Washoe Opioid Abatement and Recovery Fund (WOARF) Plan

2026-2027

Washoe County

Community Reinvestment | Office of the County Manager

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.

Introduction

The 2026-2028 Funding Plan describes 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 2025, Washoe County completed a Needs Assessment to provide guidance to the County on the opioid abatement and recovery priorities for 2026-2029. Within the Needs Assessment seven core findings were identified: Treatment Access and Navigation, Housing and Recovery Stability, Behavioral Health Workforce Sustainability, Minimizing Morbidity and Mortality, Family and Youth Supports, Systems Coordination and Equity, and Intercepting Justice Involvement. During the initial funding cycle, 4.2 million dollars was allocated to implement strategies associated with the Top 5 Priority Areas in the 2022-2025 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 may be eligible for an abbreviated renewal application so long as the projects are consistent with updated priorities in the 2027-2029 Funding Plan 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. All WOARF funding must be allocable to projects and programs that specifically address one of the priority areas.

In pursuit of an equitable approach to the abatement and recovery from opioids, Washoe County will prioritize the following values[1]:

[1] 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.

- 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 explained in this document in the values section.

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.

Needs Assessment Findings

The following section presents the findings from the Washoe County Opioid Use Needs Assessment 2026-2029 (Needs Assessment). For detailed information on how the needs were identified please review the Needs Assessment.

Treatment Access and Navigation

Washoe County has barriers to OUD treatment and care at every step of the continuum of care. The immediacy of access is critical as people have a very short window in which they are ready to make a change.

Finding 1: Delays in people receiving assessments or stabilization greatly shortens their window of change, leaving them without access to services needed at their most vulnerable time.

Survey respondents noted that immediate access to care is the number one most important service to address OUD in Washoe County. People who use(d) opioids shared the top two reasons for being denied access to care were long waitlists and their insurance not being accepted. In the qualitative interviews, participants shared that waitlists and insurance challenges cause individuals to give up on trying to access care. Participants shared that these hindrances reaffirm people with OUD's belief that no one cares or will help them, which erodes their willingness to change.

"Immediate need for access for services- there is only a short window of opportunity we need to capitalize on it. Tomorrow may be too late. Families don't have the luxury of waiting." – Court Professional

Finding 2: Residents do not know which services are available, to whom, where, or how to access them. Community Outreach workers are successfully able to build rapport with disconnected populations and connect them to services when they are ready.
Survey respondents were concerned about people's ability to access services but felt that services were accessible, suggesting greater concern about coordinating and navigating people to appropriate services than expanding services. Qualitative interview participants highlighted that many people do not know what services exist in the community. People who use opioids described primarily utilizing the emergency departments to access care and relied on word of mouth to determine other supports that might be available. Participants identified a need for a bridge service that helps people exit chaotic situations and enter community-based treatment. Community Outreach workers can act as those connectors and assist community members with OUD in accessing services, yet, primary funding for community outreach was discontinued in October 2025.

"There're still a lot of barriers to OUD treatment and opiate you know, and so caseworkers are your bridge between follow up for these, these addicted population, if they, you know, oftentimes, they do need somebody to hold their hand and get them to that next step in treatment" – Law Enforcement Officer

Finding 3: Individuals who access services are not supported with system navigation throughout the continuum of care leading to relapse.
In developing these survey tools, the LEAB noted that despite Managed Care Organizations being obligated to provide care navigation for people exiting treatment, people are discharged from in-patient rehab or detox with no next step, no housing, and no plan. Qualitative interview participants discussed the value of having someone to assist people navigate through the systems, particularly at time of discharge. Without navigation support, people fall through the cracks, increasing their risk for relapse. Peers are uniquely situated to provide this navigation having navigated these systems themselves.

Came out of a hospital? There's PRSS embedded in the system to help navigate between services. It would be fantastic. Like lived experience

person. Who's able to help you with like, guiding through the multiple steps of your recovery, right? - PRSS

Housing & Recovery Stability

Washoe County is facing insufficient housing, particularly housing for low- and middle-income individuals. Lack of stable housing negates the purpose of treatment services and compounds all barriers to care. Housing is considered the number one funding priority.

Finding 1: Housing is needed to help stabilize individuals to begin engagement with the treatment process.

Interviewees highlighted that to be successful in a treatment program people need to be able to meet their basic need of housing first as a foundational aspect to their recovery. Lack of housing creates an instability and causes mental stress that can undo the productive changes initiated in treatment.

"You might be wasting your money, truly, if you're like, I'm gonna get you this pretty expensive drug treatment, and then when you're done, you're going back to the street. So maybe it's a flip flop. Maybe it's a let's get people somewhere safe and stable where they can eat and sleep and have, like our basic, you know, Maslow's needs met, and then let's look at what do they need for their substance treatment." - Court Professional

Finding 2: Safe recovery-friendly housing is needed to help individuals sustain recovery.

Recovery housing was the number one housing service recommended by survey participants. Recovery housing can take multiple forms but are united by creating safe spaces that support and promote the ongoing sobriety and recovery of individuals.

"The fundamentals of recovery person, place, thing, right? The only place they can return to, your only option is a place you formerly OD'd in…" - PRSS

Behavioral Health Workforce Sustainability

Washoe County's substance use treatment workforce faces significant challenges that threaten both current service delivery and future capacity. Low wages, high levels of secondary trauma, staff burnout, and limited training opportunities, make it difficult to recruit and retain qualified professionals. These challenges are exacerbated by heavy workloads and limited access to essential resources, such as mental health supports.

Sustained investment in workforce development is essential to ensure quality care for residents.

Finding 1: Qualitative interview participants expressed concern about workforce shortages driven by burnout and low pay.

The sustainability of service provision in Washoe County is undermined by high rates of burn out, limited career growth opportunities and the vicarious trauma of working in the field. Participants shared concerns that people working to serve our most vulnerable populations are on the precipice of needing the same services themselves.

"We need to be providing additional support to staff and paying livable wage… People are on the edge of being in the same spot as the folks we serve. We need support systems to help prevent burnout of our staff." – Community Outreach Worker

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Finding 2: Insufficient training in trauma-responsive approaches for individuals labeled as "treatment resistant" was identified as a significant gap hindering staff's ability to provide comprehensive support.

Providers do not have the time or the financial ability to access all of the training they need while working. Employers need to allocate time for staff to participate in appropriate training, and ensure that low-cost, accessible training opportunities are available. Participants identified the need for training around how best to support individuals who have not demonstrated programmatic success in the past (or thus far).

"How to communicate better with our participants, practical tips and tools to communicate with people who seem defiant. Sometimes we see it as defiance but in reality, it could just be that their brain is in such a certain way now that it's not working." – SUD Provider

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Finding 3: There needs to be more supports for peers within the workforce and opportunities for them to grow out of entry-level roles.

During the Steering Committees discussion of counterproductive practices, participants identified that peers are too often relegated to entry level roles and are not provided the training and guidance necessary to support them in growing within organizations and as professionals. Peers are trapped in low paid roles where their experience is nominally valued.

