SUMMARY OF ACTION
MUNICIPAL DRUG STRATEGY TASK FORCE
MARKET STATION CONFERENCE ROOM
500 MARKET STATION
THURSDAY, JANUARY 24, 2019, 11:00 AM

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1. CALL TO ORDER

The meeting of the Municipal Drug Strategy Task Force was called to order by Emily Kaltenbach, Chair, at 11:00 am, on Thursday, January 24, 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
Michael DeBernardi
Tony Dixon
Alex Dominguez
Dr. Laura Dwyer
Laurie Knight
Johnn Osborn
Bret Smoker
Chris Wendel
Lt. Paul Joye
Bernie Lieving
(Vacancy)

MEMBERS ABSENT
Kathy Armijo-Etre, Excused
Marcela Diaz, Excused
Dr. Wendy Johnson
Denise Herrera
Larry Martinez, Excused
Sue O'Brien

OTHERS PRESENT
Councilor Michael Harris
Michelle Lis, Consultant
Rebecca Cerquera
Jesse Cirolia, Advisory Member
Elizabeth Martin, Stenographer

3. APPROVAL OF AGENDA

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

VOTE The motion passed unanimously by voice vote.

4. APPROVAL OF MINUTES DECEMBER 20, 2018

The minutes for December 20, 2018 were not available.

5. BREAK TO GET LUNCH

6. NEW BUSINESS

A. WELCOME AND INTRODUCTIONS

Everyone introduced themselves

Chair Kaltenbach welcomed everyone to the meeting.

Chair Kaltenbach reviewed her report which was included in the meeting packet.

The Mayor's op ed was discussed and appreciated.

B. UPDATE: FINDINGS AND DISCUSSION: COMMUNITY CONVERSATIONS

Ms. Lis presented and reviewed her findings which were included in the meeting packet.

Questions and discussion were as follows:

Mr. Lieving said drug users are smart people and he is not surprised at the level

of sophistication.

Mr. Dominguez said he was taken back a bit. We did not have 24/7 intake for detox. There are fees charged up front some things are changing and will continue to change. Once our Crisis Center is up and running in Albuquerque we will go to a detox model. There is a small window for people to go into treatment. The first step is observation, which is really step 0, then step 1 is treatment.

Ms. Lis said that would be good to have in the report.

Ms. Knight said she is interested in the freshman who spoke to the class. Is he a family member of a drug user or do we know where he got his information.

Chair Kaltenbach said they were a small group and very shy at the school. It was about having family members who have been either in the criminal justice system or treatment system.

Ms. Andar asked who was the teacher.

Chair Kaltenbach said Ivan Conejo, who is on the Immigration Committee, set us up with the Health Class. Brian was the teacher. He is also the coach. She will get his last name. It was Capital High School.

Mr. Lieving said he did a couple of interviews and got help from MIJO who also did some.

Ms. Lis said social determinants and a systemic approach and dealing with trauma were discussed

Chair Kaltenbach said there was a comment that some people are in treatment by choice and some are mandated. There was a guy there who was mandated to be there and he felt guilty because he was taking up a spot of someone who wanted to be there. This group was not all Santa Fe residents. Some were from Santa Fe Recovery. One was from Silver City said he said it took him twelve years to get a spot.

Dr. Condon asked is the treatment program an alternative to incarceration.

Chair Kaltenbach said sometimes. Folks are taken from the County jail directly to treatment as a condition of release.

Mr. Lieving said it is important to look at framing interviews of law enforcement around pay and morale and how law enforcement officers are perceived and the value they are to the community and how important they are. Pay and morale have an impact on how they are doing their jobs. If you don't feel valued in the community for all the things you do whatever you are doing impacts how you engage someone who calls

911. They get called up to six times a day on the same person who is drunk in public When we are talking about how to engage people who are having issues around their substance abuse we need to include that. How do we think about more macro things where there is a law enforcement officer who feel respected by leadership in the City and is paid enough who may respond in a different manner.

Dr. Brown asked are we looking at treatment in jail.

Dr. Condon said they have that in Bernalillo, but that is not what he would advocate for.

