TELEBEHAVIORAL HEALTH INTRODUCTION

WHAT CRIMINAL JUSTICE STAKEHOLDERS NEED TO KNOW.
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TYPES OF TELEHEALTH

Telehealth

- Telemonitoring
- Remote Patient Monitoring
- Clinical Apps
- Case Management

- Telemedicine
- Ambulatory
- Surgical Consults
- Many use-cases

- Telebehavioral Health
- Telepsychiatry
- Telemental Health
- Clinical Apps
- Case Management

(No particular order)
THROUGH TELEHEALTH

- Review Records/Labs
- Write Prescriptions
- Psych Evaluations
- Individual Counseling
- Treatment Staffing
- and More

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Use Case Examples

1. Pre-Trial Intervention
2. Mediation
3. Psych Evaluations
4. Case Management
5. Supervision
6. Medication Management
7. Individual Treatment
8. Medication Assisted Treatment
9. Group Therapy
10. Psychoeducational Classes
11. Assessments
12. Breath tests
TELEMENTAL HEALTH PROGRESSION

1950s - First recorded Telemedicine events.

http://telehealth.gcatt.gatech.edu/HTML/Nebraska1.html
Many telehealth services can be performed from a laptop using additional security measures and software with extensive HIPAA-security measures.
SETTINGS

CLINIC-TO-CLINIC

CLINIC-TO-X
School/Prisons/Corp

CLINIC-TO-CLIENT
HOME
(DTC = Direct-to-Consumer)

CLINICIAN-HOME-TO-CLIENT-HOME
(DTC = Direct-to-Consumer)
Federal Support

- SAMHSA: 2 reports pro Telemental Health
- White House, DOD, Veteran Affairs, HHS
- Medicare & Medicaid reimbursement
- ACA mandates telehealth services for ACOs
What does the research say about Telebehavioral Health?

- **Same Efficacy**: Literature supports efficacy of nearly all TMH/TBH services.
- **Same Methods**: TMH uses same theoretical methods & techniques.
- **Same Services**: All in-person mental health services can be delivered via video.
- **Same Clients**: No contra-indications.

1. Literature supports efficacy of nearly all TMH/TBH services.
2. TMH uses same theoretical methods & techniques.
3. All in-person mental health services can be delivered via video.

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Meta-analysis of 92 studies of online therapy

*Journal of Technology in Human services, Vol. 26, No. 2*

Meta-analysis of 148 peer-reviewed studies on the use of video therapy online

*Clinical Psychology: Science and Practice, Vol. 16, No. 3*
Does Telebehavioral Health Work?

Yes.

**Department of Veterans Affairs**
- 900,000 Veterans used telehealth services in 2019
- 99,000 Veterans used VA Video Connect - ⅔ Visits consisted of Telemental health care


**Journal of Substance Abuse Treatment**
- Telebehavioral Health treatment is increasing in the United States.
- 17.4% (12,334) of Substance Abuse Facilities now offer Telebehavioral Health in 2020
- 22.4% of all facilities offer telebehavioral treatment in rural areas

[Source](https://www.sciencedirect.com/science/journal/07405472)

**American Psychiatric Association**
Clinical Outcomes:
- Telepsychiatry Preferred for Adults with Anxiety Disorders
- Highly effective to patients that have PTSD

[Source](https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/clinical-outcomes)
Veterans Administration

Great Outcomes

Patient Satisfaction Outcomes

• 25% Drop in Hospitalizations
• 94% satisfaction rate of 8,000+ surveyed

TMH CVT implementation Measures in VA Since 2002

2003-2013
• 1,200,000 TMH encounters
• 10 fold increase in new patients annually
• 150 Medical Centers
• 530 Clinics
JUSTICE-INVOLVED STUDIES OF TELEMENTAL HEALTH

A Meta-Analysis of 3 Studies, 341 Patients
Results indicated that Telemental Health outcomes were at least comparable with in-person outcomes.
STUDY:

JUVENILE JUSTICE
TELEBEHAVIORAL HEALTH:

NO NEGATIVE OUTCOMES.

In 2004, 39% OF FEDERAL CORRECTIONAL INSTITUTIONS ARE USING SOME VERSION OF TELEHEALTH.

(No recent data found.)

BENEFITS:
● IMPROVED SECURITY,
● PERSONNEL SAFETY,
● COST SAVINGS,
● ACCESS TO SPECIALISTS.
DANGERS?

WHAT COULD GO WRONG?
WHAT COULD GO WRONG?

