

## Local Needs Request Form

One form must be completed for each Local Needs request

<u>Date:</u>	May 10, 2021
<u>District:</u>	District of Arizona-Probation
<u>Person Requesting Local Need:</u>	Liz Kraft, Contracts Administrator
<u>Project Code Name(s) and Number:</u>	Substance use Individual counseling(2010);Substance use group counseling (2020); manualized cognitive behavioral group (2022); substance use family counseling (2030) Integrated Treatment Services for Co-Occurring Disorders/Individual (6015); individual mental health counseling (6010); mental health group counseling (6020); Individual Sex Offense-Specific Treatment (6012); Group Sex Offense - Specific Treatment (6022); Family Sex Offense -Specific Treatment (6032); Sex Offender-Specific Group Readiness (6090)  All catchment areas with listed codes.
<u>Requested Change to SOW:</u>	
<p>It is expected that the intervention utilized will be a Cognitive Behavioral Therapy (CBT) format. The of CBT is to change the way people under supervision think (decreasing antisocial thinking) thereby changing the way they behave (increasing prosocial behavior). These goals are accomplished through the utilization of structured homework assignments, teaching and proactive prosocial skills, role playing, etc. The vendor must also adhere to the specifications in the Statement of Work pertaining to Monthly Treatment Reports (MTR) and Quarterly (90-day) Treatment Plans. Additionally, all vendors must utilize the most recent Prob 46 form (MTR), a copy is attached. Section 10a through 10h of the Prob 46 must be fully completed and reflect where the person under supervision is within the Stages of Change model, as well as the strategies being employed to increase their understanding of their issues and acceptance of responsibility for changing their behavior. Officer interventions and how the officer is addressing risk factors, along with the person under supervision input will be included. With respect to the Quarterly Treatment Plans, it is expected that all vendors will utilize, and complete in its entirety, the attached template entitles "Individualized Comprehensive Quarterly Treatment Plan."</p>	

Approved with no Changes

Disapproved

Digitally signed by  
 Christopher S. Mangione  
 Date: 2021.05.10 15:59:04  
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Signature of OPPS Staff Member/Designee

Date