

**FOURTH AMENDMENT TO GRANT AGREEMENT WITH  
NEVADA CLINICAL SERVICES, INC.**

This Fourth Amendment to and Assignment of the Grant Agreement and Notice of Grant Award (“Fourth Amendment”) is entered into effective July 1, 2025 (the “Effective Date”) by and among Nevada Clinical Services, Inc. (“NCS”) and the Washoe County Sheriff’s Office (“Contractor”).

**RECITALS**

**WHEREAS**, NCS and the Washoe County Human Services Agency entered into a Grant Agreement and Notice of Grant Award effective July 1, 2021, also referenced as NCS Contract Number 206454 (“Grant”), as assigned to Contractor on March 1, 2022, to provide mobile outreach safety team services (“Services”); and

**WHEREAS**, NCS and Contractor desire to renew the Grant for an additional two-year term through June 30, 2027 under the same terms and conditions as during the initial two-year term;

**WHEREAS**, in consideration of the contract term extension, the Parties desire to revise the maximum compensation amount that may be paid for services provided under the Grant;

**NOW, THEREFORE**, for and in consideration of the promises and the mutual covenants herein contained, the receipt and adequacy of which are for all purposes acknowledged and confessed herein, the Parties hereby agree as follows:

- I. Grant Period. The Grant Period shall be extended through June 30, 2027.
- II. Approved Annual Budget Categories. The Approved Annual Budget categories are amended as follows:

Approved Annual Budget Categories SFY 2026 (July 1, 2025 – June 30, 2026)	
1. Personnel	\$1,019,182
2. Travel	\$4,416
3. Operating	\$30,807
4. Equipment	\$0
5. Contractual	\$0
6. Training	\$4,712
7. Other	\$0
8. Indirect Costs	\$0
TOTAL APPROVED BUDGET	\$1,059,117

Approved Annual Budget Categories SFY 2027 (July 1, 2026 – June 30, 2027)	
1. Personnel	\$1,111,837
2. Travel	\$4,416
3. Operating	\$30,807
4. Equipment	\$0
5. Contractual	\$0
6. Training	\$4,712
7. Other	\$0
8. Indirect Costs	\$0
TOTAL APPROVED BUDGET	\$1,151,117

- III. Section B Description of Services, Scope of Work and Deliverables shall be replaced in its entirety with the amended and restated Section B, appended hereto.
- IV. Except as amended herein, all other terms and conditions of the Grant shall remain in full force and effect subject to the terms of the Grant.
- V. This Fourth Amendment may be executed in one or more counterparts, and each of them shall be deemed to be one and the same instrument upon execution of all counterparts.

*[Signature page follows.]*

IN WITNESS WHEREOF, the Parties hereto have caused this Fourth Amendment to be signed and intend to be legally bound thereby as of the Effective Date.

NCS:

Washoe County Sheriff's Office:

By: 

By: 

Name: Karla Perez

Name: 

Title: Secretary

Title: 

Date: 7/9/2025

Date: 

## **SECTION B**

### **Description of Services, Scope of Work and Deliverables**

**Brief Description of Program:** This project was developed to create an intervention team to work with law enforcement professionals and operated at a local level. The Washoe County Mobile Outreach Safety Team (MOST) was created, and this scope of work represents the goals and objectives of this team. MOST provides crisis intervention and stabilization to those impacted individuals in Washoe County with a mental health condition included a Severe Mental Illness (SMI), substance use disorder (SUD) and/or who are in behavioral health crisis.

Individuals may have been in crisis and/or require immediate intervention and evaluation by clinically trained professionals in collaboration with law enforcement. This program includes outreach, field crisis interventions and coordination of assessments, referrals and connection with local providers as indicated by assessment at the time of crisis intervention. While there are times when intervention and stabilization may occur at other facilities (such as a crisis call center), the goal of this team is to respond to the most significant and serious situations, generally with law enforcement, requiring a higher level of behavioral health expertise anywhere in the targeted community. Referrals and well checks are also included in services.

MOST clinicians are Mental Health Counselors IIs, requiring “A master’s degree from an accredited college or university in social work, marriage and family therapy, counseling, psychology or closely related field AND licensure in the State of Nevada to practice as a Licensed Clinical Social Worker, a Marriage and Family Therapist or a Clinical Professional Counselor”. Team members are supervised currently by a Mental Health Counselor Supervisor (1), requiring “ a master’s degree from accredited college or university in social work, marriage and family therapy, counseling, psychology or closely related field AND licensure in the State of Nevada to practice as a Licensed Clinical Social Worker, a Marriage and Family Therapist or a Clinical Professional Counselor AND three years of full-time experience performing clinical case work”. There is currently one Case Worker III, requiring “A bachelor’s degree from an accredited college or university in social work, criminal justice, psychology, sociology, or a closely related field AND two years of professional level experience providing casework/ counseling or placement services, or working with individuals or families in a community-based, case management role; OR license to practice Social Work in the State of Nevada or eligibility for licensure in the State of Nevada AND two years of full-time experience performing professional social work. A master’s degree in social work may substitute for one year of experience.”

