



Dear Community Members,

Basketball great Michael Jordan once said, “Obstacles don’t have to stop you. If you run into a wall, don’t turn around and give up. Figure out how to climb it, go through it, or work around it.” While basketball is the last thing any of us in the behavioral health-care system are thinking about in these difficult times, this statement is certainly a sentiment we’ve taken to heart and put into action over the last four months as we’ve worked intensively to prepare recipients experiencing serious mental illness (SMI), who do not qualify for Medicaid (AHCCCS), to face reductions in service.

In my last communication to you, I told you about our multiple-touch, high-relationship communication and planning process for working with recipients on their transition plans. Since then, in partnership with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and the provider community, we’ve implemented strategies designed to help mitigate the impact of the transition for some of the most vulnerable individuals. These include providing an additional three months of brand medications, as necessary, to achieve a safe transition, and an additional 12 months of a widely used medication that has no generic equivalent, as we explore and consult with those impacted on viable, safe alternatives, if possible.

We’ve also provided funding for two care coordinators per clinic to work with physicians to coordinate needs for non-Title 19 individuals around the medication benefit, such as appointments and lab work. And, we are exploring additional funding for peer-run organizations that operate warm lines—so recipients have a resource to connect with via phone.

Since the cuts took effect on July 1, we have been monitoring the situation very closely. We have held daily meetings with leadership from our provider network organizations and the clinics, our crisis providers and ADHS/DBHS to discuss how the system is functioning with the new benefit, and to troubleshoot and collaboratively mitigate challenges that arise.

While our call volumes and the use of crisis services have fluctuated, the demands have not yet been overwhelming. We feel we have planned well to handle them and are regularly discussing what new challenges that might arise. We will continue to keep a close watch on developments in the coming months, and will be as proactive as possible in our planning.

Challenges will inevitably arise, and the next one on the immediate horizon involves consolidating the clinics due to the significant reductions in state funding and resulting

reduction in services for SMI individuals ineligible for AHCCCS. This reduction in services means fewer visits to the clinics to see case managers, therapists and other team members who are no longer part of the benefit for the non-Title 19 individuals served by the Maricopa behavioral health-care system. With that large percentage of the population no longer accessing the clinics at the same capacity, it's just not fiscally possible or sustainable to continue to operate as many care centers. We must make fiscally sound decisions that maximize the use of available taxpayer support, as well as direct as many dollars to service as possible.

As a result, we must restructure the clinic system in order to provide the best possible care for the people we serve. This restructuring will involve the merging of some care clinics that are geographically in close proximity. Over the next several months, we will consolidate the following clinics:

- Park North Clinic into Townley Clinic
- East Mesa Clinic and Gateway Clinic into a new site of equal distance between the two
- Thomas Road Clinic into Arcadia Clinic
- Cave Creek Clinic into Saguaro Clinic
- Glendale Clinic into Osborn Clinic

In addition, 1300 N. Central Clinic staff and recipients will move to Washington House Clinic, and Washington House staff and recipients will relocate and co-locate with the East Phoenix Clinic. It's important to note that these changes will occur over a four to five month period, with several of the consolidations not occurring until the fall, or closer to the end of the year. To learn more about the timeline and the locations of the clinics, view a [map](#) of the new system structure.

Information meetings and other welcoming events are planned at each of the impacted clinics, and recipients will also have the opportunity to tour their new clinics as the moves are completed. Specific efforts will occur to help acclimate recipients to their new clinic environments and to build a sense of community and belonging.

Change is always difficult, and I admire the strong and resourceful system of providers we work with who have shown outstanding commitment to the individuals we serve. But we can't do it alone. At the end of the day, these funding cuts impact all of us, whether you are directly connected to the behavioral health-care system or not, because a healthy behavioral health-care system is important to our community—socially, economically and fiscally. Like Jordan said, you can't let challenges stop you. You can't let them block your focus. You just figure out how to get past them and move forward. Together, we can do just that.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard T. Clark". The signature is fluid and cursive, written in a professional style.

Richard Clarke, Ph.D.  
Chief Executive Officer  
Magellan Health Services of Arizona