Section F: Biographical Sketches and Position Descriptions

Please note:
- The biographical sketches are for the Oversight Team of senior leadership of Ohio Department of Mental Health and Addiction Services which will oversee this grant.
- The position descriptions are for staff to be hired or contracted with the exception of the 0.10 Lead Evaluator.

BIOGRAPHICAL SKETCH

<table>
<thead>
<tr>
<th>Name: Tracy J. Plouck</th>
<th>Position Title: Director</th>
</tr>
</thead>
</table>

**Education:** List schools, location, dates attended, degrees earned (specify year), major field of study

<table>
<thead>
<tr>
<th>Institution &amp; Location</th>
<th>Degree, (if applicable)</th>
<th>Dates Attended MM/YY</th>
<th>Major Field of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ohio State University</td>
<td>Master’s</td>
<td>09/95 – 06/97</td>
<td>Public Administration</td>
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<tr>
<td>Kent State University</td>
<td>Bachelor’s</td>
<td>08/91 – 08/95</td>
<td>Political Science</td>
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</table>

**Professional Experience:**

Tracy Plouck is Director of the Ohio Department of Mental Health and Addiction Services and has been a member of Governor Kasich’s Cabinet since January 2011. She brings strong policy background to her role, having served twice as Ohio’s State Medicaid Director and also as a deputy director for both the Ohio Department of Developmental Disabilities and the Ohio Office of Budget and Management. She is the current president of the National Association of State Mental Health Program Directors and also serves as a board member of the Council of State Governments’ Justice Center.

**Honors Received and Dates:** Not applicable

**Publications:** Not applicable

**Other Sources of Support:** Not applicable
BIOGRAPHICAL SKETCH

Name: Mark Hurst, MD
Position Title: Medical Director, Ohio Department of Mental Health and Addiction Services. Interim Medical Director, Ohio Department of Health

Education: List schools, location, dates attended, degrees earned (specify year), major field of study

<table>
<thead>
<tr>
<th>Institution &amp; Location</th>
<th>Degree, (if applicable)</th>
<th>Dates Attended MM/YY</th>
<th>Major Field of Study</th>
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<tr>
<td>Muskingum College</td>
<td>BS</td>
<td>Sept 1977- May 1981</td>
<td>Biology</td>
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<tr>
<td>Medical College of Ohio</td>
<td>MD</td>
<td>Aug 1981- June 1985</td>
<td>Medicine</td>
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<td>University of Michigan</td>
<td>Internship</td>
<td>June 1985-June 1986</td>
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<td>Ohio State University</td>
<td>Residency</td>
<td>June 1986-June 1989</td>
<td>Psychiatry</td>
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Professional Experience:

Dr. Hurst is Medical Director of the Ohio Department of Mental Health and Addiction Services, a position he has held since 2012. In this role, Dr. Hurst serves as the clinical lead for the department, including supervision and leadership of Ohio's six regional psychiatric hospitals and all drug and alcohol recovery services in the Ohio Department of Rehabilitation and Corrections. He also leads multiple other community clinical efforts, including development of effective clinical plans for the prevention and treatment of mental illness and addiction, recruitment and retention of qualified staff, and special topics of relevance including use of medication assisted treatment, treatment of pregnant women with substance use disorders, expansion of naloxone availability, suicide prevention and treatment of mental illness and substance use disorders in the criminal justice system. He regularly collaborates with other state boards and departments on issues relating to mental illness and substance use disorders, and contributed to the development of opioid prescribing guidelines in Ohio, rules regarding the use of medication assisted treatment, and impact of Medicaid expansion in improving access to behavioral health treatment.

Dr. Hurst is Board-certified in Psychiatry and Addiction Psychiatry. He has held many clinical and clinical leadership positions during his career, serving as Chief of Psychiatry at the Columbus VA outpatient clinic where he established an outpatient drug and alcohol treatment program, Director of the Harding Addiction Treatment Program, and various leadership roles within the Ohio Department of Mental Health including Chief Clinical Officer at Twin Valley Behavioral Healthcare where he established programming in Integrated Dual Diagnosis Treatment (IDDT), an evidence-based treatment for individuals with severe mental disorders and substance use disorders.

Honors Received and Dates:

Who’s Who in American Colleges and Universities 1981

Alpha Omega Alpha Medical Honor Society: Medical College of Ohio 1985
Excellence in Research Award: Ohio State University Department of Psychiatry 1989

Teacher of the Year: Harding Hospital Residency Training Program 1994


CME Faculty Award of Excellence: Ohio State University 1995

Ohio Opioid STR Project
Faculty Teaching Award: Ohio State University Residency training Program 1996

Best Clinical Presentation: Ohio Medical Education Network
“What Every Physician Should Know about Street Drugs” 2001-2002 Season

IDDT Champion: Case Western Reserve University 2007

Outstanding Faculty Award: Ohio State University Residency Training Program 2008

Fellow: American Psychiatric Association 2011

Community Educator Award: Ohio State University Department of Psychiatry 2011

CEO Award for Distinguished Leadership: Ohio Council of Behavioral Health Authorities 2015

Publications:


Other Sources of Support: NONE
BIOGRAPHICAL SKETCH

Name: Rick Massatti

Position Title: State Opioid Treatment Authority

Education: List schools, location, dates attended, degrees earned (specify year), major field of study

<table>
<thead>
<tr>
<th>Institution &amp; Location</th>
<th>Degree, (if applicable)</th>
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<td>Clinical Social Work</td>
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<td>Ohio University</td>
<td>BA, BA</td>
<td>08/95 – 06/99</td>
<td>Psychology and German</td>
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Professional Experience:

OHIO DEPT. OF MENTAL HEALTH AND ADDICTION SERVICES

State Opioid Treatment Authority (10/2016-Present)

- Oversees federally licensed opioid treatment programs in Ohio
- Assists in the development and implementation of rules, regulations, standards and best practice guidelines to assure the quality of services delivered by opioid treatment programs
- Acts as a liaison between relevant state and federal agencies
- Reviews opioid treatment guidelines, rules, regulations and recovery models for individualized treatment plans of care developed by the federal government and other nationally recognized authorities approved by the department
- Coordinates initial licensure between the department and other licensing, accrediting, and certifying entities
- Assures delivery of technical assistance and informational materials to opioid treatment programs as needed
- Consults with the federal government regarding approval or disapproval of requests for exceptions to federal regulations
- Receives and refers patient appeals and grievances to the designated state oversight agency
- Reviews opioid treatment programs’ disaster planning and program monitoring efforts
- Works cooperatively with other relevant state agencies to determine the services needed and the location of a proposed opioid treatment program

