

Tracking progress and sharing outcomes of the City of Milwaukee Health Department OSF investments

Continuum of Care

MHD is structuring its substance use response and investment of opioid settlement funds around the Continuum of Care (COC) framework. MHD's work expands on information in *Responding to the Opioid Epidemic* to apply this framework to its proposed strategy and budget request¹. The strategy is further based on guidance and resources from the U.S. Department of Health and Human Services' Substance Abuse Mental Health Services Administration (SAMHSA), The National Academies of Science, Engineering, and Medicine (NASEM), among many others.

The COC provides a structure to respond to the opioid epidemic (OE) that is theory-driven, evidence-based, and sufficiently adaptable. It is used as the organizing backbone for all opioid settlement funded work because it ensures that investments are not isolated activities but part of a coordinated system of response. The **four strategy categories (health promotion, prevention, treatment, maintenance)** will act as guideposts to ensure Milwaukee's investments to remediate the OE are impactful and wide-reaching.

Figure 1: The Continuum of Care



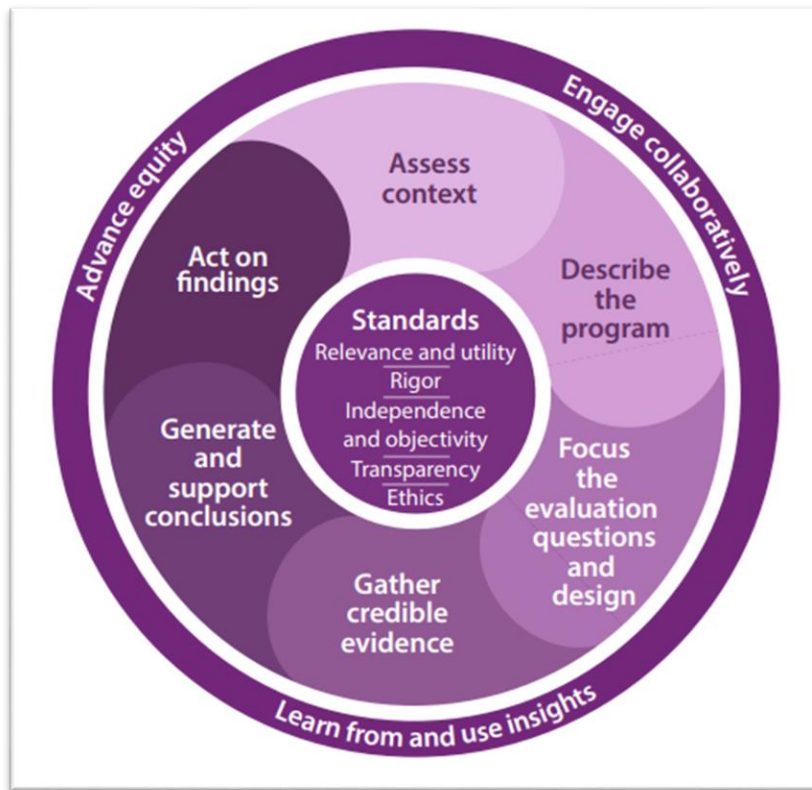
Adapting the Continuum of Care Framework to Support Monitoring and Program Evaluation

For each of the four domains and their strategies, there exist numerous inputs and activities, programs and interventions. A gap analysis informs goals, and a logic model states how, precisely, those goals will be achieved. To assure that hypothesized health improvements are attained, all settlement funded programs, interventions, and activities are selected based on existing evidence-based practice, emerging and promising practices, and innovative community-driven solutions.

¹ Responding to the Opioid Epidemic: a guide for public health practitioners / editors, William F. Wieczorek, PhD and Martha W. Waller, PhD, MA. 2024. American Public Health Association Press

A program monitoring and evaluation framework for MHD’s opioid settlement fund investments will be guided by this CDC framework, which includes three cross-cutting actions, six evaluation planning and implementation steps, and five evaluation standards.

Figure 2: CDC Program Evaluation Framework



Logic models are a key tool within this evaluation framework. They serve as a visual bridge between planning and outcomes by showing how inputs and activities lead to outputs, short term changes, and long-term impacts. Across all opioid settlement funded initiatives, logic models are or will be used to translate the COC framework into actionable program pathways that can be measured and improved over time.

