



Washoe Opioid Abatement and Recovery Fund (WOARF) Plan 2023-2025



Supported by the One Nevada Agreement Opioid Abatement Recovery Funds

Washoe County

Community Reinvestment | Office of the County Manager



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About

Washoe County collaborated with the State of Nevada and other jurisdictions across the State to litigate against pharmaceutical companies and other distributors of opioids that played a role in the opioid epidemic. Through this partnership, under the [One Nevada Agreement](#), Washoe County will receive approximately \$41 million over the next 20 years to address the opioid epidemic through evidence-based, strategic initiatives in alignment with community needs and SB 390. The funds will be disbursed through the Washoe Opioid Abatement and Recover Fund (WOARF) managed by the Office of the County Manager, Community Reinvestment Division.

Definitions

Opioids refers to class of drugs that are derived from plant-based opium or the chemical structure of opium. Opioids include pain relievers available legally by prescription or medical supervision, such as fentanyl, oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine; the illegal drug heroin; and many others.¹ Opioids can also be mixed with other substances such as methamphetamine.

Opioid Use Disorder (OUD) refers to a chronic health disorder characterized by the compulsive use of opioids.

Opioid abatement and recovery include programs, strategies, expenditures, and other actions designed to prevent and address the misuse and abuse of opioid products and treat or mitigate OUD or co-occurring mental health and substance use disorders or other downstream effects of the opioid epidemic.

Qualified professionals and service providers are licensed and certified professionals with prior experience serving people who use opioids, including but not limited to physicians, social workers, psychologists, psychiatrists, and peer recovery support specialists/coaches in accordance with [Nevada's Medicaid Services Manual Chapter 400 – Mental Health and Alcohol/Substance Use Services](#).

¹ For more information, see <https://nida.nih.gov/research-topics/opioids>.



Introduction

This initial planning document will describe how the Washoe Opioid Abatement and Recovery Fund (WOARF) will be allocated and managed by the Office of the County Manager, Community Reinvestment Division. In 2022, Washoe County completed a Needs Assessment to provide guidance to the County on the opioid abatement and recovery priorities for 2023-2025. Within the Needs Assessment [five priority goals](#) were identified. During the initial funding cycle, 4.5 million dollars will be available to implement strategies associated with the Top 5 Priority Areas in the Needs Assessment and in-line with the opioid settlement's use of funds strategies, which dictate the dollars must be used for OUD and the impacts of opioid misuse.

Funding Awards

Funding awards will be allocated for two-year projects. Successful projects funded under this cycle will be eligible for an abbreviated renewal application so long as the projects are consistent with updated priorities in the Needs Assessment and are meeting performance requirements. Capital Improvement Projects to enhance sustainability of all services will be accepted, however, any programs or services that seek to support people who use substances other than opioids will have to seek additional braid funding. In January 2025, the Community Reinvestment Division will work with other Washoe County departments and funded organizations to identify priorities regarding the built infrastructure. All WOARF funding must be allocable to projects and programs that specifically address one of the priority areas.

Needs Assessment 2026-2029

In 2025, Washoe County, in partnership with a steering committee, will begin the process of completing the next Needs Assessment, due December 2025. The 2026-2029 Needs Assessment will inform the 2026 WOARF Plan and funding cycle, which will be allocated for three-year projects.

Critical to the sustainability of the funding is to plan for the eventual end of this funding source and long-term investment in solutions that will shift the paradigm in how Washoe County responds to and treats OUD. Three core priorities associated with sustainability were identified:

1. Building the evidence-base for local programs,
2. Enhancing the infrastructure of the treatment landscape, and
3. Building the capacity of local programs.

The County will work with local researchers to build the evidence base of existing programs, partner with community organizations to build capacity to seek alternate, sustainable sources of funding and to provide ongoing training and technical assistance to the array of service providers that collaborate in the opioid recovery and prevention landscape.



