

Milwaukee Overdose Response Initiative (MORI) – Sustainable Expansion

At the time of this document, national opioid settlements have been reached with defendants Janssen, Cardinal, McKesson, AmerisourceBergen, Teva, Allergan, CVS, Walgreens, Walmart, and Kroger Co. The funds received from these settlements to date exceed \$4 Million for the City of Milwaukee. Common Council resolution [File No 211799](#) resolves that;

- Settlement funds received in this litigation “shall be used to fund the Milwaukee Overdose Response Initiative (MORI) and other harm-reduction strategies”
- The City Comptroller is authorized to create the necessary accounts to carry out the intent of the file
- That no appropriation or expenditure of settlement funds received under this resolution shall be permitted unless authorized in a subsequent resolution.

Introduction:

Since 2019, the Milwaukee Fire Department (MFD) has provided near-term responses to non-fatal opioid overdoses in the Milwaukee community through the Milwaukee Overdose Response Initiative (MORI) program. In the past several years, the MFD has become a national model and leader in this space, providing support for other Fire and EMS agencies as well as partnering with various stakeholders and agencies in the area to provide this vital service to the victims of the opioid epidemic. Milwaukee’s MORI model relies on a collaboration between MFD members, our collective technological and surveillance data and systems, our partnership with Peer agencies who co-staff our response vehicles, and community and clinical partners who receive our non-fatal overdose patients and provide resources for their families during their recovery journey.

Funding Background:

It’s important to note that while MORI grant funding has supported MFD operations, it has never been a longitudinal plan for sustained operations. Of note, grants seldom if ever support long-term operations, and MFD’s role with its grantors has primarily been to both evaluate and develop operational methodologies to perform proximate responses as well as deliver technical assistance (TA) to other agencies looking to begin or improve their programs. The research and TA funds we have received do not match pace with the demand for our services, and we have thus far supplemented our MORI response capacity with operational funds, and the human resource cost of our Mobile Integrated Healthcare staff members, who are already tasked with caring for our most challenging patient populations that have chronic health conditions.

As noted, funding for The MORI program has largely been grant-based since 2019. An initial injection of \$100, 000 from the Milwaukee Common Council was used to develop a framework and subsequent funds came from the Bureau for Justice Assistance (BJA) and finally the National Association of County and City Health Officials (NACCHO). The last tranche of grant funding from the Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP) Grant is set to expire in September 2024. In addition to operational costs, grant funds have been used to support research objectives, data, and reporting as well as equipment and subcontracts with peer support specialists.

Operations:

The MFD’s MORI initiative is currently based out of Fire Station 31, a single-bay fire station whose fire engine was decommissioned during budget cuts in 2018. This station was converted to house MFD’s Community Paramedicine / Mobile Integrated Health (CP/MIH) program in 2019 which provides a post 911 response, referral, follow-up, and navigation

services to clinically complex patients in Milwaukee, with the goal of minimizing their 911 and Emergency Department use.

The initial injection of \$100,000 in 2019 was invested in this program with the goal of looking at non-fatal overdose patients through that same lens with mortality reduction as a goal. MORI became a grant-funded operation soon after we demonstrated an integration of technology and logic modeling to rapidly identify individuals, the utilization of our vehicles and staff to facilitate rapid deployment, and our social and professional capital to be a master convener of partners from public, private entities as well as our ability to integrate our current contracted partners to produce meaningful outcomes as well as longitudinal follow-up through a novel 911 identification process. This methodology and all of its requisite pieces continue to be the recommended evidence-based approach for municipalities looking to do this work and produce the desired results;

- Achieve contact with a patient group that is exceptionally difficult to find
- Provide harm-reduction materials and education to reduce mortality
- Reduce stigma among clients, family members establish relationships with key community stakeholders and the general public, paving an inclusive pathway to recovery and reducing barriers
- Provide proximate follow-up if clients are not ready for recovery at the initial visit
- Provide immediate links to inpatient or outpatient recovery if the client is ready

Current MFD response operations consist of two to three MORI teams of three individuals; two MFD members trained to the Community Paramedic level by the UWM School of Nursing, both with additional supplemental training, and a Peer support specialist from one of our contracted agencies. MORI also has a management and supervisory infrastructure to facilitate case review, complete scheduling prioritization, record keeping, and follow-up in addition to back-end logistics when a person decides on recovery during a visit. Demand for services often outpaces staffing availability, and the geography of Milwaukee creates an additional limiting factor. Not every planned visit is completed regularly, and while getting individuals placed into an inpatient program is an amazing achievement, some of these individual visits can be four hours or longer for a single client, taking almost all of the availability in a given day for that unit. Finally, our operational capacity is limited to Monday-Friday operations of current, which is a limit of the current funding.