Health Services Policy Specialist (01/2013 – 10/2016)

- Participated as evaluator for the Governor’s Cabinet Opiate Action Team (GCOAT) to produce timely reports and ad hoc analyses
- Participated in statewide committees to discuss, plan, prioritize, and implement goals to address Ohio’s opiate epidemic and other issues of public health concern
- Developed, planned, implemented, and managed epidemiologic investigations about opiate abuse, dependence and poisoning concerning topics like neonatal abstinence syndrome and EMT
naloxone use with opiate-dependent persons
• Coordinated data collection and analysis efforts with six statewide public and private organizations to monitor trends related to opiate abuse and dependence
• Published reports about Ohio’s opiate epidemic that presented historical overviews of the problem, comparisons to national data and offered policy implications
• Participated in telephone and in-person interviews with print news media to discuss the opiate epidemic
• Integrated GIS into OhioMHAS through developing a simple GIS web portal for legislators, members of the press, department officials, and constituents. GIS products include choropleth maps and hot spot (getis ord) maps that report trends on treatment admissions, prescription opioids dispensed, HIV/AIDS, HCV, enforcement, and criminal justice.
• Collaborated with federal, state, and local officials to design and evaluate the Heroin Partnership Program, whereby a community wide effort to combat heroin supply and demand was implemented in a pilot program for one county in Ohio
• Participated in the statewide steering and advisory committees as an evaluation expert for the Maternal Opiate Medical Support Project, a project relating to neonatal abstinence syndrome
• Utilized Medicaid’s billing information system, QDSS, to conduct studies on topics like tuberculosis in behavioral health consumers, dosage patterns among pregnant women using buprenorphine and outcomes for infants

Honors Received and Dates: N/A

Publications:


Other Sources of Support: None
BIOGRAPHICAL SKETCH

| Name: Angie Bergefurd | Position Title: Assistant Director, Community Programs & Services, Ohio Department of Mental Health and Addiction Services |

**Education:** List schools, location, dates attended, degrees earned (specify year), major field of study

<table>
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<tr>
<th>Institution &amp; Location</th>
<th>Degree, (if applicable)</th>
<th>Dates Attended MM/YY</th>
<th>Major Field of Study</th>
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<tr>
<td>The Ohio State University, Columbus, Ohio</td>
<td>Bachelor of Arts</td>
<td>1988-1993</td>
<td>Psychology</td>
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<td>The Ohio State University, Columbus, Ohio</td>
<td>Master of Public Administration</td>
<td>1993-1995</td>
<td>Public Policy and Health Administration</td>
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**Professional Experience:**

Angie Bergefurd brings more than 20 years of experience in behavioral health and Medicaid policy, programs and operations to the Ohio Department of Mental Health and Addiction Services. As Assistant Director of Community Programs and Services, she oversees the Office of Community Support, the Office of Treatment and Recovery and the Office of Prevention and Wellness Services.

She joined the Ohio Department of Mental Health in 2001 and has served as a Behavioral Health Care Systems Policy Advisor, Assistant Deputy Director of Administrative Services, and the Chief of the Office of Health Integration. In addition, she has held a variety of program and policy roles with Ohio Medicaid, including serving as the liaison to the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services.

**Honors Received and Dates:**

She received the CEO’s Award for Distinguished Leadership from the Ohio Association of County Behavioral Health Authorities in 2003 and the 2012 Ohio Association of Child Caring Agencies Public Partner of the Year Award.

**Publications:**

None

Other Sources of Support: None
BIOGRAPHICAL SKETCH

Name: James Lapczynski

Position Title: Assistant Director, Administration

Education:

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<tr>
<td>University of Toledo College of Law</td>
<td>J.D.</td>
<td>8/1990-5/1993</td>
<td>Law</td>
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<tr>
<td>Ohio State University</td>
<td>B.A.</td>
<td>9/1986-6/1990</td>
<td>Criminology</td>
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Professional Experience:

James Lapczynski, is currently the Assistant Director over Administration for the Ohio Department of Mental Health and Addiction Services. In that role Mr. Lapczynski oversees the offices of Capital and Planning, Financial Management, Human Resources and Information Services.

Mr. Lapczynski served as Deputy Director and Chief Counsel at the Ohio Department of Alcohol and Drug Addiction Services from March 2011 to June 2013. Mr. Lapczynski also served as Deputy Counsel and Chief Counsel since joining department in November 2002.

From 1995-2002, Mr. Lapczynski served as an Assistant Attorney General for the State of Ohio in the Health and Human Services Section and the Crime Victims Services Section. He is admitted to practice law in Ohio and in the U.S. District Court for Northern and Southern Districts of Ohio.

Honors Received and Dates:

Publications:

Other Sources of Support: None
BIOGRAPHICAL SKETCH

NAME
Daniel Schreiber

POSITION TITLE
Deputy Director, Chief Financial Officer

eRA COMMONS USER NAME (credential, e.g.,
agency login)
daniel.schreiber@mha.ohio.gov

EDUCATION/TRAINING

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<td>The Ohio State University</td>
<td>MPA</td>
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<td>Public Administration</td>
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<tr>
<td>Allegheny College</td>
<td>BA</td>
<td>5/99</td>
<td>History</td>
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A. Personal Statement

Experienced leader in budget and financial development and implementation, with a focus on health and human services at both the state and local levels. Over ten years of direct budget experience at the agency and enterprise level, including policy analysis and development with partners from multiple agencies and functional areas, including seven specifically in the area of mental health and addiction services. Collaborative worker with a proven track record of success leading teams around specific policy and process objectives with measurable results.

Directly supervised staff in budget office work with responsibility for all state health and human service agencies, including the Department of Medicaid and the Departments of Mental Health & Addiction Services and Developmental Disabilities, providing opportunities to see connections between programmatic work and enhance outcomes by ensuring knowledge sharing and opportunities for collaboration.

