

Bazelon Center for Mental Health Law

Site Visit Report: Gallatin County

Introduction

The Substance Abuse and Mental Health Administration (SAMHSA) has contracted with the Bazelon Center for Mental Health Law to identify communities where jail diversion programs have been operating for some time and have proved successful in providing options for treatment in lieu of incarceration for individuals with serious mental illness (such as schizophrenia, bipolar disorder, major depression). Gallatin County, Montana is one such community.

SAMHSA has asked the Bazelon Center to work with four sites around the country where leaders would have an interest in engaging in a review of their current systems to focus on the underlying systemic problems that may be leading individuals with serious mental illness to have contact with law enforcement and the criminal justice system. The focus of this project therefore is to determine policies that could support an effort to reduce the need for diversion.

Background

Gallatin County has made considerable progress in improving community mental health services for individuals with SMI, and the Executive Director and staff of Gallatin Mental Health Center (GMHC) expressed interest in exploring ways to further improve services for individuals at risk of encountering law enforcement in an effort reduce the need for diversion programs and to end the criminalization of individuals with SMI. Gallatin County is made up of three cities (Belgrade, Bozeman, and Three Forks) and two towns (Manhattan and West Yellowstone) with a total population of 89,513.

Funding

In 2009, Montana cut its mental health budget by 5.8 percent. Because of these cuts and other outstanding coverage issues, critical to this effort will be state policies, particularly those of the Medicaid agency and the Mental Health Services and Addictions Division of the Montana Department of Public Health and Human Services. Medicaid covers mental health and addiction services through a fee for service system. The Mental Health Services Plan (MHSP), administered by the Mental Health Services Bureau, provides coverage to individuals otherwise ineligible for Medicaid who have a serious and disabling mental illness and income at or below 150% of poverty. However, MHSP is limited in the services it provides. It is designed to serve individuals who are in crisis, PATH eligibles, those diagnosed with schizophrenia, young adults in transition from youth services, and individuals who are in the process of being discharged from a state facility. The Gallatin Mental Health Center receives funding based on the prior year's service utilization for MHSP clients.

One quarter of mental health center clients are on Medicaid, a quarter are funded through the state (Mental Health Services Plan) one fifth have private insurance, 10 percent are funded

through the Veterans Administration and 5 percent have Medicare coverage. (These numbers are approximate.)

Services

GMHC serves approximately 1,600 individuals and 65-75 percent of this population has serious mental illness. Because GMHC is the only mental health center in the area, it provides crisis services to Park and Madison Counties.

Operating within its budgetary constraints, GMHC is actively working to implement efficient, effective and patient driven programs and services for individuals with mental illnesses. Over the past five years, GMHC has implemented a number of changes that have made the services more accessible and responsive to consumer preferences. These include the open access policy (allowing for same day walk-in care), outreach to individuals who do not show for two consecutive appointments, a peer run drop-in center (Open Arms), the option to change providers if individuals are not connecting well with their therapist, and new permanent supported housing units.

One of the most important changes in the crisis system in Gallatin is that the majority of evaluations (i.e. other than in ERs or jail) now occur on-site. In addition, GMHC developed a small inpatient and secure bed facility (Hope House) to prevent having to transport individuals to the state hospital -- a traumatizing 2-hour trip in handcuffs in a police car.

It has taken a considerable amount of community collaboration to bring about these changes and to make families, individuals, providers and law enforcement aware of these services.

Open Arms offers wellness and life skills classes, Illness Management and Recovery and support groups and organizes recreational and social activities. Consumers have access to a washer and dryer, shower vouchers for the local swim center and computer and Internet access.

The Center's Crisis Response Team provides psychiatric emergency services 24 hours a day, 7 days a week. The Team can travel to the County Detention Center, the ER of the local hospital to help de-escalate and evaluate crisis situations and triage to appropriate treatment facilities when needed. Individuals in crisis may also present to the Hope House through self-referrals, family members, law enforcement, the Help Center (suicide crisis line) or mental health case managers.

GMHC has a supported employment program, Beacon Employment Services, offering resume writing assistance, job search/placement, on-site job coaching, interview skills development, specialized assessment and assistance referral, specialized benefits counseling and transitional employment opportunities. Montana Vocational Rehabilitation (MVR) provides similar services and will refer clients with serious mental illness to Beacon when they have a long waiting list.

