
National Survey of Health Care in U.S. Jails

The University of Miami (UM) and the American Jail Association (AJA) are conducting this survey. The survey has 5 parts including 23 questions. The questions ask about the health care practices and policies of your jail system including all of its facilities. The answers are not anonymous. However, findings in reports and publications will only be presented in aggregate form so that individual jails cannot be identified.

If you have any questions about completing the survey, please contact the UM Jail Study research team by email (jailstudy@miami.edu) or phone (305-284-6154).

If you have any additional questions or concerns, please contact the study principal investigator (Dr. Kathryn Nowotny) by email (kathryn.nowotny@miami.edu).

Survey Instructions

There are multiple options for completing this survey.

By Postal Mail

The survey can be completed and returned by postal mail to this address:

University of Miami Jail Study
5202 University Dr., Merrick Bldg, Rm 120
Coral Gables, FL 33146

For your convenience, we have included a preaddressed stamped return envelope.

By Email

The survey can be completed, scanned, and emailed to jailstudy@miami.edu.

Online

The survey is also available online through Qualtrics. If you would like a link to complete the survey online, please email this request to jailstudy@miami.edu.

Pre-Survey Information

What STATE is your jail system located in? _____

What COUNTY is your jail system located in? _____

What is the NAME of your jail system? _____

PART 1: Medical Intake

QUESTION 1: Medical Intake

Questions 2-6 are about your medical intake. For the purposes of these questions, medical intakes are the screening questions and activities conducted by health or custody staff after admission, before assigning someone to a housing unit.

Medical intake does NOT include: screening you do at the front door, while the arresting officer is still present, to decide whether you will accept or divert the arrestee; a more in depth evaluation that is done by a nurse or practitioner, typically called the 14-day health assessment.

Does your jail conduct any kind of medical intake? [circle one]

A. Yes

B. No

If “yes”, continue to **QUESTION 2**.

If “no”, skip to **PART 2: Non-Urgent Episodic Care**.

QUESTION 2: Infectious Disease Screening

Does your jail system screen inmates for the following infectious diseases during the medical intake?

INSTRUCTIONS: Check all that apply (at least one response per row).						
Infectious Diseases	Yes, ALL Inmates		Yes, SOME Inmates		No	Don't Know
	Self-reported by inmate	Tested with laboratory results	Self-reported by inmate	Tested with laboratory results		
a) Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If “some” inmates, please explain (e.g., only test upon request, only to confirm self-report, etc.). [write-in response]

QUESTION 3: Physical Health Screening

Does your jail system screen inmates for the following physical health conditions during the medical intake?

INSTRUCTIONS: Check all that apply (at least one response per row).						
Health Concerns	Yes, ALL Inmates		Yes, SOME Inmates		No	Don't Know
	Self-reported by inmate	Tested with laboratory or clinical results	Self-reported by inmate	Tested with laboratory or clinical results		
a) Pregnancy (females only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Elevated lipids/cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If “some” inmates, please explain (e.g., only test upon request, only to confirm self-report, etc.). [write-in response]

QUESTION 4: Dental Screening

Do inmates receive a routine dental screening during the medical intake? [circle one]

- A. Yes
- B. No
- C. Don't know

QUESTION 5: Mental Health Screening

Does your jail system conduct the following mental health screenings during the medical intake?

INSTRUCTIONS: Check all that apply (at least one response per row).					
Tests	Yes			No	Don't Know
	Self-reported by inmate	Validated clinical screening questionnaire	State/county mandated screening questionnaire		
a) Mental health problems (excluding suicide risk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Suicide risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Drug abuse/addiction problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION 6: Employee

Who conducts the medical intake? [circle one]

- A. correctional officer
- B. civilian staff person
- C. registered nurse (RN)
- D. licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- E. medical practitioner (physician [MD/DO], physician assistant, or nurse practitioner)
- F. other medical personnel (e.g., paramedic, EMT, nurses aid)

QUESTION 7: Timing of medical intake

How long after booking is the medical intake expected to occur? [write-in/circle]

- within _____
- A. minutes
 - B. hours
 - C. days
 - D. weeks

PART 2: Non-Urgent Episodic Care (Sick Call)

QUESTION 8: Triage

When an inmate submits a request to be seen for a health issue, who triages the request? [circle one]

- A. correctional officer (CO)
- B. civilian staff person
- C. registered nurse (RN)
- D. licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- E. medical practitioner (physician [MD/DO], physician assistant, or nurse practitioner)
- F. other medical personnel (e.g., paramedic, EMT, nurses aid)
- G. requests are not triaged
- H. patients do not submit requests, they just sign up for/ report to clinic

If you answered A-F, continue to **QUESTION 9**.

If you answered G or H, skip to **QUESTION 10**.

