

Giving Behavioral Health Its Time Back

How real-world recovery operations shaped Encore OS

By Maddie T. Nichols

Every recovery story starts somewhere. Jeremy Bloom’s journey toward building NorthSight Recovery, and eventually Encore OS — did not begin with a software specification or a business plan.

That experience shaped Bloom’s belief that behavioral healthcare must be built around meaningful human connection. When a person reaches out for help, every part of the organization should be prepared to support the same journey — from the first call and insurance verification through admission, clinical care, continuing support, and long-term recovery.

Bloom carried that belief into NorthSight Recovery, which he founded in Tempe in 2022. But as the organization grew, he discovered the systems supporting care often worked against that connected vision. Human resources, payroll, admissions, clinical documentation, compliance, and financial reporting all lived in different places. Employees repeated work, leaders reconciled reports by hand, and information could lose context as it moved from one department to another.

For Bloom, the problem was not simply inefficiency. Every unnecessary administrative step represented time, attention, and resources that

"Technology should make the work feel more connected — not make people feel farther apart."



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could have been invested in employees, programs, and the people seeking care.

With experience in both software development and behavioral-health operations, Bloom could see that the industry did not merely need another stand-alone tool. It needed a more connected foundation. That realization led to a question that became increasingly difficult to ignore.

The question that would not let go
Why is it so difficult to see the full picture?

The question was not an idle complaint. NorthSight was operating in an environment familiar to behavioral-health leaders across Arizona: narrow

margins, limited resources, demanding compliance requirements, workforce shortages, and an urgent responsibility to respond when someone asks for help.

At the same time, staff were navigating a care journey that crossed multiple departments and systems: the initial call or referral, insurance discovery, eligibility and benefits, admission, clinical documentation, workforce scheduling and credentialing, billing, finance, compliance, and outcomes. Each transition created another opportunity for information to be reentered, delayed, or separated from the people who needed it.

Giving Behavioral Health Time Back continued page 9

You Just Play? What Play Therapy Is

Dr. Erica Tatum-Sheade

"So... you just play with kids all day?"

That’s a question I hear very often when I explain to someone that I’m Registered Play Therapist-Supervisor™.

Do we play?
Yes.
Is there something more than just playing?
Absolutely!

So what is Play Therapy?

The Association for Play Therapy defines Play Therapy as “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.”

In simple terms, Play Therapy uses a child’s natural language, play, to explore and work through the tough, confusing, and emotional things happening in their life.



Dr. Erica Tatum-Sheade

Play Therapy continued page 6

NATIONAL DOMESTIC VIOLENCE AWARENESS MONTH

OCTOBER

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- **Helplines & Resources**



Publisher's Note

By Barbara Nicholson-Brown

Reflecting on Life in the Rearview Mirror

Sometimes staying in the present moment is a challenge — it sure is for me. It seems like our lives are moving at a super high speed, and keeping up often becomes a distraction.

This busyness can keep us from looking back and seeing where we were; where we hope to go, and what we wish to accomplish moving forward. When I do look in that mirror, I need to be careful not to get caught up in regret. It's very easy to think of all the "woulda, coulda, and shoulda's." It takes constant practice to shift my thinking to "What can I learn from this?"— rather than dwelling on the past for too long.

When I get stuck in the mud of negative thinking, I remember my dear friend Dr. Dina Evan, who always reminded us in her columns, "Am I doing what I came here to do?"

Staring at the past and trying to rearrange the outcome won't change it, that's a fact. My focus needs to be on living the best life I can, one day and one step at a time, with integrity and humility. Today, I'll slow down a bit, inhale the beauty of this gift called life and stay grateful.

As always, I'm deeply grateful to our contributors for bringing their voices to these pages. A warm welcome to Encore OS and Sanctuary Recovery Centers as our newest partners! Special thanks to Dr. Erica Sheade for her insightful piece on Play Therapy, and to everyone who made this issue possible.

