



Administrative Office of the Courts & Probation

Reporting Center Services Request for Qualification (RFQ)

Service Period: July 1, 2021 – June 30, 2023

December 1, 2020

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*PDF SUBMITTAL FORMS FOR ARE LOCATED ON THE SUPREME COURT WEBSITE UNDER CONTRACTING OPPORUNITIES. https://supremecourt.nebraska.gov/contracting-opportunities

SECTION 1 INTRODUCTION

A. Introduction

The Nebraska Administrative Office of the Courts & Probation ("Probation") is issuing this Reporting Center Services Request for Qualification ("RFQ") in order to qualify Providers to deliver programming and services <u>at</u> Reporting Centers/Satellites, Service Centers, or other Probation-assigned locations for the period of July 1, 2021 through June 30, 2023. The Service Definitions detailed in this RFQ contain the mandatory minimum requirements Providers must meet in order to provide such services for Probation.

B. Evaluation

Responses will be evaluated based upon the criteria outlined in Section 4 of this document and scored accordingly. Providers' scores that meet the minimum standards set by Probation will be put on a Qualified Provider listing. Should there be a need for a specific service, a Qualified Provider will be contacted.

Contracts may be entered into with those Qualified Providers whose submissions are determined to be the most advantageous to Probation, taking into consideration the evaluation factors set forth herein. Probation reserves the right to contact individual references and to consider other sources of information to determine evaluation scores.

Probation may reject any or all responses or parts thereof and/or cancel this RFQ and re-solicit, if such action is in Probation's best interest. Probation may waive informalities and minor irregularities on responses received. This RFQ does not commit Probation to award any contract or to pay any costs incurred in the preparation of responses.

SECTION 2 RFQ INSTRUCTIONS AND PROCEDURES

A. <u>Necessary Documents</u>

Providers who wish to submit a response shall complete all necessary documentation as identified in Section 5 of this RFQ.

B. Specifications

The specifications included in this RFQ provide adequate information as to whether or not Provider can meet the needs of Probation. Deviations from the specifications may result in lower scores or be grounds for disqualification.

C. Questions

Probation believes this RFQ contains sufficient information to respond and will not be accepting questions or comments regarding the RFQ.

D. Subcontractors

All direct service rights or obligations that will be assigned, delegated, or subcontracted in whole or in part, must be identified in the RFQ response.

E. <u>Provider Certification</u>

By submission of a response, Provider certifies that Provider has neither paid nor agreed to pay any person, other than a bona fide employee, a fee or a brokerage resulting from the award of the contract.

F. <u>Preparation of the Response</u>

Providers are expected to examine all Service Definitions, rules, documents, forms, specifications, standard provisions, instructions, and review its response for accuracy before submitting its response: Failure to do so may result in lower scores or be grounds for disqualification.

G. <u>Response Requirements</u>

Responses should be completed and submitted electronically for Appendix A through Appendix C and Letters of Recommendation and Resumes. Responses should be as thorough and specific as possible, especially when referencing curriculum and how the Service Definition requirements will be met.

Pdf forms of Appendix A-B and Appendix C can be found on the Nebraska Supreme Court website under Contracting Opportunities <u>https://supremecourt.nebraska.gov/contracting-opportunities</u>. Except for letters of recommendation requirements, responses are limited to the pdf forms and the space provided in those forms.

SECTION 3 SPECIFICATIONS

A. Specifications Introduction and Overview

The Nebraska Administrative Office of the Courts & Probation ("Probation") is issuing this Reporting Center Services Request for Qualification ("RFQ") in order to qualify Providers to deliver programming and services <u>at</u> Reporting Centers/Satellites, Service Centers, or other Probation-assigned locations for the period of July 1, 2021 through June 30, 2023.

B. Districts and Locations of Reporting Centers/ Satellite Centers/Service Centers

District	Reporting Center / Satellite Centers / Service Centers	Address
1	Beatrice Reporting Center	201 N. 5 th St., Ste. 1
1	Nebraska City Reporting Center	1021 Central Ave., #202
1	Fairbury Satellite Center	606 3 rd St.
1	Falls City Satellite Center	1700 Stone St.
1	Geneva Satellite Center	1320 G. St.
1	Wilber Satellite Center	325 S. Wilson
1	Tecumseh Satellite Center	351 Broadway St.
2	Bellevue Reporting Center	7511 S 36 th St., Ste. 9
3A	Lincoln (South) Reporting Center	605 So 10 th St., Ste. B100
3A	Lincoln (North) Reporting Center	901 W. Bond, Entrance E
4A	Omaha (Blondo) Reporting Center	1821 N. 73 rd St.
4A	Omaha (Spring) Reporting Center	8313 Spring Plz.
4A	Omaha (South) Satellite Center	4937 S. 24 th St.
5	Columbus Reporting Center	2282 E. 32 nd Ave
5	Seward Satellite Center	261 S. 8 th St.
5	York Satellite Center	2325 N. Nebraska Ave.
6	South Sioux City Reporting Center	1000 W. 29 th St., Ste. 118
6	Fremont Reporting Center	2860 W. 23 rd Dr.
6	Blair Satellite Center	597 Grant St., Ste. 300
7	Norfolk Reporting Center	602 Iron Horse Dr.
8	O'Neill Service Center	128 N. 6 th St., Ste. 4
8	Broken Bow Service Center	604 Heritage Dr.
9	Grand Island Reporting Center	207 N. Pine St.
9	Kearney Reporting Center	2022 Ave. A
10	Hastings Reporting Center	300 N. St. Joseph, Rm #103
10	Hastings Satellite Center	412 W. 3 rd St.
10	Minden Satellite Center	528 N. Minden Ave.
10	Holdrege Satellite Center	715 5 th Ave.
11	Lexington Reporting Center	700 N. Washington, Rm. L
11	North Platte Reporting Center	110 E. 3 rd St.
11	McCook Satellite Center	502 Norris Avenue
12	Gering Reporting Center	1740 10 th St.
ALL	Statewide	All locations listed above

C. Services

Anger Management Group

Behavioral Change Intervention Support Programming (BCISP)

Crime Victim Empathy Group

Dialectical Behavior Therapy (DBT) Skills Group

Employment Services

Men's Group

Money Management Group

Parenting Group

Pre-Treatment Group

Relapse Group

Sex Offender Group

Trauma Group

Women's Group

SECTION 4 RESPONSE EVALUATION CRITERIA

Responses will be evaluated through in depth analysis and will be based on the following criteria:

- 1. How well Provider follows the RFQ directions (max of 18 points)
- Provider's demonstration of understanding the Service Definition requirements to include

 licensing/qualifications, pricing, appropriate curriculum, etc. Additionally, do Service
 Expectations include Evidence Based Practices (EBP) (max of 30 points)
- 3. Provider's demonstration of expertise in the subject matter and the application of the service to expected outcomes for participants (max of 30 points)
- 4. Providers experience with target population (max of 18 points)
- 5. Provider's Letters of Recommendation, reputation, professionalism, and completeness of response to RFQ (max of 18 points)

The total possible scoring points per scorer is 114. There are six scorers per Service/District combination and the total possible points is 684. Providers must score a minimum of 342 points to become a Qualified Provider for a Reporting Center service.

