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Behavioral Health Services Advisory Council

Council for Treatment Equity

Annual Report 2023

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The Council for Treatment Equity was established in 2022 to make recommendations to the Office of Addiction Services and Supports (OASAS) to overcome inequities in access to substance use treatment services for vulnerable populations and in racially and ethnically diverse areas of the state.

Background

The Council for Treatment Equity was established by Chapter 4 of the Laws of 2022. This legislation amended previous legislation to repeal provisions related to the creation of a new and separate council to examine inequities in access to substance use treatment services in diverse areas of the state and for vulnerable populations. Pursuant to the amendments, the Behavioral Health Services Advisory Council (BHSAC) was charged with the formation of a committee to achieve the goals of the legislation. In addition, BHSAC membership will be expanded to add four new members with expertise in issues facing vulnerable populations seeking or receiving substance use disorder services.

Council for Treatment Equity

Sections 19.45 and 5.06 of the Mental Hygiene Law were amended to create the Council for Treatment Equity within the BHSAC. In addition to the four new members of the BHSAC that have not yet been appointed, existing members of the BHSAC are eligible to join the Council for Treatment Equity. A list of current members of the Council for Treatment Equity is included at the end of this Report.

The Council for Treatment Equity is charged with[1]:

1. Working collaboratively with relevant stakeholders to set priorities for achieving treatment equity in racially and ethnically diverse areas (defined by statute) and for vulnerable populations (defined by statute).
2. Analyzing data to determine the causes of treatment disparities in racially and ethnically diverse areas and for vulnerable populations throughout the state, including economic, physical, social or cultural barriers.
3. Developing and implementing strategies aimed at achieving treatment equity in racially and ethnically diverse areas and among vulnerable populations.
4. Promoting community involvement by conducting promotional and educational outreach programs pertaining to substance use disorders and available services.
5. Reviewing the impact of current laws, rules, regulations, policies and programs that may be affecting the ability to achieve treatment equity.

Racially and ethnically diverse areas are defined as “counties where the non-white population is forty percent or more or the service areas of an agency, corporation, facility or individual providing substance use disorder services where the non-white population of said area is forty percent or more”[2].

[1] Section 19.45(2) of the New York State Mental Hygiene Law (MHY)
[2] MHY § 19.45(1)(c)

Vulnerable populations are defined as those who have experienced injustices and disadvantages as a result of their race, ethnicity, sexual orientation, gender identity, disability status, age, socioeconomic status and/or any other status which has caused a person to experience injustices and disadvantages[3].

The Council for Treatment Equity is also tasked with submitting a written report to the Governor, Temporary President of the Senate and the Speaker of the Assembly annually setting forth the findings, recommendations and activities of the Council for Treatment Equity on matters within their scope of powers and duties.

Meetings

The Council for Treatment Equity convened four meetings in 2023 prior to the issuance of its first report. Meetings are held on the same schedule as the BHSAC meetings, the dates for which are set and announced at the start of each year. The BHSAC is statutorily tasked with meeting at least four (4) times each year. Materials shared at each meeting are included at the end of this report. The Council for Treatment Equity convened on the following dates:

1. January 19, 2023
2. February 15, 2023
3. April 26, 2023
4. June 28, 2023.

Recommendations

The following are the initial set of recommendations from the Council for Treatment Equity.

A. Expand the scope of the Council for Treatment Equity

Two proposals have been advanced by members, both in support of expanding the current statutory scope of the Council for Treatment Equity.

1. Expanding the scope to include mental health and gambling across the service continuum

Pursuant to section 5.06 of the mental hygiene law, the BHSAC was developed to advise the offices of mental health and addiction services and supports (the "offices") on matters related to the provision of behavioral health services, including issues of joint concern to the offices such as integration and service delivery. The Council for Treatment Equity is tasked by statute with addressing issues pertaining solely to substance use treatment. The members discussed various expansions of the statutory charge to align with the BHSAC and be inclusive and reflective of the full array of services offered by the offices.

Recommendation: Expand the statutory charge to include prevention, treatment, harm reduction and recovery services for individuals with a mental health condition, substance use disorder and/or gambling disorder.

2. Create a stand-alone Equity Council

The members support creating a standalone Equity Council, independent from the BHSAC. Such Council could be created pursuant to a statutory mandate, such as section 19.45 of the mental

[3] MHY § 19.45(1)(b)

hygiene law which created this Council. However, the members emphasized the need for a grassroots framework, inclusive of all communities and populations across the state to truly reflect New York's vast and diverse population. Therefore, the members support tasking OASAS with selecting members for the Council and convening the Council. The framework for the Council should be modeled on existing grassroots, community engagement bodies that function without appointed membership.

Recommendation: OASAS should create a grassroots, independent equity council that can collaborate with and advise OASAS on policies and activities to reduce inequities in access to services and the quality of services delivered across the OASAS continuum for minoritized and marginalized populations.

B. Develop and implement a racial equity impact assessment for new and existing agency regulations and policies.

Members discussed the development and implementation of a racial equity impact assessment to accompany any new regulations and policies put forward by the agency as well as for review of existing agency regulations and policies. A comprehensive racial equity impact assessment should include:

- A clear statement addressing the issue the policy or regulation is intended to address, including historical context;
- Methods for incorporating the voices of impacted communities, particularly black, indigenous and other people of color (BIPOC) as well as communities that have been under-resourced, under-served and marginalized;
- The impact of the policy on different population groups;
- Any known or anticipated outcomes;
- Sustainability of the proposed regulation or policy; and
- Methods for ongoing evaluation and monitoring, including community feedback.

For existing policies and regulations, the state should develop and implement mechanisms to evaluate the impact on different communities. These mechanisms should also establish opportunities for community feedback.

Recommendation: OASAS should implement a racial equity impact assessment for new and existing agency regulations and policy.

C. Amend restrictive statutory language to expand the charge of the Council

The Council is currently limited to addressing inequities in access to substance use treatment services in racially and ethnically diverse areas and among vulnerable populations. The members discussed an expansion of the scope to reflect inequities in service access across the state among any and all service recipient populations.

Recommendation: Remove language restricting the focus of the Council for Treatment Equity on racially and ethnically diverse areas and vulnerable populations.

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D. Enhance provisions in Daniel's law applicable to substance use crises'

Daniel's law is named for Daniel Prude, a Rochester man that died in police custody following their response to a 911 call. The law would require a public health-oriented approach when responding to a mental health or substance use related crisis, rather than police intervention, with staff trained to respond to and de-escalate a mental health crisis. It also creates Councils of people with lived experience and mental health experts to recommend best practices for responding to a crisis situation, such as de-escalation practices, as well as trauma informed, culturally affirming services.

Recommendation: Meaningfully integrate substance use into the intent, purpose and activities outlined in the current iteration of Daniel's Law.

Membership List

The following are members of the BHSAC and the Council for Treatment Equity:

- Roxanne Lewin (Co-Chair)
- Chacku Mathai (Co-Chair)
- Laura Keleman
- Angelica Paige
- Debra Pantin
- Hilda Rosario-Escher
- Joseph Turner

OASAS agency representative assigned to serve as Director:

Carmelita Cruz, Esq., Executive Equity Officer

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