



# Washoe Opioid Abatement and Recovery Fund

NOTICE OF FUNDING OPPORTUNITY (NOFO)

## Washoe Opioid Abatement and Recovery Fund Notice of Funding Opportunity (NOFO)



**Supported by the One Nevada Agreement Opioid Abatement Recovery Funds**

**Washoe County**

**Community Reinvestment | Office of the County Manager**

Release Date: May 15, 2024

DEADLINE: June 30, 2024

Application Link: [https://gn.ecivis.com/GO/gn\\_redir/T/1ppacq4rakprd](https://gn.ecivis.com/GO/gn_redir/T/1ppacq4rakprd)

Questions should be submitted to [WOARF@washoecounty.gov](mailto:WOARF@washoecounty.gov) with Washoe County Opioid NOFO in the subject line of the email.



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## Introduction

This Notice of Funding Opportunity (NOFO) is intended to solicit applications for the Washoe Opioid Abatement and Recovery Fund (WOARF). The Washoe County Office of the County Manager's Community Reinvestment Division is responsible for administering the funds to supplement and not supplant existing funding focused on opioid abatement in Washoe County.

The Community Reinvestment Division reserves the right to utilize this NOFO for other state or federal grant funding that may become available for the abatement of the opioid epidemic, for a period not to exceed three (3) years.

WOARF dollars were secured through the One Nevada Agreement and funding is guided by the Washoe County Opioid Use Community Needs Assessment 2023-2025 (Needs Assessment). Funding will be prioritized for programs and services recommended through the Needs Assessment and under eligible uses of funds.

To apply click here: [https://gn.ecivis.com/GO/gn\\_redir/T/1ppacq4rakprd](https://gn.ecivis.com/GO/gn_redir/T/1ppacq4rakprd)

## 2023-2025 Community Needs Assessment Summary and Recommendations

The purpose of the Needs Assessment was to present available information on trends, gaps, and needs pertaining to opioid use in Washoe County to provide recommendations and an action plan for the allocation of opioid litigation funds to ameliorate harms of opioid use. The 2021 Nevada Legislature passed Senate Bill 390 (SB390), an act relating to behavioral health; providing for the establishment of a suicide prevention and crisis hotline; establishment of the Fund for a Resilient Nevada; and establishing guidance for state, local, or tribal governmental entities to address the impact of opioid use disorder and other substance use disorders. SB390 is one of many efforts in Nevada to address the opioid crisis which is responsible for many of the over 107,000 overdose and drug poisoning deaths in the United States in 2021 (Ahmad et al., 2022).

SB390 encourages the use of community-based participatory research (CBPR) as a methodology to conduct local needs assessments. The Needs Assessment was conducted using a similar process, community-based participatory practice (CBPP) that is often used by governmental agencies to inspire participation and collaboration with community stakeholders (Grills et al., 2018).



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Secondary data were provided by the state and local stakeholders and primary data were collected through key informant interviews and a community survey and analyzed to better understand regional trends related to opioid use/misuse.

The 2023-2025 Needs Assessment outlines five recommendations for funding.

- **PRIORITY 1:** Ensure funding for the array of opioid use disorder treatment services for uninsured and underinsured Washoe county residents.
- **PRIORITY 2:** incentivize providers to initiate buprenorphine in the emergency department (ed), as well as during inpatient hospital stays. All eds and hospitals should have providers that will provide buprenorphine induction as well as involve care navigators to assist with setting up outpatient resources for continued care and management.
- **PRIORITY 3:** Use a multidisciplinary approach to providing overdose prevention outreach and education to BIPOC communities in a culturally and linguistically appropriate manner (organizations, media, churches).
- **PRIORITY 4:** Implement child welfare best practices for supporting families impacted by substance use.
- **PRIORITY 5:** Increase detoxification and short-term rehabilitation program capacity.

For more information on the Needs Assessment and detailed findings, please refer to: <https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/needs-assessment.php>

## Definition of Opioid for this NOFO

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. 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 effects of the opioid epidemic.



## Overview of Funding Opportunity

### Purpose

The purpose of the funding opportunity 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 Needs Assessment with priority to the five priority areas through the Washoe Opioid Abatement and Recovery Fund (WOARF). In addition, the funds will be utilized to coordinate regional efforts and collaboration across Washoe County. A competitive proposal process will occur approximately every three years to solicit proposals for achieving the priorities identified in the Needs Assessment. The proposals gathered through this solicitation will be considered for their alignment with the goals, organizational capacity to meet objectives, and opportunities for expanded evidence-based models in Washoe County.

