



To: Local Prevention Councils and Community Coalitions
Re: Connecticut State Targeted Response to the Opioid Crisis - Community Mini Grants

November 20, 2017

Northeast Communities Against Substance Abuse (NECASA) is pleased to announce the new *Connecticut State Targeted Response to the Opioid Crisis - Community Mini Grant* opportunity in Eastern 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 NECASA based on the availability of grant funds received by NECASA from the Connecticut Department of Mental Health and Addiction Services.

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 (Centers for Disease Control, 2015).

In 2012, Connecticut ranked 50th in the nation for opioid deaths, but by 2015 ranked #12. 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 and 2016-2017 statistics released by the Chief State's Medical Examiner show that in there was a 21% increase in opioid-related deaths. The number of non-fatal opioid overdoses increased by nearly 30% between 2009-2014. 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 (Region 1) or minimum of 15 (Regions 2-5)** proposals will be funded through April 2018. **The application deadline is December 8, 2017 by 4 PM. Please provide a workplan 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 thorough 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 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 contact me with any questions. I may be reached at **PHONE 860-779-9253 or necasa@snet.net**. In addition, a pre-application meeting will be held on Tuesday November 28, 2017 at 10:30 AM at the NECASA office. Directions are attached. This meeting is not mandatory but is offered for questions and or clarification.

Sincerely,

Robert A. Brex
Executive Director
NECASA

Attachments:

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