**A150C389\_230419IN\_C3001\_proxy.mp3**

[00:00:00] **Speaker 1** Some governors and state legislature and.

[00:00:02] **Speaker 2** Often reactions to that is right to the the flip. Yeah the server had a book long ago about that the different ethnic groups that moved into Wisconsin in waves. Sure. And how where they landed based on when they came over dictated the quality of the soil they had to farm. And then that in turn affected their politics. Huh. And it was just it was a.

[00:00:28] **Speaker 1** Theme of the book.

[00:00:29] **Speaker 2** The Southern Wisconsin Votes of All Things is written by a UW political science professor that I had as a teacher.

[00:00:35] **Speaker 1** Okay.

[00:00:36] **Speaker 2** And so I picked it up, oh, probably 15 years ago. Wow. And most of it is just tracking the voting history of all the major elections for the history of the state. Sure. But what it starts out as is like looking at the different ethnic groups and how they influence the vote at any given time. So German Catholics and Protestants and the Belgians and sure, basically that wraps up with like the Finns were the last group is they were the furthest east. Sure they got the stony soil in northwest Wisconsin. So when they when when you come to a place and you don't when you can't easily make it on your own, the sense of community changes. Yeah. Because then it's where we all need each other even more to survive. And so their political ideology shifted with that. Yeah.

[00:01:20] **Speaker 1** Whereas now American individualism stuff doesn't really apply.

[00:01:24] **Speaker 2** Yes. Right down here it's like everyone throws a seed in the soil and it grows just fine. Right? Well, I did it all on my own. Yeah. There's like a different idea of what is that neighbor? What now? It's my church group.

[00:01:35] **Speaker 1** That makes that puts a lot of stuff.

[00:01:37] **Speaker 2** In. Yeah, it really reshaped my Zach. I am really Want to read more? Okay. Okay. All right. So you just talk to me about cameras. If if you find yourself lost in thought or whatever. That's why we had it. So don't totally. Don't feel bad. Don't try and think of the perfect because already that kind of stuff. Yeah, Yeah. That's not what we're looking for. Okay. But Brian Gorman, thanks for joining us.

[00:01:58] **Speaker 1** Hi.

[00:01:59] **Speaker 2** So give me a sense of where we are and what this place will be.

[00:02:03] **Speaker 3** Yeah.

[00:02:04] **Speaker 1** So we are currently in Community medical Services, Pewaukee Location. Community Medical Services is a medication assisted treatment facility, meaning we provide medication for opioid use disorder, M0, EUDY, it's called. So methadone, Suboxone, Vivitrol are the three main medications that we provide here. It's medication assisted treatment. So it comes along with counseling, medical care. And yeah.

[00:02:34] **Speaker 2** So there have been some headlines recently about a dramatic increase in overdose in overdose deaths. Yes. What are you seeing from other locations and from here, I guess community network, probably. That's to help support you.

[00:02:47] **Speaker 1** Yeah. Yeah, yeah. It's it's shocking, right? We're on an uptick just over the course of the last, you know, 1015 years it's been constantly increasing. But really recently, especially southeastern Wisconsin, has really experienced a sharp increase in 17 and in a really short window of time. And then now another 18 over the last eight or nine days.

[00:03:13] **Speaker 2** So it is there anything that we can attribute that to?

[00:03:16] **Speaker 1** Um, not I mean, no, not really specifically outside of just, you know, the drug supply being, you know, for lack of a better word, tainted, adulterated. It is there's substances in there that people are either aware of, but they're not aware of the danger or how dangerous they can be, or they're just not aware that the substances are there.

[00:03:42] **Speaker 2** So does word get into the the community of people that are using these substances? Do they know? I mean, are they being able to see the headlines that talk about the number of overdoses? I mean, how did they receive that?

[00:03:54] **Speaker 3** Yeah, I mean, I don't.

[00:03:56] **Speaker 1** Know that they have to see the headlines, right? These are their friends. These are they're neighbors, parents, sometimes kids. So they're aware of it, I think in a much more real sense than the rest of us are experiencing it. So, yeah.

[00:04:12] **Speaker 3** The community aspect.