In pursuit of an equitable approach to the abatement and recovery from opioids, Washoe County will prioritize the following values²:

- Centering the voices of those with lived experience
- Healing centered and trauma informed
- Honoring the multiple pathways to recovery
- Addressing health disparities and the root causes of opioid use disorder.
- Approaching opioid use and co-occurring mental health disorders from a holistic perspective
- Culturally based and influenced
- Transparency
- Capacity building and technical assistance
- Sustainability
- Building stronger communities of care

The values are described in detail in the [Values Section of the WOARF Plan](#).

Roles and Responsibilities

Washoe County manages WOARF through the Community Reinvestment Division. The Community Reinvestment Division is responsible for developing policies and procedures for the administration and distribution of contracts, grants, and other expenditures to political subdivisions of this State, private entities, nonprofit organizations, universities, state and community colleges. This includes the competitive proposal process outlined in [the Funding and Implementation Plan](#).

Priority Goals

The Washoe Opioid Abatement and Recovery Fund's priority goals were identified in the [December 2022 Opioid Use/Opioid Use Disorder Community Needs Assessment](#) and are as follows:

1. Ensure funding for the array of opioid use disorder treatment services for uninsured and underinsured Washoe County residents.

Treatment of OUD in Washoe County should consist of an array of services that include detoxification, inpatient, outpatient, intensive outpatient, residential, recovery residences, communities of recovery, and wrap-around services.

Current Issue: Many individuals seeking OUD treatment services cannot afford to pay for services. Additionally, the Medicaid reimbursement for in-patient services is low.

² Values were adapted from Johns Hopkins Principles for the Use of Funds from the Opioid Litigation <https://opioidprinciples.jhsph.edu/wp-content/uploads/2022/02/Opioid-Principles-Doc.pdf> and the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)'s Definition and Principles of Recovery](#).



Estimated Dollars Available: Delivery of Treatment Services \$1,000,000

Activities: Increase holistic comprehensive treatment for uninsured and underinsured Washoe County residents with opioid use disorder.

- Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
- Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
- Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
- Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, life skills, job training, or childcare.

County Performance Measure

- Number of uninsured/underinsured residents initiating treatment services
- Number/percent of uninsured/underinsured successfully completing treatment services

Project Performance Measurements:

- Number of uninsured/underinsured residents initiating treatment services
- Number of uninsured/underinsured residents in treatment services that are housed
- Number/percent of uninsured/underinsured residents receiving treatment and recovery services maintaining connection to care at 3-months
- Number/percent of uninsured/underinsured residents receiving treatment and recovery services assessed for holistic services within 30-days of enrollment .
- Number/percent of uninsured/underinsured successfully completing services.
- Number/percent of uninsured/underinsured residents receiving treatment and recovery services assessed for holistic services connected and enrolled in appropriate services within 3 months.
- Number/percent of uninsured/underinsured residents receiving treatment and recovery services in stable housing within 1 year of enrollment.

Objective:

- Provide funding to providers to offer services for free and/or reduced costs for uninsured and underinsured residents.



Outcomes/Outputs:

- Attainable treatment services for Washoe County community members with OUD
 - Increased access to services for Washoe County community members
2. Initiating buprenorphine in the emergency department, as well as during inpatient hospital stays, and care navigators to assist with setting up outpatient resources for continued care and management.

All EDs and hospitals should have providers that will provide buprenorphine induction and involve care navigators to assist with setting up outpatient resources for continued treatment.

Current Issue: Not all emergency departments initiate inpatient buprenorphine. Buprenorphine treatment decreases withdrawal and craving. Patients who receive buprenorphine are less likely to overdose, die, use illicit opioids, or spread HCV or HIV and have fewer injection drug use complications and contacts with the criminal justice system. Many people presenting in emergency departments with OUD or for detoxification are not being connected to treatment services and care navigators.

