



# 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, Marisol Cervera, Ryan Shogren, Daniel Bukiewicz, Ken Ginlack, Cassandra Libal, Jamaal Smith, and Michael Wright*

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*Legislative Liaison, Tea Norfolk, 286-8012*

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Wednesday, May 5, 2021

1:00 PM

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>.**

**1. Call to order.**

*Meeting was called to order at 1:02 p.m.*

**2. Roll call.**

*Present 11 - Murphy, Lappen, Mathy, Rainey, Cervera, Shogren, Bukiewicz, Ginlack, Libal, Smith, Wright*

*Members introduced themselves as follows:*

*Chair Ald. Michael Murphy - Milwaukee Common Council 10th Aldermanic District*

*Vice-chair Michael Lappen - Milwaukee County Behavioral Health Administrator*

*James Mathy - Milwaukee County Housing Division Administrator*

*Ald. Khalif Rainey - Milwaukee Common Council 7th Aldermanic District*

*Marisol Cervera - United Community Center Director of Human Services and Elderly Programs*

*Ryan Shogren - Dept. of Justice Division of Criminal Investigations Eastern Field Operations Director*

*Daniel Bukiewicz - Mayor of Oak Creek and Milwaukee Building Construction Trade President*

*Ken Ginlack - Milwaukee County Behavioral Health Director of Outpatient Programs, Psychotherapist, Substance Abuse Counselor, and person in long-term recovery*

*Cassandra Libal - Milwaukee County Office of Emergency Management Director and formerly with the Milwaukee Police Department concerning crisis intervention, homelessness, and HIDTA*

*Jamaal Smith - Milwaukee Health Dept. Office of Violence Prevention Community Violence Prevention Manager*

*Michael Wright - Retired Milwaukee Fire Dept. Captain and previous work with the MORI and Mobile Integrated programs*

**Also present:**

*Courtney Geiger, Milwaukee Health Dept.*

**3. Review and approval of the previous meeting minutes from February 14, 2020.**

*The meeting minutes from February 14, 2020 were approved without objection.*

**4. Review or update on City-County efforts, programs, initiatives, grants or activities.**

*a. BHD prevention programs*

- i. House of Corrections Vivitrol program*
- ii. Family drug treatment court*
- iii. Other*

*Vice-chair Lappen gave an update. The family drug treatment court stems from 2011, surveys people at risk of losing their children due to substance abuse offenses, provides treatment, collaborates with the Dept. of Child Protection Services, assigns a recovery coordinator for each person, has individuals meet with a judge bi-weekly, does wrap around services, and provides incentives for people to meet goals. BHD received in 2017 a SAMHSA grant to enhance the number of people served. The current grant year has 35 participants. A different great service has been Oxford House, which has provided safe and sober housing for those with substance abuse challenges. The House of Corrections has implemented a program, MAT Behind the Walls, to provide medication assisted treatment. Vivitrol and Naloxone are provided to voluntarily participants. Services in HOC now follow individuals into the community. BHD has been operating at full capacity with its grants since the COVID-19 pandemic. BHD 2020 numbers include 6,861 detoxification patients, 5,000 intake assessments, 557 outpatients, 15 day treatment referrals, 637 residential AOTA patients, BHD 112-funded community beds, 464 individuals with recovery support services, and 10 persons in the new recovery house. BHD is working on a large mental health and substance abuse awareness community campaign. A goal is to get Vivitrol to those who need it the most.*

*Chair Murphy questioned additional federal funding opportunities for BHD.*

*Vice-chair Lappen replied that BHD is working on grant applications for 3 pools of federal funding through the State. Some dollars must be spent this September. There is a statewide \$8 million that can be spent March 1, 2021 through 2023. BHD is open to collaborate with anyone with ideas to make the applications. It is anticipated that a good portion of the funds would come to Milwaukee County. A recent change allows Medicaid to pay for residential AOTA services, and the hope is that it would stimulate more providers. Room and board is not included, but there is State allocation to cover room and board costs separate from the treatment costs.*

