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**Contract Number**  
24-1178-A-1

**SAP Number**  
4400026942

## Children and Family Services

**Department Contract Representative** Julie West  
**Telephone Number** (909) 387-2462

<b>Contractor</b>	Bittersweet Encounters
<b>Contractor Representative</b>	Chermel Williams
<b>Telephone Number</b>	(909) 755-1108
<b>Contract Term</b>	January 1, 2025 through December 31, 2030
<b>Original Contract Amount</b>	\$416,667
<b>N/A</b>	N/A
<b>Total Contract Amount</b>	\$416,667
<b>Cost Center</b>	5011001000
<b>Grant Number (if applicable)</b>	N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend Contract No. 24-1178 as follows:

**TABLE OF CONTENTS**

Amend Table of Contents, Attachments Section, Attachment A to read as follows:

- A. COMPLAINT AND GRIEVANCE PROCEDURE (CFS 257 C) For CFS Staff/Supervisees

**SECTION A. DEFINITIONS**

Amend Section A, DEFINITIONS, Paragraph 14 to read as follows:

14. Group Licensure Supervision Session: Consists of a minimum of three (3) and a maximum of eight (8) supervisees referred by the County at a time, receiving CLSP Services from a Clinical Licensure Supervisor. Group licensure supervision sessions for billing purposes do not include supervisees who were not referred by the County. Group licensure sessions are two (2) hours (one hundred twenty (120) minutes) in length. Each supervisee is authorized to attend only one (1) group supervision session per month.

### **SECTION C. GENERAL CONTRACT REQUIREMENTS**

Amend Section C, GENERAL CONTRACT REQUIREMENTS, Paragraph 51, Complaint and Grievance Procedure to read as follows:

51. **Complaint and Grievance Procedures** – Contractor shall:
  - a. Provide a system, approved by the County, through which recipients of service (CFS staff/supervisees) shall have the opportunity to express and have considered their views and complaints regarding the delivery of services. The procedure must be in writing and posted in clear view of all recipients.
  - b. Ensure that staff are knowledgeable on the Clinical Licensure Supervision Program Complaint and Grievance Procedure (CFS 257 C (12/19)) and ensure that any complaints by CFS staff/supervisees are referred to the County in accordance with the procedure (**See Attachment A**).
  - c. Follow the Contractor Complaint and Grievance Escalation Procedure below, if a Contractor has any concerns, issues, or feedback related to contract provisions, services, and/or supervisees' conduct or performance. The Contractor Complaint and Grievance Escalation Procedure process is as follows:

#### **Contractor Complaint and Grievance Escalation Procedure –**

If a Contractor has any concerns, issues, or feedback related to contract provisions, services, and/or supervisees' conduct or performance, the following escalation process shall be followed:

#### **Step 1: Contact the Clinical Licensure Supervision Program (CLSP) Coordinator at the Program Development Division (PDD):**

Call or send a written concern to:

HS Program Development Division  
Attn: Contracts Support Unit  
825 E. Hospitality Lane, 2<sup>nd</sup> Floor  
San Bernardino, CA 92415-0079  
(909) 383-9700

- If the concern is answered or resolved at this step, no further action is required.
- If the concern is not satisfactorily resolved by the CLSP Coordinator, the Contractor may escalate the concern through the following step:

**Step 2: Contract Analyst at Human Services Administrative Services Division:**

Call or send a written concern to:

HS Administrative Support Division  
Attn: Contracts Unit  
150 S. Lena Road  
San Bernardino, CA 92415  
(909) 386-8146

**Step 3: Escalate through the CFS Chain of Command**

If the concern remains unresolved, the Contractor may escalate through the following levels:

1. Supervisee's CFS Supervisor
2. Supervisee's CFS Children Welfare Services Manager
3. CFS Deputy Director
4. CFS Assistant Director
5. CFS Director

**All other terms and conditions of Contract No. 24-1178 remain in full force and effect.**

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF, or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

►  
 \_\_\_\_\_  
 Dawn Rowe, Chair, Board of Supervisors

Dated: \_\_\_\_\_  
 SIGNED AND CERTIFIED THAT A COPY OF THIS  
 DOCUMENT HAS BEEN DELIVERED TO THE  
 CHAIRMAN OF THE BOARD

Lynna Monell  
 Clerk of the Board of Supervisors  
 San Bernardino County

By \_\_\_\_\_  
 Deputy

BITTERSWEET ENCOUNTERS

\_\_\_\_\_  
*(Print or type name of corporation, company, contractor, etc.)*

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Name Chermel Williams  
*(Print or type name of person signing contract)*

Title CEO/Owner  
*(Print or Type)*

Dated: \_\_\_\_\_

Address 10700 Civic Center Drive, Suite #100-C  
Rancho Cucamonga, CA 91730

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Daniella V. Hernandez, Deputy County Counsel	► Lisa Rivas-Ordaz, Contracts Manager	► Jeany Glasgow, Director
Date _____	Date _____	Date _____