



# 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, Ryan Shogren, Daniel  
Bukiewicz, Ken Ginlack, Cassandra Libal, Langston Verdin,  
Michael Wright, and Selahattin Kurter  
Staff Assistant, Chris Lee, 286-2232, Fax: 286-3456,  
clee@milwaukee.gov  
Legislative Liaison, Tea Norfolk, 286-8012*

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Tuesday, June 7, 2022

11:00 AM

Virtual Meeting

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This is a virtual meeting. Those wishing to view the proceedings are able to do so via the City Channel - Channel 25 on Spectrum Cable - or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to speak on a particular item should contact the staff assistant listed above to receive the log-in information. Please make this request no later than 24 hours prior to the start of the meeting.

1. Call to order.

*The meeting was called to order at 11:03 a.m.*

2. Roll call.

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

Also present:

*Yolanda McGowan, City Attorney's Office (Milwaukee)  
Sarah Koehn, META House Director of Operations  
Martin Brukwicki, US World Meds  
Constance Kostelac, Medical College of Wisconsin  
Amy Parry, Medical College of Wisconsin  
Nicole Fumo, Medical College of Wisconsin  
Sara Schreiber, Milwaukee County Medical Examiner's Office  
Jeremy Tribblett, BHD Community Access to Recovery Services (CARS)  
Cap. Gregory Miller, Milwaukee Fire Department  
Courtney Geiger, Milwaukee Health Department  
Rafael Mercado, Team HAVOC*

3. Review and approval of the previous meeting minutes from January 20, 2022.

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*The meeting minutes from January 20, 2022 were approved without objection.*

**4. Discussion, review or updates on City-County efforts, programs, initiatives, grants or activities.**

*A. Meta House project and operations*

*Ms. Koehn gave a presentation on META House's operations and new project "Project Horizon" as follows:*

*META House's mission was to end the generational cycle of addiction by healing women and strengthening families by delivering high quality, trauma informed, and strength based, substance use disorder and mental health treatment to women. There were three levels of care: (Inpatient/Residential Treatment Riverwest) 35 beds for women in the residential program and up to 15 beds for their accompanying children, (Outpatient Riverwest) outpatient clinic serving about 100 clients each week, and (Recovery House Harambee) 27 apartment units for women and families in early recovery. The main campus was located in the River West neighborhood and consisted of outpatient and administrative offices and 3 residential facilities. The Recovery Housing Community was located in Harambee. META owned all of its facilities, except the outpatient clinic and administrative offices building.*

*They were embarking on their Project Horizon expansion project to better deliver services, increase services onsite, remove barriers. Their current facilities no longer was adequate to give them the ability to serve more women. The project would create a multi-dimensional recovery community to support the dynamic and falling needs of women seeking to achieve, thrive, and recover. The hope was to increase the residential program beds from 35 to 70. The project would be done in phases so services would not be interrupted. There would be a campus like setting with secure access controls, close-proximity to a major bus line, green space, withdrawal management and MAT on-site, office space for child welfare services and drug treatment court staff, primary care on-site, prenatal care, nurturing childcare facility to serve program families, and space for leisure activities. They may develop a mission-aligned social enterprise offering employment opportunities to clients. They would like to be part of the solution for workforce development by launching expanded training academy/internship program for students in the mental health and substance use fields with a quality clinical supervision.*

*On timeline they were looking at sites, acquiring subject matter experts, would select a site this year, break ground in 2023 or 2024, and complete the 1st phase (outpatient and administrative services) by Quarter 2 of 2024. On funding some opioid settlement dollars towards the project may be of good use. They were trying to secure support from remaining ARPA programs, new market tax credits, and other state and federal supports.*

*Chair Murphy inquired about the new location, the status of existing locations, project timeline, and thought over centralization (efficiency) versus decentralization (better access to communities) of locations.*

*Mr. Mercado said that the Clarke Square and southside area were in need of more beds, which were lacking, for girls and women and a vacant school could be a potential opportunity.*

*Ms. Koehn replied that they would liquidate their existing real estate to help fund the new site, were aware of the need across the City, focused on doubling their capacity, being mindful of other quality community resources, plan to stay central in the City, were looking at all options inside and just outside the City, have had challenges with finding a sufficient site to accommodate their vision, hope to find a site within 6 months, were open to any site suggestions from anyone, the preference was for one campus site to be more efficient, and that they have found real challenges in staffing with a scattered site model.*

*Chair Murphy said that META House could explore and collaboratively negotiate for a MPS surplus property and submit an application for the settlement dollars.*

