



# 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, Ryan Shogren, Daniel  
Bukiewicz, Ken Ginlack, Cassandra Libal, Langston Verdin,  
Michael Wright, and Selahattin Kurter*

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

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*Legislative Liaison, Tea Norfolk, 286-8012*

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Thursday, January 20, 2022

2:00 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>. 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.**

*The meeting was called to order at 2:03 p.m.*

**2. Roll call.**

*Present 11 - Murphy, Lappen, Mathy, Hutchinson, Rainey, Kurter, Libal, Wright,  
Ginlack, Verdin, Shogren  
Excused 1 - Bukiewicz*

**Also present or appearing:**

*Cap. Gregory Miller, MFD  
Officer Shaun Doyne, MPD North Central HIDTA  
Kirsten Grimes, Vivent Health  
Nicole Maes, Pear Therapeutics  
Scott Norman, Pear Therapeutics  
Sen. Lena Taylor, Wisconsin Senate District 4  
Niki Schabo, Office of Senator Lena Taylor  
Sup. Sylvia Ortiz-Velez, Milwaukee County District 12  
Constance Kostelac, Medical College of Wisconsin  
Amy Parry, Medical College of Wisconsin  
Nicole Fumo, Medical College of Wisconsin  
Sara Schreiber, Milwaukee County Medical Examiner's Office  
Heather Hough, City Attorney's Office*

**3. Task force membership introductions.**

*Member Verdin introduced himself as a new member and representing the Milwaukee Health Department as a Health Strategy Director.*

**4. Review and approval of the previous meeting minutes from September 20, 2021.**

*The meeting minutes from September 20, 2021 were approved without objection.*

**5. Discussion, review or updates on City-County efforts, programs, initiatives, grants or activities.**

*a. BHD programs*

*Vice-chair Lappen gave an update. The County has continued to maintain access points at all levels and received newly funded federal block grant dollars. There was a contract with 2 Story Creative in the amount of \$196,000 for an advertising and awareness campaign that would target underserved communities. \$162,000 went to Oxford House to maintain and expand their safe and sober housing operations. \$230,000 went to start up the new Milwaukee Women's Center. \$730,000 in prevention funds would be given to smaller agencies via Hope House. There was a delay but checks would be going out soon to them. \$35,000 would go to the Social Development Commission, \$20,000 to Community Advocates, \$100,000 to New Life Development, \$100,000 to Running Rebels, \$48,000 to All 4 Kidz Inc., \$78,000 to Health Connections, \$15,000 to 5 Points Neighborhood Association, \$115,000 and \$10,000 (separate funding) to the Trans Center for Youth, \$78,000 to True Skool, and some funding to City of Lights and Turners. BHD was facing staffing challenges and shortages. The pandemic, leaders leaving for other opportunities, and provider challenges have been factors. Community Crisis has over 20 vacancies, 24/7 services have been challenging to staff, and some providers have pulled back on services. BHD would try everything to address staffing and services. Paid internships with field experience would be an idea.*

*Member Wright said that there seems to be many silos, there should be more of an umbrella or coordinated care structure, and for there to be a future agenda item on an umbrella of services and guidelines.*

*Vice-chair Lappen added that Wisconsin Public Forum, through a grant, would be doing a deep dive into the AOTA landscape, research, and identify gaps and efficiencies in the next months.*

*Member Wright added that there was a wealth of knowledge and Wisconsin Public Forum should reach out to various partners.*

*b. Milwaukee Overdose Response Initiative (MORI)*

*Member Verdin and Cap. Miller gave a MORI presentation update.*

*MHD and MFD applied for and was awarded a \$500,000 NACCHO Grant to implement overdose prevention strategies at the local level with personnel, contractual services, and transportation services. Personnel for MHD to include a Public Health Strategist .5 FTE and a Health Budget & Administration Manager .5 FTE; and for MFD to include a MORI Community Paramedic Team Lead 1.0 FTE and MORI Community Paramedic Team Member .61 FTE. Contractual services to include peer support partners*

*(Community Medical Services, CleanSlate, and WisHope) and data analysis and evaluation (MCW). Transportation services to include UBER, Lyft, and bus passes.*

