Bureau of Justice Assistance (BJA)
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Using Telehealth for Behavioral Health in the Criminal Justice System

Introduction

Telehealth—the interactive, electronic exchange of information for diagnosis, treatment, support, or care management—has become a critical component of many systems of care.[1] When implemented successfully, telehealth can improve access to care and overcome typical geographic and workforce barriers. Both the opioid epidemic and recent social distancing requirements due to the COVID-19 pandemic have prompted public safety, behavioral health, and other community partners to explore how telehealth can be used to support their goals as Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grantees.

Telehealth offers the criminal justice system an innovative strategy for intervention and treatment of opioid use disorder (OUD) for people who have been incarcerated. Justice stakeholders reap at least three benefits. First, providing treatment and care to people who are incarcerated is costly, and telehealth can help reduce that cost.[2] Second, using telehealth to connect these individuals to providers can help avoid resource-heavy—and potentially dangerous—transfers to care settings. Third, telehealth can ease the burden of recruiting and retaining health care providers on site, particularly behavioral health providers.

One helpful first step toward an effective telehealth strategy is identifying which services to provide virtually. Candidate services include inpatient and outpatient medical services; behavioral health services; physical and occupational therapy; disaster management; health education;[1] and coordination of care support for inmates, providers, and officials. Telehealth can also be used to facilitate individuals'

transitions by connecting people who are in prison or jail with community-based services before their release. To help readers develop or expand existing telehealth programs, the following details the types of telehealth services available, lists key steps for telehealth readiness, and offers examples of how telehealth is being used in practice.

What Types of Telehealth Services Are Available?

Some telehealth technologies, such as live video, offer real-time (synchronous) delivery. Other technologies—store-and-forward, remote monitoring, and mobile health platforms—have delayed (asynchronous) delivery.[3]

Live Video

Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

Real-time interaction using video is the most common use of telehealth. Service providers, criminal justice officials, and

social workers can use live video for early intervention, case review coordination, and education. Emergency medical services personnel use telehealth to provide prehospital consultations for a variety of purposes[4]—for example, when responding to a call about a potential overdose, they can use synchronous telehealth to determine the most appropriate next steps. People who are incarcerated can also receive direct primary and specialty care through live video. Using live video to connect individuals with community providers can help develop relationships that can be sustained even after release. This continuity of service is of particular importance for ongoing care for long-term conditions such as OUD.

Store and Forward

Transmission of videos and digital images such as x-rays and photos through a secure electronic communications system. As compared to a real-time visit, this service provides access to data after they have been collected.

Store-and-forward technology is not a real-time interaction but is asynchronous; that is, providers review data that have been provided to them. For example, upon the release of a person receiving care in a correctional facility, the community provider who will be caring for that person may review information collected through the course of care in the correctional facility and use it to guide decision making. Providers might also review charts to support e-consultations for care planning for chronic conditions such as asthma, cardiovascular disease, or diabetes.

Remote Monitoring

Personal health and medical data collection from an individual in one location which are transmitted to a provider in a different location.

Remote patient monitoring is typically asynchronous. It uses technology such as blood glucose monitors to transmit information about patients to service providers for review. Providers can review trends and modify patient care plans based on the data without needing to travel to the facility or accepting the transfer of an inmate to the community provider's office. Remote patient monitoring can help improve glycemic index control among people with diabetes and thus reduce the necessity for in-person visits, for example. For behavioral health service providers, remote monitoring can be used to integrate regular data collection about behavioral and emotional triggers into

ongoing care planning and to ensure that people seek help as needed upon release.

Mobile Health (mHealth)

Smartphone apps designed to foster health and well-being.

Mobile health is also typically asynchronous. Its primary purpose is to engage patients and caregivers. Apps vary in sophistication, from text message reminders aimed at behavior change to sophisticated sensors that share patient-generated health information with providers. Apps can be used to encourage compliance with disease management programs upon release from prison or jail, to support peer counseling programs, or to reinforce medication use and behavior change.

What Are the Key Steps to Telehealth Readiness?

