

**SUMMARY OF ACTION
MUNICIPAL DRUG STRATEGY TASK FORCE
MARKET STATION CONFERENCE ROOM
500 MARKET STATION
THURSDAY, MARCH 28, 2019, 11:00 AM**

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THURSDAY, MARCH 28, 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, at 11:05 am, on Thursday, March 28, 2019, at the Market Station Conference Room, 500 Market Station, Santa Fe, New Mexico.

2. ROLL CALL

MEMBERS PRESENT

Emily Kaltenbach, Chair
Andres Mercado, Vice Chair
Sophie Andar
Bennett Baur
Dr. Laura Brown
Dr. Tim Condon
Tony Dixon
Alex Dominguez
Dr. Laura Dwyer
Laurie Knight
Marcela Diaz
Bret Smoker
Chris Wendel
Bernie Lieving
Kathy Armijo-Etre
Dr. Wendy Johnson
Larry Martinez
Sue O'Brien
Shelly Moeller
(Vacancy)

MEMBERS ABSENT

Marcela Diaz, Excused
Denise Herrera
Lt. Paul Joye, Excused
John Osborn
Michael DeBernardi, Excused

OTHERS PRESENT

Michelle Lis, Consultant

Leia Cantor, Santa Fe Reporter

Marcia Hufker, Springer Correctional Facility

Jesse Cirolia, Advisory Member

Melissia Moyer, Santa Fe County Fire Department

Dr. Bruce Trigg, Telephonically

Elizabeth Martin, Stenographer

3. APPROVAL OF AGENDA

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

VOTE The motion passed unanimously by voice vote.

4. APPROVAL OF MINUTES

Ms. Knight said on page 3 it should be the Crisis Center in Sant Fe; on page 4, the 7th paragraph it should be desensitized; on page 5, in the second paragraph, it should be Mr. DeBernardi; in the 6th paragraph, the 3rd line it should be Solaze, on line 4, the same paragraph it should be medication; in the same paragraph, 2nd to the last line, it should say come to the Task Force; in the next paragraph, second line it should say Chamber; on page 7 add in the community; on page 8, the 5th paragraph and on page 9, the 3rd paragraph, it should be Chamber; in the 10th paragraph is should be medication assisted treatment; on page 10 it should be opioid and on the second line is should be medical cannabis.

Dr. Condon said regarding his quote on page 4 he wants to note that the statement is not what he believes.

Dr. Brown said on page 9 practitioners is misspelled and on page 10 it should be use disorder.

Ms. Cirolia said on page 7 it should say programs being put into hospitals. They are not currently at her hospital.

Chair Kaltenbach said on page 10 it should say legalization.

MOTION A motion was made by Ms. Wendel, seconded by Mr. Smoker, to approve

the minutes as amended.

VOTE The motion passed unanimously by voice vote.

5. BREAK TO GET LUNCH

6. NEW BUSINESS

A. WELCOME AND INTRODUCTIONS

Chair Kaltenbach welcomed everyone to the meeting. The group introduced themselves individually.

B. UPDATE: 2019 LEGISLATIVE SESSION

Chair Kaltenbach said many of us were involved in the Legislative Session. Her Legislative report is in the meeting packet. She would like to share the highlights. It was one of the hardest sessions she has seen. Everyone wanted their piece of the funding. The dynamics were interesting. In the end we came out with some positive things. LEAD money finally was again put into this budget. Hopefully it will stay in. The Governor has until April 5th to sign the budget. It was a total of \$664,000 that would support planning and direct service of LEAD in four counties. Rio Arriba, Santa Fe, Dona Ana and Bernalillo counties. Rio Arriba started their LEAD program on February 7th. Bernalillo just hired a Case Manager. Santa Fe has been going for a while. The County will start making referrals. It will be an expansion for the County program. There are also funds to fund Tribal LEAD functions.

Chair Kaltenbach said they passed decriminalization of ½ ounce of cannabis and drug paraphernalia. There were enhancements to existing 911 and the Good Samaritan Law. They can call 911 with limited immunity of prosecution for possession. People on probation and parole have been exempt from immunity as well as people with restraining orders. If signed it would look to expand to citizen status.