[00:04:14] **Speaker 1** Is probably less true than it used to be among people who use drugs. That community used to be a, you know, one person teaching the next person how to do something safely. Right. As shocking as that might be to people, I think that that exists to a lesser degree now than it used to. I'm not sure exactly why. Probably just the prevalence, the number of people that are using right now, it's much, much higher than it's ever been. So, yeah, that sense of community is is there and I'm sure they're learning about an increase in danger. They're definitely aware of their friends that have died though.

[00:04:54] **Speaker 2** Is that enough to change behavior can drive people to a place? Sure.

[00:04:59] **Speaker 3** Yeah.

[00:05:00] **Speaker 1** Oh, yeah. No, absolutely. I think first what it does is that it increases people's awareness to the point that they want to be safer. They want to make more informed decisions about what they're doing. That's also usually pretty shocking to people that the people who use drugs would make informed, rather levelheaded decisions about what they're doing with their bodies if they know what's there. Right. So in October of last year, State of Wisconsin legalized fentanyl testing strips, which was a huge move forward. And the data shows that when these strips are in the hands of people who use drugs, they make more informed decisions, They are more careful with what they're using.

[00:05:45] **Speaker 2** Is someone that's using and they test their own product and it comes up positive for fentanyl. Do they have the willpower to.

[00:05:55] **Speaker 1** Get rid of it? 100%. So it's not five in health. I think there is Resource Center in Wisconsin prior to becoming five and Health did a pretty exhaustive study a while back and I'm not sure exactly of the day, but of what happens when people are given the information. Right. What happens if they're aware? This bag that I just purchased has X, Y, Z in it? What does that do to their behavior? Number And it's all self-reported stuff. So it's kind of subjective, but most people either use less than they were planning. They if they're using syringes, they pushed the plunger slower, which you're you're aware of what's happening. Right. You're not pushing it all at once. Or they threw the bag out altogether and tried to go to a different source. Change changed their patterns a little bit. The biggest thing that it has changed is, is that fewer people use alone, which is really the the real first responders of the overdose crisis are their peers. They're the people who are sitting next to them on the couch. Right. So if you use with somebody else in the room, you can save a life. And I think that that has changed dramatically.

[00:07:17] **Speaker 2** The social stigma surrounding drug use and treating people seems to have been shifting over the last few years. Yeah. Has that made an impact? And if it has, then why are we seeing an increase in overdose at the same time?

[00:07:30] **Speaker 1** Yeah, the increase I, I can't say without getting overly political, the supply is tainted and it's not getting better. The the prevalence of actual heroin is is almost nonexistent from what we see urinalysis and just word on the street, it just doesn't exist anymore. So the presence of fentanyl and then finally being adulterated with even more complicating substances being added to that. I think that's the that's what's responsible for the sharp increase in overdoses. And there is a reduction in stigma. It's, you know, especially as it eked out into the suburbs, people are much more inclined to to pay attention. Right. If it's their neighbors kid or which is cynical but true. So stigma has been lessened recently, especially not to the degree that people are as outraged as we are necessarily.

[00:08:41] **Speaker 3** But yeah, it's it's helping in that.

[00:08:44] **Speaker 1** I think it's it's starting to pull down barriers to treatment. People who wish to seek treatment are more able to. Those barriers are being lessened. So.

[00:08:54] **Speaker 2** Yeah, it's an interesting point you made and we don't want to take this to political but to market. And it's not hard to think that 15, 20 years ago, like no one would imagine this clinic was needed. Yeah. Here. Yeah. This was a their problem, correct?

[00:09:09] **Speaker 1** Correct.

[00:09:10] **Speaker 2** So what has led to this clinic being here and how is it being perceived, being here?

[00:09:16] **Speaker 3** Yeah, well, that that I can comment on. We're not open.

[00:09:19] **Speaker 1** Yet and we haven't engaged in like, we like residents of this area. I have anyway, so I. I don't know how they feel about it. I would imagine that it would not be here if they had strong feelings against it. But why is it in Pewaukee? Why is it in, you know, Madison? Why is it anywhere? Is because of what I said, right. That that it's eked out into the suburbs. People can't hide from the reality of it anymore. And I don't I think people attribute the rise in overdoses in the suburbs to their suddenly being open. It's here. And that's not my experience. I grew up in the suburbs and they're always they've always been there. They're just more dangerous. Right. So people are aware of the that people are using because people are dying. So it becomes more necessary to treat them.