Estimated Dollars Available: Initiation of medications for OUD (MOUD) and warm handoff services \$750,000

Activities: Provide buprenorphine induction within the emergency department as well as care navigators (e.g., peer recovery support specialists and/or community health workers) who can provide referrals and warm-handoffs (which includes referrals, transportation to referrals, and follow-up services) to treatment as well as follow-up aftercare services to ensure successful connection to services.

- Provide training on MOUD for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
- Provide funding for peer support specialists or recovery coaches in emergency departments to offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
- Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
- Expand warm hand-off services to transition to recovery services.

County Performance Measure

- Number of ERs initiating inpatient buprenorphine
- Number of patients presenting in the ER who are initiated on buprenorphine.

Project Performance Measurements:

- Number of education events training medical providers on MAT.



- Number/percent of providers who received training initiating buprenorphine.
- Number/percent of patients presenting in the ER with OUD initiated on buprenorphine.

Objective: Increase the number of providers initiating buprenorphine in ED.

Outcomes/Outputs: Patients in the ED will be connected to treatment options for OUD.

3. Use a multidisciplinary approach to providing **overdose prevention** outreach and education, inclusive of under resourced communities, such as Black, Indigenous, Latine, Asian American, and Pacific Islander communities, in a culturally and linguistically appropriate manner (organizations, media, churches).

Current Issue: Overdose rates have not declined in Washoe County and death rates for under resourced communities have increased in recent years.

Estimated Dollars Available: Delivery of outreach services \$500,000

Activities: Community health worker and peer recovery support specialist training, evidence based overdose education and naloxone distribution (OEND) training with a focus on recovery breathing, and funding for salaries for Black, Indigenous, Latine, Asian American, and Pacific Islander community members from a variety of community-based organizations to empower individuals within their communities to provide OEND.

- Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
- Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
- Public education relating to immunity and Good Samaritan laws.
- Media campaigns to prevent opioid use.
- Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

County Performance Measure

- Number of outreach events held, trainings held, training materials developed and disseminated within Black, Indigenous, Latine, Asian American, and Pacific Islander communities
- Rate of overdose death disaggregated by race/ethnicity

Project Performance Measurements:



- Number of outreach events held, trainings held, training materials developed and disseminated within Black, Indigenous, Latine, Asian American, and Pacific Islander communities.
- Number of naloxone kits distributed.
- Number/percent of participants who report understanding how to prevent overdose.
- Number/percent of overdose and drug poisoning deaths in BIPOC communities.

Objective: Provide funding to community organizations to expand education and outreach materials.

Outcomes/Outputs: Increased awareness.

4. Implement child welfare best practices for supporting families impacted by substance use.

Current Issue: The unique needs of families impacted by substance use disorder are not able to be met which leads to delays in family reunification.

Estimated Dollars Available: Implementing best practices \$750,000

Activities: Implement and expand evidence-based interventions for families with child welfare involvement in which a parent/caregiver's substance use is a factor for child maltreatment.

- Offer home-based wrap-around services to parents and caregivers with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
- Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.
- Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

County Performance Measure

- Number of child removals as a result of parent or caregiver substance misuse.
- Number of terminations of parental rights as a result of substance misuse.
- Number of families reunified in cases impacted by substance use.

Project Performance Measurements:

- Number of pregnant women who test positive for substances connected to treatment and prenatal care.



- Number of families in the child welfare system impacted by substance use connected to family-centered treatment.
- Number/percent of families in the child welfare system impacted by substance use engaged in family-centered treatment within 3-months of referral.
- Number/percent of families in the child welfare system impacted by substance use engaged in family-centered treatment reunified within two years.

Objective: Provide outreach and training to expecting families or caregivers.

Outcomes/Outputs: Increased reunification of families impacted by substance use.

5. Increase detoxification and short-term rehabilitation program capacity.

Current Issue: There are not enough beds for detoxification and short-term rehab in the County.

Estimated Dollars Available: Expanding crisis stabilization and detoxification services \$1,000,000

Activities: Expand programs to add more detoxification and short-term rehabilitation beds in Washoe County.

- Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
- Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
- Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.

County Performance Measure

- Number of crisis stabilization, withdrawal, and detoxification beds
- Waitlist length for crisis stabilization, withdrawal, and detoxification beds

Performance Measurements:

- Number of individuals accessing crisis stabilization, withdrawal, and detoxification support services



- Number/percent of individuals accessing crisis stabilization, withdrawal, and detoxification support services who are connected to ongoing treatment
- Number/percent of individuals accessing crisis stabilization, withdrawal, and detoxification support services who are connected to a peer recovery support specialist
- Number/percent of individuals accessing crisis stabilization, withdrawal, and detoxification support services who are maintaining treatment at 3-months

Objective: Provide funding for increasing detoxification and short-term rehabilitation bed capacity in the community.

Outcomes/Outputs: Additional beds in the community for detox and short-term rehab.

Sustainability Priorities

In addition to the priorities outlined in the Needs Assessment the Community Reinvestment Division will work to ensure the sustainability of the funding through increasing the evidence base, enhancing built infrastructure, and capacity building.

Sustainability through Increasing the Evidence Base

Activities: Provide financial support to early career researchers to conduct program evaluations or pursue larger grants to conduct evaluations.

Current Issue: Many of the services that are currently offered in Washoe county are research-informed promising practices but have not had the funding or capacity to conduct the evaluations needed to seek federal dollars.

Performance Measurements:

- Number of researchers who submitted research grants to evaluate local substance use programs.
- Number of program evaluations conducted of local substance use programs.

Sustainability through Building Infrastructure

Activities: Provide financial support to capital improvement projects including construction, purchasing, and remodeling, that relate to OUD.

Current Issue: There are insufficient housing options for people leaving residential treatment services and many service providers must balance budgets with rent and staffing.

Performance Measurements:

- Number of buildings constructed, remodeled, or outfitted to provide services to people who use opioids.



Sustainability through Training on Federal Grant Applications and Facilitating Building New Programs and Collaboratives

Activities: Provide training and support to funded sites on pursuing relevant federal grants.

Current Issue: Many of the services that are currently offered in Washoe county are not accessing federal dollars. Through accessing federal dollars services can be more sustainable and serve a larger population.

Target Populations

Washoe County has not identified specific populations for the funds recognizing the unique impact that OUD has had on many community groups and populations, however the unique needs of the following populations will be considered:

- Black, Indigenous, People of Color Communities
- Individuals and Families Involved or At-Risk for Being Involved with the Criminal Justice or Juvenile Justice System
- Individuals Who Are Homeless
- Parents Of Dependent Children
- Persons And Families Involved in the Child Welfare System
- Persons Who Are Lesbian, Gay, Bisexual, Transgender, And Questioning
- Persons Who Are Pregnant
- Rural/Frontier Communities
- Transitional Aged Youth Populations
- Tribal Entities
- Veterans

Funding and Implementation Plan

Purpose

The purpose of these funds is to provide financial support to organizations working to address the opioid epidemic in Washoe County. Funds recovered through the One Nevada Agreement will be used to fund programs and services to implement the strategies and goals recommended in the Washoe County Needs Assessment. In addition the funds will be utilized to coordinate regional efforts and collaboration across Washoe County.

Beginning in 2026, a competitive proposal process will occur approximately every three years to solicit applications for achieving the priorities identified in the Needs Assessment. The proposals gathered in solicitation efforts will be considered for their alignment with the goals, organizational capacity to meet objectives, and opportunities for expanded evidence-based models in Washoe County.



Fiscal Operations

Fiscal

Allocations recovered from the One Nevada Agreement will be received from the State of Nevada Attorney General's Office on agreed schedules according to settlements reached under the One Nevada Agreement. These funds will be recovered from now until approximately 2042.

eGrant System Management - eCivis

The WOARF plan will be managed through the County's grant management software, eCivis. The Community Reinvestment Division will create a program solicitation to host the competitive grant program and manage subrecipients awards and reporting through eCivis.