Ms. Andar asked does that include people with warrants out for their arrest.

Chair Kaltenbach said that is on the list, but a bit trickier.

Chair Kaltenbach said cannabis in schools where kids are not allowed to take their medication at school was brought up. Mothers of kids with epilepsy have to pick up the child, drive off the campus and give them the medication. That was changed. Protection and civil protections of medical cannabis patients is where the change is. Improving access and affordability to the program. HB 342 is the Good Samaritan bill.

Dr. Brown said the Governor instructed the new Secretary of Health to add opioid to the list of conditions.

Chair Kaltenbach said the Criminal Record Expungement Act passed. People who have certain convictions can petition the court to get their record expunged. Opioid overdose patient counseling passed requiring healthcare providers under certain circumstances to advise patients on the risk of overdose and about Naloxone. If they prescribe medications they can subscribe Naloxone if it is only a five day supply.

Mr. Lieving asked does it require education.

Chair Kaltenbach said it says for those at risk of overdose.

Dr. Condon said he believes Medicaid was directed the most for centralized care to provide co-prescribing and pay for NARCAN.

Chair Kaltenbach said people applying for jobs in a public setting are no longer required to have to check a box for a felony. That has now expanded to any private employer in the State. There was solitary confinement reform. Restrictive housing. The Bill bans the use of solitary confinement of children and pregnant women and restricts the use when there are mental health issues. It requires prisons to report on solitary confinement use. The uniform licensing act now says they cannot deny professional licenser for felons unless the felony is related to the job applied for.

Ms. Andar said the Legislature allocated \$560,000 to Northern New Mexico College to implement an institute to reduce and prevent trauma. The Anna Age Eight Institute.

Chair Kaltenbach said she is happy to share any of the information on these bills with any of you if you would like her to.

C. UPDATE, FINDINGS, AND DISCUSSION: COMMUNITY CONVERSATIONS

Ms. Lis reported that all of the findings are in the meeting packets.

Chair Kaltenbach said 231 community members had a voice in this process.

Ms. Lis reviewed the findings report and asked if anyone had comments to please email them to her in writing.

D. UPDATE SUBCOMMITTEES

These items were not heard to allow for time for the presentation.

i. HARM REDUCTION

II. PREVENTION

III. TREATMENT

IV. EMERGENCY RESPONSE/PUBLIC SAFETY

6. PRESENTATION

MAT IN DETENTION CENTERS

Dr. Bruce Trigg, Telephonically

Chair Kaltenbach said Bruce is a dear friend to all of us. He moved to New York, but for 23 years worked at DOH and started many of the harm reduction programs for our state. He is working tirelessly in New York with many harm reduction and treatment advocates to expand MAT. She asked him to share with us advice moving forward on this issue in the Task Force and his suggestions. There was a Bill mandating MAT in jail, but it did not pass. It did start a conversation. The issue is timely. This community is eager to take this issue up.

Dr. Trigg said he did not know about that bill. There is one in the New York Legislature as well. It is still ongoing and in play mandating all assisted treatment for all the jails and prisons in New York State. It feels good to have a good chance.

Dr. Trigg said for three of four years when he was there the Police Chief in Santa Fe said 100% of the burglaries were by people using heroin. The reason we knew they were on heroin was that they all got arrested and went to County jail. We missed that opportunity to deal with 100% of the burglars to put them on treatment. That 20% who are incarcerated have opioid disorder. It is 1 in 5 in New Mexico. The community standard of care is important. When a malpractice case question comes up if the provider is providing the legal community standard of care then there is no question. The three medications used are Methadon, Buprenorphine and extended release Vivitrol. All are available in the community and should be available to the incarcerated. The recent court case in Massachusetts was about someone on Methadone sent to jail and represented by the ACLU who said the jail violated the Constitution and the Americans With Disabilities Act by not continuing the Methadone. The Judge found in favor of the defendant. He doesn't know how much control City government has in jails, but it seems reasonable that if Santa Fe is contributing any money to the jail they are being put at risk if they are not practicing the legal standard of care which is MAT. This is a perfect example of deja vu all over again. In 2012 in a Journal he said the Santa Fe

