

# Opioid Advisory Commission

Per [Public Act 84 of 2022](#) (MCL 4.1851), the Opioid Advisory Commission (OAC) serves to advise the state legislature relative to Michigan’s opioid crisis by establishing priorities to address substance use disorders and co-occurring mental health conditions, identifying strategies to reduce disparities in access to health and behavioral health services, assessing the impact of state opioid settlement funds, and making recommendations on funding and policy.

## Community Engagement & Planning Collaborative (CEPC)

**Statement of Purpose:** To support and advise the Opioid Advisory Commission (OAC) on key priority areas related to community engagement and health equity. The CEPC will achieve this through:

- Collaboration with Michigan communities and Tribes;
- Awareness and inclusion of the needs and desires expressed by specific communities, directly impacted by the opioid epidemic;
- Informed dialogue with culturally diverse populations (e.g. racial, ethnic, economic, geographic, gender identity/sexual identity), impacted throughout the state.

### Priority Areas

1. **Community Engagement:** Identifying potential barriers to community inclusion efforts and recommending solutions; researching, developing, and expanding community engagement activities; identifying strategies to enhance community partnerships; identifying strategies for community inclusion and representation in state opioid advisory spaces; identifying community-specific and/or population health considerations for overdose prevention.
2. **Reducing Health Disparities:** Developing strategies to reduce disparities in access to health care, prevention, treatment, recovery, and harm reduction services for individuals with substance use disorders (SUD), mental health conditions, co-occurring disorders (COD), and individuals who use substances. Determining community-specific and/or population health considerations for prevention, treatment, recovery, and harm reduction services. Identifying and determining strategies to address root causes of health disparities and drivers/determinants of health.
3. **Planning and Assessment:** Developing key indicators for "opioid abatement"<sup>1</sup>; identifying frameworks and measures to assess state progress.
4. **Applying an Equity Lens to Review of all OAC Operations, Activities & Products:** Ensuring all OAC recommendations, products and projects, and activities are developed with attention to equity, inclusion, and diversity; identifying equitable practices for activities within the broader state opioid settlement space; identifying and implementing equitable practices for activities of all OAC work groups.

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<sup>1</sup> “Opioid abatement” may be defined as the condition(s) in which impacts from the state’s opioid epidemic are mitigated and/or lessened in severity. “Opioid abatement and remediation” include “programs, strategies, expenditures, and other actions designed to prevent and address the misuse and abuse of opioid products and treat or mitigate opioid use or related disorders or other effects of the opioid epidemic.” A general definition for “opioid abatement and remediation purposes” is found in Tennessee’s statutory language of [Public Charter 491](#). The definition encompasses multiple references from both national settlement language and State guidance. For the purpose of identifying a single definition where one did not exist for Michigan, Tennessee’s statutory language has been used.

# Community Engagement & Planning Collaborative (CEPC)

**Approval Date:** October 5, 2023

**Confirmation Date:** October 12, 2023

**Review Date:** October 2024

*This charter constitutes the rationale, structure, operations, membership, and responsibilities of the Opioid Advisory Commission's Community Engagement and Planning Collaborative (advisory workgroup). The charter will be reviewed on an annual basis and will follow an iterative process, with the possibility for more frequent revisions/modifications based on the need(s), directive(s), and/or requirements of the state legislature, legislative council, and/or the Opioid Advisory Commission.*

## Purpose

The Community Engagement and Planning Collaborative (CEPC) is intended to promote partnership and dialogue with Michigan communities and Tribes related to deployment of state and local opioid settlement funds, while assisting the OAC in fulfillment of its [statutory functions](#). The CEPC will improve direct engagement with Michigan's communities and Tribes, helping better inform Commission understanding of (a) community needs, gaps, and priorities; (b) cultural considerations for recommendations of the OAC to the State legislature; considerations of diversity, equity and inclusion for recommendations of the OAC to the State legislature; (c) strategies to reduce disparities in access to prevention, treatment, recovery and harm reduction services; (d) community/cultural considerations for overdose prevention; (e) community-specific goals and implementation strategies related to treatment and recovery services for substance use disorders (SUD), mental health conditions and co-occurring disorders (COD); (f) opportunities to enhance community/Tribal engagement activities; and (g) possible service innovations.

## Rationale

In accord with [national guidance](#), the OAC recognizes that community inclusion is critical to any discussion of opioid settlement planning and implementation; ongoing dialogue about community gaps, priorities, recommendations, and cultural considerations is paramount to informed decision-making.

