

How many people have benefited from the MORI program since its inception?

Since June 2019 MORI has assisted hundreds of people directly into treatment. We have distributed over 10,000 boxes of naloxone and Hope Kits to those most in need of it as well as to the city at large. Beyond that, we look at every interaction as a potential touch point to steer someone towards recovery. We have also heard from our clients that other people they know began treatment because of our work with those individuals. Below are some of our outcome measures through December 2025. Attached separately is a more detailed breakdown.

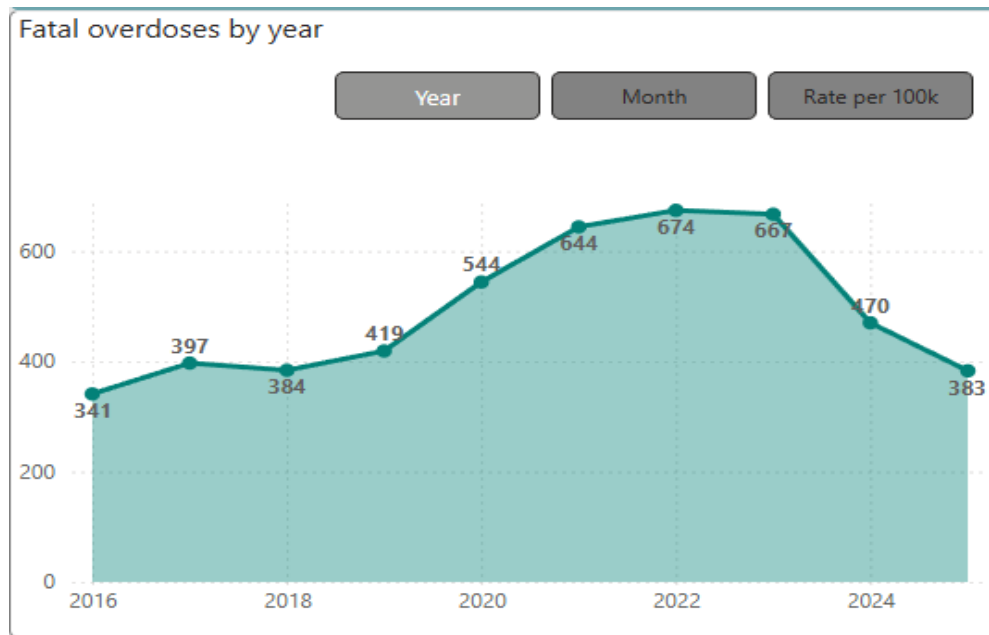
Enrolled in directly in Treatment 2019-2025: 625

Narcan Hope Kits/naloxone Delivered: 10,731

Client Contacts: 3,537

Non-Client Contacts (Friends/Family): 3,174

Below is a graph from Milwaukee County's overdose dashboard showing the decline in fatal overdoses since 2022.



2022 - 674 Deaths

2023 – 1% decline

2024 – 30% decline

2025 – 19% decline

2022-2025 total decline of 43%!

383 deaths is still too high, but our city is definitely trending in the right direction. MORI has some of the most direct contact with residents in need of guidance in accessing treatment options.

How much does it cost to fund the program?

The program currently consists 4 cars staffed by the MORI Supervisor, MORI Lead Assistant and two additional MORI Practitioners plus members hired off-duty for overtime pay to supplement in-house staff. We also pay for peer support specialists that are provided by contracted local treatment providers. There are also administrative costs shared between MORI and the overall MIH program.

MORI Supervisor \$116,132 + fringe

MORI Lead Assistant \$107,370 + fringe

MORI Practitioner \$99,313 each + fringe

Various Position Overtime – as necessary to fill staffing of teams. Each year budgeted at \$410,000

Peer Support Specialists: Contracted through WisHope and Community Medical Services at \$55/hour.

Budgeted at 2080 hours per car. 2027 and 2028 include a 5% rate increase (should it be necessary).

Budgeted amount for 2025 was \$475k, actual was \$330k.

Salary Request 2026 includes \$291,939 to add 3 MORI Practitioner positions. This will add an additional car/team (5th) and ease overtime needs/allow for scheduling consistency.

Salary Request for 2027 & 2028 requests to add 2 additional Practitioners each year for one additional team each year (7th and 8th teams)

Other Expenses:

Supplies – budgeted @ \$25,000/year

Lease & Utilities – Budgeted @ \$85,000/year (currently co-located @ Fiebrantz Shop and paying portion of lease payment)

Facility Maintenance & Planning – Budgeted @ \$75k in 2026 and \$65k in 2027 & 2028 -Location maintenance and/or investment toward future permanent location

Equipment – Budgeted @ \$70k in 2026 and \$80k in 2027 & 2028 - Additional vehicle, radios, Zolls etc for added teams and/or replacement of aged equipment

Where are the firefighters/MORI personnel located?