Buprenorphine Program said the third and newest NMDOH program. It continued on at the County Detention Facility. We have been through this before. People were getting appropriate treatment. We know they are put on involuntary detox when in jail. People with other health issues such as heart issues can die in detox. Involuntary withdrawal is also linked to suicides. We know people have a very high overdose death rate when they leave any kind of treatment. Starting people on Methadone or Buprenorphine reduces the death rate of overdose. Other opioids are smuggled in at jails. They are of high value. Having the meds for people who need them would curb that and the violence related to that.

Dr. Trigg said if someone were to divert a dose of Buprenorphine it would not be fatale as opposed to heroin. There is no downside in starting people to use Buprenorphine for detox and then starting people on treatment. It is time for a progressive City and State to get with the program, like Santa Fe. He recommends that we need the buy-in of people in charge then there needs to be a reigning in for all the staff at the jail and a training about why MAT is necessary and has been proved to be effective. Then they need to continue people already on Methadone or Buprenorphine in jail. Naloxone as well. If they are using that in the community continue it in jail. They are life saving meds. It would be simple if someone in jail could get take homes for one week provided to the medical staff and they give it daily to the person in jail. They could be brought once a week to a Methadone clinic and the meds could be given to the officer and locked up in the jail and distributed by staff once a day. On Buprenorphine if they have a prescription continue it. Rikers Island, in his opinion, is the nastiest jail in the United States and for 30 years they have been providing Methadone, Buprenorphine and vivitrol. If they can do it certainly it can be done elsewhere. The concerns about diversion are without any basis. The other thing is that Buprenorphine for detox in jails has been used by clinicians. It has been done for years and years. It can be done in Santa Fe. It is a matter of doing it.

Dr. Trigg said New York is a small state and has a combined jail and prison system. They started offering Methadone, Buprenorphine and Vivitrol to everyone in jail with a diagnosis of opioid disorder. In one year they reduced overdose deaths by people leaving jail by 60%. Less than 1% in the program chose to be on vivitrol. Vivitrol is a different animal. It is not an opioid. The other two are. You have a Methadone program in the state and it could be connected to the jail. Vivitrol should also be on the formulary for those who do not want to use the other two. It is a basic human right. He looks forward to hearing about the progress in Santa Fe.

Chair Kaltenbach said Dr. Condon has done a lot of research on Vivitrol.

Mr. Martinez said you said in New York it is possible a statute may be passed mandating MAT in correctional facilities. What has happened in New York that has created that environment.

Dr. Trigg said for 30 years Rikers Island provided Methadone, but if they went

into the prison system they had to be discontinued on it. That was the issue in New York. Recently New York State prisons said if they started on Methadone it will be continued up to two years during imprisonment. Partly it is due to the threat of the Legislature. In New York State the only other jail offering Methadone or Buprenorphine is in Albany County. There are a number of jails that offer only Vivitrol. That is a problem nationally. Vivitrol is heavily marketed by a company who makes a lot of money on it and they specifically market it to sheriffs and drug court judges not understanding that it is not an opioid and what addiction is. It is a problem that given the culture of corrections Vivitrol is being offered as the only treatment. He thinks it should be offered, but as well as Methadone and Buprenorphine. Offer all three. There is no complex deadly disease in medicine where you have only one treatment. People are all different. Having more is always better than just one. It is happening all over the country. The National Association of Sheriffs now has guidelines for using MAT in County jails. The National Academy of Sciences came out this week with a strong endorsement of treatment in jails and prisons. The sooner Santa Fe starts doing it the better. In a few years everyone will be doing it

Dr. Condon said in his experience with corrections people he has worked with all the County administrations and they are very adamantly against this in their jail. It is all about diversion of Suboxone. He has had many of them yell at him due to his white paper about how to improve the re-entry of people released from rural jails. Extended release Buprenorphine injections lasts for a month. They are using it in Albuquerque. Medicaid paid it after preauthorization. He hopes that is on the horizon. Do you have any experience with that.

