



November 21, 2017

To: Local Prevention Councils and Community Coalitions (Region 1 Southwestern Region CT)
Re: Connecticut State Targeted Response to the Opioid Crisis - Community Mini Grants

The Mid-Fairfield Substance Abuse Coalition (MFSAC), a program of Human Services Council (HSC), is pleased to announce the new ***Connecticut State Targeted Response to the Opioid Crisis - Community Mini Grant opportunity in Region 1*** (Southwestern Region CT) with support from the CT Department of Mental Health and Addiction Services and Federal Substance Abuse and Mental Health Services Administration (1H79TI080253-01). Funding for this program will be provided by MFSAC based on the availability of grant funds received by MFSAC from the Connecticut Department of Mental Health and Addiction Services (DMHAS).

Opioid Statistic Overview

Every day in the United States, 91 people die as a result of drug overdose, and another 6,748 are treated in emergency departments (ED) for the misuse or abuse of drugs. Nearly 6 out of 10 poisoning deaths are caused by drugs. From 2000 to 2015 more than half a million people died from drug overdoses in the nation. (Centers for Disease Control, 2015).

In 2012, Connecticut ranked 50th in the nation for opioid-related deaths, by 2015 ranked 12th. Overall, opioid-related deaths in the state have grown at 4 times the rate of the national average. In 2016, the state saw a 35% increase in fatal overdoses compared to 2015. In 2016-2017 statistics released by the Chief State's Medical Examiner show there was a 21% increase in opioid-related deaths. The number of non-fatal opioid overdoses increased by nearly 30% between 2009 and 2014. The Connecticut Prescription Monitoring and Reporting System (CPMRS), which enables prescribers to track individual prescription activity, has a 99% enrollment rate but, as of 2016, an estimated 40% usage rate. Heroin and Fentanyl, a synthetic opioid pain medication often mixed with heroin to increase its potency, are now rapidly rising causes of overdose deaths. Death rates from prescription opioid overdoses and other illicit drugs are higher in suburbs and rural areas than in the urban areas in Connecticut. Other misperceptions about opioids:

- **It's not only minority groups that are affected:** For example, of the 685 overdose deaths in CT in 2015, 580 were white/non-Hispanic.
- **It's not a problem that centers on lower income groups:** The epidemic affects everyone. The most recent statistics indicate that opioid users who visit Connecticut emergency rooms are of a higher socioeconomic status.
- **It can also affect students in school:** Many addictions start with underage use of alcohol, tobacco and marijuana. These young users are more likely to graduate to harder illicit substances and prescription drugs.
- **Overdoses can be treated effectively.** Naloxone (Narcan) is effective in stopping the effects of opioid overdoses, it can be used by anyone, and those who intervene to help a person in the midst of an overdose are protected from prosecution by the state's Good Samaritan laws. MAT (medication assisted treatment) decreases opioid use, overdoses, criminal activity, and infectious disease transmission.

Connecticut State Targeted Response to the Opioid Crisis - Community Mini Grants will provide communities with funding to build their capacity to develop and/or enhance local opioid addiction and overdose prevention and response efforts. **A maximum of 14 proposals** in Region 1 will be funded through April, 2018. **The application deadline is December 8, 2017 by 4:00 PM. Please provide a work plan and an up to two page summary of how you will address the guidelines below:**

Application Guidelines are as follows:

- **Eligibility:** Local Prevention Councils (LPCs) and Community Prevention Coalitions are eligible. Only one application per community is permitted, and LPCs will be granted priority.
- **Funding Period and Amount:** The funding period will be through April 30, 2018 and will **not exceed \$5,000.**
- **Deliverables:**
 1. Implement substance abuse prevention and behavioral health promotion initiatives within their communities;
 2. Educate local pharmacists, doctors, dentists and veterinarians on the CT Prescription Monitoring and Reporting System (CPMRS);
 3. Engage community providers in promotion of CPMRS use among prescribers;
 4. Distribute Opioid Use Disorder (OUD) information to parents through schools and other venues;
 5. Collaborate with Regional Action Councils and other DMHAS prevention contractors as directed by DMHAS to host and advertise opioid addiction and overdose prevention and education opportunities, and Naloxone administration trainings made available by DMHAS;
 6. Work with community leaders to include opioid overdose prevention and safe storage in town plans;
 7. Utilize the state campaign message/images made available by DMHAS to develop and distribute customized local awareness messages aimed at increasing public awareness on OUD. These may include, but not be limited to: videos, social media, public service announcements, posters and billboards.
- **Basic Data Collection:** Grantees will be required to collect limited process data at the deidentified level (e.g. no identifiable information). Examples of data collected will include basic demographics, numbers and populations served.

If you are interested in this opportunity, please complete the attached application form and submit the required letters of commitment to me via email, fax, or mail.

Feel free to send the completed application to:

Human Services Council (Attn: Giovanna Pisani)

One Park Street

Norwalk, CT 06851

Or electronic copy to my email: gpisani@hscct.org.

I will host a meeting regarding this mini-grant to answer any questions you may have at Human Services Council (2nd Fl Conference room) on Thursday November 30, 2017 at 11:00am.

Sincerely,

Giovanna Pisani, MSW

Director, Mid-Fairfield Substance Coalition

Attachments: *Connecticut State Targeted Response to the Opioid Crisis - Community Mini Grant Application Form*