Administrative Costs

Administrative costs are those **expenses incurred by grant recipients or sub-recipients in support of the day-to-day operations of their organization**. These overhead costs are the expenses that are not directly tied to a specific program purpose.

General Guidelines

- These expenses are not related to the direct provision of program activities.
- Administrative costs can be for Personnel, Non-Personnel, Direct or Indirect.
- The costs are usually for general operating expenses incurred by the organization.
- Budgets and financial reporting need to distinguish separately the cost between administrative and programmatic costs.
- Administrative costs have limitations and include a cap/limit on the amount of costs that can be claimed against the settlements/bankruptcies.
 - This is done for most of the funds to be used for program purposes which benefit the program's targeted population.
 - The cap of administrative costs is determined by state statute or court order in litigation documents.
- Indirect costs are considered administrative costs and therefore must be included when determining if the administrative cap has been met.
- There is NO indirect for these funds.



Policies

Washoe County has established policies and procedures for grants management and abides by policies set forth in the *Washoe County Grants Management Policy Manual* (Washoe County, 2020). Washoe County has standard procedures that guide application and acceptance of grant funds, which cannot be disbursed until the Board of County Commissioners (BCC) has approved the award.

Additionally, there are controls in place for contracts and awards that align with state and federal guidelines. All awards must be approved by the Board of County Commissioners.

Grantees must follow the guidelines for competitive bidding as outlined in the [Suppliers Guide to Washoe County Purchasing and How to Do Business with Washoe County, Nevada](#).

Proposals must address the priority areas for funding consideration. All submitted projects must be evidence-based or considered to be best practices by national standards. Additionally, projects should be framed by a [health equity](#) lens and have a plan for activities and outcomes to be monitored and evaluated.

Timeline

Proposals will be accepted between May 15 and June 30, 2024.

Proposals should be written not to exceed a two-year program and budget period.

Project dates are subject to change but are anticipated to begin on or after October 1, 2024. The County retains the option to extend program periods depending on the needs of the County, program outcomes, and the availability of funding through September 2026.

Task	Due Date
Notice of Funding Opportunity Released	May 15, 2024
Application Workshop	May 22, 2024
Intent to Apply	June 7, 2024
Application Deadline for Proposals	June 30, 2024
Evaluation Period	July 2024
Funding Decisions - Notification	August 2024
Board Approval	September 10, 2024
Performance Period	October 1, 2024 – September 30, 2026



Eligibility

Proposals will be accepted from nonprofit organizations, private companies, institutions of higher education, tribal organizations, public agencies, and Washoe County departments.

To be eligible, organizations must:

- Provide services in Washoe County.
- Budget administrative expenses at or below five percent (5%).
- Be registered with the Nevada Secretary of State and have the appropriate business license as defined by law in the county/city of geographic location for service delivery. The selected vendor, prior to doing business in the State of Nevada, shall be licensed by the State of Nevada, Secretary of State's Office pursuant to NRS 76. Information regarding the Nevada Business License can be located at <http://nvsos.gov>. (Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015).
- Not have a provider or board member of organization identified as subject to the Office of Inspector General (OIG) exclusion from participation in federal health care programs (42 Code of Federal Regulations (CFR) 1001.1901).
- Comply with the Third-Party Liability (TPL) for any or all the expenditure(s) that would be payable by another private or public insurance for any application that provides direct service. (This includes Medicaid, Medicare, etc.).
- Have an active DUNS/UEI (unique entity identifier) number, which can be applied for at SAM.gov.

Excluded Activities

- Purchase of any items that may be considered paraphernalia pursuant to NRS 453.
- Activities that are not evidence-based or promising practices for opioid abatement
- Activities that are funded through other program grants or activities.
- Activities not identified as a priority within this NOFO unless documented with other Needs Assessment recommendations.

