



Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

# Leveraging Telehealth for Justice-involved Populations With Substance Use Disorders: Lessons Learned and Considerations for Governors

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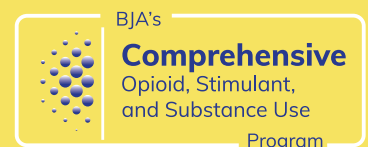
## Background

The COVID-19 pandemic has profoundly impacted the health outcomes of individuals with substance use disorders (SUDs). At its onset, the pandemic disrupted access to much-needed in-patient treatment options; social distancing measures and drug supply chain difficulties further isolated individuals and often led to riskier drug use behaviors, such as buying drugs off the street and using them alone.<sup>1</sup> The pandemic exacerbated the already rising number of overdose deaths, contributing to more than 100,000 deaths in the 12-month period ending in April 2021.<sup>2</sup>

Recognizing the need to improve health care service delivery during the pandemic, federal and state governments acted to expand access and remove barriers to telehealth services for individuals receiving treatment for SUDs.<sup>3</sup> These actions included loosening restrictions for the prescription of medications for opioid use disorder, such as methadone and buprenorphine, and removing geographic limitations on access to behavioral health care using telehealth. Telehealth services also allowed

for increased accessibility to remote peer or recovery support services. The expanded use of telehealth services offers flexibility to patients and enhances the likelihood that treatment will continue when in-person engagement is difficult to access.

Despite the expansion of telehealth services during the COVID-19 pandemic, there is still an ongoing need to improve care for justice-involved individuals living with SUDs. Within this population, the need for effective and affordable behavioral health treatment is critical.<sup>4</sup> Almost two-thirds of people currently incarcerated in the United States have an SUD.<sup>5</sup> Research also shows that drug overdose is the leading cause of death after release from prison, with overdoses being significantly more likely to occur within the first 2 weeks post-release.<sup>6</sup> Despite this, justice-involved individuals have historically had difficulties accessing treatment for SUDs and co-occurring behavioral health disorders.<sup>7</sup> These difficulties can be mitigated by the benefits provided by telehealth, which include increased access to care for patients, reduced stigma, improved safety for staff, cost reductions for correctional institutions, and overall improvements to quality of care.<sup>8</sup>



This brief will review activities undertaken by states to expand the use of telehealth for justice-involved individuals with SUDs during the COVID-19 pandemic, share lessons learned, and highlight considerations for governors who wish to leverage telehealth services to increase access to SUD treatment for those involved in the justice system.

## State Efforts During the COVID-19 Pandemic

The COVID-19 pandemic presented significant challenges for individuals who are dealing with SUDs, created new health and safety risks to incarcerated individuals and staff working in correctional facilities, and contributed to rising substance use and overdoses across communities.<sup>9</sup> During the pandemic, many states worked to ensure that telehealth services would be a viable treatment option for patients, with many actions issued by gubernatorial executive orders.<sup>10</sup> These changes mirrored federal policy changes made by presidential executive order and congressional legislation and through administrative agency rule making. For example, the Centers for Medicare & Medicaid Services took action to recognize telehealth as a reimbursable service under Medicare, thereby broadening overall access to telehealth services.<sup>11</sup> Following the recent expiration of the federal COVID-19 public health emergency, Congress will need to take action to maintain this access.<sup>12</sup>

There have been several state efforts to address access to SUD treatment for justice-involved populations through telehealth services. In some states, justice-involved populations benefitted from the temporary statewide expansion of telehealth services through executive order, legislation, and administrative guidance.<sup>13</sup> For example, **New Mexico** authorized intensive outpatient (IOP) services, including substance use treatment, to be delivered via telehealth services during the COVID-19 public health emergency. This authorization appears to have successfully expanded

SUD services throughout the state, with the number of patients accessing IOP services increasing by 14 percent in 2020 compared to 2018.<sup>14</sup> Similarly, in **Minnesota**, in-state health care providers scaled up their use of telemedicine operations during the COVID-19 pandemic, assisted in part by legislation that temporarily required health carriers not to exclude or reduce coverage for a health care service or consultation solely because the service was provided via telemedicine.<sup>15, 16</sup> Some states, such as **Vermont**, were able to leverage existing, long-standing telehealth support systems to better deliver services to justice-involved individuals during the pandemic.

