**Form Approved**

**OMB No.: 0920-xxxx**

**Expiration Date: XX/XX/XXXX**

Public Reporting burden of this collection of information is estimated at 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA  30333; Attn:  PRA (0920-XXXX).

Initial Recruitment and Scheduling Contact Email Script

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Battelle has been commissioned by the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to conduct an evaluation of SAMHSA’s *Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths* (referred to as the PDO/naloxone grant). You were recommended by [name] with [agency name] to participate in the evaluation due to your involvement in the project as [a participant in training/PDO Advisory Council member/community partner/recipient of a Naloxone kit].

**I would like to invite you to participate in [an interview/focus group] so that we may learn more about your experience with the PDO/Naloxone grant program.**

The *PDO/naloxone grant* was awarded to 12 states to reduce the number of prescription drug/opioid overdose-related deaths and adverse events through education and training and through the purchase and distribution of Naloxone. The evaluation is intended to help CDC and SAMHSA learn more about the impact of the program including any challenges and what worked well.

Your input is very important to us. If you choose to participate, we will ask you to participate in a [1-hour interview/90-minute focus group] where we will ask you about your experience with the PDO/Naloxone program activities you have been involved with.

[For in-person visits] This [interview/focus group] will take place during our site visit scheduled for [Month Date-Date].

Your participation in the interview/focus group is completely voluntary, and you may choose not to participate. Your privacy is very important to us and if you do agree to participate, any information you share will be kept in a secure manner and you will not be identified by name or description in any reports.

**Please reply to this email to let me know if you are willing to participate.** If you have any questions, please let me know.

I look forward to hearing back from you.

Sincerely,