*Harm reduction activities have included Narcan distribution. Since 9/1/21, 484 kits had been delivered to community partners: St. Joseph's Hospital, St. Francis Hospital, MSOE School of Nursing, Wisconsin Community Services Inc., Keenan Health Center, MFD Station 31, Benedict Center, House of Corrections, and Franklin. 58 kits were distributed to community members who use opioids, are around people who use opioids, and all received training.*

*MHD has ceased distributing fentanyl test strips due to legality concerns. The City Attorney's Office had advised to await state legislation action on the legalization of fentanyl test strips. Fentanyl test strips fell within the definition for drug paraphernalia.*

*Concerning MORI personnel Aziza Carter had transitioned to a supervisory role within MHD, and MHD was awaiting posting by DER for the vacant Public Health Strategist - Substance Misuse position.*

*Mobile Integrated Health/Community Paramedics was awarded \$1.2 million in 2022/24 BJA COSSAP grant funding to continue MORI into 2024, provide additional FTE staffing, provide a second vehicle to conduct daily operations in support of MORI, include additional contractual support for peer support partners, improve ability to conduct follow-up visits with MORI patients, and improve ability to conduct outside requests/initiatives from MORI partners at MCW, OFR, and OD-PHAST.*

*Member Kurter questioned the tracking of suicide risks and response attempts.*

*Cap. Miller replied that those numbers are tracked, the Mobile Integrated Health program was familiar with those with suicidal risks, and help would be given to them as needed.*

*c. SAMHSA Harm Reduction Grant*

*Office Doynne commented. The grant was for 3 years at \$400,000 per year, \$1.2 million in total, and part of the Harm Reduction Grant Program. The purpose of the program was to support community-based overdose prevention programs, syringe services programs, and other harm reduction services. Funding would be used to enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases for individuals with, or at risk of developing substance use disorders (SUD), support distribution of FDA-approved overdose reversal medication to individuals at risk of overdose, build connections for individuals at risk for, or with, a SUD to overdose education, counseling, and health education, refer individuals to treatment for infectious diseases such as HIV, sexually transmitted infections (STIs), and viral hepatitis, and encourage such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse. This would include supporting capacity development to strengthen harm reduction programs as part of the continuum of care. Recipients would also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery support services. Grantees would also provide overdose prevention education to their target populations regarding the consumption of substances including but not limited to opioids and their synthetic analogs. Funds may also be used to help address the stigma often associated with substance use and participation in harm reduction activities. More information would be found online at*

*www.samhsa.gov under grants.*

*Ms. Grimes added comments. Vivent Health has provided harm reduction services for more than 25 years. The grant was highly competitive with many in-state and out-of-state making applications. It was recommended for there to be collaboration for the City to apply for the grant. Linkage care was a big piece, which Vivent Health does well. Organizations were already in place to help work on the grant application. Partnership was encouraged.*

*Member Wright questioned how the City can separate itself from others and make its application unique.*

*Ms. Grimes replied that a stronger application should come from focusing on the whole continuum of care (quality) as opposed to specialized care areas (quantity).*

*Member Kurter said there should be the main components of health equity and equal access for underserved communities, the City was number 4 or 5 for overdose rates for African Americans, and the City was in the top ten for overall overdose rates.*

*Chair Murphy said that the overdose rates were attributable to the co-mixing of fentanyl into cocaine or other drugs and asked member Kurter to provide data on the overdose rates, as mentioned.*

*d. Pear Therapeutics mobile technology initiatives*

*Ms. Maes presented a video and overview on reSET/reSET-O. reSET/reSET-O was a FDA authorized digital prescription therapeutic (PDT) based on evidence treatment and clinically proven to help patients with opioid use disorder (OUD) stay in treatment longer. Once prescribed with reSET/reSET-O, patients can download the app on their tablet or smartphone to access the 12-week software anytime anywhere for complementary therapy lessons on cognitive behavior, fluency training, contingency management, craving/trigger assessment. A designated care management team would be able to monitor patients via the digital dashboard and provide real time insight. Patients would be empowered to participate in their own recovery, which may lead to better outcomes.*

