



# Agenda

## **MUNICIPAL DRUG STRATEGY TASKFORCE MEETING**

**Thursday, December 5, 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: October 24<sup>th</sup>, 2019
4. Break to get lunch (15 minutes)
5. New Business:
  - a. Welcome (Emily Kaltenbach, MDST Chair)
  - b. Revised Recommendations (Emily Kaltenbach)
6. Comments from the Chair and Committee Members
7. Report from Staff
8. Matters from the Floor
9. Adjournment

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**RECEIVED AT THE CITY CLERK'S OFFICE**

**DATE: November 25, 2019**

**TIME: 11:31 AM**

**SUMMARY OF ACTION  
MUNICIPAL DRUG STRATEGY TASK FORCE  
MARKET STATION CONFERENCE ROOM  
500 MARKET STATION  
THURSDAY, DECEMBER 5, 2019, 11:00 AM**

<b><u>ITEM</u></b>	<b><u>ACTION</u></b>	<b><u>PAGE</u></b>
<b>CALL TO ORDER</b>	<b>QUORUM</b>	<b>1</b>
<b>APPROVAL OF AGENDA</b>	<b>APPROVED</b>	<b>1-2</b>
<b>APPROVAL OF MINUTES</b>	<b>POSTPONED</b>	<b>2</b>
<b><u>NEW BUSINESS</u></b>		
<b>WELCOME</b>	<b>INFORMATION/DISCUSSION</b>	<b>2-3</b>
<b>REVISED RECOMMENDATIONS</b>	<b>INFORMATION/DISCUSSION</b>	<b>3-7</b>
<b>COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS</b>	<b>INFORMATION/DISCUSSION</b>	<b>7-8</b>
<b>REPORT FROM STAFF</b>	<b>NONE</b>	<b>8</b>
<b>MATTERS FROM THE FLOOR</b>	<b>NONE</b>	<b>8</b>
<b>ADJOURNMENT</b>	<b>ADJOURNED</b>	<b>8</b>

**MUNICIPAL DRUG STRATEGY TASK FORCE  
MARKET STATION CONFERENCE ROOM  
500 MARKET STATION  
THURSDAY, DECEMBER 5, 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, December 5, 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  
Laurie Knight  
Alex Dominguez  
Bernie Lieving  
Sylvia Barela  
Larry Martinez  
Dr. Bret Smoker  
Chris Wendel  
Captain Anthony Tapia

Sophie Andar  
Andres Mercado  
Oona Calloway, for Kathy Armijo-Etre  
Julie Bell, for Bennett Baur  
Dr. Wendy Johnson  
Dr. Tim Condon

**MEMBERS ABSENT**

Veronica Garcia, Excused  
Dr. Laura Brown, Excused  
Denise Herrera, Excused  
Dr. Laura Dwyer, Excused  
John Osborne, Excused

Marcela Diaz, Excused  
Jesse Cirolia, Advisory, Excused  
Tony Dixon, Advisory, Excused  
Sue O'Brien  
Dr. Michael DeBernardi, Excused

**OTHERS PRESENT**

Councilor Michael Harris  
Kyra Ochoa, Director, Department of Community Services  
Anna Cale, Community Services  
Michelle Lis  
George Carrasco  
Elizabeth Martin, Stenographer

**2. APPROVAL OF AGENDA**

**MOTION** A motion was made by Dr. Smoker, seconded by Mr. Martinez, to approve the agenda as presented.

**VOTE** The motion passed unanimously by voice vote.

**3. APPROVAL OF MINUTES**

Postponed

**4. BREAK TO GET LUNCH**

**5. NEW BUSINESS**

**A. WELCOME**

Chair Kaltenbach said this is the second to last meeting. Dec 19<sup>th</sup> will be our last meeting and she believes the Mayor is going to join us at the beginning of that meeting. Thank you all for your patience at the last meeting. We now have a set of recommendations.

The draft recommendations are herewith attached to these minutes as Exhibit "1".

Chair Kaltenbach said she and Michelle are working on the development of an outline for the report. There will be six categories: advocacy, public safety and human rights, prevention and education, economic security and community development, leadership, governance and accountability and recovery oriented treatment and harm reduction.

Ms. Lis said she will walk through the outline today. The report will be at a pretty high level report.

Ms. Lis said she will review the outline of the report today. We will see if anyone wants to volunteer to be part of an ad hoc group that brings the recommendations to implementation. She met with Julie and she recommended we bring our recommendations to a Council study session.