SECTION 5 TIMELINE / SUBMITTAL DOCUMENTS

A. <u>Timeline</u>

- 1. Provider Submittal Documents are due no later than 12:00 p.m. ("Noon") Central Standard Time, Friday, January 29, 2021.
- 2. Responses will be evaluated from February 1, 2021 through April 6, 2021. During this time, Probation may require Provider to accommodate further discussions with evaluation team. Provider will be notified in writing or by phone if this is requested.
- 3. Discussions may be conducted with Provider(s) for the purpose of clarifying responses to ensure the evaluation team has a full understanding of the responses to this RFQ. In conducting discussions, there shall be no disclosure of any information derived from responses submitted by competing Providers. However, once this competitive procurement process is complete, all records and associated contracts are considered public record and may be released to third parties upon appropriately submitted public records request(s).Probation reserves the right to conduct discussions if determined necessary. Discussions shall not constitute a contract award nor shall they confer any property rights on a Provider. Award may be made without discussions, therefore, offers shall be submitted complete and on most favorable terms.
- 4. Providers <u>selected to provide a contracted service</u> will be contacted by Reporting Center Coordinators between April 7, 2021 and April 30, 2021.
- 5. Due to the anticipated number of responses, <u>Providers will not be notified unless selected</u> <u>to provide a contracted service</u>. Keep in mind that Providers responding to this RFQ will be scored and those that meet the minimum standards set by Probation will be put on the Qualified Provider Listing and will remain on that Listing for the full RFQ cycle. Should there be a need for a specific service, a Qualified Provider will be contracted to provide the service, unless a Qualified Provider is unavailable for that service in that location.

B. Submittal Documents

Email submittal documents with the following attachments to:

- 1. <u>nsc.contractingopportunities@nebraska.gov</u>
- 2. The Subject Line in the email for submissions must include the title of the contracting opportunity (RC-RFQ) and your organization's name (e.g. RC RFQ-ABC Counseling)
- 3. Submittal documents should be attached to the email and named pursuant to the naming conventions listed below.
 - Appendix A-B Provider Submittal Letter and Profile: *Providername-AppendixA-B.pdf*

- Three (3) Professional Letters of Recommendation: *Providername*-*Recommendations.pdf*
- Appendix C-Service Definition Response Form(s); one for each service Provider wishes to provide: *Providername-AppendixC-ServiceName.pdf*
- Resumes, by Service, of providers, facilitators, substitutes, and subcontractors that will be responsible for direct service provision. *Providername-Resumes-ServiceName.pdf*

Example: If ABC Counseling wishes to provide DBT, Relapse, and BCISP, the Provider shall attach the following submittal documents to the email:

- 1. ABCCounseling-AppendixA-B.pdf
- 2. ABCCounseling-Recommendations.pdf
- 3. ABCCounseling-AppendixC-DBT.pdf
- 4. ABCCounseling-Resumes-DBT.pdf
- 5. ABCCounseling-AppendixC-Relapse.pdf
- 6. ABCCounseling-Resumes-Relapse.pdf
- 7. ABCCounseling-AppendixC-BCISP.pdf
- 8. ABCCounseling-Resumes-BCISP.pdf.

SECTION 6 SERVICE DEFINITIONS

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SERVICE NAME	ANGER MANAGEMENT GROUP
Funding Source	Reporting Center funding, or if available, Behavioral Health funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	By employing cognitive behavioral therapy approaches, the facilitator will present participants with the option to draw on targeted intervention strategies to include: relaxation interventions, cognitive interventions, communication skills interventions, and/or combined intervention strategies to assist individuals in developing anger control plans.
Service	• Closed
Expectations (include EBP)	 Facilitator shall use the SAMHSA anger management curriculum and treatment model to assist each participant in crafting an anger control plan through targeted and defined intervention strategies Use Motivational Interviewing Cognitive behavioral therapy model that incorporates unified principles of social learning theory Complete documentation and attendance within seven (7) business days and immediately relay any concerns to supervising officer
Length of Services	Length of service for a participant is a minimum of 12 sessions.
Staffing Requirements	 Group consists of the following: 12 weekly sessions 1.5 hour sessions Up to 1 hour preparation/documentation per session Up to 30 hours per group (@ 18 hours of group + doc/prep) Appropriately licensed and credentialed professionals (Psychiatrist, APRN, P.A., Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC, PLADC) that work with anger management within their scope of practice. A dually licensed clinician is preferred for any participant with a co-occurring diagnosis. All provisionally licensed/credentialed professionals must be supervised by an appropriately licensed professional pursuant to State licensing requirements. Supervisor must be a Registered Service Provider with Probation.
Maximum Class	12
Size Minimum Class Size	4 Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings and weekends.
May be facilitated through Teleservices	Yes

Desired Participant	Participant has created a personalized anger control plan to better manage strong
Outcome	emotions which has been shared with the supervising officer
	Participant learns the thought-feeling-action link
	Participant learns what triggers harmful thinking
	Participant accepts responsibility without minimization or making excuses
	• Participant learns and uses the five steps of problem solving
	Participant learns how others are affected by action or inaction
	Participant has developed skills to manage anger/temper
	Participant has developed skills to manage internal anger
	Participant takes feedback appropriately
	Participant practices asking for help
	Participant uses effective communication skills with family conflict
Rate	\$95.00/hour

