlack, Smith, Shogren, Bukiewicz  
Excused 1 - Wright  
Absent 1 - Rainey*

**3. Committee membership introductions.**

*Member Kurter introduced himself as a board certified addictionologist and psychiatrist, born and was raised in Milwaukee, went to UW-Madison, completed his residency at the Medical College of Wisconsin, worked predominantly with patients suffering from heroin and other addictions, had a clinic on 100th St. and Capitol Dr. with a multi-disciplinary team of therapists and other psychiatrists, seeing a rise in overdose deaths and fentanyl deaths, and wanted to lend to the committee and community at large his expertise and knowledge base.*

**4. Review and approval of the previous meeting minutes from May 5, 2021.**

*The meeting minutes from May 5, 2021 were approved without objection.*

**5. Review or updates on City-County programs, initiatives, grants, efforts or activities.**

*a. Milwaukee Overdose Response Initiative (MORI) update*

*Appearing:  
Aziza Carter, Milwaukee Health Department*

*Captain David Polachowski, Police Department*

*Ms. Carter gave an update. The MORI grant extension was ending at the end of September. There were enough funds to spend for Milwaukee Fire Department salary and other expenses.*

*Chair Murphy questioned the metrics on the number of people redirected to treatment under the MORI program.*

*Captain Polachowski replied that the numbers were decent from August to September and would gather and provide further information.*

*Chair Murphy requested for a formal report regarding successful diversion and referral to treatment data based on year-to-date. He added that the Common Council, under his request, approved legislation to dedicate settlement monies from big pharma companies to augment the MORI program, Milwaukee Health Dept., or other initiatives addressing opioid overdose and deaths. The City Attorney would reveal when and how much money would be made available.*

*b. Overdose Public Health and Safety Team (OD-PHAST) update*

*Appearing:*

*Constance Kostelac, Medical College of Wisconsin*

*Sara Schreiber, Milwaukee County Medical Examiner's Office*

*Amy Parry, Medical College of Wisconsin*

*Ms. Kostelac, Schreiber, and Parry gave an update.*

*MCW was awarded a 3-year County-level grant through the Medical Examiner's Office from the Bureau of Justice Assistance for the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). The program was focused on preventing overdoses and fatal overdoses, and multi-disciplinary partners were brought together to form OD-PHAST. The team was composed of the Overdose Fatality Review Team (OFR) and Data Strategy Team (DST) with the shared goal to develop and implement recommendations to prevent future overdoses. OD-PHAST's capacity building included expanding the role of the Community Resource Dispatcher to include interviews with next of kin, adding a toxicology staff member (laboratory technician) at the Medical Examiner's Office to increase capacity to deliver timely toxicology findings, and connecting with the Milwaukee Community Justice Council's Executive Team to expand capacity for recommendation implementation.*

*Drug death data for Milwaukee County through early September show 78% of 2021 confirmed deaths involved fentanyl alone or in combination with other drugs. Total drug deaths, narcotic deaths, fentanyl related deaths, cocaine related deaths, gabapentin/pregabalin deaths, and methamphetamine deaths have risen in recent years. Heroin related deaths have decreased over recent years. There were 375 confirmed fatal overdoses from January to August 2020. For the same time span for 2021, there was a 8% increase with 405 total fatal overdoses (306 confirmed and 99 pending toxicology). Every month for 2021 so far saw an increase of overdoses when compared to the same months for 2020.*

*From 2016 to 2020 total drug deaths increased by 59%, and drug deaths involving fentanyl increased by 322%. The percentage of deaths involving fentanyl and other*