Mr. Mercado said the Fire Department's compensation package is pretty fair, but maybe there is an opportunity with the Police Department as better pay is negotiated. When there is money to give out it is easy to incentivize. That is what we need to do with paramedics. They are trained for one specific thing which is not what they are doing every day. It should be a deliberate process.

Ms. Andar said an important path to take is to promote a standard of trauma informed practice across all professions engaged in these practices. Bernie's point is applicable to all these fields. There is a lot of unhealed trauma and vicarious trauma due to a lack of emphasis of us all being trauma informed such as understanding the real impact and experience in the people we serve and in ourselves. Without that we are limited in whatever we can do whether it is the Police or a first responder. Standardization is key.

Lt. Joye said if we are going to make a recommendation to change the culture it has to be done at the academy level when guys are learning the initial program. That is something we could do initially before sending them out for field training. He is less concerned about training local officers, but if you want to expand statewide and reach people we will not get initially, but come over as laterals that would be good. Something early on would be best.

Ms. Wendel asked do you have any sense of how many residents you see that have been in treatment more than once. There is a learning curve with treatment. They can become decentized.

Ms. Lis said we had a womens group session. Some had babies with them. Five of them were women from Native American communities. That is a pretty high percentage. They talked a lot about child care and what they need right now. There is another level of complication they talked about that is not in the report. All the raw data is on a Google drive and we will send that out to everyone so you can see the comments directly.

Chair Kaltenbach said these are the initial findings.

Ms. Wendel said regarding continuum of care she is the Chair of the Recovery Center Board and that is something we focus on a lot. She doesn't know how much finding funding to do some of these things is the name of the game. We just got a SAMHSA grant to work with women. We need to pay attention to where we get the funding. Collaborative care may be one answer. Collective efforts to go after grants. New ideas and trying to figure how that works. It is great to have the ideas, but we have to figure out how to pay for them. Transition points, that is where we lose people. We need to speak about the whole heath of the individual. Some have not seen a dentist in years. Had anyone heard of the LEAD program.

Mr. DiBernedi said there are trust issues around that. They believe those in the LEAD program were snitches.

Chair Kaltenbach said in general across all the people we talked to very few had heard about that.

Ms. Wendel said there is the issue of stigma everywhere.

Chair Kaltenbach said everyone mentioned that.

Ms. Knight said trauma informed care. It is important to take that as a challenge rather than saying we did a training and now everyone is informed. We need to look at what that actually means. Solis has offered training. We need to take another step. Access to mediation treatment in jail was brought up. Bridges between steps on the continuum of care. Halfway housing. The next steps back into the community. Isolation. Do not assume that really young children have not been exposed to these issues. Reaching out to kids as family members is important. It Happens too late most of the time. These kids are living with people they love and dealing with use issues. We need to look at where we have not reached out. The Native American community is really important. Transportation is an issue. She reached out to people with issues of substance abuse through the Friendship Club. People in AA also have issues with a variety of drugs. She reached out to people in NA as well. She heard back from some folks in NA that they would not come to the Friendship Club. There are folks willing to come ot the Task Force and present on a panel, but they are not willing to be part of the conversation.

Chair Kaltenbach said we have been trying to reach out to the Native American community. Urban Native especially. Bret Smoker was not allowed to be here today due to the government shutdown. She met with a member of the Board of the Indian Center and presented what we doing. There was distrust in that process. They felt like the City asks for things, but does not give back. It might be a slower process. If you have any ideas let her know.

Ms. Wendel said at the State level the New Mexico Health Council has a Native American Behavioral Health subcommittee.

Mr. Lieving said the youngest overdose reversal he has seen was a seven year old who reversed his dad. This is not theoretical, it is real.

Dr. Brown said as a representative of the treatment subcommittee she wants to tie into transitions. In our treatment subcommittee we have concluded that missed opportunities while incarcerated is so significant. If we could include that in our recommendations and focus on transition time when released that would be helpful, It is such a vulnerable time. They need housing before they are released. Unless they have a warm family to go to who are supportive they will go back to the only people they know in the streets.

Ms. Andar said she can recommend Janet Johnson who is the Tribal Overdose Coordinator for DOH.

Ms. Cirolia said Christus is in the midst of a community needs assessment. One request from parents was education to identify what the different drugs are and what to do.

