

RESOLUTION NO. 080450

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

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RESOLUTION AUTHORIZING AN AGREEMENT WITH CRESTWOOD BEHAVIORAL HEALTH FOR RESIDENTIAL REHABILITATION AND LONG-TERM CARE SERVICES, FOR THE TERM OF JULY 1, 2024 THROUGH JUNE 30, 2027, IN AN AMOUNT NOT TO EXCEED \$17,334,000

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an agreement, reference to which is hereby made for further particulars, whereby Crestwood Behavioral Health shall provide residential rehabilitation and long-term care for mentally ill adult clients for the term of July 1, 2024 through June 30, 2027, for a maximum obligation of \$17,334,000; and

WHEREAS, this Board has been presented with the agreement and has approved it as to both form and content and desires to enter into the agreement; and

WHEREAS, under the B-1 Administrative Memorandum, the selection of providers for long-term locked facility services is exempt from the Request for Proposals requirement.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President of this Board of Supervisors be and is hereby authorized and directed to execute said agreement with Crestwood Behavioral Health for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

BE IT FURTHER RESOLVED that the Chief of San Mateo County Health or designee is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.

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Regularly passed and adopted this 25th day of June, 2024

AYES and in favor of said resolution:

Supervisors: _____ *DAVE PINE*
_____ *NOELIA CORZO*
_____ *RAY MUELLER*
_____ *WARREN SLOCUM*
_____ *DAVID J. CANEPA*

NOES and against said resolution:

Supervisors: _____ *NONE*



*President, Board of Supervisors
County of San Mateo
State of California*

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.



Assistant Clerk of the Board of Supervisors