*Member Kurter added that allocation of resources should be pointed towards the areas with the highest needs, such as the near north side.*

*B. ZIMHI opioid antagonist high dose naloxone (narcan)*

*Mr. Brukwicki present. ZIMHI was a 5 mg prefilled injectable high dosage syringe of naloxone manufactured in Wisconsin. ZIMHI was a more powerful reversal agent that could be used to combat more powerful and evolving drugs and medications, especially fentanyl and potent fentanyl derivatives such as carfentanil and sufentanil. ZIMHI was the only prefilled syringe in the marketplace. It would be delivered intramuscular or subcutaneous at an arm's length to an overdosed patient and reduce exposure to the responder or person administering the agent. Every moment matters, and ZIMHI would be faster and longer lasting than other agents. It would have 100% bioavailability giving its patients 100% of the intended naloxone and reaching a point of efficacy in four minutes compared to 10 minutes at 2 mg. It would reduce the need for repeated doses of naloxone.*

*Chair Murphy said that he understood the intention to promote ZIMHI, its promotion may not be appropriate, and inquired about others' experience in using ZIMHI, if any.*

*Member Kurter said that it was important to inform the committee and first responders and bring awareness about newer and more effective products, such as ZIMHI, that may help save lives faster.*

*Mr. Mercado said that he was not aware of ZIMHI, that current naloxone and fentanyl strips took years to permit for use, that permitting the use of ZIMHI would take effort and time outside of the task force, and that his firm would be willing to try and test ZIMHI if given the opportunity.*

*Chair Murphy said that follow-up should be done with the Milwaukee Fire Department and Health Department to report on the current use of naloxone products and interest in using ZIMHI.*

*Member Wright added that one aspect to consider was any adverse effects that would come from using stronger naloxone products.*

*C. OD-PHAST update*

*Ms. Kostelac, Parry, Schrieber, and Fumo gave a presentation.*

*The OD-PHAST project was funded through the Bureau of Justice Assistance at the*

federal level and part of the Comprehensive Opioid Stimulant and Substance Abuse Program. Funding was coming to the Medical Examiner's Office. The project was about always bringing multi-disciplinary partners together to look at data and understand trends and about capacity building. There has been new toxicology and social worker staff at the Medical Examiner's Office, regular reporting to the Milwaukee Community Justice Council. All of the suspected overdose deaths were receiving follow-up for potential connection to services and treatment resources, next of kin interviews, and understanding of risk factors. The project adopts the guiding principles of North Star to reduce overdoses, recognize substance use as a chronic treatable disease, use multi-sector data responsibly to inform those response strategies, and share accountability across the group.

OD-PHAST was comprised of the Overdose Fatality Review Team (OFR) and Data Strategy Team (DST). OFR provided a multi-disciplinary, in-depth review of individuals' fatalities to identify gaps and barriers. DST provided multi-disciplinary analysis of real-time aggregate data to identify trends. There was the shared goal to develop and implement recommendations to prevent future overdoses.

The methodology that was used for data analysis consisted of examination by forensic pathologists at the Medical Examiner's Office, all manners of death (accident, suicide, homicide, undetermined), all drug drugs in Milwaukee County regardless of the decedent's residence, and race and Hispanic ethnicity data. The manner of death was primarily accidental by far.

Key takeaways on confirmed drug deaths data in Milwaukee County from 2017 through early June of this year showed that 79% of deaths in 2022 involved fentanyl alone or in combination, 60% of deaths in 2022 involved cocaine alone or in combination. Narcotic, fentanyl-related, cocaine-related, gabapentin/pregabalin, methamphetamine deaths continued to trend upwards annually while heroin-related deaths have trended downwards. Comparison of data from January through May between 2022 and 2021 showed an 18% increase of drug deaths. There were 244 confirmed drug deaths in 2021 and 287 (202 confirmed and 85 pending toxicology) drug deaths in 2022. The number of drug death cases were also being tracked each months as well.

A summary of data analysis and trends from 2017 through 2021 were given as follows:

Drug deaths by substance type, present alone or in combination with other substances showed fentanyl involvement increased 170%, heroin decreased 61%, cocaine increased 126%, under half of drug deaths involved fentanyl in 2017, 79% of deaths involved fentanyl by 2021, and 50% of deaths in 2021 involved cocaine alone or in combination.