Substance abuse treatment is available in Gallatin County through addiction services providers who are also licensed to provide mental health treatment. However, this siloed funding structure,

along with licensing issues creates a barrier that prevents GMHC from furnishing integrated treatment to individuals with co-occurring disorders.

Jail Diversion Programs & Community Collaboration

Gallatin County has several effective jail diversion initiatives. The first line of intervention is the Crisis Response Team (CRT) on call 24/7 to respond to psychiatric emergencies. Almost half of all police officers are CIT trained and there are at least two CIT officers on each shift. CIT officers may see individuals of all ages, but males between the ages, but the highest incidence of interaction is with males between the ages of 30 and 45.

If an individual with SMI is in crisis, law enforcement may take the individual to Hope House instead of the ER or County Detention Center. CIT officers can also call the CRT for a psychiatric evaluation.

Some of the calls to CIT are from families who are concerned about a family member whose condition is deteriorating. Law enforcement officers typically respond with a welfare check, but are limited in options if the individual refuses treatment and is not seen to be an imminent danger to self or others.

The Pre-Trial Services program began in Gallatin County ten years ago to assist the courts with decisions about release options (as well as assessment of need for detention) for individuals who have been charged with a crime. There are five staff working on close to 400 cases and one caseworker is assigned to work with clients with a mental health disorder. Currently, 50 of the 400 cases are individuals with serious mental impairments. The most common charges against individuals with SMI are disorderly conduct, drug offenses, DUI, criminal misdemeanors, and domestic violence.

Under a grant from the Department of Justice (DOJ) two GMHC case managers work in the County Detention Center assisting inmates throughout their detention, coordinating their release plan, and linking them to community supports and services upon release. GMHC has seen a reduction in recidivism among individuals involved in this project.

Gallatin County has a small post-conviction diversion program for individuals with SMI. The Virgil Program provides felony offenders the opportunity to expunge their record if they comply with conditions of release set by the court--e.g., adherence to treatment. There are 15 individuals in the Virgil Program. For many individuals in Gallatin, a major barrier to successful re-entry is the restrictive policies and practices by housing providers and employers resulting in an inability for individuals with serious mental illness and a criminal record to find housing and employment. Having a program such as Virgil that allows individuals to expunge their record is instrumental in ensuring successful re-entry and in preventing recidivism.

Issues and Recommendations

The most significant causes of contact with law enforcement and the criminal justice system by individuals with severe mental illness in Bozeman are:

- Substance abuse disorders
- Lack of appropriate housing
- Being disconnected from the mental health system

Other contributing factors include:

- Lack of awareness among consumers about availability of services and where to go for help, coupled with stigma and biased public attitudes towards mental health and mental health services in the community at large
- Failure of the state Medicaid program to cover several key evidence based practices and the low reimbursement rates for public mental health services
- Failure of local schools to identify and assist youth with serious mental health disorders
- Difficulty in securing employment

Substance Use Issues

Individuals with severe mental illnesses frequently have co-occurring substance abuse disorders. In Gallatin County, anecdotally law enforcement officers estimate that fully 90 percent of their calls involving a person with serious mental illness are precipitated by a substance abuse issue. Federal studies have found the rate of substance use among individuals with serious mental illness to be over 50 percent. It is generally acknowledged that these individuals need to be receiving treatment through the mental health system and that their treatment must address both the mental illness and the substance abuse at the same time in an integrated manner. Integrated Dual Disorder Treatment (IDDT) is crucially needed in Gallatin County, but state administrative rules prevent this from occurring. Unlike the vast majority of states, Montana does not license mental health practitioners to provide substance abuse treatment. The state Medicaid program also does not reimburse for IDDT. The result is inefficiency, poor client outcomes and higher than necessary long-term costs. Adopting a set of policies that would enable early and effective substance abuse treatment for those with serious mental illness would greatly improve the system's response for these individuals, while also reducing the burden on law enforcement.

A second related problem is that there is no medical inpatient detoxification facility in the county. As a result, individuals spend considerable time in the emergency room, and law enforcement officers are expected to wait with them in case of behavior problems. Currently, a private security firm is now providing that service so as to free up law enforcement officers, but this is an unsatisfactory arrangement that is costly.