Leveraging Logic Models

A roadmap for understanding progress and outcomes attained through OSF investments

Logic models are a graphic representation of a theory of change and are one way to depict a roadmap for implementation. Plans grounded in logic models are “intentional, forward looking, and clearly document the identified need or problem proposed intervention, required resources, target outcomes, and data and evaluation plans.”² In defining inputs, activities, and results upfront, practitioners can answer the following key questions: did we do what we said we would do; and did the intervention impact the risk or protective factors we needed to address?

² NASEM Consensus Study Report, Blueprint for a National Prevention Infrastructure for Mental, Emotional, and Behavioral Disorders, The Evidence Base on policies, p238.

Connection to Community Health Findings

Within this broader evaluation and systems framework, the Community Health Assessment (CHA) helps to assess the context by providing the local data and lived experience that guide priority setting. In Milwaukee, both quantitative data and community input consistently highlight substance use as a major driver of preventable mortality and poor health outcomes.

Unintentional injuries including drug overdoses, car crashes, and falls are the leading cause of death for residents ages 1 to 44. Among these, unintentional drug overdoses have emerged as one of the most rapidly increasing causes of premature death. Most overdose deaths are linked to synthetic opioids such as fentanyl, which act quickly and often result in death before emergency medical services can intervene.

The impact of these deaths is reflected in Years of Potential Life Lost (YPLL), which measures the number of years lost when individuals die before age 75. In Milwaukee, unintentional overdoses have become the single largest contributor to YPLL. In 2023, overdoses accounted for nearly 20 percent of all years of life lost, with each death shortening life by an average of 26.6 years. This represents a significant burden on families, communities, and local systems.

CHA findings also highlight persistent barriers to addressing this crisis. Stigma related to substance use continues to reduce help seeking behavior, delay engagement with care, and limit access to treatment and recovery services. Stakeholders identified the need for interventions that can save lives immediately while also creating pathways into care.

Proposed Strategy: Naloxone Saturation

Within this context, naloxone was identified as one key evidence-based intervention to address premature mortality from overdose death. Naloxone is an opioid overdose reversal medication that can rapidly restore breathing during an overdose. It is safe, effective, and can be administered by individuals without medical training.

Because overdoses often occur in unpredictable locations and progress rapidly, survival depends on whether naloxone is immediately available at the point of need. This led to the identification of naloxone saturation as a priority strategy for opioid settlement funding in Milwaukee.

Naloxone saturation focuses on ensuring widespread availability of naloxone across community settings including homes, shelters, community-based organizations, treatment programs, and public facing businesses. The goal is to ensure that wherever an overdose occurs, someone nearby has the ability to respond immediately and effectively.

Naloxone distribution is also supported by strong evidence as a cost-effective public health intervention. Compared to emergency department care, hospitalization, and long-term consequences of untreated overdose, naloxone is a low-cost strategy that directly prevents death and reduces premature mortality.

Logic Model: Naloxone Saturation (See page 5)

To operationalize naloxone saturation within the COC and evaluation framework, a logic model is used. The logic model connects inputs such as funding, naloxone supply, trained staff, and community partnerships to activities including distribution, training, outreach, and stigma reduction efforts. These activities produce measurable outputs such as kits distributed, individuals trained, and organizations engaged. Over time, these outputs lead to short term outcomes including increased access to naloxone, improved overdose response capacity, and reduced stigma.

Ultimately, these changes contribute to long term outcomes including reduced overdose mortality and lower YPLL across Milwaukee.