• Never connect - no video, no audio
• Disconnection during session
• Privacy problem - (Human)
• Breach of privacy (Technical)
• Client emergency or decompensation
• Provider emergency
• Illegal or unethical activities
• Inability to fulfill the provider’s duty to warn/protect
# Telemental Health Best Practices

<table>
<thead>
<tr>
<th>Core Concept</th>
<th>Type of Activity</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in Telemental Health</td>
<td></td>
<td>One time and annually updated</td>
</tr>
<tr>
<td>Abide by Association, Credentialing Body Ethics</td>
<td></td>
<td>One time - set up protocol</td>
</tr>
<tr>
<td>Data Security - Ensure protected at login, in route and at rest</td>
<td></td>
<td>Each session</td>
</tr>
<tr>
<td>Display Provider Verifiable Credentials</td>
<td>Info given</td>
<td>At all times on promotional spaces</td>
</tr>
<tr>
<td>TMH - Specific Informed Consent</td>
<td>Info given</td>
<td>1st session</td>
</tr>
<tr>
<td>Privacy Protection - Informed Consent</td>
<td>Info given</td>
<td>Each session</td>
</tr>
<tr>
<td>Provide Alternate Communication Means and Methods Between Sessions</td>
<td>Info given</td>
<td>1st session</td>
</tr>
<tr>
<td>Jurisdiction - Verify Location/Jurisdiction of Client and Provider</td>
<td>Screening</td>
<td>Each session - location</td>
</tr>
<tr>
<td>Assess Client Suitability to Venue</td>
<td>Screening</td>
<td>1st session and throughout treatment</td>
</tr>
<tr>
<td>Verify Psychological Safety - No One Else in Client's Room &amp; Private Space</td>
<td>Screening</td>
<td>Each session</td>
</tr>
<tr>
<td>Verify the Client's Location at the Time of Services in Order to Establish Jurisdiction and Emergency Services</td>
<td>Screening</td>
<td>Each session</td>
</tr>
<tr>
<td>Verify the Client's Identity</td>
<td>Form</td>
<td>1st session</td>
</tr>
<tr>
<td>Verify the Client's Age</td>
<td>Form</td>
<td>1st session</td>
</tr>
<tr>
<td>Identify Access Do Emergency Services Local to That Client</td>
<td>Form</td>
<td>1st session, each time different location</td>
</tr>
<tr>
<td>Emergency Contact - Person to Contact Near Client in Case of Emergency</td>
<td>Form</td>
<td>1st session</td>
</tr>
<tr>
<td>Provide Viable Referrals</td>
<td></td>
<td>Last session</td>
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PROVIDERS DO NEED TRAINING
TEMPORARY COVID CHANGES REGULATIONS

State License Regulations

Federal Emergency Waiver
State Governments Restrictions Lifted

UNCHANGED
Ethical Requirements
HIPAA in COVID

• HIPAA Still Required
• Enforcement Relaxed
• Required by Ethics
• Required by State Law?

FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency

1. What is telehealth?

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications.

Telehealth services may be provided, for example, through audio, text messaging, or video communication technology, including videoconferencing software. For purposes of reimbursement, certain payors, including Medicare and Medicaid, may impose restrictions on the types of technologies that can

ASSESSMENTS

WHAT’S POSSIBLE?

- Any Assessment
- Automated
- Results Reported
- Alerts

EXAMPLES:

- DASS 21
- MAST
- GAD 7
- PHQ-9
- and more.
REMOTE ALCOHOL USE MONITORING

Professional Breathalyzer  Facial Recognition  Tamper Detection

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These next 3 questions might look similar to the ones you have just answered, but they give us a different picture of what is going on with your drinking.

In the past week, how many days did you have a drink containing alcohol?

In the past week, how many standard drinks containing alcohol did you consume?

Have you previously tried to cut down on your drinking?

- Yes
- No
Now let's take a look at your drinking.

Now let's take a look at how often you are drinking.
TAILORED EDUCATION BASED ON ASSESSMENT RESULTS

Because Your Drinking Levels Is...

Reliant

We can see that you are struggling with drinking issues. We strongly suggest you visit your doctor before making changes to the way you drink.

We are also here to help. A great first step would be to visit your GP and get some information on how to start reducing safely.

You might also want to check out our Interactive Topic on Managing Urges. It has some great first steps on understanding your relationship with alcohol and some ideas on where to start.

The Understanding Relapses Topic also has some useful information on how to deal with those times when you’ve been trying and slipped up or had a major setback. There are always ways to get yourself back to where you want to be, so check this Topic out if it feels like where you’re at right now.
CONCLUSIONS AND QUESTIONS
### TELEMENTAL HEALTH RESEARCH REFERENCES

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