Barbara Nicholson-Brown

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Spotlight On

Mental Healthcare Should Meet Arizonans Where They Are

When someone breaks a bone, experiences chest pain or is diagnosed with diabetes, we don't expect them to navigate a fragmented healthcare system on their own. We recognize that health conditions exist on a spectrum and that people need different levels of care at different points in their lives.

Mental healthcare should be no different.

Yet historically, for too many people, getting help can be unnecessarily difficult. They may not know where to start. They may face long wait times, transportation challenges, scheduling conflicts or concerns about stigma. Others simply need support before a crisis develops, but don't know how or where to access it.

The result is that too many people wait until they're in crisis before seeking care. And as behavioral healthcare providers, we have an opportunity — and a responsibility — to change that.

Mental health is an essential part of overall health and shouldn't exist separately from the rest of the healthcare system. It should provide easier access, simpler navigation, and a seamless experience across the full continuum of care.

That means recognizing that mental healthcare isn't a single destination. It's a journey.

At different points in life, someone may benefit from virtual counseling that fits into a busy schedule. Others may need intensive outpatient treatment, specialized inpatient care or support as they transition back to everyday life. No two journeys are the same, which is why our healthcare system must be flexible enough to meet people where they are and help them move forward.

This is one of the reasons Behavioral Health Connections Arizona is pleased to now be affiliated with **Talkspace**, enabling us together to bring accessible, high-quality care to more individuals. With Talkspace joining our national network of services, we now offer the first, and currently, only connected continuum of mental health services that better serve patients throughout every stage of their journey.

Together, we're bringing virtual therapy and psychiatry together with outpatient programs, crisis intervention, inpatient treatment and recovery support offerings to create a more connected behavioral healthcare experience. Rather than viewing virtual care as a replacement for in-person treatment, we see it as another way to help people access care earlier, remain engaged in treatment and transition more seamlessly between levels of care.

The need for this kind of integrated approach has never been greater.

Talkspace's nationwide network of approximately 6,000 licensed providers currently serves more than 200 million people through health plans, employers, schools, government organizations and employee assistance programs, delivering more than 1.6 million therapy and psychiatry sessions in 2025 alone. Those numbers reflect more than growth — they reflect the growing demand for flexible, accessible behavioral healthcare that fits into people's lives.

The future of behavioral healthcare will always be rooted in compassionate clinicians, evidence-based care and trusted relationships. Digital tools can help remove barriers, extend access and support people between appointments, but

they work best when they're integrated into a broader system of coordinated care — not operating in isolation.

That's the future we're building.

Here at Behavioral Health Connections Arizona, we see every day how early intervention, coordinated treatment and ongoing support can change the trajectory of a person's life. We also know that every community has unique behavioral and mental health needs.

Here in Arizona, connecting people to the right level of behavioral healthcare is especially important because needs can vary greatly by age, circumstance and stage of recovery. Through Behavioral Health Connections Arizona, individuals, families and referring providers have a single point of access to a network of services for adolescents, adults and seniors, including specialized care for substance use, veterans and older adults. By helping people navigate these options and connect with the care that best meets their needs, we can make the behavioral healthcare journey more coordinated and accessible.

Improving mental health in our communities requires collaboration among healthcare providers, employers, schools, policymakers, families and community organizations. Together, we can reduce stigma, encourage people to seek help sooner and ensure they have access to the support they need throughout every stage of life.

Mental healthcare shouldn't begin only when someone reaches a breaking point. It should be part of how we help people build healthier, more resilient lives every day.

That's a future worth building together.