To further the missions of Washoe County and achieve the goals of the Needs Assessment, this NOFO seeks partner organizations whose proposals are focused on achieving opioid abatement and recovery. The overarching objective is to improve the health and well-being of adults, children, and families served while influencing positive change in Washoe County communities. To reach this objective, collaborations with directly impacted people, school-related settings, health-care agencies, and/or community organizations are highly desired to address the clients' and/or families' needs holistically. A holistic approach must include evidence-based or promising practices and recognize the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met.

Applicants are encouraged to follow the guidance provided in the [WOARF Plan](#) to meet the needs of Nevada's citizens, families, and communities, especially for those disproportionately impacted by the opioid epidemic.

Mandatory components of funding include participation in scheduled compliance meetings; accurate data reporting; timely and complete financial and programmatic reports, and corrective actions to address deficiencies of program fidelity or quality. The Recipient will receive Technical Assistance during the performance period as necessary.



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## Funding Specifications

This solicitation is for **approximately \$4,500,000 in funding for a two-year grant cycle**. The minimum award is \$25,000. Each priority area's maximum award amount is noted below.

Final amounts will be negotiated between recipients and Washoe County staff if deemed necessary.

**Estimated Number of Awards:** The number and dollar amount of grant awards will depend on the quality and number of applications and the priority area of focus. There may be more than one (1) grantee awarded per priority area.

**Reporting Periods:** Quarterly

**Award Restrictions:** All funding is subject to change, based on the availability of funds, settlements, federal awards, and the county needs. Submitting an application in response to this NOFO is not a guarantee of funding or funding at the level requested. The County reserves the right to fund any, all, or any variation of services requested in this application.

## Proposal Deadlines and Grant Timelines

Proposals will be accepted between 5/15/24 and 6/30/24.

Proposals should be written not to exceed a two-year performance 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 county, program outcomes, and the availability of funding through September 2026.

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



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The NOFO will be open from 5/15/2024 to 6/30/2024 at 5:00 pm (PST). Applications received after the due date will not be considered for funding.

## Applicant Eligibility

Proposals are being accepted from nonprofit organizations, private entities, 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.

In accordance with NRS 244.1505, the Board of County Commissioners may grant any or all funds to a nonprofit organization created for religious, charitable or educational purposes to be expended for the selected purpose. The Board also has authority to approve contracts for over \$300,000.

## Ineligibility Criteria

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





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- 1) Proposals that 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 score 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 risk assessment regarding the organization, community partners, or any other relevant individuals or entities and includes consideration of historical status of current award (i.e., non-compliance). Disregard instructions for maximum word limits, page numbers, etc.
- 6) Late submission of an application, regardless of reason.
- 7) 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.
- 8) Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submission.
- 9) 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.



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## Match Requirements and Sustainability

WOARF is considered “one-shot” dollars, and programs must have sustainability built in as part of the plan for continued care. Projects that can prove sustainability of services post-closeout are encouraged. Those who have sustainability built into the program during year one (1) will receive the highest priority for funding under this NOFO. Sustainability also refers to the sustainability of the workforce. Applicants that include plans to address care provider shortages and mitigate turnover will receive higher priority.

There are no matching requirements for this grant solicitation.

## Priority Areas and Activities – Funding Priorities

Proposals must provide essential services in treatment and **address gaps in services identified in the Needs Assessment**. The programs in this funding announcement are limited in time, and funding is not available for long-term program support. The goal is to identify and fund programs that can be sustainable. Each priority area must serve the eligible population(s) identified. Programs are required to identify the intended priority area in the submitted application and associated eligible activities. Activities listed within the priority areas below directly correlate to the County Needs Assessment but are not an exhaustive list of eligible activities. Please see the Use of Funds Appendix for a full list of eligible activities.

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

*Maximum Award: \$1,000,000*

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

***Activities may include, but are not limited to:***

- 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.
- Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers<sup>1</sup>, such as peer recovery

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<sup>1</sup> 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](#).



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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, job training, legal advocacy, or childcare.

## **PRIORITY 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.**

*Maximum Award: \$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.

### ***Activities may include, but are not limited to:***

- Provide training on MAT 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 recovery 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.
- 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.

## **PRIORITY 3: Use a multidisciplinary approach to providing overdose prevention outreach and education, inclusive of under resourced communities, such as BIPOC communities, in a culturally and linguistically appropriate manner (organizations, media, churches).**

*Maximum Award: \$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 salaries of BIPOC community members in a



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variety of community-based organizations to empower individuals within their communities to provide OEND.

