Connecticut DMHAS Department of Mental Health and Addiction Services A Healthcare Service Agency

INFORMATION

...foundation for good policy

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The Department of Mental Health and Addiction Services

A Healthcare Service Agency

John G. Rowland
Governor

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Commissioner

OATP – Improving Care and Stretching a Buck

In April 2001 the Department of Mental Health and Addiction Services initiated a pilot program of alternative treatment opportunities for opiate-addicted persons who use residential detoxification programs over and over. The program has been extraordinarily successful in its first year of operation. OATP (sounds like "Oh Tep") is a collaboration of DMHAS, Advanced Behavioral Health (ABH), detoxification providers, and outpatient medication-assisted (methadone maintenance) programs. ABH provides utilization management services for DMHAS.

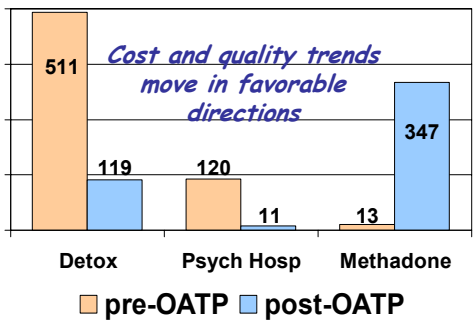
Step One - Identify

When a person shows for admission to a detox program anywhere in the state, the provider contacts ABH to authorize the admission. If ABH identifies the person as a high utilizer of detox services, the detox provider is notified and a prompt transfer is arranged to a state operated detox facility participating in the OATP program.

Step Two – Educate and Enroll

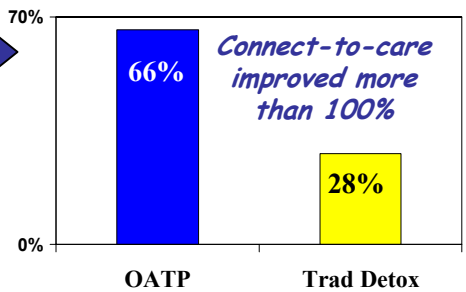
Facility OATP staff educate the person about alternatives to repetitive detox such as methadone maintenance treatment, long-term methadone detox, or abstinence in conjunction with long-term residential treatment. If the person decides to be involved in the program, then a priority admission is arranged to the targeted service, and intensive case management becomes involved to work on wraparound services such as housing, vocational, and educational opportunities.

Number of days in treatment 4 months before OATP and 4 months after connection to OATP



Measures of Success

Percentage of persons who connect to a less intensive and less costly type of care after discharge



Evaluation of a sample of 62 persons enrolled in OATP at the beginning of the program shows a very favorable change in their pattern of service use between the four months prior to OATP and the four months after their connection to OATP. After connecting to OATP, they used significantly less detox and inpatient hospital care and their use of methadone maintenance treatment increased favorably.

62% of OATP participants connected to a less intensive and **less costly** type of care following discharge from detox, compared with 32% of detox patients who are eligible but chose not to participate in OATP.

306 persons have participated in the program during the first year. 113 (35%) of them have begun a medication-assisted treatment program. Others have chosen abstinence and long term residential care. This is a remarkable return in such a short time for a young program.

Why do OATP?

- ✓ **People get better.**
- ✓ **Less resources used up by repetitive detox.**
- ✓ **Less risk of HIV/AIDS.**
- ✓ **Less risk of hepatitis.**
- ✓ **Less crime.**
- ✓ **Better quality of life for the community.**
- ✓ **Detox beds are now available for other persons needing this care.**