# MINUTES OF THE

# CITY OF SANTA FE

# **MUNICIPAL DRUG STRATEGY TASK FORCE**

Santa Fe, New Mexico September 27, 2018

A meeting of the Municipal Drug Strategy Task Force was called to order by Emily Kaltenbach, Chair on this date at 11:00 a.m. at the Market Station Offices, 500 Market Street, Suite 200, Conference Room, Santa Fe, New Mexico.

#### **Members Present:**

Emily Kaltenbach, Chair

Andres Mercado, Vice Chair

Sophie Andar

Sylvia Barela for Christine Wendel

Bennett Baur

Laura Brown

Tim Condon

Michael DeBernardi

Marcela Diaz

Alex Dominguez

Laura Dwyer

Kathy Armijo-Etre

Wendy Johnson

Laurie Knight

Bernie Lieving

Larry Martinez

John Osburn

Dr. Bret Smoker

#### **Members Absent:**

Tony Dixon, excused

Denise Herrera, excused

Shelly Moeller, LEAD Santa Fe, excused

Jerome Sanchez, LEAD Santa Fe, excused

Karen Wells, excused

# **Staff Present:**

Chad Chitturo, City of Santa Fe Attorney's office Kathlyne Gish, Intern-Youth and Family Services Division Lisa Noriega, Youth and Family Services Division, Special Projects Administrator

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# **CITY OF SANTA FE**

# MUNICIPAL DRUG STRATEGY TASK FORCE

# MEETING September 27, 2018

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David L. Thomas, City of Santa Fe Attorney's office

## **Others Present:**

Jessica Gelay, Drug Policy Alliance Kassandra Frederique, Drug Policy Alliance State Director, New York Office Michele Lis, ML Consulting Angela Pacheco, Drug Policy Alliance Jo Ann G. Valdez, Stenographer

Chair Kaltenbach said there are a few people that are excused today. Jerome Sanchez is excused. He is in Ohio at the Drug Policy Alliance where they are convening about overdoses and opiates. He is also speaking on a law enforcement panel there. Tony Dixon, Karen Wells, Shelley Moeller and Denise Herrera are also excused.

# APPROVAL OF AGENDA

**MOTION:** A motion was made by Larry Martinez, seconded by Laura Brown to approve the agenda.

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

# **APPROVAL OF MINUTES: August 23, 2018**

The following changes were made to the Minutes of the August 23, 2018 meeting: Page 5, 1<sup>st</sup> paragraph, the word "gapping" was changed to "gaping". Page 5, 6<sup>th</sup> paragraph, the word "physiatrist" was changed to: "psychiatrist".

Sophie Andar said following the presentation on the EMS calls by Andres Mercado, the Task Force had a brief conversation about the value of looking at the overlap between domestic violence and maybe other violent injuries and substance-use EMS calls. She said she believes this was a topic that the Task Force agreed that they might want to explore further, so she wanted to mention that.

**MOTION:** A motion was made by Larry Martinez, seconded by Tim Condon to approve the Minutes of the August 23, 2018 meeting as amended.

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

#### **NEW BUSINESS:**

a. Welcome and Introductions (Emily Kaltenbach, MDST Chair)

Chair Kaltenbach asked everyone to introduce themselves and who they represent. Introductions were made.

# b. Timeline Adjustment (MDST Chair)

Chair Kaltenbach said officially the Task Force has its Resolution that takes them through March. She said a couple of things to put on the table - and she would like to hear everyone's recommendations – the Task Force can make a request to extend that, but they want to have some benchmarks along the way, because they also want to make sure that they are moving in an efficient way.

She said she also heard from Members and Chairs of the Subcommittees that the Task Force can't get this done in three months, but also, more importantly, community conversations are important in forming the Task Force's work. She said to make sure that happens, the Drug Policy Alliance has contracted with Michele Lis of ML Consulting and she has agreed to help the Task Force move forward and make this a priority over the next two months. She will also help the Task Force in writing their final report.

Chair Kaltenbach asked if there were any comments about the timeline.

Laura Knight said she is wondering if the Task Force could have a conditional timeline. They could ask for six months beyond the completion of the community conversations to formulize the recommendations and to get a report out. She said she is throwing out six months for discussion.