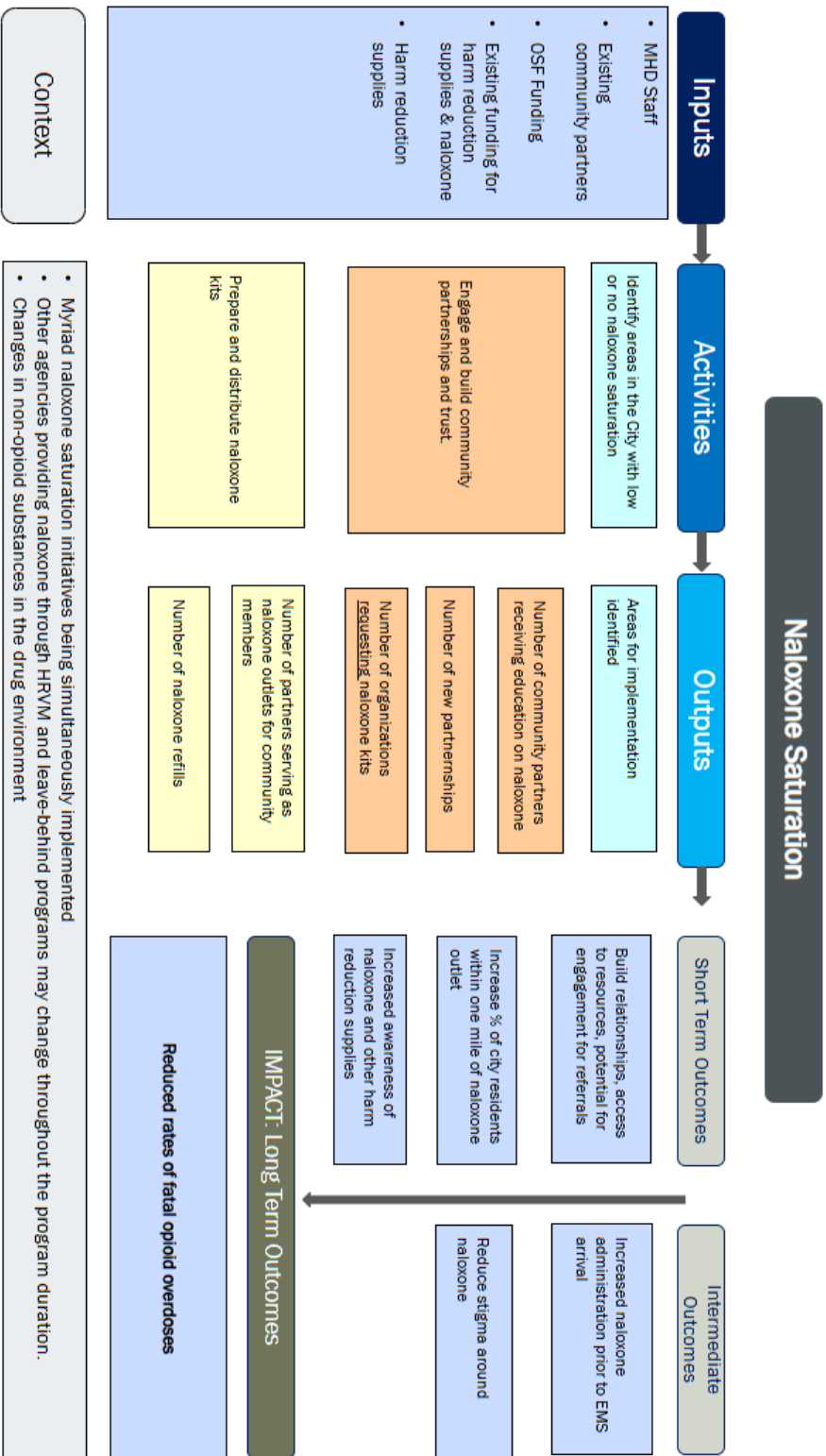
Proposed Strategy: Community Re-granting

While the naloxone saturation logic model describes the overall citywide strategy and long-term impact, implementation requires a more focused approach at the community level. The citywide model defines how investments lead to reduced overdose fatality, but it does not specify how individual organizations will carry out this work. To describe one of several mechanisms by which MHD will contribute to broader citywide change, one can consider the anticipated results of a re-granting or mini grant structure to support community-based organizations.

This strategy is included among the approved uses from the “menu” of activities eligible for opioid settlement funds in several ways. For example, investing in system infrastructure for non-governmental agency operations; supporting collaborative cross-system coordination; or providing funding for programs and services to improve capabilities to abate the opioid crisis.

Logic Model: Re-granting (See page 6)

In contrast to the above model which focuses on a specific intervention and its impact, the community re-granting logic model emphasizes how the existence of regranting itself will have an impact on abating the opioid epidemic. A regranting program is not a health intervention; rather, the regranting is a mechanism for resource support inputs and partnership will allow funding recipients to deliver programs and interventions responsive to the shared goals of reducing overdose harms and death.



Community re-granting
Opioid abatement funds available to community partners for service implementation