MFD Mobile Integrated Healthcare

1900 W Fiebrantz Ave

Milwaukee, WI 53209

What areas of Milwaukee have been most impacted by overdoses?

While there are virtually zero neighborhoods that avoided the opioid epidemic altogether, we have found that the highest impacted areas include 53206, 53212, 53215 & 53204. Through our work and collaboration with the Overdose-Public Health and Safety Team (OD-PHAST) we are also aware of the racial disparity of fatal overdoses that is affecting the black population at a significantly higher rate than other racial backgrounds, which is why one of our vehicles focuses almost exclusively on these areas. We have also noted the increased prevalence of cocaine+fentanyl overdoses which is disproportionately affecting minorities over the age of 50.

What strategies are being taken to combat the introduction of Xylazine into our communities?

We distribute Hope Kits which include various harm reduction items such as naloxone, fentanyl test strips and information on treatment programs. As of 5/24/2024 (shortly after they became legal) we began offering Xylazine test strips with the Hope Kits. This has allowed us to open up a dialog with our clients while we explain the contents of the Hope Kit and how to use them. Many of the individuals we meet have no idea about this new and dangerous substance and this direct interaction allows us to provide education and encourage safer use.

How do MORI personnel follow up with patients who do not have a permanent residence?

We take a multi-faceted approach to this difficult population. We have strong relationships with the local homeless shelters that let us know if someone we are looking for is staying with them. We participate in a pop-up community outreach with many different partners twice a week through our partnership with the Milwaukee Community Collective, alternating between a north and south side location. We have also begun to cultivate relationships with local businesses such as corner stores, barbershops, religious institutions and gas stations. We provide them with Hope Kits and training on how to use naloxone. They are also welcome to contact MORI if they know someone that would benefit from MORI's services. This provides another avenue for some of the unhoused population to be referred by those in their neighborhood. Sometimes we make contact through friends and family that occasionally let the client stay at their home. Other times we may be able to set up visits at a place that makes them comfortable, such as a library or fast food location.

Will the MORI program coordinate with local homeless advocacy groups?

We have coordinated outreaches with the Milwaukee Homeless Outreach and Prevention Department to offer services to the communities that were previously staying at the Park and Rides off of Holt Ave and College Ave. We also have a close relationship with Street Angels and attend events with them. When appropriate, we will assist individuals with calling 2-1-1 to get access to emergency housing. We will also utilize the knowledge of our own field-assigned members assigned to apparatus located in areas with a high homeless population. They will often have the most accurate information and be able to provide a description that allows us to locate an individual.

Does the MORI program use medicated-assisted treatments?

We are strong advocates for getting our clients access to MAT should they choose that route for treatment. This includes Methadone, Suboxone, Vivitrol and Sublocade. Additionally, our medical direction has approved to administer Buprenorphine when a client presents in active withdrawal. This program initially saw few people meet the criteria to allow us to administer buprenorphine, but we have seen an increase in buprenorphine administrations since November 2025.

Partnerships and Programs

MORI has integrated into many local organizations including the following:

OD-PHAST (Overdose Public Health and Safety Team)

Multi-disciplinary Meets monthly to do case reviews and work collaboratively on making recommendations to combat the opioid epidemic

PATH (Pre-Post Access to Treatment and Healing)

OEM-led program following up with individuals after they have been released from incarceration. MORI provides same support as a regular referral following a 911 call.

MAT Behind The Walls

Incarcerated individuals receive MAT treatment and counseling prior to release. They are then released to MORI to immediately take them for an intake at an opioid treatment center to prevent any gaps in treatment during a high risk time.

SURI (Substance Use Research and Intervention)

MORI is on the Community Advisory Board for SURI. SURI is guided by the vision of “a community without harm from substance use and a mission to collaborate with communities to promote health in Wisconsin and beyond by advancing research, training, and holistic responses to the harms of substance use.”

Research

MORI currently participates in research studies led by Dr. Ben Weston and the Medical College of Wisconsin (MCW). Past research projects have also been lead by principal investigators from MCW, typically from the Comprehensive Injury Center including Dr Kostelac.

Commercial vs Residential incidence of non-fatal overdose

This is a nuanced request made by Alderman Spiker during our last encounter. We are evaluating how to extrapolate this information, as the incident location information doesn't provide any data on the type of property. Of note, incident locations are not always proper addresses; they include intersections and other public locations that may or may not have buildings like parks. CAD address data doesn't include the patient will be indoors or outside, so a business or residential address may both be for a patient that was found in a vehicle. As such, any information provided will be an estimate, and is subject to some error.