Dr Trigg said it does have a role and is a game changer. In all the jails who raise the issue of diversion they have to smuggle it in if it is not available there. If there is treatment there then there is not so much of that. The shot would be great. There is a trail of that at Rikers. It costs \$1,600 a month. Buprenorphine costs \$300 a month. We are talking about small jails who can watch people take it.

Chair Kaltenbach said she thinks we need to make a trip to the County Commission.

Ms. Moeller said she is wondering about how these jails are getting these medications paid for. That is a common question that comes up here.

Dr. Trigg said first of all there are generics for Buprenorphine so the price is down significantly. It is really a trivial amount of money. For a handful of people it is about \$8.00 a day per person. The 1115 waivers enable states to start people on treatment two months before they leave incarceration. That is more important for prisons than jail. There is a February bill in discussion that would extend the two months of MAT eligibility before leaving. For jails that does not work. The Bernalillo County program gets \$200,000 from the state as it is a public health problem. There is a strong case for doing this. County Health Departments used to give funds for treatment. It is an

expense, but it makes a dent in recidivism and overdose deaths.

Ms. Hefker asked is there any special licensing County jails would have to have for dispensing take home doses of Methadone.

Dr. Trigg said there would have to be a waiver from the State Opioid Authority. There are jails all over the United States where this happens. He can put you in touch. The DEA regionally thinks differently in their approaches.

Ms. Hefker asked in regards to when talking to jail administrators about smuggling are you aware of any studies or work done on the decrease of violence in those facilities and can you direct us to that for our dialogue with them.

Dr. Trigg said there a few articles that talk about it. In 2005 we started Methadone in MDC and in 2012 a new Director came in and tried to shut down the program. The corrections officers union testified at a County Commission meeting that people on Methadone are much easier to handle than people trying to seek drugs. He is happy to put you in touch with them. Come tour Rikers Island with him.

Ms. Cirolia asked will you remind us what happened in Santa Fe historically and why the program here stopped.

Dr. Trigg said he does not know.

Dr. Brown said her understanding is there was a jail Warden change or jail physical change. An anti-MAT health professional came in and the jail staff stopped it at the Santa Fe Detention Facility.

Dr. Trigg said is a matter of political will. It is also important to get people started in the ER.

Ms. Moller said the last Santa Fe program as in 2015.

Chair Kaltenbach said we can do some historical updates.

Ms. Andar do any of us know if at the jails there are any of them where they have a MAT program overseen by a healthcare professional or the Department of Health.

Dr. Condon said it is County employees versus professional health people. At Bernalillo is very different in terms of willingness to do and try things. MDC has a separate contract. Corrections health people don't want to take the time. It is the will of the county versus correctional health. They are a bottom line for profit organization.

Mr. Lieving said there is some move at MDC for UNM to take over healthcare at jails. There would be a Medical Director and a Director of Psychology. That is

significant in terms of this being a public health issue and stating it like that. It has been recommended, but he does not know where it will go.

Chair Kaltenbach said thank you so much Dr. Trigg. Please stay in touch.

Ms. Wendel said it seems we need to make recommendations at some point.

Ms. Diaz said we did not see LEAD programs in a lot of these other communities. It is great and there is a need to expand it. It is pre-arrest. Law enforcement officials don't like LEAD and do not want expansion. We need to make sure this is not overused by law enforcement to over incarcerate and not divert to pre-jail programs.

Chair Kaltenbach said that brings us to the issue of decriminalization of drugs. If we could do that it would increase the need for the drugs in jail. As we think about our recommendations we need to keep that in mind. A continuum of access points needs to be thought through. There are street based MAT programs in San Francisco.

Mr. Mercado said Dr. Trigg mentioned if the City is funding jails they are at risk of legal liabilities from the ACLU case. Is it City, County and Federal money for the jail. Who controls the purse strings. We need to understand that.