*specified substances showed a decrease in no other specified substances from 53% in 2016 to 39% in 2020, a decrease for heroin from 36% in 2016 to 20% in 2020, an increase for cocaine from 25% in 2016 to 43% in 2020, and increases for gabapentin and methamphetamine from 0% in 2016 to 10% and 6% respectively for 2020. The percentage of deaths involving fentanyl by age group showed an increase in 2019 and 2020 for 50-54 age group. The percentage of deaths involving fentanyl by sex consistently show males between 70-74% and women for the remainder. The rate per 100,000 of deaths involving fentanyl by select race and Hispanic ethnicity groups showed increases for white, black, and Hispanic from 2016 (12.3%, 8.8%, 8.8%) to 2020 (50.9%, 44.4%, 25.2%) respectively. The percentage of deaths involving fentanyl by age group were highest in the 55-59 (17%), 50-54 (14%), and 45-49 (14%) age groups among black individuals; 35-39 (20%), 30-34 (15%), and 25-29 (15%) age groups among Hispanic individuals; and 30-34 (18%), 25-29 (16%), and 35-39 (15%) age groups among white individuals. In summary of age distribution by race/Hispanic ethnicity among deaths involving fentanyl showed 56% of black individuals were age 45-64 years, 50% of Hispanic individuals were age 25-39 years, and 50% of white individuals were age 25-39 years. Based on deaths involving fentanyl by incident and resident zip codes, 95% of decedents were residents of Milwaukee County. Zip codes 53215 and 53204 have the highest rates. Concentration of overdoses compared to drug treatment counseling by Milwaukee County zip code show that drug treatment counseling is not properly align with the zip codes with the highest concentration.*

*OD-PHAST's guiding principles included the shared goal (North Star) of reducing overdoses in Milwaukee County, recognizing substance use disorder as a chronic, treatable disease, using multi-sector data responsibly to inform response strategies, and sharing accountability for reducing overdoses. For overdose prevention, SWOT primary themes included funding, data sharing and collaboration, criminal justice, access to treatment and support services, and stigma. There were additional SWOT themes identified regarding strengths, opportunities, weaknesses, and threats. An important strength theme was creating and launching a public facing overdose dashboard in the near future which would make more data available on a regular basis. An important opportunity theme was the need for peer support specialists to engage more people in treatment. Some important weakness themes were to see peer support specialists as experts, be paid a living wage, getting hospital systems to be involved in efforts like OD-PHAST. A threat theme was prioritizing the timely identification of drug trends.*

*DST priorities of note included building capacity on the DST to share important information across sectors, bringing in additional partners where significant gaps exists, and identifying treatment and recovery resources and gaps in access based on location and insurance coverage.*

*Some sample recommendations from OD-PHAST included making fentanyl test strips more readily available to ensure individuals are aware of the presence of fentanyl in substances they are considering for use, investigating the co-occurrence of cocaine and fentanyl in overdose incidents in Milwaukee County to tailor prevention and intervention strategies.*

*There were two local recommendations with recent implementation plans: persons who are incarcerated should be trained in administration of and equipped with naloxone prior to release from incarceration and support efforts to utilize community paramedics to follow-up with individuals who have left treatment prior to agreed upon discharge between patient and provider.*

*Chair Murphy inquired about recommendations to increase services in the two zip codes seeing the most overdoses.*

*Member Kurter said that the availability of treatment facilities were in areas surrounding those areas most in need, he hoped that the availability of treatment facilities would increase in those areas most in need of them, there needs to be better warm handoffs between hospitals and clinics concerning patients.*

*Ms. Kostelac, Schreiber, and Parry replied. An emphasis would be to educate the communities that have resisted treatment facilities of the benefits of having such facilities in their communities. They were working on establishing timelines and accountability and would provide further updates to the task force regarding successes and challenges.*

*Chair Murphy said that the metrics presented were important in formulating strategies and determining how to address different populations based on ethnicity, age, and sex; there should be the identification of responsible parties, accountability determined, and timelines established relative to recommendations implementation; he would like information on the programs and funding needed to carry out recommendations in order to help fund them with the anticipated big pharma settlement dollars; the Milwaukee Health Department Commissioner be present at future meetings; the City proper has not allocated enough resources to address overdose deaths, which have surpassed deaths from homicides and car accidents combined; and the big pharma settlement dollars would go a long way to rebalance the priority to combat overdose deaths.*

*c. Support for legalizing fentanyl test strips*

*Appearing:*

*Senator Lena Taylor, Wisconsin State Senate, District 4*

*Supervisor Sylvia Ortiz-Velez, Milwaukee County Board of Supervisors, District 12*

