Law Enforcement & Behavioral Health Landscape in Nebraska

Executive Summary

NCJA | Center for Justice Planning

This report, developed by the National Criminal Justice Association in partnership with the Nebraska Crime Commission (NCC), presents a comprehensive gap analysis of behavioral health needs in Nebraska, with particular attention to the intersection of behavioral health and the criminal justice system.

Scan to read the full report.

During NCC's multi-phase strategic planning process to set priorities for Byrne Justice Assistance Grant (Byrne JAG) funding, behavioral health consistently emerged as a pressing concern. Given the overlap between Byrne JAG and Byrne State Crisis Intervention Program (Byrne SCIP) priorities, NCC and NCJA undertook this analysis to better understand statewide behavioral health needs and inform future funding decisions. Drawing on more than 250 survey responses, multiple focus groups, and supplemental data sources, including Sequential Intercept Model workshop reports and public health records, this report identifies critical service gaps and offers recommendations to guide resource allocation.

While this report highlights persistent and emerging challenges, it also recognizes the meaningful progress Nebraska has already made by investing significant resources into behavioral health and criminal justice initiatives. The following findings and recommendations are designed to help sustain that momentum, close critical gaps, and strengthen the state's capacity to respond effectively.

Most Significant Challenges

- Persistently high prevalence of behavioral health needs and workforce shortages, especially in rural areas where some counties struggle with severe prescriber/practitioner shortages.
- Rising suicide rates among adolescents with limited prevention, intervention and local treatment resources.
- Despite an overall decrease in unintentional drug overdose deaths, missed opportunities for intervention still exist.
- A lack of responses to address behavioral health emergencies, including hospital capacity, mobile crisis response team limitations, a lack of crisis stabilization centers, minimal detoxification, residential treatment centers and sober housing.
- There are limited culturally appropriate supports in place to serve growing immigrant populations.
- Transportation is a barrier for many individuals to access services, particularly those in the more rural parts of the state.

Summary of Recommendations

- **Leverage Partnerships:** Build strong collaborations among hospitals, community organizations, schools, law enforcement and behavioral health providers. Share resources, improve referral pathways and coordinate discharge planning.
- **Expand Mobile Crisis Response:** Increase co-response teams, pairing mental health professionals with law enforcement, especially in rural areas. Implement Crisis Intervention Teams (CIT) statewide with specialized training and the involvement of people with lived experience. Use technology and virtual crisis response to address resource limitations in frontier/rural areas.
- **Expand Integration of Behavioral Healthcare into Primary Care:** Embed behavioral health professionals in primary care settings, particularly in rural clinics.
- **Expand Telehealth Access:** Increase telehealth services, especially in rural areas; invest in expanding broadband internet in underserved areas, possibly using models like Minnesota's broadband initiative. Provide telehealth kiosks in community centers, libraries and clinics to improve access.
- **Expand Peer Support Infrastructure:** Embed peer specialists in justice systems, crisis response, reentry programs and mobile crisis teams. Increase training, certification, and specialization tracks for peers. Educate stakeholders on the appropriate roles of peer support. Support peer workforce retention and promote diversity reflecting community demographics.
- **Prioritize Addressing Behavioral Health Workforce Shortages:** Use incentives such as loan forgiveness, bonuses, housing stipends and relocation assistance. Emphasize retention through professional development and supervision. Focus on increasing providers with prescriptive authority.
- **Increase Culturally Responsive Programming:** Build partnerships with trusted community organizations. Hire bilingual and bicultural staff, train providers on cultural responsiveness.
- **Coordinate Resources Across State and Local Agencies:** Regularly assess data to identify gaps and avoid funding duplication; coordinate opioid settlement dollars and other funding sources to maximize impact.
- **Enhance Transportation Services:** Invest in transportation support, especially in rural areas. Leverage existing informal transportation networks, such as faith-based community support.
- **Expand Problem Solving and Diversion Courts:** Implement or expand treatment and specialty courts addressing behavioral health needs. Incorporate peer support components into court programs.
- **Prioritize Youth Mental Health Through Prevention and Early Education:** Integrate evidence-based prevention programs in schools; increase school-based behavioral health staffing (counselors, social workers, psychologists); use screening tools to identify social-emotional needs early.
- **Develop Reentry Support Programs:** Establish structured reentry services for individuals leaving jail or treatment. Partner with probation, health departments and community organizations.
- **Provide Behavioral Health Training for Stakeholders:** Expand behavioral health training by standardizing CIT/CRIT for law enforcement and jail staff while balancing training demands, and by providing training to community members to strengthen local capacity.