This scope of work does not prohibit the addition of mental health counselors or case workers to the team, should need be demonstrated and funds be made available. This scope may also be revised, with consultation and coordination between all parties.

MOST services offer a community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a mental health crisis. For safety and optimal engagement, teams should be put in place

to support emergency department and justice system diversion. Emergency medical services (EMS) should be aware and partner with the MOST team as warranted.

Minimum Expectations to Operate a Mobile Crisis Team services must at a minimum:

1. Include a licensed and/or credentialed clinician capable of assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.); and
3. Connect individuals to community-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant.

**Problem Statement:** In Washoe County, there exists a population that suffers with behavioral health issues which encompasses mental health and substance use disorder and substance abuse. This population is often involved with law enforcement and ultimately and inappropriately sent to jail, emergency rooms and/or mental health facilities. Law Enforcement, partnered with a team of clinicians can help to reduce repetitive calls from these individuals which include those with serious mental illness (SMI) and, mitigate unnecessary and inappropriate placement through intervention and referral/outreach activities.

**Washoe County Sheriff's Office** agrees to provide the following services and reports according to the identified timeframes that follow:

**Goal 1:** To divert individuals experiencing behavioral health issues and other crises from unnecessary admissions into the criminal justice system, emergency rooms, and inpatient psychiatric facilities.

**Outcome Objective 1a:** Increase the percentage of individuals who have received MOST intervention services in Washoe County that are diverted from unnecessary admissions into the criminal justice system, emergency rooms, and inpatient psychiatric facilities from 53 % in fiscal year 2023 to at least 75% by June 30, 2027.

Activities including Evidence-based Programs	Date due by	Documentation
1. MOST mental health counselors will partner with law enforcement officers, in response to a call or referral in Washoe County. MOST mental health counselors may ride with at least one law enforcement officer for multiple shifts according to law enforcement schedules and protocol.	Monthly	Logs of ride-a-longs, Number of calls responded to and demographic and disposition data of each call;
2. MOST mental health counselors and/or MOST case manager(s) will attempt to contact individuals in response to law enforcement and community calls or referrals per agency and law enforcement policy and procedures in Washoe County, based on individual need and appropriateness of response.	Monthly	Number of individuals in which contact was made each month. List of individuals contacted to include at a minimum first name, last name, and date of birth when the information is available.
3. De-Escalation and Resolution: The MOST mental health counselors will provide individualized, evidenced-based de-escalation and resolution services in response to calls or referrals as well as when participating with Crisis Intervention Negotiation Teams.	Monthly	Number and percent of individuals during each month who have been diverted from unnecessary admissions into the criminal justice system, emergency rooms, and psychiatric facilities.
4. MOST teams will refer contacted individuals to local services such as CCBHS, crisis care centers, VA, shelters, and other community resources as needed and appropriate.	Monthly	Call dispositions
5. MOST teams will transport clients as necessary, appropriate, and available out of the area of crisis or to local services.		Call dispositions

6. When appropriate to the client being served, MOST mental health counselors may utilize evidence-based assessment tools to determine best response to individual in crisis. This may include the Columbia Suicide Severity Rating Scale; Mental Health Crisis Hold (MHCH) for adult/youth and following legislative processes related; or other recognized assessment tools.	Monthly	Case notes documented in EHR system., assessments, call logs as appropriate. Reports from CSC as available
7. If a regional Crisis Stabilization Center (CSC) is available and the situation is appropriate, MOST Mental Health Counselors will follow established processes in collaboration with law enforcement and assist in the transportation of individual(s) to the CSC.	Monthly	Case notes documented in EHR system., call logs as appropriate. Reports from CSC as available
<b>Outcome Objective 1b:</b> By June 30, 2027, at least 80% percent of the individuals experiencing behavioral health crises, identified through law enforcement/dispatch/referrals will receive care coordination and outreach services.		
<b>Activities including Evidence-based Programs</b>	<b>Date due by</b>	<b>Documentation</b>
1. The MOST mental health counselors and/or MOST case manager will link individuals in crisis to necessary and appropriate medical and behavioral health services that can help resolve the situation and prevent future crises. These services may include crisis stabilization or acute inpatient hospitalization and treatment in the community (e.g., community mental health clinics, in-home therapy, family support services, crisis respite services, and therapeutic mentoring)	Monthly	Dispositions, case notes documented in EHR system, facility reports as available.
2. Crisis Planning and Follow-Up as appropriate, MOST mental health counselors will engage the individual in a crisis planning process, resulting in the creation or update of a range of planning tools including a safety plan.	Reviewed at least quarterly	Developed safety plans and other tools.
3. MOST mental health counselors and/or MOST case manager will offer outreach and referral services to individuals with behavioral health needs as appropriate and available.	Monthly	<p>Number of individuals who were <b>referred</b> to behavioral health programs and other community-based services and supports. Facility reports as available.</p> <ul style="list-style-type: none"> <li>Number and percent of individuals with behavioral health needs who <b>received outreach services/referrals</b>.</li> </ul>
<ul style="list-style-type: none"> <li><b>Evaluation:</b> Using collected data in <b>Julota</b> (EHR), reports from any referred agency/facility and other case notes as available, compare the ending numbers and percentages with those reported on June 30, 2025. This goal will be monitored with quarterly reports in the interim.</li> </ul>		