Specifically, the Bazelon Center would recommend:

- A change in licensing rules to permit mental health centers to provide substance abuse treatment;
- Covering evidence-based Integrated Dual Disorder Treatment (IDDT) under Medicaid, and
- State funding for training in the IDDT practice
- Establishment of either an inpatient detox unit in the local hospital or a free standing unit.

- Law enforcement and GMHC jointly develop a simple tracking system (such as a question for law enforcement officers to fill out on a form) so that the extent to which substance abuse is a presenting issue when people with SMI come in contact with law enforcement is known more accurately. This would enable policy makers to determine the degree to which substance use issues among this population need to be more comprehensively addressed.

Housing

Like many communities, Bozeman has a shortage of affordable housing making it difficult for people with serious mental illness to find housing, especially those who have a co-occurring substance abuse problem and/or a felony arrest or conviction. While housing issues are not easy to solve, there are some strategies that could mitigate some of the difficulty.

GMHC has a housing coordinator who has other case management duties. In addition, all mental health case managers work closely with their clients to ensure they find temporary or permanent supportive housing. GMHC case managers also refer clients to the Human Resources Development Council (HRDC), an organization that helps individuals find housing and supportive employment. In addition, the Center has ten supported housing units available on campus.

In Bozeman, there are only a few Section 8 housing options and many landlords will not approve applications for rent if the individual has prior convictions. Outside of Bozeman low-income housing exists. However, even though there is a free bus that runs twice a day to and from Bozeman, it is difficult to find transportation that is flexible enough to meet the needs of individuals with SMI (e.g. many of individuals with SMI in Gallatin County do not have 9-5 jobs or need to be able to come into town for mental health treatment at unscheduled times).

Bozeman appears fortunate in that some community resources are available to help individuals with one-time housing costs—e.g. payment for first month's rent, security deposits, initial utility costs, essential furnishings and other such expenditures. The problem, therefore, is finding affordable housing (particularly for people with criminal records). Housing supports and services should therefore be easily accessible and tailored to the needs of individuals to ensure that they succeed. If the center can build up a record of such success, finding landlords who will accept center clients may become easier over time.

Independent supported housing is now the gold standard for housing individuals with serious mental illness and states are increasingly moving away from group placements. This evidence-based practice is well established, and technical assistance is available from various sources to help a community launch such initiatives. We now know that even individuals with very severe mental health problems can live in independent housing successfully, especially when needed services and supports are deployed. Services are generally intense initially, but taper off over time as individuals attain independent living skills and confidence. There is also flexibility so that, if needed, more intensive services can be restarted.

Any supported housing initiative requires access to housing and a concerted initiative to furnish skills training and other supports for the individual consumer. The Bazelon Center suggests that GMHC explore:

- Opportunities for individuals with serious mental illness to rent housing in low income areas in the town (and nearby areas) and in the trailer parks – these options appear viable, particularly for consumers who have some income as well as Section 8 or Shelter Plus Care vouchers.
- Increase the level of services provided at the individual’s home. Many of these services would also benefit those living with families or in other settings to prevent problems that lead to loss of housing. The services involved are psychiatric rehabilitation services that appear, for the most part, to be covered by Montana Medicaid and include targeted skills training (daily living skills, communication and social skills that focus especially on how to be a good tenant, personal hygiene, money management, nutrition and cooking skills, etc.), collateral services with landlords when needed and developing social networks.

Connection to Mental Health Services

Families, consumers and law enforcement all report that there is little outreach or available services for individuals who are having difficulties until such time as either an illegal act occurs or there is clear potential for imminent harm to self or others. Although there is a homeless outreach worker based in the drop in center, most staff remain in their offices. Many communities have found that engagement with high need individuals (and especially those who are repeatedly in trouble) is quite possible when concerted efforts are made to reach them in their home or community setting.

Allowing individuals to deteriorate to such an extent is not only harmful to the individual and stressful to those around them, it is disruptive and costly to the community, and it is particularly time-consuming for law enforcement officers in Bozeman.

One of the easiest ways to reach individuals with emerging mental health crises would be to create a “ride along” program whereby a mental health center clinician accompanies a law enforcement officer on wellness checks. While the first such contact will not resolve the issue, it can lead to further follow up and potentially to a visit to the drop in center or even for services in the outpatient clinic. This would strengthen Gallatin County’s impressive CIT efforts.