Marcella Diaz said she wanted to add – and she does not know if this has been shared with the whole group – but one of the things that the Chair has discussed (after the initial set of recommendations) was doing a big community forum to hear feedback about the recommendations that are hopefully well-informed by the community conversations.

Chair Kaltenbach asked if there were any other recommendations. Seeing none, she said they could start with six-months. She said if they do the community conversations in October and November, this would push out the timeline to May 2019 for the final report.

Laura Knight said she wants to incorporate Marcella Diaz's comment. It does make sense for the Task Force to have six months to get the community forum set up; and some time to revise and present. She asked Marcella Diaz how long she thinks it will take to set up the community forum and to revise.

Marcella Diaz said if the Task Force could get community conversations done this year, and take three months to have the community conversations informed with additional research that the groups are doing, that would mean that they would do initial recommendations maybe in March and give the Task Force another 2-3 months to incorporate additional feedback from the big community forum into the report.

Bernie Lieving said he thinks the Task Force should not just have community forums, but also individual and family-based engagement because at the community forums, they are not going to get some of the people that he engages with in his outreach and he thinks it is important to have individual conversations with people seeking

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treatment; people just getting out of incarceration; people who are not having needs met. He said if they have a community forum, they will get the usual suspects and he would like to hear from the non-usual suspects.

Marcella Diaz said they need to figure out how to incorporate all of the individual conversations - maybe the Task Force can do a survey or something to be able to capture those individual conversations.

Alex Dominguez said being that they are using Michele Lis through the rest of this process, he thinks it would be good to defer to her to give some recommendations on this timeline and planning.

Wendy Johnson said she does not know if this has to do with this discussion, but she had a traumatic week with several women, who she has been caring for, for a long time, that have had really traumatic things happen to them regarding custody and care of their children, which she thinks was totally out of line. She said she is not sure where this fits in this committee and who is dealing with it, but she does not want it to be left out. She said in the contexts of community conversations, can the Task Force have one with moms and kids, and specifically talk about the custody issues and issues with the interface with the foster care system and CYFD.

Chair Kaltenbach thanked Wendy Johnson for bringing this up and said she absolutely agrees with her and actually this group has come up. She and Marcella Diaz have talked about it and how to get moms' and children's' voices around custody issues, specifically. She said it is also about women giving birth in our hospital and when law enforcement is called when there are concerns.

Larry Martinez said he totally supports what Wendy Johnson is saying because, as a behavioral health provider in the community, the schools have asked them to increase the number of therapists that they have in the schools – because of the post traumatic stress disorders that accompany a lot of the custody placements that are occurring.

Sophie Andar said one way she thinks they can approach this in an equitable way, is to commit to a certain number of community conversations ensuring that they have adequate diverse representation; and she, Marcella Diaz and Jesse Cirolia started a list and they can share this with everyone to add any other groups that they want to include. Also, they could choose a certain number to be key-informant interviews - and consistent with the Task Force's guiding principles - take a trauma-informed approach to any conversations that they facilitate.

Chair Kaltenbach said all the recommendations that have been made fit nicely together. She noted that the Chairs of the Subcommittees have come up with a list of groups and individuals that they would like to speak to. She said after this meeting, they will circulate that, along with a new timeline and plan. She said she will ask for the extension but there are a few logistical issues associated with that – one of them is the grant that the Drug Policy Alliance has will end in February, so the contract with Michele

Lis ends in February. However, that does not mean that they cannot try to find additional resources and they will try to, to ensure that they can go up to the June or July timeline/mark that the Task Force made today.

Chair Kaltenbach said the other reason the initial timeline looked like this is that the budget planning for the City begins in February. She offered to send out the revised plan and timeline for review and approval at the next meeting.

Chair Kaltenbach asked Michele Lis to address the group and share her thoughts.

Michele Lis noted that she is a consultant in town and has been here for about 25 years now. She said in the last 9-10 years, she has worked with organizations (foundations; school districts; city and county government; and non-profit organizations) in the public sector. She said she helps groups come to consensus and orchestrate change; develop plans and hear from stakeholders on what those plans should be. She explained that she is here to help develop a process that meets the goals and objectives of the group; what is needed to accomplish these goals and who needs to be heard, and how to design that process in a way that will get them there.

