togetherforbetter

AMENDMENT NO. 1
CBE NO. 607330-24
POST RELEASE MEDICATION ASSISTED TREATMENT (MAT) SERVICES

THIS AMENDMENT is made and entered into this _____ day of _____ 20____, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and VEGAS STRONGER (hereinafter referred to as "PROVIDER").

WITNESSETH:

WHEREAS the parties entered into an agreement under CBE Number 607330-24, entitled "Post Release Medication Assisted Treatment (MAT) Services" dated December 5, 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. Section I: Term of Contract, Page 1

   ORIGINALLY READ:

   "COUNTY agrees to retain PROVIDER for the period of 12-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 from date of award through June 30, 2027. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract."

2. Section II-A Compensation, Page 1

   ORIGINALLY READ:

   "COUNTY agrees to pay PROVIDER for the performance of services described in the Scope of Work (Exhibit A) for the not-to-exceed amount of $800,000. COUNTY is payer of last resort. PROVIDER will bill insurance first and will charge Nevada Medicaid rates for services not approved through insurance. COUNTY'S obligation to pay PROVIDER cannot exceed the not-to-exceed amount. 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 not-to-exceed amount of $1,580.015. COUNTY is payer of last resort. PROVIDER will bill insurance first and will charge Nevada Medicaid rates for services not approved through insurance. COUNTY'S obligation to pay PROVIDER cannot exceed the not-to-exceed amount. 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."

3. Exhibit A: Scope of Work, Pages A-1 through A-4, is hereby removed in its entirety and replaced with the attached Exhibit A: Scope of Work.

4. The revisions contained herein are effective as of December 4, 2025.

This Amendment No. 1 represents an increase of $780,015.

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

PROVIDER:
VEGAS STRONGER

By: _____ Date: 5-29-26
DAVID MARLON
Chief Executive Officer

COUNTY:
COUNTY OF CLARK, NEVADA

By: _____ Date: _____
JESSICA COLVIN
Chief Financial Officer

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

By: Sarah Schaerrer (Jun 23, 2026 13:43:59 PDT) Date: _____
SARAH SCHAERRER
Deputy District Attorney

EXHIBIT A
POST RELEASE MEDICATION ASSISTED TREATMENT (MAT) SERVICES
SCOPE OF WORK

(Revised per Amendment No. 1)

INTENT

This is a collaboration in delivery relating to the quality of care of MAT patients. COUNTY will work with Vegas Stronger; an Opioid Treatment Program (OTP) that is regulated at federal and state levels will provide Medication Assisted Treatment (MAT) to approximately 100 individuals per year post release from Clark County Detention facilities. Eligible participants must be within 30 days of release from the Clark County Detention facility or have prior approval from the contract manager. Programming includes use of medications in combination with counseling and behavioral therapies for the treatment of Opiate Use Disorder (OUD). MAT is an effective Evidence-Based Best Practice for OUD. Medications utilized include Buprenorphine that has been approved by the U.S Food and Drug Administration (FDA) to treat OUD and extended-release injectable Naltrexone that is approved for the prevention of relapses to opioid use.

RESPONSIBILITIES OF PROVIDER

PROVIDER will use Federally approved medications to treat OUD in combination with counseling and behavioral therapy. To achieve the whole-patient approach to treatment, a spectrum of outcomes-based medicine, using MAT combined with other medication management, behavioral health therapy, counseling, labs, care coordination, and case management will be utilized.

PROVIDER will utilize an operationalized approach to integrated care following patient-centric care models ensuring patients remain engaged and better understand their psychological and physiological responses. Recovery involves restoration of self-identity, attainment of meaningful roles in the community, and reduced recidivism in the criminal justice system. Individualized treatment plans will be tailored to each patient's needs throughout stages of recovery.

