



Post Crisis Discharge Planning and Community Engagement

By Julie Miller, MA, LPC
CEO, Valley Hospital

At a time when we are seeing an increased volume of mental health and substance use crisis in our community, we continue to struggle with crisis relapse, access to care issues and increased readmission rates.

At our behavioral health hospital like others in Maricopa County, we see the care coordination issues that affect the population we treat. Valley Hospital in Phoenix is a 122-bed adult inpatient psychiatric and substance use facility with a full continuum of care including partial hospital programs and intensive outpatient programs to allow for up to 10 weeks of treatment to support recovery and relapse prevention. This is one place that provides an opportunity for crisis stabilization in Phoenix, but when we look at all the care and support our community has to offer, we must ask if we are working together to help these people stay out of crisis.



Breaking the Crisis Cycle

We often see that people go into crisis for psychiatric or substance use reasons and find themselves on a hamster wheel, unable to break the cycle of crisis and gain recovery or stability with their illness. The patient presents for treatment to a crisis facility or hospital, stays inpatient for a week in a safe environment getting 24-hour nursing care, appropriate therapies, medication management, physician support, and care coordination/discharge planning. They often get discharged when stable to step back into the community, however, that does not mean the crisis is averted.

Depending on each patient’s social determinants of health, we see some patients get stuck on

"It is our job as the treatment team to work with the patient, listen to them, and understand what they want to do to continue treatment and find recovery post crisis."

the crisis continuum or hamster wheel and struggle to find recovery or outpatient success.

The first step for the patient’s care is approaching them with a multi-disciplinary treatment team that consists of the patient, the physician, the nurse, the therapist, the recreation therapists, and the discharge planner. This covers the inpatient care team, however; if we look at the whole picture, our team grows extensively.

We must look at the patient as if they are the quarterback of their own football team.

Who protects the quarterback?

The offensive line protects the quarterback. The hospital is only one offensive lineman; therefore, the whole offensive line is the treatment team. The treatment team includes the hospital team, community supports, such as family and friends, the primary care physician, the outpatient psychiatrist, the outpatient therapist, case managers, and other community agencies that are there to support our patients.

Post Crisis Discharge *continued page 5*

988 Suicide and Crisis Lifeline Adds Spanish Text and Chat Service

The **988 Lifeline** answered nearly 5 million contacts in the past year—2 million more than the previous 12 months—following \$1 billion Biden-Harris Administration investment. Specialized services for LGBTQI+ youth and young adults were expanded, following a successful pilot test. Now one year after the rollout of the 988 Suicide & Crisis Lifeline, the U.S. Department of Health and Human Services announced the addition of Spanish text and chat services. This investment is driving an increase in calls, texts and chats, with nearly 5 million contacts answered in the past year, helping millions of people in crisis. Almost 1 million of the nearly 5 million contacts were answered by Veterans Crisis Line (VCL). The 988 Lifeline links to the VCL, which military members, veterans and their families can reach by dialing 988 and pressing option 1.

“The 988 Suicide and Crisis Lifeline is a life-saving resource,” said Deputy Secretary Andrea Palm. If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat 988lifeline.org. Individuals who speak Spanish can now connect directly to Spanish-speaking crisis counselors by calling 988 and pressing option 2, texting “AYUDA” to 988, or chatting online at 988lineadevida.org or **988Lifeline.org**.

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Publisher's Note

By Barbara Nicholson-Brown



Stick with the Winners

When I finally surrendered to the ugly truth about my addictions, little did I know how my life would evolve for the better. Maybe it was the perfect combination of innocence and ignorance, since I knew *absolutely nothing* about recovery and thought sobriety would lead to a boring existence.

As I began to feel more comfortable and a 'part of' — I heard men and women with years of sobriety say “stick with the winners.” I thought that meant someone who had the best car, clothes or job. That wasn't the point. The winners were the ones who **put their recovery first, period!**

Sobriety was not going to guarantee money in the bank or a better job. The guarantee was, if I was willing to do the work, follow suggestions, listen, and trust the process, the gift of recovery would be mine one day at a time.

I've been blessed with more than I ever imagined, and I don't mean stuff. I'm talking about integrity, honesty and commitment. I'm talking about knowing men and women who 'walk the talk' and share their hope and experiences, that is priceless. So, stay on the path, ask for help, be of service. Miracles happen.

We are grateful to our contributors this month, with special thanks to Julie Miller, CEO of Valley Hospital for her insights on discharge planning. Leaving a treatment setting can be daunting, but having a well-thought-out plan in place with a supportive team can make the transition much smoother.

Together AZ is committed to providing our readers with the most up-to-date and accurate information on a variety of health and recovery topics. Julie's article is an important contribution to this effort and we appreciate her expertise.

