

BOS AGREEMENT NO. _____

AMENDMENT #1

Original Agreement

BOS-25-094

**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-25-094**

This Amendment to Agreement No. BOS-25-094 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. BOS-25-094 was entered into on July 1, 2025 (the "Initial Agreement"); and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$350,000 from \$350,000 to \$700,000.

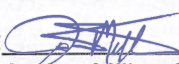
NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$350,000 from \$350,000 to \$700,000.

All other terms and conditions of the Initial Agreement shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
Jenine Miller, Psy.D.,
Director of Health Services

Date: 11/17/25

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

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:
DARCIE ANTLE, Clerk of said Board


By: _____
Deputy

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: _____
Deputy

INSURANCE REVIEW:

By: 
Risk Management

Date: 10/28/2025

CONTRACTOR/COMPANY NAME

By: 
Aaron Stocking, Director

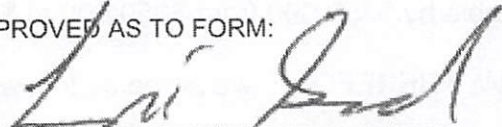
Date: 11. 6. 2025

NAME AND ADDRESS OF CONTRACTOR:

California Psychiatric Transitions, Inc.
9234 Hilton Avenue
P.O. Box 339
Delhi, CA 95315
209-662-5364
astocking@cptmhrc.com

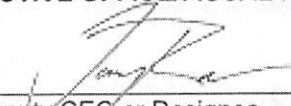
By signing above, signatory warrants and
represents that he/she executed this Agreement in
his/her authorized capacity and that by his/her
signature on this Agreement, he/she or the entity
upon behalf of which he/she acted, executed this
Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:
By: 
COUNTY COUNSEL

Date: 10/28/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 10/28/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB# 25-18
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County