Ms. Lis reviewed the stakeholders report. The stakeholders report was included in the meeting packets.

Questions and discussion was as follows:

Ms. Wendel said she did ask people at that meeting if they hire people in recovery how do they feel about them. One woman stated how reliable people in recovery are and that there are no problems.

Ms. Lis said in the business community meeting if they want to know they drug test, if they don't want to know they don't.

Dr. Brown said in terms of the employee situation, a Michael Moore film was done about Portugal that describes how businesses who hire people in recovery receive an incentive or subsidy. She thinks we in Santa Fe should be the first to go down that road and do something like that.

Chair Kaltenbach said what did not happen with the LEAD program was a mentorship program to match them with someone in the community for an internship and mentorship.

Mr. Dominguez said a progressive idea would be when the City or County drug tests someone and finds them positive they find a way to access the City or County medical plan and give them six months to clean up and then they can come back to work on six months probation. Jaynes Construction started doing that in late 80s.

Mr. Lieving asked what if they don't want to go to treatment when they are

positive.

Mr. Dominguez said that would be part of the assessment.

Ms. Lis said it is complicated.

Ms. Wendel said when we were at the chamber a guy talked about a mentorship program called Inspire Santa Fe for high schools. What if we tried to do something similar to that for people in recovery. We could find a group of trades people who are willing to teach them how to be a plumber for instance.

Chair Kaltenbach said we could do it for not only people in recovery, but users who can work and function as part of the treatment.

Dr. Brown said there is medical cannabis. It is legal, but there are stigma issues. There is employee discrimination even if they have a medical cannabis card.

Chair Kaltenbach said a young woman in the class we interviewed wanted students to be allowed to have medical marajuana on campus.

Ms. Cirolia said there is a program going on through the hospital where you can get your mentorship/internship program outsourced to a third party match making service who handles all the records. You can make arrangements to have an intern come to work in your section.

Ms. Andar said it is wonderful to hear mentorship. As someone who focuses on prevention she is appreciative of methods that cross generations in treatment. The benefit of connnectiveness and intergenerational support is well known and a proven model. She recently read a book titled "Hold On To Your Kids". You can listen to it on line. It is on topic and very interesting It talks about how a future vision might look in terms of a interconnected vision.

Ms. Knight said part of our role is to question current services. A lot of the folks we want to support the community have to face background checks. Even for housing.

Ms. Cirolia said in the hospital program a third party organization takes that piece on.

Dr. Condon said he mentioned internships and training two weeks ago when he was working with the warden in the San Miguel County jail. He was doing a vivitrol pre and post release program as a separate entry unit. They get the extra program and therapy in preparation for release. They also get peer support. There can be a career out of that. Medicaid reimburses for peer counseling and support.

Dr. Brown asked has this group had specific connections with the City Economic

Development folks. There could be a shared vision of how this could look to get people connected based on the needs of the City and to provide employment for people.

Chair Kaltenbach said that is a great idea. We have not. We could invite them to the group or ask the prevention group to do that.

Ms. Andar said she loves the suggestion and wonders if we might consider an analysis of public spending to determine a fair distribution of funds. How is the City looking at this issue economically. How do we fund these programs. We could do with some analysis of public and private funding for the health and future of Santa Fe.

Ms. Sanchez said we are working with the Economic Development Department around homelessness and mentorship, but not about this population. She thinks they would be interested in having that conversation. She can connect with Matt and bring him here. We have developed a summer track for our teens around mentorships, internships and a job development program. She will give updates on that as we move along.

Lt. Joye said there is a lot of frustration dealing with these things over and over such as Petes Pets. There is such a drain on resources due to maintaining the safety of Petes. Business owners around Petes Pets say there is a large negative impact of having it in that location. It has been problematic since inception with alcohol and overdoses. We want support for the Police Officers. We are dealing with other peoples problems every day. We used to have field identification cards. He had not gotten any in years. These cards give the officer the opportunity to give their immediate comments in writing on a card along with where the incident was and the condition of the person and other information. Those cards were turned in at the end of the shift and were utilized as a tool to know who and where some of these people are and how to approach them. He has asked for them again. He was flooded with them for a month then they went away. He has asked to do six to eight week reminders to do field id cards to give better feed back to officers and about how it helps.