As Deputy Director of the Office of Financial Management at the Ohio Department of Mental Health and Addiction Services, Mr. Schreiber provides administrative oversight for the Department’s financial and budget planning and implementation, including all financial transactions. Mr. Schreiber personally runs the agency budget process, developing the framework and working with all program areas to project future costs and to plan activities for upcoming budget periods. He also oversees the budget and reporting process for the state’s 50 Alcohol and Drug Addiction Services (ADAS), Community Mental Health Services (CMHS) and Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards. He coordinates Department services and finances with the efforts of other state agencies.

Prior to his nearly 9 years of service with the State of Ohio, Mr. Schreiber served as a fiscal and management analyst for 4 years with Milwaukee County in Milwaukee, WI. In that role, he served three years as a budget analyst responsible for enterprise budget planning, health and human service policy and general government operations in various capacities. He also served for nine months as the fiscal officer for the Division of Economic & Community Development.

B. Position and Employment

2015- Present Ohio Department of Mental Health and Addiction Services, Columbus, Ohio
Deputy Director, Office of Financial Management
Ohio Opioid STR Project

2008 – 2015 Ohio Office of Budget & Management, Columbus, Ohio
2012 – 2015 Section Chief, Health & Human Service Section  
2008 –2012 Budget & Management Analyst (Health & Human Service Section and Education Section)

2004 – 2008 Milwaukee County, Milwaukee, WI  
2005-2008 Fiscal & Management Analyst, Department of Administrative Services – Fiscal Affairs  
2004-2005 Fiscal & Management Analyst, Division of Economic & Community Development

Ohio Opioid STR Project  80
A. Personal Statement

Highly experienced leader in behavioral healthcare with a record of achievement in hospital, community mental health and substance abuse programs at state and local levels. A licensed independent social worker knowledgeable in serving adults, youths, and families in a variety of environments. Well versed in strategic planning, needs assessment and program evaluation.

A proven program manager with a record of achievement in the delivery of behavioral healthcare services through networks comprised of as many as 50 organizations served by as many as 700 different projects. Directed the efforts of as many as 25 professionals including data analysts, planning administrators, research administrators program specialists, clinicians and research staff. A trusted advisor to a wide variety of agencies noted for developing effective partnerships based on communication and collaboration. Frequent attendee at workshops, national meetings, and programs that promote business best-practices, performance management, and process improvement in state and federally funded projects and programs.

As Deputy Director of the Office of Quality, Planning and Research at the Ohio Department of Mental Health and Addiction Services, Starr provides administrative oversight for the Department’s planning activities including the federal block grant and strategic plan. Starr oversees the community planning process for the state’s 50 Alcohol and Drug Addiction Services (ADAS), Community Mental Health Services (CMHS) and Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards. He coordinates Department services with the efforts of other state agencies and provides oversight to implementation of the Department's Outcomes, performance management and process improvement initiatives and statewide monitoring and surveillance systems including the Ohio Substance Abuse Monitoring Network and the State Epidemiological Outcomes Workgroup. He also provides oversight of research and evaluation activities carried out by the Bureau of Research and Evaluation within the Office.

Prior to his 20 years of state government service, Starr served as Director of Alcohol and Drug Services at Children's Hospital Guidance Centers of Columbus. He has held numerous other clinical practice and management positions, specializing in the treatment of alcohol and other drug addicted individuals.

B. Position and Employment

2012- Present Ohio Department of Mental Health and Addiction Services, Columbus, Ohio
   Deputy Director, Office of Quality, Planning and Research

Ohio Opioid STR Project

1996 – 2012 Ohio Department of Alcohol and Drug Addiction Services, Columbus, Ohio
2004 – 2012  Chief, Division of Planning, Outcomes and Research
2003 – 2004  Chief, Division of Treatment and Planning
2000 – 2003  Interim Manager/Manager, Planning Unit
1996 – 2000  State and Planning Administrator

1990 – 1995  Director, Alcohol and Drug Services, Children’s Hospital Guidance Centers, Columbus, Ohio

1987 – 1990  Project Manager, SAMI Cleveland, Cuyahoga County Drug Abuse Services Board, Cleveland, Ohio

1984 – 1985  Program Manager, Drug and Alcohol Outpatient Services, Dunn Mental Health Center, Richmond, Indiana

1982 – 1984  Counselor, Bellevue Hospital Alcohol Detoxification and Rehabilitation Unit, Bellevue, Ohio

1980 – 1982  Day Program Counselor, Rosemont Center, Columbus, Ohio

C. Publications


D. Research and Federal Program Support

Center for Substance Abuse Treatment: Cooperative Agreement for Screening, Brief Intervention and Referral to Treatment (SBIRT) (Federal Grant Number: TI-13-012) (Principal Investigator)

National Institute of Health: Test of a Workforce Development Intervention to Expand Buprenorphine Prescribers Federal Award Number: 1R01DA041415-01 (Sub-Recipient Principle Investigator)

COMPLETED

Ohio Prevalence Study of Problem/Pathological Gambling supported by the Ohio Casino Control Commission and the Ohio Lottery Commission.

Center for Substance Abuse Treatment: Strengthening Treatment Access and Retention – State Implementation (STAR-SI) Federal Grant Number: 1 UD1 T1017621-03) (Change Leader, Administrative Oversight)

Center for Substance Abuse Treatment: State Demand and Needs Assessment: Alcohol and Other Drugs” (contract no. 270-97-7033) (Administrative Oversight)

Ohio Opioid STR Project 82
BIOGRAPHICAL SKETCH

Name: R. Thomas Sherba

Position Title: Health Services Policy Supervisor & OSAM Principal Investigator

Education:

<table>
<thead>
<tr>
<th>Institution &amp; Location</th>
<th>Degree, (if applicable)</th>
<th>Dates Attended MM/YY</th>
<th>Major Field of Study</th>
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<td>Ph.D.</td>
<td>06/04 – 01/09</td>
<td>Social Welfare</td>
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<tr>
<td>Georgia State University, Atlanta, Georgia</td>
<td>M.S.</td>
<td>08/02 – 05/04</td>
<td>Professional Counseling</td>
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<tr>
<td>Emory University, Atlanta, Georgia</td>
<td>M.P.H.</td>
<td>08/99 – 05/01</td>
<td>Behavioral Science</td>
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Professional Experience:

2010-Present  *Health Services Policy Supervisor, Principal Investigator of the Ohio Substance Abuse Monitoring (OSAM) Network*, Office of Quality, Planning & Research, Ohio Department of Mental Health & Addiction Services (OhioMHAS), Columbus, Ohio

*Provide direct supervision to OhioMHAS staff and provide administrative and planning leadership to the OSAM Network*

- Provide direct supervision to staff within the Office of Quality, Planning and Research: assign work tasks and monitor daily work activities and productivity, provide ongoing feedback on work product, approve work hours and all time-off requests, write and deliver all performance reviews and address any work related concerns or issues.
- Direct the fiscal and human resource operations of the OSAM Network: manage the operating budget and provide oversight to at least eight project contractors/vendors (i.e., regional epidemiologist or “REPIs”) at any given time; manage the contract bid process (write bid announcements, score bid submissions, award contracts, prepare contracts and collect/forward all vendor paperwork to fiscal office for processing); approve and sign off on all vendor invoicing of supplies and deliverables; and working with the OSAM Coordinator, oversee the training and provision of ongoing technical assistance to REPIs to ensure the proper administration of OSAM research protocols and the production and timely delivery of high quality deliverables; secure and annually renew institutional review board (IRB) approval for ongoing data collection; ensure that the OSAM Network remains in compliance at all times in its protection of human subjects and in its safeguarding of all collected data.
- Set the research agenda for the OSAM Network: designing research studies to examine further issues of particular interest to the Department (writing protocols and designing instrumentation, identifying and securing resources, etc.).

*Write and produce reports that are critical to informing the health policy initiatives of the Department and to inform external stakeholders*

- Responsible for all data analyses and report writing involved in producing OSAM’s Drug Trend Reports, Targeted Response Initiatives (TRIs) and OSAM- O-Grams. Data analysis, including multivariate analyses, is conducted using the Statistical Package for the Social Sciences (SPSS). Drug Trend Reports provide general epidemiological
descriptions of substance abuse trends throughout the state, focusing on drug availability, pricing and quality and abuse patterns. Reports are published on a bi-annual basis shortly after OSAM researchers meet as a group in January and June of each year in core scientific meetings which I facilitate. TRIs are special reports that may arise out of substance abuse-related policy or legislative changes at the state level. TRIs may also be identified when a recurring or alarming drug trend emerges from any bi-annual OSAM Drug Trend Report. This targeted response capability provides OhioMHAS with a necessary tool to collect information and respond to substance abuse issues in a timely and effective manner. OSAM-O-Grams are detailed one-page summaries describing important and emerging drug abuse trends throughout the state. OSAM-O-Grams are distributed to community agencies and professionals via e-mail, fax or mail.

Disseminate research findings

- Disseminate OSAM research findings through the facilitation of OSAM workgroup meetings statewide in each of OSAM's eight regions, presenting current drug trend data, highlighting and discussing implications of findings with board members, treatment providers, law enforcement, drug court staff and other community stakeholders.
- Through my work with OSAM, SEOW and problem gambling, I have established my expertise in addiction research, particularly substance abuse research. I am frequently invited to speak at conferences as an expert in drug abuse; and this past March, I was invited to appear on a radio talk show broadcast from Cleveland, my participation in the show was as a substance abuse expert and representative of OhioMHAS.
- In addition to disseminating research findings at conferences and through media interview, I also authored articles in research journals to inform policy discussions on a national and international level.

Professional Licensure and Credentials:

Certified Public Manager Program (CPM), John Glenn School of Public Affairs, The Ohio State University, Columbus, Ohio
Six Sigma - Yellow Belt, LeanOhio, Ohio Department of Administrative Services
Licensed Professional Clinical Counselor (PCC), Ohio Counselor, Social Worker & Marriage & Family Therapist Board

Recent Publications:

Sherba, R. T., & Frohnapfel-Hasson, S. (2016). Gambling behaviors, beliefs and motives among college students in Ohio. Poster presented at the Ohio Problem Gambling Conference, Columbus, OH.

Other Sources of Support: None

Ohio Opioid STR Project
F: Position Descriptions (all positions to be hired or contracted except Lead Evaluator)

Project Director will be responsible for leading all phases of the project:

- Work directly with OhioMHAS and agency partners to develop and implement project the plan and ensure compliance.
- Ensure policies, procedures, directives and objectives are in line with mission and goals of the program.
- Define and implements project requirements, quality standards and time lines.
- Define specific activities to be performed to produce project deliverables.
- Design, implement, and monitor quality initiatives and determines if changes need to be made for optimum service delivery.
- Determines and evaluates testing and pilot program for project.
- Analyze, identify, and evaluate risks that may affect project.
- Supervise and direct assigned professional, technical, administrative, and clerical staff.
- Oversee and lead the promotion and marketing of the program and its benefits.
- Meet with stakeholders to determine needs and expectations, obtains and evaluates feedback, recommends and implements necessary change.
- Serve as agency representatives for project in public forums (e.g., focus groups, other state agencies, county agencies, media, and legislature).
- Make project presentations to organizations, providers, and agency partners.
- Provide regular progress reports; determine the need for and allocate appropriate resources and assist in budget planning.
- Attend meetings, conferences and workshops on related topics.

Minimum requirements:

- Completion of graduate core curriculum in related field
- Experience in project management,
- Experience in marketing or promotion,
- Strong written and verbal communication skills
- General knowledge of curriculum development,
- Strong public speaking and presentation skills,

Other Information:

- Supervised by: Deputy Director of Quality, Planning and Research
- Travel: Some required for presentations and meetings
- Salary: See budget narrative
- Hours: 40 hours per week, Monday – Friday; may vary for presentations

Ohio Opioid STR Project
The Workforce Development Manager will lead the rollout of the workforce development plan.