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Healing After Suicide, Substance or Sudden Loss

Fentanyl and Meth Crisis in AZ

By Nick Jones, Director Recovery in Motion

We know that fentanyl and meth, both highly addictive substances pose significant risks to individuals and our communities. Understanding the problems associated with addiction to these substances is crucial for addressing the issue effectively. Programs like Recovery in Motion Treatment Center in Southern Arizona are designed to provide comprehensive support and treatment to individuals struggling with addiction.



In the last three years, screening for substance use shows the most abused drugs are fentanyl and meth. Misusing these substances can have severe health consequences and be potentially life-threatening.

Fentanyl Addiction

Fentanyl is such a powerful synthetic opioid pain reliever it is estimated to be 50 to 100 times more potent than morphine. While it does have legitimate medical uses, it is illegally manufactured and sold on the black market. The problems associated with fentanyl addiction include:

- Overdose Risk:** Because fentanyl is so potent the smallest amount can lead to overdose and/or death. Illicitly produced fentanyl is often mixed with other drugs, such as heroin, meth, or cocaine, increasing the risk of unintentional overdoses.
- Physical and Psychological Dependence:** Fentanyl is a powerful, dangerous drug and using it can quickly lead to physical and psychological dependence. Users may experience intense cravings, withdrawal symptoms, and struggle to quit using the drug.

Fentanyl and Meth continued page 8

Convenient, Comprehensive Outpatient Care for Teens

The Meadows Outpatient Center's Adolescent Program is for teens 13-17 starting the recovery process who don't require an inpatient level of care or as a step-down to transition back to everyday life smoothly. We treat trauma, substance use and other maladaptive or compulsive behaviors, mental health problems (including anxiety, depression, and ADD/ADHD), and social-relational issues using our time-tested Meadows Model, but geared specifically to this age group and their unique treatment needs.



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-Ryan Zimmerman, LPC, CSAT
Director of Outpatient Services-Adolescent

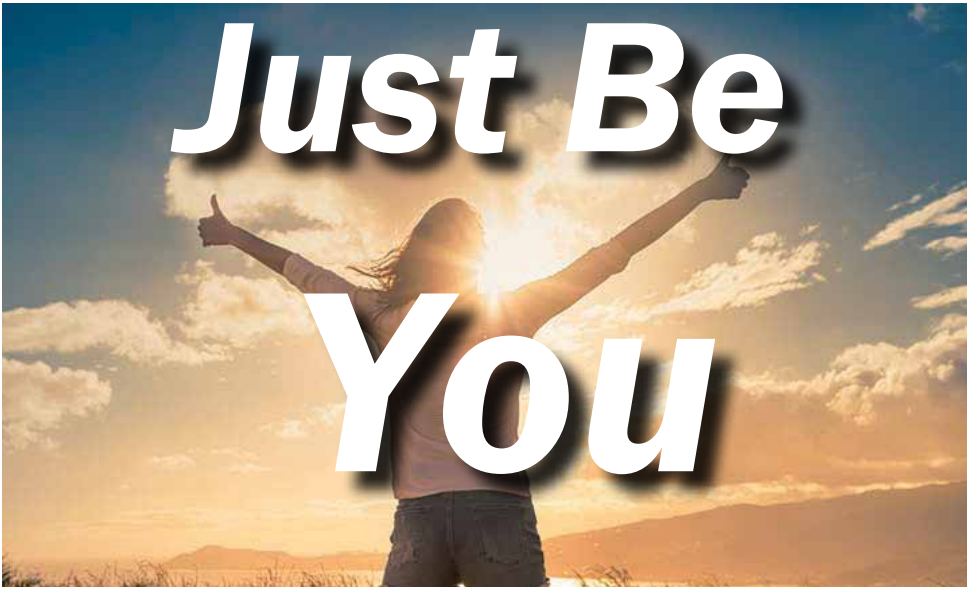
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By Dr. Dina Evan

Can you feel it? The world is rapidly changing, and we have no idea where we will end up in that transformation. It feels as if nothing is permanent, written in stone or reliable enough to count on— except one thing. *It's time to be who we came here to be and do what we came here to do.* What does that mean? We didn't come here just to accumulate more stuff. This moment is calling for more. It's not time to just be broken, not broken, truthful, not truthful, or awake or sleeping....or in other words business as usual. Why?

Because we are at a turning point

Ecologically, environmentally, educationally, and spiritually we can't be who we've been because that's what brought us here. We need to unite our human family, regardless of gender, color or kind, it is the only thing that is going to change the future for us, our children, and generations to come. I know it sounds monumental and totally not doable. But the answer is simple. *If we change, the world changes.*

The world has taught us to compromise, pretend, or act as if, swallow our truths because we feel powerless, or our truth might hurt someone's feelings or make someone uncomfortable or get us fired. However, look where that withhold has gotten us. We don't know what or who to believe in anymore, and we know less about what we really feel and think. We have been doing that for so long that we really have begun to question who we are at our core.

How do we change this?

