City of Santa Fe

Agenda

MUNICIPAL DRUG STRATEGY TASKFORCE MEETING

Thursday, May 30, 2019
Market Station - Conference Room - 500 Market Station
11:00 a.m. - 1:00 p.m.

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes: March 28, 2019
4. Break to get lunch (15 minutes)
5. New Business:
   a. Welcome and Introductions (Emily Kaltenbach, MDST Chair)
   b. Work Session: MDST Recommendations
   c. Discussion: Community Feedback Sessions
6. Planning Session
7. Comments from the Chair and Committee Members
8. Report from Staff
9. Matters from the Floor
10. Adjournment

Persons with disabilities in need of accommodations, contact the City Clerk's office at 955-6520, five (5) working days prior to meeting date.

RECEIVED AT THE CITY CLERK'S OFFICE	
DATE:	May 21, 2019
TIME:	11:34 AM

SUMMARY OF ACTION
MUNICIPAL DRUG STRATEGY TASK FORCE MEETING
MARKET STATION CONFERENCE ROOM
500 MARKET STATION
THURSDAY, MAY 30, 2019, 11:00 AM

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MARKET STATION CONFERENCE ROOM
500 MARKET STATION
THURSDAY, MAY 30, 2019, 11:00 AM

1. CALL TO ORDER

The meeting of the Municipal Drug Strategy Task Force was called to order by Emily Kaltenbach, Chair, on Thursday, May 30, 2019, at 11:00 am, at the Market Station Conference Room, 500 Market Station, Santa Fe, New Mexico

ROLL CALL

MEMBERS PRESENT

Emily Kaltenbach, Chair
Kathy Armijo-Etre
Dr. Tim Condon
Marcela Diaz
Alex Dominguez
Bernie Lieving
Andres Mercado, Vice Chair
Johnn Osborn
Chris Wendel
Sophie Andar
Dr. Laura Brown
Dr. Michael DeBernardi
Tony Dixon
Dr. Wendy Johnson
Larry Martinez
Bret Smoker

MEMBERS ABSENT

Dr. Laura Dwyer
Laurie Knight, Excused
Denise Herrera, Excused
Sue O'Brien

OTHERS PRESENT

Julie Sanchez, City of Santa Fe
Melanie Moya
Capt. Paul Joye, Advisory Member
Councilor Michael Harris
Michael Hawk
Jerome Sanchez, Advisory Member
Angelique Herrera
Shelly Moeller, Advisory Member
Erica Abeyta
Channel Delgado
Michelle Lis
Elizabeth Martin, Stenographer

2. APPROVAL OF AGENDA

MOTION A motion was made by Ms. Wendel, seconded by Mr. Lieving, to approve the agenda as presented.

VOTE The motion passed unanimously by voice vote

3. APPROVAL OF MINUTES MARCH 28, 2019

Chair Kaltenbach said she had some clean up things she will send to the stenographer.

Dr. Condon said on page 6 it should be Rhode Island rather than New York and on page 8 it should be correctional people.

MOTION A motion was made by Dr. Condon, seconded by Ms. Andar, to approve the minutes as amended.

VOTE The motion passed unanimously by voice vote.

4. BREAK TO GET LUNCH

5. NEW BUSINESS

A. WELCOME AND INTRODUCTIONS

Chair Kaltenbach welcomed everyone to the meeting and thanked them for diving into their subcommittee work and reviewing with their colleagues the work sent to you. We want to hear from our colleagues today with understanding, clarity and questions about what is recommended. We will hear from each subcommittee then we will have an opportunity off line after the meeting to dive in individually and start evaluating the recommendations. We are hoping to present our recommendations to the Mayor and City Council at the City Council meeting on July 2nd. We would like to present that back to the community before that to invite them to give additional feedback on the work we have done.

Chair Kaltenbach said we will be presenting high level recommendations in July and after that will be diving into action steps and developing an implementation plan. The Mayor did read the findings report cover to cover. She met with him at his request and he is very excited and interested in what we are doing and our findings. What is being presented here are the draft recommendations. They will not be final until July.

Ms. Wendel said thank you Chair for your leadership on this. She wanted to acknowledge that.

B. WORK SESSION: MDST RECOMMENDATIONS

Ms. Lis reviewed the draft recommendations which were included in the meeting

packet.

Ms. Lis said the Prevention subcommittee had an interesting way of looking at interventions. We are looking at that model as a possible way of organizing our recommendations and implementation plan. We are going to ask each of you to rank the recommendations.

The Prevention subcommittee model is herewith attached to these minutes as Exhibit "1".

Ms. Lis said we would like your reactions.

Comments were as follows:

- Kathy: She really liked it. This is a great way to organize. Maybe add an "other" box to catch anything not there.
- Bernie: It would be great to have real world examples included. Have that be informed back into the recommendations.
- Marcela: Maybe broaden it to say the recommendations are grounded in the community conversations and interactions.
- Emily: We will have a document to reference along with the recommendations.
- Larry: Maybe indicate the unintended consequences and interrelatedness of some of the recommendations and the impact. An example is the decriminalization of certain drugs without having the appropriate infrastructure to regulate that. We have so many recommendations. Some may be in conflict with others. Expand the unintended consequences.
- Michael: One of the major issues is work force. Addressing work force in some fashion would be addressing a significant issue. How do we open the door for a new work force.
- Wendy: We may want to say something around the issue of how some of the recommendations may be unpopular with the general public. Be conscience of how we phrase things. How do we deal with that and give people the tool to respond. Maybe star the recommendations that may be unpopular. It is something we may need to consider.
- Bret: Also there may be come recommendations from a group that were not consensus ones. We could highlight that by saying that even we could

not come to consensus on some things. We are doing our best. Conflict is not necessarily a defeat. We may water ideas down until everyone is happy. To him that is a defeat. Maybe highlight our difference. This is the beginning of a process to address that.

- Larry: We should not shy away from leadership. We were all put on this committee for our roles in the community. Some of the community's perceptions are factitious rather than based in science. We can say we make these recommendations knowing that they may not be popular, but it is our responsibility to enlighten people on information based solutions.

- Bernie: The notion of public perception, science should trump that. If we look at the community conversations a lot of the conversation was around evidence based practices. It is planting a seed to be implemented in the community.

- Emily: In our implementation plan we need to add a public education plan.