Drug deaths based on race and Hispanic ethnicity showed the highest number of drug deaths was among White (60%) individuals followed by Black (29%), Hispanic (8%); highest rate relative to population (rate per 100,000) was among Native Americans at 136.3; and the rate among White and Black individuals was similar. From 2017 through 2020 the rate of drug deaths was higher among White individuals compared to Black and Hispanic individuals. In 2021, the rate of drug deaths for Black individuals surpassed the rate for White and Hispanic individuals. There was difficulty to estimate accurately smaller populations.

Drug deaths based on age groups showed that most drug deaths involving a narcotic, fentanyl specifically, were among individuals ages 25-59 years, involving cocaine were

*highest among individuals ages 35-39 and 55-59 years, and involving methamphetamine were among individuals ages 25-44 years.*

*Substance combination trends between narcotic, cocaine, fentanyl, other narcotics, and fentanyl alone was looked at between race and Hispanic ethnicity demographic groups. For all racial groups (Black at 330%, Hispanic 52%, and White 129%) the number of deaths involving fentanyl alone or in combination rose from 2017 to 2021. The number of deaths involving cocaine alone or in combination also rose (Black at 192%, Hispanic at 92%, and White at 75%). The number of deaths involving heroin declined (Black at 33%, Hispanic at 60%, and White at 70%). Although there was a rise of deaths involving cocaine alone or in combination, most deaths involving cocaine also involve fentanyl in 2021 (Black at 71%, Hispanic at 84%, and White at 87%).*

*The presentation continued as follows:*

*There was an overall action team goal to develop and implement strategies and recommendation to reduce the likelihood of future overdose incidents. DST had three action teams of education and awareness, fentanyl, and treatment and support services. The education and awareness action team recommended to develop a social media package for overdose prevention and education. A plan was in place to carry out listening sessions across the County with specific target populations based on analysis to gain a better understanding of community awareness involving the presence of fentanyl as well as the co-occurring substances, interviews may be conducted with individuals who were incarcerated within Milwaukee County, and all the information gathered would be used to develop the social media package.*

*The fentanyl action team recommended to investigate the co-occurrence of cocaine and fentanyl in overdose incidents in the County to tailor prevention and intervention strategies. A project would be piloted with NIST to test substance residue (via swabs of samples of paraphernalia) at fatal overdose scenes. Scene investigators would take the samples and mail to NIST, and results would be returned within 24-48 hours. The program may lead to a larger project to purchase an instrument in the ME's own laboratory for local use.*

*The treatment and support services action team recommended for increase public support for additional treatment locations within the City and for resources used, such as the opioid settlement funds. DST focused its most recent quarter on understanding the aspect of treatment, and the action team developed recommendations from the information that was shared. There was desire to see a more coordinated wait list across the country for substance use disorder treatment services.*

*The OFR team completed 10 recommendations in the last year with much engagement with partners at the table. The Department of Corrections had a new panel, who were able to determine and do counseling with individuals in their system and do some counseling. Partners have increased fentanyl test strip distribution and education about the harms of fentanyl to the community. The OFR June meeting was focused on prioritizing newer recommendations, which were wide ranging at both the local and state levels. Local recommendations may need support from the taskforce or other groups like the Milwaukee Community Justice Council. State recommendations would potential go to the State OFR Advisory Group.*

*There was hope that all efforts from the OFR and DST teams would support many local initiatives with additional information relating to their understanding of what was*

happening with overdoses across the county.

Chair Murphy said that the update was extremely useful to help determine allocation for resources such as opioid settlement funds, the OD-PHAST team should follow-up with him on the timeline, and that the presentation made today be made available to the task force.

Mr. Mercado questioned if used needles collected by his agency would benefit the pilot program with NIST.

Members inquired using fentanyl test strips for cocaine, ISO testing positive on fentanyl test strips, ISO prevalence in Milwaukee, ISO impact on fentanyl, and reasons for the uptick in methamphetamine.

Ms. Schreiber replied that there could be potential benefit, for there to be further discussion about Team HAVOC's needle collection, ISO would not be detected on fentanyl strips due to it not having the same base structure, the ISO wave was waning, ISO amplifies fentanyl due to being another central nervous system depressant, methamphetamine would seem to be attractive as a speedball combination and a cheaper option, and oftentimes fentanyl was found in drug combinations.

Ms. Kostelac replied that fentanyl test strips can be used to test cocaine or combinations for fentanyl and of importance was to educate people of the possible presence of fentanyl in cocaine.

Mr. Mercado added that drug samples can be put into water so that a fentanyl testing strip can be used to detect fentanyl, that people (primarily females) were becoming more willing to do this, users have been hesitant to use a portion of their drugs to test, and people were looking for cheaper and easier ways to produce their own drugs such as methamphetamine.