Utilization of COPE (Comprehensive Out-Patient Experience), and Harm Reduction pathways will be included. Treatment plans will derive from evidence-based models and patients will be provided with comprehensive assessments by a multidisciplinary team of healthcare professionals. Therapeutic Interventions will include a Partial Hospitalization Program (PHP), an Intensive Outpatient Program (IOP) and extended Outpatient Programming (OP). These OP services will provide ongoing support and care to individuals who have completed PHP and/or IOP and are transitioning back into their daily lives. This phase will focus on relapse prevention, continued therapy, medication management, family counseling, and community reintegration support. OP services will help sustain recovery and prevent relapses while promoting individuals' successful reintegration into society.

PROVIDER staff and programming will meet the requirements as set forth by the Nevada State Behavioral Health Certifications for Excellence in Nevada (formerly SAPTA) and use the most appropriate treatment model(s) as they apply to the participant's individualized treatment plan:

a) Individual Therapy: One-on-one counseling sessions with a therapist to address specific issues, set treatment goals, and develop coping strategies.

b) Group Therapy: Structured therapy sessions conducted in a group setting, support, education, and skills training. Group therapy may cover topics such as prevention, coping skills, emotional regulation, and communication skills.

c) Family Therapy: Involvement of family members in therapy session to address family dynamics, improve communication, and provide support for the recovery process.

d) Psychoeducation: Education focused on providing information about mental health, substance abuse, relapse prevention, medication management, and coping strategies.

e) Cognitive Behavioral Therapy (CBT): A therapeutic approach that helps individuals identify and change negative thought patterns and behaviors contributing to mental health and substance abuse issues.

f) Dialectical Behavioral Therapy (DBT): A therapeutic approach that's specifically designed to address the problem of keeping participants in therapy.

g) Medication Management: Monitoring and adjustment of medication regimens to address psychiatric and substance abuse symptoms and support recovery.

h) Holistic Therapies: Integration of complementary therapies such as art therapy, music therapy, yoga, mindfulness exercises, and other activities to promote overall well-being .

i) Case Management: Case management in therapy in coordination of community-based services by a professional or team to provide support that may include assisting clients with access to medical, legal, educational, social, vocational, rehabilitative, or other communication services. Case management will address food, pharmacies, clothing, basic needs of the patient, and entry of all services provided into HMIS for every client served.

j) Counseling and treatment beyond OUD to address both addiction to other substances as well as cooccurring mental health conditions. Psychosocial issues include psychiatric disorders, family, peer, and other environmental factors that either increase the risk of individuals developing a substance use disorder (risk factors) or decrease such risks (protective factors).

k) Health Screening Services: Health screenings and assessment of conditions beyond opioid use disorder (e.g., HIV/ ADIS, mental health conditions, pregnancy, chronic condition comorbidities) as well as referrals to other providers to reduce ER visits and hospital admissions.

PROVIDER and each participant will collaboratively develop a treatment plan, including medication, counseling, and other services, to increase referrals for recovery and transitional housing, to support ongoing treatment and recovery efforts. The pre-release delivery of the services in this section is defined as "in-reach" services.

In addition to adhering to all Federal and State Privacy Regulations (including HIPAA rules and 42 CFR Part 2) PROVIDER shall preserve in strict confidence any information obtained, assembled or prepared in connection with the performance of this Contract, and will.:

a) have agreements in place with sober living and inpatient residential facilities to ensure placement for a limited number of participants that need housing or meet the criteria for inpatient residential treatment.

b) dispense and/or prescribe buprenorphine in a medical office setting by specially trained and approved providers who meet the federal criteria to treat Medication Assisted Treatment patients with buprenorphine.

c) administer Extended-Release injectable naltrexone once per month. Healthcare practitioners can provide the medication without special training or credentialing.

d) utilize drug and alcohol screening and testing as aids in monitoring and evaluating a patient's progress in treatment. Drug testing is used to help guide patient care, modify treatment plans, and confirm clinical impression.

e) conduct random and unannounced urine drug screens a minimum of 12 times per year in accordance with Federal regulations and more frequently as needed.

f) provide coordination of care and other services, including Motivational Interviewing (MI), Trauma Informed Care, Moral Recognition Therapy (MRT), Peer and Recovery Support Services, Twelve Step Facilitation and Contingency Management, referral to mutual-help groups, and assistance with housing, medical care, and vocational services as needed.

g) transport all program participants directly from County detention facilities to Vegas Stronger for assessment and intake, and on to designated recovery or transitional housing.

h) provide transportation between recovery or transitional housing to appointments, including but not limited to, MAT, IOP, MRT, dental, medical, court, social services, Department of Family Services status checks, and Department of Motor Vehicles.

i) assist participants in initiating medical insurance and in coordinating follow-up medical care if deemed medically necessary.