SERVICE NAME	BEHAVIORAL CHANGE INTERVENTION SUPPORT PROGRAMMING
Funding Source	Reporting Center funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	By employing a cognitive-behavioral interactive journaling system, participants address their individual problem areas within assessed criminogenic needs. This outcome- oriented intervention model incorporates research-to-results and evidence-based practices for addressing the needs of the participants working to successfully reintegrate into their communities and develop a roadmap to success in their efforts to change.
Service	Open or Closed
Expectations (include EBP)	 Referrals correlate with high domains identified through Probation's standardized assessments or when a need is identified by Probation Officer Class will utilize Change Companies Journal workbooks including, but not limited to, the following: Social Values, Responsible Thinking, Skills for Successful Living, Strategies for Success, Peer Relationships, Self-Control, Social Values, Family Ties, Substance Use, Power of Self Talk and Responsible Decisions – DUI program Provider will use interactive journaling as a behavioral change tool incorporating motivational strategies, goal setting, and cognitive behavioral interventions to assist participants in making positive and lasting life changes Provide each participant with a workbook/journal to write in and use for group Unbiased and open forum to facilitate discussion and disclosure Provider will collaborate with Probation Officers for enhanced case management Provider will recommend referrals for additional Reporting Center/Service Center/Satellite Center services/programming Provider will use Motivational Interviewing Complete documentation and attendance within seven (7) business days and immediately relay any concerns to supervising officer
Length of Services	 Specific programming for a participant shall be determined by the supervising Probation Officer. Each Group consists of the following: One (1) session of up to eight (8) hours; two (2) sessions of up to four (4) hours; or four (4) sessions of up to two (2) hours – determined by the Reporting Center Coordinator Up to 1 hour preparation/documentation per two hours of group (max of 4 hours) Up to 12 hours per group (@ 8 hours of group + doc/prep)
Staffing	 High School Diploma or equivalent
Requirements	 Trained in Change Company Curriculum (webinars or classroom training) Trained in Stages of Change [two (2) hours of classroom training] Two (2) years of experience in group facilitation
Maximum Class Size	15
Minimum Class Size	4 Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased.
Hours	Groups may be scheduled outside of normal working hours, including evenings and weekends.
May be facilitated through Teleservices	Yes

Desired Participant	• Participant reduced his/her risk in targeted domains as measured through the
Outcome	reassessment process
	 Participant developed an individualized change plan which will be shared with the Probation Officer
	• Participant learns the thought-feeling-action link
	Participant avoids thinking traps
	Participant learns what triggers harmful thinking
	• Participant accepts responsibility without minimization or making excuses
	• Participant employs learned strategies to make responsible, moral choices when confronted with ethical dilemmas
	• Participant holds a set of values that uphold the dignity, safety, and independence of self and others
	• Participant learns and uses the five steps of problem solving
	• Participant learns how others are affected by action or inaction
	• Participant has developed skills to manage anger/temper
	Participant has developed skills to manage internal anger
	Participant takes feedback appropriately
	Participant practices asking for help
	• Participant has the courage to begin something new
Rate	\$40.00/hour

SERVICE NAME	CRIME VICTIM EMPATHY GROUP
Funding Source	Reporting Center funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Program targeted at increasing a participant's awareness of the long-term physical and emotional damage that crime inflicts on victims and their communities, as well providing a forum for the expression of feelings and thoughts resulting from victimization. Curriculum is delivered in a solution-focused, structured, and contingency-based model using positive modeling, reinforcement, and commitment to the curriculum.
Service Expectations (include EBP)	 Closed Group Use of Motivational Interviewing Evidence based Curriculum focusing on the following: increased responsibility for past criminal actions, increased understanding of the impact of crime on victims and the long term impact of victimization, personal safety skills with a focus on crime prevention Complete documentation and attendance within seven (7) business days and immediately relay any concerns to supervising officer
Length of Services (average expected length of stay in Program)	Length of service for a participant is a minimum of eight (8) hours. Group shall consist of the following: One (1) session of up to eight (8) hours; two (2) sessions of up to four (4) hours; or four (4) sessions of up to two (2) hours to be determined by the Reporting Center Coordinator Up to four (4) hours of documentation/preparation time per group
Staffing Requirements	 Up to 12 hours per group (@ 8 hours of group + doc/prep) High School Diploma or equivalent Two (2) years of Restorative Justice experience Two (2) years of experience in group facilitation
Maximum Class Size	15
Minimum Class Size	4 Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings and weekends
May be facilitated through Teleservices	Yes
Desired Participant Outcome	 Participant can demonstrate an increased responsibility for past criminal actions Participant can demonstrate an increased understanding of the impact of crime on victims and the long-term impact of victimization Participant can demonstrate personal safety skills with a focus on crime prevention Participant can demonstrate an increased understanding of restorative justice Participant reduced his/her risk as measured through the reassessment process Participant accepts responsibility without minimization or making excuses Participant holds a set of values that uphold the dignity, safety, and independence of self and others

	• Participant learns how others are affected by my actions or inaction
Rate	\$95.00/hour

SERVICE NAME	DIALECTICAL BEHAVIOR THERAPY (DBT) SKILLS GROUP	
Funding Source	Reporting Center funding, or if available, Behavioral Health funding	
Setting	Reporting Center/Service Center/Satellite Center	
Basic Definition	Cognitive-behavioral approach designed to help participants change/modify problematic patterns of behavior such as self-harm, suicidal ideation, substance use and other antisocial behaviors.	
	The goal of the group is for participants to learn and refine skills in changing behavioral, emotional, and thinking patterns associated with problems in living.	
Service Expectations (include EBP)	 Open Group Use Motivational Interviewing Group facilitator shall provide one (1) hour of case staffing/consultation per month with supervising officers Focused and skill based interventions to target: Mindfulness Emotional regulation 	
	 Distress tolerance Interpersonal effectiveness Complete documentation and attendance within seven (7) business days and immediately relay any concerns to supervising officer 	
Length of Services	Length of service for participant will be determined by the supervising officer and the therapist based on individual need. Group consists of the following:	
	A minimum of 48 weekly sessions per year Up to 2 hour weekly sessions Up to 1 hour preparation/documentation per session Up to 1 hour staffing/consultation per month Up to 156 hours (48 weeks @ 2 hours/week + doc/prep + staffing)	
Staffing Requirements	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, P.A., Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP) that use DBT within their scope of practice.	
	A dually licensed clinician is preferred for any participant with a co-occurring diagnosis.	
	All provisionally licensed/credentialed professionals must be supervised by an appropriately licensed professional pursuant to State licensing requirements. Supervisor must be a Registered Service Provider with Probation.	
Maximum Class Size	12	
Minimum Class Size	4 Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased.	
Hours	Most groups will be scheduled outside of normal working hours, including evenings and weekends.	
May be facilitated through Teleservices	Yes	

Desired Participant	• Participant has an individualized Recovery Plan that is shared with the
Outcome	supervising officer
Outcome	
	• Participant reports a decrease in problematic behaviors related to the goals of the
	group
	Participant learns the thought-feeling-action link
	Participant learns what triggers harmful thinking
	• Participant employs learned strategies to make responsible, moral choices when confronted with ethical dilemmas
	• Participant holds a set of values that uphold the dignity, safety, and independence of self and others
	• Participant learns and uses the five steps of problem solving
	Participant can think through a risky situation
	• Participant learns how others are affected by actions or inaction
	Participant practices asking for help
	Participant builds refusal skills
	• Participant recognizes healthy and unhealthy relationships
	Participant ends unhealthy relationships
	• Participant has the courage to begin something new
Rate	\$95.00/hour

