



California Sex Offender Management Board
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CASOMB Guidelines for Telehealth and Language Barriers

CASOMB Telehealth Guidelines

In-person therapy is the preferred method of treatment for individuals who have committed a sexual offense. Telehealth is an alternative to in-person therapy in rare circumstances in which in-person therapy is not available or the in-person therapy creates a hardship for the client. Under law, “telehealth” is the mode of delivering health care via information and communication technologies, including, but not limited to, telephone and/or internet. With modern advances in technology, most individuals have the ability to use telehealth options that include video. This allows the therapist to see the client, assess their self-care, hygiene, and read non-verbal cues. When telehealth is used, telehealth with video is preferred to audio only telehealth.

Psychological evaluations should be conducted in person, unless prohibited by local regulations, or there are extraordinary circumstances.

The containment team should consider the benefits of utilizing telehealth for group or individual therapy in the following situations.

1. When CASOMB-certified treatment providers are not available within a reasonable distance (i.e. rural areas).
2. When commuting to treatment creates an undue hardship for the client (e.g. lack of transportation, excessively long commutes on public transportation, commutes that interfere with employment).
3. When the client is homebound or has medical problems that preclude them from attending sex offender treatment and they continue to pose a risk to the community.
4. When local CASOMB-certified treatment providers do not offer services in the client’s language, and a CASOMB-certified treatment provider in another county provides therapy in the client’s language.
5. When following county medical guidelines during extraordinary circumstances.

Consideration should be given to the client’s environment when telehealth is being considered. The client needs a private place to participate in the telehealth. If the client resides in a detention center, halfway house, sober living, or other group residence environment, then arrangements should be made ahead of time to accommodate a private and confidential setting for the session.

Certified providers are responsible for understanding all applicable laws for delivering treatment services via telehealth. Requirements for the delivery of telehealth services can be found in Business and Professions Code § 2290.5 and California Code of Regulations Title 16, § 1815.5:

Standards of Practice for Telehealth. Some of the laws included in the Business and Professional requirements are included here for easy reference, however, not all Regulations are included.

1. Clients must sign a consent specifically for telehealth services. An audio-recorded consent that complies with professional regulations may also be used.
2. Treatment providers shall ensure they are using equipment and/or software applications that are HIPAA compliant. Upon request, most web-based software companies will provide a certificate of their HIPAA compliance.
3. Treatment providers shall follow ethical guidelines when delivering services.
4. Treatment providers should be aware of their environment when providing services. The treatment provider should be in a private quiet, stationary location, free of distractions (including but not limited to driving, caring for family members) that ensures confidential communication.

Please note that it is the CASOMB-certified treatment provider's responsibility to ensure that they are aware of and complying with all statutory and licensing requirements as they relate to telehealth.

Recommendations for Language Barriers

It is best to provide mental health services to individuals in a language in which they are fluent. This includes sign-language for the hearing impaired. There are a limited number of CASOMB-certified treatment providers who conduct therapy in a language other than English. Therefore, CASOMB recommends the following guidelines when confronted with language barriers.

1. The offender client should be treated in a language in which they are fluent. In-person therapy with a therapist who fluently speaks the same language is preferred.
2. If a CASOMB-certified treatment provider is not available in the offender-client's county of residence, and commuting to see the therapist creates a hardship for the client, then telehealth with a CASOMB-certified treatment provider who fluently speaks the offender-client's language should be considered.
3. In the event that a CASOMB-certified treatment provider is not available either in-person or by telehealth, the containment team should explore the following options.
 - a. Use of an interpreter. Depending on the county interpreters may be secured through county probation departments, county mental health departments, or county court systems. In-person or video interpretation is preferred to audio only interpretation.
 - b. With CASOMB's permission a provider agency, may work with a non-CASOMB certified licensed clinician who speaks the client's language, provided the licensed clinician is supervised by an independent level CASOMB-certified treatment provider.

Links for Resources related to Telehealth.

[APA Telepsychology Guidelines](#)

[CAMFT Regulatory and Legal Considerations for Telehealth](#)

[Requirement to Provide Notice to Psychotherapy Clients](#)

[BBS Standards for Practice of Telehealth](#)

[U.S. Department of Health and Human Services health information privacy: telehealth](#)

[BOP Advisory on Telehealth and HIPAA during COVID-19](#)