

Checklist for Implementing Telehealth in Jail or Prison

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This checklist was developed to support administrators, practitioners, and other stakeholders in preparing to implement telehealth, particularly for behavioral health, in jails and prisons. An implementation team, which may consist of corrections staff, community mental health/substance use disorder treatment staff, a university partner, and/or funder, often takes the lead in facilitating communication across systems and ensuring successful implementation. By adding telehealth as a service option, time that community-based practitioners would normally spend on commuting and entering the facility gates can be shifted to providing direct service. In addition, telehealth allows for services to be provided by practitioners in the individual's home community, which is often quite a distance from the facility, thereby allowing for rapport-building and continuity of care as the individual transitions back to the community and continues receiving behavioral health services.

Technology

- Telehealth platform:** The facility should decide on the platform after discussions with the IT department and approval from the facility administration. This may need to be the facility's platform already in use for telehealth, such as Poly, or there may be the option to use another secure platform such as Microsoft Teams or Zoom. If the community-based provider already uses a telehealth platform or has a required telehealth protocol, that may also need to be considered in the decision-making process.
- Equipment:** At its simplest, telehealth can operate with a laptop or tablet if the device has a microphone and camera. Some facilities may already have a telehealth cart with a more complex set-up of equipment. In either case, the decision must be made with administration authorization and ensure that equipment complies with facility IT security and protocols.
- Email:** The facility's IT department and practitioner's IT department will determine whether the community-based practitioner's work email may be used for telehealth session invitations e.g., ensure that no security features of the facility's or practitioner's IT network prevent connection. If the practitioner has been issued an email address from the facility, it may be necessary to use that email to avoid issues e.g., with firewalls.

Facility Logistics

- Staffing:** In many facilities, a designated program staff must be present in the room to operate the equipment and comply with facility security standards. This staff person and facility staff should be introduced to promote good working relationships and familiarity with the telehealth program/services.
- Physical Space:** Because facility staff understand the permissions and restrictions within the facility, they are best-positioned to determine which areas of the facility are approved and suitable for a telehealth session with privacy. There may be designated areas for telehealth or other programming, or there may be flexibility to use other space such as an office or meeting room. In some facilities, the individual may need to use the video system installed in the Professional Visiting area typically used with attorneys, parole/probation, etc.
- Scheduling:** The challenges of finding time slots for telehealth services can be addressed proactively by identifying any constraints and working around them, such as the individual's schedule of other programming/groups, scheduled facility counts, specific days and/or times that this particular programming is allowed, and restrictions based on the individual's security level.

Staffing, Cross-System Collaboration, and Program Promotion

- **Staffing and Orientation:** Identifying and engaging key players up front is critical to the success of telehealth. This will likely include but is not limited to facility administration (e.g., Warden/Captain, Deputy Warden/Lieutenant, and Assistant Deputy Warden), facility health care leaders (e.g., Health and/or Mental Health Unit Chief), and IT staff. Community stakeholders may include community mental health/substance use disorder treatment system administrators, provider agency leadership, and team supervisors. All systems should designate and introduce their point person(s). The implementation team should provide an orientation to the key players and facilitate information sessions for all facility staff. Mental health staff and Corrections Officers are especially well-positioned to be strong program advocates and make referrals.
- **Planning and Implementation:** After the general orientation, the implementation team should follow up by meeting with facility staff to discuss the nuances of implementing in that facility. The university partner or other external consultant will play a specific role in facilitating discussions, ensuring that the checklist is followed, creating process maps, and providing ongoing technical assistance. Once in pre-implementation, the telehealth process should be piloted with a few staff e.g., sending a session invitation, holding a ‘practice session’ between facility program staff and community-based staff, testing audio/video, testing connectivity in the designated room, and including any physical or electronic materials.
- **Collaboration and Program Promotion:** The implementation team will facilitate sessions to introduce the point people, corrections staff, and program staff. The importance of communication and collaboration among staff cannot be overstated. Staff should establish their own working relationships and function as a team even though they work in different systems. For example, the Coordinator who facilitates sessions inside the facility and the community-based staff, such as a Case Manager and Peer Support Specialist, will benefit from scheduling regular check-ins, establishing rapport and trust, communicating openly, and collaborating on problem-solving. This supports program cohesiveness, which in turn benefits program participants. In addition, program promotion is supported by having print materials like posters and brochures; holding education sessions for health staff, mental health staff, and Corrections Officers on all shifts; and ensuring that staff are informed about the telehealth program and its benefits.

Evaluation and Feedback

- **Evaluation Planning:** Systematically collecting feedback is essential, particularly in early implementation. All should agree on the way in which the initiative will be evaluated and the measures of success, which should include process indicators (e.g., usage by staff, barriers), satisfaction (of participants and staff), outputs (e.g., number served), and short-term outcomes (e.g., symptom improvements, connections to community-based providers). Everyone involved should become comfortable with providing feedback from a process improvement perspective for purposes of efficiency and effectiveness. As such, all should expect to participate in structured communication (e.g., regularly scheduled meetings) and informal communications (e.g., email or phone) to discuss successes and problem-solve as needed.
- **Evaluation:** The implementation team should work with program staff to gather feedback from participants as well as from staff. This may be in the form of brief surveys and/or interviews. The implementation team should summarize the findings and share with staff on a quarterly basis for feedback and discussion.

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This checklist is available for free to all users. Individuals should use their own judgment in using this checklist and understand that the developer makes no warranties that this checklist is suitable for the purpose planned by the user.