By being authentic and compassionate. It's okay to be broken and admit we're not perfect. It's okay to be **truthful, present, different, be in touch** with our feelings, and **honest**. It's okay to be **YOU**, exactly as you are. You may have lost your breath thinking OMG, I'll lose so many friends and family members. Not so! But there is one tool you need more than any other and that is to forget the word "you." No one else can do this for us. We need to be our authentic selves and most of us do not even know who that is.

Here is an example. You are woman having lunch with a good friend and someone you both know walks by in a dress that is entirely too tight and not attractive in any way. You say hello, and because you have been taught to, you compliment her. Her friend walks up and as they are leaving to go to their table you notice your guest rolling her eyes and making a face of disapproval. Who will you be in that moment? You see yourself as a loving human being who accepts people as they are. After they are out of earshot your friend makes a disparaging comment. Will you join her in that criticism or respond differently? You might say "Gosh hope she is okay; she looks different than the last time I saw her. I'll call her later and see how she is feeling." That is a simple illustration. The job we have is much bigger. In fact, it is a life-or-death soul choice. The world as we know it can't survive if we are not united in our choice to stop the judgment and separation — and work together.

We have been taught to literally berate and hate those who are not like us. Maybe they/we are handicapped, LGBTQIA+, overweight, a different gender, nationality, age or are differently abled, have a different economic status or live in a different country or part of your city. And people who feel powerless decided we need to make those who are different the enemy...and less than. There is no "other," there is only one of us and we all have the same color blood and the same need to be accepted and loved.

Want to change the world? Be your authentic self and step up and do or say the loving and conscious thing to create goodwill and safety. The next time you want to lie, take a breath — tell the truth in a kind way. The next time you want to take control, ask yourself what is it you fear? The next time you put someone down, walk over to that person and say or do something kind — and mean it. It is a simple answer but it needs a whole-souled commitment. I trust us to know when we are being our real selves. I trust us to the change and now is the moment. Do a self-discovery inventory and then Be the Authentic Person You Are Inside.

Dr. Evan is a marriage, family, child therapist and consciousness counselor. She has presented nationwide seminars and workshops, written several books and created meditation CDs for couples, individual and mental health professionals. www.dr dinaevan.com 602-571-8228.



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Having a plan in place

As the hospital team plans for discharge, it is important to put a crisis plan in place. The National Alliance on Mental Illness (NAMI) recommends considering a document that has some basic information for the patient if they experience a crisis. This list includes phone numbers for support people, a list of triggers, crisis line phone numbers (988), crisis walk-in centers, and coping skills that have worked in the past. Once that plan is in place, it is the team’s job to meet the patient where they are. Meaning, the treatment team doesn’t tell the patient what their recovery and care should look like. The team identifies what the patient is willing to do, where they are willing to live, what level of care they are willing to seek post crisis and provide education and support to help them meet those needs. Asking questions like, “What does recovery look like to you?” or “How will you know you are better?” are ways to identify what a person is willing do post crisis to be in recovery or find stability.

The Importance of Community Partnership

There are always times where the patient may want something that is not obtainable, such as their own apartment, but they have no income. These are the times where we partner with our community and show the patient that we climb the stairs of recovery one step at a time. We work with a living environment that allows a promise to pay or work for your stay opportunity. These local facilities help get people back on their feet, teaching them basic job skills and allowing them to work for their stay until they can gain employment and start to pay their own rent. They can have a safe living environment while they seek outpatient treatment, 12-step meetings, Medicated-Assisted Treatment (MAT) services, vocational programs, etc. The goal here is knowing your community and participating in partnerships that allow you the opportunity to coordinate care for your patients. We cannot be an effective offensive line if the right side isn’t communicating with the left side.

Discharge planning and learning your community are not always an easy process

Sometimes the discharge plan looks like a simple math equation $A+B=C$. Then sometimes it looks like a complicated physics equation $(x+a)^n=\sum_{k=0}^n(n!k)x^ka^{(n-k)}$ which makes the discharge planning more difficult. When you have a difficult discharge plan and/or a patient with multiple social determinants to navigate, it is imperative that you have good relationships in the community so you can outreach your contacts to provide the best plan and outcome for your patient. Taking the time to call resources, ask questions about who they treat and how to get services there, will allow you to build community partnerships. As we network within the community, we then take those contacts and add them to our offensive line, identifying which players will join which team.

The discharge planner/care coordinator has built their football team to support each patient they serve. Instead of handing the patient a list to call for discharge planning, we can call, text, or email our contacts and secure services for our patients using our relationships. Where some say this is a form of enabling, the reality is we hold their hand to allow them to jump off the hamster wheel safely and take those powerful steps toward stability and recovery.