- Develop strategies for workforce development efforts in Tier 1 and Tier 2 counties.
- Collaborate with OHA, MCPs, and local constituencies to develop and the regional and statewide MAT trainings.
- Research and identify training locations, manage all logistical arrangements, coordinate with OhioMHAS and ASAM training officers,
- Complete and submit applications for CME and CE through the appropriate professional licensing and certification boards.
- Ensure all requirements surrounding reporting and training events are met.
- Report the success of the training efforts and any refinement training strategies to OhioMHAS leadership.
- Serve as the contract lead for the development of all curricula to be rolled out through e-based academy and ancillary materials concerning MAT education (e.g., the path the 275).
- Coordinate with expert panel members, oversee product development, and keep OhioMHAS leadership informed about progress of curriculum development.

Minimum requirements:

- Completion of graduate core curriculum in related field
- Experience in marketing or promotion,
- Strong written and verbal communication skills,
- General knowledge of curriculum development,
- Proficiency for coordinating logistics of training events,
- Experience in contracts and ensure requirements

Other Information:

- Supervised by: Project Director
- Travel: Some required for presentations and meetings
- Salary: See budget narrative
- Hours: 40 hours per week, Monday – Friday; may vary for trainings; position may be filled by contract
The Treatment Manager will lead the development, implementation, and evaluation of treatment models of care for persons with opioid use disorder.

- Responsible for coordinating with OhioMHAS staff, OHA, and hospital networks to develop emergency department initiation of office-based treatment.
- Collaborate with hospital systems wishing to use the treatment model, and develop alternative strategies for treatment linkage for hospitals that do not wish to use the model.
- Oversee implementation of the emergency department induction model and actively provide support and guidance as needed to all stakeholders.
- Evaluate the model and establish key components that lead to its success.
- Utilize the Maternal Opiate Medical Supports (MOMS) model for integration of prenatal care and medication assisted treatment.
- Building on the existing MOMS program, the Treatment Manager will recruit new MOMS sites using OTPs as a hub for women’s treatment and retain the two OTPs currently utilizing MOMS as trainers for new hubs.
- Work with MCPs, the training sites, and other state departments to oversee seamless implementation of coordinated care and provide technical assistance when needed.
- Evaluate the model according to the metrics designed in the original MOMS model.
- Coordinate with getting department and Internal Review Board approval for the projects if patient-level metrics are collected.

Minimum requirements:

- Completion of graduate core curriculum in related field
- Experience in program management, program implementation, and program evaluation,
- Strong written and verbal communication skills
- Experience in program coordination in a complex medical system,
- Strong presentation skills.

Other Information:

- **Supervised by**: Project Director; works closely with Medical Director’s Office
- **Travel**: Some required for presentations and meetings
- **Salary**: See budget narrative
- **Hours**: 40 hours per week, Monday – Friday; may vary for meetings
The Training Manager will be responsible for the development of processes and metrics that support the implementation of MAT and trauma informed care.

- Create and implement trainings on evidenced based practices that promote the delivery of Medication Assisted Treatment (MAT) within a variety of health care settings in rural and urban communities most impacted by opioid dependence.
- Develop processes that support implementation and evaluation MAT and related evidenced based practices within a variety of health care settings including primary care, emergency departments, hospitals, and behavioral health care providers.
- Develop and create processes that support implementation of MAT in rural areas especially impacted by opioid dependence.
- Develop needs assessment and create an instructional design process for responding to secondary trauma in child protection staff, first responders, foster parents and peer supports.
- Create training(s) for trauma informed care for child protection staff, first responders, foster parents and peer support staff using methods that can be sustained once the grant funding ends (e.g. train-the-trainer, video clips, and train-the-trainer model)
- Market MAT and trauma informed care to health care organizations, law enforcement, child welfare agencies, and other organizations.

Minimum requirements:

- Completion of graduate core curriculum in health care field
- DEA waiver preferred
- Knowledge of implementation of continuing education programs for physicians and other prescribers
- Experience in program management, program implementation, and program evaluation,
- Strong written and verbal communication skills
- Experience in program coordination in a complex medical system,
- Strong presentation skills.

Other Information:

- Supervised by: Project Director; works closely with Medical Director’s Office
- Travel: Some required for presentations and meetings
- Salary: See budget narrative
- Hours: 40 hours per week, Monday – Friday; may vary for meetings
The **SBIRT Manager** will be responsible for implementing SBIRT training funded by this grant.

- Develops, designs and conducts training programs based on the needs for the SBIRT project.
- Analyzes & identifies training needs, coordinates training program event details
- Monitor activities, plans, schedules & conducts training programs for SBIRT services,
- Coordinates training for Motional Interviewing (MI) and Cultural Competency training with contracted trainers
- Collaborates with Training Manager to monitor deliverables and performance of contractors;
- Participates in quality improvement initiatives
- Represents the Department and SBIRT project at conferences and other events; arranges and manages exhibitions; serves on conference &/or event planning committee.
- Designs, maintains and recommends improvement strategies for SBIRT training curricula for in-person and web-based training programs
- Coordinates registration requirements utilizing the applicable conference planning software (e.g., Certain), performs registration data entry, creates confirmation letters, certificates, receipts, sign-in sheets, name badges, demographic roster, etc.;
- Collaborates with Office of Human Resources, Training & Development for registration requirements utilizing the Online Learning Management System
- Maintains records and communications for training. Develops, designs and conducts training programs based on needs for SBIRT training in CURES project.
- Analyzes and identifies training needs, coordinates program event details.

**Minimum requirements:**

- Completion of graduate core curriculum in related field
- Experience in program management, program implementation, and program evaluation,
- Strong written and verbal communication skills
- Experience in program coordination in a complex medical system,
- Strong presentation skills.

**Other Information:**

- **Supervised by**: Project Director; works closely with OhioMHAS SBIRT Project Director
- **Travel**: Some required for presentations and meetings
- **Salary**: See budget narrative
- **Hours**: 40 hours per week, Monday – Friday; may vary for trainings and meetings
The **Evaluation Lead** will plan, develop, implement and coordinate statewide evaluation of CURES project. (This existing position is 0.10 with CURES project.)

