

**MODIFICATION NUMBER ONE OF
AGREEMENT FOR SERVICES BETWEEN
COUNTY OF SONOMA AND
AURORA BEHAVIORAL HEALTHCARE - SANTA ROSA, LLC DBA
SANTA ROSA BEHAVIORAL HEALTHCARE HOSPITAL**

On December 9, 2025, the County of Sonoma, a political subdivision of the State of California, (hereinafter “County”) and Aurora Behavioral Healthcare - Santa Rosa, LLC dba Santa Rosa Behavioral Healthcare Hospital (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. Section 2.2 (Maximum Payment Obligation) is hereby revised to read as follows:

2.2. Maximum Payment Obligation

In no event shall County be obligated to pay Contractor more than the total sum of \$5,000,000, under the terms and conditions of this Agreement.

2. Exhibit B (Payment Terms and Conditions), the “FY 25/26 Rates: Aurora Behavioral Healthcare” language under provision G. Medi-Cal Requirements and Payment Limitations, section 9. Approved Procedure Codes and Rates for Specialty Mental Health Services, is hereby revised to read as follows:

FY 25/26 Rates: Aurora Behavioral Healthcare

DHCS Medi-Cal Rates for Medi-Cal Beneficiaries patients under age 22 and over age 64 – Table 1. includes services/rates which are billed directly to Medi-Cal by Santa Rosa Behavioral Healthcare Hospital . * These rates/services are not reimbursed by County.

3. 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 _____, 2026.

CONTRACTOR:

Tristan Ivy, Chief Executive Officer
Aurora Behavioral Healthcare - Santa Rosa, LLC dba
Santa Rosa Behavioral Healthcare Hospital

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