There are so many barriers to a seamless discharge plan including housing, transportation, employment, finances, legal history, medication assisted treatment and many more. It is our job as the treatment team to work with the patient, listen to them, and understand what they want to do to continue treatment and find recovery post crisis. The simple effort of engaging the patient, handing them the figurative football, and identifying what their next play will be, will lead us to a discharge plan that engages not only the patient but our community in working together to help people heal.

We owe it to our patients to take the time and build these relationships that will connect to another community partner and then another and over time will build the network that leads our patients to what they see as a successful and healthy future.



About the author

Julie Miller is a Licensed Professional Counselor in Phoenix, AZ. She has a bachelor’s degree in psychology and a master’s degree in clinical psychology. She has worked in the behavioral health field for 27 years. She has grown from clinician into leadership and is currently the CEO at Valley Behavioral Hospital. She has worked with all populations in behavioral health, specializing in high acuity and seriously mentally ill adults.

Over the years she has provided clinical supervision for professional licensure and has provided training in many topics including understanding and treating mental illness, post crisis discharge planning and community engagement.



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When Worry is Out of Control

Do you worry about everyday issues for no obvious reason? Are you always waiting for disaster to strike or excessively worried about things such as health, money, family, work, or school?

If so, you may have a type of anxiety disorder called generalized anxiety disorder (GAD). GAD can make daily life feel like a constant state of worry, fear, and dread. The good news is GAD is treatable.

What is generalized anxiety disorder?

Occasional anxiety is a normal part of life. Many people may worry about health, money, or family problems. But people with GAD feel extremely worried or nervous more frequently about these and other things—even when there is little or no reason to worry about them. GAD usually involves a persistent feeling of anxiety or dread that interferes with daily life. It is not the same as occasionally worrying or experiencing anxiety due to stressful life events. People with GAD experience frequent anxiety for months, if not years, and it develops slowly. It often starts around age 30, although it can occur in childhood and is more common in women.



Signs and symptoms of generalized anxiety disorder

- Worry excessively about everyday things
- Have trouble controlling worries or feelings of nervousness
- Know they worry more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Startles easily
- Have trouble falling asleep or staying asleep
- Tire easily or feel tired all the time
- Have headaches, muscle aches, stomachaches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Feel irritable or "on edge"
- Sweat a lot, feel light headed, or feel out of breath

Symptoms may fluctuate over time and are often worse during times of stress, for example—with a physical illness, during school exams, or during a family or relationship conflict.

What causes Generalized Anxiety Disorder?

Several parts of the brain and biological processes play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to develop better treatments. Researchers have also found that external causes, such as experiencing a traumatic event or being in a stressful environment, may put you at higher risk for developing GAD.


How GAD is treated

If you think you're experiencing symptoms of GAD, talk to a health care provider. After discussing your history, a health care provider may conduct a physical exam to ensure an unrelated physical problem is not causing your symptoms. A health care provider may refer you to a mental health professional, such as a psychiatrist, psychologist, or clinical social worker. The first step to effective treatment is to get a diagnosis, usually from a mental health professional. GAD is generally treated with psychotherapy, medication, or both. Speak with a health care provider about the best treatment for you.




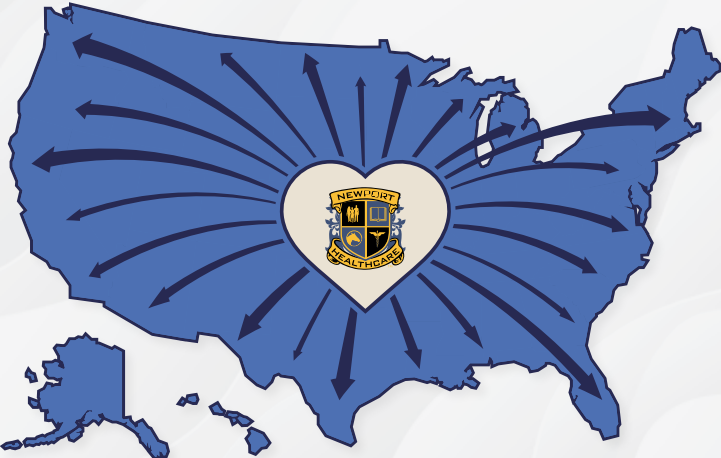
Support Groups

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Support groups are available both in person and online.

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Healthy Habits

Practicing a healthy lifestyle also can help combat anxiety, although this alone cannot replace treatment. Researchers have found that implementing certain healthy choices in daily life—such as reducing caffeine intake and getting enough sleep—can reduce anxiety symptoms when paired with standard care—such as psychotherapy and medication.

Support recommendations for generalized anxiety disorder

Educate Yourself

A good way to help yourself or a loved one who may be struggling with GAD is to seek information. Research the warning signs, learn about treatment options, and keep up to date with current research.

Communicate

If you are experiencing GAD symptoms, have an honest conversation about how you're feeling with someone you trust. If you think a friend or family member may be struggling with GAD, set aside time to talk to express your concern and reassure them of your support.