SERVICE NAME	EMPLOYMENT SERVICES
Funding Source	Reporting Center funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Program centered on an employment service-delivery model built to foster participant engagement by (1) Providing services to address immediate and real employment related problems that adapt to changing needs over time, (2) Increasing motivation for positive change and improving job performance through incentives
	and peer-supported recognition, (3) Coordinating with community stakeholders and local employers to develop placement and recommendation strategies, and (4) Structuring time with effective programming and positive activities to maximize dosage.
Service	Open group
Expectations	Career exploration
(include EBP)	Application assistance/submission
	Resume building
	Interviewing skills
	Succeeding on the job/job satisfaction
	Addressing criminal history
	Provider will use Motivational Interviewing
	Employment retention skills
	Coordinate with community stakeholders
	Technology assistanceProfessionalism
	 Collection and submission of data related to obtaining and maintaining
	employment
	 Evidence-based program or actively working on becoming an evidence-based
	program
	• Complete documentation and attendance within seven (7) business days and
	immediately relay any concerns to supervising officer
Length of Services	Length of service for a participant is dependent on participant needs
	Hours will be on an as-needed basis as directed by the Reporting Center Coordinator or Chief Probation Officer (e.g. hours may vary by season, Holiday weeks, by District). Up to 1 hour of preparation/documentation time for each 4 hours of group.
Staffing	High School Diploma or equivalent
Requirements	• Two (2) years of experience in the employment services field
	• Two (2) years of experience facilitating groups
Maximum Class Size	N/A
Minimum Class	N/A
Size	
	Group will be held even if one participant shows, but the length of the session may
TT	be decreased.
Hours	Groups may be scheduled outside of normal working hours, including evenings and weekends
May be facilitated	Yes
through	
Teleservices	
Desired Individual	Participant obtained suitable employment
Outcome	Participant will maintain suitable employment
	Learn and practice asking for help

	Participant develops relationships with positive people
	Participant negotiates compromise
	Participant has perseverance
	Participant has identified goals that excite them
	• Participant has developed the skills necessary to get a job
	• Participant learns what an employer is looking for and meet expectation
Rate	\$40.00/hour

SERVICE NAME	MEN'S GROUP
Funding Source	Reporting Center funding, or if available, Behavioral Health funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Gender-specific clinical based programming centered on substance use, relationships and skill-building models for cognitive behavioral change.
Service	Open group
Expectations	• Gender-specific
(include EBP)	Building and maintaining healthy relationships
	Improved decision making skills
	Use Motivational Interviewing
	• Utilize 12-Step or other community support programs, as appropriate
	• Complete documentation and attendance within seven (7) business days and
	immediately relay any concerns to supervising officer
Length of Services	Length of service for a participant is a minimum of 3 months and discharge will be
(average expected	determined by the supervising officer and the therapist based on individual need.
length of stay in	
Program)	1.0 Hour Group consists of the following:
	Minimum of 48 sessions per year
	Up to 1.0 hour weekly session
	Up to 1 hour of preparation/documentation per session
	Up to 96 hours per group per year (@ 48 sessions + doc/prep)
	1.5 Hour Group consists of the following:
	Minimum of 48 sessions per year
	Up to 1.5 hour weekly session
	Up to 1 hour of preparation/documentation per session
	Up to 120 hours per group per year (@ 48 sessions + doc/prep)
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, P.A.
Requirements	Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC,
	PLADC).
	A dually licensed clinician is preferred for any participant with a co-occurring
	diagnosis.
	All provisionally licensed/credentialed professionals must be supervised by an
	appropriately licensed professional pursuant to State licensing requirements.
	Supervisor must be a Registered Service Provider with Probation
Maximum Class Size	12
Minimum Class	4
Size	
	Minimum Class Size refers to the number of referrals needed to schedule the group.
	Group will be held even if one participant shows, but the length of the session may be
	decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings and weekends.
May be facilitated	Yes
through	
Teleservices	
Desired Participant	• Participant is able to identify and access community and personal support systems
Outcome	

	 Participant has developed an individualized plan to help achieve personal goals which is shared with the supervising officer Participant learns the thought-feeling-action link Participant learns what triggers harmful thinking
	• Participant employs learned strategies to make responsible, moral choices when confronted with ethical dilemmas
	• Participant holds a set of values that uphold the dignity, safety, and independence of self and others
	Participant learns and uses the five steps of problem solving
	Participant knows how to think through a risky situation
	• Participant learns how others are affected by actions or inaction
	Participant accepts feedback appropriately
	Participant practices asking for help
	Participant identifies positive traits
	Participant has Improved refusal skills
	Participant meets and engages others who have similar interests
	Participant develops relationships with positive people
	Participant has the courage to begin something new
Rate	\$95.00/hour

SERVICE NAME	MONEY MANAGEMENT GROUP
Funding Source	Reporting Center funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Provide participants with money management skills to allow them to budget finances
	and make improved financial decisions
Service	Open or closed depending on curriculum used
Expectations	Provider shall use Motivational Interviewing
(include EBP)	Specific topics may include:
	• How to build credit
	• How to develop an "emergency fund"
	 Utilization of credit/credit cards
	• Debt reduction
	• Insurance education
	• Use of a budget
	o Banking
	 Dealing with creditors
	• Facilitator shall establish a curriculum to assist participants in understanding the
	difference between wants vs. needs, when to spend money, when to save, dangers
	of credit card purchases, and the importance of saving.
	• Complete documentation and attendance within seven (7) business days and
	immediately relay any concerns to supervising officer
Length of Services	Length of service for a participant will vary based on curriculum
	Up to 1 hour of preparation/documentation time per group session.
Staffing	High School Diploma or equivalent
Requirements	• Two (2) years of financial experience
	Two (2) years of experience group facilitation
Maximum Class	N/A
Size	
Minimum Class	4
Size	
	Minimum Class Size refers to the number of referrals needed to schedule the group.
	Group will be held even if one participant shows, but the length of the session may be
**	decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings
	and weekends.
May be facilitated	Yes
through Teleservices	
Desired Individual	Dertisinant con demonstrate a better underster dies of how to successful
Outcome	• Participant can demonstrate a better understanding of how to successfully manage his/her overall finances
Outcome	
	 Participant has perseverance Participant has identified goals that excite them
	 Participant has identified goals that excite them Participant can identify fun, inexpensive, and healthy things to do
Rate	• Participant can identify fun, inexpensive, and nearing things to do \$40.00/hour
Nate	יאסטיאדע איז

