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SAN BERNARDINO COUNTY

Contract Number
24-1182-A-1

SAP Number
4400026955

Children and Family Services

Department Contract Representative	Julie West
Telephone Number	(909) 387-2462
Contractor	True Escape Marriage and Family Therapy
Contractor Representative	Mercedes Green
Telephone Number	(442) 243-2714
Contract Term	January 1, 2025 through December 31, 2030
Original Contract Amount	$416,667
Amendment Amount	N/A
Total Contract Amount	$416,667
Cost Center	5011001000
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 24-1182 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, 2nd 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. 24-1182 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

TRUE ESCAPE MARRIAGE AND FAMILY THERAPY

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

By ►

(Authorized signature - sign in blue ink)

Name Mercedes Green

(*Print or type name of person signing contract)*

Title Owner

(Print or Type)

Dated:

Address 13261 Spring Valley Parkway, Suite 203

Victorville, CA 92395

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