

**The Department of Mental Health and Addiction Services**

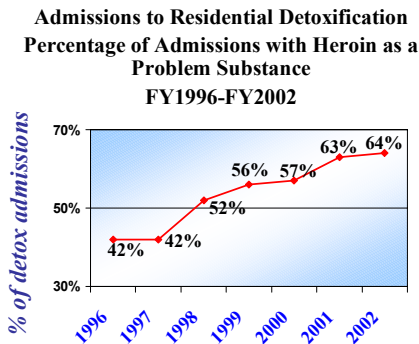
*John G. Rowland*  
**Governor**

**A Healthcare Service Agency**

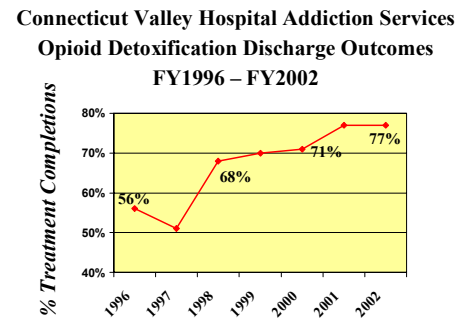
*Thomas A. Kirk Jr., Ph.D.*  
**Commissioner**

**Quality – the Driving Force**

Quality continues to be the driving force behind the work of the Department of Mental Health and Addiction Services (DMHAS) in support of recovering persons. **Quality enhances value** – more bang for the buck. DMHAS and its partners in the public, private, and academic sectors continue to find ways to raise the value of their work. A good example of this can be found in efforts to reduce heroin use in Connecticut. A key DMHAS strategy is founded on quality and value.



Various kinds of data, such as the increasing use of detoxification programs for persons using heroin, inform us of the rising challenge (see graph on left). Other data, such as steadily improving treatment outcomes (see graph on right), inform us of our success.

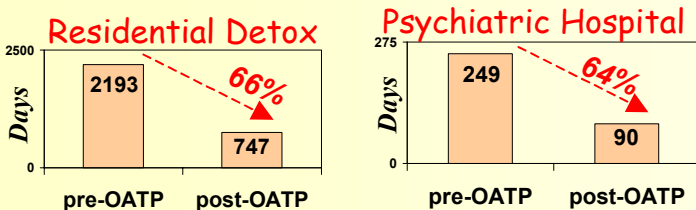


**OATP** (sounds like “Oh Tep”) is a **successful response to a difficult challenge**. Begun at Connecticut Valley Hospital in April 2001, OATP provides alternative treatment opportunities for opiate-addicted persons who have been using residential detoxification programs over and over. OATP offers alternatives to repetitive detox beginning with services such as intensive residential treatment leading to methadone maintenance treatment or abstinence in conjunction with long-term residential treatment. If a person chooses to participate, then a priority admission is arranged to the targeted service, and intensive case management becomes involved to work on additional support services such as housing, vocational, and educational opportunities.

*The OATP collaboration includes DMHAS, Advanced Behavioral Health (ABH), detoxification providers, and outpatient medication-assisted programs such as methadone maintenance. OATP is supported with funding from the General Assistance Program.*

★ **Quality and Success** ★

**Use of residential detox and psychiatric hospital services 12 months before and 12 months after admission to OATP**  
*Sample of 80 Persons*



**74% of persons admitted to OATP began methadone maintenance treatment within 6 months.**

**This means that detox and psychiatric hospital resources are freed up for other persons who need this treatment.**

**This means that fewer people use heroin.**

- ✓ People getting better.
- ✓ Less crime.
- ✓ Less risk of HIV/AIDS.
- ✓ Better quality of life for the community.

**As of December 15, 2002 OATP has treated 368 persons.**