# Best Practices in Tele-mental Health
# CCJJ Sentencing Reform Task Force: Probation Working Group
# 6/4/2021

Background: Telehealth has the potential to increase treatment availability, decrease wait times, and support both engagement in treatment and progress in treatment. There are however risks. At the request of the Colorado Commission on Criminal and Juvenile Justice: Sentencing Reform Taskforce; Probation Working Group this review has put forth some (but not all) precautions to review prior to initiating, authorizing or standardizing telehealth care specific to behavioral health services. Additionally, this review will highlight areas of opportunity, clinical focus and offer resources to consider.

Definitions

- **Behavioral Health**: Inclusive of mental health, substance use, traumatic brain injury and intellectual and/or developmental delay.
- **Tele-mental health**: Use of technology to provide clinical services. Modalities include telephone, text, e-mail, or interactive tele-video-conferencing technologies. Services most often include crisis intervention or other contacts between in-person sessions, therapy services, assessment, prevention, education (including specific to medication delivery), and follow up/care coordination.
    - Mobile Mental Health Apps: This review did not include research specific to the efficacy, use or outcomes regarding mental health apps (e.g., headspace.com). One resource to consider if this is of interest may be: onemindpsyberguide.org/resources/#digital-mental-health-tools.
    - Synchronous Services: Meaning at the same time, such as on the phone or via video-conferencing).
    - Asynchronous Services: Sequential, via text, e-mail or chat.

Guidelines & Standards

- **Competency of the Provider** – *Providers can and should have continuing education credits/demonstrated course knowledge of telehealth practices in addition to practice itself.*
- **Ethical Considerations in Standards of Care** - *Ask how providers will ensure ethical considerations and client rights will be thoroughly upheld before, during and after any telehealth service.*
- **Informed Consent** - *Should be proactive, continuous, and meet consumer where they are at.*
- **Diversity and Inclusivity Considerations** – *How will providers meet or inquire to ensure they are aware of and addressing any diversity or inclusivity concerns related to telehealth.*
- **Confidentiality of Data & Information** – *How will the information remain confidential?*
    - *Example: Telehealth provider maintains space that is confidential, free of home school children invasions!*
- **Security & Transmission of Data & Information** – *How will the information remain secure?*
    - *Example: Telehealth provider secures their VPN and wireless access to mitigate security breach*

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- **Review against Federal, State and other Standards of care**
  - Federal:
    - Emergency Orders due to COVID -https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/
  - Colorado:
    - Healthcare Policy & Finance (HCPF): https://hcpf.colorado.gov/provider-telemedicine : HCPF implemented temporary telehealth (inclusive of telebehavioral healthcare) expansion throughout the state. Health First Colorado (Colorado's Medicaid Program) is temporarily expanding its telemedicine policy to authorize the following: Expanding the definition of services to include telephone only and live chat modalities; Authorizing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services to bill encounters for tele-visits.
    - Ethics Boards: By licensure type or Colorado Mental Health Practice Act Colorado Revised Statutes- https://sehd.ucdenver.edu/cpce-internships/files/2010/08/Statute.pdf
  - Other Considerations & Resources
    - American Psychological Association. (2013, July 31). *Guidelines for the practice of telepsychology.* http://www.apa.org/practice/guidelines/telepsychology
    - Canadian Psychological Association: Ethical guidelines for psychologists providing services via electronic media. (2006). Retrieved from http://www.cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically/ .
    - New Zealand Psychological Association: Draft Guidelines: Psychology services delivered via the Internet and other electronic media. (2011). Retrieved from http://psychologistsboard.org.nz/cms_show_download.php?id=141 .
    - Joint Commission Standards: https://www.jointcommission.org/resources/news-and-multimedia/blogs/on-infection-prevention-control/2020/04/30/providing-behavioral-health-care-via-telehealth/
    - Telehealth Resource Center: https://telehealthresourcecenter.org/ -2020 Annual Report - https://3f9znz109u3oybcpa3vow591-wpengine.netdna-ssl.com/wp-content/uploads/2021/02/NCTRC_AR2020_FINAL.pdf

<u>Research informs Best Practice: A brief history.</u>

2013 - **"*It doesn't seem worse than in person delivery of care.*"**

- Compared treatment delivered via internet (synchronous and asynchronous) to treatment provided in person. Research did not find statistically significant differences between the two options.

2016 - **"*It is definitely better than no treatment!*"**

- Looked at internet-delivered cognitive behavior therapy for social anxiety, pain and other somatic concerns in children and adolescents and adult populations and found it matched clinical outcomes for in person delivery of same care for same diagnosis.

- Acceptance and Commitment Therapy (ACT) reviewed and found that it surpassed waitlist outcomes.

2017 & 2018 - ***"Actually, this might work better.....in some cases."***

- Blending (a mix of tele-mental health, tele-physical health and in person delivery of care) supported positive outcomes for common mental health disorders.
  Clarification that video & phone delivered telehealth offers improved clinical outcomes to text based and asynchronous delivery of care.
- Research starts to support the effectiveness of tele-mental health care and focuses on its utility in rural areas and minding the gap for access to care.
- Severe Mental Illness: Research supports feasibility but highlights poor research in this area and link to attitudes from providers regarding tele-mental health and clinical risk.
- Substance Use Disorder: Research points out the relative low use of tele-SUD in comparison to tele-mental health and given impact of SUD on total wellness calls for increased use and research.

2020 & 2021- ***"OK we get it; tele-mental health can work but what about those hard-to-treat disorders?"***

- Schizophrenia: It is feasible for participants with schizophrenia-spectrum disorder who accept both treatment and telehealth as an intervention modality.
- Post-traumatic stress disorder: Research found that Trauma-based Cognitive Behavioral Therapy not only did internet-based delivery match in person delivery in clinical outcomes it surpassed in person delivery for treatment engagement.
- Antisocial Personality Disorder & Bipolar Disorders: Research found that there is low utilization of telehealth for these diagnosis among providers. Point - research cannot substantiate if tele-mental health is or is not effective but can tell us that attitudes in providers about risk impacts what disorders they will treat via telehealth.....***which is not unlike how attitudes influence what providers will treat regardless of modality.***
- Anxiety, Depression, Sleep issues & Relationship Issues: Strong support of efficacy of tele-mental health to both diagnosis and treat these disorders.
- Substance Use: JCOIN is currently supporting - https://heal.nih.gov/news/stories/wjcoin
- Opioid use disorder (OUD): In Kentucky the Women's Justice Community Opiod Innovation Network (WJCOIN), is studying women following release from corrections and evaluating different outcomes for one of the interventions – (1) videoconference only, (2) videoconference plus peer navigators' services and (3) the control group will receive the standard substance use treatment services offered by the Kentucky Department of Corrections. All groups will also receive standard treatment prior to release for medication-based treatment and modified therapeutic community post release.

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