

**State of Connecticut
Department of Mental Health and Addiction Services**

RFP#DMHAS-CSD-SOR-HCWH-2018

“HOW CAN WE HELP?”

ADDENDUM #2

The Department of Mental Health and Addiction Services (DMHAS) is issuing **Addendum #2** to the “**How Can We Help?**” RFP.

Please note that a change has been made to **Section I.A. General Information, Item 2. Summary** and is being replaced with the following:

I. GENERAL INFORMATION

A. INTRODUCTION

1. RFP Name or Number. DMHAS-CSD-SOR-HCWH-2018/“How Can We Help?”

2. Summary. For this initiative, the Department is seeking proposals from small community coalitions, task forces or other “grass roots” community groups that are actively addressing the Connecticut opioid crisis and are motivated to provide specific “**How Can We Help?**” recovery support services in their local communities. These funds are intended to be utilized for conducting home-based outreach to 1. Survivors of opioid overdoses as well as to 2. Individuals otherwise struggling with an opioid use disorder. The Department is targeting those small agencies, businesses or groups with demonstrated on-the-ground service provision in their home communities, although will accept proposals indicating a partnership between such grass roots organization and a larger non-profit agency, provided that such proposals clearly indicate that the primary service provision will be accomplished by the coalition, task force or other community-based organization. DMHAS funded Regional Behavioral Health Action Organizations may be interested in such a partnership. The list of these organizations can be found on the DMHAS website.

Selected applicants will be expected to have an oversight or advisory group and collaborate with an array of community-based treatment and recovery support service providers in order to meet the community's recovery needs, including but not limited to faith-based and treatment providers, police, emergency medical services, mayor/selectman's office, Human/Social Services department, Recovery Centers and peer/self-help services. A mechanism for obtaining information about local overdose reversals is required.

DMHAS intends to establish eight (8) "**How Can We Help?**" initiatives. Priority will be given to proposals from the following areas: Danbury, Torrington, Manchester, Enfield, New Britain, Newington, Bristol, New London, Norwich, Meriden, Middletown, and the Route 8 and **I-395** Corridors. For other areas, applicants must demonstrate and elaborate fully on the need of the geographic area. The cities of Bridgeport, New Haven and Hartford are not being considered target areas for this procurement. Priority will also be given to applicants that include a trained Recovery Coach as a component of their project and budget as well as to organizations that have not received funds from the State Targeted Response (STR) grant.

Please note that a change has been made to **Section III.B. PROGRAM OVERVIEW** and is being replaced with the following:

B. PROGRAM OVERVIEW

The State of Connecticut, Department of Mental Health and Addiction Services expects to soon be awarded the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) **2018 State Opioid Response (SOR) grant**. This grant "aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorders (OUD) (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs)". Per SAMHSA, the State of Connecticut is required to do the following: "use epidemiological data to demonstrate the critical gaps in

availability of treatment for OUDs in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care; deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD and reducing opioid-related overdose deaths”.

The Connecticut SOR initiatives are intended to supplement current activities pertaining to opioid misuse undertaken by DMHAS through its previously awarded SAMHSA State Targeted Response (STR) grant as well as to utilize the “CT Opioid Response (CORE)” recommendations, the “CT Alcohol and Drug Policy Council (ADPC)” recommendations and feedback from stakeholders in attendance at community forums during the past year to expand access to treatment and recovery resources and to advance substance misuse prevention. SOR funding is not allowed to supplant existing opioid prevention, treatment or recovery support funding in Connecticut.

Beginning in 2011-2012, admissions for opioid treatment in Connecticut began to rise significantly across the state, reversing a slow decline over the period from 2007 to 2011. As expected, the largest cities and surrounding metropolitan areas (Bridgeport, Hartford, Waterbury and New Haven) demonstrate the greatest numbers of persons in need of opioid treatment. However, many suburban and rural pockets are now facing an increasing need for opioid use services as well. To this end, data related to treatment utilization, overdose deaths, demographic composition and infectious disease rates have been reviewed and used to identify high risk communities in which there are individuals in need of opioid treatment services and a lack of access to recovery support to access such services.

The communities identified through data analyses as currently having highest need are: Bridgeport, Hartford, New Haven, Greater Waterbury, Danbury, Torrington, Enfield, Manchester, Bristol, Newington, New Britain, Meriden, Middletown, New London and Norwich. These communities make up approximately 62% of all

treatment admissions related to opioid use and comprise almost 50% of opioid-related overdose deaths in the State in Calendar Year 2017. These communities also accounted for almost 18,000 opioid-related admissions in State Fiscal Year 2018 once the State's fiscal year data is finalized.

The Department is soliciting proposals to establish and operate eight (8) "**How Can We Help?**" community initiatives. The Department envisions that these will be established in eight (8) of the following target areas:

- Danbury
- Torrington
- Manchester
- Enfield
- New Britain
- Newington
- Bristol
- New London
- Norwich
- Meriden
- Middletown Area
- Route 8 Corridor Towns **include Ansonia, Beacon Falls, Derby, Seymour, Shelton and Woodbridge**
- **I-395 Corridor Towns include – Griswold, Killingly, Montville, Plainfield, and Putnam**

Please note that for this initiative, the cities of New Haven, Bridgeport and Hartford are not included. Other funding has been or will be set aside for these communities for other initiatives.

The Request for Proposals (RFP) is modified as set forth in this Addendum. The original RFP Documents remain in full force and effect, except as modified by this Addendum, which is hereby made part of the RFP. Proposers/Applicants shall take this Addendum into consideration when preparing and submitting their Proposal.

Date: September 10, 2018