"For folks with lived experience most of them are undertrained, underpaid and under supported. With most organizations you hit the ceiling and without all the other education, experiences, and soft skills

there is nowhere else for you to go. There is a lack of support for peers." – Community Outreach Worker

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Minimizing Morbidity and Mortality

Washoe County continues to have a rate of overdose death that outpaces state and national levels. From March 2024-February 2025, 179 people died of opioid overdoses. Data shows that through implementation of harm reduction practices and philosophy, providers are able to successfully reduce the number of fatalities from overdose each year. People who use opioids described how stigma and mistreatment from community members and medical professionals act as a barrier to accessing treatment.

Finding 1: Funding landscape changes have created gaps in harm reduction services that Washoe County residents find to be successful and needed.

Survey data indicates residents are happy with the current level of harm reduction supports in the community and see these supports as a community asset. Interview findings indicated that federal policy changes resulted in the termination of funding for some community resources, leading to a service gap that developed following the close of the survey.

"They can't seek recovery if they're dead." - Loved One of a Person with OUD

Finding 2: Overdose responses could be improved through connections to additional supports and services.

Life-saving interventions by emergency medical services providers present a unique opportunity to connect someone to sustained care. There is currently no coordinated post-overdose response in Washoe County.

"Approaching a patient immediately, especially after using Naloxone, can be incredibly influential on their journey to recovery. Like, we're not coupling this, this tool, with any education, and I think that's a real missed opportunity." – First Responder

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Finding 3: Stigma and limited public understanding have led to people who use opioids to be mistreated by medical professionals and community members at large.

Interview participants with living experience of opioid use described interactions with medical professionals that bordered on medical malpractice. Furthermore, they also reported interactions with community members that were violent. These interactions compound, adding additional barriers to care on top of what they already experience.

"It was all these young doctors, generally frustrated, the ER down here, because I went there last time. I got hit by a truck here in town. The guy that hit me jumped out and said, "You okay?" I couldn't talk. I was like, he really hit me from the center of the block to the sidewalk. I flew. I'm like, trying to breathe and like, kind of trying to jump up and stuff. And he like, throws 20 bucks in my pocket," - Person with Living Experience

Family and Youth Supports

Youth are the key to ending the cyclical nature of substance misuse. To interrupt the cycle of trauma and OUD the holistic needs whole family must be addressed. Data from the Human Services Agency indicates that parental substance use is a leading cause of children being removed from their homes. Data from the Youth Risk Behavior Survey demonstrated that youth in Washoe County have higher rates of substance misuse than national averages.

Finding 1: Intergenerational substance misuse cannot be disrupted unless the entire family is treated and connected to mental health supports.

Participants shared their concerns about the impacts of providing treatment exclusively to parents without addressing family dynamics, as this often sets the family up to repeat harmful interactions/patterns. People with lived experience highlighted programs and services requiring familial separation are a hindrance as people try to "stay well" and power through their SUD as opposed to leaving their family for treatment.

"We need a variety of services for the whole family. Multiple types of services. Medical and behavioral. If we had more options that would be better." – Court Professional

Finding 2: Youth need pro-social activities and mental health supports.

Steering Committee members feel that crucial interventions in supporting the health and well-being for youth are missing. Pro-social out of school time activities such as mentorship programs, arts classes, and sports act as strengths-based prevention of behavioral health issues. Such activities reduce risk factors and increase protective factors through bolstering community interconnection and promoting activities as an alternative to drug use or other risky behaviors.

"You never know if the kid is showing symptoms of depression, there's a reason for that, … maybe he's lonely. Maybe he needs to be part of a community program, you know, things like that, and like, not just baseball."- SUD Provider

Finding 3: Existing substance use curriculum are inconsistently provided to students, outdated, and sometimes based on disproven prevention practices.

People with Living Experience feel that realistic, pragmatic education on substance misuse would be an effective tool in preventing young people from engaging in substance use. Steering Committee members highlighted that students are not receiving accurate or quality education on substance misuse, and that while some curriculum are evidence based, they are outdated and need refreshing.

"A challenge is that we are tied to these "evidence based" programs that are abstinence only and disconnected from youth. They were written in the 1980s! Kids know when you're BS-ing them- they put up a wall. They are "evidence based" but they are no longer effective." – Youth Service Provider

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Systems Coordination

Systematic failures to provide cohesive care block Washoe County residents from seeking recovery. Community members highlighted structural constraints such as limited grant funding, low Medicaid reimbursement rates, loss of Medicaid for individuals who gain low-paying employment, and counter-productive competition. There is a need for improved communication and collaboration between providers to better serve the needs of Washoe County residents with OUD.

Finding 1: Systemic barriers to receiving OUD treatment include: false competition, low funding sources, and disconnected systems.

The Steering Committee identified fragmented collaboration between agencies creates barriers to treatment and leaves vulnerable populations without support. Qualitative interview participants identified a need for a philosophical shift among providers, moving away from competing for resources, stealing successful models, and hoarding patients towards open communication and collaboration on behalf of all patients. Participants feel that the close-knit nature of the community could help strengthen collaboration among service providers to better meet the needs of individuals who are struggling.

"It's breaking down the barriers of like territory, and instead of like, you know, it's us, and then like, those are our patients. Is like, these are every, everybody's patients, and just making sure they're in the correct place that they need to be at, regardless if that's with us or another org or whoever it is." – SUD Provider

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Finding 2: Lack of programmatic evaluation data of existing services hinders Washoe County's ability to connect people to appropriate and successful programming.
Qualitative interview participants shared that referrals to programs are too often based on word-of-mouth, as there is no data demonstrating which programs are working, for who, and why. While not considered a key resource need in the survey data, the inability to describe programmatic outcomes hinders collaboration between programs and limits organizations' abilities to improve their capacity to serve participants.

"Maybe if we had better data on the efficiency and effectiveness of programs, we would be better able to collaborate." – Community Outreach Worker

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Potential Strategies:

The following strategies were developed based on this information and refined by the Steering Committee. Strategies focus on enhancing collaboration and communication across the care continuum while investing in evaluation of services:

- Fund inter-agency collaboration & shared case planning
- Evaluate the effectiveness and outcomes of existing programs and services for people who use substances
- Establish a fund to cover the cost of medication and treatment for individuals who lose their Medicaid coverage and cannot afford private insurance
- Invest in community navigators for system navigation
- Establish a provider workgroup to identify overlap in duplicative data collection and refine opportunities for sharing mechanisms

Intercepting Justice Involvement

People with OUD are best served by community-based treatment but are often routed through the justice system. In order to provide greater supports for people with OUD and promote public safety, Washoe County must intercept individuals from greater involvement in the justice system.

Finding 1: Disjointed collaboration between the jail and community providers results in service interruption.
Each month 130 people entering the jail test positive for OUD and only 37 receive treatment. The majority of survey respondents who use(d) opioids and were arrested in the last year reported that they were either denied MAT or had to wait three or more days to receive their medications. SUD providers discussed sending prescriptions and proof of treatment to the jail only to learn their clients did not receive treatment. Jail staff reported reentry supports are insufficient to meet the needs of people leaving the jail.