Stakeholders wanting to implement telehealth, regardless of the type, must consider several factors. Organizational changes may be necessary. According to best practices, five key actions are associated with successful telehealth implementation:

1. ### Select one or more types of telehealth services to offer.
   Selecting the type of telehealth services is based on factors such as the needs of the population, availability of providers, and feasibility of providing the service. Another way to identify services to provide is to look at overall population health areas that need improvement and that could be amenable to telehealth.[5]

2. Identify which policies and procedures will need to change.

Items to review include roles and responsibilities, scheduling and workflow, assessment approaches, technical infrastructure, and physical space and security. Finding an appropriately private and secure place with connectivity in a facility may be difficult, so this challenge must be addressed as part of implementation planning. In addition, coordination and information exchange between the originating site (i.e., where the patient is located) and the distant site (i.e., where the provider is located) must be considered. Legal and regulatory requirements, such as changing rules about electronic consent, security, and provider types eligible to provide services, must be addressed.[6,7] A variety of regulations influence how virtual services and prescriptions are offered. Two examples are payment options upon release and locations of patients and providers.

3. Prepare the staff for telehealth.

Roles and responsibilities of staff members will change with telehealth implementation, and these changes will vary with the security of the facility. Thus it is important that leaders take a hands-on role in supporting telehealth implementation to instill necessary support and engage staff throughout the organization.[6,7,8] As with any change, considering staff members' perspectives before, during, and after telehealth implementation can promote a successful implementation. Identifying champions and promoting education and awareness are two considerations that will improve the chances of successful implementation.

How Are COSSAP Grantees Using Telehealth?

Before the COVID-19 pandemic, several rural COSSAP grantees were using telehealth to increase access and engagement in behavioral health care—and they experienced how it can improve safety, cost, efficiency, and client outcomes. The pandemic has resulted in more COSSAP grantees' seeking out telehealth approaches to meet both the need for social distancing and the need for health care.

Many rural COSSAP programs are using telehealth platforms to regularly connect their clients with recovery support specialists once clients are released from jail. Westcare in Tennessee is one example. There, treatment providers are able to assess clients, develop treatment plans, and conduct both individual and group treatment sessions using telehealth. Westcare reports that both clients and staff are comfortable with this approach. Clients who do not have Internet connectivity use their smartphones to access the technology.

Westcare also uses the platform to support non-health care uses in the judicial system. Courts in Tennessee closed because of the COVID-19 pandemic, but the state's recovery court uses the technology to conduct its regularly scheduled weekly report virtually. Westcare reports that the judge, staff, and clients are very pleased with this solution and the continuity it makes possible.

4. Prepare patients for telehealth.

Many people may be intimidated by technology or may not be used to interacting with providers using it. Try to determine participants' experience with technology and their access to devices such as tablets (both in facilities and upon reentry) to assess whether they will be amenable to telehealth.[6,7] People with high health literacy are more likely to embrace telehealth[7,9] than those with lower health literacy.[10] In addition, the likelihood of success of ongoing telehealth after release is improved by preparing people and identifying telehealth-related needs, such as provision of private space, a device, and Internet or cellular connectivity. If people see the benefits of telehealth, they will be more motivated to use it and see better outcomes even when they are no longer incarcerated.[11]

5. Analyze the costs and benefits.

Costs and benefits of telehealth will vary by the type of service selected and the institution.[12,13,14,15] Telehealth can affect physical infrastructure, technical infrastructure, workflow, and cost.[9,16] Telehealth programs have a variety of funding sources, such as states, federal programs, foundations, and health care payers.[17] Regardless of the funding source, identifying telehealth's costs and benefits (e.g., improved outcomes, reduced costs, costs that are avoided) is critical.

Conclusion

Telehealth is already being used by many COSSAP grantees to help improve care and reduce costs throughout the criminal justice system, and the COVID-19 pandemic has only highlighted its utility. Telehealth can be used to serve people during incarceration and reentry in a number of ways, including by enabling peer counseling, increasing access to specialty services, and smoothing transitions upon reentry. Telehealth can improve access to care and care coordination, and it can reduce costs of providing care to people who are incarcerated. To realize the promise of telehealth, grantees should consider their readiness to use it. That involves addressing service selection, changes to policies and procedures, preparation of staff and patients, and analysis of costs and benefits before implementing or expanding telehealth. In addition, grantees should review and update their consent forms to ensure client confidentiality.

The COSSAP resources page (https://www.cossapresources.org/Media) has several articles of interest to grantees considering telehealth. Enter "telehealth" and "telemedicine" in the search bar; the results overlap somewhat, but each term returns about ten unique entries.

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