Ineligibility Criteria

Washoe County considers the following criteria as potential reasons for Applicant Disqualification for consideration of award under this NOFO.

- 1) Proposals do not contain the requisite licensure may be deemed non-responsive.



- 2) Incomplete application. 1) Failure to meet the minimum application requirements as described; and/or 2) Omission of required application elements as described. All sections of the grant application require a response. If the response is Not Applicable, (N/A) must be written in the application.
- 3) Insufficient supporting detail as required in the application. Washoe County will not review applications that merely restate the text within the NOFO. Applicants must detail their approach to achieving program goals and milestones. Reviewers will note evidence of how effectively the Applicant includes these elements in its application.
- 4) Inability or unwillingness to collect and share monitoring and evaluation data with Washoe County or its contractors.
- 5) Program Integrity concerns. Washoe County may deny selection to an otherwise qualified applicant based on information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities. This may include a current grant or award being in non-compliance.
- 6) Failure to comply with maximum word limits.
- 7) Late submission of an application, regardless of reason.
- 8) Supplanting Funds. Grant dollars must be used to supplement (expand or enhance) program activities and must not replace those funds that have been appropriated for the same purpose. This includes duplication of services or applications.
- 9) Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submission.
- 10) Certified Community Behavioral Health Centers (CCBHCs) may not apply for services, unless services have not been incorporated in each prospective payment services model that considers the mandatory services areas and the total number of individuals, with and without TPL, and are required to meet certification criteria. If a CCBHC applies for funding, sufficient documentation must be provided for the need and rationale for the additional funding to expand services beyond current capacity, towards opioid abatement. This will include the need for critical infrastructure to provide additional services, expand catchment areas, or to expand to specialized populations. Only CCBHCs in good standing, without substantial plans of corrections, who have a complete and timely submission of data, and who are meeting their required service priorities, are eligible for consideration of funding.



Evaluation Plan

Project Scoring Matrix

Application	Scoring	Description and/or Application Section
Project Application Complete	P/F	Technical Review
Conflict of Interest	P/F	Technical Review Section U
Budget Narrative Complete	P/F	Technical Review (Separate Excel Document)
Key Personnel	5	Section E and Q
Sustainability	5	Section R and Budget Narrative Implementation Potential
Abstract	5	Section K
Washoe County Applicant	5	Section A and B
Organizational Capacity	15	Section L
Project Design & Implementation	25	Section M (Program details)
Capabilities & Competencies	20	Section N (specific to proposed scope)
Data Collection	10	Section O (ability of agency to collect data)
Scope of Work	10	Section P
All assurances signed	P/F	Technical Review
Risk Management	P/F	Technical Review
Total	100	

Values

People with Lived Experience

Successful awardees will describe how their proposed project/program will integrate and sustain meaningful partnerships with people with lived experience into all sections of the proposal narrative – including the narrative, budget narrative, key personnel, scope of work, data measures, and sustainability. Depending on the nature of an applicant’s proposed project, partnership with people with lived experience could consist of one or more of the following:

- Individual-level partnership in case planning and direct service delivery (voice and choice before, during, and after contact).
- Agency-level partnership (e.g., in policy, practice, and program development, implementation, and evaluation; staffing; advisory bodies; budget development).



- System-level partnership (e.g., in strategic planning activities, system improvement initiatives, advocacy strategies, reform efforts).

Healing Centered and Trauma Informed

At the heart of the opioid epidemic are people with untreated trauma. To move forward we will need to center the healing of our neighbors in all aspects of our society. Furthermore, evidence shows that trauma-informed care is an effective approach for improved mental health and well-being. WOARF will be a champion for healing the wounds of the opioid epidemic and will fund projects that are trauma informed.

Multiple Pathways to Recovery

SAMHSA defines recovery from substance use disorders as “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”³ A life in recovery is defined by four major dimensions, physical and emotional health, a safe stable home, purpose through meaningful daily activities, and community that provides support, friendship, love, and hope. No two people’s journey to recovery is the same. The WOARF will prioritize approaches that embody SAMHSA’s definition and principles of recovery and reflect the multiple pathways to recovery.