She said in thinking about the community conversations, the group needs to give themselves time to reach out to people. This is really important. She said she loves Sophie Andar's point that they might need to do some one-on-one interviews because it might be hard for people to be in a group and talk about painful things like Wendy Johnson was alluding to. She said she wants to work with the Task Force in designing this process over the next 2-3 months and find the people in our community to facilitate these conversations- knowing that they also have a deadline- but also to approach this sensitively. She said the other thing that Chair Kaltenbach talked to her about was that she would co-facilitate and she thinks this is a really good approach to use.

Chair Kaltenbach said a takeaway today is for the group to think about their community and who they think could facilitate the conversations with families and our neighbors.

#### c. Community Conversations (MDST Chair)

Chair Kaltenbach said the Task Force and subcommittees need to come up with a list of individuals, groups and community members that they would like to speak with, and prioritize that list. \*There was additional discussion about community conversations under the previous agenda item.

Break to get lunch (15 minutes)

### PRESENTATION:

a. Ithaca Plan (Kassandra Frederique, Drug Policy Alliance State Director, New York Office)

Chair Kaltenbach introduced Kassandra Frederique and thanked her for coming to

Santa Fe and visiting with the group. As noted above, Kassandra Frederique is the Director of the Drug Policy Alliance for the New York Office and has a social work background.

Chair Kaltenbach mentioned that she and Kassandra Frederique had a meeting with the Mayor because she wanted him to hear how powerful a municipal drug strategy can be. She asked Kassandra Frederique to share the history of the Ithaca Plan and where this idea generated from.

Kassandra Frederique thanked the group for having her. She spoke about the Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy - to develop new approaches to problems related to both drug addiction and policy responses to it.

Over the past two decades, changes to drug policies and practices have been implemented in Ithaca with positive results. From the start of his tenure, Mayor Myrick recognized the need to build on these successes and develop an overall strategy to address the realities of drug use in their town. This report grows out of a recognition that the city of Ithaca, despite being a national leader in many ways, could do better in its response to drug use.

Mayor Myrick initiated a process to study the problem, gather input from the Ithaca community and issue-experts, and propose recommendations for a coordinated drug strategy, rooted in public health and safety. In April 2014, Mayor Myrick convened a group of community experts and leaders, representing the various sectors involved with responding to drug use. This group came to be called the Municipal Drug Policy Community (MDPC). MDPC was charged to identify and describe the drug-related problems they experience in Ithaca and to recommend policies and practices they could adopt to improve the local response to drug use and related policies. MDPC formed four teams to explore these questions: Prevention, Treatment, Harm Reduction, and Law Enforcement – four domains or "pillars" which reflect the ways that Ithaca's societal response to drug use has been structured. The teams met several times to develop recommendations for new and reformed policies and practices, including reviews of the findings from community engagement activities designed to inform the process – a community convening with 200 Ithacans, eight focus groups involving nearly 100 participants, and dozens of one-on-one meetings with key stakeholders.

The report that is a product of this undertaking includes insights, findings, and recommendations that have emerged from the work of the Municipal Drug Policy Commission, literature reviews, policy analyses, and critically, consultations with community members and stakeholders, including elected officials, government officials, policymakers, and service providers.

[Please see Exhibit "5a" for further specifics of this presentation.]

## **INFORMATION:**

# a. Question and Answer Session - Ithaca Plan

Chair Kaltenbach asked if there were any comments or questions.

Larry Martinez asked what she would say was the most-telling factor, because from his prospective, he thinks the biggest issue is changing the public's perception of what they are talking about because there is still major stigma associated with this. He asked Kassandra Frederique how they dealt with that.

Kassandra Frederique said one of the things that she has not heard the Task Force talk about-that she thinks is super important-is doing community education as a committee. She said they had a lot of community conversations. They had over 300 people who participated in the Ithaca Plan and they knew that it was coming.

Alex Dominguez said the Mayor of Ithaca was involved at the grassroots level throughout that entire process – and Kassandra Frederique is saying, and he believes it is very important.

Kassandra Frederique said it is important, but not defining. She thinks with the model, you have to adjust it for what works here and ensure that the providers, the defenders, the prosecutors and law enforcement are all working on the same page. Also, if there is an executive body, like City Council that can play that executive role.