SERVICE NAME	PARENTING GROUP
Funding Source	Reporting Center funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Evidence-based parenting program specifically developed to strengthen families, prevent youth and family problems, and promote family and child well-being.
Service Expectations (include EBP)	 Closed Facilitator shall establish a curriculum to enhance parenting skills of parents/caregivers to improve the quality of family life in their households
	 Improve child, parent, and/or family functioning Provider shall use Motivational Interviewing Complete documentation and attendance within seven (7) business days and immediately relay any concerns to supervising officer
Length of Services	Length of service for participants is a minimum of eight (8) sessions Group consists of the following:
	8 weekly sessions Up to 2 hours per session Up to 1 hour of preparation/documentation per session Up to 24 hours per group (@ 16 hours of group + doc/prep)
Staffing	High School Diploma or equivalent
Requirements	• Two (2) years of experience in facilitating parenting curriculum in a group setting
Maximum Class Size	15
Minimum Class Size	4 Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings and weekends.
May be facilitated through Teleservices	Yes
Desired Individual Outcome	 Participant can demonstrate an understanding of essential parenting skills necessary improve family dynamics Participant sets healthy boundaries Participant uses effective communication skills with family conflict Participant negotiates compromise Participant makes amends Participant shows appreciation effectively Participant receives appreciation effectively
Rate	\$40.00/hour

SERVICE NAME	PRE-TREATMENT GROUP
Funding Source	Reporting Center funding, or if available, Behavioral Health funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Assist participants in raising their conscious awareness, encourage self-exploration of their circumstances, and provide tactics and techniques to change their attitudes related to their use of mood-altering substances.
Service	Open Group
Expectations (include EBP)	 Facilitator shall use the Change Companies Getting Started workbook and curriculum Curriculum must incorporate Stages of Change Group must incorporate a 12-Step or other recovery-based model (e.g. Smart Recovery) Utilize interactive journaling as outside of group assignments Provide each participant with a workbook/journal to write in and use for group Meet at a minimum of one (1) time per week Group must require that participant attend two (2) 12-Step or other recovery-based community support model meetings per week and provide proof of attendance to Probation Officer Facilitator must require that participants actively search for a sponsor or temporary sponsor
	 Use Motivational Interviewing Complete documentation and attendance within seven (7) business days and immediately relay any concerns to supervising officer
Length of Services	Length of service for a participant is 2-4 months or until a participant can begin treatment or is ready to begin treatment. Discharge will be determined by the supervising officer and the therapist based on individual need. Group consists of the following: Minimum of 48 weekly sessions per year Up to 2 hour weekly sessions Up to 1 hour preparation/documentation per session Up to 1 hour staffing/consultation per month (at the discretion of the Reporting Center Coordinator) Up to 144 hours per group (48 week @ 2 hours/week + doc/prep) without staffing. Up to 156 hours per group (48 weeks @ 2 hours/week + doc/prep + staffing)
Staffing Requirements	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, P.A. Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC, PLADC). A dually licensed clinician is preferred for any participant with a co-occurring
	diagnosis. All provisionally licensed/credentialed professionals must be supervised by an appropriately licensed professional pursuant to State licensing requirements. Supervisor must be a Registered Service Provider with Probation. Trained in Change Company Curriculum (webinars or classroom training)
Maximum Class Size	12
Minimum Class Size	4

Hours	Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased. Groups may be scheduled outside of normal working hours, including evenings and
nours	weekends.
May be facilitated through Teleservices	Yes
Desired Participant Outcome	 Participant learned about proven strategies to make lasting behavior change and wrote a statement of personal commitment. Participant is actively attending a 12-Step or other recovery-based community support group Participant attended a minimum of eight (8) Pre-Treatment Group sessions depending on need and/or treatment availability Participant avoids high risk situations Participant recognizes indicators of addictive behavior Participant has developed the skills to cope with stress without the use of alcohol or drugs
Rate	\$95.00/hour

SERVICE NAME	RELAPSE GROUP
Funding Source	Reporting Center funding, or if available, Behavioral Health funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Motivate, educate, and prepare participants to resume a sober lifestyle. This group is for participants who have relapsed since completing a treatment program (this can be via drug testing or self-disclosure) or who are on the verge of relapse. A Probation Officer may also refer participant(s) to the group if they see a need to strengthen relapse prevention skills.
Service	Open group
Expectations (include EBP)	 Individualized Relapse Prevention Plan is developed, reviewed, and adjusted as needed Use Motivational Interviewing Require utilization of 12-Step or other community support groups and sponsorship as appropriate Incorporate the Stages of Change Group facilitator shall provide up to one (1) hour of case staffing/consultation once per month with supervising officers Complete documentation and attendance within seven (7) business days and
	immediately relay any concerns to supervising officer
Length of Services	Individualized based on progress in group and stage of change and discharge will be determined by the supervising officer and the therapist based on individual need.
	Group consists of the following: Minimum of 48 weekly sessions per year Up to 2 hour weekly sessions Up to 1 hour preparation/documentation per session Up to 1 hour staffing/consultation per month Up to 156 hours per group (48 weeks @ 2 hrs/week + doc/prep + staffing)
Staffing Requirements	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, P.A. Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC, PLADC). A dually licensed clinician is preferred for any participant with a co-occurring diagnosis
	All provisionally licensed/credentialed professionals must be supervised by an appropriately licensed professional pursuant to State licensing requirements. Supervisor must be a Registered Service Provider with Probation.
Maximum Class Size	12
Minimum Class Size	4 Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings and weekends.
May be facilitated through Teleservices	Yes
Desired Participant Outcome	• Participant has an individualized Relapse Prevention Plan that has been shared with the supervising officer

	Participant is able to achieve and maintain abstinence
	1
	• Participant can demonstrate support systems are in place to help him/her maintain abstinence
	Participant knows how to think through a risky situation
	Participant recognizes healthy and unhealthy relationships
	Participant ends unhealthy relationships
	Participant recognizes indicators of addictive behavior
	• Participant has developed the skills to cope with stress without the use of alcohol
	or drugs
	• Participant recognizes how easy it can be to relapse and have a plan to avoid it
	Participant uses free time in a way that is healthy
Rate	\$95.00/hour

SERVICE NAME	SEX OFFENDER GROUP
Funding Source	Reporting Center funding, or if available, Behavioral Health funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	Cognitive behavioral therapy group for adults who sexually harm after completion of, or in conjunction with, formal sex offender-specific treatment.
Service Expectations (include EBP)	 Open Group Conduct a screening for group appropriateness of each participant prior to entry into the Group pursuant to the following guidelines: The screening shall include the specifics set forth below: Demographics – includes current living situation and relationship status (if applicable) Presenting Problem / Primary Complaint – referral source, employment status, leisure activities, substance use, SO treatment participation, red flags noted during interview Mental Status Exam – how participant presents for intake, interacts with evaluator and overall functioning Clinical Impression – eligibility for group & willingness to meet group expectations, barriers identified Recommendations – Participation in group and other service / programming recommendations that may be beneficial Use Motivational Interviewing Use cognitive behavioral approach and social learning methods of intervention Use and apply the risk, need and responsivity model of intervention
Length of Services	 Complete documentation and attendance within seven (7) business days and immediately relay any concerns to supervising officer Length of service for a participant is at the discretion of the therapist and supervising probation officer (open-ended; dependent on progress, cooperation, development of a
	 strong risk reduction plan and overall reduction in community risk). Group consists of the following: screening per participant Minimum of 48 weekly sessions per year hour weekly sessions Up to 1 hour preparation/documentation per session Up to 144 hours per group (96 hours of group + doc/prep) + screenings
Staffing Requirements	Appropriately licensed and credentialed professional (Psychiatrist, APRN, P.A., Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP) that has experience working with adult sex offenders in a group setting within their scope of practice.A dually licensed clinician is preferred for any participant with a co-occurring diagnosis.
	All provisionally licensed/credentialed professionals must be supervised by an appropriately licensed professional pursuant to State licensing requirements. Supervisor must be a Registered Sex Offender Service Provider with Probation.
Maximum Group Size	8
Minimum Group Size	4