Montana should also consider how to ensure that mental health centers have the resources for staff to provide crisis and pre-crisis outreach services in any appropriate location. Medicaid law permits this for Medicaid clients, and mobile crisis units or case managers with outreach responsibilities exist in many states. (See comments under Medicaid Program, below)

Finally, the center should consider ways in which the drop-in center could function in a less structured manner in order to make it more accessible to individuals who are not yet ready to consider engaging fully in mental health services. The current program is full of activities, some of which have a clinical “tinge.” For example, the diagnostic specific discussion groups are arranged in a format that parallels group therapy. While these are self-help in nature, it would be

better if they could be offered in the outpatient clinic so that the drop-in center operates more like other drop-in centers which allow the participants to mingle and talk as they individually wish.

Specifically, the Bazelon Center recommends:

- Initiation of a system whereby a mental health professional can be made available to accompany law enforcement officers on welfare check calls and begin a process of engagement with the individual concerned;
- Assignment of case managers for provision of on-site services (allowing follow up to the welfare check call as well as supporting individuals in their housing or employment situations);

Lack of Awareness

Consumers report a lack of awareness of the range of helpful services available through the mental health center. In addition, Center staff report that the community is not well educated regarding mental illness.

There might be several ways to address these issues. First, the mental health center should identify where individuals in Gallatin County access health information so as to most effectively target individuals in need of information. Also, CHMHC should reach out to local media to determine if there is a willingness to provide some free air time or space to highlight community mental health and the services provided. Also, the local transit system may be amendable to donating advertising space on the bus or at bus stops. The center should also continue to distribute brochures in key places, such as the welfare office, hospital and other community centers and be sure that staff in those offices know how to recognize individuals who might benefit from center services.

Individuals who might engage in community education could include those currently volunteering in the jail (a substantial number of citizens are doing this) and trained peers. A specific program that may be of value would be Mental Health First Aid (available through the National Council for Behavioral Healthcare).

To reach potential consumers, a peer-run warm line could be very valuable in making it easy for individuals to make a less formal link to the center and to obtain information on services and other supports that may be available to them (including the peer-run drop-in center, Open Arms).

The Bazelon Center recommends:

- That the center focus on ways in which both the community at large and the population of individuals with serious mental illness who could benefit from center services are made more aware of the center's role and services (such as through bus advertising and work with the media)
- Explore the possibility of a college student intern majoring in a related field assisting the Center with media outreach.

Medicaid Program

Montana Medicaid is fairly comprehensive in its covered service array for individuals with serious mental illness, but has some significant gaps that may contribute to overuse of law enforcement and potentially other parts of the criminal justice system.

A second and very significant problem is the rates paid for services that are covered. Currently, the mental health center receives only 50% of the cost of outpatient therapy services furnished by providers other than physicians and 75% of the costs of case management.

Updating the Medicaid plan to cover evidence-based practices that are proven to result in improved outcomes for people with mental illness is a critical need. As these practices are implemented, the state should ensure that centers capable of furnishing them at fidelity to the model receive a reimbursement rate that fully covers the actual cost of the service. Specifically, Montana could benefit by added to its Medicaid array of rehabilitation services:

- Integrated Dual Diagnosis Treatment for individuals with serious mental illness and substance use disorders
- Family Psychosocial Education
- Supported housing
- Supported employment (see Employment section below)

The fact that substance abuse is the overwhelming cause of law enforcement contact for people with mental illness in Gallatin County (and presumably all around the state) underscores the importance of adopting and promoting the first of these EBPs. Family Psychoeducation is a specific program for helping families understand a loved-one's illness, recognize key issues that cause or precede crises and to generally become fuller members of the treatment team. It is a low cost option with impressive outcomes.

Permanent supported housing is discussed above, but to implement a program on the scale needed, mental health centers need funding for the ongoing outreach and supports that must be provided on site. Covering the service under Medicaid can allow for appropriate reimbursement of such services.

The Substance Abuse and Mental Health Services Administration has provided states with Tool Kits to facilitate implementation of such services. Other technical assistance resources are available to GCMHC, such as visits to programs that already operate such services (see resource list at the end of this report).

While not a specific evidence-based practice, many states reimburse mental health programs for mobile crisis teams that are available 24/7 and can respond to a crisis in any part of their service area. GCMHC only has the resources to provide crisis response to the hospital emergency room and the jail. Thus, individuals must connect with other systems, at considerable expense and with likely worse outcomes instead of receiving appropriate mental health services in the community.