Councilor Harris said it is a good process. It is open to the public, but the public are not engaged in the discussion. It is limited to two hours.

Ms. Lis said she thought that would be a good next step for this report. We don't have a date for that, but Julie is looking into scheduling that.

Mr. Lieving asked will that be pre-Legislative session.

Chair Kaltenbach said the hope is that it is before the Legislature and before the budget process for the City.

Councilor Harris said it seems that the City Committee structure is changing as well. Public Works and Public Utilities are going to be combined and a new Committee will be added. The Quality of Life Committee. That is where these issues will be heard.

Ms. Lis said also today we want to do an exercise of ranking, not if you like it or not, but by highest impact. We have been asked by City staff to have a particular impact ranking. We will also send this out so the folks not in room have an opportunity to do this exercise.

## **B. REVISED RECOMMENDATIONS**

Ms. Lis reviewed the report outline. The outline is herewith attached to these minutes as Exhibit "2".

Mr. Lieving asked will the language discussion be in the executive summary of the report.

Chair Kaltenbach said yes.

Ms. Wendel said she would like at least a statement about alcohol. More people die around alcoholism than drugs. We would be remiss if we do not put in a statement on that.

Mr. Lieving said three times the amount of people die of alcoholism. Put the data in the executive summary.

Ms. Lis said we have a place for data.

Ms. Andar suggested that in the data section on the impact of drugs and alcohol include data on the correlation with levels of violence.

Chair Kaltenbach said that is great. We also have data on suicide as well.

Ms. Knight said one other piece is the effect on juveniles. Have one sentence about that.

Mr. Martinez asked so there will be a rationale that will accompany every recommendation. What are you thinking of how extensive that should be.

Chair Kaltenbach said many of you did rationale statements. We do not have one for all of them. She is trying to simplify that. She wants enough to ground our

recommendations.

Mr. Martinez said that is going to be tough. He doesn't think we have the format to be able to convey all of that. There is some brilliant stuff in there. Maybe in the opening statement we can say we have this body of work if they want to gain greater detail.

Chair Kaltenbach said it might be great to attach all of the work group's final documents in the appendix.

Everyone agreed to that and the format.

Dr. Johnson said we say one sentence or phrase for each one as a footnote if there is a article or something.

Chair Kaltenbach said maybe what it is and why it is important.

Mr. Lieving said speaking of real time data, we have had positive results of black tar heroin with fentanyl in it. It looks like more is coming in. It is cross contamination with labs that do not clean their equipment.

Chair Kaltenbach said if there is any data you have that you think is relevant and important please send it to she and Michelle.

Ms. Wendell said good job

Mr. Martinez said excellent work.

Ms. Lis said the plan is to have the report to you prior to the next meeting so you can review it.

Chair Kaltenbach said you will have an opportunity to weigh in before it is final.

Chair Kaltenbach said we will move to the exercise.

Chair Kaltenbach said if you don't see a specific recommendation flag it for her. We pulled out a few that will be sub recommendations. There is one additional recommendation under advocacy that she added. She attended the Behavioral Health Collaborative which presented to the LCS and the Governor. In her budget there is a recommendation for the creation of an office within the Department of Health to address problematic alcohol use. The recommendation is to advocate for that. She does think our plan is a little light on alcohol.

Ms. Wendel said we are moving Behavioral Health back into the Department of Health. That is where we started.

Dr. Condon said he has met with the Secretary of Health and she is very engaged with medical assisted treatment in correctional facilities. He likes that there is action.

Ms. Barela said it is a bit of a step back. Substance abuse is under the Behavioral Health Office in HSA so an initiative in DOH may not be the best place to have that.

Chair Kaltenbach asked is everyone okay including this in the advocacy category.

Mr. Lieving said take out the recommendation of where the office goes.

There was agreement to that.

Ms. Andar asked do we have the chance now to address any other language changes.

Chair Kaltenbach said make a note of it as you go through with your review and ranking. If it is significant raise it at the end so we have it in the minutes.

Chair Kaltenbach said the idea now is to rank each page separately within each category, not across categories. Rank them as having the greatest impact to the greatest number of people in the City of Santa Fe.

Mr. Lieving asked what is the purpose of this. What if we rank them all the same.

There was a lengthy discussion as to how to rank the recommendations in each category.

It was decided that each task force would rank the top three in each category that would have the greatest impact.

Chair Kaltenbach said we wanted your input in this so that we were not doing it for you. We will collect all the rankings and tabulate them for the report.