***Activities may include, but are not limited to:***

- 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 to 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.

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

*Maximum Award: \$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 in partnership with Washoe County Human Services Agency.

***Activities may include, but are not limited to:***

- 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 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.
- 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.



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- 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.

## **PRIORITY 5: Increase detoxification and short-term rehabilitation program capacity.**

*Maximum Award: \$1,000,000*

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

### ***Activities may include, but are not limited to:***

- 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.

### **Under Resourced Populations**

Priority 3 refers to under resourced populations and Priority 4 refers to the under resourced population of persons and families involved in the child welfare system, if applying to these priorities, please make note in your application. While Washoe County has not identified specific populations for the funds, recognizing the unique impact that OUD has had on many community groups and populations, applicants may consider speaking to how they will address the unique needs of the following populations:

- Black, Indigenous, People of Color (BIPOC) 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



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- Rural/Frontier Communities
- Transitional Aged Youth Populations
- Tribal Entities
- Veterans

## 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.

## Evidence-Based Practices

This NOFO is intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence. As examples, EBP can be identified by SAMHSA or Pew Institute. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of treatment and prevention services. While we recognize that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. If one does not exist but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.

All submitted projects must be evidence-based or considered to be best practices by national standards. Applicants may utilize the several resources on evidence-based/evidence-informed practices below:

- [SAMHSA Evidence-Based Practices Resource Center](#)
- [Title IV-E Prevention Services Clearing house](#)
- [Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic](#)
- [Bradeis Opioid Resource Connector Program Models](#)



- [Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](#)  
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## Proposal Questions and Budget

### Project Application

**People with Lived Experience:** Applicants must 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)<sup>2</sup>.

**Key Personnel:** Key personnel are staff members who must be part of the project regardless of whether they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project. It is expected that programs will include individuals with lived experience with substance use disorder and co-occurring mental health disorder recovery who reflect the needs and population of the community(ies) to be served among key staff.

All project application questions can be found in the Application Form.

### Project Abstract

A 250-word succinct description of the proposed project and how the funds will be used.

### Organizational Capacity Description

Describe the relevant experience the organization has addressing opioid use in Washoe County.

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<sup>2</sup> <https://aspe.hhs.gov/sites/default/files/documents/47f62cae96710d1fa13b0f590f2d1b03/lived-experience-brief.pdf>





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## Project Design and Implementation

Provide a detailed description of the project including how the project meets the needs of the target population, how it incorporates people with lived experience, how it satisfies the requirements of the opioid priority area, and the overall objectives.

## Capabilities and Competencies

Describe the capabilities of the organization, the recipients, and/or contractors to successfully implement the project. This section should also state the competencies of the staff assigned to the project, including their roles and experience.

## Data Collection

Describe how the organization collects and evaluates programmatic data.

## Scope of Work

Provide a description of the services proposed that includes objectives, strategies and the performance measures.

## Data Measures

Examples of Data Measures (not limited to)

Activity Type	Performance Measures	Data Source
Provide treatment services	Number of uninsured/underinsured residents initiating treatment services.	Enrollment data
	Number of uninsured/underinsured residents in treatment services that are housed.	Enrollment data
	Number/percent of uninsured/underinsured residents receiving treatment and recovery services maintaining connection to care at 3-months.	Client data
	Number/percent of uninsured/underinsured residents receiving treatment and recovery services assessed for holistic services within 30-days of enrollment.	Client data
	Number/percent of uninsured/underinsured successfully	Client close out data





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	<p>completing services.</p> <p>Number/percent of uninsured/underinsured residents receiving treatment and recovery services assessed for holistic services connected and enrolled in appropriate services within 3 months.</p> <p>Number/percent of uninsured/underinsured residents receiving treatment and recovery services in stable housing within 1 year of enrollment.</p>	<p>Client data and partner data</p> <p>Follow-up data</p>
Training ER staff on MAT	<p>Number of education events training medical providers on MAT.</p> <p>Number/percent of providers who received training initiating buprenorphine.</p> <p>Number/percent of patients presenting in the ER with OUD initiated on buprenorphine.</p>	<p>Attendance lists, sign in sheets</p> <p>Follow-up survey</p> <p>Electronic medical records (deidentified)</p>
Prevention outreach	<p>Number of outreach events held, trainings held, training materials developed and disseminated within BIPOC communities.</p> <p>Number of naloxone kits distributed.</p> <p>Number/percent of participants who report understanding how to prevent overdose.</p> <p>Number/percent of overdose and drug poisoning deaths in BIPOC communities.</p>	<p>Attendance lists, sign in sheets</p> <p>Supply tracking</p> <p>Post training survey</p> <p>SUDORS</p>
Implementing best practices with families	<p>Number of families in the child welfare system impacted by substance use connected to family-centered treatment.</p>	<p>Intake, assessment, and referral data</p>



