

Participation Agreement Maryland State Opioid Response Evaluation (MD-SOR)

- The Maryland State Opioid Response (MD-SOR, HP-00084489) seeks to **evaluate treatments and recovery services for opioid use disorders (OUDs)**. This is a collaboration among the Substance Abuse and Mental Health Services Administration (SAMHSA), the Behavioral Health Administration (BHA), and the University of Maryland School of Medicine (UM-SOM).
- People enrolled in treatment and/or recovery services for opioid use **across the state of Maryland** will be participating in **interviews** to help us learn more about what treatments and recovery services are most helpful.
- The SOR evaluation entails three structured interviews that are each expected to last between **25 minutes to 35 minutes**:
 - The first will take place at the beginning of treatment (**completed with provider**)
 - Another interview will be six months after the start of treatment (**completed with provider**)
 - Another interview will happen once your treatment ends (**completed with provider**)
- You will receive a **\$30 gift card** for the 6-month follow-up interview, and a **\$30 gift card** for the discharge interview.
- **Your feedback and participation in this evaluation is highly valued, as there is no other way that we can gain the first-hand insight needed to understand the usefulness of opioid use treatments and recovery services. We want to ensure that the most effective treatments and recovery services are funded, so your honest answers could tremendously benefit the nation-wide efforts to fight the opioid epidemic.**
- Any information that you provide for the interviews will be kept confidential and stored in databases that only evaluators have access to. You will not be identified in any reports of this information. We may release identifying information in some circumstances, however. For example, we may disclose medical information in cases of medical necessity, or take steps (including notifying authorities) to protect you or someone else from serious harm, including child abuse or neglect. Also, because this research is sponsored by SAMHSA, staff from SAMHSA may review records that identify you during an audit.

_____ I agree to participate in the Maryland State Opioid Response evaluation (**client signature required**)

_____ I decline to participate in the Maryland State Opioid Response evaluation (**provider signature required**)

Client Signature: _____ Date: _____

Print Client Name: _____

Provider Signature: _____