*b. Milwaukee Health Department*

- i. Milwaukee Overdose Response Initiative (MORI) and data*
- ii. Initiatives*

*Appearing:*

*Courtney Geiger, Milwaukee Health Dept. Public Health Strategist  
Lt. Gregory Miller, Milwaukee Fire Dept.  
Victoria Wright, Milwaukee County Medical Examiner's Office  
Aziza Carter, Milwaukee Health Dept.*

*All those appearing gave a PowerPoint presentation as follows:*

*Lt. Millier is the mobile integrated healthcare program manager at the Milwaukee Fire Dept. that oversees the MORI program. The program is for non-fatal overdose response. Dispatch data is reviewed daily, and they would then respond to individuals. There are two paramedics and a peer support specialist. Services are offered to individuals based on the level that they want to proceed. Transportation to treatment, harm reduction items, and follow-up appointments are provided. These services are done 5 days a week 8 hours a day. MORI 2.0 data for 2020 includes 1,853 attempted contacts, 653 successful contacts, and 85 with treatment. There is no data yet for 2021.*

*Ms. Wright is the Community Resource Dispatcher at MCMEO and works with families with a fatal overdose. MORI 3.0 had the original premise to contact families after a fatal overdose to ensure that the families had necessary support services in place to prevent additional overdoses or other unhealthy outcomes. She has been contacting families since October 19, 2020, reviewing deaths coming into the office daily, and look for signs to contact families. Applicable contacts are broad and could be a significant other, friends, parent, and others. She has identified and attempted to contact, via phone and messaging, 197 individuals with 62 being contacted and no contact made for 135. 25 people were referred to MORI partners such as grief and loss counseling and fire departments. In her experience contacting families, she has mainly seen those families be in denial or grief. Contacting families within 72 hours may be too soon, and now families are given a few weeks before being contacted. Toxicity results take 1.5 months after a fatality. Families seem more willing to talk and take assistance when there is a toxicity result.*

*MORI is funded by grant from the National Association for City-County Health Officials. The grant will end July 21, 2021. The decision was made to purchase and provide 96 adult and kid backpacks with items to families to show care. Item contents would include hygiene kits, scarves, socks, gloves, non-perishable food items, water, books, school supplies, and toys.*

*On other initiatives MHD received \$25,000 in the 2021 Milwaukee city budget for harm reduction purposes. MHD decided to purchase Narcan and Fentanyl strips. MHD is working with St. Francis and St. Joseph hospital emergency departments to distribute the strips to non-fatal overdose patients as well as to Milwaukee jails. Fentanyl strips have been distributed to BHD and emergency rooms. Narcan acquisition is ongoing with MHD legal. 402 and 108 Narcan kits have been distributed in 2020 and 2021, respectively, through the State NDP grant. There is collaboration between Marquette and MCW on an abstract examining why people are not using Naloxone despite its availability. There will be a geospatial analysis of overdose locations, outreach done with the community to distribute Narcan to those who need it the most, and development of an app for Narcan distribution. Through the NACCHO grant MHD would purchase 1500 1-quart containers for syringe disposal in collaboration with Vivent Health, UMOS, and SSCHC.*

*Chair Murphy questioned tracking and outcomes of those treated in MORI 2.0, what could be done more or better for MORI 3.0, additional resources to continue MORI, and the discontinuance of ambulance services on MORI.*

*Ms. Geiger replied. There will be the use of new software, Cognito, to better track*

patients for MORI 2.0. A long-term goal is to track and see the outcomes. MCW is backtracking through data from 2019 and 2020. It is not known when that data would be available but perhaps by the end of 2021. On additional resources for MORI, MHD is working to collaborate with the State on their longer term SAMHSA grants. There are presently no appropriate grant opportunities with NACCHO, but they would update on any available sources of funding.