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<p>in the child welfare system</p>	<p>Number/percent of families in the child welfare system impacted by substance use engaged in family-centered treatment within 3-months of referral.</p> <p>Number/percent of families in the child welfare system impacted by substance use engaged in family-centered treatment reunified within two years.</p>	<p>Treatment provider data.</p> <p>Reunification data</p>
<p>Provide crisis stabilization and detoxification support services</p>	<p>Number of individuals accessing crisis stabilization, withdrawal, and detoxification support services.</p> <p>Number/percent of individuals accessing crisis stabilization, withdrawal, and detoxification support services who are connected to ongoing treatment.</p> <p>Number/percent of individuals accessing crisis stabilization, withdrawal, and detoxification support services who are connected to a peer recovery support specialist.</p> <p>Number/percent of individuals accessing crisis stabilization, withdrawal, and detoxification support services who are maintaining treatment at 3-months.</p>	<p>Intake data</p> <p>Referral data, partner data</p> <p>Referral data, client PRSS data</p> <p>Client data</p>

- Demographics to include number, age, and gender of unduplicated patients seen each year; workforce/employment status; housing status; identified as part of a targeted population (homeless, veterans, LGBTQ2S+, etc.); number and percentage of clients screened for substance abuse disorders; number and percentage of patients screened for behavioral health disorders

## Project Manager CV/Resume

A brief resume/biography with highlights of the Program Manager (from Section F), who is responsible for the program deliverables.



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## Sustainability

Describe the methods the organization will use to reduce the organization's reliance on opioid settlement funds. Describe the methods the organization will use to prevent or minimize staff burnout and turnover.

## Budget Instructions

All proposals must include a detailed project budget for each project period requesting grant funding. In coordination with applicants, budgets may be adjusted prior to award in compliance with county, state, and settlement regulations. Please provide a budget that is complete, does not supplant current expenses, cost-effective, and allowable (e.g., reasonable, allowable, and necessary for program activities) to the best of your ability.

Budget proposals cannot exceed more than 5% administrative expenses. For the purposes of WOARF, administrative expenses are any uses that do not remediate the harms, impact, and risks caused by the opioid epidemic to the State of Nevada and its residents, and are consistent with those uses required by Senate Bill 390 (SB 390) of the 81<sup>st</sup> Legislative Session or uses that are listed as an approved use for abatement purposes in the [settlement documents](#).

Executive Directors who provide direct service are limited to "up to 25% maximum." Time must be justified and documented and must provide direct services. Not all requests for Executive Directors will be permitted depending on project descriptions, the overall agency and existing funding for those positions. Administrative staff, electronic medical records, human resources, office managers, audits, tax, payroll activities, and insurance are included as an administrative expense and are non-allowable as a direct line item. Applicants must use the budget template form (Excel spreadsheet) [provided as a link](#) along with this NOFO. This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. Do not override formulas.

Ensure that all figures add up correctly and that totals match within and between all forms and sections.

**Personnel:** Employees who provide direct services specific to this grant are provided here. The Personnel section is for staff who work as part of the applicant organization, for whom the applicant organization provides a furnished workspace, tools, and the organization determines the means and the method of service delivery. This section should not include existing employees who are funded by other programs. The intent of the personnel is to expand and enhance services, which includes adding additional staff to meet the goals and objectives.



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Contractors include those staff who provide products or services independently, and provide their own workspace, tools, means and methods for completion and should be listed in the Contractual category of the budget. *For example:*

Intake Specialist | \$20/hour X 40 hours/week X 52 weeks      \$ 41,600 Fringe =  
\$41,600 X 15% (e.g., health insurance, FICA, workmen's) \$ 6,240

Personnel Total      \$ 47,840

*Only those staff whose time can be traced directly back to the grant project can be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs (explained later). If an employee is currently 100% funded by another program and will continue that work, they are not allowed to have activities supplanted by these dollars. Having a staff member that is currently funded, 1.0 FTE and requesting additional funds for that staff person may be allowable with clear justification of how their previous activities will be backfilled. Identify which staff are currently employed and which staff will be new.*

*Additionally, and as example, moving staff from .50 to 1.0 full-time equivalent (FTE, the .50 FTE would be appropriate if directed to expand and enhance for the proposed project.*

**Travel:** Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently \$0.655), should be used unless the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) must be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at <https://www.gsa.gov/portal/category/26429>.