Julie Miller
Group CEO of Calvary Healing Center, Quail Run Behavioral, and Valley Hospital

Lacey Dabelow, CEO Quail Run Behavioral	Bryan Evenson, Interim CEO Calvary Healing Center	Jaclyn Hull, CEO Via Linda Behavioral Hosp.	Taiwan Savage, CEO Palo Verde Behavioral
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ADHD Awareness Month

Finding Effective Strategies to Manage Symptoms

By Amy Tilley, PsyD

On today's **To Do List:** Unload the dishwasher and put the dishes away. On the way to the kitchen, I spy a deer outside my kitchen window... “Oh look a deer. Let's go outside.” Gets distracted and decides to weed the garden and trim the shrubs which takes an hour and a half. Goes back inside and realizes the laundry needs to be done, so starts a load of laundry. Then decides, “Hey, I'm hungry so I'll make some lunch.” Three hours later the dishwasher is still not unloaded, laundry is in the washer and still needs to be dried.

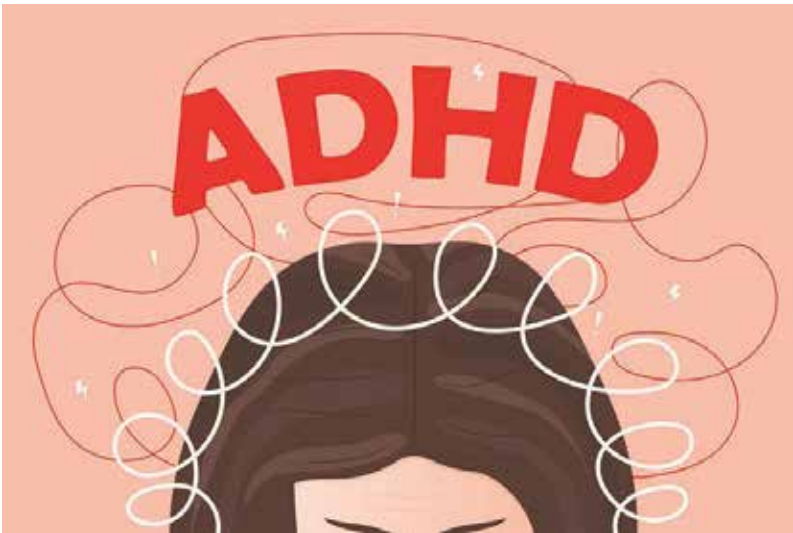
Does this sound like you? Do you know somebody who does this on a regular basis? If so, you or someone you know may have Attention Deficit Hyperactivity Disorder, otherwise known as ADHD. In adults, Attention Deficit Disorder: ADD.

Do you have a hobby graveyard? You have 20 different interests and a room for all your hobbies and projects, but none ever get the full attention? For example: you might like to go fishing — own four fishing poles, a boat, three pairs of gear, and five tackle boxes. But you fish twice a year. Your room may also contain a lot of crafting supplies, games, musical instruments, and projects you started several years ago, but nothing is finished. Maybe you find yourself totally fixated on one of your hobbies and can lose track of time, because you really enjoy what you are doing. You look at the clock and six hours have gone by, without you realizing it. This is called hyperfocus, a symptom of ADHD.

People of all ages are affected by ADHD, which causes difficulties in staying organized, finishing tasks, restlessness, and acting on impulse. The flip side of ADHD is that people are generally very creative, imaginative, quick thinkers, and great problem solvers. It can be difficult to diagnose, as it can have many similar symptoms to anxiety or depression.

October is ADHD Awareness Month. The goal is to educate the public about ADHD, reduce the stigma for children and adults, and to highlight its connection to mental health. For many years, ADHD was just a diagnosis for children and teenagers. In the DSM-5, Adult ADHD is now recognized, which can be a game changer for adults struggling with the symptoms listed above.

Many adults with ADHD are also diagnosed with a co-occurring mental health disorder (anxiety, depression, bipolar disorder, a substance use disorder). This can make life challenging, trying to balance all the neurochemical changes and imbalances in one's brain, while regulating your emotions.



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Other daily stressors can include chronic disorganization, difficulty with time management, and task avoidance— which can affect a person's self-esteem, cause strain on their relationship with a loved one, and have a significant impact on their overall well-being.

