



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

Ald. Khalif Rainey, Daniel Bukiewicz, Ken Ginlack, Cassandra

Libal, Marques Hogans, Michael Wright, James Campbell,

Selahattin Kurter, Shaun Doyne, Amanda DeLeon, Tahira

Malik and Jeremy Triblett

Staff Assistant, Chris Lee, 286-2232, Fax: 286-3456,

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Legislative Liaison, Tea Norfolk, 286-8012

Tuesday, January 16, 2024

1:30 PM

Virtual Meeting

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.

Meeting called to order at 1:34 p.m.

2. Roll call.

Present 10 - Malik, De Leon, Bukiewicz, Doyne, Ginlack, Wright, Libal, Campbell, Triblett, Murphy

Excused 3 - Totoraitis, Kurter, Lappen

Absent 1 - Rainey

Also present:

Dr. Constance Kostelac, Medical College of Wisconsin

Amy Parry, Medical College of Wisconsin

Marques Hogans, Milwaukee Health Dept.

Aaron Lipski, Milwaukee Fire Chief

Gregory Miller, Milwaukee Fire Captain

3. Introduction of new membership.

New members were members Totoraitis, Campbell, and Triblett.

Member Campbell introduced himself to replacing Cap. Hutchinson who had moved onto the homicide division for the MPD. Member Campbell now was assigned to HIDTA and has drug law enforcement background.

4. Review and approval of the previous meeting minutes from June 21, 2023.

Meeting minutes from June 21, 2023 were approved without objection.

5. Discussion, review, update, or motion(s) on City-County efforts, programs, initiatives, grants or activities.

a. Overdose Public Health and Safety Team (OD-PHAST)

Ms. Kostelac and Parry presented. OD-PHAST process was changed to combine the Overdose Fatality Review (OFR) and Data Strategy Team (DST) into one single Planning Team that met monthly for theme-based aggregate data review, partner presentations, case review, and recommendation development and action planning over a four month period. The Planning Team was a multi-disciplinary team represented by many agencies with members on the task force. The first two months involved virtual aggregate data and case review. Month three was in-person and entailed summary and findings, recommendation voting and prioritization. Month four was in-person and entailed action planning. At the conclusion of these meetings, presentation of high level summary of findings and high benefit-high effort recommendations were being made.

Themes were selected by the Planning Team after review of nonfatal and fatal overdose data including location mapping with an attempt to reflect current trends. The themes were "Overdoses in the Amani Neighborhood" from August to November 2023 and "Overdoses among Black men aged 50 and above" from December 2023 to March 2024.

There were ultimately six recommendations that were being prioritized from the overdoses in Amani Neighborhood theme. The recommendations dealt with addressing gaps in culturally sensitive resources for individuals under 18 years of age, providing training and building relationships with Amani neighborhood businesses, standardizing data reporting and referral system for community paramedics, developing or enhancing navigation for transitioning patients from a detoxification program, educating community members about signs and symptoms of overdose and changing drug supply, and expanding substance use risk and overdose prevention educations in nonprofits that serve youths and schools. Next step would be to move these recommendations forward to be acted upon and to result in progress by members of the Planning Team and other community agency partners. Implementation plans were still being developed as well.

The current theme being focused on presently was on overdoses among Black men aged 50 years and above. Drug death data collected showed increased rate of overdose disproportionately impacting Black individuals. The rate was trending higher among Black and Hispanic individuals compared to White individuals from the last few years to the present. Data also showed a spike for Black males in the 50 years of age group in drug death counts by sex among select race and ethnicity groups. The average age of drug death among Black men aged 50 and above was 59.3 years. Most of drug deaths occurred at the individual's residence, and more than half involved at least fentanyl and cocaine. The average age of naloxone administration among Black men aged 50 and above was 60.2 years. Most naloxone administrations among this group occurred in a residence (single family home or apartment).