QUESTION 9: Timing of Triage

How long after an inmate submits a sick call request is triage expected to occur? [write-in/circle]

- within _____
- A. minutes
 - B. hours
 - C. days
 - D. weeks

QUESTION 10: Episodic Care Initial Management

Episodic care is an acute injury, illness, or new complaint. If an inmate submits a request for episodic care, who conducts the initial face-to-face evaluation? [circle one]

- A. physician (MD/DO)
- B. registered nurse (RN)
- C. licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- D. other medical personnel (e.g., paramedic, EMT, nurses aid)

QUESTION 11: Chronic Care Initial Management

If an inmate submits a request for episodic care related to a chronic condition (e.g., diabetes, hypertension) who conducts the initial face-to-face medical evaluation? [circle one]

- A. physician (MD/DO)
- B. registered nurse (RN)
- C. licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- D. other medical personnel (e.g., paramedic, EMT, nurses aid)

QUESTION 12: Ongoing Chronic Care Management

If an inmate has a chronic health problem that requires ongoing care (e.g., regular blood draws, physical exams, diet management), who conducts scheduled visits to manage stable chronic care conditions? [circle one]

- A. physician (MD/DO)
- B. registered nurse (RN)
- C. licensed practical nurse (LPN) or licensed vocational nurse (LVN)
- D. other medical personnel (e.g., paramedic, EMT, nurses aid)

QUESTION 16: Medical Staffing

On June 30, 2017 (mid-year 2017), in total, how many full-time equivalent (FTE) personnel (employed or contracted) did you have working at the jail?

For example, an x-ray technician from the county hospital that works in your jail 2 hours per week would be 0.05 FTE and would count as “q. other medical staff.”

INSTRUCTIONS: Write-in response		
Employee type	Number FTE	If estimate, check this box
Mental health		
a) Psychiatrists (MD, DO)		<input type="checkbox"/>
b) Psychiatric physician assistants or nurse practitioner		<input type="checkbox"/>
c) Psychiatric nurses (PMHCNS)		<input type="checkbox"/>
d) Clinical psychologists (PhD, PsyD, MS)		<input type="checkbox"/>
e) Clinical social workers (LCSW) or other masters-level counselor		<input type="checkbox"/>
f) Other mental health staff		<input type="checkbox"/>
Pharmaceutical		
g) Pharmacists (DPh, RPh)		<input type="checkbox"/>
h) Other pharmaceutical staff		<input type="checkbox"/>
Dental		
i) Dentists (DDS)		<input type="checkbox"/>
j) Dental hygienists/assistants		<input type="checkbox"/>
Medical only		
k) Physician assistants (PA) or Nurse practitioner (NP)		<input type="checkbox"/>
m) Registered nurse (RN)		<input type="checkbox"/>
n) Licensed practical nurse (LPN), licensed vocational nurse (LVN)		<input type="checkbox"/>
o) Physicians (MD/DO)		<input type="checkbox"/>
p) Paramedic/Emergency Medical Technician (EMT)		<input type="checkbox"/>
q) Other medical staff (e.g., CNA, etc.)		<input type="checkbox"/>

QUESTION 17: Location of Services Provided

Does your jail system provide the following health care services, either on-site or off-site?

For example, your jail may provide dental services both on-site (at the jail) and off-site (in the community). In this case, you would check “yes” for both columns.

INSTRUCTIONS: Check all that apply (at least one response per row).					
Services	On-site (at jail)		Off-Site (in community)		Service Not Provided
	Yes	Don't Know	Yes	Don't Know	
a) Inpatient mental health (overnight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Outpatient mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Inpatient medical health care (overnight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Outpatient medical health care (i.e., infirmary or sick call)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Dialysis (i.e., for kidney disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Chronic care other than dialysis (e.g., wound care, pain management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 24-hour physician or nurse coverage (i.e., “after hours” coverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Emergency department care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Inpatient surgeries/ operation (overnight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Outpatient surgeries/ operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Long-term nursing home care (e.g., geriatric, assisted living, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5: Miscellaneous

QUESTION 18: Accreditation

Is your jail currently accredited by any of the following organizations? [circle all that apply]

- A. American Correctional Association (ACA)
- B. National Commission on Correctional Health Care (NCCHC)
- C. State or county level agency
- D. Other, please specify: _____

QUESTION 19: HIV Medication 1

Pre-exposure prophylaxis (PrEP) is a new medication regimen that can *prevent* HIV for people that are at high risk for getting HIV such as men who have sex with men and people who inject drugs. Does your jail administer PrEP to inmates who request it? [circle one]

- A. Yes
- B. No
- C. Don't know

QUESTION 20: HIV Medication 2

Does your jail provide a referral to PrEP during discharge planning? [circle one]

- A. Yes
- B. No
- C. Don't know

QUESTION 21: Telemedicine

In the past year, has your jail used telemedicine for any of the following services?

INSTRUCTIONS: Check all that apply	Yes
a) Primary medical care	<input type="checkbox"/>
b) Specialty medical care	<input type="checkbox"/>
c) Mental health/ psychiatric care	<input type="checkbox"/>
d) Any other health care (e.g., dental)	<input type="checkbox"/>

QUESTION 22: Challenges

What major challenges/issues is your jail system currently facing in regards to the delivery of health care? [write-in response]

QUESTION 23: Medical Intake Forms

Would you be willing to share a blank copy of your medical intake forms with the UM Jail Study research team? [circle one]

- A. Yes
- B. No
- C. Maybe

If you are able, please include a copy of your medical intake forms or email seperately to jailstudy@miami.edu.

THANK YOU FOR YOUR PARTICIPATION!