While members of the OAC are legislatively appointed, there are no statutory requirements ([MCL 4.1851](#)) that provide for equitable community or Tribal representation. The CEPC would help promote equity through strategic community partnerships, enhancing statutory functions of the OAC and acting as a direct conduit between communities and the Commission.

Considerations of equity should be made in consultation with racial/health equity experts and community/Tribal leaders. Initial suggestions include but are not limited to, prioritization of representatives from Michigan's "vulnerable communities" as measured by Michigan Department of Health and Human Services' [Substance Use Vulnerability Index](#) (MI-SUVI "Z" Score; 75<sup>th</sup> to 100<sup>th</sup> percentile) or other comparable/suggested measure(s); Tribal representation is prioritized, irrespective of community assessment/measure.

## **Responsibilities and Duties**

The CEPC will operate as an advisory body to the OAC on community-specific needs, gaps, priorities, and cultural considerations for matters concerning opioid settlement funding and/or policy recommendation(s) to the state legislature.

The CEPC may operate as a steering committee for any key initiatives of the OAC, as so determined by the OAC, the legislative council, and/or the state legislature.

The CEPC may provide recommendations, formal and/or informal, for consideration by the OAC for inclusion in quarterly and/or annual reports.

Recommendations may address the following priority areas, noting areas of “Community Engagement” and “Health Equity”, as those highest prioritized (July 2023):

### **Community Engagement**

Identifying potential barriers to community inclusion efforts and recommending solutions; researching, developing, and expanding community engagement activities; identifying strategies to enhance community partnerships; identifying strategies for community inclusion and representation in state opioid advisory spaces; identifying community-specific and/or population health considerations for overdose prevention.

### **Health Equity—Reducing Health Disparities**

Developing strategies to reduce disparities in access to health care, prevention, treatment, recovery, and harm reduction services for individuals with substance use disorders (SUD), mental health conditions, co-occurring disorders (COD), and individuals who use substances. Determining community-specific and/or population health considerations for prevention, treatment, recovery, and harm reduction services. Identifying and determining strategies to address root causes of health disparities and drivers/determinants of health.

### **Planning and Assessment**

Developing key indicators for "opioid abatement"; identifying frameworks and measures to assess state progress.

### **DEI Review—Applying an Equity Lens to Review of all OAC Operations, Activities & Products**

Ensuring all OAC recommendations, products and projects, and activities are developed with attention to equity, inclusion, and diversity; identifying equitable practices for activities within the broader state opioid settlement space; identifying and implementing equitable practices for activities of all OAC work groups.

## **Leadership Structure and Roles**

### **Leadership Structure**

A semi-formal leadership structure, including team leaders for different focus areas, as determined by consensus or vote, will be utilized by the CEPC, with opportunity for annual review and possible restructuring, as determined necessary by the group. An annual review of existing leadership structures/roles will occur as part of the annual charter review.

## **Leadership Roles**

Inclusion of team leaders (“team leads”) within the workgroup will (a) provide a structure for organization and coordination of key tasks, (b) support workflow processes, (c) offer guidance for fellow members, (d) provide access points for coordination with OAC staff and/or Commission members.

Team leads will support the workgroup in executing its mission, goals, and objectives, as defined in its charter (to be developed). Team leads may also support a direct line of contact between the workgroup and the Commission, beyond that provided by OAC staff.

## **Team Leads: Roles and Responsibilities**

General roles and responsibilities for team leads may include but not be limited to the following:

- Regular planning, collaboration, and coordination with OAC staff.
- Direct reporting (verbal and/or written) to OAC members, at OAC meetings.
- Facilitation and coordination of focus/break-out groups and/or subcommittees.
- Planning, development, and implementation of key projects.
- Communication, delegation, coordination, and monitoring of tasks related to workgroup projects, goals, and objectives.

## **Selection Process and Term Limits**

A maximum number of five (5) team leads will be selected for the CEPC. Generally, team leads will serve a **one-year term**, with annual review to align with review of the group charter. Team leads may be re-selected based group consensus or vote.

Extended terms (past the one-year limit) may be adopted to support project continuity and/or completion, and as determined necessary by the CEPC. If applicable, determination of term extensions will occur by group consensus or vote.

The role of a team lead is considered voluntary. Member(s) selected and confirmed to serve in team leadership roles may discontinue their service at any time.

## **Group Facilitator(s)**

The OAC Coordinator will act as the primary facilitator for the full workgroup and primary liaison for the CEPC and members of the Opioid Advisory Commission and/or state legislature.

Every effort shall be made by the group facilitator(s) to support coordination with team leads for purposes of meeting planning and collaborative, co-facilitation of group meetings and/or subcommittees. Noting team leads retain primary facilitation responsibilities for all subcommittees.

