



## Colorado Commission on Criminal & Juvenile Justice

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### **FY2022 RECOMMENDATION/FY22-SR03 Increase Access to Telehealth Services for Behavioral Health [Policy]**

**Status:** Implementation Unknown

#### **Actions/Updates**

##### **2023 UPDATE (JUNE)**

During the FY 2023 Legislative Session, Senate Bill 2023-158 to reauthorize the Colorado Commission on Criminal and Juvenile Justice (CCJJ) was postponed indefinitely on May 7, 2023. Therefore, with the sunset of the Commission, all activities of the CCJJ ceased on June 30, 2023.

No further monitoring of CCJJ recommendations will occur.

##### **2021 UPDATE (DECEMBER)**

This recommendation, approved by the Commission on December 10, 2021, involves agency/entity implementation.

#### **Description**

Agencies in the state should develop policies to standardize and increase access to telehealth services for behavioral health treatment for those individuals on community supervision within the criminal justice system. This recommendation includes several propositions directed to multiple agencies to revise practice standards. These standards should address such topics as Competency of the Provider, Ethical Considerations in Standards of Care, Informed Consent, Diversity and Inclusivity Considerations, Confidentiality of Data & Information, Security & Transmission of Data & Information, Participant Guidelines and Criteria, and Telehealth Treatment Decision Making.

#### **Agencies Responsible**

Office of Behavioral Health and/or Behavioral Health Admin. (CDHS), Dept. of Health Care Policy and Financing, and Sex Offender and Domestic Violence Offender Mgmt. Boards (DCJ: CDPS)

#### **Discussion**

Accessing in-person or face-to-face behavioral health services is often challenging and limiting for people involved in the criminal justice system. These persons report that childcare obligations, transportation issues, employment obligations, driver's license limitations, and limited hours for accessing in-person treatment places them at risk of non-compliance. Some also

report that in-person treatment often positions them in risky situations for relapse when exposed to high-risk situations and other individuals in group settings who are less invested in their personal behavior change. Further, in rural communities in Colorado, there is a limited, and somewhat monopolized, supply of in-person treatment for justice-involved people. This is especially true in rural communities where interpretation services or multi-lingual clinicians are in very short supply resulting in limited services for those who do not speak English as their primary language. Beyond those limitations, permanent telehealth capacity provides opportunities to supplement basic weekly outpatient treatment with more enhanced or intensive outpatient substance use disorder services. This is particularly critical for persons with more complex risk/need profiles who have assessed needs beyond basic outpatient services. Telehealth can also offer easier access to after-care services for those who are in transition from inpatient to outpatient services.

Research has begun to emerge that shows promising opportunities for telehealth services, especially when used as a supplement or adjunct to in-person therapeutic interventions [FOOTNOTE (a)]. The COVID-19 pandemic provided opportunities for the criminal justice system to temporarily build capacity for telehealth services. Telehealth for behavioral health services, if made permanent, can increase supply and can mitigate monopolized access to clinical services to justice involved people. It can also address the myriad of competing issues that people face when balancing general life obligations with requirements of community-based supervision.

## Footnotes

[FOOTNOTE (a)]

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