## SURVEY OVERVIEW: OPIOID ANTAGONISTS IN LOCAL DETENTION FACILITIES

#### What is the purpose of this survey?

The purpose of this survey is to better understand the operation of local detention facilities (adult and juvenile) in relation to:

- the occurrence of drug overdoses by collecting information related to the availability of opioid antagonists within the facilities, their incidents of use, doses used, and successful interventions.
- practices related to training of facility staff, substance use-related practices, and how opioids are introduced into the facilities.

Survey recipients will be agencies with local detention facilities (probation departments, sheriff departments). A survey response is requested for each facility operated by the agency.

## What type of information is requested and when will it be collected?

The survey will be administered twice. The first administration will be in <u>May 2024</u> and the second will be in <u>July 2024</u>.

The six survey sections are described below.

- A. General Information this section is included in <u>both administrations</u> and collects information necessary to identify the agency and facility for which a response is being provided and the reporting person. The reporting person should be the individual the BSCC may contact to ask questions about the survey responses, if necessary.
- B. Availability of Opioid Antagonists this section is included in <u>both administrations</u> and consists of a single question to determine whether opioid antagonists are available within the facility (yes or no response only) as of the last day of the reporting period. The response to this question is used to determine whether responses to the questions within Sections C and D are required.
- C. *Incidents of Opioid Antagonist Use* this section is included in <u>both</u> <u>administrations</u> and requests information about the number of unique incidents in which an opioid antagonist was used, the total number of doses administered, and the total number of successful interventions for each of the three months in the reporting period.
- D. Opioid Antagonist Accessibility and Training this section is included in the <u>first</u> <u>administration only</u>. This section requests information about who has access to the opioid antagonists in the facility and the frequency with which education or training is provided on how to administer the opioid antagonists to staff and the people or youth who are detained.
- E. *Methods for the Introduction of Opioids into the Facility* this section is included in *both administrations* and requests, for each method listed, the total number of

times (known instances) the method was used to introduce opioids into the facility between January 1 and March 31, 2024 for the first administration and between April 1 and June 30, 2024 for the second administration.

- F. Substance Use-related Practices this section is included in the <u>first</u> <u>administration only</u> and requests information related to:
  - a. assessments for substance use disorders at the time of booking/admission.
  - b. monitoring people/youth for withdrawal.
  - c. programs, education, or materials with content related to overdose prevention.
  - d. the availability of medication-assisted treatment.

Please refer to the table below for the survey schedule and pertinent reporting period information.

Survey	Release	Reporting Period	Due Date
Q1 2024	May 13 <sup>th</sup>	Section B: As of March 31, 2024 Section C: Month 1 = January 2024 Month 2 = February 2024 Month 3 = March 2024 Section D: As of March 31, 2024 Section E: January 1 through March 31, 2024 Section F: As of March 31, 2024	June 10th
Q2 2024	July 1 <sup>st</sup>	Section B: As of June 30, 2024 Section C: Month 1 = April 2024 Month 2 = May 2024 Month 3 = June 2024 Section D: Not included Section E: April 1 through June 30, 2024 Section F: Not included	July 31 <sup>st</sup>

#### Will the survey continue after July 2024?

July 2024 is currently the last planned administration of the survey. A summary report will be provided to the BSCC Board following the second administration. The Board may then consider additional steps including the need to continue the survey.

#### Who will receive and complete the survey?

Each agency (probation department, sheriff department) is asked to designate one person as the "agency data reporter" regardless of how many facilities there are within the jurisdiction. Unless notified, the BSCC will assume that this data reporter is the person designated for one of the BSCC's existing surveys (Jail Profile Survey or the Juvenile Detention Profile Survey).

### How to complete and submit the survey?

Each agency data reporter will receive an email with a link to the survey. The survey will be completed and submitted through the Smartsheet online platform. BSCC staff will host a Q&A webinar in May 2024 to provide clarity on survey instructions and answer any technical questions from data reporters. Data reporters are encouraged to attend and will be notified of the data and provided the webinar access link by email.

#### How does a county with multiple facilities report the information?

The information requested in the survey will be collected for each local detention facility. If an agency has more than one facility, a separate survey must be completed for each facility.

#### What is an Opioid Antagonist?

An opioid antagonist is medication that reverses respiratory depression during an opioid overdose. There are several opioid antagonists currently available including but not limited to Naloxone (Narcan), Naltrexone (ReVia), and Nalmefene (Revex).

## Why focus on the use of opioid antagonists?

Collecting information to understand the occurrence of drug overdoses within local detention facilities is challenging. These challenges include (1) the considerable time and resource requirements necessary to confirm whether an incident is indeed the result of a drug overdose; and (2) the limited ability to share medical information between agencies (i.e., medical entities and detention agencies). Combined, these challenges result in reporting delays that limit the ability to identify important data shifts or trends in a timely manner. To overcome these challenges, the BSCC focused on the availability of and use of opioid antagonists, information more readily available to local detention facilities, to serve as a proxy for the occurrence of drug overdoses within local detention facilities.

#### How do you define an "Incident of Opioid Antagonist Use" within a facility?

When reporting the number of unique incidents of opioid antagonist use, data reporters are provided the following guidance:

- To the extent possible, exclude those incidents of opioid antagonist use that were later determined to <u>not</u> be in response to an overdose situation (e.g., turned out to be <u>any other</u> medical issue).
- If there are multiple doses of an opioid antagonist provided to one person/youth during a single incident, count that as one incident. The intent is to count the number of incidents, not the number of doses/administrations.
- If one person/youth had distinctly separate incidents during the reporting period (e.g., one incident on Tuesday and another on Friday) count them as two incidents.

• Count any incident where opioid antagonists were administered within the facility (regardless of who administered it).

## How do you define a "successful intervention" within a facility?

When reporting the total number of successful interventions, data reporters are provided the following guidance:

- A successful intervention is defined as a person/youth is administered an opioid antagonist and there is an immediate or eventual improvement of the person's/youth's physiological response to suspected narcotics; the person/youth recovered.
- Begin with the number of unique incidents of opioid antagonist use (question 8) and the guidance provided for this figure above. Of those incidents, count the number in which the person/youth recovered.
- If one person/youth had distinctly different incidents during the reporting period (e.g., one incident on Tuesday and another on Friday) and recovered both times, count that as two successful interventions.

# Is there a response length limit for questions that require a narrative (written text) response?

Yes. Each narrative (written text) response is limited to 4,000 characters, including spaces, or approximately one single-spaced page. It is recommended that the narrative responses first be drafted in Word format and pasted into the form, as you will be unable to save your responses in the form and return at a later time.

#### Have questions about this survey?

For general questions about this survey please email <u>BSCC-Mail@bscc.ca.gov</u>. Data reporters who have specific data reporting questions should email <u>Research@bscc.ca.gov</u>.