"I think our jail systems and prison systems need more support and education, because that is where a lot of our opiate users end up right like they aren't taken to jail, they're put in there for 48 hours, and then they're let go. They're saying, good luck, see you next weekend, because we know we will, right?" -First Responder

Strategy Development and Refinement

To develop the initial list of potential strategies WOARF staff used the information in this report, the approved Use of Funds for opioid remediation and abatement according to the litigation settlements and Nevada Revised Statute. The strategies were then presented to the Steering Committee for further refinement and to ensure no critical strategies were missing.

Settlement Agreement Approved Use of Funds

- Naloxone or other FDA-approved drug to reverse opioid overdoses
- Medication-Assisted Treatment ("MAT") distribution and other opioid-related treatment
- Expansion of services to pregnant and postpartum persons with OUD, SUD, and co-occurring disorders
- Expansion of support for neonatal abstinence syndrome
- Expansion of recovery support services and services that provide "warm handoff" connection to care
- Expansion of OUD, SUD, and mental health treatment (including MAT) for incarcerated persons
- Support primary, secondary, and tertiary prevention
- Expansion of syringe services programs to include comprehensive services
- Support data collection, research, and analysis of abatement strategies
- Support treatment of OUD and the people in treatment
- Providing connections to care
- Supporting leadership, planning, and coordination at the local level to abate the opioid epidemic
- Conduct training and research

Guidelines Established through NRS 433.744

An evidenced based plan that includes qualitative and quantitative data for the use of grant money by a state, local or tribal governmental entity may allocate money pursuant to paragraph (b) of subsection 1 to:
NRS 433.744 Requirements for regional, county, local or tribal plan for use of grant; authorized uses of grant money.

1. A plan for the use of grant money by a state, local or tribal governmental entity developed pursuant to subparagraph (2) of paragraph (a) of subsection 1 of NRS 433.740 must:

(a) Establish policies and procedures for the administration and distribution of the grant money for which the governmental entity is applying;

(b) Describe the projects to which the governmental entity is proposing to allocate grant money; and

(c) Establish requirements governing the use of the grant money.

2. A plan for the use of grant money by a state, local or tribal governmental entity may allocate money pursuant to paragraph (b) of subsection 1 to:

(a) Projects and programs to:

(1) Expand access to evidence-based prevention of substance use disorders, early intervention for persons at risk of a substance use disorder, treatment for substance use disorders and support for persons in recovery from substance use disorders;

(2) Reduce the incidence and severity of neonatal abstinence syndrome;

(3) Prevent incidents of adverse childhood experiences and increase early intervention for children who have undergone adverse childhood experiences and the families of such children;

(4) Reduce the harm caused by substance use;

(5) Prevent and treat infectious diseases in persons with substance use disorders;

(6) Provide services for children and other persons in a behavioral health crisis and the families of such persons; and

(7) Provide housing for persons who have or are in recovery from substance use disorders;

(b) Campaigns to educate and increase awareness of the public concerning substance use and substance use disorders;

(c) Programs for persons involved in the criminal justice or juvenile justice system and the families of such persons, including, without limitation, programs that are administered by courts;

(d) Evaluation of existing programs relating to substance use and substance use disorders;

(e) Development of the workforce of providers of services relating to substance use and substance use disorders;

(f) The collection and analysis of data relating to substance use and substance use disorders; and

(g) Capital projects relating to substance use and substance use disorders, including, without limitation, construction, purchasing and remodeling.

Initial Strategies

Treatment Access & Navigation

- Develop a drop-in center for individuals to access resources and supports that can conduct relevant ASAM assessment and coordinate referrals and connections to care.
- Develop a central navigation line or app for treatment supports in real time

- Provide short-term low-barrier housing while awaiting treatment beds
- Expand access to MAT, including mobile MAT services and non-traditional community resources such as churches or community centers
- Mobile health care clinics that include dental care
- Provide care coordination and transportation to appointments and treatment
- Conduct outreach to disconnected communities to connect people to existing resources and supports
- Expand access to inpatient, non-hospital based, detox services
- Offer mental health care services that do not require sobriety or someone to seek sobriety
- Provide reentry case management to people in jail (Cross-referenced with justice-system involvement)

Housing & Recovery Stability

- Expand low-barrier recovery housing and sober living supports
- Increase access to low-barrier and/or affordable housing & Housing First programs for people
- Co-locate housing & recovery services using a Pueblo model or spoke model that places community resources and peer supports in apartment complexes and community spaces that are not explicitly sober
- Develop permanent supportive housing for people in recovery from OUD with co-occurring serious mental illness
- Remove the barriers to developing additional transitional living housing arrangements such as zoning laws
- Build transitional housing for re-entry from jail and/or treatment (Cross-referenced with Justice System Involvement)

Workforce Sustainability

- Provide job training and education support to peers to allow them to grow into leadership roles
- Create peer-led mental health supports to prevent burnout for peer workers, providers, and professionals working in the field
- Incentivize organizations to increase pay and benefits, & measurably improve working conditions for behavioral health staff
- Provide ongoing training in trauma-informed care, meeting people where they are, and culturally relevant care for providers

Minimizing Morbidity and Mortality

- Expand syringe services programs, education on safer use, and outreach to disconnected populations
- Train the public in Narcan administration & distribute free Narcan including partnering with local businesses
- Open 24/7 crisis stabilization hubs

- Launch stigma-reduction public awareness campaigns
- Research implementation of overdose prevention centers
- Explore post-overdose and/or co-responder model to follow-up with survivors of a non-fatal overdoses.
- Provide education on stigma and substance use for business owners.

Family and Youth Supports

- Increase trauma-informed programs in schools
- Offer free after-school & weekend youth activities and sports
- Provide family recovery programs for all types of families
- Develop non-abstinence only trainings on drugs for youth that are evidence informed and based in the living experience of people who use substances
- Develop classes for parents and families on life skills that are paired with childcare

Systems Coordination

- Fund inter-agency collaboration & shared case planning
- Evaluate the effectiveness and outcomes of existing programs and services for people who use substances
- Establish a fund to cover the cost of medication and treatment for individuals who lose their Medicaid coverage and cannot afford private insurance
- Invest in community navigators for system navigation
- Establish provider workgroup to identify overlap in duplicative data collection and refine opportunities for sharing mechanisms

Intercept Justice System Involvement

- Build transitional housing for re-entry from jail and/or treatment (Cross-referenced with Housing)
- Provide reentry case management to people in jail (Cross-referenced with Care Navigation)

Recommended Priority Strategies

Ranking Methodology

The strategies were presented at a Community Meeting and provided to the Steering Committee and LEAB for ranking and prioritization. Strategies ranked within the top ten for at least two of the three groups were advanced for further consideration. These strategies were then prioritized based on their cumulative scores across all groups to determine the final recommendations.