RESPONSIBILITIES OF COUNTY

The Detention Services Division (DSD) services provider managing MAT programming to DSD inmates, particularly their discharge planner/community liaison, will collaborate with PROVIDER to identify potential program participants based on inmates currently receiving MAT and provide their discharge plan.

REPORTING

PROVIDER shall document and submit data on the rendered services to COUNTY on a monthly basis as follows:

1. Entry date, days in treatment, completion of a treatment plan, and estimated discharge date.
2. Retention Rates: The percentage of patients who remain engaged in the MAT program over a specified period to include appointment attendance.
3. Reduction in Substance Use: Monitoring the decrease in drug or alcohol use among participants through regular drug tests or self-reporting.
4. Insurance Coverage: Tracking coverage status and carrier.
5. Criminal activity: Tracking changes in criminal behavior, such as a reduction in arrests or legal issues related to substance use.
6. Employment and Education: Measuring impact of MAT on patient's ability to gain/maintain employment, increase income, or engage in educational activities.
7. Housing stability: Measuring the length of time at residences and frequency of evictions.
8. Medication Adherence: Monitoring how well patients adhere to prescribed medications, as this is a critical aspect of MAT success.
9. Overdose Reversal: Tracking instances of overdoses and the successful use of naloxone or other overdose-reversal medications.
10. Patient Satisfaction: Gathering feedback from patients about their experience with the program and their perceived benefits.
11. Peer and Professional Assessments: Utilizing assessments and feedback from peers, counselors, and healthcare professionals involved in the MAT program.
12. Transportation Logs: Monthly transportation logs must include client name, date, trip start time, trip end time, starting location, destination, and indicate if it was a roundtrip transport.

PROVIDER shall follow up with participants who have completed the MAT programming at both six months and twelve months after discharge, document, and submit updated Record Keeping and Documentation data on the rendered services to the COUNTY.

FEES

COUNTY will pay $100 per week per program participant for case management services provided post-release, up to six (6) months.

COUNTY will pay $100 per hour for "in-reach" services. In-reach service fees shall not exceed $2,000 for any given calendar month.

COUNTY will pay $300 per hour for physician services not covered by insurance. Denial documentation must be provided for all requested services.

COUNTY will be the payer of last resort, and PROVIDER shall both assist participant with obtaining insurance coverage as well as bill the participants insurance before billing COUNTY. COUNTY will compensate PROVIDER for services at **NV** Medicaid Rates for all costs not covered by insurance. PROVIDER must provide COUNTY with a service denial notification from the participant's medical insurer prior to COUNTY making payment to PROVIDER for applicable services. PROVIDER may not charge participants directly for any services not covered by their personal insurance. Services include the transport of individuals post release from County Detention facilities for treatment programming that includes the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. The funding will be utilized for all program participants directly from COUNTY detention facilities to recovery or transitional housing as well as between their recovery or transitional housing to all necessary appointments, including but not limited to, MAT, IOP, MRT, dental, medical, court, social services, Department of Family Services status checks, and Department of Motor Vehicles.

COUNTY will pay $50 for the initial transport from the Clark County Detention Center (CCDC) to Vegas Stronger's facility. The fee accounts for the time associated with accessing the facility and connecting the participant with a peer support driver.

COUNTY will pay $20 for transportation each way to and from all necessary scheduled appointments aside from the initial transport from CCDC. Transportation log must be provided monthly for all MAT program participants.

PROVIDER shall provide a monthly invoice for services not covered by insurance that includes the participant's name, service (to include transport and all services listed in the "Fees" section}, service provider, location service was received, date of service, and charge amount for each applicable individual service rendered.