



## Opioid Epidemic Response Advisory Council Charter and Bylaws

**Approved Date:** May 17<sup>th</sup>, 2024

### **Vision for Minnesota (for Opioid Epidemic Response)**

Our vision is to save lives and prevent first use; increase access to treatment and recovery while caring for the needs of people with chronic pain, as a national leader through Minnesota's integrative response to the opioid crisis.

### **Core Values**

Core values are our beliefs or ideals that shape the identity and culture of our group and how we as group members interact and work together.

- **Integrated Approach to Substance Issues:** We believe in a multi-substance integrative approach across various sectors to foster a healthier Minnesota, recognizing that substance issues cannot be addressed in isolation.
- **Accessibility to Treatment and Recovery:** Our principle is that there should be no wrong door to accessing treatment and recovery services.
- **Importance of Early Intervention:** We emphasize the critical nature of early intervention in dealing with substance issues.
- **Common Understanding of Addiction:** We advocate for a common understanding of addiction as defined by the American Society of Addiction Medicine (ASAM) - "Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations", along with an understanding of the biological aspects of chronic pain.
- **Funding Based on Evidence and Innovation:** The Council prioritizes funding for projects that are either grounded in evidence-based practices or represent emerging and innovative approaches in the field.

- **Advocating for MOUD as Essential Treatment:** We highlight Medications for Opioid Use Disorder (MOUD) as the cornerstone of treatment for Opioid Use Disorders, esteemed as the most effective 'gold standard' in care.

## **ARTICLE I: Overview and Purpose of the Opioid Epidemic Response Advisory Council**

The Opioid Epidemic Response Advisory Council is dedicated to orchestrating a robust and coordinated statewide response to the opioid crisis in Minnesota. Our mission encompasses the development and execution of a multifaceted strategy focusing on the following key areas:

### **(1) Prevention and Education Initiatives:**

- Conducting comprehensive public education and awareness campaigns targeting both adults and youth.
- Implementing prescriber education programs to promote responsible opioid prescribing and treatment with MOUD.
- Establishing and sustaining opioid overdose prevention and education initiative.
- Recognizing the critical role of adult protective services in opioid misuse prevention and response.
- Providing financial support to local law enforcement agencies for the implementation of opioid antagonist programs.

### **(2) Training in Opioid Addiction Treatment**

- Educating on the application of all Food and Drug Administration approved medications for opioid addiction treatment.
- Offering training in detoxification processes, relapse prevention strategies, and patient assessment.
- Developing individual treatment planning, counseling, and recovery support frameworks.
- Promoting diversion control and other best practices in opioid addiction treatment.

### **(3) Continuum of Care Enhancement for Opioid-Related Disorders:**

- Expanding services across the continuum, including primary prevention, early intervention, treatment, recovery, and aftercare.
- Emphasizing holistic care approaches for individuals with opioid-related substance use disorders.

### **(4) Quality of Life Protection Measures for Specific Populations:**

- Crafting strategies to safeguard the accessibility of prescription pain medications for cancer patients and survivors, those with life-threatening illnesses, individuals with severe chronic pain, and those in the end stages of life.
- Ensuring these measures consider the unique needs of the elderly and residents in underserved or rural areas.

- Balancing the necessity of pain management with responsible prescription practices to maintain quality of life without imposing unnecessary barriers.

## **ARTICLE II: RESPONSIBILITIES**

The Council shall:

- (1) review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families experiencing and affected by opioid use disorder;
- (2) establish priorities to address the state's opioid epidemic, for the purpose of recommending initiatives to fund;
- (3) recommend to the commissioner of human services specific projects and initiatives to be funded;
- (4) ensure that available funding is allocated to align with other state and federal funding, to achieve the greatest impact and ensure a coordinated state effort;
- (5) consult with the commissioners of human services, health, and management and budget to develop measurable outcomes to determine the effectiveness of funds allocated;
- (6) develop recommendations for an administrative and organizational framework for the allocation, on a sustainable and ongoing basis, of any money deposited into the separate Opioid Epidemic Response Account in order to address the opioid abuse and overdose epidemic in Minnesota and the area of focus specified in Article I;
- (7) in consultation with the commissioner of management and budget, shall select from the awarded grants projects that include promising practices or theory-based activities for which the commissioner of management and budget shall conduct evaluations using experimental or quasi-experimental design;
- (8) in consultation with the commissioners of human services, health, public safety, and management and budget, shall establish goals related to addressing the opioid epidemic and determine a baseline against which progress shall be monitored and set measurable outcomes, including benchmarks. The goals established must include goals for prevention and public health, access to treatment, and multigenerational impacts. The Council shall use existing measures and data collection systems to determine baseline data against which

progress shall be measured;