Steering Committee Rankings

The Steering Committee were provided with the raw data included in this Needs Assessment and met to review and provide feedback on the actionable

recommendations based on the broader recommendation categories described above. After the refined recommendations were completed and the stakeholder group was comfortable moving forward, a community meeting open to the public was held to review and vote on the strategies. The final list of strategies was then brought to the Steering Committee to rate each recommendation on a Likert scale based on the following:

- **Impact** – Will it make a big difference? A 5 is high impact and a 1 is low impact
- **Feasibility** – Can we do it in Washoe County? A 5 is high feasibility and a 1 is low feasibility
- **Urgency** – How quickly do we need it? A 5 is high urgency and a 1 is low urgency
- **Equity** – Will it help those most affected? A 5 is high equity and a 1 is low equity

Treatment Access & Navigation

Strategy	Impact	Feasibility	Urgency	Equity	Total
1. Develop a drop-in center for individuals to access resources and supports that can conduct relevant ASAM assessment and coordinate referrals and connections to care.	4.05	3.59	3.48	4.14	15.26
2. Develop a central navigation line or app for treatment supports in real time	3.05	2.77	2.30	3.00	11.12
3. Provide short-term low barrier housing while awaiting treatment beds	4.68	2.23	4.48	4.38	15.77
4. Expand access to MAT, including mobile MAT services and non-traditional community resources such as churches or community centers	3.64	2.95	2.96	3.48	13.02
5. Mobile health care clinics that include dental care	4.32	3.50	3.65	4.14	15.61
6. Provide care coordination and transportation to appointments and treatment	4.32	4.05	4.04	4.52	16.93
7. Conduct outreach to disconnected communities to connect people to existing resources and supports	4.18	4.18	4.09	4.05	16.50
8. Expand access to inpatient, non-hospital based, detox services	4.64	2.50	4.04	4.14	15.32
9. Offer mental health care services that do not require sobriety or someone to seek sobriety	4.36	3.14	3.48	4.00	14.98

Strategy	Impact	Feasibility	Urgency	Equity	Total
10. Provide reentry case management to people in jail	4.05	3.10	3.59	3.50	14.24

2. Peer Support, Lived Experience & Workforce

Strategy	Impact	Feasibility	Urgency	Equity	Total
11. Provide job training and education support to peers to allow them to grow into leadership roles	4.18	3.91	3.57	3.90	15.56
12. Create peer-led mental health supports to prevent burnout for peer workers, providers, and professionals working in the field	4.14	3.77	3.78	3.85	15.54
13. Incentivize organizations to increase pay and benefits, & measurably improve working conditions for behavioral health staff	4.64	2.68	3.64	4.10	15.05
14. Provide ongoing training in trauma-informed care, meeting people where they are, and culturally relevant care for providers	4.32	4.29	3.48	4.15	16.23

3. Youth, Prevention & Family Supports

Strategy	Impact	Feasibility	Urgency	Equity	Total
15. Increase trauma-informed programs in schools	4.29	3.14	3.59	3.90	14.92
16. Offer free after-school & weekend youth activities and sports	4.19	3.33	3.41	3.85	14.78
17. Provide family recovery programs for all types of families	4.52	3.43	3.64	3.90	15.49
18. Develop non-abstinence only trainings on drugs for youth that are evidence informed and based in the living experience of people who use substances	3.95	2.95	3.23	3.45	13.58
19. Develop classes for parents and families on life skills that are paired with childcare	4.05	3.14	3.45	3.65	14.30

4. Housing & Recovery Stability

Strategy	Impact	Feasibility	Urgency	Equity	Total
20. Expand low-barrier recovery housing and sober living supports	4.43	2.52	4.23	4.15	15.33
21. Increase access to low-barrier and/or affordable housing & Housing First programs for people	4.67	2.33	4.18	4.05	15.23
22. Co-locate housing & recovery services using a Pueblo model or spoke model that places community resources and peer supports in apartment complexes and community spaces that are not explicitly sober	4.19	2.48	3.41	3.84	13.92
23. Build transitional housing for re-entry from jail and/or treatment	4.38	2.62	3.95	3.84	14.80
24. Develop permanent supportive housing for people in recovery from OUD with co-occurring serious mental illness	4.48	2.43	4.00	4.05	14.96
25. Remove the barriers to developing additional transitional living housing arrangements such as zoning laws	3.48	2.24	3.00	3.58	12.29

5. Minimizing Morbidity and Mortality

Strategy	Impact	Feasibility	Urgency	Equity	Total
26. Expand syringe services programs, education on safer use, and outreach to disconnected populations	4.05	3.10	3.55	3.74	14.44
27. Train the public in Narcan administration & distribute free Narcan including partnering with local businesses	4.15	4.05	3.70	3.83	15.73
28. Open 24/7 crisis stabilization hubs	3.90	3.00	3.55	3.61	14.06
29. Launch stigma-reduction public awareness campaigns	3.05	3.50	2.50	2.89	11.94
30. Research implementation of overdose prevention centers	3.63	2.58	3.26	3.12	12.59
31. Explore post-overdose and/or co-responder model to follow-up with survivors of a non-fatal overdoses.	4.05	3.37	3.47	3.47	14.37
32. Provide education on stigma and substance use for business owners.	3.58	3.05	2.79	2.82	12.24

6. Systems Coordination & Equity

Strategy	Impact	Feasibility	Urgency	Equity	Total
33. Fund inter-agency collaboration & shared case planning	4.35	3.60	3.80	3.94	15.69
34. Evaluate the effectiveness and outcomes of existing programs and services for people who use substances	4.50	4.40	4.10	4.11	17.11
35. Establish a fund to cover the cost of medication and treatment for individuals who lose their Medicaid coverage and cannot afford private insurance	4.35	2.75	3.95	4.00	15.05
36.Invest in community navigators for system navigation	3.60	3.25	3.35	3.33	13.53
37 Establish provider workgroup to identify overlap in duplicative data collection and refine opportunities for sharing mechanisms	4.00	3.30	3.65	3.72	14.67

Community Meeting

The Community Meeting was held on September 24th at 5:30 pm. The location and purpose of the meeting was shared in email newsletters, social media, on the local news, and with the WOARF listserv. Twenty-eight community members participated. Community members were given a brief description of the data collected during the other portions of the Assessment and then were given 50 minutes to review all the proposed strategies, write down the pros and cons of each strategy, and vote for their two top favorites using stickers. The full list of the pros and cons noted in the meeting is in Appendix A. The score to be added to the cumulative score was based on the number of participants at the meeting. The top strategies as voted on at the community meeting are below. Strategies with only one or no votes are not included in the list of top strategies.

Strategy	Votes	Rank
Create peer-led mental health supports to prevent burnout for peer workers, providers, and professionals working in the field	2	9
Build transitional housing for re-entry from jail and/or treatment	2	9
Evaluate the effectiveness and outcomes of existing programs and services for people who use substances	2	9
Invest in community navigators for system navigation	2	9
Provide reentry case management to people in jail	3	7
Train the public in Narcan administration & distribute free Narcan including partnering with local businesses	3	7
Increase trauma-informed programs in schools	4	5

Co-locate housing & recovery services using a Pueblo model or spoke model that places community resources and peer supports in apartment complexes and community spaces that are not explicitly sober	4	5
Provide short-term low barrier housing while awaiting treatment beds	5	3
Offer free after-school & weekend youth activities and sports	5	3
Expand low-barrier recovery housing and sober living supports	7	2
Conduct outreach to disconnected communities to connect people to existing resources and supports	12	1

Living Experience Advisory Board (LEAB) Ranking

In October 2025, the LEAB reconvened to review the results of the community survey and qualitative data collection. After gaining an understanding of community perspectives, the group reviewed the list of identified priorities. Members collectively discussed each potential strategy to assess both its feasibility ("can it be done") and its relevance or importance ("should it be done"). Several strategies prompted broader discussions about the resources, supports, and conditions necessary to achieve the desired outcomes, as well as the potential barriers that might exist. Following this discussion, participants were given time to record their top five strategies. Scores were then calculated based on the number of participants in attendance, and these results were added to the cumulative ranking. The LEAB's top strategies are presented below.