- Sophie: It is appropriate and important to practice thoughtfulness in going into these recommendations. She supports Kathy in having another category for other. Some categories may cause us to do more research as to cost. We may need to review local budgets to determine the feasibility of the recommendation.

Chair Kaltenbach said thank you all for your feedback. This is a way for us to think through these recommendations. There may be areas where we do not have cost. When we go back out to the community for their input we may need to include the education of the public where there are concerns.

Each subcommittee Chair reviewed their subcommittee reports.

1. Harm Reduction

Mr. Martinez and Mr. Lieving reviewed the report which is herewith attached to these minutes as Exhibit "2".

Comments were as follows:

- There may be duplication in other groups. We should not get caught up in that.

- It is difficult to categorize. In the end we will have recommendations that cut across all categories rather than four clean buckets.

- Across the country US Attorneys are cracking down and will seize property.

- There is interesting work being done in other states. Each recommendation will need background and the issues around them.

- He does not think the City should run a clinic. The City should support free, accessible treatment on demand. Maybe change the wording around that.

- We need to make sure on all of these that we know who is going to deploy the recommendations. What role the City has and that we are clear about that.

- She would like to see us do that for who has a role in each of these. Some the City should take the lead, some the County and some the State. We need to clearly articulate who has a role in each of these including hospitals and providers. Otherwise it feels too big and overwhelming. Look at it as a system of care with all the system of care players having a role.

- Maybe that should be a category at the end. The role of the City.

- One of the things we can think of in terms of the City is writing grants and giving grants. The kind of money we bring in and how we dole it out.

2. First Response

Mr. Sanchez reviewed the First Response subcommittee report which is herewith attached to these minutes as Exhibit "3".

Comments were as follows:

- After this maybe the subcommittees could meet one more time in light of comments to refine the recommendations.

- He wanted to point out that the Fire Department is lopsided in that they do more EMS than fire. Police officers have to have an awareness of where there are social workers so they can bring on people to help them in situations. The implementation of a youth LEAD program is a very good one.

Mr. Hawk said we have been conducting focus groups with youth. One of the primary things they say they want is to give back. That is surprising and delightful. We

combined that with the reconnecting youth survey we did. We polled disconnected youth. We have about 6,000 in Santa Fe and 19,000 in Albuquerque and we don't know anything about them and what is going on with them. They include improvised, homeless and drug users. Those are astounding numbers. There is higher use of all substances within this group, higher levels of mental health issues and they fall off the cliff when they are 18 and no longer eligible for Medicaid. They get more lost and in those intervening years someone could have helped them. It is hard to come back. We could use youth to get the community involved. They want to give back and be part of the solution.

Ms. Andar said and pay them for that.

Capt. Joye said some issues were brought up that the Department is already engaged in. What is said in the report is not the overall sentiment of law enforcement, at least where he works. We feel like we are social work adjacent. We are aware of that when we get into the work generally.

- Can we have a copy of the report Mr. Hawk spoke of.
- High tech equipment is mentioned in ads to entice recruits for the Police Department. She wonders if the group could speak about the demilitarization of the Department.
- That did come up in our subcommittee conversations.
- There is no recommendation to reduce the military aspects of law enforcement.
- It was a contentious subject.
- On the Fire Department side it is the huge vehicles. There is a need for all that. A lot of it is nuance. It is not indicative of all we do. We need SWAT teams and ladder trucks and need to recruit for that, but it is more than that. We have been cloning old models in our recruitment and need to look at that.
- Can we not use acronyms in the recommendations. They need to be in lay person's terms to communicate to a wider audience.
- He thinks it is important to talk about militarization around the country and the inappropriate contacts with people of color. That is part of the lens we looked at this through.
- It has increased over the last decade.

- How much is too much and where do you put the priorities. No one is saying we don't need them.

- We had someone speak about their experience with SWAT during a focus group. There was a lot of trauma. It marked the family for years. How do we deal with public safety needs and the impact on neighborhoods and families. We need to expand that conversation.

- There is a threat assessment on every situation. There is a process. If they go into a house they are required to give the person a search warrant. There are things in place by policy that the team is required to adhere to.

3. Prevention Subcommittee

Ms. Andar and Ms. Diaz reviewed the Prevention subcommittee report which is herewith attached to these minutes as Exhibit "4".

4. Treatment Subcommittee

Dr. Johnson reviewed the Treatment Subcommittee report which is herewith attached to these minutes as Exhibit "5".

Comments were as follows:

- There are things we can do in addition to what the State is doing such as banning the box on the employment applications and rental applications that ask about felonies and background. Other cities do that.

- Education is critical.

- The expungement law passed last year, but it is not automatic and does require a person to hire an attorney.

- We need to be careful about language.

- List the MAT treatment drugs in their entirety in the lists.

- Congratulations to all the subcommittees.

- He also wants treatment in all correctional facilities. Reference the National Sheriffs Association Guide recommendations.

- It is imperative that we not only look at a person's first year of recovery, but ongoing. We want our recommendations to have overarching

concerns and that it is not just getting people into the first year of treatment, but into the next year and on and on.

- Family peer support is available in the State.

- This is an inspiring group. You are on fire. Awesome decisions.

Chair Kaltenbach said thank you everyone. It would be great if the subcommittees could convene one more time before our next meeting in June. At our next meeting we will continue the conversation and discussion. She does not want to rush us into accepting a set of recommendations without discussion. She will reach out to each Chair about how to do this effectively. She is hoping to set up community conversations again at the libraries and work with the Council to invite their constituents to come.

6. COMMENTS FROM CHAIR AND COMMITTEE MEMBERS

None.

7. REPORT FROM STAFF

None.

8. MATTERS FROM THE FLOOR

None.

