Meeting Date: March 11, 2025
Agenda Item No. 15
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To:	Desmond, Jim; Anderson, Joel; MontgomerySteppe, Monica
Cc:	FGG, Public Comment; San Diego UT Senior Editor; San Diego UT Community Op Ed; Times of San Diego; Voice of San Diego
Subject:	[External] COMMUNITY-BASED BEHAVIORAL HEALTH CARE (BH CONNECT- PLEASE INCLUDE WITH DOCS FOR AGENDA #15)
Date:	Saturday, March 8, 2025 8:59:41 AM

CORRECTED TITLE

Hi Supervisors,

While the objectives are good, this is a pilot, or short term, program, and the long-term implementation of BH-CONNECT is probably not practical.

This item was scheduled for the March 11 meeting to ensure timely access to new benefits for Medi-Cal beneficiaries, but the federal Medicaid waiver is an essential source of funding for BH-CONNECT. I do not consider a Federally funded pilot program to be secure funding at this time. Also sounds like last minute pressure tactics.

In fact, the Short-Doyle/Medi-Cal (SD/MC) program which this would be part of allows California counties to obtain reimbursement of funds for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries, using a system where the state and federal governments share funding.So you have two entities with huge deficits providing funding. Not good. Might be a wild ride for BH-CONNECT patients to get their costs re-imbursed, so this might actually be a hidden tax on them.

The National Health Law Program points out that the BH-CONNRCT program might not be able to be implemented fully or at all. It says (https://healthlaw.org/wp-content/uploads/2023/11/2023-11-17-BH-CONNECT-NHeLP-Fed-Comments-Final-1.pdf) that For the Secretary to approve a project pursuant to § 1115, the project must: be an “experimental, pilot or demonstration” project; be likely to promote the objectives of the Medicaid Act, which are to address not health generally but the provision of care to needy populations through a health insurance program which this isn’t; and be approved only “to the extent and for the period necessary” to carry out the experiment, which means that it can’t be permanent.

Moreover, the Board Letter mentions “evidence-based practices.” Without data from individuals, this seems to be an invitation to one-size-fits-all medicine. This approach is very dangerous with psychotropic drugs which need to be applied correctly and in small amounts.

On the other hand, if the flow of drugs is stopped because the program is not supposed to be permanent, you might end up with more half cured vegetables on the street, with the accompanying dangers to society.

Again, while the objectives are good, the long-term implementation of BH-CONNECT is probably not practical.

Regards,

Paul Henkin