

# CLATSOP COUNTY SHERIFF'S OFFICE

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Matthew D. Phillips, Sheriff



9/01/23

## **Request for quotes to provide Batterer's Intervention Treatment to justice involved individuals.**

Clatsop County Sheriff's Office, Community Corrections Division requests written quotes from qualified therapists to provide treatment to individuals convicted of misdemeanor and felony domestic violence crimes.

Providers must comply with Evidence-Based Program Standards as described in Oregon Administrative Rules 291-031-005 thru 291-031-0350. Providers must also comply with Batterer Intervention Program Rules as described in Oregon Administrative Rules 137-087-0000 through 137-087-0100.

The scope of services provided under this contract will include, though not be limited to, individual assessments, individual therapy sessions, and group therapy focused on structured skill building, motivational enhancement, social skills development, and cognitive behavioral interventions that address criminogenic risk factors.

A manualized cognitive behavioral therapy approach is to be the core component of therapy services. Group composition must adhere to best practices ensuring that clients of similar risks are grouped together and separate from other risk groups (ex. high risk groups and low risk groups treated separately). Additionally, gender specific groups must be included in the services delivered.

Clatsop County estimates a need for up to 40 treatment slots per month.

If interest, please provide a brief introductory narrative including the following:

- \*Provider credential and education
- \*General therapy experience as well as experience specific to batterer's intervention therapy
- \*Affiliation memberships specific to batterer's intervention therapists
- \*Ability and availability to fill the above need either in its entirety or in part
- \*Availability to testify in court if so required and any fees associated with such
- \*Name and description of all curriculum used
- \*A fee schedule for treatment services
- \*Any other information the provider feels would be helpful with decision making

### Support Division

503.325.8635

1190 SE 19<sup>th</sup> Street  
Warrenton, OR 97146

### Enforcement Division

503.325.8635

1190 SE 19<sup>th</sup> Street  
Warrenton, OR 97146

### Corrections Division

503.325.8641

1250 SE 19<sup>th</sup> Street  
Warrenton, OR 97146

### Community Corrections Division

503.861.2875

1190 SE 19<sup>th</sup> Street  
Warrenton, OR 97146

### Animal Control

503.861.7387

1315 SE 19<sup>th</sup> Street  
Warrenton, OR 97146

Quotes must be received via email to [choover@clatsopcounty.gov](mailto:choover@clatsopcounty.gov) by 11:59 pm on September 30, 2023.

Contact:

Sgt. Chris Hoover

Clatsop County Community Corrections

1190 SE 19<sup>th</sup> Street

Warrenton, OR 97146

Phone: (503)338-3782

[choover@clatsopcounty.gov](mailto:choover@clatsopcounty.gov)

Case Coordination Requirements  
Attachment B

1. Treatment provider will provide each client's supervising officer with a copy of any initial assessments completed and any subsequent assessments completed throughout the treatment process. Additionally, the treatment provider shall provide a copy of the initial and any subsequent case planning documents as well as a copy of the signed treatment contract for each client.
2. Treatment provider will staff cases with client's supervision officer via in-person staffing, at a minimum of once per month.
3. Treatment provider shall provide a full written progress report to the client's supervising officer once every ninety (90) days while engaged in active therapy. Additionally, treatment provider will submit monthly status reports to the supervising officer.
4. Treatment provider shall provide a written notice of non-compliance to the supervising officer as soon as practicable, but not to exceed 5 calendar days, when the provider becomes aware of a treatment agreement/contract violation.
5. All client polygraphs shall be scheduled as a result of a coordination between the supervising officer and treatment provider and all such resulting reports shall be shared.
6. Treatment provider will require offenders to sign a two-way release of information to Clatsop County Sheriff's Office Community Corrections as an agency and not to an individual supervising officer.
7. If treatment providers have a concern or disagreement with the supervising officer about a case, the concern should be discussed with the supervising officer. If it is not resolved through discussion, the treatment provider should contact the Community Corrections Lieutenant to request a staffing.