The task force members began the process to rank the recommendations within categories.

After all of the rankings were turned in to the Chair, the meeting reconvened.

Chair Kaltenbach said we talked with City staff during this time. One of our recommendations is about creating a person or office dedicated to these issues. It is one of our governance recommendations. She and Kyra have been talking about that.

Kyra's recommendation is to have that in-house in the Office of Emergency Management.

Ms. Ochoa this idea is because what we really want is someone to elevate these issues. Elevate them, share them and coordinate a response across the City. It is an emergency. The Office of Emergency Management has two people and they are searching for a Director. It seems like a natural place for this to live. She ran it by Councilor Harris and he said it makes sense.

Chair Kaltenbach said it is a public health and safety emergency. We recommend changing the language to reflect that. Any thoughts.

Dr. Smoker said strategically it is a great idea.

There was consensus to approve.

Chair Kaltenbach said we would like to create one more recommendation that is overarching that the Council actually declares an emergency around drugs and alcohol abuse and that all the recommendations fall under that.

Mr. Lieving said that is great.

Chair Kaltenbach said it would be a Resolution.

Ms. Ochoa said that would galvanize the Office of Emergency Management. It would help. She thinks it would be something powerful the Council could do.

Mr. Lieving asked is there a requirement to any declaration of emergency.

Mr. Ochoa said she will check on that.

Chair Kaltenbach said we will check on the ramifications and will bring it back to all of you. We will share the information over email.

Ms. Barela said HMS, in collaboration with UNM, just got a planning grant from CMS to develop a strategic plan around substance use disorder services in the State. That might be a group to align ourselves with to see if there is a way to get some of our ideas into the Federal grant program.

Ms. Barela said it feels like, in terms of large amounts of funding that come into the State for opiate addiction, it is important to have more grassroots initiatives for people getting the money so community level needs are identified and put forward.

Dr. Condon said Bernalillo County has gotten tons of money from the Bureau of Justice Assistance and he is working in that area. They are doing stuff.



Ms. Barela said we are seeing several Federal agencies funding this issue.

Ms. Andar said she had a couple of language change suggestions. On page one, the first one, change the language to limit exclusionary school disciplinary activities. She will email this to the Chair. The other one is the third to the bottom, say inclusive.

## **6. COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS**

Mr. Lieving said he wrote into a grant buprenorphine on demand for overdose survivors and it got funded. That piece is to come to his consulting company which is just him so it is moving to La Familia. The grant is for four years and includes doing TA capacity building and capacity building for Las Cruces Fire to replicate some of what MIHO does here.

Chair Kaltenbach said on the treatment recommendations we talk about increased availability of buprenorphine we can add emergency room and in-house treatment.

Dr. Smoker said maybe the ad hoc committee could work on the details of treatment on demand.

Chair Kaltenbach said we can add back in research and assessing the feasibility of treatment on demand.

Ms. Barela said even if we just support the first supervised injection center in New Mexico.

Dr. Condon said there is interest from the Governor's Office on that. He is thinking that if there were a State law there will be less opposition.

Ms. Knight said put it under the advocacy category. Support feasibility research about treatment on demand and legislation for treatment on demand.

Chair Kaltenbach said we will make those changes.

Dr. Johnson said advocate and research how to reduce barriers. Rewrite some of these and send them around to us. It could be incentivized throughout our healthcare system to integrate treatment for alcohol and opiates through out healthcare system.

Ms. Ochoa said City funding does not go to health systems currently.

Mr. Mercado said in this whole transformation of the healthcare landscape there is a lot of figuring out how to optimize the system and organizations that fail to do that

first before expecting others to do it. The City's responsibility is to include it if they are treating people. He thinks one of the levers the City has to pull is to lead by example. This is what we see the standard of care needs to be and we are doing it.

Chair Kaltenbach said we are talking about treatment on demand. This is integrated care.

Dr. Smoker asked would you be comfortable if we highlighted it in another place embedding it into the Office of Emergency Management and embed as one thing we want to advocate for. The City should take the lead through the offices they have control of. Implementation is a five to ten year project. We just want to elevate this.

Dr. Johnson said she is talking about a different thing. It is access to buprenorphine. The City could take a position that the health systems should be doing this.

Chair Kaltenbach said send her some language and she will work with Sylvia as chair of that work group.

Ms. Ochoa said that is best in advocacy

**7. REPORT FROM STAFF**

None.

