

**MODIFICATION NUMBER ONE OF
AGREEMENT FOR SERVICES BETWEEN
COUNTY OF SONOMA AND
CRESTWOOD BEHAVIORAL HEALTH, INC.**

On August 13, 2025, the County of Sonoma, a political subdivision of the State of California, (hereinafter “County”) and Crestwood Behavioral Health, Inc. (hereinafter “Contractor”) entered into a services agreement (hereinafter “Agreement”).

Pursuant to Section 13.7 (Merger) of the Agreement, the parties hereby evidence their intent and desire to modify the Agreement as follows:

1. Article 5. (Indemnification) is hereby revised to read as follows:

5. Indemnification

Contractor agrees to accept all responsibility for loss or damage to any person or entity, including County, and to indemnify, hold harmless, and release County, its officers, agents, and employees from and against any actions, claims, damages, liabilities, disabilities, or expenses that may be asserted by any person or entity, including Contractor, that arise out of, pertain to, or relate to Contractor’s or its agents’, employees’, contractors’, subcontractors’, or invitees’ performance or obligations under this Agreement. Contractor agrees to provide a complete defense for any claim or action brought against County based upon a claim relating to such Contractor’s or its agents’, employees’, contractors’, subcontractors’, or invitees’ performance or obligations under this Agreement. Contractor’s obligations under this Article apply except to the extent of concurrent or contributory negligence on County’s part. County shall have the right to select its legal counsel at Contractor’s expense, subject to Contractor’s approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for Contractor or its agents under workers’ compensation acts, disability benefits acts, or other employee benefit acts.

2. Exhibit A (Scope of Work) Section **I. Overview** table is hereby edited to read as follows:

Provider Name: Crestwood Sonoma County Healing Center Program Name: Psychiatric Health Facility Service	Contact Person & Information: Daniel Knapp, Office Manager 7440 Los Guilicos Road Phone: 707-639-4696 Fax: 707-539-6106
Head of Service and License Type: Adrian Marcelo Elizondo Hinojosa, LMFT #116616 Program NPI #: 1043848831 Reporting Unit(s): 49651	Physical Address of Medi-Cal Certified Site(s): 7440 Los Guilicos Rd. Santa Rosa, CA, 95409 Site also provides services through: Field <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Telehealth <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ages Accepted: 18+	Website: https://crestwoodbehavioralhealth.com/
Language Capacity: English Spanish	Mailing (Remit) Address: PO Box 7095 Stockton, CA 92567-0095
Specialty Service/Cultural Capabilities: N/A	Conducts Initial Assessments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when authorized
Geographic Areas Served: <input checked="" type="checkbox"/> Central County (Santa Rosa) <input checked="" type="checkbox"/> North County* <input checked="" type="checkbox"/> South County <input checked="" type="checkbox"/> East County <input checked="" type="checkbox"/> West County	Services Provided: <ul style="list-style-type: none"> Psychiatric Health Facility Service (PHF Service)

3. Exhibit B (Payment Terms and Conditions), rate table is hereby edited to read as follows:

Program Name:	Crestwood Behavioral Health, Inc.			
DHCS Provider Number:	4965			
Reporting Unit Number:	49651			
National Provider Identifier Number:	1043848831			
Physical Program Address:	7440 Rancho Los Guilicos Road Santa Rosa, CA 95409			
Legal Entity Number:	00949			
<input checked="" type="checkbox"/> Mode 05 Services Approved <u>Check the approved mode 05 services</u> <input checked="" type="checkbox"/> Psychiatric Health Facility (05/20) <input type="checkbox"/> Crisis Residential (05/40) <input type="checkbox"/> Adult Residential (05/65)				
HCPC/ SmartCare Code	Description of Code	Provisional Rate (\$) FY25/26	Provisional Rate (\$) FY26/27	Provisional Rate (\$) FY27/28
H2013	Psychiatric Health Facility Day*	1,147.00/day	1,187.45/day	1,229.01/day
1000037	Psychiatric Health Facility - Indigent Client	1,262.00/day	1,306.07/day	1,351.78/day
1000038	Psychiatric Health Facility 1:1 Service	33.00/hour	34.37/hour	35.57/hour
1000039	Psychiatric Health Facility – Unfilled Guaranteed Bed Day	1,147.00/day	1,187.45/day	1,229.01/day
1000040	Psychiatric Health Facility – Administrative Day	1,147.00/day	1,187.45/day	1,229.01/day
1000092	Psychiatric Health Awaiting Placement Non-Billable (PHF non-admin days)	1,147.00/day	1,187.45/day	1,229.01/day

*Medi-Cal Eligible Service

10. If there are any terms and conditions in conflict between the original agreement and this amendment, the language in this amendment shall apply.

Except as expressly modified herein, all terms and conditions of Agreement shall remain in full force and effect.

§ The remainder of this page has intentionally been left blank. §

IN WITNESS WHEREOF, the parties have caused this modification to be duly executed by their authorized representatives this _____ day of _____, 2025.

CONTRACTOR:

Elena Mashkevich, Director of County Contracts
Crestwood Behavioral Health, Inc.

Dated

COUNTY OF SONOMA:

Approved; Certificate of Insurance on File with County:

Nolan Sullivan, Director
Department of Health Services

Dated

Approved as to Substance:

Division Director or Designee

Dated

Approved as to Form:

Sonoma County Counsel

Dated

Approved as to Substance:

Privacy & Security Officer or Designee

Dated