



"I no longer feel like I'm lost or that nobody cares."

Cora Mustin



ONE-STOP SHOPPING FOR MENTAL HEALTH

Story by CHRIS SERRES • Photos by JERRY HOLT • Star Tribune staff

Early this year, Cora Mustin felt she had run out of ways to control the violent rages of her 15-year-old son, Jordan, who has a severe form of autism.

At the slightest change in his environment, Jordan would lash out at his mother, sometimes biting and tearing at her hair. Each destructive outburst sent the family down a rabbit hole of frantic emergency room visits, failed treatments and new medical prescriptions.

This fall, Mustin enrolled Jordan in a promising new treatment program that is rapidly taking root across Minnesota. The Medicaid-funded program flips the traditional health care system inside out by putting patients and their



At top, Cora Mustin played with her 15-year-old autistic son, Jordan. He gets coordinated care at a People Inc. holistic clinic.

families in control of their care and focusing on holistic recovery, not just managing symptoms.

A year ago, Minnesota became one of just eight states selected by federal officials to develop a statewide network of clinics that would provide "one-stop shopping" for mental health care. Since then, the model has taken flight. Nearly 5,000 people with a range of disorders, including mental illnesses and chemical addictions, enrolled in the program in just the first three months. State officials estimate that, if current trends continue, the program will be serving more than 15,000

See PROGRAM on A5 ▶



JERRY HOLT - jerryholt@startribune.com
Cora Mustin read a note that Jordan brought home from school. His outbursts have improved since getting care at People Inc.

ONE-STOP SHOP FOR MENTAL HEALTH CARE

PROGRAM from A1 patients by July, making it one of the broadest expansions of Minnesota's community mental health system in years.

The allure of the program is its simplicity. Traditionally, patients suffering from complex mental health problems must navigate a Byzantine maze of primary care clinics, treatment plans and eligibility requirements to get help. Under the new program, patients are given access to a team of specialists who provide a range of services, including outpatient counseling, primary care screening and family support, all under the direction of a single community clinic. Patients who were accustomed to waiting weeks, even months, to see a psychiatrist can get care within days. In some cases, professionals will even travel, meeting with patients in their homes.

The model has become a major recruitment tool at a time when psychologists and other mental health professionals are in short supply. Statewide, the number of participating clinics has added roughly 100 new staff, including psychiatrists and addiction specialists, who are drawn by the coordinated-care model. Nationally, the new clinics have treated about 120,000 people, countering an annual trend of cuts in mental health services, according to a recent survey by the National Council for Behavioral Health.

"This is a real transformation," said Claire Wilson, assistant commissioner at the Minnesota Department of Human Services (DHS),

which has led the rollout. "This brings together all those different pieces of the mental health system that, up until now, have been so difficult for people to navigate."

Calming techniques

On a recent afternoon, Jordan Mustin rocked back and forth on the carpet of his bedroom, humming as soft holiday music wafted through the family's apartment in Mounds View. Nearly everything about Jordan's room, including the lavender lamp on his bedside table and the soft pillows, are designed to put him at ease. At moments when Jordan becomes agitated, Mustin encourages him to rub his legs, or to count to 10 forward and backward. Sometimes she wraps Jordan in a weighted blanket to soothe his nerves.

Mustin said she only learned of the program through a chance meeting with Jordan at the St. Paul-based nonprofit People Incorporated, the largest of the six community clinics offering the new array of services.

Overnight, Mustin had access to a team of specialists, including a psychiatrist, mental health counselor and a care coordinator who was available at almost all hours of the day. For the first time, Jordan attended regular mental health counseling, where he could talk about his feelings and the cause of his outbursts. He described, for instance, how his brain sometimes made him sad and anxious, and how simply closing the windows helped reduce his anxiety. "It was the first time that a medical professional actually

asked Jordan what was going on in his mind and suggested strategies for treating him," Mustin said. "Before, doctors would just hand over a new medication and push him out the door."

Since she started in August, Jordan's outbursts have become less frequent and far less severe, his mother said. Better still, she no longer has to worry about making and keeping appointments with a long list of specialists, including a psychiatrist for his medication and a physician for his general health needs. Now, a care coordinator at People Inc. helps arrange all of Jordan's appointments, often calling days ahead to help schedule a visit.

Hospitalizations are also less stressful. When Jordan was taken to the emergency room at Unity Hospital in Fridley during a recent breakdown, a care coordinator from People Inc. was at his bedside within 20 minutes.

"I no longer feel like I'm lost or that nobody cares," Cora Mustin said.

IFK's vision

The idea of community-based mental health clinics is not new. In 1963, when President John Kennedy signed the landmark Community Mental Health Act, he envisioned a broad national network of clinics that would provide an alternative to large institutions and offer "comprehensive" care in the community, from inpatient treatment to community education. "The time has come for a bold new approach," Kennedy declared in a 1963 speech to Congress.

Kennedy's vision, however, was never realized, in part because the clinics never received adequate funding. Today, patients still see few providers for mental health therapy, substance use and physical illnesses, a fragmented system that isolates people from prevention and treatment. Nationally, only 43 percent of all people living with serious mental illnesses like schizophrenia receive behavioral healthcare, according to federal statistics.

"When people say they don't know what the answers are to the crisis in our mental health system, they are wrong," said Sue Alderholden, executive director of the National Alliance on Mental Illness of Minnesota. "It's programs like this, which offer a way to treat people more humanely."

The new clinics operate on a different funding model, one that explains why they have expanded so quickly: They estimate how much it will cost to offer a bundle of services and then the federal-state Medicaid program reimburses that amount, covering actual costs. By contrast, providers say, the payment rates set by many large insurers are so low, discouraging clinics from accepting Medicaid patients.

The program, projected to cost Medicaid \$46.4 million this fiscal year, is set to expire in July 2019 unless Congress appropriates more money.

chris.serres@startribune.com
612-471-4308
Twitter: @chrserres