**8. MATTERS FROM THE FLOOR**

None

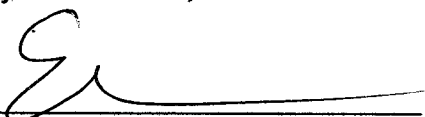
**9. ADJOURNMENT**

Chair Kaltenbach said our next meeting will be about celebrating all the hard work everyone has done and the draft report. We will also talk about next steps.

There being no further business before the Task Force the meeting adjourned at 1:06 pm.

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Emily Kaltenbach, Chair



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Elizabeth Martin, Stenographer

# The Santa Fe Plan: A Municipal Public Health and Safety Approach to Alcohol and

## Report Outline

### 1. Executive Summary

- Municipal Drug Strategy Model - Local Reform: Opportunity to address alcohol and drug strategy at a local level with input and buy-in from community - a call to action!
- Principles and values of a municipal drug strategy
- Resolution and Task Force Purpose and Process
- Task Force Guiding Principles

### 2. Summary of Findings

- Drug and Alcohol Impact in Santa Fe County
- What we Heard from Community – Polling Results
- Community & Stakeholder Conversations Overview (# reached, who, etc.)
- Community & Stakeholder Conversation Findings (abbreviated version – full narrative of findings as Appendix A)

### 3. Recommendations

- Framework (Background, Overarching goals, Objectives, Continuum of Universal and Targeted Interventions)
- Task Force Recommendations (I-V Below)

#### I. Leadership, Governance and Accountability

- Objective
- Brief introduction/high-level rationale
- Table highlighting abbreviated recommendations for each section:

Recommendation	Rationale	City Role	Timeframe	In-process or new
1a)				
1b)				
1c)				

#### II. Economic Security and Community Development

#### III. Prevention and Education

#### IV. Recovery-oriented Treatment and Harm Reduction

#### V. Public Safety and Human and Civil Rights

#### VI. Advocacy

### 4. Conclusion

### 5. Appendices

- A. Community & Stakeholder Findings (full narrative)
- B. Implementation Plan
  - Advocacy Agenda for 2020-2021

### 6. References

### 7. Acknowledgments (Task Force Members and affiliations)

Exhibit "1"

Advocacy Recommendations	Rank by Impact (1 = greatest impact)
Advocate to the Santa Fe Public School District for school policies that limit school suspensions, expulsions, arrests, and all harmful practices of punishing unwanted youth behaviors. Instead, they should employ restorative justice practices and not arrest youth at school.	
Advocate to local and state agencies, including law enforcement, corrections institutions and officers, not to inquire about immigration status or communicate national origin or legal status to federal immigration authorities.	
Advocate at a state level for the automatic expungement of criminal records for possession of controlled substances to assist individuals with their overall recovery potential to include assisting with housing application approvals and employment opportunities.	
Advocate at a state level for increase in alcohol excise tax and for greater access to allocation of funding from alcohol tax.	
Advocate at a state level cannabis legalization as a way to increase the local tax base and direct funds to treatment, harm reduction, prevention and education.	
Advocate at a state level to ensure drug checking kits are no longer considered drug paraphernalia in the state's controlled substance act.	
Advocate at a state level for the adoption of a state statute that would mandate a regular (i.e. yearly) overdose fatality review team process.	
Advocate at a state level for an appropriation for a hydromorphone pilot at the University of New Mexico (legislation will be introduced in the '20 session)	
Advocate at a state level for the New Mexico based legislative campaign to provide state subsidized insurance coverage for immigrant families not covered by the Affordable Care Act.	
Advocate for the adoption of a state statute that would mandate a regular (i.e. yearly) overdose fatality review team process.	
Advocate to the County to provide public transportation to people being released from the Santa Fe County Adult Detention Facility.	
Advocate to the SFPS District that all SFPS security staff engage in continuing education in the following areas: Cultural Humility; Culturally and Linguistically Appropriate Care; Trauma Informed Care; Adverse Childhood Experiences (ACES), 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; and Stigma.	
Advocate for the Santa Fe Public School District to develop K-12 district-wide policy and plan on the prevention of suicide, violence, trauma, substance use disorder harm reduction and treatment, and the promotion of comprehensive sex education and healthy relationships.	
Advocate at a state level for additional state funding for jail community re-entry programs and services.	
Advocate at a state level for the request, within the Governor's proposed budget, to create of an office within the Department of Health to specifically address problematic alcohol use.	

