



**AMENDMENT NO. 1
CBE NO. 607042-24
MENTAL HEALTH RESTORATION**

togetherforbetter

THIS AMENDMENT is made and entered into this ____ day of _____, 20____, by and between CLARK COUNTY, NEVADA (hereinafter referred to as “COUNTY”), and WELLPATH RECOVERY SOLUTIONS, LLC (hereinafter referred to as “PROVIDER”).

WITNESSETH:

WHEREAS the parties entered into an agreement under CBE Number 607042-24, entitled “Mental Health Restoration” dated June 10, 2024 (hereinafter referred to as CONTRACT); and

WHEREAS the parties desire to amend the CONTRACT.

NOW, THEREFORE, the parties agree to amend the CONTRACT as follows:

1. Replace the following: “Wellpath Recovery Solutions, LLC” with “Recovery Solutions Holdings, LLC”, in all applicable areas of the Contract.
2. Section I: Term of Contract

ORIGINALLY READ:

COUNTY agrees to retain PROVIDER for the period of 20 months from date of award. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract.

REVISED TO READ:

COUNTY agrees to retain PROVIDER for the period of 18 months from date of award, with the option to renew for two (2) one-year periods as mutually agreed upon in writing (subsequent hereto). During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract.

3. Section II: Compensation and Terms of Payment

ORIGINALLY READ:

COUNTY agrees to pay PROVIDER for the performance of services described in the Scope of Work (Exhibit A) for the fixed monthly amount of \$302,578.50 and a one-time startup fee of \$482,761 (PROVIDER would receive payment for startup costs prior to startup or no later than 15 days from initial contract execution.). COUNTY’S obligation to pay PROVIDER cannot exceed the fixed monthly amount and one-time fee. It is expressly understood that the entire work defined in Exhibit A must be completed by PROVIDER and it shall be PROVIDER’S responsibility to ensure that hours and tasks are properly budgeted so the entire PROJECT is completed for the said fee.

REVISED TO READ:

COUNTY agrees to pay PROVIDER for the performance of services described in the Scope of Work (Exhibit A) for the fixed monthly amount of \$302,578.50 for the initial term, \$314,681.67 for the first renewal, \$327,268.92 for the second renewal, and a one-time startup fee of \$482,761 (PROVIDER would receive payment for startup costs prior to startup or no later than 15 days from initial contract execution.). COUNTY'S obligation to pay PROVIDER cannot exceed the fixed monthly amount and one-time fee. It is expressly understood that the entire work defined in Exhibit A must be completed by PROVIDER and it shall be PROVIDER'S responsibility to ensure that hours and tasks are properly budgeted so the entire PROJECT is completed for the said fee.

4. Exhibit A, Mental Health Restoration, Scope of Work, page A-1

ORIGINALLY READ:

PROVIDER in collaboration with Clark County and the Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH), will provide a 60-bed jail-based mental health program (JBP) within a single pod in an identified jail. PROVIDER will provide the mental health treatment program and county would provide space for the program and all support services. The JBP provided by PROVIDER includes:

- Admissions screening and assessments
- Individualized treatment planning
- Intensive day treatment structure
- Individual and group treatment
- Psychiatric services
- Medication and medication monitoring

REVISED TO READ:

PROVIDER in collaboration with Clark County and the Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH), will provide a 60-bed jail-based mental health program (JBP) within a single pod in an identified jail. PROVIDER will provide the mental health treatment program and county would provide space for the program and all support services. The JBP provided by PROVIDER includes:

- Admissions screening and assessments
- Individualized treatment planning
- Intensive day treatment structure
- Individual and group treatment
- Psychiatric services
- Medication and medication monitoring, excluding Long Acting Injectable's, which should be handled as outlined under the Provider Responsibilities section.

5. Exhibit A, Mental Health Restoration, Scope of Work, page A-2

ORIGINALLY READ:

PROVIDER Responsibility

- Overall clinical and programmatic responsibility over the program within the County's Detention Services Division (DSD).
- Care coordination, admissions screening, assessments, and individualized treatment planning.

- Intensive day treatment structure, individual and group treatment, psychiatric services, and medication monitoring. Tele-psychiatry support services as needed.
- Passing through costs to COUNTY of (a) medications prescribed for psychiatric symptoms (including Long-Acting Injectables) and (b) o n / offsite medical services for program participants.
- Liaison with PROVIDER staff, referrals to the program, and technical assistance as needed.
- Monitoring Quality Assurance indicators mutually agreed upon.
- Admissions screening criteria and defined process for transfer to state hospital.
- Tele-psychiatry may be used to support program services as needed.

Program Exclusions

- Competency restoration services, including competency evaluations, are not within the scope of this CONTRACT.
- No psychiatric evaluations required.
- Excludes translation services.
- Does not include allowance for bed day payment.
- Excludes Long Acting Injectables and on/offsite medical costs.

REVISED TO READ:

PROVIDER Responsibility

- Overall clinical and programmatic responsibility over the program within the County's Detention Services Division (DSD).
- Care coordination, admissions screening, assessments, and individualized treatment planning.
- Intensive day treatment structure, individual and group treatment, psychiatric services, and medication monitoring. Tele-psychiatry support services as needed.
- Submission of an itemized monthly invoice to COUNTY, as applicable, for any Long Acting Injectables prescribed or offsite medical care provided to Program participants.
- Liaison with PROVIDER staff, referrals to the program, and technical assistance as needed.
- Monitoring Quality Assurance indicators mutually agreed upon.
- Admissions screening criteria and defined process for transfer to state hospital.
- Tele-psychiatry may be used to support program services as needed.

Program Exclusions

- Competency restoration services, including competency evaluations, are not within the scope of this CONTRACT.
- No psychiatric evaluations required.
- Excludes translation services.
- Does not include allowance for bed day payment.

6. Exhibit A, Mental Health Restoration, Scope of Work, Costs

ORIGINALLY READ:

Total monthly fee of \$302,578.50

One-time startup fee of \$482,761 (Startup costs: PROVIDER would receive payment for startup costs prior to startup or no later than 15 days from contract execution.)”

REVISED TO READ:

Initial Term, Total monthly fee of \$302,578.50

First Renewal, Total monthly fee of: \$314,681.67

Second Renewal, Total monthly fee of: \$327,268.92

One-time startup fee of \$482,761 (Startup costs: PROVIDER would receive payment for startup costs prior to startup or no later than 15 days from contract execution.)

7. The revisions contained herein are effective as of December 31, 2025.

Except as expressly amended herein, the terms and conditions of the CONTRACT shall remain in full force and effect.

PROVIDER:
RECOVERY SOLUTIONS HOLDINGS, LLC

By: 
JEREMY BARR
President

Date: 1/14/26

COUNTY:
COUNTY OF CLARK, NEVADA

By: _____
JESSICA COLVIN
Chief Financial Officer

Date: _____

APPROVED AS TO FORM:
STEVEN B. WOLFSON, District Attorney

By: *Sarah Schaerrer*
Sarah Schaerrer (Feb 5, 2026 14:35:07 PST)
SARAH SCHAERRER
Deputy District Attorney

Date: _____