There was also a Voices Wisconsin health survey conducted from Vital Strategies

regarding the health of people who uses drugs in Milwaukee. The study goals were to learn directly from lived experiences and needs/wants, learn about the health of people who use drugs in Milwaukee, and identify gaps in access to harm reduction and treatment services in Milwaukee. The survey was an anonymous 30-minute phone survey fielded in January to April 2023. Individuals were recruited at 15 various organization sites. Eligibility for the survey included being 18 years of age; having used opioids, methamphetamines, cocaine or crack within the past year; and having a survey recruitment card with a unique ID code from a program or peer. Respondents were compensated \$25.

Drug use characteristics data by race and ethnicity showed that drug use in the past 30 days and use of stimulants were about the same or not far off between White NH, Black NH, and Hispanic; however, knowingly use of opioids was much lower for Black NH when compared to White NH and Hispanic. Data showed that method of use by race and ethnicity was drastically lower (injection) and higher (smoking) for Black NH compared to White NH and Hispanic. Data showed that access to services (harm reduction service, fentanyl test strips, naloxone kit, and treatment) by race and ethnicity were lower for Black NH compared to White NH and Hispanic.

Chair Murphy inquired about the assumption that the overdose trend of Black men over 50 years of age were due to smoking crack and/or cocaine with a stimulant.

Ms. Parry replied that the survey data was based on a sample size and cannot be assumed to be true and representative for the whole population within Milwaukee County. The combination of cocaine and fentanyl in drug deaths applied to all race groups in the County and was not unique to the African American population. Equal amount of people were reporting use of a stimulant, but there were differences in the awareness of the use of an opioid. There was no good way of knowing the method and combination of how substances were used for those who had fatally overdosed. Many agencies were using the survey data towards their own strategic efforts and could provide further information.

b. Behavioral Health Services (BHS) programs

Member Triblett gave an update. BHS would continue to work on one proposal with a lived experience strategy. The proposal would be focused on engaging with the African American men population. The proposal was not selected for recent funding. The proposal would entail holding conversations with community leaders on how to talk about substance abuse and to provide to them resources and tools, creating a process to measure the impact of those conversations, and establishing focus groups with African American men in recovery. He had participated in such a focus group with Serenity Inn to get feedback from users on their interest in using harm reduction products and/or services.

Harm reduction machines and applications were live. Further information could be found at www.harmreductionmke.org. The website would feature all of the County's harm reduction strategies, including the vending machines. The website has and would add more features, which would be ongoing. Current and additional features would include expanding the mapping capabilities regarding vending machines (such as access points and proximity), downloadable flyer, a listing of agencies with installed vending machines, and educational/training videos on harm reduction products.

There would be a press conference on January 23, 2024 at Outreach Community Center. There would be continue efforts to address gaps in harm reduction strategies, including putting vending machines in other types of businesses and locations and getting those places to participate. Data was being complied from the Better Ways to Cope 3-year campaign thus far. Also, they were looking at sustaining the initiative and offering a toolkit for agencies to use. \$1.2 million in County settlement dollars (per year for 3 years totally about \$3.5 million) would be regranted to the community for harm reduction prevention. Applicants would be able to apply in the strategy categories of treatment, prevention and harm reduction, or other.

Members inquired about using settlement funds towards people's transportation needs to access treatment, metrics used to measure the effectiveness of vending machines, and if there were any outcomes to show the use of vending products in the residences of users.

Member Triblett replied. He was familiar with treatment efforts and would inquire and find out from colleagues on treatment access and transportation needs. Vending machines were only 5 months in, and they were developing metrics along the way. One measurement was having every agency hosting a vending machine go through training to measure their understanding of each product supply. They have data on whether agencies passed the training. A second measurement was using Evaluating Vulnerability and Equity (EVE) mapping from the Office of Emergency Management to determine proper placement of vending machines in high indexed vulnerable areas. Also, they were in the process of trying to measure saturation of supplies, resources, and initiatives. Then they would be able to project out further on distribution. Audits were being done when refilling vending machines. The audits would help them determine if products were being used properly, what products were being used, whether there were any trends, and whether to relocate a vending machine. Regarding outcomes, there was no readily available data on outcomes. They would survey hosting agencies to provide feedback on the impact a vending machine has had on their particular agency and customers. Hosting agencies were also required to do education and awareness outreach to residents on the vending machines and products inside the machines.