[00:10:17] **Speaker 2** So is it the is it the deaths that led to the awareness or is it the there are more people here that are actually seeking treatment because the social stigma had may have lessened slightly.

[00:10:30] **Speaker 1** I mean, that's possible that I don't know whether it's the the lessening of stigma and the likelihood of people trying to engage in treatment because they feel less stigmatized. That's possible. I don't know.

[00:10:45] **Speaker 2** They don't know. So there's a new element, the new fentanyl, I guess. Tell me about what that is and what what it means.

[00:10:52] **Speaker 1** Yeah. I mean, it's a new substance that's being seen more and more. It is, to the best of my knowledge. It's an animal tranquilizer. It's. It doesn't present. And I really want to be explicit about it. It doesn't present the same degree of dangerous for our families. So the thing that's killing people in my house, right. It is it is a very, very dangerous drug. So I was in adds a danger that didn't need to be there. It becomes more dangerous. But what cytosine is, is it's another central nervous system depressant. Right. And any time you stack central nervous system depressants, it becomes more and more dangerous every time. It also leaves some skin lesions from what's being seen. I haven't seen it. And the people that I interact with haven't seen it. But the medical examiner is reporting. Right. Dr. Weston in Milwaukee County is reporting that there are some skin lesions associated with the abuse. What I've seen and heard most often is that people report unconsciousness. That's different from what they're used to in opioids. Opioids usually don't knock people unconscious. Right. It's a it's a nod. You're in and out of consciousness, kind of half and half out as I was in one that's present. People are reporting completely being unconscious for an hour, 4 hours a day. So it's pretty serious in that respect, too.

[00:12:25] **Speaker 2** And it also isn't treated in the same ways.

[00:12:29] **Speaker 1** Correct.

[00:12:30] **Speaker 2** So don't talk to me about the Narcan is out there for other drugs and it doesn't seem to work.

[00:12:35] **Speaker 1** Yeah. And that's why that's why I needed to be explicit about the final thing, because it's still very present and still very deadly. So the Narcan does work on top of any opioids. Narcan will reverse reverse. The effect of Zionism is not an opioid, so Narcan does not have an effect on it. What the most important thing that we we try to express to people when they are when they're getting trained on Narcan administration and overdose prevention and all that, is that it's always important to call 911 right before you start even start any of the rescue efforts. But it's important that the EMTs are on their way when you start because of the presence and stuff like xylene or benzodiazepines, that Narcan does not reverse the effect of. Right. But EMT is trained to treat, you know, the more complicated substance overdoses like that medication in the ambulances, the ability to rush somebody to a hospital where they can they can be seen by a team.

[00:13:39] **Speaker 2** And how is the relationship with the local EMT with the people that are responding? Are are people more willing to call for assistance, especially because there seems to be a double edged sword if you introduce a way for people to seemingly take care of an overdose on their own, that almost seems like they might be less likely to call for professional assistance.

[00:14:00] **Speaker 3** Yeah, I don't I don't feel.

[00:14:03] **Speaker 1** Like I can really answer that in a way that's not totally subjective. Okay. Yeah.

[00:14:08] **Speaker 2** So talk to me a little bit about your your experiences. You were a former user. You're now a counselor. When you relay your personal story to someone, does that make a stronger connection to them being able to see? Yeah, I think so.

[00:14:24] **Speaker 1** Not stronger compared to a counselor who doesn't have this background. I don't think the the therapeutic relationship is stronger in a shorter amount of time. I think the trust is easier to build. In my experience, somebody who just has a similar background to you, you have more in common. It's easier to talk, it's easier to be open and honest, whereas somebody with not that does not have that background might need to work a little bit harder, getting details, pulling details out to get a better picture. So. Yeah. My experience as a counselor who is a former user is is that it's always easier to talk to your peers. Always. Right. Even though it's been a long time since I've used so like this, the whole thing is new to me. I haven't experienced that. But the general idea of it, the feeling of it, where it comes from, how it starts, all that stuff. I do understand.