Strategy	**Score**	**Rank**
Increase access to low-barrier and/or affordable housing & Housing First programs for people	2	1
Expand low-barrier recovery housing and sober living supports	1.8	2
Mobile health care clinics that include dental care	1.8	3
Provide housing case management to people in jail	1.2	4
Co-locate housing & recovery services using a Pueblo model or spoke model that places community resources and peer supports in apartment complexes and community spaces that are not explicitly sober	1	5
Increase trauma-informed programs in schools	1	6
Incentivize organizations to increase pay and benefits, & measurably improve working conditions for behavioral health staff	1	7
Provide education on stigma and substance use for business owners.	0.8	8
Conduct outreach to disconnected communities to connect people to existing resources and supports	0.8	9
Establish a fund to cover the cost of medication and treatment for individuals who lose their Medicaid coverage and cannot afford private insurance	0.8	10

Expand access to inpatient, non-hospital based, detox services	0.6	11
Create peer-led mental health supports to prevent burnout for peer workers, providers, and professionals working in the field	0.6	12
Develop classes for parents and families on life skills that are paired with childcare	0.4	13
Provide family recovery programs for all types of families	0.4	14
Provide job training and education support to peers to allow them to grow into leadership roles	0.4	15
Build transitional housing for re-entry from jail and/or treatment	0.2	16

Prioritized Strategies

To identify the recommendations the community was asking for, the ten highest-ranked strategies from each advisory group were reviewed and compared. Feedback from participants was incorporated to further refine the outreach and housing strategies, ensuring alignment with multiple top-ranked approaches. See the Ranking table below.
Table 1. Rankings

Strategy	Top Steering Committee	Top Community Meeting	Top PWLE	Total Score	Prioritized in this plan?
Conduct outreach to disconnected communities to connect people to existing resources and supports	Yes	Yes	Yes	19.14	Merged with care coordination
Expand low-barrier recovery housing and sober living supports	No	Yes	Yes	18.65	Merged into housing
Evaluate the effectiveness and outcomes of existing programs and services for people who use substances	Yes	No	No	18.50	Yes
Provide care coordination and transportation to appointments and treatment	Yes	No	No	18.47	Merged with outreach
Mobile health care clinics that include dental care	Yes	No	Yes	17.99	Yes
Increase access to low-barrier and/or affordable housing & Housing First programs for people	No	No	Yes	17.78	Merged into housing
Create peer-led mental health supports to prevent burnout for peer workers, providers, and professionals working in the field	Yes	Yes	No	16.62	Yes
Train the public in Narcan administration & distribute free Narcan including partnering with businesses	Yes	Yes	No	16.57	Merged with OD priority
Provide ongoing training in trauma-informed care, meeting people where they are, and culturally relevant care for providers	Yes	No	No	16.55	Yes
Fund inter-agency collaboration & shared case planning	Yes	No	No	16.51	Yes

Increase trauma-informed programs in schools	No	Yes	Yes	16.29	Yes
Provide short-term low barrier housing while awaiting treatment beds	Yes	Yes	No	16.27	Merged into housing
Provide reentry case management to people in jail	No	Yes	Yes	15.73	Yes
Co-locate housing & recovery services using a Pueblo model or spoke model that places community resources and peer supports in apartment complexes and community spaces that are not explicitly sober	No	Yes	Yes	15.24	Merged into housing

The initial 2026-2028 recommendations are:

- Conduct targeted outreach to disconnected communities to connect people to existing resources, coordinate care, and provide navigation support throughout the continuum of care
- Expand housing services to support people with OUD across the continuum of use that include comprehensive wrap-around and tenancy supports
- Evaluate the effectiveness and outcomes of existing programs and services for people who use substances
- Provide mobile health care clinics that include comprehensive health and dental care for people who use or are at risk of using opioids
- Create peer-led mental health supports to prevent burnout among peer workers, providers, and professionals working in the field

If the goals of these primary strategies are sustainably achieved before the next Needs Assessment, the following strategies are recommended for future prioritization:

- Provide ongoing training in trauma-informed care, meeting people where they are, and culturally relevant care for providers
- Fund inter-agency collaboration & shared case planning
- Increase trauma-informed programming in schools to build resilience and early intervention capacity
- Provide reentry case management to people in jail to support successful reentry

As a result of this data, the recommendations for continued funding based on the ongoing need are:

- Use a multidisciplinary approach to providing overdose prevention, outreach, and education, inclusive of under resourced communities.
- Implement child welfare best practices for supporting families impacted by substance use.

Funding Plan

The Washoe Opioid Abatement and Recovery Fund will strategically direct resources toward priority areas identified through comprehensive community engagement and data analysis. This approach balances continuity of proven interventions with investment in emerging community needs.

Continued Investment: 2022-2025 Priority Extensions

WOARF will extend funding for successful projects from two strategies from the previous funding cycle Relevant projects will participate in an abridged reapplication process.

Continuing priorities:

- **Multidisciplinary overdose prevention, outreach, and education** with intentional focus on under-resourced communities
    - ***Current Issue:*** Although overdose rates have declined in Washoe County they still far exceed national averages.
    - ***Activities:*** Community health workers and peer recovery support specialists provide evidence-based overdose education and naloxone distribution (OEND)
    - ***County Performance Measure***
        - Number of outreach events held, trainings held,
        - Number of training materials developed and disseminated
        - Rate of overdose death
- **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 intergeneration cycles of opioid misuse. Parental substance misuse is still a leading cause of child removals.
    - ***Activities:*** Implement and expand evidence-based interventions for holistic whole family supports for families with child welfare involvement.
    - ***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.

Organizations currently funded to address these priorities will be invited to reapply for an additional two years of support. The new Notice of Funding Opportunity (NOFO) will require applicants to demonstrate progress toward sustainability and articulate clear plans for continuing operations without ongoing WOARF investment.

