Opioid Antagonists in Local Adult Detention Facilities

Note: Before completing this survey, review the *Survey Overview* which provides detailed instructions and pertinent definitions of key terms.

Section A: General Information

1. Please confirm the reporting period. [appropriate reporting period will be selected by default]

2. Please select the agency for which a response is being provided. [dropdown menu]

3. Please select the facility name. You may only select one facility at a time and will need to submit a separate response for each facility. [radio buttons, will only include list of facilities for the county selected in question 2]

4. Please enter the full name of the reporting person. This should be the person the BSCC may contact to ask questions about the survey responses, if necessary. [text box]

5. Please enter the role or position title of the reporting person. [text box]

6. Please enter the email address for the reporting person. [text box]

7. Please enter the phone number for the reporting person. [text box]

Section B: Availability of Opioid Antagonists

8. Are opioid antagonists (e.g., Naloxone/Narcan) available within the facility? The information provided should be for the last day of the reporting period. [radio buttons, single selection only]
    a. Yes
    b. No

If yes to question 8, Section B is provided (questions 9, 10, and 11).

Section C: Incidents of Opioid Antagonist Use

9. Report the total number of **unique incidents** in which an opioid antagonist was administered for each of the months in the reporting period with Month 3 being the most recent month. If these data are not available for a particular month, report "data not available". [text boxes, one for each month]
    Month 1:
    Month 2:
    Month 3:

10. Report the total number of opioid antagonist **doses** administered for each of the months in the reporting period with Month 3 being the most recent month. This is the total number of doses across all unique incidents of use reported above. For example, one incident may require multiple doses; the total number of doses for a month should be equal to or greater than the total number of unique incidents. If these data are not available for a particular month, report "data not available". [text boxes, one for each month]
    Month 1:
    Month 2:
    Month 3:

11. Given the number of unique incidents reported above (question 9), report the total number of **successful interventions** for each of the months in the reporting period with Month 3 being the most recent month. A successful intervention is defined as the immediate or eventual improvement of the person's physiological response to suspected narcotics; the person recovered. If these data are not available for a particular month, report "data not available". [text boxes, one for each month]
    Month 1:
    Month 2:
    Month 3:

If yes to question 8, Section D is provided (questions 12 through 14).

<u>Section D: Opioid Antagonist Accessibility and Training</u>

12. How is the opioid antagonist available within the facility? The information provided should be for the last day of the reporting period. *Please check all that apply.* [check boxes, check all that apply]
    a. On custodial staff (e.g., duty belt) at all times
    b. Accessible by custodial staff
    c. Accessible by facility medical staff
    d. Accessible to custodial staff supervisors
    e. Accessible to people who are detained (e.g., inside housing unit, common area)
    f. Other, please describe: [text box]

13. [If 12a, 12b, or 12d are selected] Using the options below, select the frequency with which training or education on how to administer the opioid antagonist is provided to <u>custodial staff</u>. *Please check all that apply.* [check boxes, multiple selection]

    a. No training or education provided
    b. At the time the opioid antagonist is initially provided to staff
    c. Refresher training every six months
    d. Refresher training annually
    e. Refresher training once every 2 years
    f. Refresher training every 3 to 5 years
    g. Other, please describe: [text box]

14. [If 12e is selected] Using the options below, select the frequency with which training or education on how to administer the opioid antagonist is provided to <u>people who are detained</u>. *Please check all that apply.* [check boxes, multiple selection]
    a. No training or education provided
    b. Mandatory, at the time of booking
    c. Mandatory, delivered at least every month
    d. Mandatory, delivered at least every 3 months
    e. Mandatory, delivered at least every 6 months
    f. Mandatory, delivered at least every 12 months
    g. Optional, at the time of booking
    h. Optional, delivered at least every month
    i. Optional, delivered at least every 3 months
    j. Optional, delivered at least every 6 months
    k. Optional, delivered at least every 12 months
    l. Other, please describe: [text box]

Section E: Methods for the Introduction of Opioids into the Facility

15. Listed below are methods for the introduction of opioids into the facility. For each method, use the text box provided to report the total number of times (instances) it was used to introduce opioids into the facility between January 1 and March 31, 2024. If a specific method was not used during this timeframe, report "not applicable" for the method.
    a. Custodial staff, non-sworn: [text box]
    b. Custodial staff, sworn: [text box]
    c. District attorneys [text box]
    d. Health care workers, county employed: [text box]
    e. Health care workers, contract: [text box]
    f. Incarcerated people, at intake: [text box]
    g. Incarcerated people, at intake with probation flash holds: [text box]
    h. Incarcerated people, at intake with parole flash holds [text box]
    i. Incarcerated people, return from transport (e.g., court, medical): [text box]
    j. Mail or packages, general: [text box]
    k. Mail or packages, legal: [text box]
    l. Non-custodial staff, contract workers (e.g., commissary): [text box]
    m. Perimeter breach, thrown over a wall: [text box]
    n. Perimeter breach, dropped by drone: [text box]
    o. Private attorneys: [text box]
    p. Process servers: [text box]
    q. Program providers, paid or volunteer: [text box]
    r. Public defenders: [text box]
    s. Visitors of incarcerated people, unofficial: [text box]
    t. Visitors of incarcerated people, official: [text box]
    u. Other, please describe and report instances: [text box]

<u>Section F: Substance Use-related Practices</u>

16. At the time of booking do you assess whether people have an ongoing substance use disorder? [radio buttons, single selection only]
    a. Yes
    b. No

17. [If yes to number 16] Describe how people are assessed at booking for an ongoing substance use disorder (e.g., standardized assessment tool) and the assigned personnel or staff conducting the assessment. For example, the Clinical Opiate Withdrawal Scale (COWS) is administered by a medical provider. [text box, multiple lines available for narrative]

18. If people who are detained are being monitored for withdrawal, are they housed in a designated area within the facility? [radio buttons, single selection only]
    a. Yes
    b. No

19. [If yes to number 18] Describe how and where people are monitored for withdrawal and the staff who are assigned to do so. [text box, multiple lines available for narrative]

20. List the programs, education courses, or materials that contain content related to overdose prevention education available to people who are detained in the facility. [text box, multiple lines available for narrative]

21. Does the facility have medication-assisted treatment (MAT) available for people who are detained? [radio buttons, single selection only]
    a. Yes
    b. No

22. [If yes to question 21] Describe the MAT program (e.g., eligibility, type of medication, aftercare availability, and enrollment limits). [text box, multiple lines available for narrative]