9. ADJOURNMENT

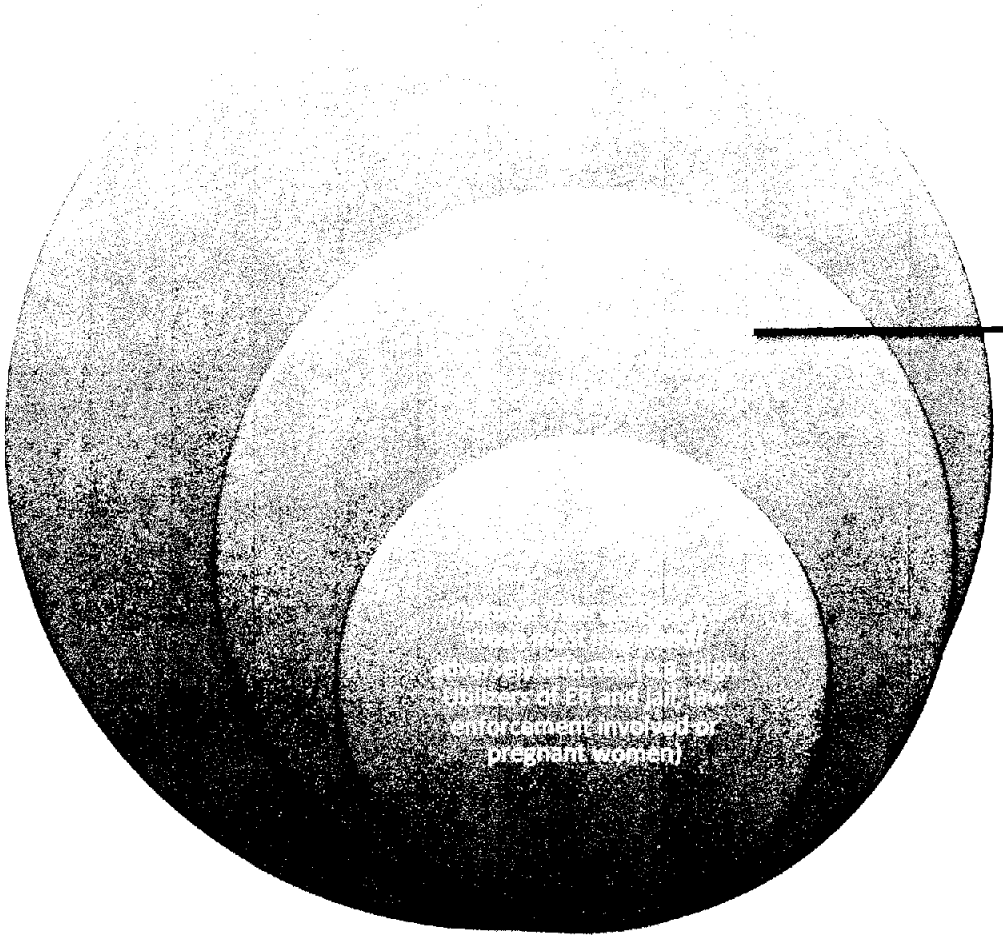
There being no further business the task force the meeting adjourned at 1:15 pm.

Emily Kaltenbach, Chair

Elizabeth Martin, Stenographer

Continuum of Universal and Targeted Interventions

Exhibit "1"



LGBTQAI, Low socio-economic status/low-wage workers, racial/ethnic minorities, immigrants, non-English speaking persons, individuals experiencing homelessness, previously incarcerated, foster care and court involved young people, individuals with behavioral health issue, who reside in economically disadvantaged neighborhoods or who experience social inequities and disparities in health

Santa Fe Municipal Drug Strategy Task Force (SFMDSTF)

Harm Reduction Subcommittee Recommendations

All recommendations from this committee are predicated on the SFMDSTF guiding principles and input gleaned from the community conversations conducted by SFMDSTF members.

1. Through a city ordinance, decriminalize all drugs for personal use, and mobilize community infrastructure and resources to address the health, social, legal, and unexpected characteristics of decriminalization.

2. Assist community partners in creating low threshold, harm reduction focused, drug and alcohol treatment on demand, including mobile MAT.

3. Deploy a mobile healthcare unit to engage and treat people who use drugs for co-morbid medical conditions.

4. Commence city-sanctioned, community-based drug checking services to prevent overdose, including the distribution of fentanyl test strips to people who use drugs.

5. Advocate to the Santa Fe Public Schools to end suspensions for out-of-school, and on-campus drug and alcohol use/possession in SFPS.

6. Assess the utility of implementing a juvenile arrest diversion program for substance use related issues.

7. Implement *Safety First* in SFPS.

8. Fund city distribution of naloxone in non-traditional settings such as grocery stores, and other highly visible public places.

9. Create a city-funded position in the Mayor's office, responsible for enacting the recommendations of the task force with specific focus on alcohol and drug policy, drug user health, harm reduction, etc.

10. Install public sharps containers and overdose response boxes (naloxone and face shields) in places like parks, local businesses, motels, etc.

11. Increase the city's alcohol tax, and use the revenue to enhance primary prevention and community treatment programs.

12. Assess the utility of implementing opening a city-sanctioned overdose prevention/ safe consumption site.

13. Implement community and economic development projects designed to decrease ACEs.

14. Increase access to primary care and behavioral health services via a free clinic run by the City of Santa Fe.

Exhibit "2"

15. Work with county partners to ensure access to best practice/standard of care treatment for opioid dependency (induction and maintenance) at the SFCADF.

16. Support and expand access to city permanent supportive housing that allows for drinking and drug use.

17. City-funded programs should adopt safer drug using modalities (across all substances, not just heroin) for people that don't want treatment.

18. Implement a supervised injectable opioid treatment pilot project using prescription hydromorphone or diacetylymorphine.