*PDTs were an innovative new class of medicine being integrated into care and redefining addiction care. Pear Therapeutics took all their clinical data to FDA, was found to positively impact patients and their treatment, and was granted a label. reSET/reSET-O were Pear Therapeutics' first two PDTs created, modeled a pharmaceutical model in requiring a doctor's prescription, and patients would be given a code to access the software and contents. reSET and reSET-O were 12-week prescriptions consisting of these components: patient facing app, clinician dashboard, real time patient data, and fully digital end-to-end support. Patient data and information would be protected.*

*reSET was intended to provide cognitive behavioral therapy, as an adjunct to a contingency management system, for patients 18 years of age and older, who were currently enrolled in outpatient treatment under the supervision of a clinician. reSET was indicated as a 12-week (90 day) prescription-only treatment for patients with substance use disorder (SUD), who were not currently on opioid replacement therapy, who did not abuse alcohol solely, or who did not abuse opioids as their primary substance of abuse. It was intended to increase abstinence from a patient's*

*substances of abuse during treatment, and increase retention in the outpatient treatment program.*

*reSET-O prescription digital therapeutic was a 12-week (84 day) software application intended to increase retention of patients with opioid use disorder (OUD) in outpatient treatment by providing cognitive behavioral therapy, as an adjunct to outpatient treatment that includes transmucosal buprenorphine and contingency management, for patients 18 years or older who were currently under the supervision of a clinician. reSET-O was indicated as a prescription-only digital therapeutic.*

*A 12-week study found adding reSET to outpatient treatment as usual (TAU) more than doubled abstinence rates during the last 4 weeks of the 12-week trial and significantly improved retention rate compared to TAU alone at the end of the 12-week trial. Also, the 12-week study found adding reSET-O to outpatient TAU using buprenorphine increased retention of patients with OUD 14% at the end of the 12-week trial. reSET/reSET-O allowed for discreet, 24/7 access to treatment, especially outside of normal clinic hours when patients need treatment the most. On average, 89% of patients use the app during nonclinic hours (7 PM – 9 AM), and >68% of patients have more than 7+ sessions during nonclinic hours (7 PM – 9 AM).*

*The Pear.MD Clinician Dashboard allowed for one to monitor usage, lesson progress, triggers, and cravings for informed patient conversations. The time spent on the Pear.MD Clinician Dashboard may be reimbursable. Tracked features included usage, cravings and triggers, and lessons completed. Input features included urine drug screen results and appointments. Pear support teams would explain how the systems would integrate with one's practice and provide staff with the tools and knowledge they need for successful implementation. Steps included a kickoff meeting, care team education and integration of reSET and reSET-O, live product demos and training, and ongoing site follow-up.*

*Mr. Norman presented that projected hospital-related costs were lower with initial and subsequent prescriptions of reSET and reSET-O over 9 months.*

*Member Kurter added that contingency management was a form of therapy involving positive reinforcement and shown scientifically to be more effective to help people in recovery.*

*e. Legalization and decriminalization of fentanyl test strips*

*Sen. Taylor updated that Senate bill 600 on the fentanyl test strips were approved unanimously through the Committee on Judiciary and Public Safety, was expected to go on the Senate floor next week, would possibly be before the Governor's desk in the next few weeks, was championed from Sup. Ortiz-Velez, and had bipartisan support.*

*Sup. Ortiz-Velez added that the bill would be before the Assembly on January 26 and had 34 sponsors split equally among 17 Republicans and 17 Democrats.*

*Chair Murphy said that MHD has purchased \$25,000 fentanyl strips for distribution, had ceased distribution, and would resume distribution once the bill passes.*

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

*A presentation and update was given by Ms. Kostelac, Parry, Fumo, and Schreiber as*

*follows regarding OD-PHAST background, guiding principles, composition, fatal overdose data, data considerations:*

*OD-PHAST was a 3-year grant funded project through the federal Bureau of Justice Assistance (BJA) for the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). It was County-level through the Medical Examiner's office, focused on preventing overdoses and fatal overdoses in particular, and sought to bring multi-disciplinary partners together. There were over 540 fatal overdoses in 2020 and more than 640 fatal overdoses in 2021 were anticipated.*

