

PRESENTATION OF THE CITY OF
MILWAUKEE SUBSTANCE USE
RESPONSE

STRATEGIC FRAMEWORK
& BUDGET REQUEST

MHD COMMISSIONER MIKE TOTORAITIS

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PRIORITIES FOR CITYWIDE STRATEGY FOR INVESTING OPIOID SETTLEMENT FUNDS

- **Balance priorities** to spend funds deliberately, transparently, and prudently with need for immediate action
 - justifiable funding allocations
 - Resource **stewardship that maximizes reach across the continuum of care**
- **Authentically involve** impacted community members and elevate lived experience
 - Ground response to stated needs for people who use drugs, substance-involved families
- Prioritize activities with strong evidence base of effectiveness
 - Assume need for experimentation and flexibility based on evolving promising practices and "practice-based evidence"
- Amplify impact via cross-sector **collaboration**
 - Maintain awareness of complementary efforts across the health ecosystem
 - Is this covered by other entities (insurers), would it be better implemented by someone else (e.g., CBO) with closer proximity to impacted populations?
- Evaluate and report out our **measurable impact to the community**

LEVERAGING POPULATION HEALTH TOOLS & FRAMEWORKS TO GUIDE MILWAUKEE'S STRATEGY

- Milwaukee-specific population health findings to **shape situational awareness**
 - Community Health Assessment (CHA)
 - MKE Elevate (Community Health Improvement Plan (CHIP))
- Environmental scans of current **resources, gaps, and solutions**
 - **Inform** planning, and drive response
 - Is it what those with lived and living experience would prioritize?
- **Narrative support** to justify funding allocation and impact
- **Data and evaluation** practitioners

BUDGETING PRIORITIES

- **Function, Impact, & Trackability:** F.I.T. Test
 - Provides decision-makers a fast, reliable way to ground spending decisions in fundamentals:
- **Evidence Base for impact**
 - Cost/benefit analyses
 - Areas suited to local government engagement and program implementation
 - Sustainability, costs to continue
 - Identify activities more **suited to funding community partners** to carry out work

PARALLEL EXAMPLE



Community input and engagement in the planning process

- Braid different stakeholders together
- Collaborate, involve & consult

Guiding principles

- Safety
- Equity
- Data
- Accountability and transparency

Adopt a **framework** to inform collective impact for individuals and population

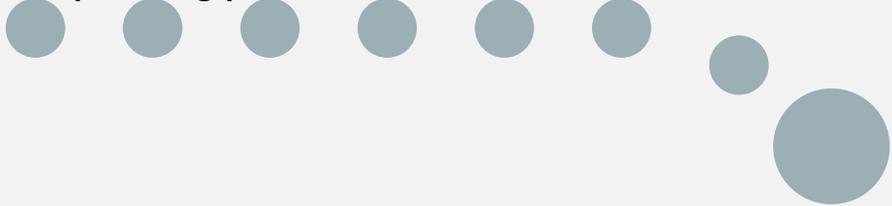
Collaborate with implementation partners on evidence based interventions



The Safe System Pyramid (referenced above) was adapted from the Health Impact Pyramid to more fully address roadway safety needs.

