

AMENDMENT #1

Original Agreement	BOS-25-088
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-25-088**

This Amendment to Agreement No. BOS-25-088 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **HILBORN CARE, INC. DBA CREEKSIDE REHABILITATION AND BEHAVIORAL HEALTH**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-25-088 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 \$20,440 from \$359,160 to \$379,600.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$20,440 from \$359,160 to \$379,600.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

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

Date: 12/31/25

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


COUNTY OF MENDOCINO

By: 
JOHN HACHAK, Chair Bernie Norvell
BOARD OF SUPERVISORS

Date: 02/03/2026


ATTEST:

DARCIE ANTLE, Clerk of said Board


By: 
Deputy 02/03/2026

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 02/03/2026

INSURANCE REVIEW:

By: 
Risk Management

Date: 11/24/2025

CONTRACTOR/COMPANY NAME

By: 
Raul Suratos, Administrator

Date: 12/30/25

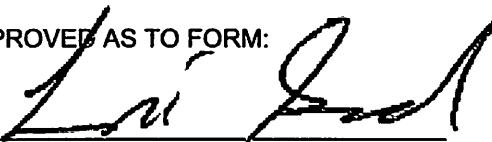
NAME AND ADDRESS OF CONTRACTOR:

Hilborn Care, Inc. DBA
Creekside Rehabilitation and Behavioral Health
850 Sonoma Avenue
Santa Rosa, CA 95404
707-303-8834
jessica@hilborncare.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: 11/24/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 11/24/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB# 26-47
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County