Know When to Seek Help

If your anxiety, or the anxiety of a loved one starts to cause problems in everyday life — such as at school, work, or with friends and family—seek professional help. Talk to a health care provider about your mental health.

Finding Help

Behavioral Health Treatment Services Locator

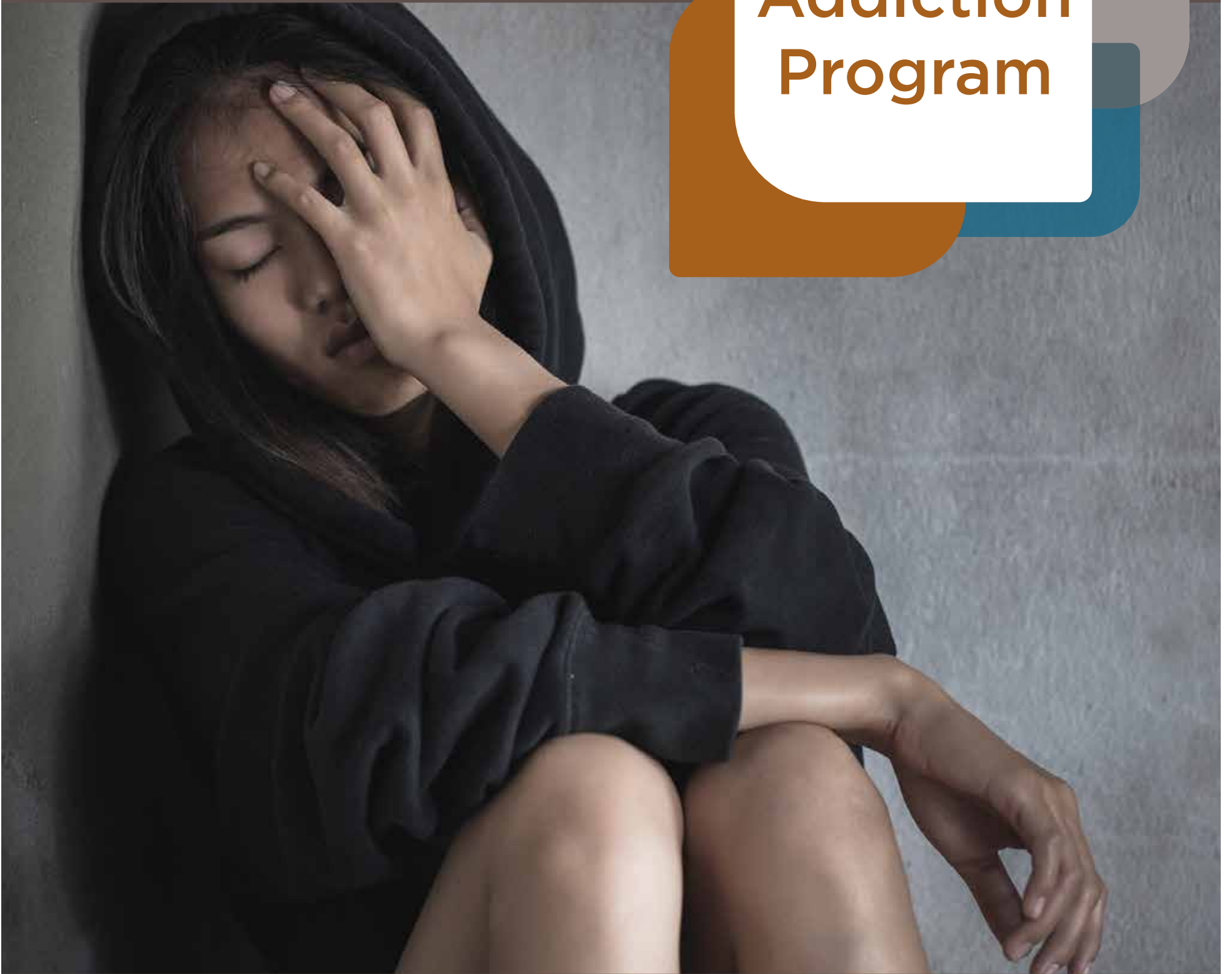
Online resources provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), helps you locate mental health treatment facilities and programs. Find a facility in your state by searching SAMHSA's online Behavioral Health Treatment Services Locator.

www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad



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Fentanyl and Meth from page 3

- **Health Consequences:** Chronic use can lead to various health issues, including respiratory problems, heart complications, mental health disorders, and damage to vital organs.

