

## **RESOLUTION NO.**

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

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**RESOLUTION AUTHORIZING AN AMENDMENT TO THE AGREEMENT WITH  
DISCOVERY PRACTICE MANAGEMENT DBA CENTER FOR DISCOVERY FOR  
COMPREHENSIVE TREATMENT SERVICES FOR CLIENTS DIAGNOSED WITH  
EATING DISORDERS, EXTENDING THE TERM THROUGH JUNE 30, 2020, AND  
INCREASING THE AMOUNT BY \$400,000, TO AN AMOUNT NOT TO EXCEED  
\$500,000**

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

**WHEREAS**, San Mateo County has an increasing need for comprehensive treatment services for clients diagnosed with eating disorders; and

**WHEREAS**, on July 25, 2018, the Director of Behavioral Health and Recovery Services approved an agreement with Center for Discovery to provide comprehensive treatment services for clients diagnosed with eating disorders for the term of June 1, 2018, through June 30, 2019, for a maximum obligation of \$100,000; and

**WHEREAS**, there has been presented to this Board of Supervisors for it's consideration and acceptance a first amendment to the agreement, reference to which is hereby made for further particulars, increasing the amount by \$400,000 to \$500,000, and extending the term of the agreement through June 30, 2020.

**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 amendment for and on behalf of the County of San Mateo, and 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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RESOLUTION NUMBER: .

*Regularly passed and adopted this DAY of MONTH, YEAR*

*AYES and in favor of said resolution:*

*Supervisors:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOES and against said resolution:*

*Supervisors:* \_\_\_\_\_  
\_\_\_\_\_

*Absent Supervisors:* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*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.*

\_\_\_\_\_  
*Deputy Clerk of the Board of Supervisors*