[00:15:23] **Speaker 2** That. I want to explore that idea a little bit. You have been clean successfully for so long now. Does it feel like you use drugs in a different era like it was it was safer then?

[00:15:34] **Speaker 3** Oh yeah, yeah, yeah, yeah.

[00:15:35] **Speaker 1** There's no question it was safer. I think I experienced one overdose over the course of, I don't know, 11 years, 12 years of using opioids. Whereas people who are coming into clinics like this now are experiencing, you know, one a month, you know, two a month, a very, very frequent. And it it's just a different time, different time, different substances. And and I think to go back to your very first question, I think the the the shrinking of the community aspect of people who use drugs. Right. It's more and more isolating. It's an isolating disorder to begin with. Right. People who use drugs, it's just an isolating experience. But I think they're more isolated now than they ever have been. So it's very different.

[00:16:26] **Speaker 2** So what what needs to happen next? You've mentioned before that I was he may have a testing strip, but that may be difficult to acquire. So what can people do? What should people be thinking of, especially if they have a loved one who's going through this and what can they do to help?

[00:16:41] **Speaker 1** No, absolutely. And I think I think the effort always in in society with like first accepting accepting the fact that this is this is happening. All of this is happening. Right. And it is your neighbors kit. It is your kid, it is your parent, whatever. So first, coming to a place of acceptance that it does apply to you no matter where you, you know, Richfield or Black Earth, Wisconsin or wherever it's happening there. So starts there, I think, and quickly goes to how do I. How do I take some of that power into my own hands? How do I help? So you can reach out to public health departments, get trained on Narcan. We provide Narcan training at community medical services. There's a lot of different community partners that do that kind of training. Having the Narcan being trained on how to administer it is just it's always going to be the first line of defense. Yeah.

[00:17:41] **Speaker 2** What else needs to be done from a public awareness? Sure. Because I think it's easy for people who aren't directly affected by it to see a headline, read the headline, be affected in the moment, and then move on with their lives. Yeah. Yeah. So what what can be what should be done to make other people more aware that this does affect them, even if it's not directly it does have a larger societal impact?

[00:18:06] **Speaker 3** Yeah, I mean.

[00:18:08] **Speaker 1** I just I think generally people need to have a little bit more compassion for one another just in general, not just this population of people, but just with their neighbors, with everybody. Be a little more compassionate, a little bit more understanding, patient and tolerant, all that. People are always going through stuff. So I think the public becoming aware, just hearing about it right, is a is an important first step. But then also, you know, people who have experienced it, people who have been through it, people who have either lost their kids or their kids and struggled with it, are the parents them becoming willing to talk a little bit more openly about it, which comes with the lessening of the stigma, really, really helps when it's, you know, Suzy who lives next door, and that is talking how to at a town hall event about how she lost her kid that is going to right now Suzy's neighbors are involved. Right. That's how that part of it happens is that it becomes closer and closer to home. But but really, people just taking ownership over a public health crisis. Right. That that you can't rely on. Public health departments are minimally staffed usually. Right. And they can't respond to every crisis that's going on. And it's it's up to us.

[00:19:31] **Speaker 2** Is it just the sad reality that most people aren't going to take this personally until it becomes personal?

[00:19:38] **Speaker 3** I don't know.

[00:19:39] **Speaker 1** Anymore. I think like with any stigmatized issue, people just slow. The more it's talked about, the stigma becomes less and less of an issue and people are more and more willing to look at it as an actual issue that they care about. Right? Maybe not super superpowers. Not about it, but they care. Right. And I think that as long as we're able to see an issue as like another problem, something that happens 150 miles from here or it happened 20 years ago, when that starts to go away, I think people people do take ownership of it. I am optimistic about that.

[00:20:20] **Speaker 2** All right. Anything else you want to add on this topic?

[00:20:24] **Speaker 1** The Zionism testing strips issue, as it stands right now, they're not legal. So I think it's important that people reach out to their public officials and ask that these kinds of things become less regulated. It's important that they get into the hands of people that are that need them.