Addiction to Meth

Methamphetamine, commonly known as meth, is a powerful stimulant drug that affects the central nervous system. The problems associated with meth addiction include:

- **Addiction and Tolerance:** Meth is highly addictive and repeated use can lead to tolerance where users require increased amounts of the drug to achieve the desired effects. This can result in a vicious cycle of escalating use and addiction.
- **Physical and Mental Health Effects:** Using meth can lead to severe physical and mental health consequences, such as cardiovascular problems, dental issues ("meth mouth"), anxiety, paranoia, hallucinations, and cognitive impairment.
- **Social and Economic Consequences:** Meth addiction often leads to strained relationships, loss of employment, financial difficulties, legal problems, and overall deterioration of an individual's quality of life.

Recovery in Motion Treatment Center, located in Tucson, AZ, is among the programs working to address these addiction problems, providing comprehensive and personalized treatment approaches that include:

Residential Treatment: Treatment programs with housing has proven to be very effective. Providing a structured environment for individuals is important. These programs typically include individual and group therapy, family involvement, educational sessions, and holistic approaches to healing.

Outpatient Services: Offer flexibility, allowing individuals to receive treatment while still working full time and maintaining their daily responsibilities. Outpatient services are suggested for individuals who do not require 24/7 supervision.

Aftercare and Relapse Prevention: Substance use programs recognizes the importance of long-term recovery support, by providing aftercare programs and relapse prevention strategies to help individuals transition back into society and maintain their sobriety.



A high-quality substance use treatment program will employ trained professionals, including addiction counselors, therapists, and medical staff, who are experienced in treating substance use disorders. They focus on addressing the underlying causes of addiction, developing coping skills, and providing ongoing support to individuals and their families.

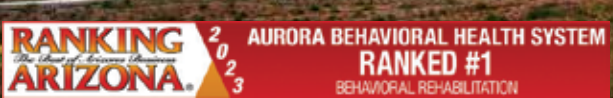
By offering a comprehensive range of services, programs like Recovery in Motion Treatment Center aim to help individuals overcome fentanyl and meth addiction, promoting long-term recovery and improved quality of life. Embracing Medically Assisted Treatment (MAT) has proven to save lives, as


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is utilizing the proper treatment modalities to meet each client’s needs. We strongly encourage anyone struggling to seek help from a medical professional and a trusted substance use treatment program. They can provide guidance, support, and resources to assist in addressing these issues.

Fentanyl Data in Arizona

- In 2022 there were 3,328 non-fatal overdose events and 1,931 opioid deaths.
- During 2020 and 2021, rates for opioid overdoses were highest among people ages 25-34 and among men.
- The number of opioid deaths peaked in July 2020 and leveled off in 2021.
- Heroin deaths decreased 68% from a high of 352 in 2018 to 111 in 2021.
- Rates of opioid deaths were highest in Pima, Maricopa, Yavapai, and Gila counties during 2020 and 2021.
- In 2021, there were more than 52,000 opioid-related hospitalizations and emergency department visits in Arizona costing a total of \$2.2 billion.
- More than 9 Arizonans a day experience non-fatal opioid overdoses.
- In 2023 there has been 464 deaths so far in Arizona.(as of May 1, 2023)

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Binge Drinking Dangers and Risks



College-aged men and women use alcohol in roughly equal numbers. However, binge drinking, particularly extreme binge drinking, continues to be far more common among young men.

Binge drinking is defined as a pattern of drinking that brings the blood alcohol level to 0.08 grams or above. For males, that means consuming five or more drinks within two hours. For females, it's four or more drinks in that amount of time. Extreme binge drinking is about twice that amount.

One of the biggest risks of binge drinking is alcohol poisoning. The body absorbs ethanol, the active ingredient in alcoholic drinks, faster than proteins, carbohydrates, or fats—it takes the body about an hour to process alcohol through the liver, notes the Mayo Clinic. This means that consuming four or five drinks in an hour gives the body more ethanol than it can handle, slowing nervous system function.

Binge drinking can affect muscle coordination, thought processes, heart rate, and breathing. This type of drinking can also catalyze the following mental and physical health risks:

- Cognitive impairments, such as problems with memory and learning
- Accidental injuries, including falls and drowning
- Drunk driving, leading to motor vehicle accidents
- Unprotected sex/sexually transmitted diseases
- Physical fighting
- Suicidal behavior

Know the Facts

Each year, more than 22,000 US college students, ages 18–24, are hospitalized for an alcohol overdose. Binge drinking and alcoholism symptoms can manifest in both physical and mental health issues, including:

- Performing poorly in school or at work
- Neglecting favorite activities or hobbies
- Drinking in dangerous situations, such as when driving
- Weight changes
- Hanging out with a new group of friends and abandoning old friendships
- Becoming angry or violent when drinking
- Being unable to stop drinking even though it's causing problems with relationships and daily life
- Lethargy and fatigue
- Sudden mood swings or personality changes
- Periods of depression
- Blacking out after a night of drinking
- Experiencing higher tolerance of alcohol and withdrawal symptoms when not drinking
- Inability to limit alcohol consumption

Because young people may binge drink only on weekends or at parties, they may not realize that their drinking is becoming a problem. It is possible to develop alcohol dependence even when you don't drink on a daily basis.