*OD-PHAST guiding principles were based on North Star to reduce overdoses in the County; recognize substance use disorder as a chronic, treatable disease; use multi-sector data responsibly to inform response strategies; and share accountability for reducing overdoses. OD-PHAST composition included the Overdose Fatality Review (OFR) team and the Data Strategy Team (DST). OFR would do multi-disciplinary, in-depth review of individual fatalities to identify gaps in service or barriers to care. DST's would do multi-disciplinary analysis of near real-time aggregate data to identify trends in overdose and substance use disorder care and treatment. Both teams had the shared goal to develop and implement recommendations to prevent future overdoses.*

*Through the end of 2021, 79% of confirmed 2021 drug deaths involved fentanyl alone or in combination and 49% of confirmed 2021 drug deaths involved cocaine alone or in combination. Compared to 545 confirmed fatal overdoses in 2020, the total number of confirmed (563) and suspected fatal overdoses (79 pending toxicology) would be 642, which would be an 18% increase. Comparisons showed that the monthly number of confirmed and suspected fatal overdoses for 2021 surpassed the monthly numbers of 2020 from mid-June through December.*

*Fatal overdose data were from the Medical Examiner's Office, which held jurisdiction over all drug deaths that occurred within the County. All deaths indicated as drug deaths by the forensic pathologists were included and consisted of individuals who may have died in the County but residing outside of the County as well as all manners of drug deaths (accident, suicide, homicide, and undetermined). Data points included the age, race/Hispanic ethnicity, incident address, resident address, immediate cause of death, and manner of death. Only incidents that could be geocoded were included on the maps.*

*Trends in drug deaths in the County from 2015 through 2020 showed that fentanyl (alone or in combination) and cocaine (alone or in combination) were the top two causal drugs and that they have risen in number each year. Out of 461 total narcotic deaths in 2021, 408 were attributable to fentanyl (alone or in combination) and 225 were attributable to cocaine (alone or in combination).*

*From 2016 through 2020 the percent of fentanyl deaths involving other specified substances showed cocaine rising to become the top specified substance (43%) in 2020 as opposed to being top third specified substance (25%) in 2016, heroin falling from being the top second specified substance in 2016 (36%) to being the top third specified substance in 2021 (20%), and no specified substance being the top percentage in 2016 (53%) to being the top second percentage in 2021 (39%). Other specified substances identified with a rising trend were gabapentin and methamphetamine at 10% and 6%, respectively, in 2020 as opposed to being at 0% in 2016.*

*From 2016 through 2020 the percent of cocaine deaths involving other specified substances showed fentanyl rising to become the top specified substance (77%) in 2020 as opposed to being top third specified substance (23%) in 2016, heroin falling from being the top specified substance in 2016 (47%) to being the top third specified substance in 2021 (20%), alcohol or ethanol remaining as the top second specified substance from 2016 (32%) to 2020 (25%), and benzodiazepines remaining as the last top specified substance from 2016 (19%) to 2020 (17%).*

*Fatal overdose trends across all demographic groups from 2016 to 2020 showed that the percentage of drug deaths that were among Black individuals had gradually increased from 23% to 28% and decreased among White individuals from 68% to 59%. The percentage of drug deaths among Hispanic individuals was similar from 2016 to 2020. The rate of drug deaths rose 44% for White individuals, 92% for Black individuals, and 74% for Hispanic individuals.*

*Among White individuals the percentage of drug deaths involving fentanyl without other specified substances rose steeply from 2018 to 2020, and the percentage of deaths involving fentanyl and cocaine rose more gradually from 2017 to 2020. Among Black individuals the percentage of drug deaths involving cocaine and a narcotic, specifically fentanyl, rose steeply from 2019 to 2020. Among Hispanic individuals the percentage of drug deaths involving cocaine and a narcotic, specifically fentanyl, rose steeply from 2019 to 2020, and the percentage of deaths involving fentanyl without other specified substances also rose.*

