

## ATTACHMENT A: SHERIFFS' ADVICE-SEEKING SURVEY INSTRUMENT

Form Approved

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### Sheriffs' Advice-Seeking Survey

State sheriffs' associations and the U.S. Centers for Disease Control and Prevention are conducting a brief survey about advice-seeking among sheriffs concerning the adoption of evidence-based public health strategies to help people prior to and upon release from jail. This survey is being sent to all sheriff members in your state. We ask that only sheriffs complete the survey. We hope that you will follow the link below to answer this brief set of questions.

Rights Regarding Participation: Your input is important; however, your participation in this survey is completely voluntary. There are no penalties or consequences to you or your organization for not participating. You can choose to stop the survey at any time, or not answer a question, for whatever reason. If you stop the survey, at your request, we will destroy the survey. You may ask any questions that you have before, during, or after you complete the survey. The survey will take approximately 7 minutes.

Benefits: Your participation will not result in any direct benefit to you. Your input will help to provide a better understanding of the advice networks of sheriffs so that health improvement efforts can better be disseminated.

Risks: This survey poses no known risks to you and/or your jail. Please know that in the survey we ask you to name other sheriffs and other jails. All identifying information of sheriffs and jails will be kept strictly confidential with names of sheriffs and jails known only to the members of the study team and the participating sheriffs' associations.

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Tessa Swigart at [Tessa.Swigart@icfnnext.com](mailto:Tessa.Swigart@icfnnext.com).

By clicking on the following survey link you indicate your consent to participate in the survey.

1. Your name: \_\_\_\_\_
2. Your jail: \_\_\_\_\_

**I. Demographics**

3. What is your age?\_\_\_\_\_
4. How long have you been a sheriff?
- ☐ Less than 1 year
  - ☐ 1-5 yrs.
  - ☐ 6-10 yrs.
  - ☐ 11-15 yrs.
  - ☐ 16-20 yrs.
  - ☐ 20+ yrs.
5. How long have you been in the justice-related field?
- ☐ Less than 1 year
  - ☐ 1-5 yrs.
  - ☐ 6-10 yrs.
  - ☐ 11-15 yrs.
  - ☐ 16-20 yrs.
  - ☐ 20+ yrs.

**II. Advice Seeking**

6. Please list up to three other sheriffs in your state whose advice you seek or actions you monitor regarding new ways to improve the health of incarcerated persons prior to and upon release from jail. If you do not have three names to list, select the names you know and leave the remaining answer boxes blank.

Name of Sheriff	County
1. [Select from drop down]	[Select from drop down]
2. [Select from drop down]	[Select from drop down]
3. [Select from drop down]	[Select from drop down]

7. Now please list three jails in your state other than your own that you look to for good ideas for improving the health of incarcerated persons prior to and upon release from jail. If you do not have three names to list, select the names you know and leave the remaining answer boxes blank.

Name of Jail	County
1. [Select from drop down]	[Select from drop down]
2. [Select from drop down]	[Select from drop down]
3. [Select from drop down]	[Select from drop down]

### III. Jail services

8. Does your jail system provide services during incarceration or upon release to prevent overdose post-release? These include services like peer support,<sup>1</sup> overdose education, naloxone<sup>2</sup> kits or prescriptions for naloxone, fentanyl test strips,<sup>3</sup> medications for opioid use disorder,<sup>4</sup> and linkage to care (e.g., medications for opioid use disorder or harm reduction services<sup>5</sup>) in the community.
- ☐ Yes (skip to Q9)
  - ☐ No (skip to Q10)
  - ☐ I don't know (skip to Q11)

9. What type of services does your jail system provide during incarceration or upon release to prevent overdose post-release?

- ☐ Peer support
- ☐ Overdose education
- ☐ Naloxone kits
- ☐ Prescriptions for naloxone
- ☐ Fentanyl test strips
- ☐ Medications for opioid use disorder
- ☐ Linkage to medications for opioid use disorder in the community
- ☐ Linkage to harm reduction services in the community
- ☐ Other (e.g., Therapeutic Community, Narcotics Anonymous). If other, please specify

10. [If yes to Q8, skip to Q11] Why do you think your jail does not provide overdose prevention services?

Overdose Prevention Services	Please select up to <b>three top reasons</b> why you think your jail system does not provide each of these prevention services listed below.
Peer support Services	<ul style="list-style-type: none"><li><input type="checkbox"/> Not the jail's responsibility</li><li><input type="checkbox"/> Not the jail's priority</li><li><input type="checkbox"/> Lack of support among the community/constituents</li><li><input type="checkbox"/> Not aligned with jail's mission or approach to health services</li><li><input type="checkbox"/> I don't think this service is beneficial enough</li><li><input type="checkbox"/> It is too logistically complex</li><li><input type="checkbox"/> Short duration of stays in the jail</li></ul>

<sup>1</sup> Peer support services include connecting an individual to a peer mentor, navigator, or recovery coach.

<sup>2</sup> Naloxone is a medication that is used to reverse an opioid overdose.

<sup>3</sup> Fentanyl test strips are drug-checking equipment that allow people who use drugs to self-check their drug supply for the presence of fentanyl and fentanyl analogs.

<sup>4</sup> Medications for opioid use disorder refer to the three FDA-approved medications (i.e., buprenorphine, methadone, and naltrexone) used to treat opioid use disorder.

<sup>5</sup> Syringe service programs and harm reduction vending machines are examples of harm reduction services.

	<input type="checkbox"/> Lack of options for peer support services in the community <input type="checkbox"/> Lack of funding or other resources <input type="checkbox"/> Other, if other please specify _____
Naloxone Distribution	<input type="checkbox"/> Not the jail's responsibility <input type="checkbox"/> Not the jail's priority <input type="checkbox"/> Lack of support among the community/constituents <input type="checkbox"/> Not aligned with jail's mission or approach to health services <input type="checkbox"/> I don't think this service is beneficial enough <input type="checkbox"/> It is too logistically complex <input type="checkbox"/> The jail takes an abstinence-only approach <input type="checkbox"/> Short duration of stays in the jail <input type="checkbox"/> I am unclear if there are legal considerations <input type="checkbox"/> Lack of funding or other resources <input type="checkbox"/> Other, if other please specify _____
Fentanyl Test Strips	<input type="checkbox"/> Not the jail's responsibility <input type="checkbox"/> Not the jail's priority <input type="checkbox"/> Lack of support among the community/constituents <input type="checkbox"/> Not aligned with jail's mission or approach to health services <input type="checkbox"/> I don't think this service is beneficial enough <input type="checkbox"/> It is too logistically complex <input type="checkbox"/> The jail takes an abstinence-only approach. <input type="checkbox"/> Short duration of stays in the jail <input type="checkbox"/> I am unclear if there are legal considerations <input type="checkbox"/> Lack of funding or other resources <input type="checkbox"/> Other, if other please specify _____

11. Do you believe your jail should provide overdose prevention services?

- ☐ Yes
- ☐ No
- ☐ I don't know

12. Thank you so much for participating in the survey. Would you be willing to be contacted in the future to provide more information about your perspective on re-entry services?

- ☐ Yes
- ☐ No