In other states, programs that address SUD treatment through telehealth services were specifically tailored to correctional departments.<sup>17</sup> For example, prior to the pandemic, **Kentucky** made telehealth services available<sup>18</sup> and offered a robust list of in- and out-patient options for SUD treatment for justice-involved populations.<sup>19</sup> During the pandemic, the commonwealth continued to expand the number of service providers offering telehealth for this population. The Kentucky Department of Corrections now also offers telehealth resources that provide an initial assessment of treatment needs and continuity of treatment for individuals on community supervision. In **Virginia**, the Department of Corrections increased access to telehealth services using mobile equipment, reducing external transfers and enabling providers and nurses to see patients remotely without risking exposure or spreading the virus.<sup>20</sup> This program was effective at maintaining treatment services during the height of the pandemic and enabled a “continued improvement of quality, mobility, workflows, and utilization.”<sup>21</sup>

Some states formally expanded telehealth access to justice-involved individuals through the use of targeted or experimental pilot programs launched during the pandemic. In **North Carolina**, the Department of Public Safety, UNC Health, and the University of

North Carolina School of Medicine implemented a telehealth program for incarcerated individuals, with 94 percent of patient participants reporting a positive overall telemedicine experience.<sup>22</sup> In **Ohio**, the Marietta Municipal Court offered a digital therapeutic platform for recovery support, cognitive behavioral therapy, and engagement for high-risk clients.<sup>23</sup> Initial pilot results showed improved protective factors, including improvements in patients' confidence in recovery, participation in work and education, and sleep. This pilot is one among 15 state programs nationwide seeking to support justice-involved individuals in treatment.

Finally, some states were unable to make use of telehealth services for justice-involved populations during the pandemic. Specific barriers included lack of pre-existing SUD/treatment programming in facilities, limited internet and broadband infrastructure at correctional institutions, struggles with patient retention in existing voluntary treatment programs, and workforce shortages among providers and correctional staff.

## Lessons Learned

In recent years, governors and state correctional and health officials have made great strides to improve access to SUD treatment for justice-involved individuals—both those within correctional facilities and on community supervision.<sup>24</sup> Lessons learned for expanding these programs include ensuring access to evidence-based medication and treatment, emphasizing collaboration among justice systems and health partners, developing tailored treatment plans, reducing treatment barriers upon release, staff training, and developing robust program evaluation plans.

States that have implemented telehealth services for justice-involved populations recognize several advantages for using them for treatment, including:

- ◀ Reduced expenses and cost containment.<sup>25</sup>
- ◀ Reduced racial barriers to treatment.<sup>26</sup>
- ◀ Increased program attendance by patients.
- ◀ Increased flexibility for when and where care is accessed.
- ◀ Increased access to care in rural communities.
- ◀ Improved safety for correctional officers and staff.<sup>27</sup>

States also identified several challenges with using telehealth services, including:

- ◀ Insufficient public funding and lack of institutional support.
- ◀ Continued stigma for receiving SUD treatment.<sup>28</sup>
- ◀ Patient difficulties in accessing required technology.<sup>29</sup>
- ◀ Patient disconnection from in-person support communities.
- ◀ A lack of accountability for program providers.
- ◀ Limited efficacy evaluations for the program.
- ◀ Problems with mandatory participation requirements and the use of punitive responses as a tool for increasing patient attendance.

States may consider these challenges and lessons learned when implementing or expanding telehealth programs for justice-involved individuals with SUDs.