Ms. Wright replied. MORI 3.0 needs more capacity to contact families, more grief/loss services, and perhaps extending the timeframe to contact families up to 6 months after fatalities. Families need time to deal with grief, bury their loved ones, know toxicity results, and determine whether law enforcement is taking action on any criminal activity before dealing with any issues of their own. Making referrals on the frontend was probably too ambitious. There needs to be fewer silos so that adequate responses can be given to families.

Lt. Miller replied said that the reduction in ambulatory services should not hinder MORI since it is separate from the 911-EMS aspect of the fire department.

Chair Murphy said that outcome metrics would be important to determine if MORI has been successful and that attention should be paid to any federal earmarks coming from President Biden's administration that can fund MORI.

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

Appearing:

Constance Kostelac, Medical College of Wisconsin

Amy Parry, Medical College of Wisconsin

Sarah Schreiber, Milwaukee County Medical Examiner's Office

Ms. Kostelac, Parry, and Schreiber introduced themselves as an Assistant Professor at MCW (work with overdose and violence prevention), Program Manager at MCW, and Forensic Technical Director at MEO, respectively.

They gave a PowerPoint presentation on trends in drug deaths in Milwaukee County for 2020, 2021, and an overview of OD-PHAST as follows:

There were 544 overdose deaths in 2020, a 30 percent increase from 2019. Many deaths were due to multi-substance use. Most deaths were due to narcotics at 461 followed by a rising trend in fentanyl at 408, and cocaine at 225. Overdose deaths were higher in 2020 for every month when compared to 2019, especially for May and June. Based on race/Hispanic ethnicity count, the highest count of overdose deaths were white followed by black, Hispanic, multi-racial, Native American, and Asian/Pacific Islander. Based on population rate per 100,000 persons, the race or ethnicity with the highest overdose death rate were Native American followed by white, black, Hispanic, multi-racial, and Asian/Pacific Islander. Based on sex 70 percent of deaths were male and 30 percent of deaths were female overall. Males were a higher portion than females for overdose deaths for each race/Hispanic ethnicity except multi-racial. Based on age the highest age group with overdose deaths were 30-34 followed by 50-54, 35-39, 55-59, 40-44, 45-49, 25-29, 60-64, 18-24, 65-69, and 70 or above. Based on age, sex, and race/Hispanic ethnicity the highest age category with overdose deaths for black females were 50-59 and for white females were 30-39 and 50-59. The highest age category with overdose deaths for black males were 50-59, for white males were 30-39, and for Hispanic males were 50-59. Cities with the most

overdose death incidents were Milwaukee (410), West Allis (39), and Greenfield (14), Oak Creek (12), Wauwatosa (10), Cudahy (9), South Milwaukee (8), West Milwaukee (7), Franklin (7), followed by less than 5 for Brown Deer, Fox Point, Glendale, Hales Corners, St. Francis, and Shorewood. Based on zip codes 75 percent of fatalities occurred in the same zip codes where the victims' fatal overdose was sustained, and 6 percent of fatalities were individuals who did not reside in Milwaukee County.

For 2021 there have been 99 confirmed overdose deaths, 89 deaths pending toxicology, and possibly an 11 percent increase in deaths compared to the first 3 months for 2020 should those 89 pending deaths be confirmed.

OD-PHAST is a 3-year grant-funded project through federal Bureau of Justice Assistance (BJA); is in its early stages; is part of the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP); is a County level program through the MEO; supplements efforts already going on; focuses on preventing overdoses and fatal overdoses; and brings multi-disciplinary partners together. OD-PHAST aims to expand the delivery and analysis of near real-time data between multiple public health and public safety partners, utilize both aggregate data and insights from case reviews to develop and implement strategies and recommendations for changes to reduce the likelihood of future overdose incidents, increase capacity to deliver timely toxicology findings to public health and public safety partners, enrich understanding of fatal overdose risk factors through expanded next of kin interviews, and connect families impacted by overdose, particularly children, to services to mitigate the impact of the trauma experienced.