**Operating/Supplies:** List and justify tangible and expendable items, such as office supplies, printing, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. Note: Rent, utilities, landscape, janitorial, etc. are not allowable direct expenses. The allowable 5% administrative rate is included to compensate for these costs that are administrative in nature.

**Equipment:** Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$10,000. A computer that is valued at \$1,200 is not considered equipment and should be requested



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in Operating. An X-Ray machine that costs \$10,001 dollars, would be listed as equipment.

**Contractual/Consultant Services:** Project workers who are not employees of the applicant organization must be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs.

For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these sub-agreements and activities in accordance with all requirements identified for grants administered under Washoe County. A copy must be provided to the County upon request.

**Other Expenses:** Identify and justify these expenditures, which can include virtually any relevant, and allowable, expenditure associated with the project, such as client transportation, or other key program expenses required for your program to be a success.

**Administrative Rate:** No more than five percent (5%) of the allocated recoveries received pursuant to any opioid settlement or bankruptcy may be used to fund expenses or costs of any kind incurred in administering the recoveries, including, but not limited to, the allocated recoveries, and selecting, distributing, disbursing, implementing, or operating the programs or services that will use the funds. This limitation applies to all signatories to the One Nevada Agreement on Allocation of Opioid Recoveries consistent with NRS 433.732 through NRS 433.744. Administrative costs are those **expenses incurred by grant recipients or sub-recipients in support of the day-to-day operations of their organization**. These expenses are not related to the direct provision of program activities. Indirect costs are considered administrative costs and therefore must be included when determining if the administrative cap has been met. There is no separate indirect for these funds.

## Conflict of Interest Attestation Form

All proposals must include [the Conflict of Interest Attestation Form](#). The linked form should be uploaded to the application portal.

## Submission

Applications should be submitted through the [eCivis solicitation](#) including and includes the Program Application form and the Budget Narrative excel spreadsheet.



## Grantee Responsibilities

### Data Collection

By submitting a response to this NOFO, all Applicants agree to comply with data reporting and recognize that continued funding is contingent on compliance. Applicants must provide details in their application that document the plan for data collection and reporting using the Data Collection and Performance Measurement tools. Depending on the activities proposed, Applicant may be required to utilize specific data-collection systems or have specific reporting requirements, which may include:

1. Collect data on county-supplied reporting template;
2. Document and track the amount of service received per client;
3. Document and track success and barriers per client;
4. Collect standard demographic information for each client, such as gender, race, ethnicity, income, education, age;
5. Collect information on adverse events (including but not limited to hospitalization, justice involvement, suicide) avoided for program participants; and,

Washoe County requires that any organization receiving funds where the majority of the individuals receiving services operated by the funded program are experiencing homelessness, the entity will enroll and enter demographic data (including social security number) into the County's Homeless Management Information System (HMIS). HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of all individuals experiencing homelessness, while also protecting client confidentiality. This includes but is not limited to all emergency shelter, transitional housing, bridge housing or other residential programs for people experiencing homelessness. Data for the purpose of this policy refers to all relevant client information collected by programs serving the majority of individuals experiencing homelessness. This data includes demographics, enrollment and exit data, income and benefit changes, services provided and exit destination to the maximum extent practical. Programs may identify a need to also collect additional program data beyond the basic data set to meet the requirements of a specific funder or to measure additional program outcome measures.

### Performance/Activity Reports

The activity report is due on the 15<sup>th</sup> day of the month, following the end of the quarter (January, April, July, October). The Grantee will submit a Performance Report as required by the grant and outlined in the grant agreement. Performance reports must show progress toward goals and services through defined data-collection processes and measures, and summarize barriers encountered. Specific outputs will be negotiated





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during the contract award process. Community Reinvestment anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded.

- Demographics will include number, age, and gender of unduplicated patients seen each year; workforce/employment status; housing status; identified as part of a targeted population (homeless, veterans, LGBTQ2S+, etc.); number and percentage of clients screened for substance abuse disorders; number and percentage of patients screened for behavioral health disorders.