- (9) report annually to the Chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by January 31 of each year, beginning January 31, 2021. The report shall include information about the individual projects that receive grants and the overall role of the project in addressing the opioid addiction and overdose epidemic in Minnesota. The report must describe the grantees and the activities implemented, along with measurable outcomes as determined by the Council in consultation with the commissioner of human services and the commissioner of management and budget. At a minimum, the report must include information about the number of individuals who received information or treatment, the outcomes the individuals achieved, and demographic information about the individuals participating in the project; an assessment of the progress toward achieving statewide access to qualified providers and comprehensive treatment and recovery services; and an update on the evaluations implemented by the commissioner of management and budget for the promising practices and theory-based projects that receive funding;
- (10) produce an annual report to the legislature by January 31 including recommendations on whether the appropriations to the specified entities should be continued, adjusted, or discontinued; whether funding should be appropriated for other purposes related to opioid abuse prevention, education, and treatment; and on the appropriate level of funding for existing and new uses. The Council shall include the proposed goals, the measurable outcomes, and proposed benchmarks to meet these goals in its initial report to the legislature due January 31, 2021.

### **ARTICLE III: MEMBERSHIP AND REPRESENTATION**

**A. Membership:** [Details on membership can be found in statute 256.042.](#)

**B. Membership Terms**

- (1) Members of the Council selected by organizations other than the commissioner of human services shall serve at the discretion of the selecting organization. Members of the Council appointed by the commissioner of human services shall have a term of three years. Council members appointed by the commissioner of human services may serve up to two three-year terms. After the Council member's membership has expired, the member may be reappointed after one year absence from the Council.

- (2) The initial term for members of the Opiate Epidemic Response Advisory Council established 307.14 under Minnesota Statutes, section 256.042, identified in Minnesota Statutes, section 256.042, subdivision 2, paragraph (a), clauses (1), (3), (5), (7), (9), (11), (13), (15), and (17), ends September 30, 2022. The initial term for members identified under Minnesota Statutes, 307.17 section 256.042, subdivision 2, paragraph (a), clauses (2), (4), (6), (8), (10), (12), (14), and (16), ends September 30, 2023.
  - (3) Council members shall assist in recruiting potential new Council members to fill vacancies on the Council.
  - (4) DHS Council staff will oversee the recruitment and facilitation of a review panel for member vacancies. This panel will consist of subject matter experts representing the agencies of non-voting OERAC seats and a tribal representative.
- C. Representation** The commissioner of human services shall coordinate the commissioner's appointments to provide geographic, racial, and gender diversity, and shall ensure that at least one-third of Council members appointed by the commissioner reside outside of the seven-county metropolitan area. Of the members appointed by the commissioner, to the extent practicable, at least one member must represent a community of color disproportionately affected by the opioid epidemic.
- D. Compensation** The Council is governed by section 15.059, except that members of the Council shall receive no compensation other than reimbursement for expenses
- (1) **Auto Mileage** (at the current IRS reimbursement rate) and reasonable parking expense.
  - (2) **Hotels** Reasonable hotel/lodging expense reimbursement when necessary to attend meetings.
  - (3) **Childcare** Reasonable childcare expense reimbursement for parents, family members and consumers, when necessary to attend meetings.
- E. Absenteeism and Removal** A member may be removed by the appointing authority at any time at the pleasure of the appointing authority (DHS) or other selecting organization. . The Chair of the OERAC shall attempt to contact a member missing two consecutive meetings during their first year of Council membership, or three absences during a calendar year after their first year on the Council. If the member is unable to be contacted or misses additional meetings, the Chair shall inform the appointing authority of the member's absenteeism. In all cases assurance of future attendance or extenuating circumstances may be taken into consideration at the discretion of the Chair.