Coping Strategies for Living with ADHD

A diagnosis of ADHD is manageable and usually involves pharmacotherapy. This is a combination of psychiatric medication management and individual therapy sessions with a mental health professional. The medication will help rewire the brain, as ADHD is a neurological condition. The therapy can help retrain the brain and introduce new, healthy, and helpful coping skills to add to the daily routine. Here are a few to try:

- **Set a timer:** Use a timer, a physical or digital one, to make time visible and help you stay on a particular task for a set amount of time.
- **Add buffer time:** Estimate the amount of time a task will take and add 10-30 minutes to account for distraction.
- **Put everything in its place:** Have a designated spot in the home for shoes, keys, glasses, wallets, bills to be paid, etc. If not, you may find your keys in the fridge, your shoes in the washer, and your wallet on the bookshelf in the basement.
- **Minimize your external distractions:** Use noise cancelling headphones, face your desk away from windows, turn your phone off when you really want to focus and complete a task. If music helps you focus, turn it up to improve concentration.
- **Limit your nighttime screen time:** Don't use your phone, tablet, or whatever other blue light screen you own, at least 60 minutes before bed. This will also help regulate your sleep, as your brain will learn that it is time to go to sleep as it gets darker in your home.
- **Regular Exercise:** Boost your dopamine levels by working out! This improves attention and executive functioning.
- **Have someone come and sit with you:** If you are really struggling to maintain focus, get motivated to do a task (clean, organize your office, pack for vacation), call a friend to come and sit. The friend does not need to actually help you do the task at hand; they just need to sit and hold you accountable. Tell the friend to bring a book to read while they sit there and help you complete the task. This may sound bizarre, but it works. Accountability is key, and just having a supportive person present can do wonders for the person struggling to maintain focus on their desired task.

Try some of these coping skills, even if you do not struggle with ADHD, they can be helpful tools for everyone. Share this with a friend or family member that might be struggling and encourage them to meet with a mental health professional to get an assessment. The more knowledge everyone has, the more effective helpers we can be for each other!

Amy Tilley, PsyD. has 20 years in the mental health and addiction recovery field. Her clinical interests include working with young adults and adults diagnosed with co-occurring conditions. Visit desertstarARC.com or call 520-638-6000.





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Why Play?

The simple answer is that kids don’t talk like adults. If you ask an adult how they felt when they were experiencing a difficult time in life, they would more than likely be able to give you a concrete answer. Ask a seven-year-old how they felt when a parent had to go away to treatment, and you will probably get an answer like “fine” accompanied by shoulder shrugs and sudden interest in staring at the floor. This is where Play Therapy comes in.

Dr. Garry Landreth, a pioneer in the field of Play Therapy, said: **toys are a children’s world and play is their language.**

If we go back to the seven-year-old and present them with family figures and a dollhouse in the Play Therapy office, suddenly a new story emerges. In their play we see the dynamics of their family play out based on things like who is in the dollhouse and who is not. We see the emotional toll the separation of a parent may have taken on the child, and we see how they are navigating the change in the family. And we see this without the child saying a single word. This all simply happens in the play.

What Actually Happens in The Playroom?

Step into a Play Therapist’s office and you will see shelves filled with toys, games, and books, you can tell that this is where the fun happens. Go a little deeper and you will realize that yes, this is fun, but this is also real work and everything in the space was chosen for a reason. A trained Play Therapist selects toys based on the needs of the child and designed to help the child to navigate the world around them. The purpose of engaging in Play Therapy is to allow a child space to explore real life issues in a safe, supported environment that is geared specifically toward them. Toys are selected to mirror and allow children to practice nurturance, limit setting, creative expression, and emotional release. Even scary and aggressive toys can be part of the process. As Registered Play Therapists™, we are trained to read the themes of the play and to respond in ways that ensure children feel understood, gain new insight, and are able to build new skills in our time together.