New Investment: 2026 Priority Areas

Beginning in 2026, WOARF will issue a competitive NOFO to fund new partners addressing the following community-identified priorities:

- **Conduct targeted outreach to disconnected communities** to connect people to existing resources, coordinate care, and provide navigation support throughout the continuum of care
    - ***Current Issue:*** Disconnected populations are not aware of the available resources and have insufficient support to navigate the treatment continuum of care
    - ***Activities:*** Implement targeted outreach and engagement efforts to connect individuals at high risk for opioid use disorder (OUD) or overdose—particularly those disconnected from services—to treatment, recovery supports, resources to minimize morbidity and mortality from opioid use, and ongoing care coordination across the continuum of care.
    - ***County Performance Measure***
        - Number of referrals to evidence-based substance use disorder treatment or housing
        - Number of critical documents obtained
        - Number/percent of successful enrollments in treatment
        - Number/percent successful exits to housing
        - Number/percent peer support / peer navigators employed by an organization or department
        - Number/percent of people experiencing homelessness following substance use disorder treatment

- **Provide mobile health care clinics** that include comprehensive health and dental care for people who use or are at risk of using opioids
    - ***Current Issue:*** Holistic health care services are difficult for people to reach and many people who use opioids have unmet health care needs.
    - ***Activities:*** Expand access to mobile, integrated health care units that provide evidence-based substance use treatment, physical and behavioral health care, and comprehensive dental services to individuals with or at risk of OUD, ensuring linkage to ongoing recovery supports and services to minimize morbidity and mortality.
    - ***County Performance Measure***
        - Number of patients who receive treatment for OUD-related illnesses and behavioral health needs from a mobile unit
        - Number/percent of patients who were successfully transitioned from a mobile unit to a community-based provider to continue treatment
        - Number/percent of patients who maintain contact with community-based provider for treatment

- **Expand housing services to support people with OUD** across the continuum of use that include comprehensive wrap-around and tenancy supports
    - ***Current Issue:*** Washoe County is facing insufficient housing, particularly housing for low- and middle-income individuals. Lack of stable housing

negates the purpose of treatment services and compounds all barriers to care.
    - ***Activities:*** Increase the availability of low-barrier recovery housing and sober living environments that incorporate tenancy stabilization services, case management, peer recovery support, and connections to treatment and employment, ensuring equitable access for people in all stages of recovery from OUD.
    - ***County Performance Measure***
        - Number of people with OUD housed
        - Number/percent of people experiencing homelessness following substance use disorder treatment

- **Evaluate the effectiveness and outcomes** of existing programs and services for people who use substances
    - ***Current Issue:*** Lack of programmatic evaluation data of existing services hinders Washoe County's ability to connect people to appropriate and successful programming.
    - ***Activities:*** Develop and implement an evaluation framework to assess the effectiveness, accessibility, and outcomes of treatment, recovery, and programs serving people who use opioids to minimize morbidity and mortality, using data to strengthen evidence-based and equitable service delivery.
    - ***County Performance Measure***
        - Develop a program evaluation tool for local services
        - Establish an overdose fatality review team
        - Number/percent of county run projects related to opioid use conducting annual program evaluations

- **Create peer-led mental health supports** to prevent burnout among peer workers, providers, and professionals working in the field
    - ***Current Issue:*** High levels of secondary trauma, staff burnout, and limited mental health supports, make it difficult to recruit and retain qualified professionals.
    - ***Activities:*** Strengthen and sustain the behavioral health and peer recovery workforce through peer-led support and wellness initiatives. Establish peer-led wellness and mental health support initiatives to prevent burnout, promote resilience, and improve retention among peer recovery specialists, treatment providers, and frontline professionals working in OUD prevention, treatment, and recovery services.
    - ***County Performance Measure***
        - Number of recovery support meetings for providers working in treatment
        - Number of providers utilizing wellness supports

- Number/percent of providers reporting improvements in recovery capital
- Retention rates among behavioral health employers

Initial awards will fund projects for two years, with preference given to organizations that demonstrate:

- Sustainable operational models and workforce support strategies
- Viable plans for maintaining services beyond the WOARF funding period
- Collaboration and partnership across the continuum or care and across organizations
- Are aligned with the WOARF guiding values and principles

Emerging Needs Fund

In 2026, WOARF will establish a flexible rapid response fund with a streamlined, open-ended application process. This mechanism will support urgent and emergent needs that align with:

- Washoe County's Strategic Goals
- This Needs Assessment's findings
- Allowable uses under the Opioid Litigation settlement
- Neveda Revised Statute

This fund ensures the County can nimbly respond to unexpected opportunities or critical gaps that emerge between formal funding cycles. The fund budget will be established at the start of the fiscal year and will only be available for that fiscal year. Unspent funds will be put back in the pool for the competitive funding process. Projects funded through the Emergent Needs Fund will not be able to renew funding through the Emerging Needs Fund; these are one-time dollars.

Community Supports Fund

In 2026, WOARF will establish a $10,000 a fiscal year fund for community events and local conferences that support opioid abatement and recovery in Washoe County. Unspent funds will be put back in the pool for the competitive funding process. The Community Supports Fund will follow Washoe County Code 5.0244 Expenditures for incidental food and entertainment expenses for certain activities.

Capacity Building and Training Fund

Many service providers in Washoe County need ongoing supports and training to grow their capacity to serve Washoe County Residents. Continuing from investments made in 2025 to build the capacity of our local workforce, including a PRSS training and Pregnancy and Substance Use Conference. Washoe County will fund training and capacity building. $20,000 a fiscal year will be set aside to bring further training opportunities to Washoe County. Unspent funds will be put back in the pool for the competitive funding process.

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, and Latine
- 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

Grants Management and Administration

WOARF adheres to all established Washoe County policies and procedures for grants management and purchasing. All funding awards will follow relevant County guidelines throughout the implementation process. Success will be measured through regular monitoring of both community-identified outcomes and key data indicators, with adjustments made as needed to ensure maximum community impact.

Fiscal Operations

Fiscal Management

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.

The allocations from Fiscal Years 2024 and 2025 will be used to fund the 2026 grant awards. Initial unspent funds from the 2024 Grant Awards will be applied to the emergent needs fund in Fiscal Year 2026. The 2027 Grant Awards will be based on the allocations from Fiscal Years 2025 and 2026. Sometimes allocations are delayed. Any allocations not received at the time the NOFO is released will not be included in the allowable grant budgets.

Fiscal Year	2024	2025	2026	2027

Expected Allocation	$3,490,350.83	$3,083,234.10	$2,087,580.18	$2,489,949.49

Electronic Grant 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 statue 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.

Interest on Investments

Interest on the WOARF Investments will remain in the WOARF Cost Centers for use by the County when the distribution of allocations ends. Interest returns earned on the opioid litigation funds will continue to be used in accordance with the settlement's use of funds and state statute regarding opioid settlement dollars.

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) and superseding revisions. 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.
Washoe County policy follows NRS 332 regarding purchasing. Awardees must have purchasing policies that establish clear guidelines for acquiring goods and services to ensure transparency, accountability, and compliance with regulations.

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.

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.

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."[2] 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.

[2] SAMHSA's Working Definition of Recovery. 2012. https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf

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 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 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.[3] 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

[3] https://opioidprinciples.jhsph.edu/develop-a-fair-and-transparent-process-for-deciding-where-to-spend-the-funding/

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, as 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 Funding Plan will be completed in 2027 for 2028-2029 in collaboration with the Steering Committee. The next Needs Assessment will be completed in 2029.