APPLYING THE EXAMPLE TO SUBSTANCE USE RESPONSE

Community input and engagement in the planning process



Guiding principles



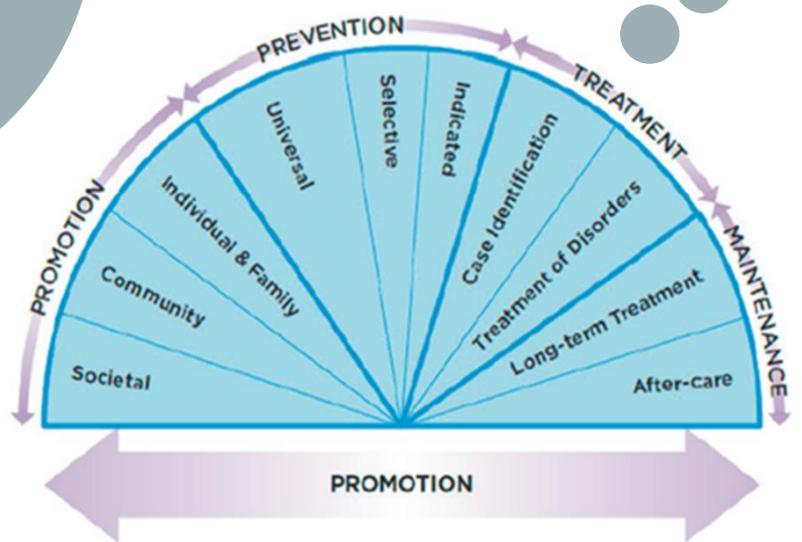
Adopt a **framework** to inform collective impact for individuals and population



Collaborate with implementation partners on evidence based interventions



Substance Use Citywide Strategy



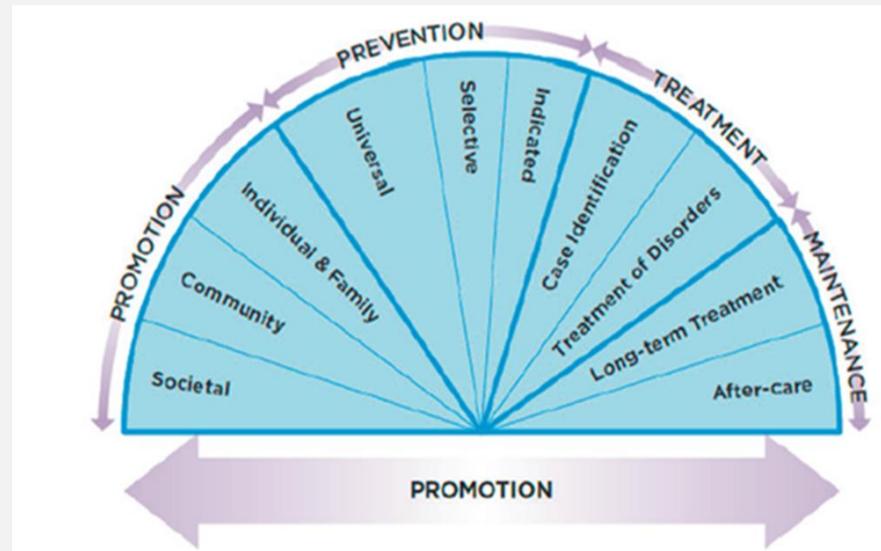
COMMUNITY INPUT AND ENGAGEMENT IN THE PLANNING PROCESS

CITY OF MILWAUKEE SUBSTANCE USE COLLABORATIVE WORK GROUP

City Department Work Group Members			Additional Work Group Members		
Administration	Gabe Terrell	Policy and Administration Coordinator	Public Safety – Safe & Sound	DJ Johnson	Deputy Director of Prevention & Partnership
	Sarah Osborne	Budget & Management Special Assistant		Araceli Arevalo	Lead Neighborhood Safety Coord. District 2
Health	Anna Narvey	Senior Public Health Strategist	Community Professionals/ Subject Matter Experts	Bernestine Jeffers	SUD Project Strategist, Center for Urban Population Health
	Marques Hogans	Director of Health Strategy		Charles Bowen	Staff Attorney, Overdose Prevention Project, Legal Action of WI
Fire	Aaron Lipski	Chief		Bryan Winters	Community member, person with lived experience
DOA-African American Affairs	Melissa Buford	Director		Community Advisory Board/ Lived Experience Advisory Board TBA	

