

To: Members of the Public Health Committee

From: Enrique Juncadella, CommuniCare, Inc.

Re: Public Health Committee Public Hearing on SB-417: An Act Concerning The Provision Of Psychiatric And Substance Use Treatment Services

Date: March 19, 2014

The previous experiments with integration show that co-location and other forms of delivery of mental health services in a medical setting are effective in increasing the quality of care and outcomes. Integration enhances the patient experience by improving communication between providers, and it minimizes gaps in the coordination and continuity of care.

There are virtually no negative effects or pitfalls from these arrangements. They have been thoroughly tested in pediatric practices for many years. Consumers appreciate the convenience and receive their healthcare in a holistic manner, in which they are considered as a whole person, a cornerstone of the patient centered medical home model.

Requirements for licensing of facilities make sense in an institutional setting, for organizations that rely on scale and volume of services, and where the health conditions of consumers are addressed in one dimensional isolation. The integration of care is more about people and systems than it is related to infrastructure defined by real estate and facilities.

The mandates of the ACA are driving the changes in the health care services are delivered. We must facilitate the evolution and not hinder it if we are going to reap the rewards from this progress.

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