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

Appendix A: Community Meeting Notes

Strategy	# Votes	Pros	Cons
Develop a drop-in center for individuals to access resources and support that can conduct relevant ASAM assessments and coordinate	0	• **Accessible** • **Timely** • Safety • **Bettering understanding community needs and resources** • Improved navigation through care	• Dependent on location and opening hours • Expensive • **We need the outreach teams to assist folks to get there. As of 11/1/2025 we will go from 24 outreach**

referrals and connections to care.		• Drop in model increases access • ASAM now covers Recovery Residences as meaningful forms of treatment • ASAM connecting to "social model" as form of treatment	**<u>workers in September to 13</u>** • Cops still won't take folks here because they don't want to transport. • An imperative that if not done by the right people could be messed up. • Mill St, Puff House and Shelters should provide this
Develop a central navigation line or app for treatment supports in real time	0	• Accessible • **<u>Can show bed availability or wait times</u>** • Helpful for rural communities • DROPS	• What treatment supports? • Potential for identity theft or fraud • Apps need to easily transfer to HMIS • **What if they don't have a phone??** • **Can we get phones to people** • How do we teach/educate about it
Provide short-term low barrier housing while awaiting treatment beds	5	• **Safe place where not exposed to substance use** • **Shelter in a harsh environment** • Begin sobriety path • County funding/endowment for safe short term commercial locations • Allows safety while waiting	• Potential danger for relapse depends on the individual • **Will create hot spots of drug use** • No support and surrounded by drugs and misuse • High investment in building • Taken advantage by people who really don't care about moving forward • Motels are high risk for continued access • Safety • **If they decide they don't want treatment that money is gone**

Expand access to MAT, including mobile MAT services and non-traditional community resources such as churches or community centers	0	• More accessible to programs and bridges the gap • Rural communities able to get care • better structure of self-independence • be more emotionally intelligent and stable • more people would feel comfortable getting MAT • Destigmatize MAT	• dangerous because of licensing concerns • over medicating • allows addicts to supplement their addiction • introduces drug currency to unhoused and minority populate communities • Follow up with who? • Inconsistency • Community buy-in
Mobile health care clinics that include dental care	0	• Infection prevention • People with dental pain will likely use drugs and alcohol to numb the extreme pain. Accessible dental care reduces this risk	• Cost • Access to needed providers • Sustainability • Might not be feasible everywhere • Would need dedicated service areas • Biased • Current work being done including by CHA
Provide care coordination and transportation to appointments and treatment	0	• More people will be healthy • More people will make it to appts • Builds rapport • Help clients with time management skills • Distance on foot discourages • access to healthy stuff • encourages support systems	• cost, staff • tracking use • can be used in other ways • folks may take resources and not show • time constraints • abuseability • combined with outreach and case navigation. Need on front end/back-end care coordinator
Conduct outreach to disconnected communities to	12	• enables safer use in rural areas or certain populations	• Potentially promote escalation of use – (Comment “Bro what?”) • Cost vs benefit

connect people to existing resources and supports		• let's them know resources they don't know about • YAS! This is how we get everyone connected to all of the services we are talking about • Decrease death • Connect folks to services • Educate community • Street outreach is effective • Increases awareness of resources available • Builds community rapport for when someone is ready for services	• Staff located or able to travel • Funding for rural/frontier • Staff intensive
Expand access to inpatient, non-hospital based, detox services	1	• Reduced health care burden • Gives people somewhere safe • Greater accessibility • Much needed in the county • Safe way to detox since it sucks	• Need to ensure spaces like this can also be available for those who may not need medical detox, but for meth cannabis, etc. • Professional training to ensure high quality • Security concerns • Medical emergencies • Sustainable • Funding
Offer mental health care services that do not require sobriety or someone to seek sobriety	1	• Less likely to continue use • Everyone should have access to mental health services regardless of drugs/alcohol use • Continuation of care	• Enables continued use while taking resources away from those pursuing recovery • Medical emergencies • Staffing retention • This is happening just not across the board
Provide education on	0	• People will be more aware	• Funding

stigma and substance use for business owners.		• **Will teach people how to help in case of OD** • More employment opportunities for those in recovery • Creates a stronger community	• community pushback/bias • "My business does not have a problem with (BLANK)" • Lack of care/"no time" • Turnover of staff
Provide job training and education support to peers to allow them to grow into leadership roles	1	• Quality of life improves • Long term buy-in • Support and feelings of support to succeed • Improve relationships • Helps with life skills • Propel to better life • Cost effective • Depth of understanding • Incentivizing more peers with lived experience in the field • Increased employment opportunities • Avenue for growth professionally	• Biased other employees • Loss of time/funds/resources • Effective long term? • Higher education requirement • Compassion v pay • Retention of trainees • High potential for external career judgement/discrimination
Create peer-led mental health supports to prevent burnout for peer workers, providers, and professionals working in the field	2	• Longevity • Buy in • Lived experiences • Helps all aspects of life - personal and professional • Full cups to pour from • Keeping peer mental health optimal • Trickles down to the community.	• How is this structured • Consistency • Might be hard to do if led by peers • Could become negative and not helpful with bias and lack of structure • legal and protected when giving advice • confidentiality • What is the cost of the program and who is leading it

		Workers cared for means community is cared for • Gives accountability to stay clean • Assists peers with navigating the corporate world – understanding soft skills and how to work in this industry	• none this is so sick
Incentivize organizations to increase pay and benefits, & measurably improve working conditions for behavioral health staff	0	• Buy in • Room for growth • Quality of life • Efficiency with work and having long term trained staff force • Less turnover • Lowers burnout • Increases employee satisfaction • Helps us to support the community we serve better we fill our cups and theirs. When we lead by example, we provide a model folks to aspire to	• Funding availability and resources\ • Could be seen as unfair (how unfair? Because chose to hire some with a criminal background or lived experience- no worries we have experienced enough unfairness this isn't unfair it's equitable) • Loss of funding • Retention rates • Abuse of power • Lack of care • Possible HIPAA violations • Increased exposure
Provide ongoing training in trauma-informed care, harm reduction, and culturally relevant care for providers	0	• Short time requirement • Increased inclusivity	• Large staff turnover rate • Requires broad scope and re-training for changing standard (that's not a con we should be adhering to new standards move this here)
Increase trauma-informed	4	• Knowledge is power • Break family cycles • Decrease risk of bad habits	• Parents don't want kids to know • Community against triggering

programs in schools		• Increase communication • Change intergenerational trauma • Early intervention • Help kids without the proper access to help	• Staff needs good training • Mandatory reporting • Who oversees this • Is there any follow up • Could cause more bullying
Offer free after-school & weekend youth activities and sports	5	• Less idle time • Low income assessable • Lower drug use/high risk behaviors • Keep from bad home environment • Safe space • Nutrition and exercise • Life skills in classes • Community/friends • Preventative- provides relief to parents. Kids in sports have better mental health • Childcare is expensive, this alleviates burden • Give kids an alternative	• Possible push back about taxes • Need to ensure transport is available • Resources; staff funds • Location • Sustainability • Can possibly open door for neglect • Oversight • Cost, staffing, accountability, responsibility • Could give parents more time to use and abuse
Provide family recovery programs for all types of families	1	• Keeps families together • Evidence suggests that these programs reenforces recovery-oriented progress • Community building • Holistic approach • Cultural education	• Raises risk for relapse (comment: What? How?) • Pushback from some, not all families being recognized • Access? Eligibility? • Cost and staffing • How do you define and qualify family