A member may resign at any time by delivering written notice to the Chair or the Council staff. A resignation is effective when the notice is delivered unless the notice specifies a later effective date.

If a member is removed or resigns the appointing authority shall appoint a person to fill the vacancy for the remainder of the unexpired term.

#### **ARTICLE IV: Expectations of Members**

- (1) **Active Participation:** Members are expected to actively participate in meetings, primarily representing their appointed constituency. While personal experiences and diverse perspectives are valued, the primary voice should align with the designated constituency. Equal voice and respect are emphasized for all members.
- (2) **Individual Deliberation:** Council members contribute as individuals, not as representatives of their organizations. While expertise from their organizations is welcomed, decisions should be made independently, sharing relevant information with constituencies as needed.
- (3) **Leadership Roles:** All members are encouraged to take up leadership roles within the Council, including Chair or Vice Chair, or work group leaders.
- (4) **External Communication:** When sharing your positions on an issue to an outside organization or individual (such as to a legislator), unless the position has been adopted by the Council, you must state that it is your individual position.
- (5) **Staying Informed:** Members should stay informed about current issues by engaging with communications from the Council staff and external sources. New members will receive an orientation covering Council functions, membership activities, and essential processes.
- (6) **External Representation:** Members should be open to representing the Council in external advisory groups or task forces as requested.

#### **ARTICLE V: OFFICERS**

**A. Officer Roles** The Opioid Epidemic Response Advisory Council (Council) elects a Chair and Vice-Chair, both of whom must be members of the Council. Outgoing Chairs can serve as “Past Chair” in order to maintain continuity and continued communications for one year. If the Council term expires during that year, the Past Chair’s duties would also expire. The Minnesota Department of Human Services, Behavioral Health Division shall provide staff support to the Council.

**B. Duties**

(1) **Chair:** The responsibilities of the Chair include leading the Council, planning meetings, forming work groups, vacancy identification, advocating for a complete and diverse council, and coordinating activities with DHS staff.

(2) **Vice Chair:** The Vice Chair’s responsibilities include assisting the Chair, as assigned by the Chair, ensuring bylaw compliance, and performing Chair responsibilities in their absence.

(3) **Past Chair:** The responsibility of the Past Chair includes providing guidance and support to seated Chair and Vice Chair, supporting bylaw compliance, representing the council at various events and meetings, and advise Council members.

**C. Nominations** Upon the resignation, removal, or expiration of a term of any officer serving on the Council, an election of new officer(s) will take place. DHS staff will inform the Council no fewer than 45 days prior to an election and begin accepting nominations. Nomination submission instructions and timelines will be provided to the Council in writing at that time. An unvetted list of nominees will be presented to the Council at the meeting immediately prior to the election meeting month. Nominees will have the opportunity to make a statement to the Council, not to exceed 2 minutes, during the election meeting prior to Council vote.

(1) **Nominees**

- a. All nominees must be current Council members.
- b. Any Council member is eligible to be nominated.
- c. Consent from the nominee must be obtained prior to submitting a nomination.

**C. Election** The election process for the positions of Chair and Vice Chair within the Council is to be held on an annual basis. Candidates for these roles are elected through a quorum. Each elected officer serves a term of one year. Notably, the Chair may serve two consecutive one-year terms and may be voted in for another one-year term with a break in between terms.

(1) **Procedures**

- The election meeting is scheduled annually during the first meeting following the transition of seats that expire on September 30th. This timing is chosen to align with the commencement and conclusion of term appointments. The meeting will proceed provided there is a quorum of members present.
- Council votes will be taken by secret ballot.
- DHS Council staff will tabulate the votes and the current Chair will verify the results.
- New officers will be announced immediately after tabulation and verification has taken place.

(2) **Term of Office** Each of the two officers of the Council shall serve a term of one year beginning with the day following the election meeting.

