



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Department)

Agency Ref. #: **SG 26143-1**
 Budget Account: 3170
 Category: 63
 GL: 8516
 Job Number: 21027A21

SUBAWARD AMENDMENT #1

Program Name: Bureau of Behavioral Health Wellness and Prevention Veronica Portillo-Bradford / vportillo@health.nv.gov	Subrecipient Name: Washoe County Sheriff's Office Sheriff Darin Balaam / dbalaam@washocounty.gov
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 911 E. Parr Blvd. Reno, NV 89512
Subaward Period: July 1, 2023 – December 31, 2024	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

- Scope of Work
 Term
 Budget

Reason for Amendment: Program adding the remaining balance of initial subgrant to ensure full amount is provided to subawardee. Washoe County Sheriff's Office has selected eHR system for the MOST program, which has a lower cost than the subaward amount, and has requested the purchase of tablets for the MOST team to access the new eHR system in the field, so tablets will be included within the scope of work. To ensure adequate amount of time for Washoe County Sheriff's Office to complete their internal contracts, the subgrant term will be extended to December 31, 2024. Program has moved budget from Other to Operating costs per CFR.

Required Changes:

Current Language: Total reimbursement through this subaward will not exceed \$77,308 See Section B, C and D of the original subaward and amendment #26143.

Amended Language: Total reimbursement through this subaward will not exceed \$109,030. See attached Section B, C and D revised on 12/9/23.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$0.00	\$0.00	\$0.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$0.00	\$12,320.00	\$12,320.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$0.00	\$96,710.00	\$96,710.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$77,308.00	(\$77,308.00)	\$0.00
TOTAL DIRECT COSTS	\$77,308.00	\$31,722.00	\$109,030.00
8. Indirect Costs	\$0.00	\$0.00	\$0.00
TOTAL APPROVED BUDGET	\$77,308.00	\$31,722.00	\$109,030.00

Incorporated Documents:

- Section B: Description of Services, Scope of Work and Deliverables revised on Enter Date 12/9/23
- Section C: Budget and Financial Reporting Requirements revised on Enter Date 12/9/23
- Section D: Request for Reimbursement revised on 12/9/23
- Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Darin Balaam, Sheriff Washoe County Sheriff's Office		5/1/24
Shannon Bennett, Bureau Chief Division of Public and Behavioral Health		
Cody Phinney Administrator, DPBH		

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION B

Description of Services, Scope of Work and Deliverables

With an effective Electronic Health Record (EHR) system MOST will be able to access consumer information quickly and provide efficient intervention based on the history of service utilization. Information sharing is an important gap to address because the physical distance between law enforcement jurisdictions in Northern Nevada is small and similar factors that contribute to mental health crises (i.e., homelessness, unemployment, substance use) affect community members across jurisdictions and make transience throughout the region by consumers more likely. It is unknown how often multiple agencies are providing services to the same consumers because information is not shared. Police-co-response teams already utilize case management strategies to obtain information about consumers to promote better outcomes, data management software, that allows for case management information to be available 24/7 and shared across jurisdictions, remains a promising solution to ensure effective police-mental health collaboration and coordination of care of those in crisis.

Washoe County Sheriff's Office, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Sheriff's Office

Goal 1: Immediate access to historical data from consumer encounters across three law enforcement agencies in Northern Nevada.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Identify EHR system that will meet program needs	1. Meet with three EHR service providers to learn about program features and functionality	Complete	1. Gather quotes from three providers to submit
2. Develop a training program	2. Train all assigned users for each agency to include Washoe County, Reno, and Sparks.	3 rd quarter	2. Document participation in training with a sign in sheet
3. Use Electronic Health Record (EHR) to record consumer encounters <u>via tablet technologies</u> .	3. Consumer encounters recorded in the EHR, and/or the mobile application <u>via tablet</u> that also operates without a data connection	Monthly	3. Data collected through screens and fields in the EHR and stored in a consolidated consumer chart.
4. Assign users from three agencies (Washoe, Reno, and Sparks) role-based access to the EHR	4. Assign users' access to consumers, and which programs or services they can view, or edit, within the chart.	Monthly	4. Users with access to consumers and view, report, print information about previous consumer encounters as granted by their access.