Public Safety and Human Rights Recommendations	Rank by Impact (1 = greatest impact)
Introduce a resolution supporting the reduction of penalties, at a state level, for possessing drugs for personal use from a felony to a misdemeanor.	
Compile research about effective restorative justice 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; develop a report with recommendations for restorative justice pilot projects that would involve local law enforcement, local courts, the schools, and other stakeholders.	
Compile new and emerging research on public safety/emergency and innovative public safety/emergency responses implemented in other jurisdictions and provide information gathered to city leadership.	
Develop public safety strategic plans (SFFD and SFPD) aligned with the City's commitment to a health-based approach to public safety encounters involving behavioral health, alcohol and drugs rather than a criminalized approach and revise the SFFD and SFPD efforts to recruit new officers to align with the City's strategic vision for a public health-based approach to public safety.	
Incentivize (financially and through public recognition) the proposal of, adoption by, and interest in innovative approaches to emergency response by SFPD and SFFD staff. Showcase the SFPD's and SFFD's innovative and trauma-informed response models.	
Communicate "A New Face of Public Safety: Incorporating Public Health as part of Public Safety" by moving away from SFPD and SFFD public images of high-tech equipment and high-intensity approaches (e.g., SWAT vehicles and ladder trucks); instead place more emphasis on images that reflect the reality of the majority of service calls -and the Departments' strategic visions and commitment to harm reduction and community health.	
Coordinate with the THRIVE/LEAD Policy Coordinating Group to expand the program to include additional substances besides opiate and other behavioral health issues.	
Partner with SFPS, private and charter schools, County Teen Court Program, CYFD/Juvenile Probation and Parole, District Attorney, and others to create and implement a city juvenile arrest diversion program for substance use related issues.	
In coordination with the County's Crisis Center and Mobile Crisis Response team, expand multidisciplinary crisis response services including the development of a 1-year pilot program for a three-person "co-response team" (SFPD employee, SFFD employee, "public safety behavioral health staff worker") for dispatch to <u>all</u> service calls with a behavioral health component.	
Seek funding for the recruitment and hiring of additional public safety behavioral health staff workers within the Fire Department, and encourage the formalized use of these staff by police officers responding to service calls.	
Collaborate with the County to ensure City residents' access to best practices/standard of care treatment for opioid dependency (induction and maintenance of MAT - to include buprenorphine and methadone) at the Santa Fe County Adult Detention Center	

Prevention and Education Recommendations	Rank by Impact (1 = greatest impact)
Fund coordinated and geographically targeted youth engagement and programming with local stakeholders such as school, community organizations, recreational programs, business associations, etc. These programs should include, but are not limited to: 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); and, 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.	
Partner with the Santa Fe Prevention Alliance to identify curriculum/community-based education for parents, families, and the community at large that eliminates substance use stigma and provides up to date information on harm reduction, including education on alcohol.	
Fund and support 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.	
Require all city workers including municipal public safety employees (law enforcement and fire department staff involved in THRIVE/LEAD and all other law enforcement and fire department staff) to engage in continuing education in the following areas: Cultural Humility; Culturally and Linguistically Appropriate Care; Trauma Informed Care; Adverse Childhood Experiences (ACES), 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; and Stigma	
Assist in funding the evaluation for the SFPS Districts implementation of Safety First, a science-based and compassionate drug education curriculum, for 9 <sup>th</sup> and 10 <sup>th</sup> graders.	

Economic Security and Community Development Rationale	Rank by Impact (1 = greatest impact)
Strengthen the economic security of low-income families in Santa Fe by improving wages and working conditions. Specifically: raise minimum wage for workers, including tipped workers; mandate guaranteed sick leave, family paid leave, and fair scheduling in hospitality, retail, restaurant, and other low-wage industries; 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); and, support job readiness and workforce development programs for adult workers and youth.	
Collaborate with the Chamber of Commerce and the Santa Fe Community College to create and fund a community mentorship, job training and employment opportunities project with local business owners to work with treatment programs to employ graduates as well as THRIVE/LEAD participants. Look into opportunities for the City to provide tax cuts or other incentives to business owners for this initiative.	
Seek funding to expand the Better Way project to specifically work with individuals in early recovery. 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.	
Ensure adequate funding and financing to support short and long-term affordable and subsidized housing programs and support services that prioritize low-income Santa Feans, people experiencing homelessness or who are precariously housed and who are in danger of being homeless, individuals in recovery, treatment and who are currently using, as well as their families. Specifically, we recommend that the city leverage advocacy efforts and all housing resources including HUD funding, public housing options etc. to promote an increase in capacity for housing opportunities such as: Emergency shelter; affordable and subsidized housing (both rental and first time home-buying); senior housing; permanent supportive housing; sober living/recovery housing; transitional living; and, extended residential treatment.	
Research and reduce barriers to harm reduction housing by working with community providers to implement housing that provides a safe place for individuals to use substances including alcohol.	