[00:20:44] **Speaker 2** Is there a way to you're not a legal drafting expert, but is it should it be that they should be able to make the law so that these it doesn't have to be one by one?

[00:20:56] **Speaker 1** Yeah, You.

[00:20:57] **Speaker 2** Have to wait until it kills enough people before you go. Well, maybe we should make that right.

[00:21:01] **Speaker 1** Right.

[00:21:02] **Speaker 3** Yeah.

[00:21:02] **Speaker 1** In in the final testing strips becoming legalized in October, I find because of just emerging drug and drug taking techniques that they would have changed the language a little bit. But it's very, very specific. So maybe using more general, more general language when they pass legislation. Yeah.

[00:21:24] **Speaker 2** Okay. If you don't mind, I'd like to ask you a few questions about dismiss and how that impacts security. So you are you have a license. What was that process like for you? Because you got it in 2019, correct?

[00:21:37] **Speaker 1** Correct.

[00:21:38] **Speaker 3** Yeah.

[00:21:39] **Speaker 1** It's a long it's a long process. You have to be very, very diligent and very, very patient with the Department of Safety and Professional Services.

[00:21:51] **Speaker 3** Yeah.

[00:21:51] **Speaker 2** What was that process like? Did you take a class and then, I mean, what kind of walk me through the steps if from the beginning?

[00:21:57] **Speaker 1** Yeah, sure. So.

[00:21:59] **Speaker 3** Yeah.

[00:22:00] **Speaker 1** You take classes that are that are geared towards substance abuse counseling. Could be a human services associates degree track or a bachelor track, whatever.

[00:22:11] **Speaker 2** Where did you go.

[00:22:13] **Speaker 1** Mitzi? For the bulk of it. A place online, Connecticut, called the Center for Addiction Research that provides the basic like the base level education courses. You need 100 hours of specialized education for the Sackett degree, the substance abuse counseling and training. And then you need an additional 260 hours of schooling to become a substance abuse counselor.

[00:22:38] **Speaker 2** So when you were going through that, did you think that was the hard part and then the license just issue? Yeah.

[00:22:44] **Speaker 3** Yeah.

[00:22:46] **Speaker 1** Definitely, Definitely. That that that was the hard part. The difficult part isn't hard. It's just takes a long time and it's frustrating that it does take that long.

[00:22:57] **Speaker 2** I mean, for you, did anyone give you a heads up like, Oh, well, this next part, like it's going to take a little bit?

[00:23:01] **Speaker 3** Yeah.

[00:23:03] **Speaker 2** I mean, we're around a few years ago. Yeah. So it wasn't as bad then or were you as it was.

[00:23:08] **Speaker 1** Worse than it was worse than. USPS has moved to an online portal system for submitting documentation and application education hours, all that kind of stuff. So that didn't speed the process up quite a bit. You had to fax it sometimes. You you got an email right away saying, We got the fax, sometimes you didn't, so you never really knew where your application was.

[00:23:32] **Speaker 2** So how do you remember how long it actually took you?

[00:23:35] **Speaker 1** From the time I applied to when I became licensed, I applied in October and I received my license in March.

[00:23:43] **Speaker 2** Okay.

[00:23:44] **Speaker 1** Substantial amount of time.

[00:23:45] **Speaker 2** And what were you doing in the meantime?

[00:23:48] **Speaker 3** I was working. I mean, I.

[00:23:50] **Speaker 1** Got hired at Community Medical Services. We all were kind of a million different hats here. We're not siloed to one position. So I worked at the front desk as a receptionist for a long time, really got to know the patients in the clinic that way, which was great for when I got a caseload as a counselor because I knew everybody.

[00:24:10] **Speaker 2** But was that frustrating sitting there thinking like, I should be over it?

[00:24:13] **Speaker 1** Yes, it was frustrating. It was frustrating. The process was frustrating. Waiting was frustrating. But I worked for a company that was like, it's fine. We know it takes a while, don't worry. So that helped.

[00:24:28] **Speaker 2** Do you know or did you know any other people that just didn't wait or they get that maybe they didn't fax the right thing at the right time and like then it's like, you know what?