First Response
Exhibit 3

Strategies

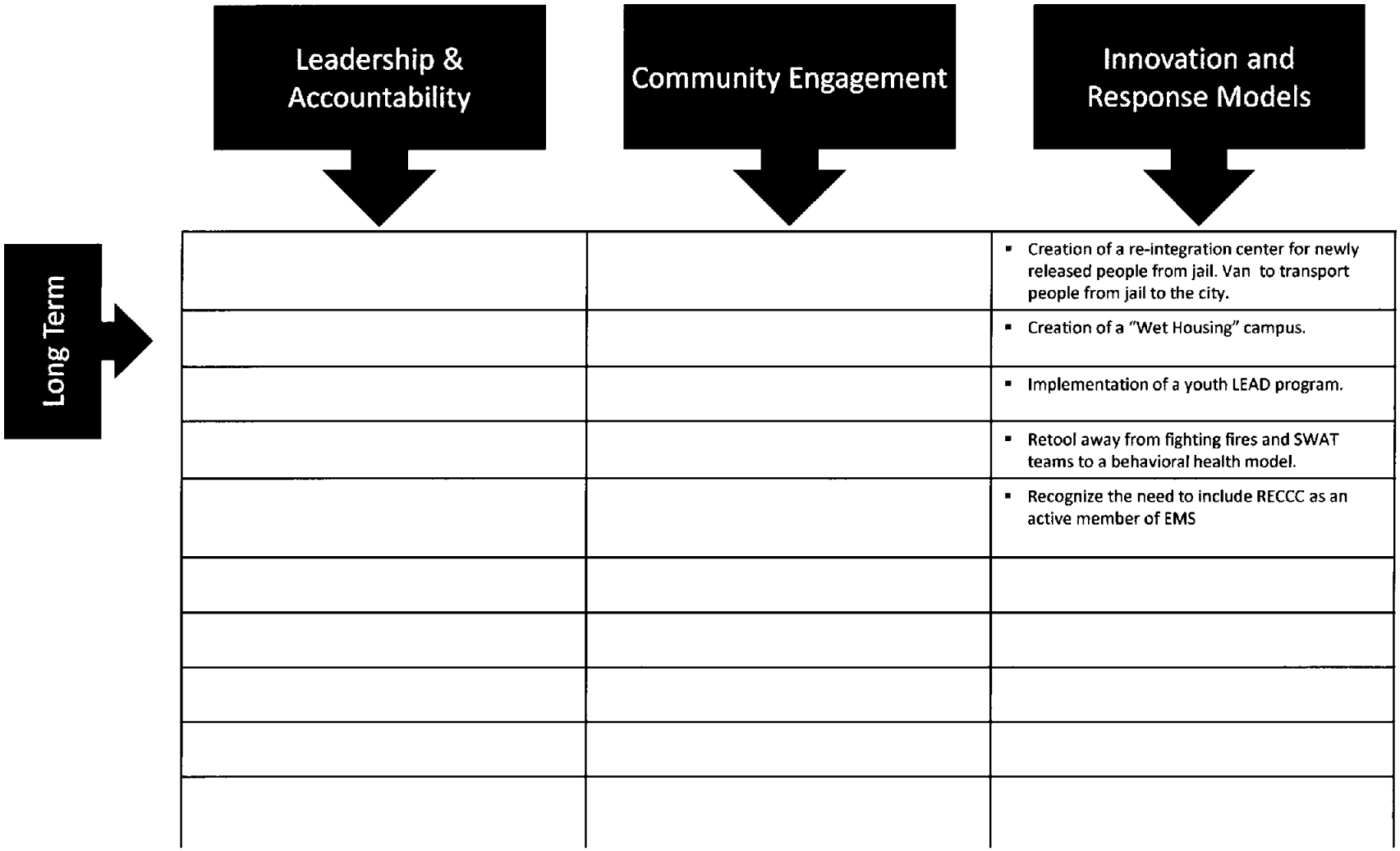
Short Term

Leadership & Accountability	Community Engagement	Innovation in Response Models
▪ Appointment of Chief of Police to MDS Task Force	▪ All stakeholders hold a press conference with their commitment to the MDS project.	▪ Create an Implementation Committee for both the city and county
▪ Appointment of Chief of Fire Dept. to MDS Task Force	▪ Labeling of " Anew Face of Public Safety".	▪ Educate police, fire, ems, RECC staff to recognize the need for trauma informed care and harm reduction services/concepts.
▪ Appointment of the Community Services Director to MDS Task Force	▪ Billboard/publicity/Education of real numbers of OD deaths.	▪ Educate above to recognize the negative effects of stigma as it related to SUD/MHD
▪ Appointment of Youth and Family Services Director to MDS Task Force	▪ Billboard with the cost of services vs. incarceration costs.	▪ Request the police department implement a plan for behavioral health needs.
▪ Recruitment of new emergency response employees.	▪ Talking points to public and risk messaging to communicate information that is digestible.	▪ Retool away from fighting fires and SWAT teams to a behavioral health model.
▪ Training of new emergency response employees in harm reduction and modern behavioral health needs.	▪ DPA 'Safety First" training-harm reduction and youth	▪ Recognize the need to include RECCC as an active member of EMS
▪ Measurement recognition of the saving of lives vs. arrests.	▪ Demystify harm reduction principles to school admin., teachers, school staff, and students.	▪ Acknowledge the police department officer complaint of not being social workers.

Strategies

Short Term

Leadership & Accountability	Community Engagement	Innovation and Response Models
• Ask police and fire departments Chief's to engage actively in new response models.	• "Safety First" to school age juveniles regardless of public or private schools.	▪ Actively recruit new emergency response employees who embrace new roles.
• Incentivize officers who actively engage in response models and mention this in the community.	▪ Explore Jeannie Block's CARS program adaptation	▪ Provide harm reduction, substance use disorder, mental health, and trauma informed training at the Law Enforcement Academy.
• Request police and fire social media presence reflect the need for cultural shift and response models.	• Review DPA/NY harm reduction training.	▪ Provide harm reduction training at the Field Training Officers phase of new cadet hiring.
• Measurement recognition of the saving of lives vs. arrests.	• Provide information on harm reduction, Safety First, Naloxone and treatment resources during EMS calls/encounters.	▪ Implementation of a youth LEAD program.
▪ Capture data as it related to call percentage of BHD/SUD		Audit/cost analysis/analysis/assessment of city services. How is money being spent. LFC "The Albuquerque Crime Problem".
• Require honest and genuine support of LEAD and MIHO programs. The SFPD Chief, Fire Chief, City Manager and Mayor need to acknowledge their commitment to the MDS.		▪ Training at the Law Enforcement Academy.
		▪ Provide harm reduction training at the Field Training Officers phase of new cadet hiring.


Leadership & Accountability
Community Engagement
Innovation and Response Models
Long Term
Creation of a re-integration center for newly released people from jail. Van to transport people from jail to the city.
Creation of a "Wet Housing" campus.
Implementation of a youth LEAD program.
Retool away from fighting fires and SWAT teams to a behavioral health model.
Recognize the need to include RECCC as an active member of EMS

Santa Fe Municipal Drug Strategy Taskforce
Prevention Subcommittee

Prevention Subcommittee Members
Sophie Andar, Jesse Cirolia, Marcela Díaz, Tony Dixon, and Denise Herrera

Notes on process
To guide the development of recommendations, the Prevention Subcommittee identified: overarching objectives; priority populations who are at general risk, significant risk for, and those already adversely impacted by problematic substance use; risk and protective factors related to these groups; and strategies for prevention anchored in local needs and academic and community-based research on reduction of risk factors and enhancement of protective factors.

