



**Treatment Equity Committee**  
**Thursday, January 19, 2023**  
**1:00 pm – 3:00 pm**  
**In-Person at OASAS Albany, NYC and Syracuse**

**Meeting Minutes**

**Members Attending:**

Debbie Pantin  
Hilda Rosario Escher  
Chacku Mathai  
Laura Kellemen  
Joe Turner  
Roxanne Lewin  
Angelica Paige

**OASAS staff attending:**

Jennifer Farrell  
Keith McCarthy  
Carmelita Cruz

**Meeting Notes:**

**Introductions:** Carmelita Cruz, OASAS Executive Equity Officer, welcomed the members to the first official Treatment Equity Committee and had members introduce themselves in the Albany, NYC and Syracuse locations.

**Review Statute; Council Charge and Responsibilities; and Powers and Duties:** Carmelita presented a PowerPoint to the members reviewing the general background of the Treatment Equity Committee, the Chapter Amendments and By-laws, and noted the Committee's report due date is for June. Carmelita explained the Treatment Equity Committee is a subcommittee of the Behavioral Health Services Advisory Council (BHSAC) and will be reporting back to the Full Council at each meeting. The Committee will be meeting on the same day as the BHSAC moving forward for 2023 calendar of meetings. Carmelita then went over the definitions of vulnerable population; racially and ethnically diverse area; provider of services; treatment disparities; and treatment equity.

Members discussed the following recommendations, questions and comments:

- Members discussed submitting a recommendation to add in review of outcomes/quality measures and asked about determining quality when making recommendations regarding services. Carmelita indicated the group will need to decide those determinations.
- Members also discussed reviewing data with regard to specific cities within the context of the definition of "racially and ethnically diverse area" and Carmelita indicated the service areas focus on region around a provider of service in addition to a county.
- Members wanted to know if they would have an impact on changes to the regulations or policies, especially with regards to the racial and equity lens and have an impact across multiple systems of delivery services. Concerns were expressed with the statute addressing

only substance use disorder within the OASAS system. Carmelita confirmed the statute limits the charge of the committee to substance use disorder only, and does not include in gambling or the mental health system. She indicated as a Committee, they can make recommendations on the limited scope of the committee in the June report.

A member made a recommendation to include a racial equity impact statement in new policy/regulations. Carmelita voiced equity is a central pillar of the OASAS platform.

- Another discussion was focused on the Treatment Equity Committee as a subcommittee of BHSAC and the interest of having the Committee being its own stand alone council. The members felt the equity issue is critical where it needs to have a more prominent separate council that also includes other members representing populations such as those with lived experience and those representing vulnerable populations. Carmelita explained the Committee can make this recommendation in the June report defining that is their charge as a group to do so and it is welcomed. She also indicated OASAS has meetings with sister agencies on the structural and racial inequities. Members continued their discussions on defining “impact” and what does it really mean to provide quality care and access to services.
- There were additional concerns members discussed in regards to the civil service system, as well as the CASAC process and exam fee. Carmelita noted the importance of diversifying the workforce among the agency and is hopeful we can see changes on needed reforms. Carmelita highlighted her role overseeing the JEDI and its charge to develop a strategic plan on addressing needed changes in the workforce, such as training on managing bias, skills building, pay equity, etc.

#### **Data Review:**

Carmelita next provided a detailed data review in a PowerPoint presentation of the OASAS service delivery system of care with data on prevention, treatment, recovery and harm reduction services. She also went over substance use and consequences data specifically on overdoses and alcohol use throughout the state. Slide 23 “All Overdoses Deaths by Race/Ethnicity (Rate)-NY” and slide 25 “All Overdose Deaths-NY by County, Provisional 2021” were of interest and members requested that we overlap with OTPs data to see the number of overdoses in areas of no or little services available, and lengths of travel involved to the services. Members mentioned it would be useful when discussing projects at the BHSAC to know what to prioritize and award funding to services. Carmelita also noted slide 29 of interest “Patients Receiving Buprenorphine for OUD. 2020” on how the cultural significance impacts engaging individuals and communities in the use of MAT. The Committee can look at how to address this issue and make recommendations to the state on culturally responsive and tailored messaging. The Members agreed there is a lack of diversity in the voices and lived experiences and a request was made to examine overall how peers have been integrated into the OASAS system in the years since peer services became Medicaid billable. Carmelita noted there is a peer unit in OASAS who she can ask to report to the group.

**Selecting Chair and Vice Chair:** Carmelita discussed the Treatment Equity Committee needs to select a Chair and Vice Chair and all who are interested can reach out to her and Jennifer Farrell. The interested

names will then be provided to the Chairman Glenn Liebman of BHSAC who will make the final decision.

**Next Steps and Future Meetings:** Carmelita indicated the next meeting will take place on February 15<sup>th</sup> of the BHSAC and asked the members what topics they would like to discuss. Members noted it would be great to see more data on what inequities, disparities and areas of efforts we have made; housing data; data on post pandemic as they have only seen 2020-21 data; justice center information through equity lens; similarities in workforce to the general population being served and the tracking of the composition of boards, such as to see the black and brown leadership on the boards. Carmelita then closed the meeting thanking members for the invaluable input and great discussions. Meeting ended at 3:00 p.m.

**Summary of data requests for next meeting:**

- Administrative discharges from the OASAS system by race/ethnicity.
- Number of CEOs, Presidents, Executive Directors of color leading OASAS provider agencies.
- Amount of funding to black and brown lead agencies
- Overlap OTP locations with slide 25 re overdose
- Any data collected on best practices for the field: services, workforce, recovery centers, housing (social determinants of health).
- More information about the OASAS housing portfolio including eligibility determinations/access.
- 2021-2022 data updates on the buprenorphine prescriptions available
- Any COVID related data and outcomes
- Justice Center overview/data
- People receiving services in the OASAS system compared to local demographics
- Incidence vs people in treatment by race/ethnicity (maybe presented at OSFAB)
- Similarities in workforce demographics compared to populations served
- Racial and ethnic composition of governance boards of provider agencies

**Summary of additional information requests:**

- Overview of the Leadership Institute
- Information on peer integration into the OASAS system
- CASAC, CRPA exam and other fees
- Observed toxicology evaluation and outcome data

**Summary of recommendations received:**

- Development of a racial equity impact statement to accompany regulations.
- Expand the scope of this council to include mental health.
- Create a separate, stand-alone Equity Council, independent from the Behavioral Health Services Advisory Council.