

**Addendum 2**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**Certified Community Behavioral Health Clinics (CCBHC)**  
**REQUEST FOR APPLICATIONS**  
**CCBHC RFA 05092025**

The State of Connecticut Department of Social Services is issuing **Addendum 2** to the CCBHC RFA 05092025.

**Addendum 2 contains:**

- A. Revisions
- B. Addendum 2 Acknowledgement

In the event of an inconsistency between information provided in the RFA and information in this response, the information in Addendum 2 shall control.

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**A. REVISIONS**

The following sections of the RFA have been revised as follows:

1. **Section IV. Required Application Submission Outline & Requirements, Subsection I. Main Application Submission Requirements to Submit a Responsive Application Submission, Item (2) d. Peer, Family Support, and Counselor Services, is hereby amended to correct a typo in the weighing criteria as follows:**

(2) d. Peer, Family Support, and Counselor Services shall be correcting the weighing criteria from 10 points to 5 points.

**d. Peer, Family Support, and Counselor Services (5 points)**

Please describe your agency's experience providing person- and family-centered treatment planning and describe how you ensure that clinic services and those of any DCOs are family-centered, youth-guided, developmentally appropriate, and responsive to the race, ethnicity, sexual orientation, and gender identity of those you serve. Please add any examples of peer or family support services provided by your agency.

2. **Section IV. Required Application Submission Outline & Requirements, Subsection I. Main Application Submission Requirements to Submit a Responsive Application Submission, is hereby amended to correct the numbering for the following criteria submission as follows:**

**(4) Governance (5 Points)**

- a. **Governance.** CBHCs must integrate meaningful participation in leadership and decision-making in their governance by individuals with lived experience of mental health and or substance use disorders and their families, including youth. Please describe your agency's current efforts to incorporate persons with lived experience into your clinic and organizational governance and how you may further develop that capacity to meet criterion required per SAMHSA, 6.B: Governance, provided herein as a hyperlink: [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria Updated March 2023](#)

## **B. Addendum 2 Acknowledgment**

**State of Connecticut  
Department of Social Services  
Certified Community Behavioral Health Clinics  
Request for Application  
CCBHC RFA 05092025**

**Addendum 2 issue date: 5/30/2025**

**This Addendum acknowledgement must be signed and returned with your submission.**

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Authorized Official Signature

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Name of Authorized Official

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Name of Organization