[00:24:36] **Speaker 1** I got out of it. I don't know anybody no longer came.

[00:24:41] **Speaker 2** But was they probably had similar experiences in the amount of time. Yeah.

[00:24:45] **Speaker 1** Oh, yeah, for sure. For sure. And I know that it does delay knowing that the process is long, does delay sometimes people seeking a higher license because sometimes it just doesn't feel like it's worth. The effort.

[00:25:00] **Speaker 2** So since then, you've been able to do work? Mm hmm. When did this clinic start to become a reality?

[00:25:08] **Speaker 1** The Bürki Clinic, I would say probably about a year ago, they started looking at locations, talking in the community, engaging with public officials, city officials. Yeah.

[00:25:19] **Speaker 2** And so did you know then that you wanted to come up here? I did not.

[00:25:23] **Speaker 1** I did not know. I worked at a clinic in South Milwaukee. And my clinic manager is a very was a very open and honest person. So he was very transparent about what he was doing every day. And it just became an entourage of something that I would like to try. The opportunity presented itself out here. So.

[00:25:46] **Speaker 2** So now are you in the process of trying to hire people, find people?

[00:25:51] **Speaker 1** We're actually fully staffed with the exception of one or two positions. So we have the people that we've hired. We think we have them scattered over a couple of different clinics so that they can get used to the work, get used to the the company and just how everything works. But yeah, we have everybody everybody hired.

[00:26:09] **Speaker 2** And for some of the people that have been licensed more recently, what have what are their experiences been like?

[00:26:16] **Speaker 3** Yeah.

[00:26:18] **Speaker 1** I mean. Long right. It's a it's a long process. We have we have figured out that if you if you really if you call a lot, if you make sure that they're aware that you are waiting, that there are patients who are clients, whatever they call them, wherever you work, that there are people waiting for counselors and you're not able to provide that help. That does seem to push things along.

[00:26:44] **Speaker 2** And have you had other people go through the same experience of working at the front desk?

[00:26:48] **Speaker 3** Yeah, yeah, yeah.

[00:26:50] **Speaker 1** I think maybe because it worked so well for me. And that's kind of like the standard now, right? When we hire somebody that's not here for the license, all their paperwork and but they're not licensed yet. Typically they do work front desk for a while, maybe just hopping around. We we have a position called a client navigator at CMS clinics, essentially a somebody who just helps direct people in the lobby, help people get people connected with transportation, any of that kind of stuff. So sometimes they do a little bit of that.

[00:27:23] **Speaker 2** So is that is it fair to call that like a silver lining or is you making lemonade?

[00:27:28] **Speaker 3** Yeah, Yeah. No, I.

[00:27:29] **Speaker 1** Think it is a silver lining. It was extremely beneficial to me to have that time, to get to know people When I when I finally did get a caseload in 2019, it was it was much easier. I knew everybody by first name. They knew me by first name. So it was a it was a benefit.

[00:27:48] **Speaker 2** But there's probably other people in other industries that are aren't able to has that tangential experience while they're waiting. Yeah.

[00:27:56] **Speaker 1** Yeah. And sometimes can't hold any position at a place until they get that license. Yeah, I imagine it's really frustrating.

[00:28:04] **Speaker 2** So when you when you I mean, not to get deep into the politics here, when you hear the arguing going on at the state level, but whose fault it is and what needs to happen, more money, less what is what is your response from the ground level to to all of the parties up there?

[00:28:21] **Speaker 1** Just I mean, really, honestly, without being too dramatic. But it is a dramatic situation that people are dying. Right. People who don't have access to treatment because of a lack of licensed professionals to take them on. Right. The state of Wisconsin limits clinics like this to a certain number of clients or patients based on the number of counselors that they have that are licensed. So if we're not able to hire enough counselors because there's not enough licensed professionals, then that limits the number of patients that are able to be admitted. Right. And we're not living in a time where people have a lot of spare time to burn, Right. People are dying in record numbers. And I think it's important that. Right. Not, you know, not a political statement at all or even trying to antagonize anybody. But it's a reality, right, that people are dying waiting for treatment options.