*Aziza Carter, Milwaukee Health Department*

*Senator Taylor said that a bipartisan bill to legalize fentanyl test strips would be pushed through the upcoming State Senate and Assembly sessions and support from the task force as well as other entities (such as Milwaukee Fire Department, Milwaukee Police Department, Mayor) was sought.*

*Sup. Ortiz-Velez said that the test strips would detect fentanyl in substances prior to use; be a crime prevention tool; give people a choice; and assist medical professionals, law enforcement, Department of Corrections, and aftercare.*

*Members inquired about the State hearing dates on the bill, the test strips not being FDA approved, federal funds to purchase the test strips, and the legality of the test strips.*

*Sup. Ortiz-Velez replied that the dates were forthcoming, the task force would be informed of those sessions, and that there was ARPA funding available from the President Biden administration.*

*Senator Taylor replied that there may have been pilot programs, and she would look further into the FDA approval status.*

*Chair Murphy said that he would put in legislation to support the bill, request the City's Intergovernmental Relations Division to lobby to the State, the City funded the Health Department for harm reduction, and the Health Department was purchasing and distributing test strips.*

*Ms. Carter said that the Health Department did purchase a large supply of test strips, have distributed between 500-800 strips, was still working on distribution, has met some hesitancy from organizations who were wary of the risk and legality associated with the strips, 6000 test strips were purchased, there was still supply available, clients were made aware of the supply by word of mouth, coordination for distribution would be made on distribution, and an inquiry may have been made to the City Attorney's Office on the legality of the strips.*

*Senator Taylor added that the hesitancy was due to fear of prosecution for distribution, but there would be no prosecution once the bill was passed.*

*Chair Murphy said that he would like to follow-up on the legality of the test strips with the City Attorney's Office and further Health Department metrics on the distribution of the test strips.*

*d. BHD programs.*

- i. Prevention and treatment services*
- ii. Oxford House*
- iii. Near-term opportunities*

*Vice-chair Lappen gave an update as follows:*

*BHD has been expanding its awareness campaigns through media events, advertising with billboards and bus shelters, and numerous brochures. A constituent's testimony regarding his daughter's heroin and fentanyl overdose at a recent County Executive budget public listening session a few weeks ago was an example that there had not been enough awareness done. Stigma was an ongoing challenge. BHD has access clinics (East and South) available for walk-ins regarding substance abuse issues. BHD has a provider network with access points (virtual and in-person services) for people to get connected to services at no costs. The County had the Community Access to Recovery Services (CARS), Crisis Intervention Services, and MAT: Behind the Walls programs. There was narcan direct provider list with contact information.*

*The Oxford House program was expanding. There were 6 houses (2 for females and 4 for males) in the Milwaukee area with a total of 44 beds. Occupancy rate was about 80%. One of the house has been down due to a fire. An Oxford house in Ald. Murphy's district was able to improve relations with the neighborhood and seen as a positive through the house's volunteerism in doing landscaping and cleaning up around the area. Stigma of these homes was an ongoing issue, and finding sites continues to be a challenge. 5 additional homes are anticipated for this year with BHD funding \$150,000 for the development and legal teams for the homes.*

*MAT: Behind the Walls was a successful program in the House of Corrections that assists with vivitrol administration and warm handoffs to treatment support services for incarcerated persons. Further data and outcomes from MAT: Behind the Walls can be obtained in the future.*

*Other residential substance abuse programs became possible with the Medicaid benefit coverage expansion, which has changed the landscape for the County. Medicaid programs are able to get funding. There should be more active advocacy for the expansion of treatment services like safe and sober housing, outpatient clinics, and other forms of housing services. There were ongoing challenges to site acquisition for these programs unfortunately.*

*There was the new Hub & Spoke Health Home clinic by Wisconsin Community Services (WCS) on the north, central side of the City. The clinic helped with coming up with recovery plans for people, make connections, and focus on the global health of participants. Perhaps a presentation from WCS could be made at a future meeting.*