- Plans, develops, implements and coordinates **statewide evaluation of CURES project** and works closely with CURES Project Director.
- Implements & administers Ohio’s State Epidemiological Outcomes Workgroup Initiative (SEOW) & Ohio Substance Abuse Monitoring Network (OSAM) to provide state and communities with data needed to make informed decisions about planning and investment initiatives; manages OSAM budget, oversees contracts & approves invoices.
- Supervises research staff in the research, editing & synthesis of data related to regional drug trends & targeted responses; utilizes statistical software (i.e. SPSS or SASS) in data compilation & analysis & restructures or recommends restructuring of programs based on evaluation results.
- Writes all comprehensive written reports regarding the SEOW & OSAM programs and other research studies based on the collection of statistical data & analysis of qualitative data summarizing findings; makes recommendations to increase agency efficiency & effectiveness.
- Presents information to all interested parties regarding the SEOW & OSAM programs development, progress & results.
- Prepares & distributes information; organizes & implements studies and processes to be used during analysis; implements solutions to problems studied; assists in &/or develops new systems, policies &/or programs to increase agency efficiency and effectiveness.
- Represents agency in meetings & conferences related to SEOW & OSAM.

**Minimum requirements:**

- Completion of graduate core curriculum in health-related field with focus on research.
- Knowledge of substance abuse program evaluation, research methods, statistics, and working with large data bases, and using statistical packages (e.g. SPSS, SAS).
- Demonstrated experience in substance abuse program evaluation and work with health care systems.

**Other Information:**

- **Supervised by:** Health Services Policy and Program Administrator/Bureau Chief
- **Travel:** Some required for presentations and meetings
- **Salary:** See budget narrative
- **Hours:** 40 hours per week, Monday – Friday; may vary for trainings and meetings
Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

1. Protect Clients and Staff from Potential Risks

(a) **Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity:** Potential risks for participating in this study will be minimal and include the potential for psychological distress due to the nature of the information being shared. Subjects will be questioned on current and past AOD use, a topic which some might view as personal and/or sensitive. In addition, any marginal potential risk to participants could include the chance that an individual may be identified as a consumer of an agency implementing the program, which will provide OUD treatment and recovery supports. Although every step is taken to maintain confidentiality, the risk of breach of confidentiality will exist given the nature of the focus group format where multiple respondents are present.

(b) **Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality:** Potential participants will be informed about the nature of the questions to be asked before consent for participation in the study is secured. Moreover, participants will be under no obligation to answer any question put forth nor will responses be linked in any way to client identity in any record. Measures to minimize the risk of loss of confidentiality will include the following: All services will be marketed in a wellness context. This will help ensure that individuals who visit the program cannot be identified for the specific type of service received during their visit. Also, confidentiality is stressed throughout most recovery communities (i.e., “what’s said in group, stays in group”). This cultural practice of confidentiality will be woven throughout project services. Messages will not be relayed to any other party involved with the participant. All groups, individual sessions, and interviews will be conducted in a private place and interview questionnaire forms will contain no personal identifiers. All paperwork containing identifiers (i.e., signed consent forms) will be kept in a locked filing cabinet, available only to the project team. All programs have approved policies that strictly adhere to 42-CFR regulations and HIPAA.

(c) **Identify plans to provide guidance and assistance in the event there are adverse effects to participants:** We do not anticipate adverse effects to participants as a result of their involvement in this project. In case of emergencies, we will utilize the local counties’ 911 emergency system. In addition, each participating program has written policies for dealing with emergency situations including clients who may be a danger to themselves or others. Each program also has policies and procedures for after hour emergencies. All participants are informed of the procedures for after hour emergencies, and participants experiencing adverse effects related to substance abuse and/or mental health issues will be able to access emergency care via these services 24 hours a day per each agencies policies and procedures. If participants are in need of medical treatment they will receive assistance in finding appropriate medical care. Also, for those individuals who are in need of hospital-based detoxification services or hospital-based inpatient treatment, referrals will be made to local
hospitals that are able to provide these services. Advanced medical services and hospital-based treatment will not be provided under the auspices of this project due to restrictions in funding for these services.

(d) **Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them:**

Well-established screening tools will be used and evidence-based practices will be implemented. For patients in need of specialty treatment, the full range of established services provided by certified programs meeting OhioMHAS treatment standards will be made available, including telehealth.

2. **Fair Selection of Participants**

(a) **Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups:**

The target population comprises adult males and females in several select Ohio communities. Participants will come from the pool of all individuals receiving services at partner agencies. Some participants in this project will undoubtedly be homeless and there may be women who are pregnant at the time of participation. The project does not specifically target homeless individuals or women who are pregnant; however, they will not be excluded from the project if they meet other criteria for participation and consent to participate.

(b) **Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.** The project focuses on adult males and females who potentially have an OUD. It is likely that some of these individuals may also have co-occurring mental health disorders. In these cases, mental health treatment is provided in conjunction with OUD treatment; therefore, these participants may be included in the project. Pregnant women and homeless persons who otherwise meet the criteria for this project will be included since they also experience OUD.

(c) **Explain the reasons for including or excluding participants:** Participants must be at least 18 years of age or older, must be able to provide their own informed consent, and must meet the eligibility requirements (i.e., have personal experience or intimate knowledge of OUD) in order to participate in this project.

(d) **Explain how you will recruit and select participants. Identify who will select participants:** The subjects of this study will consist of drug consumers (i.e., people actively engaged in illicit opioid use and/or OUD recovery activities) and community professionals (i.e., treatment providers, law enforcement officials and other professionals with intimate knowledge of opioid abuse trends in their communities). Regional epidemiologists (REPIs) contracted by OhioMHAS will conduct focus groups and individual qualitative interviews.
REPIs are professionals selected based on their expertise in the field and knowledge of their community and region (e.g., substance abuse treatment providers and university researchers). Minimum qualifications of REPIs are a master’s degree in social sciences (i.e., public health, psychology, social work, counseling, anthropology or sociology) with relevant research experience in the area of qualitative data collection, or licensure in counseling/social work with extensive knowledge of AOD addiction and 24 mos. experience in delivering AOD treatment/prevention services. REPIs and OSAM researchers will contact regional AOD treatment/prevention providers and other agencies that provide outreach services to drug consumers in order to identify recruitment locations for drug consumers. After organizational assent, REPI will solicit study participants by introduction of self and the OSAM project. REPIs and OSAM researchers will contact community professionals through organizational affiliation and position title, inviting study participation. Potential participants will be provided with the informed consent and will decide whether or not they will participate in the project and in the project data collection requirements. A protocol for recruitment and participant selection will be developed and all appropriate staff will receive training on these procedures. Once recruited, the potential participant will be asked to sign an informed consent prior to beginning the project.