	Minimum Class Size refers to the number of referrals needed to schedule the group. Group will be held even if one participant shows, but the length of the session may be decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings and weekends.
May be facilitated	No
through	
Teleservices	
Desired Participant	• Participant has an individualized Risk Reduction Plan that has been shared with
Outcome	the supervising officer
	• Participant reports and demonstrates continued reduction in community risk
	Participant can think through a risky situation
	• Participant learns how others are affected by actions or inaction
	Participant recognizes healthy and unhealthy relationships
Rate	\$95.00/screening
	\$95.00/hour

SERVICE NAME	TRAUMA GROUP
Funding Source	Reporting Center funding, or if available, Behavioral Health funding
Setting	Reporting Center/Service Center/Satellite Center
Basic Definition	To empower participants to identify and address feelings related to personal traumatic
	experiences and to improve healthy coping strategies.
Service	Closed Group
Expectations	 Use Motivational Interviewing
(include EBP)	 Provide information about additional supports in the community.
(include LDT)	
	• Group facilitator shall provide up to one (1) hour case staffing/consultation with
	supervising officers within two (2) weeks after completion of each group
	• Complete documentation in a timely manner
	Immediately relay concerns to supervising officer
	• Provide referral recommendations to supervising office, if applicable
	• Complete documentation and attendance within seven (7) business days and
	immediately relay any concerns to supervising officer
Length of Services	Length of service for a participant is a minimum of ten (10) hours.
	Crear shall consist of a minimum of the fall series
	Group shall consist of a minimum of the following:
	5 weekly sessions
	Up to 2 hour weekly sessions Up to 1 hour documentation/preparation per two hour session
	Up to 1 hour staffing/consultation per group upon completion of group
	Up to 16 hours per group
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, P.A.,
Requirements	Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, LADC,
Requirements	PLADC) that work with trauma within their scope of practice.
	A dually licensed clinician is preferred for any participant with a co-occurring
	diagnosis.
	All provisionally licensed/credentialed professionals must be supervised by an
	appropriately licensed professional pursuant to State licensing requirements.
	Supervisor shall be a Registered Service Provider with Probation.
Maximum Class	12
Size	
Minimum Class	4
Size	
	Minimum Class Size refers to the number of referrals needed to schedule the group.
	Group will be held even if one participant shows, but the length of the session may be
	decreased.
Hours	Most groups will be scheduled outside of normal working hours, including evenings
	and weekends.
May be facilitated	No
through	
Teleservices	
Desired Participant	• Participant is able to identify the impact of traumatic experiences.
Outcome	• Participant identifies and begins to utilize additional healthy coping strategies for
	dealing with feelings arising from the traumatic experiences.
	• Participant is able to identify additional sources of support in the community.

	• Participant is self-correcting patterns of self re-traumatization to avoid future
	negative life choices.
	• Participant created a plan for change and implementation of said plan in order to
	begin the healing process
	• Participant is stable, allowing him/her to work on risk reduction
	Participant learns what triggers harmful thinking
	Participant avoids high risk situations
	Participant develops relationships with positive people
	Participant recognizes healthy and unhealthy relationships
	Participant ends unhealthy relationships
	Participant sets healthy boundaries
	Participant receives appreciation effectively
	• Participant has developed the skills necessary to cope with stress without the use
	of alcohol or drugs
Rate	\$95.00/hour for Standard Service Expectations

ERVICE NAME	WOMEN'S GROUP
Funding Source	Reporting Center funding, or if available, Behavioral Health funding
betting	Reporting Center/Service Center/Satellite Center
Basic Definition	Gender-specific clinical based programming centered on substance use, relationships
	and skill-building models for cognitive behavioral change).
bervice	Open group
Expectations	• Gender-specific
include EBP)	Building and maintaining healthy relationships
	Improved decision making skills
	• Utilize 12-Step or other community support programs, as appropriate
	• Complete documentation and attendance within seven (7) business days and
	immediately relay any concerns to supervising officer
Length of Services	Length of service for a participant is a minimum of 3 months. Discharge will be determined by the supervising officer and the therapist based on individual need.
	1.0 Hour Group consists of the following:
	Minimum of 48 sessions per year
	Up to 1.0 hour weekly session
	Up to 1 hour of preparation/documentation per session
	Up to 96 hours per group per year (@ 48 sessions + doc/prep)
	1.5 Hour Group consists of the following:
	Minimum of 48 sessions per year
	1.5 hour weekly session
	Up to 1 hour preparation/documentation per session
	Up to 120 hours per group (@ 72 hours of group $+ doc/prep$)
staffing Requirements	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, P.A., Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC,
	PLADC).
	A dually licensed eliminian is mademad for any norticinent with a second
	A dually licensed clinician is preferred for any participant with a co-occurring diagnosis.
	ulagnosis.
	All provisionally licensed/credentialed professionals must be supervised by an
	appropriately licensed professional pursuant to State licensing requirements.
	Supervisor must be a Registered Service Provider with Probation.
Aaximum Class	12
bize	
	4
bize	
	Minimum Class Size refers to the number of referrals needed to schedule the group.
	Group will be held even if one participant shows, but the length of the session may be decreased.
Iours	Most groups will be scheduled outside of normal working hours, including evenings
	and weekends.
Aay be facilitated	Yes
hrough	
eleservices	
Desired Participant	• Participant is able to identify and access community and personal support systems
Dutcome	• Participant developed an individualized plan to help achieve personal goals which
	is shared with the supervising officer

r				
	Participant learns what triggers harmful thinking			
	• Participant employs learned strategies to make responsible, moral choices when confronted with ethical dilemmas			
	• Participant holds a set of values that uphold the dignity, safety, and independence of self and others			
	• Participant learns and uses the five steps of problem solving			
	Participant knows how to think through a risky situation			
	Participant learns how others are affected by actions or inaction			
	Participant accepts feedback appropriately			
	Participant practices asking for help			
	Participant identifies positive traits			
	Participant has Improved refusal skills			
	• Participant meets and engages others who have similar interests			
	Participant develops relationships with positive people			
	• Participant has the courage to begin something new			
Rate	\$95.00/hour			

APPENDIX A SUBMITTAL LETTER

Suzanne Eggert Contracts & Grants Manager Administrative Office of Probation 521 S. 14th St., Ste. 220 Lincoln, Nebraska 68508

Dear Ms. Eggert:

In response to your Request for Qualification (RFQ), this response is submitted for the following agency/organization/individual provider: ______.