For more information on helping teens and young adults, visit www.newportacademy.com/

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Info@recoveryinmotion.com



Empowering women in recovery for a healthy family and hopeful future

AZWRC is a non-profit organization dedicated to providing substance abuse treatment to women through a variety of programs to address family sustainability. All programs focus on providing the tools and resources to assist women in living financially independent, drug and alcohol-free lives.

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Teen substance use, is it normal?

From mood swings to rebellion, many types of challenging behavior are normal during the teen years, but experimenting with substance use isn't one of them. We also need to rethink our perception of norms. It's not true "everyone vapes" or "everyone drinks."

Fitting in

Feelings of being an outsider and longing to be included and liked by others are pretty pronounced during the teen years. If the kids your teen wants to be friends with, or is hanging out with, are drinking or using substances, they may feel that they need to participate as well or risk being left out. Some teens see substance use as an easy path to making friends, fitting in or being accepted with the "right" crowd.

What Parents Can Do:

- Get to know your kid's friends and their parents, and talk with those parents about their approach to supervision and their stance on substance use.
- Encourage your teen to use your home for socializing.
- Assure your child they can call you to be picked up whenever needed, no questions asked.
- Talk about their need for acceptance and to fit in. Explain that

real friends will give them space to be themselves and won't make them do anything they're uncomfortable with.

Life transitions

Periods of transition in teens' lives — like moving, divorce, puberty, changing schools, an illness or death in the family — can become a time of upheaval, leading some to attempt to find solace in alcohol or drugs.

What Parents Can Do:

- Ramp up the monitoring and communication during and after transitions.
- Encourage an open dialogue with your teen about their experiences.
- Set aside regular one-on-one time with your teen to bond and have fun together.

Whether it's the pressure of everyday teen drama or the emotional toll of family problems, stress or trauma, some teens use substances to dull the very real pain in their lives. Loneliness, low self-esteem, depression, anxiety disorder and other mental health issues are commonly associated with teen substance use.

For more tips visit <https://drug-free.org/>

International Overdose Awareness Day August 31

International Overdose Awareness Day on August 31 is a stark reminder of the harm that drugs inflict on our society. It is a day to remember those who have fallen victims to overdose as well as those who have come out of the dark hole victorious with the help of loved ones and ask whether the War on Drugs has been effective. International Overdose Awareness Day aims to reduce the stigma attached to the issue, most of which is faced by the families of the victims. Many who are not aware of the factors behind overdose unfairly blame victims. Such an attitude only works to flair the negativities surrounding the topic, suppressing any efforts to raise awareness. *August 31 is the day to come out and stand in solidarity in order to reduce future overdose deaths.*

#END OVERDOSE

More than 5 people die every day from opioid overdoses in Arizona.

Prescription opioids and illegal opioids like counterfeit pills with fentanyl are addictive and can be deadly. More than five people die every day from opioid overdoses in Arizona. In 2017, a statewide public health emergency was issued in an effort to reduce opioid deaths. Help is available, call 1-888-688-4222.

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Men 18 +
602-708-9475

SPRINGBOARD
Home for Girls (12-17)
520-730-4269

TCAZ.ORG

Stay Connected

Reach us 602-684-1136 barb@togetheraz.com

Our Recovery Partners and Contributors

AZ Women’s Recovery Center	602-264-6214	arizonawomensrecoverycenter.org
Aurora Behavioral Health	877-870-7012	auroraarizona.com
CBI, Inc.	480-831-7566	communitybridgesaz.org
CBI Access to Care	877-931-9142	communitybridgesaz.org
Copper Springs	480-418-4367	coppersprings.com
Desert Star Addiction Recovery Center	520-638-6000	desertstarARC.com
Dr. Dina Evan	602-571-8228	drdinaevan.com
Dr. Marlo Archer	480-705-5007	downtoearthneterprises.com
Eric’s House	855-894-5658	ericshouse.org
Gifts Anon	480-483-6006	
Hushabye Nursery	480-628-7500	hushabyenursery.org
I Am Teen Strong	480-396-2409	IamTeenStrong.com
The Meadows	800-632-3697	meadowsBH.com
Meadows Adolescent	866-492-1431	MeadowsAdolescent.com
Mens Teen Challenge	520-792-1790	tcaz.org
Mercy Care	800-631-1314 602-222-9444	mercycaresaz.org
Mind 24/7	text/call 844-646-3247	mind24-7.com
Newport Healthcare	888-675-1764	newporthealthcare.com
NotMYKid	602-652-0163	notmykid.org
Psychological Counseling Services (PCS)	480-947-5739	pcsintensive.com
Recovery In Motion	844-810-1599	recoveryinmotion.com
Scottsdale Recovery Center	888-663-7847	scottsdalerecovery.com
Sierra Tucson	800-842-4487	sierratucson.com
Sierra at Scottsdale	844-749-1567	sierrascottsdale.com
Brough Stewart, MC, LPC, NCC	602-316-3197	
Valley Hospital	602-952-3939	valleyhospital-phoenix.com
Teen Challenge AZ	602-708-9475	tcaz.org