Chair Murphy said that users should be asked in interviews on whether they continue to use their drugs despite knowing that fentanyl was present in them.

#### D. BHD update

Mr. Triblett gave a presentation on BHD Community Access to Recover Services (CARS) and substance misuse prevention recommendations and strategies as follows:

The continuum of care consisted of promotion, prevention, treatment, and recovery. There were 6 prevention strategies. They have helped to create a culture. The recommendations of information dissemination, education, and alternatives were occurring the most often (across the country as well), and the remaining recommendations of problem identification/referral, community-based process, and environmental strategy were aimed to increase prevention.

There has been information dissemination of primary prevention supplies throughout the community entailing many different volunteer teams. Creative and diverse ways to share information was happening, and they have helped to supply organizations. There were organization doing wellness checks and give out deterra bags. The education piece has been prevalent and funded. Folks have been encouraged to talk about mental health and or substance misuse and trained to avoid substances and identify a misuse challenge. Alternatives to substance misuse have included afterschool programs.

*There was the desire to improve upon the recommendation for problem identification and referral, which would not entail treatment. It would entail creating system mechanisms, use surveys, processes to identify individuals showing potential risk factors for becoming addicted or being in an environment to use drugs, and increase their access to education or alternative activities. The vision was for the funded agencies to do a greater job and take the next step.*

*Other recommendations to enhance were community-based processes and environmental strategies. Both institutions and community organizers would be called upon together to identify processes, have institutional conversation around dealing with substance misuse, reduce silos, be more intentional, create partnerships, and collectively make an impact.*

*Chair Murphy questioned the implementation and timeline for the strategies and coordination with the Milwaukee Health Department (MHD) and Office of Violence Prevention (OVP).*

*Mr. Triblett replied. On community-based processes, dollars were being disseminated to 3 different organizations. Conversations were being initiated and being more intentional through CARS. Community-based processes were occurring in other lane for different purposes. They were still making inroads with OVP.*

*Chair Murphy said that he would be willing to facilitate coordination between CARS, MHD, and OVP on the strategies and for the CARS presentation to be made available to members.*

*Chair Murphy left the meeting at 12:21 p.m.*

*Vice-chair Lappen chairing the rest of the meeting.*

*Mr. Triblett continued with the presentation.*

*Environmental strategies were being funded yearly. There was an initiative through Community Advocates to collect more than 40 different initiatives or organizations to look at strategies, policy, data, and make informed decisions. Most of the strategies were being deployed there simultaneously. Other organizations were being assisted to obtain capacity, experience, training, coaching, and leadership. Proper training and coaching were important to increase prevention capacities. There was funding for the Better Ways to Cope campaign, which 25 applicants were applying to lead initiatives. Recently it was found that there was a language disconnect with using the term “prevention”, and experts would be brought in to train folks on what prevention meant. They have been able to reach more than 50 community partners. The 4 main funded organizations who were doing great work were Safe & Sound, Social Development Commission, House of Kings, and MCSAP.*

*They had created a six part training on building prevention programs using the CDC and SAMHSA evidence based information. There have done QPR and Mental Health First Aid courses related to suicide prevention and produced 70 evidence-based substance abuse and violence prevention curriculums across elementary to adulthood last funding cycle with 19 trying to implement and 10 organizations participating. Prevention supplies disseminated for 2022 consisted of 20,000 gun locks, 30,000 deterra bags, 5,000 redbooks, 15,000 fentanyl test strips, and placed 14 harm reduction and prevention tablets.*

*Mr. Mercado said that he had encountered disputes going into other areas of the City and inquired about data jurisdiction restrictions for organizations.*

*Member Ginlack inquired about screening tools for community processing and use of Esper to identify individuals with a substance problem.*

*Mr. Triblett replied. There may be data restrictions geographically for prevention initiatives being funded. CARS operated throughout the entire County and worked with various city departments or community organizations. They were aware of Esper, were looking at additional tools that were effective, and helping organizations to create successful processes for referrals.*

*Vice-chair Lappen said that they were trying to build the infrastructure around prevention, that prevention was the way to prevent new people to fall prey to addiction, and that he would forward additional BHD and CARS information on service numbers to clerk staff to distribute to members.*