A further Medicaid issue is the need to finalize the definition of a Medicaid Peer Specialist so that peers can provide additional services and the state can recoup the federal match for their activities.

Specifically, the Bazelon Center recommends:

- Review and revision of the state's Medicaid program to update its coverage so as to ensure the most cost-effective services are covered;
- Review of reimbursement rates, particularly for the most critical evidence-based services and services that involve travel to a community site;
- Coverage of mobile crisis teams, and
- The state should move promptly to define Peer Specialists under Medicaid and obtain CMS approval.

Employment Issues

The Center operates an effective supported employment program, Beacon, which provides job support services and skills training. Beacon has an 80% placement rate and also allows drop-in appointments making it very accessible. However, limited employment opportunities in Bozeman and the surrounding area creates problems for many clients. The Center might consider promoting micro-businesses for consumers with a skill (crafts, computer, etc.) that can be the basis for marketing their products or skills for those consumers who have an interest in such an approach.

Supported employment is a well established evidence-based practice with significant outcomes. Working has also been found to be extremely therapeutic and can reduce symptoms. There is therefore every reason to support Beacon and if possible expand its services.

Montana should consider the opportunities presented under the Medicaid Section 1915(i) program that allow all of the costs of supported employment (including job training and other job-related activities) to be covered.

The Bazelon Center recommends:

- The Center explore the option of promoting micro-businesses for consumers and seek technical assistance on how such programs can be launched.
- The state consider ways in which the Beacon program can be expanded and more of the costs of supported employment programs around the state be paid for through federal Medicaid matching funds, by using the Section 1915(i) state plan option.

Other Issues: The Affordable Care Act

Currently, the Affordable Care Act's future is in question, pending the Supreme Court decision. One issue the Court is reviewing is Medicaid expansion. If the Court finds the Medicaid expansion constitutional (ruling expected in June), individuals under the age of 65 and with

incomes of 138% of federal poverty or less will, beginning in January 2014, be eligible for Medicaid. The federal government will provide 100% funding for these newly eligible individuals for two years and then the federal match will decrease in steps until 2020 when states will still only be responsible for 10% of those costs.

Stakeholders in Bozeman should begin to plan for the implementation of that expansion. Under the ACA, the Medicaid services to which these newly eligible individuals will be entitled can be different than the regular Medicaid program currently in place. A more limited package is allowed under federal law that could result in only hospital care, outpatient therapy and medications being covered while the critical intensive community rehabilitative services are not.

These are critical state decisions that will have a major impact on the county's public mental health system. If the state opts for full Medicaid coverage for this population, this presents a huge opportunity for the GMHC to meet these individuals needs and a windfall for the state. If the benefit package is limited, outcomes will not be as good.

The Bazelon Center recommends:

- Assuming the Medicaid changes in the ACA stand following the Court's ruling, Bozeman stakeholders should begin to plan for implementation. The legislature and Governor Schweitzer should be made fully aware of the opportunities presented by the expansion, especially for homeless individuals and others with extremely low incomes and no current Medicaid coverage for services they need and use. In addition, the Center should engage in internal planning to assess what types of services may need to be expanded or introduced to meet the needs of this new population.

Resources

SAMHSA Tool Kits

Integrated Dual Diagnosis Treatment: See <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>

Permanent Supportive Housing: See <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>

Family Psychoeducation: See <http://store.samhsa.gov/product/Family-Psychoeducation-Evidence-Based-Practices-EBP-KIT/SM A09-4423>

Supported Housing

Pathways to Housing in New York City is a leader in developing supported housing for individuals with severe mental illness most of whom have co-occurring substance abuse. The CEO is Sam Tsemberis and Sam has worked with the Bazelon Center in the past and provided technical assistance to others.

Pathways to Housing is located at 186 E. 123rd Street, New York, NY 10035.

Phone: 212/289-0000. It also has a website : <http://www.pathwaystohousing.org/>

One state making progress in finding and supporting housing options for people with mental illness is Delaware. The mental health provider administering HUD vouchers for people with serious mental illness is Connections Community Support Program. See <http://www.connectionsensp.org/contact-us.php>

Contact: Cathy McKay, CEO, Connections Community Support Programs at cmckay@connectionsensp.org. Phone: 302-230-9103

Recent announcements by HUD indicate that local public housing authorities can give preferences for HUD-assisted housing for people who are institutionalized, at risk of institutional placement, homeless or a person with a disability. Further information available from Bazelon.