Also, the group assumes the full task force will make a recommendation to the City to develop an office of drug policy to coordinate, facilitate, and support the implementation of all recommendations, or that a forthcoming implementation plan will identify other parties capable and responsible for carrying out work.

Overarching objectives

1. Reduce prevalence of problematic substance use and substance use disorder and their impact on individuals, families and communities.
2. Prevent injury and death.

Priority populations

1. Group A--At general risk for problematic substance use and substance use disorder (SUD): Everyone in the general population.
2. Group B--At significant risk:
   LGBTQAI+; low socioeconomic status/low-wage workers; racial/ethnic minorities; immigrants seeking freedom from cultural and political violence and/or economic disadvantage; any non-English speaking person; any person who has experienced violence and/or trauma; individuals experiencing homelessness; previously incarcerated individuals; incarcerated individuals; foster care and court involved young people; individuals with behavioral health diagnoses unrelated to substance use; individuals who reside in economically disadvantaged neighborhoods (i.e. Airport Road area, Hopewell area,, and Agua Fria Corridor); and any other person experiencing social inequities and disparities in health.
3. Group C--Already adversely affected:
   Individuals who have been convicted and/or incarcerated for substance use related charges; individuals who have physical health problems or injury due to problematic substance use; individuals who have an SUD diagnosis; individuals seeking treatment for SUD, or having engaged previous treatment; individuals who have experienced or witnessed a drug overdose; children and close relations of any of the above individuals; and individuals in long term recovery of SUD.

Risk factors: individual, interpersonal, community, and sociocultural

Group A: The general population experiences risk factors based on the intersectional oppressed or privileged identities held by the individual, family, or community. According to the National Institute on Drug Abuse, people use drugs for any of the following reasons: to feel good, to feel better, to do better, or because of social peer pressure and curiosity. When people use drugs to feel good, it is often considered "recreational" substance use. When people use drugs to feel better, it is more likely due to underlying suffering such as stress, anxiety, depression, or social despondency. Using substances to improve or increase performance can become problematic substance use when it involves illicit substances or leads to addiction. Young people are the highest risk of using drugs due to social pressures or curiosity, and are often in a vital stage of development in which demonstrating independence is a key aspect of identity.

Exhibit "4"

Risks factors thus include, the availability and accessibility of drugs; cultural attitudes and norms that condone and glorify drug use; and trauma, mental health disorders, injury, and other conditions that contribute to suffering and a desire or need to self-medicate.

Group B: Factors that increase the risk for some populations include both personal experience and social determinants of health. Sociocultural risk factors include: experiencing poverty; experiencing racism and other forms of oppression; belonging to a marginalized group; living in a resourced deprived neighborhood; attending a resource deprived school; living in a political context that stigmatizes and criminalizes problematic drug use; and exposure to environmental toxins, community violence, media violence, and war. Personal factors include formative prenatal and childhood experiences, and individual biological factors, including genetics.

Group C: Many factors increase risk for those who have already experienced the negative impact of substance use. How a substance is used can increase or decrease the risk of addiction for the user, and those substances that are inhaled or injected have the highest potential for addiction. Parents or caregivers with problematic substance use can create unsafe environments for children, increasing their access to substances and setting examples of unhealthy relationships to substances. Experiencing loss, grief, and other consequences of another person's addiction can increase a relation's stressors and difficult emotions.

Protective Factors:

Group A: Protective factors for general population include, individual and cultural resilience; community cohesion; and access to health, education, and other resources.

Group B: For those at significant risk of problematic substance use, protective factors also include, individual and cultural resilience; community cohesion; and access to healthcare, education, and other resources. To be best practice, services and resources should be research driven, trauma informed, and culturally and linguistically relevant and responsive.

Group C: Evidence-based, research driven, trauma informed, and culturally and linguistically relevant and responsive services can support recovery. For example, treatment programs that apply relapse prevention, motivational interviewing, and the transtheoretical model are best practice. Housing First programs support people who are actively using substances problematically by providing housing and services, helping them to engage in a path to recovery. Best practice and well staffed and funded treatment resources serve to protect people with SUD from worsened disease, injury, and death. The presence of such resources in a community serves to protect the people closely connected of those with SUD from further harm from the consequences of SUD.

Additionally, restorative wraparound services that engage the families, survivors, and/or communities disproportionately impacted by problematic substance can protect those who have been adversely affected use from further harm. Trauma informed law enforcement emergency medical response to all calls involving substance use can build protective factors for this population.

Strategy 1: City should enact and/or support local and state policies that address economic and social conditions of Santa Feans at significant risk or those already impacted by SUD. City should also prioritize funding for programs that target these groups.

Recommendation 1: Strengthen the economic security of low-income families in Santa Fe by improving wages and working conditions. Actions include (1-3 years):

A. Through local legislation, raise minimum wage for workers, including tipped workers, and mandate guaranteed sick leave, family paid leave, and fair scheduling in hospitality, retail,

restaurant, and other low-wage industries.

B. Strengthen local enforcement programs of City employment laws (i.e. minimum wage and discrimination protections) and collaborate with other government agencies to improve enforcement of state and federal employment laws (i.e. wage and hour, overtime, health and safety, and anti-discrimination protections)
C. Support job readiness and workforce development programs for adult workers and youth. City should work with Santa Fe Public Schools, local higher education institutions, and community-based organizations and other stakeholders to identify barriers for workers to existing job readiness and workforce training programs (i.e. work and school schedules, language, immigration or citizenship status, lack of childcare, etc.), create a citywide workforce development plan, and give funding preference to programs that specifically aim to overcome these barriers.

Rationale:
Economic security and a healthy workforce are key factors in preventing problematic substance use. Participants in community conversations indicated that low and unstable wages, long working hours, unsafe working conditions, high housing costs, and lack of affordable health and childcare weaken family and community cohesiveness, often lead to risky behaviors, and prevent access to needed services including substance use disorder treatment.

For example, participants reported use of stimulants by restaurant workers due to working multiple low-wage jobs that are physically taxing. Others reported little if any wage increases beyond the City minimum over the years, compelling them to have multiple jobs, spend less quality time with their families and children, and provide fewer extracurricular and recreational opportunities for their school age children. Workers in community conversations also bemoaned the lack of guaranteed sick leave, causing physical, emotional, and financial stress. Studies indeed show that sick leave leads to safer working conditions, reduced health care costs for families and communities, and more use of primary care among working families.

Business stakeholders likewise expressed the need for a stable and reliable workforce.