Additional facilitators, including but not limited to former OAC member(s), may be included to support co-facilitation efforts of the full workgroup. Formal inclusion of non-member co-facilitator(s) will be reviewed and confirmed by the group, prior to formal inclusion.

## **Membership**

### **Expectations and Term Limits**

- Participation on the CEPC is entirely voluntary; members may choose to end their participation at any time.
- Members on the CEPC will serve a two-year term, with the initial cohort beginning on September 7, 2023, and ending September 6, 2025.

- Members and member designees are expected to have an understanding of the Opioid Advisory Commission and statutory requirements of the Opioid Advisory Commission, as outlined by Public Act 84 of 2022 ([MCL 4.1851](#)).
- Members and member designees are expected to have an understanding of the Community Engagement and Planning Collaborative, as outlined in this charter.
- Members and/or designees, are expected to attend at least half of all scheduled meetings of the CEPC.

### **Member Designees**

- Members may choose to identify a designee for participation on the CEPC. The primary function of a designee is act on behalf of the workgroup member—attending/participating in meetings, in the absence of a formal member.
- If applicable, identification of a designees should be made by members, to the facilitator(s), at earliest possible date.
- Member designees will be included on all group correspondence and all virtual meeting invitations—however for purposes of meeting participation and/or decision-making, attendance/involvement should be limited to the formal member **or** member designee—not both individuals.

### **Candidate Representation: Key Sectors and Fields**

Minimum representation on the CEPC is recommended for the following key sectors and fields:

- State government (state departments)
- Local government (counties/municipalities/townships)/representative agencies for local government
- Tribal government (Tribes)/representative agencies, as designated by the Tribes
- Community mental health and public SUD providers
- Non-profit community foundations
- Non-profit social service organizations
- Community and/or public health organizations
- Emergency, transitional, and/or recovery housing organizations
- Recovery Community Organizations (RCOs)
- Criminal-legal system and/or organizations serving justice-impacted persons
- Faith-based communities
- *Leaders/experts in racial equity and/or health equity*
- *Leaders/expert(s) in community engagement*

### **Candidate Eligibility and Prioritization**

Membership with the CEPC shall be considered for individuals who possess:

- Employment/affiliation/expertise with key sector(s)/fields.
- Employment/residency/affiliation with priority/vulnerable communities, as determined by the Michigan Substance Use Vulnerability Index ([MI-SUVI](#)).
- Prioritization of Tribal partners will be made, independent of geographic location.
- Prioritization of individuals who represent multiple key sectors/fields will be made.
- Prioritization of individuals who represent communities of color and Indigenous populations, lived experience (with substance use disorders, mental health conditions, co-occurring disorders and/or involvement in the criminal-legal system) and LGBTQ+ communities.

### **Candidate Referral Process**

Candidate referrals will be addressed on a quarterly basis, aligning with the first month of the fiscal quarter, with the possibility for referral, review, and inclusion of new members, at any time, as determined necessary by the CEPC or as otherwise directed by the OAC.

Member referral sources include OAC members, OAC staff, current members of the CEPC, community stakeholders, key offices/state departments, and Tribal partners.

*A referral method was utilized to identify candidates for the initial 2023-2025 cohort.*

### **Decision-Making Context and Scope**

The majority of all decisions made by the CEPC will occur by consensus or group agreement, with the noted possibility for group vote, in circumstances determined necessary/appropriate by the CEPC. Determinations of team leadership positions are considered a necessary/appropriate circumstance in which group vote may be utilized.

For purposes of a group vote, 10 members will constitute quorum and vote may occur during a regularly scheduled meeting or through electronic, web-based survey, in which the identity of voting members will be known only to co-facilitators.

Decisions including, but not limited to the following items may be made by the CEPC:

- Adoption of and/or modification to a group charter.
- Selection of members to serve in team leadership positions.
- Inclusion of new members to the workgroup.
- Development, enhancement, and/or confirmation of any products of the workgroup, including but not limited to formal recommendations to the OAC.
- General operations of the CEPC.

### **Meetings**

Meetings of the CEPC will be held virtually, at a monthly frequency from 11:00a-12:30p on the first Thursday for the month. Alternative dates and/or group cancellation may occur due to coverage needs and/or office closure of the state legislature. Notification of meeting cancellations will be provided by group co-facilitators and/or team leaders.

Meetings of the CEPC will follow a semi-formal structure, with the inclusion of an agenda and meeting summary, to be developed and provided to all members (via email).