3. Absence of Coercion

(a) Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program: REPI will explain OSAM project, describe nature of questions to be asked and distribute an informational brochure (please refer to attached documents). Once REPI makes program introduction and responds to any questions/concerns, REPI will invite only those 18 years or older to participate. REPI will explain that study participation is voluntary while obtaining written informed consent. Consent form will be reviewed with each potential participant and signature acknowledging informed consent will be obtained by each participant before commencing interview/focus group. Additionally, REPIs will explain that this research is protected by a Certificate of Confidentiality (COC) issued by the National Institute on Drug Abuse under the authority of the Secretary of Health and Human Services (see attached document). All potential participants will have the opportunity to read the COC. While the COC is not a grant of immunity to criminal prosecution, REPIs will explain that every effort will be made to ensure that information about participant is not released, assuring that the participant will never be personally identified in any report, publication, or to any law enforcement or criminal justice agency. All information regarding the COC is written in the participant consent form.

(b) If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $20: Participants will be offered a $20 retail gift card as incentive for individual interview or
focus group participation. Community professionals will not be offered an incentive for individual interviews. Duration of interviews/focus groups is approximately 2-2.5 hours. OSAM currently offers a $20 gift card incentive in all of its studies, without this incentive, it wouldn’t be possible to achieve adequate participation.

(c) State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project: Participants will be asked to read and/or listen to an explanation of the program. This informed consent explains all procedures of the program including the fact that participation is voluntary and that participation can be withdrawn at any time without penalty. Participants will be allowed to remain involved in all aspects of treatment that they would otherwise be involved in and will receive any of the benefits and/or incentives that they would be entitled to as consumers of treatment services.

4. Data Collection

(a) Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting: Participants will be interviewed in focus groups on personal knowledge of current and past (previous 6-month period) drug opioid use and OUD recovery activities. Data are qualitative and self-reported to interviewer who will record responses and audio record all interview proceedings with participant knowledge and informed consent.

(b) Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants: N/A

(c) Provide in Attachment 2, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use: Focus group interview protocols, currently under development in the Office of QPR, will follow a scripted interview protocol, consistent with OSAM’s qualitative research methodologies.

5. Privacy and Confidentiality

(a) Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected: Specific measures to minimize the risk of loss of privacy and confidentiality include the following: REPIs will interview participants in a private place at all times. Data are qualitative and self-reported to interviewer who will record responses and audio record all interview proceedings with participant knowledge and informed consent.

(b) Describe how you will use data collection instruments; where data will be stored; who will or will not have access to information, and; how the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data: Collected data will be used for
evaluative purposes. All audio recordings will be transcribed and then erased. Transcripts will not include any participant identifiers; likewise no participant identifiers will be captured on any data collection instrument (i.e., Focus Group Guide). Participants will not be asked social security number, date of birth, home address or surname and no names will be used in the reporting of data. All data will be kept for duration of two years. Signed consent forms will be retained for three years and stored separately from all data in a secured locked cabinet, behind a locked door, and accessible only to OSAM researchers. All project staff members receive HIPAA and confidentiality training and sign confidentiality agreements.

6. Adequate Consent Procedures

(a) List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private. Participant informed consent is included in this application (see attached document).

(b) State whether or not their participation is voluntary; their right to leave the project at any time without problems; possible risks from participation in the project, and; plans to protect clients from these risks: The proposed project will utilize written informed consent forms. The informed consent forms will describe the project and the involvement of the subjects, including the time required for study participation and the types of data that will be collected. In cases of poor literacy, the staff will read the forms to participants and ask questions of the participants to better ensure their understanding.

(c) Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language: N/A

(d) Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?: A written informed consent form will be signed by each participant in the project and each will be given a copy of what they sign. Participants will have the opportunity to ask any questions they might have about project participation.

(e) Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 3, “Sample Consent Forms”, of your application. If needed, give English translations: See attached consent form.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.
(f) Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?: N/A

(g) Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project? N/A

7. Risk/Benefit Discussion

(c) Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project: Risks from participation in the project are minimal, involving primarily risk of loss of confidentiality. All possible precautions will be taken to protect participants from this and any other unforeseen risk. Potential benefits for the subject and society outweigh the minimal risk to subject in that information gathered will aid OhioMHAS in the development of needed OUD services and with targeted responses to Ohio’s current OUD epidemic.

Protection of Human Subjects Regulations

All OhioMHAS projects have approved policies that strictly adhere to HIPAA regulations and, when applicable, to Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2) relating to confidentiality of alcohol and drug treatment records. In addition, OSAM has IRB approval of its existing protocols (see attached document) and will obtain approval for the protocol developed for these evaluation activities.
Consent to Participate
In Individual Interview/Focus Group

This signed consent is to certify my willingness to participate in an individual interview or a focus group interview for the Ohio Substance Abuse Monitoring Network (OSAM).

OSAM is under direction of Ohio Mental Health and Addiction Services (OhioMHAS). Its purpose is to gather information that may help in the development of needed alcohol and drug abuse services. I have agreed to participate in either an individual interview or a focus group focusing opioid use disorders (OUD). I understand that:

1. The interview may be audio recorded with my permission and/or notes will be taken. Audio recordings and notes will be erased/destroyed within two years of the date of the focus group or interview.

2. Any information about me obtained through the interviews is strictly confidential. I will never be identified in any report or publication. In any statistical report or publication, a numerical code or pseudonym will be used in place of any identifying information that I might provide.

3. There will be no costs to me for participating in this study.

4. Potential risks for participating in this study are minimal and include the potential for psychological distress due to the nature of the information being shared. I am under no obligation to answer any question put forth nor will my responses be linked to my identity in any records. Although every step is taken to maintain confidentiality, the risk of breach of confidentiality exists.

5. I am free to refuse to participate in the interview(s), to decline to answer any question(s), or to terminate the interview at any time. I understand that if I take any of these actions they will in no way influence the provision of any services that I may be receiving or am eligible to receive.