Proposal:

The requested project meets the stated AIM of CC [File No 211799](#), to support the operations of the MORI program into the future, allocating the settlement funds to provide for both sustainability and expansion of the MORI program into the future. Requested funds will be used for a combination of capital and operational expenditures over 5-year terms, drawn from a segregated account for the expressed purposes listed below.

Facilities – The MFD plans to open several stations in the upcoming years, however, deferred maintenance requires additional investment, even for repurposed stations. Station 31 is a single-bay fire station with a somewhat compromised floor. In the current space, MFD cannot collocate the passenger vehicles for existing MORI and MIH operations, which removes the capacity for expansion to weekends or adding additional MORI teams.

Relocating MORI and MIH requires parking and space for no more than 15 light-passenger vehicles, preferably in a secure and climate-controlled setting. As with all

MFD operations, staging vehicles fully equipped increases our operational readiness, reduces downtime as well as provides for better accountability of equipment, and allows equipment check-off to be included in vehicle maintenance. MFD has plans to lease space for its fleet maintenance division and can co-locate MORI in this space which provides ample office and parking space. The single-bay station will be re-converted back to its emergency response mission and MFD can look towards the future to construct a multi-use space or single-use space with settlement funds in future years.

Team Expansion – Figures below are based on 2022 contracted rates for full time employees. Team expansion costs include annual salary and fringe costs, annual education costs, as well as a combined supervisory staff as the number of teams grows. The MFD currently deploys teams daily and plans to use the settlement funds to expand up to 8 teams by 2029, shifting from weekday operations to 7 days a week, and expanding hours. MFD staffing costs are inclusive of salaries and fringe benefits all of which are allowable to be charged to the settlement funds.

Peer Subcontracting – The MFD model depends on an external staffing pool that MFD accesses through subcontract agreements. The 5-year planning model allows an acceptable amount of time for our peer support agencies to identify, attract, screen and train additional Peer Support Specialists (PSS). Understanding that all of our current PSS have backgrounds and a history of Substance Use Disorder (SUD), it is essential for our success that our growth matches their ability to supply appropriate staffing.

Vehicles, Supplies & Equipment – Current MORI vehicles are approaching the end of usable life (where the cost to maintain the vehicle exceeds the cost of purchasing a new vehicle, and the city releases the vehicle to auction). Previous grantors have also limited the ability to purchase vehicles, so MFD has used operational funds to support past vehicle purchases and draw resources from the MIH Fleet. MORI vehicles are equipped in the same fashion as MIH vehicles and include a ruggedized mobile computer, an MFD radio, a medical/hospital-grade defibrillator and a mobile phone in addition to literature and harm reduction materials. As these are hard costs, we are including a 7% rate of inflation in addition to vehicle and equipment/supply costs of \$108,000 per team.

Summary of Expenditures – To fully support the MFD MORI program, the MFD submits the enclosed proposal with the request to have the total amount indicated below dedicated to a segregated account by the comptroller. The MFD will draw from the said account for the indicated capital, operational, and subcontracting expenditures from October 2024 and FY 2025-2029 for the expressed purpose of funding MORI.

	2025	2026	2027	2028	2029
Facilities	\$250,500	\$103,413	\$107,373	\$111,382	\$114,442
Team Expansion	\$931,242	\$1,269,536	\$1,467,185	\$1,664,835	\$1,862,484
Peer Subcontracting	\$475,000	\$653,125	\$855,000	\$1,080,625	\$1,330,000
Vehicles, Supplies & Equipment	\$215,000	\$115,000	\$125,000	\$130,000	\$140,000
Annual Allocation	1,871,742	2,141,073	2,554,558	2,986,842	3,446,926
5-Year Request	\$13,001,140				

Outcomes:

As previously mentioned, the MFD's role in the Milwaukee Overdose Response Initiative has always been to support the reduction of mortality from opioid overdose. We propose the use of the indicated funds to invest in a sustainable approach to that goal which includes expanding our post-non-fatal-overdose response capacity to meet the demands of our metropolitan area, to expand our footprint to include locations that allow us to be more proximate to clients, reducing our response times, and continue to strengthen and build partnerships with community organizations that support our missions to combat the opioid epidemic.

It should be acknowledged that MFD continues to support community education and prevention events with our staff, in addition to our response capacity. While this is included in our staffing costs, we must continue to support community organizations, for whom this is their primary mission. The MFD also continues to support our academic and research partners, who partnered with us during our early and late stages of development. While we are a response agency, we have no statistical, data, or research arm. Subsequent projects, expanded goals, or additional questions that seek to alter or expand this mission are best started back at that original research phase where MORI grew from Mobile Integrated Health.