Goal 2: Reduce pressure on the criminal justice system by deflecting consumers to rehabilitative programming and linking consumers to mental health and continuum of care resources.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Provide an easy-to-use tool to view historical consumer data and efficiently document consumer encounters	1. Configure documentation specific for this program, their consumers, and law enforcement users.	2 nd quarter	1. Create simple and efficient documentation using structured data, i.e., dropdowns, radio buttons, check boxes that create reportable and measurable data.
2. Improve Coordination of Care Information Sharing	2. Document consumer referrals to community resources to demonstrate over time where, when, and what happened next with a particular consumer	Monthly	2. Use integrated reports and dashboards to look at the data collected in many ways, i.e., by consumer, law enforcement region, type of service, or referral outcomes

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION C
Budget and Financial Reporting Requirements
revised on 12/9/23**

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Governor's Finance Office, U.S. Treasury, American Rescue Plant Act 2021, Coronavirus State Fiscal Recovery Funds (CSFRF).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	\$	-
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Total Fringe Cost	\$0	Total Salary Cost:	\$0
Total Budgeted FTE	0.00000		

Travel	Total:	\$0
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Operating	Total:	\$12,320
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	Unit Expense	FTE	Number of Months	Total
iPad Protector Case: Otterbox Defender Case \$62.99 per unit x 11 units (6 Washoe County, 2 Sparks Police, 3 Reno Police)	\$62.99	11	1	\$692.89
iPad Screen Protector: \$7.98 for 2-pack x 11 units	\$7.98	11	1	\$87.78
iPad Pro: \$1,049 per unit x 11 units	\$1,049.00	11	1	\$11,539.00

Justification: iPads to be purchased to be used by MOST teams in the field for ease of eHR access. iPads for each team, screen protectors, and cases will be required to ensure that iPads are stored safely and protected.

Equipment	Total:	\$0
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Contractual		\$96,710
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Name of Contractor or Subrecipient: Julota	Total	\$96,710
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Method of Selection: explain, i.e. competitive bid

Period of Performance: Upon Approval for 2 Years to be paid in full

Scope of Work: Washoe County Sheriff's Office will contract with Julota to establish an eHR platform that connects Washoe County, Sparks Police Department, and Reno Police Department MOST teams to ensure continuity of care. Julota will input and store person-specific data, gather data/statistics, and identify high utilizers between Washoe County Sheriff's Office, the jail, and hospital.

* Sole Source Justification: N/A

Budget

One-Time Fee Schedule: Implementation Package (\$3,100) + Migration using Julota Templates (\$1,800) + Custom Dataset Migration (\$5,200) + \$5,250	\$16,650.00
Licensing and Storage - Year 1: Julota Base Platform License (\$18,900) + Standard Hubs (\$5,800) + Services (\$380) + 1 Directional Interface (\$3,150) + 42 CFR Part 2 Compliant Workflows (\$5,250) + Julota Essential Support Services (5,250)	\$40,030.00

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Licensing and Storage - Year 2: Julota Base Platform
License (\$18,900) + Standard Hubs (\$5,800) +
Services (\$380) + 1 Directional Interface (\$3,150) + 42
CFR Part 2 Compliant Workflows (\$5,250) + Julota
Essential Support Services (5,250)

\$40,030.00

Total Budget	-	-	\$96,710.00
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Method of Accountability:

Define - Washoe County Sheriff's Office will meet with Julota's Program Manager Consultant. The Program Manager Consultant will provide technical assistance, business consulting, product expertise, production and management client-facing documentation, and direct implementation of goals and timelines.

Training	-	-	Total: \$0
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Other	-	-	Total: \$0
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TOTAL DIRECT CHARGES	-	-	\$109,030
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Indirect Charges	-	-	Total: \$0
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Indirect Rate: 0.000%

Indirect Methodology: Indirect not collected for this subgrant.

TOTAL BUDGET	-	-	Total: \$109,030
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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Applicant Name: Washoe County Sheriff's Office

Form 2

PROPOSED BUDGET SUMMARY

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	Funding Source	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$109,030								\$109,030

EXPENSE CATEGORY

Personnel	\$0								\$0
Travel	\$0								\$0
Operating	\$12,320								\$12,320
Equipment	\$0								\$0
Contractual/Consultant	\$96,710								\$96,710
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$0								\$0

TOTAL EXPENSE	\$109,030	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$109,030
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$0
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Total Agency Budget	\$109,030
Percent of Subrecipient Budget	100%

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$109,030**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. SAMHSA.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- The site visit/monitoring schedule may be clarified here.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION D
Request for Reimbursement
revised on 12/9/23

Agency Ref #: **SG 26143-1**
Budget Account: 3170
GL: 63
Draw #: 1

Program Name: Bureau of Behavioral Health Wellness and Prevention Veronica Portillo-Bradford / vportillo@health.nv.gov	Subrecipient Name: Washoe County Sheriff's Office Sheriff Darin Balaam / dbalaam@washoecounty.gov
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 911 E. Parr Blvd. Reno, NV 89512
Subaward Period: July 1, 2023 – December 31, 2024	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400R

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year					
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$12,320.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,320.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$96,710.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96,710.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$109,030.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109,030.00	0.0%

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____ Date _____