Mr. Dominguez said the County provides base funds for County jails. A lot of the funding is contracts with the Federal government and local communities. The jails thrive with Federal contracts.

Mr. Mercado asked does the County arrange all those contracts or is that done by jail management.

Mr. Dominguez said we may need another subcommittee.

Mr. Mercado said getting a good money trail would be important.

Chair Kaltenbach said if the City is putting money in we as tax payers can demand a certain level of care.

Mr. Mercado said Dr. Ketcham at Presbyterian is working on a Buprenorphine program in Espanola and Santa Fe.

Dr. Brown said it is happening in Espanola.

Mr. Mercado said he is partnering with La Familia.

Mr. Martinez said regarding the question of if it is a County employee or contractor, he used to be on the Health Policy and Planning Committee for the County at one time and Santa Fe County was contracting with a correctional management firm.

The County was forced by that case to improve the ongoing care of patients leaving the facility. We need to think of it not only in terms of drugs, but the ongoing health needs of those individuals. A warm hand off to a healthcare provider. Right now they are just let out at midnight with no ride provided. We came forward with a protocol and worked with the County and the private contractor firm and hired healthcare administration for the facility and a Medical Director. It was then that things started to improve quite a bit. We recommended additional treatment for the overall healthcare needs of people coming out of the facility. Now people are discharged with not more than five days meds and no provider. We looked at the overall interest of the person.

Dr. Brown said thank you for your comments.

Mr. Martinez said that all changed in 2011.

Dr. Brown said she is on the Health Policy Planning Commission now. MAT came up at several times at the last County Commission meetings. She was very concerned about the opinions expressed there about MAT. Her County Commissioner urged us to have an endorsement around this issue.

Dr. Brown said she was invited to a meeting at St. Vincents where there was a Doctor who was very concerned about the issues. There is a growing interest in MAT at the hospital and that continues to it's clinics. They are working to improve linkages. She wonders how to formally request the jail budget. She is very curious.

Chair Kaltenbach said she will put in an official request with City staff.

Ms. Moyer said she is in the La Cienega District and does transports for the jail and prison. During that time frame there was some kind of program for Methadone. We did not see a lot of response for overdoses or withdrawals. We did see a lot not getting hypertension or diabetes meds. It effects all levels of the community and government. Something needs to be done differently.

Ms. Andar said we need to look at other budgets as well. The County and the City and the jails. Those are great points.

Mr. Dominguez said two weeks ago he was at a County Commission presentation by the jail related to MAT. They had an inmate there who talked about how he didn't like MAT and how the Matrix Program was wonderful. The County Commissioners loved it and have taken a step back.

Mr. Moeller said she really got the perspective of the jail. It will inform our work around this issue and their perspective.

Ms. Andar said this a public health issue and public exploitation of a person incarcerated used to use his experience.

Mr. Dominguez said the Matrix program is voluntary.

Dr. Brown said Santa Fe Recovery has used the Matrix program for years successfully, but it is not enough.

Mr. Dominguez said Matrix is more effective on an outpatient basis.

7. COMMENTS FROM THE CHAIR AND COMM MEMBERS

Chair Kaltenbach said she wants to record the work going on in our subcommittees. The presentations have been most of the meeting. The Prevention group is meeting and the Harm Reduction group is meeting. She recommends that at our next meeting we spend time discussion issues and getting updates from the subcommittees and talking to each other. She will reach out to the Co-Chair of the subcommittees so we have a standard way to move forward. We have now to the end of June to finalize the first level of the report. The high level recommendations. The second half of the year will be working on the implementation plan. We want to make sure we identify short and long term items and prioritize them. We will pull from our findings on Google Drive as well. We may set up a webinar for some of the other topics so we can spend some time together and have an inward focus.

Everyone agreed.

8. REPORT FROM STAFF

None.

9. MATTERS FROM THE FLOOR

None.

10. ADJOURNMENT

There being no further business before the Task Force the meeting adjourned at 1:12 pm.

Emily Kaltenbach, Chair

Elizabeth Martin, Stenographer