<b>Goal 2:</b> To provide community outreach activities to inform potential partner referral agencies, behavioral health providers, and social service providers about MOST and to encourage collaboration between MOST and the partners.		
<b>Outcome Objective 2a:</b> By June 30, 2027 increase the number of agencies referring to MOST by at least 25% from a baseline to be collected between July 1, 2025 to June 30, 2027.		
<b>Activities including Evidence-based Programs</b>	<b>Date due by</b>	<b>Documentation</b>
1. The number of community agencies who make referrals to MOST will be collected between July 1, 2025 and June 30, 2027.	Yearly	List of agencies who have made at least one referral within the fiscal year.
2. MOST will provide information and marketing materials at a minimum of three community events, facilitating more understanding of the MOST program by referral agencies, behavioral health providers and social service providers within Washoe County.	Yearly	<ul style="list-style-type: none"> <li>• Date, title, location, and target audience of the community event</li> <li>• Information and marketing materials provided.</li> <li>• Number of follow up contacts with partners.</li> <li>• Media copy; agendas; promotional documents</li> </ul>
3. MOST will provide information to at least 15 community partners. This could include participation in community town hall events.	Yearly	Presentation logs, meeting minutes when available, copy of distributed materials.
<b>Evaluation:</b> The number of agencies making referrals to the MOST program will be tracked. The total number of agencies making referrals between July 1, 2025 and June 30, 2027 will be compared to the baseline collected in the previous fiscal year.		

<b>Goal 3:</b> To ensure MOST members receive relevant and appropriate training in order to effectively provide services for the target population.		
<b>Outcome Objective 3a:</b> By June 30, 2027, all MOST mental health counselors will receive continued training on evidence-based practices or best practices related to crisis intervention. Training topics may include any of the following: crisis intervention strategies and techniques, trauma-informed responses; motivational interviewing; de-escalation techniques; coping skills; psychotropic medications to treat mental health disorders; pharmacotherapeutic agents to treat substance use disorders; short-term interventions for individuals with mental health disorders; short-term interventions for individuals with substance-related disorders, and related clinical intervention techniques.		
<b>Activities including Evidence-based Programs</b>	<b>Date due by</b>	<b>Documentation</b>
1. MOST management and staff will research evidence-based practices and/or best practices in delivering crisis intervention services and find appropriate training opportunities.	Ongoing	<ul style="list-style-type: none"> <li>List of evidence-based practices and trainings</li> </ul>
2. MOST members will be trained by in-service or professional trainers. The trainings will be in-person or by webinar or other on-line sources and may be in-state or out-of-state.	Ongoing	<ul style="list-style-type: none"> <li>Total number and percentage of individuals trained will be tracked in the standardized database.</li> <li>Training attendance logs/records</li> </ul>
3. The MOST program will assist Law Enforcement in identifying current best practices for Crisis Intervention Training as requested by law enforcement agencies and/or as identified by MOST staff.	Ongoing	<ul style="list-style-type: none"> <li>Participate in Crisis Intervention Trainings (CIT) and other identified trainings as appropriate.</li> </ul>
4. MOST will send a representative sample of Clinicians and partners to co-response and crisis interventions trainings/conferences for best practice and certification.	Ongoing	<ul style="list-style-type: none"> <li>Conference agenda and certifications</li> </ul>
<b>Evaluation:</b> Quarterly Reports		
<b>Evaluation Plan:</b> Track number of partners and Clinicians on number of trainings attended and certifications obtained. Document procedural changes based on new best practices, on an annual basis.		