Outreach and Early Treatment

Increasing evidence is accumulating as to the effectiveness of reaching out to young adults and providing individual and family interventions and education that reduces the severity of schizophrenia and other severe mental illnesses. See:

Early Detection, Intervention and Prevention of Psychosis Program (funded by Robert Wood Johnson Foundation) and specifically the Portland Identification and Early Referral (PIER) Program

Contact: William R. McFarlane, MD, Director, Center for Psychiatric Research, Maine Medical Center Research Institute, Tufts University Medical School (Phone: 207/662-2091) and also Sarah Lynch, Clinical Team leader for PIER at Maine Medical Center and Rebecca Jaynes, LCPC, Team Clinician, Outreach Oordinator, PIER: jayner@mmc.org

See also the PIERR Web site: <http://www.preventmentalillness.org/>

Mental Health First Aid

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated by three national authorities — the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Mental Health First Aid is offered in the form of an interactive 12-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 12-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

The 12-hour Mental Health First Aid USA course has benefited a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.

Recommendations

Substance Use

- A change in licensing rules to permit mental health centers to provide substance abuse treatment;
- Covering evidence-based Integrated Dual Disorder Treatment (IDDT) under Medicaid, and
- State funding for training in the IDDT practice
- Establishment of either an inpatient detox unit in the local hospital or a free standing unit.
- Law enforcement and GMHC jointly develop a simple tracking system (such as a question for law enforcement officers to fill out on a form) so that the extent to which substance abuse is a presenting issue when people with SMI come in contact with law enforcement is known more accurately. This would enable policy makers to determine the degree to which substance use issues among this population need to be more comprehensively addressed.

Housing

- The MHC should explore opportunities for individuals with serious mental illness to rent housing in low income areas in the town (and nearby areas) and in the trailer parks – these options appear viable, particularly for consumers who have some income as well as Section 8 or Shelter Plus Care vouchers.
- Increase the level of services provided at the individual's home. Many of these services would also benefit those living with families or in other settings to prevent problems that lead to loss of housing. The services involved are psychiatric rehabilitation services that appear, for the most part, to be covered by Montana Medicaid and include targeted skills training (daily living skills, communication and social skills that focus especially on how to be a good tenant, personal hygiene, money management, nutrition and cooking skills, etc.), collateral services with landlords when needed and developing social networks.

Connection to Mental Health Services

- Initiation of a system whereby a mental health professional can be made available to accompany law enforcement officers on welfare check calls and begin a process of engagement with the individual concerned;
- The MHC should assign case managers for provision of on-site services (allowing follow up to the welfare check call as well as supporting individuals in their housing or employment situations).

Lack of Awareness

- That the center focus on ways in which both the community at large and the population of individuals with serious mental illness who could benefit from center services are made more aware of the center's role and services (such as through bus advertising and work with the media).
- Explore the possibility of a college student intern majoring in a related field assisting the Center with media outreach.

Medicaid

- There should be a review and revision of the state’s Medicaid program to update its coverage so as to ensure the most cost-effective services are covered and specifically that the following evidence based practices are covered as psychiatric rehabilitation services:
 - Integrated Dual Diagnosis Treatment for individuals with serious mental illness and substance use disorders
 - Family Psychosocial Education
 - Supported housing
 - Supported employment (see Employment section below)
- The state should review and improve reimbursement rates, particularly for the most critical evidence-based services and services that involve travel to a community site
- Medicaid should cover mobile crisis teams
- The state should move promptly to define Peer Specialists under Medicaid and obtain CMS approval.

Employment

- The MHC should explore the option of promoting micro-businesses for consumers and seek technical assistance on how such programs can be launched.
- The state should consider ways in which the Beacon program can be expanded and more of the costs of supported employment programs around the state be paid for through federal Medicaid matching funds, by using the Section 1915(i) state plan option.

Affordable Care Act

- Assuming the Medicaid changes in the ACA stand following the Court’s ruling, Bozeman stakeholders should begin to plan for implementation. The legislature and Governor Schweitzer should be made fully aware of the opportunities presented by the expansion, especially for homeless individuals and others with extremely low incomes and no current Medicaid coverage for services they need and use. In addition, the Center should engage in internal planning to assess what types of services may need to be expanded or introduced to meet the needs of this new population.