**D. Removal** Officers of the Council may be removed by a majority vote of the total membership. Notification of removal must be made at a regular meeting and vote for removal shall be held either at the next regularly scheduled meeting or at a meeting called for that purpose. Notification of removal must be provided in writing to all Council members. Any special meeting must have proper notification and shall not be held less than seven days following the meeting where notification of removal has been presented. Both the vote for notification and the vote for removal shall be a majority vote of total membership. An officer may also be removed from office if the appointing authority removes him/her from the advisory Council or if he/she is no longer a member for other reasons.

An officer may be removed by a majority vote of the Council whenever in its judgment the best interests of the Council would be served thereby, but such removal shall be without prejudice to such officer's position as a member. Any officer may resign at any time by giving written notice to the Council.

## **ARTICLE VI: COMMITTEES**

**A. Standing Committees** The only standing committees of the Council shall be the Steering Committee and the Request for Proposal (RFP) Review Committee.

(1) **Steering Committee:**

- Composition:** The two officers of the Council, DHS Council staff, a facilitator if one has been assigned, and a representative of each work group shall serve as the Steering Committee. The Past Chair may be a member of the Steering Committee for one year.
- Duties and Process:**
  - The Steering Committee shall develop and review agendas.



- ii. Review and approve requests from agencies and individuals wishing to come before the Council.
- iii. Recommend to the Council new or updated policies and procedures, and review and make recommendations on other items to come before the Council.
- iv. In between meetings and during those months the Council does not meet, the Steering Committee shall have the general supervision of the affairs of the Council. Notice of items to come before the Steering Committee will be given to Council members.
- v. All decisions made by the Steering Committee shall be ratified by the Council at the next scheduled Council meeting.
- vi. Other items as requested by the Minnesota Department of Human Services, Health, and Corrections.

(2) RFP Review Committee:

- a. Composition: The RFP Review Committee is composed of Council members who do not have a conflict of interest. All Council members are automatically eligible to serve as voting members of the RFP Review Committee. Non-Council members may serve as non-voting committee members with approval of the Chair. These members are eligible to both serve on the committee and participate in voting on recommendations for RFP awards.
- b. Duties and Processes: The primary responsibility of the committee is to make the final recommendations for RFP awards.

## **B. Work Groups**

(1) Work Group Establishment:

- a. Work Group Establishment: Work Groups shall be established by a simple majority vote by a quorum of the Council.
- b. Work Groups Chairs will be selected by the work group unless designated by the Chair.
- c. Work Group Composition: All Council members are automatically eligible to serve as voting members of a specific work group. Non-Council members may serve as non-voting work group members with approval of the Chair.
- d. Work Group Powers: All work group decisions shall be made by simple majority vote of members present at a given meeting. Recommendations shall be forwarded to the Council for a final disposition.

- e. Removal: The Chair or any member of any work group may be removed for willful misconduct by a majority of the Council at any time at a properly called meeting of the Council.
- f. Termination of Work Groups: Work groups will terminate when their duties and goals have been accomplished, or upon the majority vote of the Council.

**C. Representation on Other Bodies** In addition to work groups of the Council, members may be appointed to represent the Council on other bodies, boards or task forces representing Council interest. The responsibility of the council member while representing the Council on other bodies is to look for redundant efforts, leveraging/collaborative opportunities and potential conflicts, and keep Council updated on their activities.

## **ARTICLE VII: MEETINGS**

### **A. Meetings**

- (1) The Council shall meet at least four times annually. Meetings are held approximately quarterly or as needed, determined by the Council. The Chair shall convene the Council at least quarterly and may convene other meetings as necessary. The Chair shall convene meetings at different locations in the state to provide geographic access and shall ensure that at least one-half of the required meetings are held at locations outside of the seven-county metropolitan area.
- (2) Meeting notices and agendas will be posted on the Minnesota Department of Human Services website and/or sent out at least ten calendar days prior to the meeting.
- (3) A simple majority of the Council constitutes a quorum. Council members may designate an alternate to attend meetings in their place with the approval of the Chair prior to the meeting.

All meetings of the Council shall be open to the public. Members of the public shall be permitted to speak at the discretion of the Chair during the public comment period that should not exceed past 30 minutes or 2 minutes per speaker. At the Chair's discretion, the amount of time allowed to speak may be increased or decreased. Speakers will be asked to complete a Public Testimony Disclosure Form.