INVESTING OPIOID SETTLEMENT FUNDS (OSF) & IMPLEMENTING ACROSS THE CONTINUUM OF CARE

STRATEGY SUMMARY

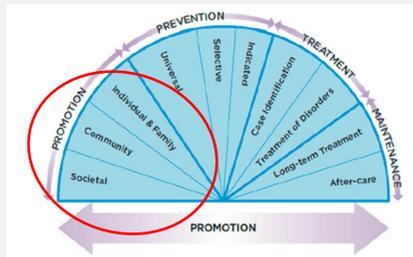


MAPPING STRATEGIC AIMS WITH THE RIGHT MIX OF INTERVENTIONS, PROGRAMS & INITIATIVES

INVESTING ACROSS THE CONTINUUM OF CARE

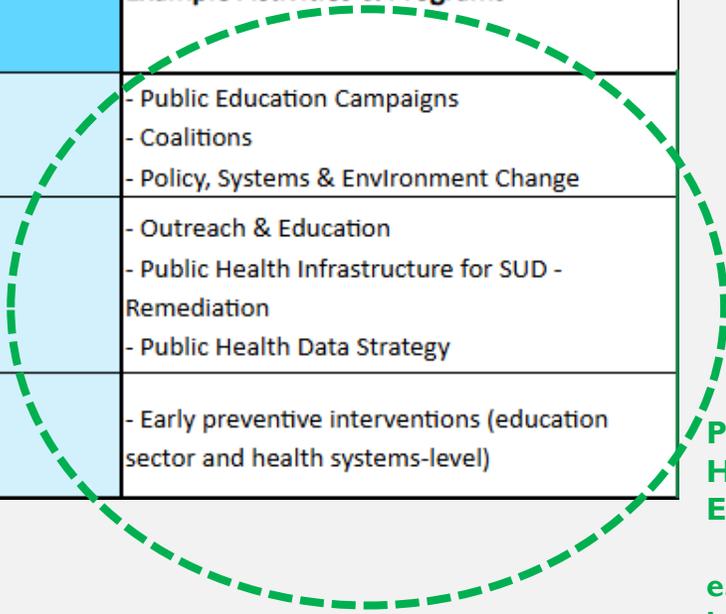
	Definition	Amount
1. Health Promotion	Health Promotion activities form a foundation of health-enabling contexts, programs, and services, effective policy environments, and supportive community systems to assure widespread capacity for health and well-being a population level	\$ 3,057,250 \$ 522,594 <hr/> \$ 3,579,844
2. Substance Use Prevention	Prevention activities work to educate and support individuals and communities to prevent substance misuse and the development of substance use disorders	\$ 4,047,600 \$ 5,300,035 <hr/> \$ 9,347,635
3. Treatment and management of substance use disorders	Ways of helping people reduce or stop substance misuse, improve their health and social functioning, and manage risk for relapse.	\$ 1,533,296 \$ 3,273,573 <hr/> \$ 4,826,869
4. Recovery Aftercare & survivorship	Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential	\$ 281,250 \$ 0 <hr/> \$ 281,250
CITY OSF BUDGET REQUEST 2026-2028		\$17,181,007

I. HEALTH PROMOTION



centers around: entire population health ecosystem (public health, human services, education, etc.)

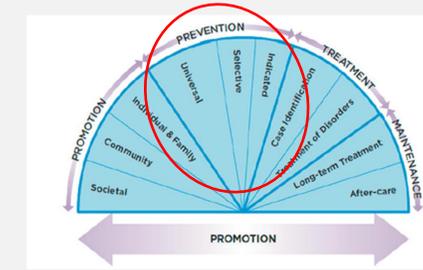
Continuum of Care Strategy	Definition	Strategic Aim(s)	Strategy Domains	Example Activities & Programs
Health Promotion	A foundation of health-enabling contexts, programs, and services, effective policy environments and supportive community systems to assure widespread capacity for health and well-being	Support delivery of public education about the importance of developmental milestones, emotional self-regulation, positive school climate, community engagement, community awareness campaigns, awareness education on health promoting behaviors and coping strategies	Societal Community Individual & Family	<ul style="list-style-type: none"> - Public Education Campaigns - Coalitions - Policy, Systems & Environment Change - Outreach & Education - Public Health Infrastructure for SUD - Remediation - Public Health Data Strategy - Early preventive interventions (education sector and health systems-level)