Chair Kaltenbach said thank you Michelle and Paul. Over forty law enforcement officers responded. It is so important.

Mr. DeBernardi said with LEAD for three years we had case meetings at substations for Police Officers to get updates. No one ever came. The opportunity was there.

Lt. Joye said they did not like just listening to talk and having no interaction. He is talking about working with officers rather than forcing them to go to a meeting. They did not feel they were invited to engage.

Mr. DeBernardi said on economic development issues there are organizations who receive foundation grants. He was at a meeting in Nashville in March. They

identified seven communities in the country who give money for behavioral health. There is an opportunity there.

Chair Kaltenbach asked that he share that information with the Committee.

Ms. Wendel said we need to get the chamber involved. She doesn't know what that looks like. There are a lot of private business owners in the City who are in recovery. Part of their service is to help those still suffering. We are not paying attention to the number of DWIs we have. There is a problem there. There is a problem in the entire family. There is simple data we can get of people who have a problem.

Dr. Brown said she supports Sophie's comments. The elephant in the room is wealth and income inequality. It is a progressive tax reform issue. The treatment is not working comment reminds her of her time with LEAD. The majority of LEAD clients do not want treatment. We need to shift the language to be more about problematic and non problematic drug use. Other places have already embraced those things.

C. UPDATE: FINDINGS AND DISCUSSION: SURVEY OF FUTURE PRESENTATIONS

Ms. Lis referred to the spread sheet included in the meeting. She reviewed the spread sheet.

Dr. Brown asked does the clinician group include nurses and nurse practioners. It should.

Ms. Lis said yes it does. We also talked about a Native American group.

Ms. Sanchez said she will help with that.

Chair Kaltenbach said we need to have the faith community as well.

Chair Kaltenbach said she will put the responses up on Google so you can see them. It is time to re-engage our small subcommittee groups to meet again. We have the information and need to start diving back into the process of recommendations by June to the City Council and Mayor. She sent out a survey about the issues we want to hear from experts on. One of the issues most mentioned was learning more about mediation assisted treatment in alternative spaces. If you have ideas of who you would like to have speak to us on that please email her.

Chair Kaltenbach continued, the second most mentioned was community engagement and what is happening currently in Santa Fe and other cities. After that

also mentioned were decriminalization, health and wellness and harm reduction curriculum for youth. Is this format for meetings working to inform the subcommittees.

Everyone answered yes.

Chair Kaltenbach said starting in February we will take on the MAT issue. Every month we will have an expert.

Ms. Andar invited everyone to the Intersections Learning Series that the Alliance is hosting in the next couple of months. It will be relevant to this group. The sessions will include trauma informed practices and substance abuse connected with other issues. She will send out the registration link to everyone. We can't separate these problems. They need an integrated approach.

Mr. Lieving said if possible we could have a panel with EMS, Fire and Law Enforcement to discuss shifting responses to overdose calls due to issues associated with responses and medical calls to law enforcement calls.

Lt. Joye said the issue is we get there before EMS does. That's why there is a push for us to carry narcan and use it. We do not relate to it as a crime scene. It is important information to know what the situation is on our way there so we are prepared. We are already on the street.

Chair Kaltenbach said that would be a discussion to have off line first.

Chair Kaltenbach said she wanted to remind everyone that the Legislative Session has started. She will send out the relevant bills that are being discussed. There is one for enhancing 911 and the Good Samaritan bill. There is a ban the box bill for private employers not to ask if the applicant has a felony conviction, defelonization, drug possession to a misdemeanor, money for LEAD , leagelization of cannabis with funding for substance abuse treatment and a research fund. She encourages each of you to read those bills. There are just a handful. She will send the Committee a list of the bills. She encourages you to come and lend your voice to those you think are important.

Dr. Brown said the Governor has publicly stated she would like to add opiod abuse disorder to the list for medial cannabis. There is going to be a Medical Cannabis Advisory Board meeting at the end of March.

7. COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS

None.

8. REPORT FROM STAFF

None.

9. MATTERS FROM THE FLOOR

None.

10. ADJOURNMENT

There being no further business before the Committee the meeting adjourned at 1:05 pm.

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Emily Kaltenbach, Chair

Elizabeth Martin, Stenographer