

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. PA-23-85, MH-23-011**

This second Amendment to Agreement No. PA-23-85, MH-23-011 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **CALIFORNIA PSYCHIATRIC TRANSITIONS, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PA-23-85, MH-23-011 was entered into on July 1, 2023; and

WHEREAS, first Amendment No. BOS-23-157 was entered into on September 12, 2023; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the amount set out in first Amendment No. BOS-23-157, from \$230,000 to \$410,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in first Amendment No. BOS-23-157 is hereby increased from \$230,000 to \$410,000.

All other terms and conditions of Agreement No. PA-23-85, MH-23-011 and first Amendment No. BOS-23-157 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]  
Jemine Miller, Psy.D., BHRS Director

Date: 1/8/24

Budgeted: No  
Budget Unit: 4050  
Line Item: 86-3162  
Org/Object Code: MHMS75  
Grant: No  
Grant No.: 'N/A'

COUNTY OF MENDOCINO

By: [Signature]  
MAUREEN MULHEREN, Chair  
BOARD OF SUPERVISORS

Date: 02/06/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 02/06/2024

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 02/06/2024

INSURANCE REVIEW:

By: [Signature]  
Risk Management

Date: 01/03/2024

CONTRACTOR/COMPANY NAME

By: [Signature]  
Aaron Stocking, Director

Date: 1/8/2024

NAME AND ADDRESS OF CONTRACTOR:

California Psychiatric Transitions, Inc.  
9234 Hilton Ave.  
P.O. Box 339  
Delhi, CA 95315  
209-662-5364  
[astocking@cptmhrc.com](mailto:astocking@cptmhrc.com)

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

County Counsel

By: [Signature]  
Deputy

Date: 01/03/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO or Designee

Date: 01/03/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ EB# 24-68  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: Located outside Mendocino County