Wendy Johnson said what is striking to her is the length of time that they met and the work that they did to bring the community conversations along with them. She thinks that the Task Force's timeframe may not allow for that intense work. She said there is going to be backlash – just as she is sure there was in Ithaca – but if they do not have the time to inoculate our political leadership against that backlash, and bring their thinking along, then it is important. She thinks having the Mayor come to these meetings and hearing this dialog is important and there is no substitute for that, especially if they want a compressed timeline.

Laura Brown asked Kassandra Frederique to talk about a couple of issues that have come up in meetings that they have had so far. 1) Was there a city/county interface that was at play in Ithaca that has been alluded to here? 2) Hearing a little more about the opportunities for medication-assisted treatment in detention centers, she asked her to talk a little bit more along those lines.

Kassandra Frederique said the Mayor sent invitations to both the city and county departments to participate and they came to meetings. She said this is not committee work – this is substantial community organizing through a policy structure.

She said the other question around medication-assisted treatment in jails, they do not have that yet, but it is one of the things that they are working towards. She said not having this in correctional facilities is a statewide issue for them and they are working on that now-to get some kind of allowance to let that happen. She mentioned that they

increased the number of treatment providers in their city.

Bernie Lieving said he wants to make a statement that he thinks is important for the work of the Board, he thinks that they should frame their moving forward - with what he is calling an "overdose prevention site or overdose prevention group" instead of a safe injection site. He said we have a long history of being the first state with syringe exchange; being the first state with methadone distribution to Lai people. He said we can't ignore the history we have here and how far ahead we where from the rest of the country 20 years ago, and that needs to inform how they engage the community at the community-member level and the chief of police level because this is what we do in New Mexico, and now we are going to expand on that in Santa Fe.

Chair Kaltenbach said they have had conversations about the scope of the recommendations, and should those recommendations only be within the city/county purview, or are they pushing up a recommendation at a larger level. She asked Kassandra Frederique to speak to how they managed those two.

Kassandra Frederique said the Ithaca Plan made recommendations for the city and made suggestions for the county. They really did not talk about the state and part of it is because New York State is situated differently.

Sylvia Barela said when Kassandra Frederique talked about leaving people where they are but not leaving them there, what types of initiatives or changes did they have to make to the treatment community to enable that to be possible.

Kassandra Frederique said she is going to be honest, when they did the community consultations, the feedback was brutal. She said they also did not have guiding principles at the beginning but they created some. She explained that not all treatment providers were on board with safe injection facilities or sites, but they are starting to come together.

Tim Condon asked if they had a safe injection facility in Ithaca.

Kassandra Frederique said no, there is no safe injection site in the United States.

Tim Condon said here in New Mexico, in Albuquerque and Bernalillo County, they have a methadone maintenance program (MMP) within our county jails and they are expanding this. He said he has talked to correction people in every county of the state about MMP and improving the re-entry process for people who get out of their facilities. He noted that buprenorphine is not allowed in any correctional facility.

He said one of the things that strikes him, and he has been doing this for a long time, is that for many years, there has been this kind of a conflict between the harm reduction people, which a lot of them grew out of the HIV epidemic, and the treatment providers and it is only now that they are starting to come together. He asked what is the link of doing harm reduction and getting somebody into treatment. He said this follow

through thing is what is missing in most of the places who are concentrating on harm reduction and he still finds that there is conflict.

Kassandra Frederique said she would say that she thinks that is a larger question but she would say that harm reduction and treatment are not different things. She said the purpose, goal and outcome of having safe injection sites is to not have people dying in public, in bathrooms, at gas stations at McDonald's, etc. The other thing is that there are people who still go to syringe exchanges who identity themselves as being in recovery because they are not still doing white powders but they are doing something else. She said they have been having a lot of conversations with the treatment providers in Ithaca around the fact that how do you build treatment goals around people and not around models.

She said the other thing is that some people stop using drugs, not because of treatment, but because their circumstances have changed-they moved away; they got a job; they found love; something happened in their lives that changed the way they use drugs. She said they have to sensor this conversation around social deterrents as well, because the people who use drugs are usually the same people who do not have access to housing; the same people who have food insecurities, etc.