		• Increased family support • Cycle ending • Generational approach • Unifies families	• Potential for domestic violence
Develop non-abstinence only trainings on drugs for youth that are evidence informed and based in the living experience of people who use substances	0	• Kids will know lifesaving skills • Develop likeminded community • Kids want to know the why • DARE not good • Shock individuals to the reality of addiction and encourage them to sobriety	• Some parents may not sign up for this if advertised as such • Schools and community push back • Religious pushback • Community pushback • Further the curiosity of drug abuse
Develop classes for parents and families on life skills that are paired with childcare	1	• Higher attendance • Offering told to help folks with parenting • Starts with family • Provides a pathway for life skills to be sustainable • Builds health relationships starting in the home • Builds resilience in the family	• Classes in general some folks will feel offended being told how to parent. Possibly figure out a way to create buy in through community and culture building on the staff end to combat this • Doesn't address non parenting adults • Need life skills for all adults • Increased demand for childcare workers
Expand low-barrier recovery housing and sober living supports	7	• **More immediate access-less wait time** • **Creating a more robust community of peers with lived experience to provide additional expertise** • Less houseless people	• Potential for increased recidivism • Strict house rules turn people away • **Community properties that require funding** • Needs clear definitions of what low barrier means • High percentage of felons

		• Potential for increased quality of life	
Increase access to low-barrier and/or affordable housing & Housing First programs for people	0	• Potential safe place to use while getting to a point of recovery • **Keeps individuals off streets** • Can help families that are really in need • People have access to not be houseless	• **Affordable housing needs to be clearly defined. SSI/SSDI is hostorically973** • **Low success rate** • **Dependent heavy on demographics** • **Increases risk for misuse of services** • **Easy abused** • **Haven for criminal activity** • Housing lists take forever
Co-locate housing & recovery services using a Pueblo model or spoke model that places community resources and peer supports in apartment complexes and community spaces that are not explicitly sober	4	• **Culturally responsive. Focused on community** • **Focus on the whole person** • Taken from indigenous communities rooted in community and connection • All the resources and people in the same spot to cultivate community	• Funding it continuously • Stigma and potential shut down due to calls for services • Potential for slip • Can cause them to fall back into use • Must be trauma informed • Requires case management
Build transitional housing for re-entry from jail and/or treatment	2	• **Lowers risk for fall back to previous habits/places** • Kick start for people who did a lot of time • **Ability for a chance at growth** • Opportunity for stability- raises chance of success	• Cost • Time • Buy in • Legislation • Community anti! • **# of beds** • **Program 184 does this**

Develop permanent supportive housing for people in recovery from OUD with co-occurring serious mental illness	1	• **Safe space** • Housing address for jobs etc. • Peer support • Community • Quicker access to resources	• Cost? Funding • Community support • Criteria eligibility and retention • Risk for triggers • Staffing costs and liability • Addressing 1 mental health ailment instead of both • professionals
Remove the barriers to developing additional transitional living housing arrangements such as zoning laws	0	• convenient transportation • increased housing • decreased unhoused • peer support	• community support • locations (near a school?) • legislation • time to do the change
Provide reentry case management to people in jail	3	• Safer transition from jail • Peer support • Services easier accessed • System navigation • Increased independence	• Less than effective care if the case manager is not trauma informed • Incentivize people to go to jail to get housing
Expand syringe services programs, education on safer use, and outreach to disconnected populations		• Reduce transmission of blood borne pathogens • Reach the disconnected • Save lives • Accessibility	• Supplement the cost of use of active addition • Communities' stigma • Sustainability • Political push back • disposal
Train the public in Narcan administration & distribute free Narcan including	3	• **save lives** • erase stigma • increase access and awareness • community knowledge	• public perception of our city/region • perpetuates cycle of abuse in some heavily addicted users

partnering with local businesses		• **reduce bystanders** • preparedness and emergency response	• people going getting Narcan • There are people who give it for free why use resources on this when also already exists
Offer drug checking services so users can test for fentanyl and other contaminants	1	• Potential to save lives • Increased confidence in use • Ensures that it is being tested correctly • Keeps them alive so they can eventually choose recovery • Creates a safe space for folks who use to come and talk about recovery	• Fear of reprisal from law enforcement encourages substance use in theory • Potential trafficking sites need safety precautions in place to prevent this • Drug waste perception from users • Isn't it better to try and get them into a program and away from it
Launch stigma-reduction public awareness campaigns	1	• Less persecution for active users • Provide safe space for people engaging in active recovery • Education on new and emerging trends/drugs • Conversation starter • Build self love/acceptance community buy in	• Enables drug use acceptance • F a stigma campaign or awareness campaign (What?) • Cost- resources • Saturation?
Research implementation of overdose prevention centers	0	• More lives saved • People not using on the street • Less drug paraphernalia • More ED	• People will die from overdose if we don't start researching • Enables more people to use • Potential trafficking site need safety precaution in place to prevent this • Geographical difference • Laws and legislation

			• Location of center and community pushback • confidentiality
Explore post-overdose and/or co-responder model to follow-up with survivors of a non-fatal overdoses.	0	• people would feel more supported • Chande to offer rehabilitation options • sharing our story can feel empowering when the right people are listening	• could potentially retraumatize them • follow up tracking • integration with health services
Fund inter-agency collaboration & shared case planning	0	• Coordination of cares is better • Less likely to prescription shop More accountability	• Duplicated efforts Funding competition
Evaluate the effectiveness and outcomes of existing programs and services for people who use substances	2	• Effectiveness evaluation • Funding allocation • Finding mistreatment of clients • Quality control • **Identifies effectiveness methods of recovery** • **eliminating redundant treatment methods** • Shows us the best ways and models for services – creates potential for whole person care • Lower duplicated efforts • Quality control/improvement	• Measuring standards • Costly time and money • Lack of data sharing and consistency • **Potential blame gaming between programs and institutions** • **Program favoritism by providers** • **bottlenecking clients in particular programs** • need to ensure effectiveness in data collection- need to provide some sort of way to audit the data for accuracy • exit interviews for participants

Establish a fund to cover the cost of medication and treatment for individuals who lose their Medicaid coverage and cannot afford private insurance	0	• Medical changes • **Grant funded coverage** • **Early recovery** • **Difference between life and death** • **Help people get needed meds** • Support career advancement by helping folks manage their pain • Helpful for those who went from a basic entry level job to one that pays more and it's not enough to afford insurance • Helps those who are underinsured hopefully	• Discourage career advancement • Abuse of medication provided (Comment: What? You silly goose) • Very expensive to cover • Need resources to connect people to Medicaid eligibility for the future • Short term solution • Coverage for all treatment providers or only a select number of contracted ones?
Invest in community navigators for system navigation	2	• Let's people know their resources are open to them • Offers employment to the community • Sounds like outreach and more outreach raises success rates for clients • Quicker access to treatment • More housing less homeless • Quality of life	• Could be wasted investment if navigators aren't well trained • How much does training cos? Through where? Who oversees? • Potential for jobs to be outsourced outside of the community • Hard to staff • Turnover/burnout • How would folks know • Where/who/how • Outreach
Establish provider workgroup to identify overlap in duplicative data collection	0	• Helps preserve funds that are going towards duplicated services (e.g. people going to	• How would data be collected (redcap) • Law enforcement regulated

and refine opportunities for sharing mechanisms		more than 1 place and getting multiple ids) • A law enforcement regulated data access app for providers to access • Collaboration • Community health increases and quality of life	• Folks hate talking/sharing sometimes • HIPAA • Hard to get all in same room/meeting • Lack of support from community providers