OD-PHAST is composed of the Overdose Fatality Review (OFR) and Data Strategy (DST) teams. OFR is multi-disciplinary and does in-depth review of individual fatalities to identify gaps in service or barriers to care. DST is multi-disciplinary and does analysis of near real-time aggregate data to identify trends in overdose and substance use disorder care and treatment. There is a shared goal to develop and implement recommendations to prevent future overdoses. There are possible funds to put towards recommendations.

OD-PHAST will do capacity building. The existing Community Resource Dispatcher position will continue through OD-PHAST, and a second position will be added. The role of the Community Resource Dispatcher will expand to include interviews with next of kin. A laboratory technician was added to MEO to increase capacity and deliver timely toxicology findings. There will be connection with the Milwaukee Community Justice Council's Executive Team to expand capacity for recommendation implementation.

Guiding principles of the program include the "North Star" shared goal of reducing overdose deaths; recognition of opioid use disorder as a chronic, treatable disease and overdose as a preventable injury; responsible use of multi-sector data to inform response strategies; and continuous improvement. The program framework will be based on evidence-based strategies.

Chair Murphy said that the program was impressive, evidence-based strategies were the way to go, outreach should be given to children with trauma, and that he was supportive.

Member Wright added that there should be quantitative ways to look at success and that keeping people alive would be a success.

d. Oxford House

Appearing:

Ryan Clevenger, Milwaukee County Outreach Worker & Oxford House

Mr. Clevenger gave an update. 2 houses were opened in 2020. There are 6 houses total in the Milwaukee County area housing with 4 for male and 2 for female and their children. The average person stays 9 months at a house. There have been people successfully moving back to their families or living on their own. They have worked with many fire departments and MORI. The capacity rate is at 95 percent with 3 vacancies. There will be a 7th house in Greenfield. They are looking at adding two more (8th and 9th) houses. The program has been around since 1975 and is nationwide. Guidelines are simple with residents running the house, which gives a sense of ownership. There are curfews and work requirements. 95 percent of residents have jobs. There are few students. One house is being rebuilt due to a fire. The houses are in good neighborhoods. Breaking the stigma with these houses and the residents is important. The housing residents want the same life and opportunities as others. Despite the pandemic residents were not isolated, relied upon each other, and became their own families. Rent is inexpensive. Basic necessities are provided. The program is growing. There is desire to have a bigger footprint for the program. He is passionate about this program. The program has helped him personally to recover, reestablish a relationship with his daughter, and acquire certification and higher education.

e. Other

There was no other discussion.

**5. Review of the progress of implementing Task Force recommendations.**

Chair Murphy said that the recommendations of the task force are being implemented and that the programs and initiatives discussed earlier were some examples of the recommendations.

**6. Public comments.**

Paul Mozina testified that the task force should reconsider the war on drugs and drug prohibition, that the drug war is doomed to fail with arbitrary drug laws prohibiting the sale and use of certain substances, that breaking the chain is the big issue, that arbitrary drug laws cannot trump the laws of supply and demand, that government cannot regulate people's right to consume, that history and the alcohol prohibition were proof of such failure, that fentanyl is driving the epidemic, that overdose deaths has increased, that drug prohibition has led to the proliferation of illegal activities such as mobile drug dealing and reckless driving, that Milwaukee law enforcement has executed no-knock search warrants mainly on black males, that the task force needs to examine the trauma and collateral damages that drug prohibition is causing, and that the task force should expand its scope to examine the government's failure with drug prohibition.

Vice-chair Lappen said that there has been initial connection with Commissioner Kirsten Johnson of MHD for collaboration and partnership with BHD.

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

*To be determined.*

8. **Set next meeting date and time.**

*To be determined for September 2021 possibly September 9, 2021 at 1 p.m.*

9. **Adjournment.**

*Meeting adjourned at 2:23 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>.**