And finally, unchecked employment violations often lead to short and long term problems with economic and health wellbeing. Wage theft, discrimination, and health and safety violations are frequently linked to low-wage industries where People of Color and immigrants disproportionately work. Research shows that these violations tend to cluster in workplaces and when not curbed, contribute to low or stagnant wages and unforeseen decreases in income. This often results in food insecurity; the deterioration of living conditions; insufficient access to medical care; long term injuries; increased stress; and limited ability to invest in long term educational resources for improved job opportunities.

Recommendation 2: Increase availability and access to quality affordable housing and prevent displacement/evictions for all groups. Actions include (1-3 years):

A. Ensure adequate funding and financing to support affordable and subsidized housing programs and support services that prioritize low-income Santa Feans, people experiencing homelessness, individuals in recovery and treatment, as well as their families.
B. Work with Mayor's housing transition committee and other stakeholders (including renters, people experiencing homelessness, and people in recovery/treatment) to identify city policies and processes that support the expansion of a full spectrum of affordable housing (including emergency shelter, transitional housing, affordable rentals, first time home-buying, senior housing, and housing for Santa Feans in recovery and treatment). Strategies adopted and supported by the City should adhere closely to the five pillars identified in Santa Fe City Council Resolution No. 2015-65 which provides a framework for housing and urban planning policy. The

five pillars are:

- Affordability
- Quality, sustainability, and health
- Accessibility, fairness and equity
- Stability, permanence and protection from displacement
- Community control

Policy opportunities within the context of this framework in the next three years include:

1. Immediate policy changes addressing accessibility and protections from displacement such as, ban the box in rental applications, for-cause eviction protections, stronger safety net services for rent-burdened Santa Feans, and increased funding for renters' rights programs and legal aid.
2. City should also allow for the expansion of deeply affordable housing or transitional housing at city-owned sites (i.e. on the Midtown Campus).

Rationale:
Community members and other Santa Fe stakeholders believe housing insecurity poses a dire threat to family stability and emotional wellbeing and can lead to problematic substance use among workers, youth, and people experiencing homelessness. Lack of housing can impede treatment and recovery for individuals with SUD. Affordable and accessible housing for all Santa Feans is required for any treatment services to have a meaningful impact on wellbeing. These concerns are borne out by several housing indicators in Santa Fe. Housing costs are higher than the national average for similarly sized cities. And while renter incomes in Santa Fe have remained relatively flat since 2000, median rents have increased by 25%. A recent Santa Fe County Community Services Gap Analysis showed that a disproportionate amount of individuals and families who are Latino, Spanish speaking, and who live in high poverty areas are paying up to 50% of their income on rent or housing. High costs and other barriers to housing such as discriminatory rental practices (i.e. based on immigration status, LGBT status, national origin, race/ethnicity, disability, etc.), arbitrary evictions, criminal convictions, and poor credit history also lead to increased financial problems, unhealthy and unsafe living conditions, and homelessness.

Recommendation 3: Provide support for pregnant and parenting persons by making the following available and accessible to families:

- Behavioral health care
- Prenatal care
- Dental care
- General healthcare
- Food
- Transportation to services
- Home visitations from qualified nurses, social workers, and allied professionals
- Parenting education
- Pre-K
- Childcare
- Mentorship for family members of all ages
- Opportunities to connect with other families for relaxation, education, and shared child rearing

Recommendation 4: City should promote and support coordinated and geographically targetted youth engagement and programming with local stakeholders such as the schools, community organizations, recreational programs, business associations, etc. These programs should include:

- Youth mentorship
- Safe recreational spaces with access to physical and nontraditional educational opportunities (i.e. classes in cooking, financial management, rock climbing, etc.)

- Economic support for disadvantaged/high risk families for engagement in available services (including but not limited to: free programs, free equipment, equipment rental programs)
- Research informed, best practice school-based curriculum on comprehensive sex education; healthy relationships; stress and coping; violence, trauma, and their prevention and treatment; substance use, misuse, and substance use disorder treatment and prevention; mental health, mental health disorders, and mental health disorder treatment and prevention; community and public health promotion

Recommendation 5: Promote increased access to health care and behavioral health services. Action steps include (1-3 years):

A. Leverage stakeholder resources to improve and enhance public health infrastructure and service delivery:
    1. Work with local stakeholders to assess the comprehensiveness of local public health infrastructure in order to accurately assess nature and extent of drug use and inform allocation of prevention resources. Assess to what extent systems can adequately screen, anticipate, and respond to behavioral health problems.
    2. Informed by the above assessment, build the capacity of infrastructure in order to meet unmet needs.
    3. Increase availability of mental health services, including the use of appropriate screening tools and youth psychiatric and substance use disorder treatment services.
    4. Establish adequate public health surveillance of behavioral health problems, including all forms of interpersonal violence.
    5. Require all City-funded organizations to employ qualified professionals with training and licensure appropriate for the population they serve.
    6. Require all City-funded organizations and employees that provide direct services to engage in continuing education in the following areas:
        - Cultural Humility
        - Culturally and Linguistically Appropriate Care
        - Trauma Informed Care
        - Behavioral Health and Substance Use 101
        - Social Determinants of Health and Local Health Disparities
        - Violence, Trauma, and Their Prevention 101
    7. Ensure and promote resource allocation for highest risk groups such as immigrants whose immigration status bars them from accessing subsidized health care. Currently, there is a New Mexico-based legislative campaign to provide state subsidized insurance coverage for immigrant families not covered by the Affordable Care Act.
B. Expand and employ multidisciplinary crisis response teams to provide interventions for all emergency behavioral health calls, including substance use involved medical emergencies.
C. Provide additional culturally congruent and trauma informed treatment options for impacted individuals, families and providers.

Strategy 2—Promote criminal justice reforms and training for law enforcement personnel that support safety, health, and wellbeing of general population.

Recommendation 1: Establish and apply a comprehensive and coordinated restorative justice approach in education institutions and the criminal justice system for all ages.

A. As recommended by the Mayor's public safety transition team in 2018, a Restorative Justice Working Group should be established to compile research about effective programs and best practices in other cities, evaluation strategies, training opportunities for stakeholders and law enforcement, and potential funding for pilot projects in Santa Fe. The Working Group would also develop a report with recommendations for pilot projects that would involve local law

enforcement, local courts, the schools, and other stakeholders.