### **B. Decision-making Framework**

- (1) The Council seeks consensus in its decisions.
- (2) In seeking consensus, the exploration of the issues through dialogue is fostered.
- (3) If any persons are not fully in agreement, they will be asked to express their concerns. After discussion, those members will be asked if they can live with the majority's decision, and what it would take to do so.
- (4) If consensus cannot be obtained, a simple majority of voting Members must be obtained for a decision to be approved.
- (5) Members may vote in person or when participating in a meeting virtually.
- (6) A quorum must be present for decisions. A simple majority of the Council constitutes a quorum.
- (7) If the number of Members abstaining from a Council vote due to a known or potential conflict of interest reaches a number that quorum cannot be met, for the purposes of that vote, the remaining Members present who do not have a conflict of interest may approve decisions.
- (8) State of Minnesota employees, who are not designated voting members of the Council, are prohibited from participating in any Council voting processes, including proxy voting, to avoid potential or perceived conflicts of interest.

### **C. Rules of Order**

- (1) The Chair is responsible for the success of Council meetings. To ensure equitable participation, members are asked to wait until they are recognized by the facilitator or Chair before addressing the Council.
- (2) The facilitator or Council staff will document any motions made by Council members attending virtually.
- (3) Motions require a second in order to proceed to voting.
- (4) After a motion is seconded, the Chair will ensure facilitation of discussion regarding the proposed motion.
- (5) Amendments to the motion may be offered during discussion.

- D. Alternates/Voting Proxies** will be allowed at meetings with pre-approval of Chair. Voting Proxy requests must be sent by e-mail to the Chair.
- E. Policies** The Council shall have the power to establish policies for operation, meeting guidelines, grant review and approval, etc. provided they are not superseded by these bylaws.

## **ARTICLE VIII: Conflict of Interest**

Advisory Council members must disclose to the Council, refrain from participating in discussions, and recuse themselves from voting on any matter before the Council if the member has a conflict of interest. A conflict of interest means a financial association that has the potential to bias or have the appearance of biasing a Council member's decision related to the opioid epidemic response grant decision process or other council activities under this section.

### **A. Conflict**

- (1) An action by which a member of the Council would obtain personal gain will be regarded as creating a conflict of interest.
- (2) Any member having a known conflict of interest or potential conflict of interest shall so inform the Council or work group and shall request permission to withdraw while the matter in which such conflict of interest may exist is under consideration.
- (3) Any member of the Council may raise questions of possible conflict of interest by another member.

### **B. Abstention**

- (1) Council members who have a conflict of interest on a specific proposal or formal recommendations created by the Council shall not participate in preparation of reports, assembly of background information, discussions, recommendations or decisions on that proposal or those Council recommendations.
- (2) Members having a conflict of interest shall be allowed to submit reports concerning a specific proposal or recommendation, but shall do so outside of their role as Council members.
- (3) Any Council member shall recuse themselves from voting on any matter that could cause a conflict of interest.

### **C. Resolution**

- (1) All questions regarding actual or potential conflict of interest shall be decided by majority vote of the members present who do not themselves have a conflict of interest.

### **ARTICLE IX. Anti-Discrimination**

The Council shall not discriminate in any regard with respect to race, creed, color, sex, sexual orientation, marital status, religion, national origin, ancestry, pregnancy, and parenthood, custody of a minor child or physical or mental disability.

### **ARTICLE X: Ratification**

These bylaws will be considered ratified when a two-thirds majority of the total membership of the Council has voted approval.

### **ARTICLE XI: Amendments**

- (1) Amendments to these bylaws may be proposed by any member.
- (2) All proposed amendments will be reviewed by Council staff to ensure compliance with Statute prior to being presented to the entire membership of the Council.
- (3) Proposed amendments will be presented to the Council no fewer than 30 days before voting. Proposed revision shall be placed on agenda for scheduled meetings of the Council.
- (4) Amendments will be considered as part of these bylaws when two-thirds majority of the total membership has voted approval.