Leadership, Governance and Accountability Recommendations	Rank by Impact (1 = greatest impact)
<p>Work with funders to standardize and streamline contractor requirements around employee training and quality standards of care. Ensure the City of Santa Fe has the same contract requirements as other funders for continuing education for direct service employees. Areas of continuing education to consider: Cultural Humility; Culturally and Linguistically Appropriate Care; Trauma Informed Care; Adverse Childhood Experiences (ACES); Behavioral Health and Substance Use 101; Social Determinants of Health and Local Health Disparities; Violence, Trauma, and their Prevention 101; and, Stigma.</p>	
<p>Create a new funding stream, coordinated with other local funders, dedicated solely to the provision of community-based behavioral health and harm reduction services. Funding stream to be managed by the Community Services Department. Creation of funding could be through a local tax increase (i.e. tax on second homes), the local cannabis tax, and/or opioid pharma settlements.</p>	
<p>Create an office of drug and alcohol response with a specific focus on alcohol and drug policy, drug user health, treatment and social supports, and harm reduction. The office would be responsible for conducting research and planning, coordination across city departments, partnership with other levels of government and leading the implementation of the recommendations of the municipal drug strategy task force among other tasks.</p>	
<p>Fund community-based housing advocacy services to assist with passing policy addressing accessibility and protections from displacement such as: ban the box in rental applications for convictions and medical cannabis patient status, for-cause eviction protections, stronger safety net services for rent-burdened Santa Feans, and increased funding for renters' rights programs and legal aid.</p>	



Recovery-oriented Treatment and Harm Reduction Recommendations	Rank by Impact (1 = greatest impact)
Ensure and promote that city funding is allocated for highest risk groups such as substance users, HIV/AIDS patients, pregnant women and immigrants whose immigration status bars them from accessing subsidized health care, i.e. advocate for the New Mexico based legislative campaign to provide state subsidized insurance coverage for immigrant families not covered by the Affordable Care Act.	
Community Services Department to encourage grantees to use a peer recovery model and integrate peer support, family support and navigators in the role of reducing barriers and increasing access to care and supporting individuals in early recovery.	
Ensure city bus routes go to treatment and prevention services and offer bus passes to individuals engaged in treatment to help facilitate access to care.	
Research Injectable Opioid Treatment and assess the potential as a viable intervention in Santa Fe. If appropriate, implement a supervised injectable opioid treatment pilot project using prescription hydromorphone or diacetylmorphine.	
Provide funding for jail community re-entry programs and services (an example could be to help fund a city/county re-integration center) specifically designed for formerly incarcerated individuals and their families.	
Collaborate with local partners to ensure a full treatment continuum exists in Santa Fe for substance use disorder treatment to include detoxification, short and long term residential treatment, crisis response, regular and intensive outpatient treatment, psychiatry, and adequate access to care for all substance use disorders and ensure that nobody is turned away for having a particular substance in their system. There should exist a no wrong door model that ensures individuals receive the comprehensive care they need regardless of where they enter the system. Also consider incorporating the one-door model, the integration of primary care, detox, mental and substance use disorder treatment, etc.	
Help fund medical detoxification services located within the City and ensure that it is recognized as part of the continuum of care.	
Collaborate with the County, local hospitals, and other stakeholders, to plan and host interagency interdisciplinary peer-informed collaborative case staffing meetings as a model of prevention and treatment service delivery. (see, e.g., Camden, New Jersey)	
Support long-term sustainability of increased availability of buprenorphine as overdose prevention and treatment model, i.e., to build on award of SAMSHA grant for Buprenorphine inductions in home or on the street and support efforts to increase capacity of MAT prescribers and PCPs in community who are comfortable assessing and treating SUD.	
Create a Safe Needle Disposal public education campaign that may include printed materials, PSA's and a page on the City's website on what to do with a found needles, locations of disposal sites, referrals to syringe service programs, and other resources. Continue to support the implementation of a public sharps container program in places like parks, local businesses, motels, etc.	
Fund community-based organization (s) to distribute naloxone in non-traditional settings such as grocery stores, and other highly visible public places. This should also include overdose response boxes (naloxone and face shields) in parks, city buildings, local businesses, motels, libraries, etc.	