B. School policies should limit school suspensions, expulsions, arrests, and all harmful practices of punishing unwanted youth behaviors. Instead, they should employ restorative justice practices.

Recommendation 2: Work with local stakeholders to explore and expand pre-arrest and pre-adjudication diversion programs and alternatives to incarceration beyond LEAD, and explore state proposals to expand criminal record expungement.

Recommendation 3: Require all municipal law enforcement workers to engage in continuing education in the following areas:

- Cultural Humility
- Culturally and Linguistically Appropriate Care
- Trauma Informed Care
- Behavioral Health and Substance Use 101
- Social Determinants of Health and Local Health Disparities
- Violence, Trauma, and Their Prevention 101
- Restorative Justice Theory and Practice

Recommendation 4: City should fund and lobby for additional state funding for community re-entry programs and services specifically designed for formerly incarcerated individuals and their families.

Recommendation 5: Prohibit local and state agencies including, law enforcement, corrections institutions and officers from inquiring about immigration status or communicating national origin or legal status to federal immigration opportunities.

Rationale:
Promoting connected and resilient communities where everyone feels respected, safe, and belongs is key to preventing problematic substance use. Community conversations and surveys found significant distrust between communities of color, immigrants, low-income Santa Feans and law enforcement officials. Participants also indicated that racial and income–based disparities within the criminal justice system deepen stigma, decrease access to treatment options, exacerbate financial problems as result of incarceration and court-related fees, and lead to a general sense among youth that they are disposable.

Restorative justice is a community centered approach to crime that protects, restores, and improves public safety; recognizes and supports victims; allows offenders to be accountable and make amends; repairs and builds community relationships and trust; and promotes the reintegration of offenders into society.

Research shows that restorative justice (RJ) programs reduce recidivism and crime, decrease incarceration of young people, lower costs in the criminal justice system (which can be used for a range of prevention and treatment programs) and have high participant satisfaction rates among victims, offenders, community members and public safety officials, leading to greater trust and family and community cohesiveness. RJ capitalizes on second chances, restores community bonds, and promotes peer and community connectedness. Examples of programs within the criminal justice system that have shown to be effective include: victim/offender mediation, community group conferencing, re-entry panels, facilitated community and police dialogues, and pre-booking diversion and other alternative programs for offenders that involve community stakeholders and law enforcement personnel.

Furthermore, collaboration between local governments, law enforcement, jails and ICE for the express purpose of detecting, apprehending, detaining, and deporting undocumented immigrants prevents people

from seeking public safety services, accessing harm reduction and treatment programs, and experiencing a general sense of trust, permanence, and community belonging. While the City and the County have strong non-inquiry and non-cooperation policies relating to federal immigration authorities, CYFD, the State Police, Probation, and Parole do not.

Strategy 3—Expand research-driven, culturally, linguistically, and age-appropriate community education on factors leading to problematic substance use; drug identification; risks of drug use, harm reduction; and treatment options for youth, parents, families, medical providers, law enforcement, and the community at large, with a core objective of eliminating stigma against those who use substances problematically.

Recommendation 1: City should support and fund education in the following areas:

- Trauma Informed Care
- Behavioral Health and Substance Use 101
- Cultural Humility
- Violence, Trauma, and their prevention

Recommendation 2: Work with local stakeholders to develop K-12 district-wide policy and plan on the prevention of suicide, violence, substance use disorder, and the promotion of comprehensive sex education and healthy relationships

Recommendation 3: Identify curriculum/community-based education for parents, families, and the community at large that eliminates SUD stigma and provides up to date information on harm reduction of problematic substance use, including education on alcohol.

Municipal Drug Strategy Task Force

Treatment Subcommittee

Members:
Kathy Armijo Etre
Sylvia Barela, Chair
Michael DeBernardi
Laura Dwyer
Wendy Johnson
Bret Smoker
Chris Wendel

MAYOR DRUG TASK FORCE
TREATMENT SUMCOMMITEE RECOMMENDATIONS

- **Treatment in Jail –Short term recommendations**
    - City advocate to the County and State and ensure funding for the full array of addiction treatment services to be provided in the jail. This should be equivalent of an outpatient treatment program and include counseling and therapy. Riker's Program could be used as a model. There should be a medical director to ensure a full array of medication assisted treatment services are available to include Methadone, Suboxone, and Sublicade. MAT services can be phased in, first by ensuring individuals who enter the jail and whom have a valid prescription for MAT can continue access to their medication. The second phase would be to provide induction services.
        - As part of ensuring adequate treatment services, the jail should assess the current "kick kits" that are used for detox and improve that process to ensure that inmates receive the appropriate medications to assist them with withdrawal symptoms.
        - Although there may be costs associated with these changes, it's important to raise awareness that withdrawal exacerbates medical conditions such as diabetes, high blood pressure etc. that ultimately increase costs and need for medical care.
        - To help financially support these initiatives, the city should investigate if suspending Medicaid for individuals who are incarcerated is something the state has control over or if it's a federal mandate.
    - The city, county, and jails should think of innovative ways to address the overall healthcare needs of individuals while they are incarcerated and coordinate with outside providers for continuity of care and re-entry into the community.
    - The city should advocate for the automatic expungement of criminal records for non-violent drug related offenses to assist individuals with their overall recovery potential to include assisting with housing application approvals and employment opportunities.

- **Housing – Short and Long term recommendations**
    - The city should advocate for and support the full continuum of housing opportunities for individuals struggling with addictions to include Housing First as well as "wet" housing and "damp" housing. "Wet" housing is when housing allows for alcohol and other drugs to be used

Exhibit "5"

on the premises versus "damp" housing, which allows residents to be under the influence on the premises but must use elsewhere.

- There should also be opportunities for sober living and Recovery Housing. It is recommended that the city advocate for and incentivize an increase in recovery housing opportunities in the community. It is important that those housing options include treatment, MAT, and are long term options – as opposed to 3-4 months.
- Transitional Living – That the city advocate for state and federal reimbursement for recovery housing, transitional living, extended residential treatment and/or other opportunities to assist with housing options for individuals with substance use disorders and co-occurring mental health conditions.
- Midtown Campus – Recommend that the city consider behavioral health treatment and housing services on the campus or a portion of the campus. Utilize the apartment buildings permanently for low-income housing and/or recovery housing.
- Recommend that the city ensure that someone from the task force be involved in the process of determining what should be done with the Midtown Campus.