*While there were some areas that had a higher concentration of drug overdose deaths, deaths in the community were relatively distributed across the County. Different areas of the County had varying concentration of drug overdose deaths based by substance type such as fentanyl alone or in combination, cocaine alone or in combination; fentanyl and cocaine; and fentanyl without heroin, cocaine, gabapentin, or meth. Fentanyl deaths, alone or in combination, continued to rise yearly. In 2020, 75% of all drug deaths involved fentanyl compared to 28% in 2016. There continued to be an increasing number and concentration in cocaine deaths, alone or in combination, and many of which involved fentanyl or another narcotic.*

*There was an overall action team goal to implement strategies and recommendations for change to reduce the likelihood of future overdose incidents. The education and awareness action team recommended to develop a social media package for overdose prevention and education that may be used by community partners. Weaknesses (via linkage to SWOT analysis) included stigma with substance use disorder/treatment and social determinants of health and systemic racism. The fentanyl action team recommended to investigate the co-occurrence of cocaine and fentanyl in overdose incidents in the County to tailor prevention and intervention strategies. Weaknesses (via linkage to SWOT analysis) included challenges due to drug trend changes and the need for increased data sharing and collaboration. The treatment and support services action team recommended to increase public support for additional treatment locations within the City. Weaknesses (via linkage to SWOT analysis) included stigma with substance use disorder/treatment and social determinants of health and systemic racism. Threats (via linkage to SWOT analysis) included political buy-in difficulties due to multiple jurisdictions.*

*There was a request to implement and use funds from DHS by August 31, 2022 to increase the awareness of the risk of and harm reduction strategies for fentanyl among*

*individuals whose drug of choice was cocaine and to develop a social media package for overdose prevention and education that may be used by community partners.*

*Members inquired about OD-PHAST regarding contracting with firms, funding, fentanyl distribution, collaborations, access to treatment, and areas of care.*

*Ms. Parry and Kostelac replied. Funding was small in the amount of \$10,000, was just received, and may be spent initially on education. There was support for fentanyl distribution, but OD-PHAST did not have community connection to facilitate that. Support, input, and assistance from the task force regarding OD-PHAST recommendations would be welcomed. There still needs to be collaboration done with MHD. A deeper dive could be done on different types of treatment and areas of care. They would continue to come before the task force to present OD-PHAST work.*

*Chair Murphy said that the MHD and BHD should be leveraged, duplicative efforts should be avoided, and he could help facilitate a meeting with the MHD commissioner with OD-PHAST.*

*g. Opioid settlement funds*

*The City-County Heroin, Opioid and Cocaine Task Force may convene into closed session, pursuant to s. 19.85(1)(g), Wis. Stats., for the purpose of conferring with the City Attorney who will render oral or written advice with respect to litigation in which the city is or is likely to become involved. The committee may then reconvene into open session for the regular agenda.*

*There was no closed session.*

*Atty. Hough gave an update. The suit against opioid distributors and manufacturers was still pending. An extension was given to January 26, 2022 for all states to sign. Johnson & Johnson had proposed a global settlement. Milwaukee was part of the lawsuit. The suit was one of the largest in amount (\$22 million). There were other settlements. If approved, payout would occur over a 18-year period. The Johnson & Johnson payout would be 9 to 10 years. First payments could occur as early as April. The settlement was nationwide.*

*Chair Murphy said that the task force would be updated on the settlement funds.*

*g. Other*

*There was no other discussion.*

**6. Public comments.**

*Paul Mozina testified against the war on drug prohibition, that the prohibition has violated the natural right for a person to choose what to consume and has detrimentally caused harm over the last 50 years, that the task force has failed due to aligning itself with drug prohibition, and that the task force should expand its scope to investigate the impacts caused by drug prohibition.*

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

*To be determined.*



8. Set next meeting date and time.

*To be determined in 3-4 months.*

9. Adjournment.

*The meeting adjourned at 3:36 p.m.*

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

**Materials from this meeting can be found within the following file:**

[211466](#)

Communication relating to the 2022 activities of the City-County Heroin, Opioid and Cocaine Task Force.

**Sponsors:** THE CHAIR