

NEBRASKA JUDICIAL BRANCH

# Teleservice Pilot Program

## An Initial Report



**Legislative Bill 50**

**LB50, § 14(4)**

**May, 2024**





**Administrative Office of the Courts and Probation**  
**Teleservices Pilot Study**

**May 24, 2024**

This report was completed in compliance with Legislative Bill 50, LB50, § 2(4).

**Acknowledgments**

This report was produced by the Adult Probation and Rehabilitative Services and the Research and Data (R&D) teams in the Operations Division of the Administrative Office of the Courts and Probation (AOCB). These teams work with the AOCB and its invested parties to provide relevant and valuable data for evidence-based decisions. This project was led by Paige Joseph, Probation Programs and Services Specialist. The report is a collaborative effort based on the input and analysis of the following individuals:

**Adult Probation and Rehabilitative Services Division:**

Paige Joseph, *Adult Probation Programs and Service Specialist*

Kimberley Mundil, *Assistant Deputy Administrator for Rehabilitative Services*

Bob Denton, *Deputy Administrator for Adult Probation and Rehabilitative Services*

**Operations Division**

**Research and Data Team:**

Hazel Delgado, *Director of Research and Data*

Kristen Nikolai, *Research and Data Specialist*

Justin Swartz, *Database Analyst and Manager*

**Probation District 11:**

Lonnie Folchert, *District 11 Chief Probation Officer*

Kurt Stevens, *District 11 Chief Deputy Probation Officer*

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## INTRODUCTION

Behavioral health issues are prevalent among individuals involved with the criminal justice system. These issues, including mental health needs and substance use needs, can exacerbate legal problems, and impede habilitation efforts. Recognizing the need for accessible and confidential treatment options, the 108<sup>th</sup> Legislature of Nebraska (First Session) passed Legislative Bill 50 (LB50) that initiated a pilot program to create physical spaces within state courthouses equipped with information technology resources to serve as access points for virtual behavioral health services. The pilot program established under this legislation includes Judicial Branch IT support and equipment needed to conduct the pilot and provide the required report, estimated General Fund impact: FY24 \$85,000. The pilot program stopped operations because LB50 has been temporarily enjoined as of October 2, 2023, pending the outcome of litigation. This report aims to provide an update on the Teleservice Pilot project.

## BACKGROUND

The Nebraska Criminal Justice Reinvestment Working Group (NCJR) Final Report, prepared by the Criminal Justice Institute (2022), elucidates that an analysis of sentencing data revealed considerable variability in sentencing outcomes. This variability suggests that sentencing practices are predominantly influenced by discretionary factors rather than the specific details of individual cases. The report suggests that individuals with comparable criminal histories and charges receive markedly different sentences based on their geographic location within Nebraska. Furthermore, a county-level analysis of prison admissions indicated that the highest admission rates originated from counties outside metropolitan areas. The regions beyond the larger cities possess limited resources for addressing substance use disorders and mental health diagnoses, resulting in inadequate treatment options for underlying behavioral health needs and inadequacy in response to those needs.

Findings of the NCJR report further indicate that incarceration is frequently employed as a recourse for individuals facing drug-related and/or mental health challenges. A primary factor contributing to the growth of the Nebraska prison population is the inconsistent availability of and access to alternatives to incarceration. This inconsistency has led to a substantial number of individuals being incarcerated for nonviolent offenses, particularly those related to substance use and property crimes.

The NCJR report used the data to provide the State of Nebraska with 21 policy options focused on five categories. One of those categories is to *Improve statewide behavioral health supports*; under this category, four options received a consensus as a potentially viable strategy to prioritize public safety and effectively reduce recidivism.

## POLICY PRIORITY

As a result of the NJCR Working Group's analysis of data trends and invested party consultations, one policy option that garnered consensus was, "*Option 14: Utilize County and District Courts as physical access centers for virtual behavioral health treatment for individuals on community*

*supervision.*" This priority focuses on designing telehealth space within a specific county and district court. The space would provide physical access centers for virtual behavioral health treatment for those individuals on community supervision. Additionally, it was advised that technological advancements, expanded connectivity, and overall capacity for virtual services within the county and district courts statewide should be leveraged to provide a physical venue for those individuals on community supervision to avail themselves of virtual behavioral health services.

## PARTICIPANT SELECTION

The NCJR report identified Lincoln and Dawson counties, within District 11, as significant contributors to prison admissions. According to the 2020 Probation District Need Analysis, the most identified behavioral health services lacking in the districts are Co-Occurring Evaluations and Treatment, Sex Offender Evaluations and Treatment, and Substance Use Intensive Outpatient Treatment and Medication Management. Probation District 11 was identified as one of the top four districts with the greatest need for additional behavioral health services. When compared to other Districts, District 11 was recommended as the site for the Telehealth Pilot because of its higher-than-average recidivism rate (21%), higher rate of revocations (24%), lower rates of successful discharges for both traditional probation (69%) and PRS (39%), and having two counties identified as having high admission rates (5 to 15 total admissions per 10,000 residents) into the Nebraska Department of Corrections.

## TELESERVICE PILOT PROGRESS

Face-to-face meetings were conducted with the Chief Probation Officer, district management, and personnel from District 11 to delineate an implementation strategy, ascertain potential obstacles, and assess district-specific resources. The Victim Specialist from District 11 was designated to collaborate with the local Victim Representative from the sheriff's office to identify supplementary victim services and ascertain suitable physical spaces for survivors to engage in telehealth behavioral health services.

Identifying telehealth resources revealed a deficiency in the information management system, specifically, the inaccurately capturing telehealth providers for referral services. Addressing this issue led to collaboration with program developers to enhance the identification and accessibility of telehealth providers within the system. Upon identifying these barriers, contact was initiated with providers to ensure their registration accurately reflected their capacity and willingness to deliver telehealth services. This intervention is expected to enhance the availability of telehealth services across the state eventually.

District 11 leadership and personnel identified numerous prospective sites for telehealth services, including the allocation of office space within reporting centers, collaboration with the local sheriff's office to furnish participants with tablets for use in accessing telehealth behavioral health services, and arrangements with libraries and other community venues where support group meetings were conducted.

District 11 leadership designated a confidential area within reporting centers for participants to avail themselves of telehealth behavioral health services. These designated office spaces had requisite equipment, including laptops, headsets, and cameras. Additionally, promotional materials, including flyers and brochures, were developed to disseminate readiness information regarding the pilot project. These materials were never distributed to district leadership because of the project's suspension. In addition, the IT support staff was not hired due to the suspension of the Telehealth Pilot.

#### NEXT STEPS

The next step in this pilot is to engage IT resources dedicated to LB50. These resources will assist District 11 in ensuring secure and consistent access points so that justice-involved individuals can use telehealth services throughout the district and its various field offices. Continued efforts will simplify access to teleservices so individuals are not discouraged from participating in services or utilizing the pilot's resources. Recruiting new providers and encouraging current registered service providers to list their ability to offer teleservices will be vital to ensure success. Additionally, collaborations with DHHS and Medicaid will focus on expanding funding and support for teleservices in rural areas where transportation resources create barriers to in-person services.



**Adult Probation Services**  
**Research and Data**

Administrative Office of the Courts and Probation  
Nebraska State Capitol Building, Room 1209  
Lincoln, NE 68510