*BHD continued to work with the Milwaukee Health Department Commissioner on collaboration. There was collaboration to submit ARPA requests to advance prevention awareness campaigns. There was an idea to also provide information on substance abuse treatment services and suicide prevention when MHD does its door-to-door campaign for violence prevention or vaccination purposes.*

*Informing and spreading the word to the community regarding all the many BHD services and programs available was an ongoing need.*

**6. Public comments.**

*There was no public testimony.*

**7. Agenda items for the next meeting.**

*To be determined. Agenda suggestions to be forwarded to clerk staff and chair Murphy.*

**8. Set next meeting date and time.**

*To be determined for the next quarter.*

**9. Adjournment.**

*The meeting adjourned at 2:17 p.m.*

*Chris Lee, 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>.**

# ATTACHMENT B



## 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
<i>Enhance and fund existing prevention programs to keep individuals from developing substance use disorder, including youth.</i>	<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>
<i>Reduce the number of opioid-related deaths in Milwaukee County.</i>	<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>
<i>Ensure adequate access to timely, affordable, and quality services for all people with substance use disorders.</i>	<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> </ul> <p>* 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.</p> <p>* Advocate for and support provider and social networks focused on long-term recovery including those leaving the prison system.</p>
<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> </ul> <p>* Implement restorative justice practices for those criminalized due to substance use disorder.</p> <p>* Advocate for small residential treatment facility to address the needs of those receiving Medicaid.</p>

\* 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 Office of Emergency Management 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

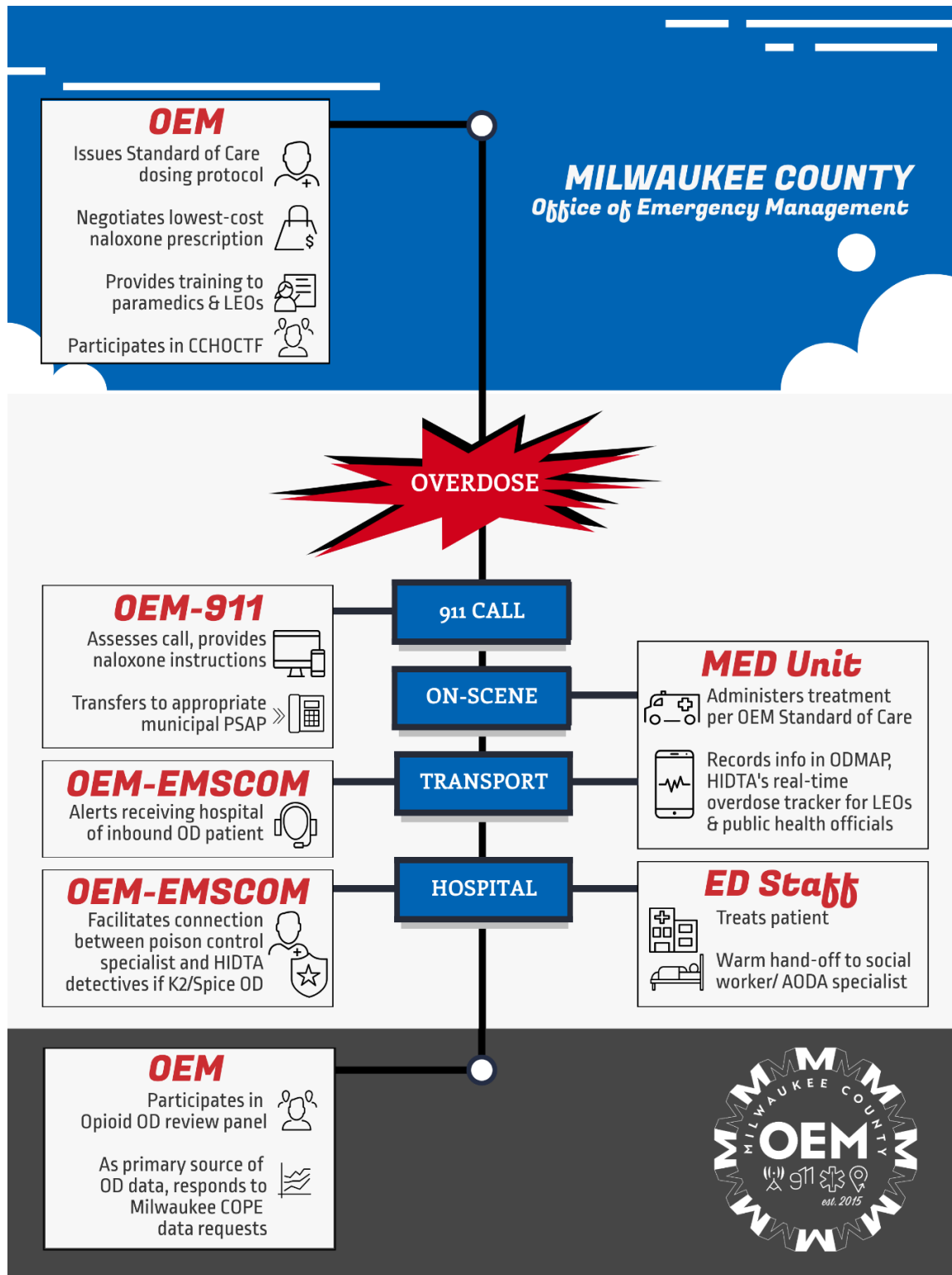
- Through collaboration with numerous individuals and organizations who are working in this field, we have identified prevention strategies and worked to implement them.
- Developed and disseminated a tool to create an inventory of community-level efforts to reduce opioid and heroin overdose deaths in 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.