## Financial Reports

All grants made to external organizations will be on a cost-reimbursement basis. Partial advances can be made on a case-by-case basis. The entity will provide a financial report specifically identifying expenses for all cost categories negotiated in the grant agreement process. The entity is responsible for ensuring that your organization complies with all accounting reporting requirements of the Nevada Revised Statutes. The financial report is due on the 15th day of the month, following the end of quarter via draw request, in eCivis.

**CLOSEOUT FINANCIAL REPORTS:** Closeout financial reports and reimbursement requests must be submitted by 30 days from end of period of performance. Documentation to include final financial summary of expenses, and checks, invoices, contracts, vouchers, orders and other accounting documents evidencing in proper detail the nature and propriety of the respective charges.

## Application Review Process

To ensure that the funds are equitably and transparently dispersed, a comprehensive application review process will include a technical review by staff, evaluation and scoring will be completed by a panel of reviewers, leadership review, and final Board approval. The evaluation committee remains confidential to ensure an open and transparent application process with no appearance of impropriety by any one applicant receiving information that is not available to all applicants.

### Technical Review

Community Reinvestment staff will perform a technical review of each proposal to ensure that minimum standards are met. Applications must be completed and submitted on time. No late submissions will be accepted. All technical criteria are a Pass/Fail (P/F). Financial stability shall be scored on a pass/fail basis. This may include experience with previous County grants and/or contracts in terms of ability to meet deadlines, expectations, and submit financial information timely. The application must be complete in its entirety, including the intent to apply.



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## Risk Assessment

In accordance with Washoe County Grant requirements, a recipient risk assessment will be completed using the information listed on T. Financial Assessment section of the Application Form.

## Evaluation and Scoring

Applications that meet minimum standards will be forwarded to the evaluation team. Reviewers will score each application, using the Scoring Matrix. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Requests must stand on their own merit. The County reserves the right to identify different evaluation committees for each area of focus (i.e., Priority 1, 2, or 3 etc.). The evaluation committee may solicit information from any available source concerning any aspect of a proposal and seek and review any other information deemed pertinent to the evaluation process.

## 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	





## Leadership Review and Board Notification

After reviewing and scoring the applications based on priority areas, the Community Reinvestment Division will submit funding recommendations to County Leadership, who will make the final funding decisions. No contact may be made with the County Leadership regarding this NOFO. Final decisions will be made based on the following factors:

- Scores on the scoring matrix;
- Geographic distribution;
- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding;
- Availability of funding; and
- Ensuring underserved populations are addressed.

## Notification Process

Applicants will be notified of their status and if they have moved into the next phase of the selection process. If selected to move forward, Community Reinvestment staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the County Leadership or the Advisory Committee. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

## Final Negotiations

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. All funding is contingent upon availability of funds. Upon successful conclusion of negotiations, Community Reinvestment staff will complete a written grant agreement in the form of a Notice of Award (NOA). The NOA and any supporting documents will be distributed to the recipient upon approval of the award.

## Award Approval

In accordance with NRS 244.1505, the Board of County Commissioners may grant any or all funds to a nonprofit organization created for religious, charitable or educational purposes to be expended for the selected purpose. The Board has the ultimate authority to grant funds.



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The Community Reinvestment Division will provide a comprehensive list of recommended funded projects to the Board of County Commissioners inclusive of necessary resolutions.

## Compliance of Application

Applicant agrees to the following requirements of compliance with submission of an application.

- 1) If the Applicant has not met performance measures of previous Washoe County contracts/grants, Washoe County reserves the right to not award additional funds.
- 2) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
- 3) Washoe County may conduct on-site recipient reviews annually, or as deemed necessary.
- 4) Washoe County reserves the right during the performance period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.
- 5) The Applicant, its employees, and agents must comply with all federal, state, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.

## Recipient Monitoring

Successful applicants must participate in recipient monitoring. Recipient monitoring is intended to provide ongoing technical support to recipients and gather information reportable by Community Reinvestment to the state oversight entities. This includes virtual meetings, site visits, timely and complete reporting, etc. To facilitate the review process, materials referred to in the review documents will be gathered prior to the review. The recipient's primary contact person and appropriate staff must make themselves available to answer questions and assist the reviewer(s) throughout the process. All recipient monitoring reports, or action items will be shared with the recipient within 30 working days following the conclusion of an unsatisfactory monitoring.

## Appendix A: Use of Funds (Compiled)

Link to the summarized use of funds in the settlement documents. [Click here](#) or copy/paste the following:



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<https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/FRN/Use%20of%20Funds%20by%20Settlement.xlsx>