

**Improving Care AND Good Resource Management**

Quality continues to be a driving force behind the DMHAS services and programs in support of recovering persons. **Quality enhances value** by giving “more bang for the buck.” DMHAS and its partners in the public, private, and academic sectors continuously work to find ways to enhance the value of their work. A good example of this can be found in the ongoing **Opioid Agonist Treatment Protocol—OATP** begun out of Connecticut Valley Hospital in April 2001 with funding from the DMHAS administered General Assistance Behavioral Health Program.

**OATP Partners**

- DMHAS
- Advanced Behavioral Health (ABH)
- Residential detoxification providers
- Outpatient Medication-Assisted programs such as Methadone Maintenance Clinics.



On the Eastern Seaboard, including Connecticut, **heroin continues to be a major drug of choice**. OATP offers alternatives to individuals who repeatedly and exclusively use residential detox settings. When a person chooses to participate in OATP, **priority access** is arranged for targeted treatment, whether it is methadone maintenance (a highly effective medication used to treat heroin addiction) or other abstinence based (non-methadone) treatment. **Intensive case management** services provided through OATP are an invaluable conduit to additional supports and supportive housing.



**OATP Improves the Outcomes.**

- ➔ People participating in OATP have **69% fewer admissions** to costly acute inpatient care, including detox, in the six-month period following initiation.
- ➔ OATP participants discharged from residential detox are **35% more likely to obtain follow-up care** than the individuals who did not participate in OATP.
- ➔ Days between discharge from the OATP inpatient episode and **readmission to acute care went from 30 days to 234 days** on average after 6 months in OATP.
- ➔ **67% of OATP participants are linked to methadone maintenance** (medication-assisted ambulatory care) following participation in the initiative.

One of the most obvious signs of the long-term success of OATP is the decrease in the number of individuals identified as “frequent service users,” those heroin dependent individuals who have had four or more admissions in a six-month period. This decrease led to expanding the criteria for participation in OATP to include people with three inpatient admissions in a 90-day period in an effort to intervene earlier.