Marcella Diaz said she has already participated and heard from various groups in the community and there was a lot of focus on prevention and the economic challenges that families are having, and how that leads to a whole host of other issues, including not being able to afford programs for their children. She said Ithaca made recommendations in relation to this but how is the follow through done on some of those deeper, more daunting and harder challenges, like family development; economic opportunity; public health. She asked what investment did Ithaca make to ensure that 10-15 years from now they are actually reducing the problematic issues.

Kassandra Frederique said in the last two years, they have gotten to a place where 60-70% of their recommendations have been done. The recommendations that have to do with economic development, the business community took on, for example: The Chamber of Commerce was involved in creating ways for people to have transportation to work.

Marcella Diaz said it is great that the Chamber of Commerce is involved. She said here we have a very robust workers' rights movement and very engaged unions, so a lot of things she was hearing initially with the community conversations were things like minimum wage issues; sick leave – things that might not be supported by the local business community. She asked if Ithaca worked with people on the labor side.

Kassandra Frederique said they have a worker-friendly mayor, so part of that are things that they were already doing.

Marcella Diaz asked if there was headway made with the youth development piece.

Kassandra Frederique said the person who is running the implementation of the Ithaca Plan now is someone who works in a youth development organization, so they have built up that person's leadership as a way to get to the youth.

Bret Smoker thanked Kassandra Frederique for coming and said this was great. He said he might be a little naive but he has confidence in our community that we can work through some of these cultural and attitude changes successfully. He said one of the things that he cannot wrap his brain around with this project and task is resources. When you think about the composition of this group, so many of the resources that they have, the expertise, is tied up in institutions that perhaps have a different mission or different business model. He is more concerned about the tug and pull between public and private. He asked Kassandra Frederique if they have recommendations on how they would help the private groups make this as part of their mission.

Kassandra Frederique said they invited all of the private businesses in Ithaca to have conversations with them as well. They were one of the focus groups and they asked the same questions that they asked all the other focus groups in trying to figure out where they fit.

Sophie Andar said she appreciated Kassandra Frederique's leadership and help with Ithaca and beyond. She said she loved the emphasis on the people power, and she thinks it is excellent that addressing and reducing racial disparities is up there as one of the top recommendations.

She asked Kassandra Frederique to share if DPA (Drug Policy Alliance) has been supportive, or managed to harness the energy or mobilization related to social justice movements or national organizations. She asked if she had any thoughts on how partnering in a multi-level national way, even internationally, given the precedence that Vancouver has set – how that might benefit or serve the work or at least inform us.

Kassandra Frederique said she is asking a DPA question.

Sophie Andar said she was wondering if the development of the Ithaca Plan and DPA's role in supporting it, was also supported by partnerships with social justice movements, maybe racial justice or housing fairness; and if that might have a role here. She said this is sort of a question for the group.

Kassandra Frederique said yes, they are doing this through all of their campaigns, but mostly through racial justice. She said one of the biggest things that came out of the Ithaca Plan was that the perception and reality that the laws are enforced disproportionately was enough to be a guiding factor in the way they built the process, and whose voices were prioritized in the conversation.

Chair Kaltenbach said that is a great last question to end on-how to engage other movements in their work. She thanked Kassandra Frederique for being here. She said

that she works closely with her and she has offered to provide technical assistance to the Task Force.

She said she wanted to note a couple of things that were not mentioned that she thinks are important: New York City and their municipal drug strategy work actually has a standing formal advisory group that is part of the mayor's office of which every two years a report comes out. Also, Ithaca is a finalist in a Bloomberg City Innovation grant and if they get awarded, they will get \$5 million for their city to do this work.

Bret Smoker said it is a privilege that the Mayor has given the Task Force, so he thinks it is important to take the time to put something together, do it right and enfranchise everybody. He said the task is not to change things out there but the task is to change our community and it really underscores to do this right, to really try and enfranchise everybody and listen to everybody.

# COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS

There were no comments from the Chair and Committee Members.

# REPORT FROM STAFF

There was no report from staff.

# **MATTERS FROM THE FLOOR**

There were no matters from the floor.

#### ADJOURNMENT

Its business being completed, Larry Martinez moved to adjourn the meeting, second by Bernie Lieving, the meeting adjourned at 1:05 p.m.

Emily Kaltenbach, Chair

Municipal Drug Strategy Task Force Meeting: September 27, 2018

ectively submitted by