Agency/Organization

Individual Provider

In submitting this response, I hereby certify that the RFQ has been read and understood and I will comply with the requirements set forth in the RFQ, the materials requested by the RFQ are enclosed, all information provided is true, accurate and complete to the best of my knowledge, and this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should a contract be awarded.

Signature of Authorized	Date	
Name of Signatory: _		
Provider: _		
Title:	Phone:	
Mailing Address:		
-		
Email Address: _		
Federal Employer ID# or SSN#:		

APPENDIX B PROVIDER PROFILE/REQUIREMENTS

PROVIDER'S LEGAL NAME:

Responses to the following questions or statements should fit in the space provided.

- 1. What is Provider's physical address, mailing address, telephone number, and fax number?
- 2. Who will be the primary point of contact (must be authorized to negotiate a contract) during the evaluation process? (Please provide name, title, phone number, e-mail address, fax number, and mailing address.)
- 3. Provide a brief history of Provider's business.
- 4. Indicate the total number of employees and their distribution by function.
- 5. Comment on any partnership(s) with other Providers.
- 6. Has Provider had a contract within the last five (5) years that was terminated for cause due to breach or similar failure to comply with the terms of the contract? If yes, please provide detailed explanation.
- 7. List any background checks that are run on employees when hired. Also include what vetting procedures and background checks are done on subcontractors prior to contracting with them.
- 8. Provider shall provide three (3) Letters of Recommendation (see Submittal Documents in the RFQ). Recommendations from Probation staff and Judges will not be accepted.
- 9. Provider will be responsible for obtaining and maintaining general and professional liability insurance at \$1,000,000 per occurrence and \$3,000,000 aggregate levels while providing services to Probation. Provider agrees: Yes No
- 10. Provider, facilitators, substitutes, and subcontractors responsible for direct service provision to are required to be Registered Service Provider(s) with the Nebraska Office of Probation Administration. Please note: Supervisor(s) of Provisionally Licensed individuals must also be Registered Service Provider(s).

(if "No," such parties will be required to register prior to providing any service for Probation.)

11. Once a Provider has been qualified and a contract awarded, any new provider/facilitator/subcontractor/substitute not specified in the response to the RFQ, must meet the RFQ requirements (e.g. service definitions, experience with the target population). Provider must submit the applicable resume to the Reporting Center Coordinator ("RC Coordinator") for review **prior to the start of any service**. Probation reserves the right to deny new personnel or subcontractors from providing service(s). Whenever possible, the current group facilitator is expected to train the new facilitator and sit in on the group with the new facilitator for one month.

Check this box to indicate Provider acknowledgement of this requirement.

12. For Agencies: It is vital that continuity exists in the provision of service(s). While understanding that Agencies do experience turnover, it is important that the turnover is not excessive. Should a group's facilitator turnover more than two times, Probation may terminate its contract with the Provider.

If ownership of the Agency changes, or if there are any substantive changes from what was originally submitted as a response to the RFQ, Agency shall notify Probation. Failure to notify Probation in a timely manner may result in termination of the contract.

Check this box to indicate Provider acknowledgement of these requirements.

13. It is expected that <u>unless otherwise notified by the RC Coordinator</u>, programming shall be held. Provider shall be responsible for substitutes to provide services if the main facilitator is on vacation, sick, etc. As stated above, substitutes shall be meet the minimum requirements of this RFQ and Service Definitions.

Check this box to indicate Provider acknowledgement of this requirement.

14. Provider, facilitators, subcontractors, and substitutes responsible for direct service provision are required to attend an onboarding orientation prior to providing services. Orientation shall be scheduled at a location and time determined by the RC Coordinator. Following the initial onboarding orientation, it is the responsibility of the Provider to provide the Service Definition, RFQ requirements, and Orientation information to any new facilitator, subcontractor, or substitute prior to providing service.

Check this box to indicate Provider acknowledgement of this requirement.

- 15. Has Provider provided programming to Probation in the past? If so, list the service(s) and how long Provider has delivered such service(s)?
- 16. Describe Provider's experience with the target population. Also include information about Provider's knowledge of and experience with criminogenic risk and coaching techniques.
- 17. If selected to provide a contracted service, Provider will be required to submit invoices for payment using a Probation-supplied invoice template.

Check this box to indicate Provider acknowledgement of this requirement.

18. If selected to provide a contracted service, the group provider/facilitator is required to document group attendance, Stage of Change, and participation notes (specific behavior-based documentation is required for licensed clinician-based services) for each program participant into Probation's case management system (NPACS) within seven (7) business days of each group session. Provider will be trained on the use of the system. Probation defines the different Stages of Change as:

Pre-Contemplation: "I don't have a problem."

Contemplation: "Maybe I have a problem." Not considering change in the next month. **Planning**: "I am planning steps toward change." Planning to act within 1 month.

Action: Have been practicing new behavior for three to 6 months.

Maintenance: Continued commitment to new behavior. Maintaining for six months to five years.

Relapse is not a stage of change in itself – it may be part of the process. People can return to Pre-Contemplation, Contemplation, or Planning following a relapse.

Check this box to indicate Provider acknowledgement of this requirement.

19. Probation, as part of the Judicial Branch, maintains high standards. Probation staff are expected to act as role models in both manner and dress. It is expected that our Providers also maintain these same high standards. Therefore, a business casual dress code is enforced. Tattoos should be covered and facial piercings (excluding ears) removed when providing services to Probation clients.

Check this box to indicate Provider acknowledgement of this requirement.

20. Some services require up to one hour of staffing/consultation with probation officers at the Service Definition rate. Such groups that are **Open** require in-person **monthly** staffing/consultation while groups that are **Closed** require in-person staffing/consultation to occur <u>within two weeks of completion of the group</u>. Staffing/consultation will consist

of the group facilitator talking with probation officers in-person, or via teleconference at the discretion of the RC Coordinator, about clients' progress, any red flags, warning signs, practical practice, recommendations, referrals, and any other items related clients' status. Staffing/consultation will be scheduled by the RC Coordinator in a manner that ensures the best possible attendance by officers.

Check this box to indicate Provider acknowledgement of this requirement.