<b>AODA Residential (764 consumers served)</b> \$4,970,539 per year Services: clinically supervised therapeutic environment, 3 - 11 hours per individual per week
<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
<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

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



The brochure is titled "HUMAN SERVICES" at the bottom in large, bold, blue letters. It features a colorful, abstract background with splashes of red, yellow, and blue. On the left and right sides, there are decorative masks: a colorful mask on the top left and a mask with a cross on the top right. The brochure is divided into three main columns. The left column is titled "SUBSTANCE ABUSE TREATMENT" and "TREATMENT LEVELS". The middle column is titled "PROGRAMS" and lists three programs: "MADRES SANAS, NIÑOS SANOS (MSNS)", "VIDA SALUD Y ESPERANZA (VSE)", and "FAMILIAS SANAS (FS)". The right column is titled "CENTRAL INTAKE UNIT" and "CONTACT INFORMATION". It includes contact details, a photo of the building, and a table of hours of service. The bottom of the brochure has a large, bold, blue title "HUMAN SERVICES".

**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 – 414-263-8383  
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 – 414-462-5031

**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 – 414-345-3240

**EMPLOYMENT:**  
EMPLOY MILWAUKEE – 414-270-1700  
MILWAUKEE CHRISTIAN CENTER – 414-645-5350  
NORTHCOTT NEIGHBORHOOD HOUSE – 414-372-3770  
UMOS – 414-388-6607  
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 – 414-906-2700  
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 GOD 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

**414LIFE**

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** to find a drop box or postage-free envelopes near you.

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



**MMSD**  
MILWAUKEE COUNTY SUBSTANCE ABUSE PREVENTION COALITION

## 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



**BHD** Behavioral Health Division

*This brochure is also available in Spanish.*



Large Print

This material is available in alternative formats for individuals with disabilities upon request. Please contact the City of Milwaukee ADA Coordinator at (414) 206-3475 or [ADACoordinator@milwaukee.gov](mailto:ADACoordinator@milwaukee.gov). Provide a 72 hour advance notice for large print and 7 days for Braille documents.

1018 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.

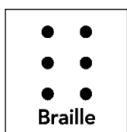
As more people have a better understanding of mental health, substance abuse and co-occurring disorders, we can reduce the stigma, shame and embarrassment often felt by those in need. This, in turn, will encourage more individuals to reach out for help before a crisis occurs.

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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## Suggested Citation

Cobb, T. Milwaukee City-County Heroin, Opioid, Cocaine Task. 2018 Final Recommendations. City of Milwaukee Health Department. November 2018.



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