Session structure may vary depending on the formation of subcommittees.

### **Subcommittees**

Subcommittees may be formed based on group interest and/or operational need. If formed, subcommittees are suggested to be organized around priority areas of the CEPC (see “Responsibilities and Duties”) and encouraged to be held during regularly scheduled meeting time of the workgroup.

A suggested meeting structure, with the inclusion of subcommittees, is as follows:

11:00a-11:15a: Full group convenes  
11:15a-12:15p: Subcommittees convene (break-out session)  
12:15p-12:30p: Full group reconvenes

### **Facilitation**

Facilitation of the full workgroup will be conducted by the facilitator and/or co-facilitators. Facilitation of subcommittees will be conducted by team leaders; partnered/co-facilitation of subcommittees, is suggested to support coverage needs.

## **Member Conduct, Group Rules, Expectations, and Operations**

### **Common Understanding and Respect for Others**

- Each person represents their own individual perspective and does not speak for an entire demographic group.
- Every minority demographic has its own unique trajectory, including historical discrimination, trauma, marginalization, barriers, and current issues.
- Members will not interrupt while another is speaking. Given that this often happens inadvertently in virtual meetings, use of the hand raise function is advised.
- Members express their own views, rather than speaking for others at the table or attributing motives to fellow members.
- Members will avoid extended comments/speaking, that preclude everyone having a fair chance to speak.
- Members will not be verbally aggressive to one another. While challenging ideas is encouraged, disparaging or negative personal comments are not permissible.
- Members will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged.
- Members will seek to identify options or proposals that represent shared interests, without minimizing disagreements.
- Members will do their best to consider the interests of the group.

### **Meeting Efficiency**

- Meeting facilitation will be primarily conducted by OAC staff, in coordination with team leads; facilitation of any subcommittees will be conducted by team leads, with support from OAC staff, as requested.
- Meeting schedule and times will remain consistent, noting opportunities for cancellation and/or alternative scheduling to accommodate holidays, coverage needs, and/or office closures.
- Meetings will be held virtually.
- An agenda and any related materials will be distributed at least 2 business days in advance of each meeting.
- Members shall be prepared for the agenda content and will be expected to have completed any related assignments on time.
- Members agree to make a strong effort to stay on track with the agenda and to move the deliberations forward.
- Members shall share the CEPC workflow such that no single member or members disproportionately carry the workload for others.

### **Coordination/Communication with Members of the Opioid Advisory Commission (OAC) OAC Coordinator**

- The OAC Coordinator will act as primary liaison between members of the CEPC and members of the OAC.
- The OAC Coordinator will provide meeting materials, including but not limited to agendas, planning documents, and group summaries/minutes, to members of the OAC, to support awareness of workgroup activities. Additional items, including but not limited to weekly electronic group correspondence and documents related to work projects, may be provided to the members of the OAC as determined necessary by the Collaborative and/or the OAC.
- The OAC Coordinator will provide updates and information on the activities of the OAC, to members of the CEPC.
- Any writing that is used or prepared by the Opioid Advisory Commission in performing its official duties is subject to the Freedom of Information Act (FOIA), including electronic correspondence of the OAC Coordinator.

### **Team Leads**

- Team leads will provide direct reporting to the Opioid Advisory Commission by way of verbal and/or written report at schedule OAC meetings.
- Team leads may also provide group updates, planning materials, questions, recommendations, and/or concerns to the OAC Coordinator (at any time) for review by the OAC.
- Team leads and the OAC Coordinator will work collaboratively to determine communication mechanisms that best support the needs of both the CEPC and Opioid Advisory Commission.

## **Current Membership—September 2023 Cohort**

### **Group Members:**

Thomas Adams—Team Lead  
 Judi Brugman  
 Carrie Chanter, MA, MCHES  
 Amy Dolinky, MPPA—Team Lead  
 Joyce Fetrow, CPRM, CHW, RCP  
 Dominick Gladstone—Team Lead  
 Chontay Taylor Glenn, PhD, RN, PMHNP-BC  
 David Harris, CPRC, CPSS  
 Benjamin Jones, PhD  
 Matthew LaCasse, D.O.  
 Jordana Latozas, RN, ACNP  
 Brenda Maks  
 Dani Meier, PhD, MSW, MA  
 Marissa Natzke, MPH, RD  
 Sarina Oden, MSA  
 Ruth Schwendinger, CPS  
 Deborah Smith, PhD, LPC, CAADC, MAC—Team Lead  
 Teresa Springer, MA

**Facilitator(s):** Tara King, OAC Coordinator