Additional Resources

AZ. Dept. of Health	602-364-2086
Arizona Opioid Assistance Helpline	888-688-4222
AzRHA	602-421-8066
The Crossroads	602-279-2585
Problem Gaming	800-NEXTSTEP
Desert Drug Dog	602-908-2042
Hunkapi Programs	480-393-0870
EMPACT/La Frontera	800-273-8255
TERROS Health	602-685-6000
TUCSON	
ACA	aca-arizona.org
AA	520-624-4183
Al-Anon Infor Service	520-323-2229
Anger Management	520-887-7079
Behavioral Awareness Center	520 629 9126
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
Narcotics Anonymous	520-881-8381
Nicotine Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Recovery in Motion	520-975-2141
Sex Addicts Anonymous	520-745-0775
Suicide Prevention	520-323-9372
The Mark Youth and Family Care	520-326-6182
Workaholics Anonymous	520-403-3559

ARIZONA Suicide and Crisis Hotlines by County

Maricopa County served by Mercy Care: 800-631-1314 or 602-222-9444

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma served by Arizona Complete Health— Complete Care Plan:

866-495-6735

Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties served by Health Choice Arizona: 877-756-4090

Gila River and Ak-Chin Indian Communities: 800-259-3449

Salt River Pima Maricopa Indian Community: 855-331-6432

SUPPORT

Resources & Helplines

Suicide crisis call 988

- Alcoholics Anonymous (AA)
- Al-Anon
- Tucson Al-Anon Information
- Adult Children of Alcoholics (ACA)
- AZ Women’s Recovery Center
- Bipolar Wellness
- Child Abuse Hotline – Support & Information
- Cocaine Anonymous
- Co-Anon
- CoDA
- COSA
- Copper Springs
- Crisis Help Line – For Any Kind of Crisis
- Crisis Response Network
- Crisis Text Line
- Crystal Meth Anonymous
- Debtors Anonymous
- Domestic Violence
- Families Anonymous
- Gamblers Anonymous
- Grief Recovery
- Heroin Anonymous
- Marijuana Anonymous
- NDMDA Depression Hotline – Support Group
- Narcotics Anonymous/Phoenix
- Narcotics Anonymous/Casa Grande
- Narcotics Anonymous/Flagstaff
- Narcotics Anonymous/Prescott
- Narcotics Anonymous/Tucson
- Nar-Anon Family Groups
- National Youth Crisis Hotline
- Overeaters Anonymous
- PAL (Parents of Addicted Loved Ones)
- Parents Anonymous
- Phoenix Metro SAA
- RAINN (Rape, Abuse, Incest National Network)
- Rape Hotline (CASA)
- Sexaholics Anonymous
- Sexual Assault Hotline (24/7 English & Spanish)
- Sex/Love Addicts
- Sex/Love Addicts Tucson
- Sex Addicts Anonymous
- S-ANON
- Sober Living AZ
- Suicide Hotline
- HELP
- Suicide Prevention Lifeline
- Teen Challenge
- Teen Life Line

Emergency dial 911

602-264-1341

602-249-1257

520-323-2229

aca-arizona.org

602-264-6214

602-274-0068

800-422-4453

602-279-3838

602-697-9550

602-277-7991

480-385-8454

480-418-4367

800-233-4357

602-222-9444

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602-647-5800

602-266-9784

800-334-7606

602-870-3665

800-766-6779

800-826-3632

480-897-4636

520-426-0121

928-255-4655

928-458-7488

520-881-8381

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PROGRAMS

- Detox
- Residential Program
- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Evening Intensive Outpatient Program (E-IOP)
- Medication Assisted Treatment (MAT)
- Family Workshops
- Specialized Treatment Programs
- Trauma Therapy
- Aftercare & Alumni

SAME DAY ADMISSIONS



WHY WE ARE DIFFERENT

Longevity

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Collaboration

Medical, Psychiatric and Clinical teams collaborate to provide individualized treatment plans addressing the 8 dimensions of wellness as well as psychiatric, emotional, mental, and physical well-being.

Family Workshops

Provide education and engage family members, spouses, and extended family in all aspects of the recovery process.

Alumni Program (Scottsdale Recovery Continued)

Focuses on life after treatment and builds a community of sobriety and a place to always call home.

1. Scottsdale Recovery and Detox Center

10227 N Scottsdale Rd Scottsdale, AZ 85253

2. Outpatient Center

8149 N 87th Pl, Scottsdale, AZ 85258

3. The Sweetwater Center

4. The Trullies

5. The Miller Center

6. The Starfire Center



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