6. I understand the information collected about me will be kept confidential. I also understand that this research is protected by a Certificate of Confidentiality issued by the National Institute on Drug Abuse under the authority of the Secretary of Health and Human Services. I have had the opportunity to read this Certificate of Confidentiality. The Certificate of Confidentiality is not a grant of immunity to criminal prosecution. I understand that every effort will be made to ensure that information about me is not released. I will never be personally identified in any report, publication, or to any law enforcement or criminal justice agency with the following exceptions: admitting or threatening homicide on a particular individual, threatening suicide, or admitting or threatening child abuse. If I make such a threat, I will be reported to the appropriate law enforcement authorities.
7. I understand that project staff will report cases of child abuse to the appropriate agencies and I would be identified if I were involved in such cases.

8. If I threaten suicide, that threat will be assessed by project staff and, if warranted, I will be reported to the appropriate mental health authorities.

9. I understand that an individual interview or a focus group will last about two hours. I will receive $20 in gift cards for my participation at the conclusion of the interview or focus group.

10. I understand that an individual interview or a focus group will last about two hours.

11. The general results of this study will be available to me. I can obtain them by contacting Kathryn Coxe, MSW, LSW of Ohio Mental Health and Addiction Services, 30 E. Broad St, 8th Floor, Columbus, OH 43215. The phone number is (614) 728-9438.

12. If I have general questions about giving consent or my rights as a research participant in this study, I can contact this study’s Principal Investigator: R. Thomas Sherba, PhD, MPH, LPCC. The phone number is (614) 466-9020.

This Informed Consent has been explained to me, and I fully understand the research procedures to be followed. I have been given a description of the nature, risks, and potential benefits to be expected. I have had the opportunity to ask any questions I may have about my participation, and I am satisfied with the answers. My signature below means that I have freely agreed to participate in an interview/focus group conducted as part of the Ohio Substance Abuse Monitoring Network.

__________________________________________________________________________
Printed Name of Participant                      Date

__________________________________________________________________________
Signature of Participant                      Date

__________________________________________________________________________
Signature of Regional Epidemiologist                      Date

I agree to audio recording at ____________________________ on ____________
(Location or Agency name)                         (Date)

Signature of Participant   *                      Date __________________

Ohio Opioid STR Project
CONFIDENTIALITY CERTIFICATE NO. DA-10-107

issued to

OHIO DEPARTMENT OF ALCOHOL & DRUG ADDICTION SERVICES
(ODADAS)

conducting research known as

“OHIO SUBSTANCE ABUSE MONITORING NETWORK (OSAM)”

In accordance with the provisions of section 301(d) of the Public Health Service Act (42 U.S.C. § 241(d)), this Certificate is issued in response to the request of the Principal Investigator, R. Thomas Sherba, Ph.D., M.P.H., Ohio Department of Alcohol & Drug Addiction Services, Division of Planning, Outcomes, & Research, 280 North High Street, 12th Floor, Columbus, OH 43215-2550, to protect the privacy of research subjects by withholding their identities from all persons not connected with this research. Dr. Sherba is primarily responsible for the conduct of this research.

Under the authority vested in the Secretary of Health and Human Services by section 301(d), all persons who:

1. are employed by or associated with the Ohio Department of Alcohol & Drug Addiction Services and its research sites, contractors, or cooperating agencies and

2. have in the course of their employment or association access to information that would identify individuals who are the subjects of the research project known as “Ohio Substance Abuse Monitoring Network (OSAM),”

are hereby authorized to protect the privacy of the individuals who are the subjects of that research by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

The research began on July 1, 2010 and is expected to end on July 31, 2020.

The purpose of this study is to collect accurate epidemiological descriptions of substance abuse trends and emerging drug problems in Ohio’s major metropolitan and rural areas on an ongoing basis.

Study subjects’ identities are protected by having participants create a pseudonym for the purpose of organizing interview/focus group transcription, so no transcripts include participant identifiers. No names are used in the reporting of data. Signed consent forms are stored separately from all data in a locked cabinet in a locked room. Audio recordings
are erased after transcription, and data collection forms are shredded after data are abstracted/analyzed. Data are presented in aggregate form by region. No recruitment locations are reported and interview excerpts do not show respondent identifiers.

A Certificate of Confidentiality is needed because sensitive information concerning study subjects’ alcohol and other drug use is collected during the course of the study. The Certificate will help researchers avoid involuntary disclosure that could expose subjects or their families to adverse economic, legal, psychological and social consequences.

As provided in section 301(d) of the Public Health Service Act 42 U.S.C. 241(d):

"Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals."

This Certificate does not protect you from being compelled to make disclosures that: (1) have been consented to in writing by the research subject or the subject’s legally authorized representative; (2) are required by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or regulations issued under that Act; or (3) have been requested from a research project funded by NIH or DHHS by authorized representatives of those agencies for the purpose of audit or program review.

This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services. This Certificate is now in effect and will expire at the end of July 31, 2020. The protection afforded by this Confidentiality Certificate is permanent with respect to any individual who participates as a research subject (i.e., about whom the investigator maintains identifying information) during any time the Certificate is in effect.

Date: 1/7/10

Nora D. Volkov, M.D.
Director

Ohio Opioid STR Project 100
THE OHIO DEPARTMENT OF HEALTH
HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD
FWA00001963
IRB00002180

ACTION OF THE REVIEW BOARD
(CERTIFICATION)

With regard to the employment of human subjects in the proposed research entitled:

“Ohio Substance Abuse Monitoring Network (OSAM)”

CDC of HHS Federal Project Number (if any):

Principal Investigator: R. Thomas Sherba, PhD, MPH
Agency: Ohio Department of Mental Health and Addiction Services (formerly ODADAS)
Division:

The Institutional Review Board has taken the following action regarding your request to renew this protocol:

☑ Approved ☑ Expedited Review ☐ Waiver of Written Consent
☐ Disapproved ☐ Full Board Review ☐ Exempt
☐ Tabled

Requirements:
Any publication resulting from the approval of this protocol must state the following “This study includes data provide by the Ohio Department of Health which should not be considered an endorsement of this study or its conclusions.”

It is the responsibility of the principal investigator to retain a copy of each signed consent form for at least three (3) years beyond the termination of the subject’s participation in the proposed activity. This application has been approved for the period of one (1) year and will expire on January 19, 2018. No procedural changes may be made without prior review and approval. You are reminded that the identity of the research participants must be kept confidential.

Date: January 20, 2017
Signed:

CC: Investigator, Division Chief/Bureau Chief