*E. MORI update*

*Captain Miller gave an update. MFD received two grants and have been able to implement a second vehicle since March 14th. Under MORI they provided post overdose response, often between 24 to 48 hours after the overdose, with a vehicle, community paramedics, a peer support recovery specialist, and someone in recovery. They would outreach linking individuals to harm reduction and the transportation of services. The second vehicle has helped double their attempted contacts daily. On harm reduction they have distributed about 430 HOPE kits with narcan fentanyl test strips and harm reduction information since March 21st. People could obtain a HOPE kit by approaching a firefighter on an apparatus or a fire station throughout the City.*

*F. Harm Reduction Resource updates*

*Ms. Geiger gave an update on MHD harm reduction and partnership activities. Through the Narcan Direct program from the State, they have given out 230 narcan kits in 2022. On outreach staff would hand out narcan strips and fentanyl test strips once a month on the south side (Greenfield Ave. and National Ave.). They also gave out 24 kits (without fentanyl test strips) at Pride Fest. In total for 2022 about 300 fentanyl test strips from BHD and 275 test strips from special funds have been given out. Other harm reduction projects have included nalox-zone boxes, media campaign, and online distribution of fentanyl test strips. They were working with BHS, MCW, and other community partners to analyze hotspots and target neighborhoods based on the data. They were working with Community Partners on the media campaign with a feature for people to go online to request shipment via the mail for narcan and fentanyl test strips. People would be required to watch a short video on how to use narcan. MHD was working with BHS and utilizing opioid litigation funds on related projects such as HOPE bags, harm reduction distribution, and MAT through the House of Corrections and Milwaukee County jail. MHD was working on a State grant to provide deterra bags to community partners and MHD clinics. They were also applying for a BJA COSSAP 2022 grant through partnerships with the ME office, CDC Foundation, HIDTA, and SSP's.*

*Ms. Schreiber said that the BJA grant would be for the same swap testing pilot program with NIST and the hope was to acquire their own instrumentation to do the testing in-house to provide data near real-time.*

*Ms. Geiger said that next steps would include looking at doing community engagement sessions, working with the recovery community, targeting neighborhoods, doing an annual overdose prevention summit in Milwaukee, and promoting x-waiver training to increase MAT prescription.*

**G. Opioid settlement funds update**

*This item was heard first out of order.*

*Atty. McGowan gave an update. The national class action litigation against the three largest distributors, including Johnson & Johnson (J&J), was ongoing. BrownGreer was chosen as an administrator for the settlement funds. The J&J first payment was now anticipated for end of July or later. The Wisconsin Counties Association were exploring securitization of the settlement funds, transferring risk to investors, and obtaining upfront funds. Payment from J&J would be about \$75 million with 30 percent going to the states and 70 percent going to local municipalities, and remaining payments would be annual for 15 to 18 years. Payments from the other distributors would be about \$326 million. Discussion was being had with City Bank to underwrite the payments and have cities get paid much sooner with 71 percent going to the states upfront followed by payment for 9 years. She was waiting for more information from outside counsel who was encouraging participants to join in on the securitization.*

*Chair Murphy inquired about the decision maker for securitization and outside counsel.*

*Atty. McGowan replied. Municipalities can decide but would need to do so soon. Common Council action would be appropriate for making a decision for the City. Napoli Shkolnik PLLC law firm (Atty. Shayna E. Sacks) was outside counsel.*

*Chair Murphy said that outside counsel should come to the next meeting to provide an update and for Atty. McGowan to keep the task force updated on the settlement status, particularly with providing a memo to the task force.*

**H. Other**

*There was no other discussion.*

**5. Public comments.**

*Member Ginlack announced a free BHD pop up food giveaway on August 6th between 28th and 29th and Brown St. They would be providing BHD resources. He would like to acquire narcan kits, other resources, and assistance or participation from members and their organizations such as MHD.*

*Vice-chair Lappen said that his crew would help and possibly Ms. Geiger for MHD.*

*Vice-chair Lappen thanked Mr. Mercado and Team HAVOC for their efforts and their participation in doing an episode for Wisconsin Public Television a few weeks ago around the Clarke Square neighborhood.*

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

*To be determined.*

7. Set next meeting date and time.

*Vice-chair Lappen said that the task force would continue to move forward on recommendations, additional CARS information would be forwarded, and the next quarterly meeting would be set (to be determined).*

8. **Adjournment.**

*The meeting adjourned at 12:50 p.m.*

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

**Materials from this and previous meetings for 2022 can be found within the following file:**

[211466](#) Communication relating to the 2022 activities of the City-County Heroin, Opioid and Cocaine Task Force.

Sponsors: THE CHAIR

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