## Considerations for Governors and State Agencies

Governors and other state officials continue to implement statewide initiatives to strengthen treatment, prevention, recovery, and public safety responses to improve outcomes for justice-involved individuals with SUDs. To leverage successes and mitigate challenges identified by states, governors and other state officials may weigh the following considerations when implementing or evaluating the use of telehealth programs and providing SUD

treatment to justice-involved populations. RTI International is currently developing telehealth evaluation tip sheets for jails to provide guidance on evaluating their telehealth programs. For more information about this resource, please contact Nick Richardson ([nrichardson@rti.org](mailto:nrichardson@rti.org)).

- ◀ **Continuing to support generalized access to telehealth.** In some states, access to telehealth treatment for justice-involved individuals relies on regular implementation of COVID-19 executive orders at the state and federal level. To ensure that telehealth services remain a viable treatment option when such orders expire, governors and other state officials may consider how these programs can be sustained long-term. This may include supporting or proposing legislation to allow broader telehealth access in their state.<sup>30</sup> It may also require addressing the sustainability of telehealth programs by promoting staff training, supporting provider billing and payment flexibility,<sup>31</sup> and tracking performance metrics.<sup>32</sup>
- ◀ **Strengthening justice system and health officials' collaboration.** Ensuring coordination and collaboration between state and local public safety and health officials is critical. To achieve better outcomes for justice-involved individuals, governors and other state officials may need to cultivate buy-in from state and local agencies, partners, organizations, and other relevant stakeholders. Such leadership will aid in the development and improvement of telehealth programs for justice-involved individuals in a way that best meets their treatment needs. It will also ensure access to treatment and continuity of care post-release.
- ◀ **Ensuring the availability of a variety of treatment options for justice-involved individuals.** When possible, patients should have the option to choose between telehealth and in-person health care to ensure that they

are benefiting fully from their treatment. In addition, for justice-involved patients receiving SUD treatment through telehealth, the punitive nature of some treatment programs should be reasonably reduced to engender patient trust and increase overall engagement for better overall outcomes. Future health care programs should also incorporate—but not rely solely on—the use of telehealth services for SUD treatment. To be effective, states should seek to connect with patients using several different health care modalities, including telehealth services, in-person care, and community treatment.

- ◀ **Investing in telehealth infrastructure for justice-involved patients.** Although telehealth services can be an effective treatment tool, they are heavily reliant on the patient's ability to access reliable broadband internet services, compatible hardware, and necessary software and application tools. Investment in such infrastructure requires developing internet and broadband infrastructure within correctional facilities and providing electronic devices, such as phones, computers, or tablets, to patients post-release. By supporting access to telehealth through these investments, states can ensure that patient participation is possible and can thus better identify when patients are disengaging with telehealth services for non-technology-related reasons (for example, resumed substance use, financial hardships, or inherent problems with the treatment service program).
- ◀ **Ensuring that technology used for accessing telehealth is trusted and secure.** Governors and other state officials may encourage state correctional agencies to carefully vet the software applications and technology companies that they are contracting with for telehealth services to ensure that patient data remain anonymous and secure and that the technology is used for intended purposes.

## ◀ Evaluating the performance of existing pilot programs used to provide telehealth SUD treatment to justice-involved populations.

Although many states have robust telehealth programs available to individuals in need of SUD treatment, these programs are not always specifically tailored to patients in justice-involved settings. For states that have implemented pilot programs to address the specific needs of this population, serious consideration should be made about the efficacy of them and whether they should be expanded throughout the states' correctional systems. For states that have not utilized such programs, governors and other state officials should evaluate the performance of other state programs to see whether any would be a good fit for their states' correctional systems.

## Endnotes

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Visit the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center (transitioning in the next few months to the Comprehensive Opioid, Stimulant, and Substance Use Program [COSSUP] Resource Center) at [www.cossapresources.org](http://www.cossapresources.org).

## About COSSUP

COSSAP is transitioning to the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP). This change in title for the program is indicative of efforts to reduce the stigma related to substance use and to support impacted people in their recovery journey.

## About BJA

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