POPULATION HEALTH ECOSYSTEM

e.g., public health foundational capabilities and essential services

2. SUBSTANCE USE PREVENTION



centers around: populations or individuals
(depends on level of prevention for a given program)

Continuum of Care Strategy	Definition	Strategic Aim(s)	Strategy Domains	Example Activities & Programs
Substance Use Prevention	Educate and support individuals and communities to prevent substance misuse and the development of substance use disorders; provide opportunities for healthy behaviors and social contexts	Through prevention and early intervention, provide education and opportunities for healthy behaviors, foster healthy social contexts, and provide supportive resources and services such as those aligned with harm reduction approaches	Primary Prevention (Universal)	- early preventive interventions (groups and individual level) - integrate across health promotion spectrum (implement and expand access to evidence-based prevention strategies)
			Secondary Prevention (Selective)	- needs-based harm reduction saturation - evidence-based positive youth development and prevention
			Tertiary Prevention (Indicated)	-activities tailored to those meeting specific known risk factors (e.g., people who experienced prior non-fatal OD, people with certain health behaviors, etc.)

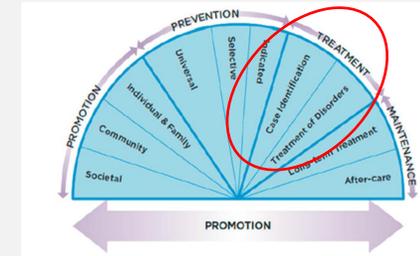
PUBLIC HEALTH SYSTEM

e.g, harm reduction outreach,

e.g., MORI

e.g., neighborhood nursing

3. TREATMENT



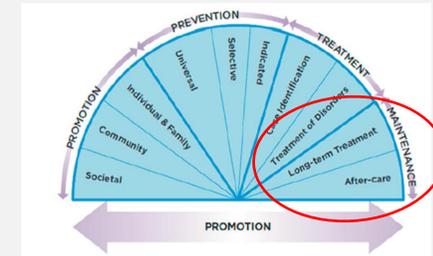
centers around: health systems –based direct services

Continuum of Care Strategy	Definition	Strategic Aim(s)	Strategy Domains	Example Activities & Programs
Treatment	Ways of helping people reduce or stop substance use or misuse, improve their health and social functioning	Assure all community members have sufficient and equitable access to non-punitive treatment services and supports, including harm reduction and array of treatments	Case Identification	<ul style="list-style-type: none"> - connect individuals to services - implement housing first models and practices - implement spectrum of diversion practices, alternative responses & restorative options
			Treatment of Known Disorders	<ul style="list-style-type: none"> - health and social services systems services are available, acceptable, affordable, culturally relevant - integrated care continuum

e.g., MORI

e.g., CORRECTIONS AND BEHAVIORAL HEALTH PROGRAMS

4. MAINTENANCE & AFTERCARE



centers around: community-based and health-system engagement

Continuum of Care Strategy	Definition	Strategic Aim(s)	Strategy Domains	Example Activities & Programs
Maintenance	Community-wide recovery supports that support individual pursuits of health and wellness; capacity to live a self-directed life; opportunity to reach their full potential	Support and facilitate community-wide recovery across multiple timespans; avoid disparities in privilege in recovery versus punishment in crisis	<p>Long-term Treatment</p> <hr/> <p>Aftercare</p>	<ul style="list-style-type: none"> - continuing care and self-management - re-engage in recovery after periods of return to use - substance use survivorship and recovery - ongoing engagement in health-promoting activities