Members discussed and inquired about finding a way to get feedback on the source of narcan being administered to non-fatal overdose persons and whether that information could be obtained directly from those being administered narcan while they were in emergency rooms or while they were with particular agencies responding to overdose incidents. The question would require further exploration and discussion, such as with OD-PHAST and MORI.

c. Milwaukee Health Department (MHD) projects

Appearing:

Marques Hogans, Milwaukee Health Dept.

Mr. Hogans gave an update. He and his office have been trying to reconcile the efforts, programs, and partnerships that were under Courtney Geiger, who has since departed the Health Dept. There were contracts with 4th Dimension Sobriety House to support 10 beds and services, and they would meet with that agency further. They were in communication with Vital Strategies and Samad's House to offer nalox-zone lock boxes in other community spaces, and they would engage BHS to include the lock box locations in their mapping of harm reduction vending machines. They

currently have a gap and lacked capacity to conduct internal staff training on administering harm reduction products. They would seek external training opportunities for all of their relevant staff (including those visiting clients), such as a Narcan Direct Program training session for tomorrow. The Health Department would participate in Milwaukee Drug Rapid Testing and Outreach Program in coordination with HIDTA and the Medical Examiner's Office, and they were figuring out scope of work. He and another colleague was now monitoring the email harmreduction@milwaukee.gov. They planned to transition to the 3.0 model to build capacity with external training partners. They would support a project with RISE Drug Free MKE to engage youths.

Chief Lipski said the fire department would be interested to partner or assist with the drug rapid testing program concerning the testing equipment and their hazmat activities.

Ald. Murphy said he will request a further update from the Health Department on the department's activities before the City's Public Safety and Health Committee.

d. Milwaukee Overdose Response Initiative (MORI)

Captain Miller gave an update on 2023 numbers. 1,659 people were saved via narcan administration. Some people had been given narcan prior to the arrival of MORI respondents. Narcan may not be working for nasal administration as compared to narcan injection. 4,335 attempts to contact were made, 780 clients were contacted, and 675 non-clients (friends or family members) were contacted. 107 were enrolled into treatment via warm handoffs, which was 39 more than 2022. They had no method of tracking the outcomes of clients further beyond the warm handoffs. 922 Hope Kits were distributed by MORI, and 1,618 Hope Kits were distributed by field companies. Total Hope Kits distributed was 2,540, which was over 500 from 2022. Any individual may be able to visit any fire department station to ask for narcan and/or Hope Kit, and education instructional information would be included. The MORI would soon be administering buprenorphine and provide medication to individuals going through withdrawal within their homes. They would also follow up with those individuals and provide warm handoffs as necessary.

Chair Murphy requested that a written report on the update be provided to the task force.

Chief Lipski inquired about ongoing funding for MORI.

Captain Miller replied. MORI were utilizing two trucks. MORI was funded through two grants with one having ended last summer and the second ending at the end of this year.

Chief Lipski said that they were seeking further funding, would continue MORI, and would like access to settlement funds.

Chair Murphy inquired about the Health Department pursuing the two grants to fund MORI.

Mr. Hogans replied that he was not as familiar with those grants, would look further into those grants, that there was a candidate to fill the position that was left by Mr. Geiger, the candidate had left, and the vacant position was an ongoing hiring

process.

Captain Miller said that the grant through the Health Department was a NACCHO grant and the fire department grant was the BJA COSSUP grant.

e. Other

There was no other discussion.

6. Public comments and/or announcements.

Chair Murphy announced that today's meeting would probably be his last. He was proud of the strides that had been made through the task force and agencies represented, but acknowledged that there was much more work to be done. The uptick in fatal overdoses for African American men was concerning. Also an issue was the use of heroin in combination with other substances and/or fentanyl. He was hopeful for there to be continued commitment in the task force, and that vice-chair Lappen would lead the task force in the interim.

Chief Lipski commended chair Murphy for his leadership in bringing all agencies together under the task force and for his help in breaking the stigma.

7. Next steps.

a. Agenda items for the next meeting

To be determined.

b. Set next meeting date and time

To be determined.

8. Adjournment.

Meeting adjourned at 2:46 p.m.

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

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