- **Employment – Short term recommendations**
  - Expand the Better Way Project to specifically work with individuals in early recovery from addictions. The Better Way Project is a city subsidized program where a van picks up workers to do clean-up work on city owned properties for the day and pays them.
  - Support job training and employment opportunities for individuals post treatment (partnership with City, Chamber of Commerce, Community College on job training programs).
  - Support community mentorship projects with business owners to work with treatment programs to employ graduates. Look into opportunities for the city to provide tax cuts or other incentives to business owners for this initiative.

- **MAT (OAT – Opioid Agonist Treatment) in treatment – Short and long term recommendations**
  - Currently, few residential programs statewide incorporate MAT. The city should advocate for statewide initiatives to mandate provision of MAT in Residential Treatment and appropriate reimbursement to incentivize the practice.
  - It is recommended that the city engage in advocacy at the federal level to allow prescribing psychologists to prescribe buprenorphine. This would provide greater opportunities for access to MAT.
  - Treatment on demand. Begin with advocating for Buprenorphine as an overdose prevention strategy. A client in withdrawal is at higher risk of overdose. Having buprenorphine available on demand could reduce risky overdose behavior.
  - Increase access to a wider variety of medication assisted treatment options (to include Ibogaine, Psilocybin, Medical Cannabis for opioid withdrawal).
  - Work to increase number of Buprenorphine certified prescribers who prescribe by increasing education and reducing stigma.
  - Apply local pressure with state government with regard to licensing regulations and reciprocity issues to begin to address workforce shortages and incentivize an increase in MAT providers and counseling and therapy providers.
  - Research Heroin Assisted Treatment to assess potential as a viable intervention in Santa Fe.
  - De-criminalize possession of diverted buprenorphine.

- **Prioritize High Utilizers – Short term recommendations**
    - Provide focused treatment for three most vulnerable groups:
        - Incarcerated
        - Law Enforcement Involved
        - Highest risk Population (pregnant IDU, HUGS users)
    - Create Frameworks for collaboration and sharing of information between provider agencies for highest risk populations.
        - People who are at high risk are our most vulnerable citizens and we want to take care of them. There are a lot of resources that go towards their care, but short of having some type of collaborative support, access to resources can become fragmented.
    - We believe that the goal for folks who are currently using, have substance use disorders and or combined mental health conditions is to minimize the obstacles. To make the path towards recovery and treatment have fewer barriers. To accompany them on that journey keeping them healthy and safe wherever they are in the process (harm reduction).

- **Transition from use to treatment** (Detox and Medical Detox)– **Short term recommendation**
    - That the city work to build a comprehensive managed transition from use to treatment so that need for detox and medical detox is not a barrier to engaging in treatment services. There are many gaps in the detox continuum that leave individuals unable to engage in treatment services. There needs to be a pathway to imbed the appropriate discontinuation of use procedure into comprehensive treatment services to increase access and reduce barriers to engaging in treatment services.

- **Reduce Barriers to Treatment – Short term recommendations**
    - Increase access to inpatient services in Santa Fe to include detoxification and residential treatment. Ensure adequate access to care for all substance use disorders. Ensure that having a particular substance in their system doesn't negatively impact their ability to access care.
    - Impact barriers to treatment from a regulatory standpoint. Regulations should be drafted by or with input from providers who will render services.
    - Community Collaboration/resources/capacity. Assess capacity needs. Review where services may be duplicated, such as case management, and where there are gaps. Develop a plan to address gaps.
    - The city needs to work together with the county and the treatment providers to develop a system of care that provides a continuum, reduces duplication, hardwires collaboration, works with clients as a "collective ours" rather than a "mine" or "yours". It is suggested that we need a "convener", either the County or the City, or some other entity to hold responsibility for oversight and planning for behavioral health.
    - Collaborative care model of service delivery. If someone is involved with an agency they take the lead when a person re-introduces to the system via ER or Law Enforcement etc.
    - Supporting a more harm reduction approach to treatment. Meeting clients where they are in their process and providing what best meets their needs at that time and what they are open to.
    - Treatment on Demand to include access to MAT from the Emergency Room, inpatient hospitalization, and primary care. Explore how this could be integrated into our local hospitals and clinics and how to engage community partners so there is effective follow-up.

- Financially support the Community Reinforcement and Family Training Program (CRAFT) program and advocate that the state look at funding for training and implementation for more providers to offer CRAFT as a way to help families get their loved ones into treatment. CRAFT provides individual and group counseling to family members of individuals with substance use disorders to help them develop skills to engage their loved ones in treatment.
- Expand LEAD Program to include additional substances besides opiates and that the city take a more active role in the LEAD meetings and stay involved in the ongoing development of the program.
- Transportation - Recommend that the city offer bus passes to individuals engaged in treatment to help facilitate access to care.
- Address workforce shortages. Psychiatry. Prescribing psychologists. Address systemic issues. Lack of parity between medical and substance use disorder.

- **Peer Support – Short term recommendations**
  - Support peer recovery model and integration of peer support, family peer support, and navigators in the role of reducing barriers and increasing access to care and supporting individuals in early recovery.
    - Have a peer available on the team that responds to overdoses.
    - Peer support should be incorporated in all levels of treatment and in each of the recommendations

- **Education Recommendations – Short and Long-term recommendations**
  - Community needs to be educated more broadly about addiction, what it does to the brain, not a moral failing, addiction as a disease, need for supports and treatment.
  - Education to reduce stigma around buprenorphine. It doesn't mean a person isn't clean. CYFD, Judges, Jail Administrators need this information.
  - Re-entry collaboration with treatment providers. Keep connected with Primary Care
  - Community saves money if we address substance use disorder more comprehensively and successfully.

- **One stop comprehensive array of services – Long term recommendations**
  - **Midtown Campus** – Recommend that the city consider behavioral health treatment and housing services on the campus or a portion of the campus. Utilize the apartment buildings permanently for low-income housing and/or recovery housing.
  - Provide greater access to Integrated Care (medical and behavioral Health)
  - **One Door** - We need more community collaboration and centralized and integrated services. "One stop shop". If not the University of Art and Design Campus, is there another facility or campus that might be considered by the city to promote the "One Door" initiative.
  - Ensuring that the community has the full array of services that are needed to adequately address addiction treatment needs. Possibly consider increasing taxes to provide more funding for addiction treatment. Support cannabis legalization campaign as a way to increase funds for treatment.