[00:29:18] **Speaker 2** And that's I mean, that's a much completely different statement than a lot of like the argument around. It's been like, you know, well, it's an inconvenience or it's an economic issue when people can't hire or like they're framing it around like a different.

[00:29:30] **Speaker 1** Economics.

[00:29:31] **Speaker 2** A different concept. And like, you're dealing with like brown board down level.

[00:29:35] **Speaker 3** Yeah, Yeah. And you know.

[00:29:37] **Speaker 1** When you when you look at something like medication assisted treatment, you know, you have 400% chance of of patient retention if somebody is engaged in medication assisted treatment versus no treatment or attending like an abstinence based thing. So people not having access to treatment like. Those are just they have a higher probability of relapsing. And the relapsing that's happening now is different from when I was using its medicines.

[00:30:10] **Speaker 2** And if someone in medicine does need an economic argument, the people that get treated then can go back into like being part of society, Right.

[00:30:19] **Speaker 1** 100%. And that's that's even that's the long game. I mean, just the the opioid epidemic in general. I don't like calling it an overdose epidemic, but opioids play a role. Is that nationally? I think it's like $4 trillion a year that the overdose epidemic is costing the country. I mean. Right. I think some of those people are getting access to treatment. It's just going to cost less to be just an awful thing to say.

[00:30:46] **Speaker 2** But this is another question that you if you don't have an opinion, that's fine. But the the settlement money that the state got from some of those opioid settlements, have you seen any of that? Does that actually reaching down to your level? Yeah.

[00:31:00] **Speaker 1** Oh, absolutely. So the final testing strips that were provided to us from the Department of Health Services in Madison, that's all opioid settlement money. To my knowledge, the Narcan direct program that we're also partnered with, I'm a trainer, Narcan, Derek Trainer, that's all opioid settlement money. So it does it absolutely trickles pretty quickly.

[00:31:24] **Speaker 2** I think a lot of times that that we cover a headline, the amount of money that comes in and then we may say, well, here's where it goes. And sure, there's people don't often see how it gets used. Yeah, but you're seeing that, you know, absolutely. That's not just like, oh, we got money out of the bag company.

[00:31:41] **Speaker 3** Yeah, yeah, yeah, yeah.

[00:31:42] **Speaker 1** No, it's, it's tangible, right? And it's being applied. I don't have an opinion on the other areas that, that it is being used, law enforcement, any of that kind of stuff. The, the ground level treatment, it's, it's definitely having an impact. It is used it's seen it's appreciated our cans very expensive. And if, if community medical services had to purchase all of the Narcan that we we hand out to people it would be too much probably.

[00:32:13] **Speaker 2** And where does most of your funding come from?

[00:32:16] **Speaker 3** We are.

[00:32:17] **Speaker 1** Private. So a for profit company. So it's yeah, I mean, revenue, insurance. Insurance.

[00:32:26] **Speaker 2** Yeah. Okay. Yeah.

[00:32:27] **Speaker 1** The majority insurance.

[00:32:28] **Speaker 2** Okay. That's an I wasn't sure if it was grants or.

[00:32:31] **Speaker 3** Yeah. No. Yeah.

[00:32:32] **Speaker 1** Yeah.

[00:32:33] **Speaker 2** It's okay. Anything else you want to add along these lines? I really appreciate you being willing to sit with us. Sure. If it's okay, I'd like to put the wireless microphone on. You will take the tethered one off and then kind of just kind of walk us through the clinic. Give us an idea of what it's gonna be like for a patient coming in. Sure. You know what you like about it? Yeah. The color scheme would talk about anything. Yeah, So I think it's off. And one last thing before we go to break up. I broke Tony. Need to. Oh. Oh, yeah. Do you know what the clap is, Adult. The clap is sinking up the audio and the video cameras. So you have this near your phone moment. But basically what he needs is one big claps. We see the motion and hear the sound and both cameras do that. Just put their hands up.

[00:33:18] **Speaker 3** A little bit out. There we go right there. And how does it go? There we go. Oh, that'll do it.

[00:33:26] **Speaker 2** If you've seen the way they do that. Yeah, I'd like to clap for Hollywood. Oh, sure. Because they record. Well, throw.