21. Maximum session and preparation/documentation time is specified in each Service Definition. Billing should reflect actual time for sessions and preparation/documentation, up to the max amount specified in each Service Definition. Please round to the quarter hour (e.g. it took .25 minutes to prepare for group and .15 minutes to enter notes in NPACS the total time is 40 minutes = round to .45).

Check this box to indicate Provider acknowledgement of this requirement.

22. Provider shall not be paid for services that have not been performed. In the event no clients show for the scheduled group session, it shall be considered a No-Show session. Provider shall not be paid for a No-Show session, but shall document it on the applicable invoice. Provider shall be paid for any actual preparation/documentation time associated with the No-Show session, up to the max amount specified in each Service Definition. In the case of Employment Services, preparation/documentation time may be paid up to .5 hour per No-Show session.

Check this box to indicate Provider acknowledgement of this requirement.

23. Probation, at the discretion of the RC Coordinator, may cancel programming in the case of inclement weather. Provider shall not be paid in the event Probation cancels programming inclement weather. However, Provider may be paid for due to anv preparation/documentation time associated with a weather-related cancellation. In the case of Employment Services, preparation/documentation time may be paid up to .5 hour per No-Show session.

Check this box to indicate Provider acknowledgement of this requirement.

24. Programming shall not be held on State Holidays. In the event programming falls on a holiday where Probation offices are closed, Provider shall not be paid. Provider shall not be paid for any preparation/documentation time for a session that falls on a holiday.

Check this box to indicate Provider acknowledgement of this requirement.

25. In the event that the RC Coordinator cancels programming (excluding Holidays), Provider shall not be penalized for not meeting the required number of sessions set forth in a Service Definition (e.g. Relapse = 48 sessions per year).

Check this box to indicate Provider acknowledgement of this requirement.

26. Provider shall coordinate his/her activities with the applicable RC Coordinator and shall abide by all rules and regulations as set forth by Probation. The RC Coordinator or supervising officer shall determine of the disposition of a client's discharge from programming in the event of a difference of opinion between Probation and the Provider.

Check this box to indicate Provider acknowledgement of this requirement.

APPENDIX C SERVICE DEFINITION RESPONSE FORM

PROVIDER (AGENCY) NAME:

SERVICE: ____

(One service per Form)

LOCATION: Check the box next to the location(s) that you are willing to provide the service (listed above). Note: If chosen for a contract, it may not be for all locations you selected. Locations below are the current locations at the time of this RFQ and Probation reserves the right to change locations during the course of the RFQ period, at its discretion.

District	Reporting Center / Satellite Centers / Service Centers	Address	Location (check all that apply)
1	Beatrice Reporting Center	201 N. 5 th St., Ste. 1	
1	Nebraska City Reporting Center	1021 Central Ave., #202	
1	Fairbury Satellite Center	606 3 rd St.	
1	Falls City Satellite Center	1700 Stone St.	
1	Geneva Satellite Center	1320 G. St.	
1	Wilber Satellite Center	325 S. Wilson	
1	Tecumseh Satellite Center	351 Broadway St.	
2	Bellevue Reporting Center	7511 S 36 th St., Ste. 9	
3	Lincoln (South) Reporting Center	605 So 10 th St., Ste. B100	
3	Lincoln (North) Reporting Center	901 W. Bond, Entrance E	
4	Omaha (Blondo) Reporting Center	1821 N. 73 rd St.	
4	Omaha (Spring) Reporting Center	8313 Spring Plz.	
4	Omaha (South) Satellite Center	4937 S. 24 th St.	
5	Columbus Reporting Center	2282 E. 32 nd Ave	
5	Seward Satellite Center	261 S. 8 th St.	
5	York Satellite Center	2325 N. Nebraska Ave.	
6	South Sioux City Reporting Center	1000 W. 29 th St., Ste. 118	
6	Fremont Reporting Center	2860 W. 23 rd Dr.	
6	Blair Satellite Center	597 Grant St., Ste. 300	
7	Norfolk Reporting Center	602 Iron Horse Dr.	
8	O'Neill Service Center	128 N. 6 th St., Ste. 4	
8	Broken Bow Service Center	604 Heritage Dr.	
9	Grand Island Reporting Center	207 N. Pine St.	
9	Kearney Reporting Center	2022 Ave. A	
10	Hastings Reporting Center	300 N. St. Joseph, Rm #103	
10	Hastings Satellite Center	412 W. 3 rd St.	
10	Minden Satellite Center	528 N. Minden Ave.	
10	Holdrege Satellite Center	715 5 th Ave.	
11	Lexington Reporting Center	700 N. Washington, Rm. L	
11	North Platte Reporting Center	110 E. 3 rd St.	
11	McCook Satellite Center	502 Norris Avenue	
12	Gering Reporting Center	1740 10 th St.	

LANGUAGE(S): Check the box(es) next to the language(s) that you are able to provide the service listed above in (*possible 5 points*):

English:	U Writing	Speaking		
Spanish:	U Writing	Speaking		
Other:	(list lang	guage)	U Writing	Speaking

SERVICE-SPECIFIC INFORMATION:

1. What curriculum will be used:

2. How many sessions are in the group cycle: _____

- 3. List the session number, curriculum topic, and a short description of what that topic entails:
- 4. Describe of how the curriculum is skill-based or uses skill-building:
- 5. Describe how you will determine that the Desired Participant Outcome, as specified on the Service Definition, has been achieved for each participant. *(see Service Definition for the Desired Participant Outcome)*
- 6. Rates: The standard rate for the Service is specified on the Service Definition. For any non-English speaking group, the rate for the service will be increased by \$50.00 per hour from the standard rate. Such rate shall be inclusive of all materials required for the group or other service (i.e. books, workbooks, supplies, etc.). *Note: Probation will not pay for travel time, mileage, meals, lodging, taxes, and fees.*

Check this box to indicate acknowledgement of the rate.

7. Teleservices: If the Service Definition specifies that the Service may be facilitated through Teleservices, you will be required to provide the Service via teleservices as directed by Probation.

Yes, the Service Definition states the Service may be provided via Teleservices and *the Provider acknowledges this requirement*.

Check this box if you have a teleservices platform that you use.

If you checked the box above, specify the platform that you use (e.g. Webex, Zoom, etc.)

No, the Service Definition states the Service may not be provided via Teleservices.

- Provide the resume(s) of the all facilitators, substitutes, and subcontractors that will provide this service (provide resumes as one attachment per the requirements set forth in the RFQ). In addition the resumes, include the following information as a cover page for each resume submitted:
 - A. Whether the facilitator the main facilitator or a substitute,
 - B. Whether the facilitator is an employee or a subcontractor, and
 - C. A short paragraph explaining what the facilitator's approach or theory is when working with justice involved individuals.

Resumes are included in submittal documents: Yes No