Health Disparities and the Root Causes of Opioid Use Disorder

While each individual will have had unique circumstances that lead them to use substances and no single factor determines whether someone will develop a substance use disorder, substance use disorder is impacted by the same forces as other chronic diseases. Living in homes and neighborhoods with high prevalence of substance misuse, undiagnosed or untreated mental illness, a lack of pro-social activities, disconnection from school or employment, and trauma. WOARF will prioritize strategies that enhance protective factors in our community.

Holistic

Treatment and recovery from opioid use disorder and co-occurring mental health and substance use disorders must encompass a person’s whole life. WOARF prioritizes treatment services that provide wrap-around support for all aspects of an individual’s mind, body, spirit, and community.

Communities of Care

Relationships and community are central to recovery and abatement. People need access to access to social networks that provide support and encouragement. Programs should seek to connect people and families impacted by opioid use disorder to peers. Family members need to be supported and connected to appropriate

³ SAMHSA’s Working Definition of Recovery. 2012. <https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf>



resources to heal and connect with one another. WOARF will support the development of a robust community of care in Washoe County that connects people who use drugs, people in recovery, family members, peers, providers, faith groups, and community members.

Culturally Based and Influenced

Our values, beliefs, and traditions ground every aspect of our lives. Therefore, successful remedies to the opioid epidemic must be grounded in the diverse array of cultures in our community. WOARF will support strategies that are culturally attuned.

Transparency

A core principle of the opioid settlement is that the money be spent in a transparent manner.⁴ To that end, the Needs Assessment will be completed with community involvement and shared publicly and widely. The WOARF website will be regularly updated with the strategies funded and with updates on how the funding has impacted the people that were reached by the projects and services.

Capacity Building and Technical Assistance

WOARF will collaborate and work with organizations across Washoe County to build capacity to meet the diverse needs of people who use opioids and are in recovery.

Sustainability

The Opioid Recoveries are considered “one-shot” dollars, and programs must have sustainability built in as part of the plan for continued care. Programs must have both financial and staffing sustainability. There are no matching requirements for this grant solicitation, however, projects that can prove sustainability of services post-award or have opportunities for other funding sources are preferred if there are ongoing costs. In addition to the finite nature of the funding, the number of people working within this space is also finite, Washoe County has a shortage of mental health providers. Programs that have plans to address staff shortages and mitigate staff burnout will be preferred.

Updates to the Needs Assessment and County Plan

The Washoe County Opioid/Opioid Use Disorder Community Needs Assessment must be revised, at minimum, every four years per SB 390 § 9.7 subsection 5. The needs assessment must be conducted according to the standards set forth in SB 390 § 9.8 using a participatory research methodology such as community-based participatory research (CBPR). The next Needs Assessment will be completed in 2025 with a

⁴ <https://opioidprinciples.jhsph.edu/develop-a-fair-and-transparent-process-for-deciding-where-to-spend-the-funding/>



community steering committee and the associated WOARF Plan for 2026-2029 will be developed in collaboration with the steering committee thereafter.

Grantee Reporting

Washoe County will require that each recipient provide a detailed scope of work for the use of funds. Grants made to external organizations such as nonprofit organizations or treatment providers will be made on a cost-reimbursement basis for actual expenditures incurred for allowable and allocable expenses. Invoices will also be paid for in internally managed contracts according to the agreed terms.

Quarterly reporting of program outcomes and financial reporting and reimbursements are required from all grantees. Quarterly reports are due by the 15th day of the month following the last month in the quarter.

Quarter 1	Due: April 15 th
Quarter 2	Due: July 15 th
Quarter 3	Due: October 15 th
Quarter 4	Due: January 15 th

Website

To learn more, visit the website at

<https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/index.php>

Or contact the WOARF team at WOARF@washoecounty.gov