As specifically an Adlerian Play Therapist, my work is centered on exploring a child’s behavior through the lens of understanding that all children (and adults) have a deep need to belong, and our behaviors are driven by that: both adaptive (healthy and helpful) and maladaptive (unhealthy and destructive) behaviors. In our play session, we explore the child’s lifestyle and mistaken beliefs, build a relationship, and try new ways of approaching the issue at hand. All of this is done using Legos, puppets, drawing, the sand tray, and much more. Play Therapy creates a space where a child is free to express themselves in their language.

Does it work?

Yes! Play Therapy has significant research behind it, and so it is considered empirically valid and thus recognized as an evidence-based practice. Several studies have shown how effective Play Therapy with a Registered Play Therapist™ can be for children and families navigating a difficult situation. Play Therapy is used to address a variety of issues children may face: divorce and separation, adjusting to a new school environment, friendship issues, changes in the family dynamics, medical trauma, self-esteem and confidence issues, and much more. Registered Play Therapists™ are licensed mental health professionals who have completed a graduate degree and additional training and supervision specifically focused on understanding and utilizing the therapeutic powers of play.



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"Play Therapy uses a child’s natural language, play, to explore and work through the tough, confusing, and emotional things happening in their life."

When and how to reach out

If your child is navigating a major life change, changes in family structure, exhibiting big behavior changes, or struggling with social connections it may be time to connect with a Registered Play Therapist™. To find a Registered Play Therapist™ in your area, you can search the directory at APT.org or other therapist directory sites like *Psychology Today*, you can ask your pediatrician for a referral, or you can even call your insurance company’s customer service number on the back of your insurance card. And know that just because a clinician has toys in their office doesn’t mean they are necessarily trained in Play Therapy.

So how do you know who to look for?

Look for the credential RPT or RPT-S after their name. Ask what their theoretical approach is: Play Therapists are trained in different approaches (AutPlay, Adlerian, Child-Centered, Cognitive Behavioral Play Therapy, and more) to ensure the best fit. You need to make sure that their approach is aligned with what you are looking for.

So, do we just play?

Yes, but in that play a child tells us all we need to know. We learn their fears, what they are hoping for, how they see themselves in the world, and the emotional needs they have. When they play, they invite us into their world, and we can listen, even when there are no words.

Dr. Erica Tatum-Sheade is a licensed Clinical Social Worker and Registered Play Therapist- Supervisor practicing in Phoenix, Arizona. In addition to Private Practice she is an Author, Speaker and Trainer.

For more information on how to connect with Dr. Erica visit www.ericatatumsheadelcsw.com





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The Strength I Didn't Know I Had

A reflection on survival, motherhood, and finding the courage to rebuild

By Bekka Martinez

Every October, **Domestic Violence Awareness Month** gives us an opportunity to talk about something that often exists behind closed doors. We talk about recognizing the signs of abuse, supporting survivors and connecting people with resources that can help them find safety.

For me, these conversations are not only professional. They are personal. I am a survivor of domestic violence.

There are details of that experience that will always remain private, but I know what it means to be afraid. I know what it means to need help. And I know how much courage it can take to make a decision that changes the course of your life.

People often ask why someone experiencing domestic violence does not simply leave. But there is nothing simple about leaving.

Fear, financial uncertainty, children, isolation and the unknown can make an already dangerous situation feel impossible to escape. Sometimes a person may not believe they can build a life on their own. I understand that feeling because I once questioned whether I could do it, too.

When the time came for me to leave, I utilized the resources available to me. I relied heavily on law enforcement when I needed help, and I had family and friends who supported me. I will always be grateful for the people who showed up.

But there was also a decision that no one else could make for me. I had to find something inside myself that I was not yet sure existed.

At first, that strength was not necessarily for me. It was for my daughter. My instinct was to protect her and give her the opportunity to grow up in a safe, stable environment. When doing something for myself felt impossible, doing it for her did not.

That decision became the beginning of something I could not see at the time.

Years later, my daughter is thriving. I have built a career I am incredibly proud of. I can provide for us. We laugh a lot. We have fun. We have built a life filled with experiences and memories that, during one of the hardest periods of my life, I could not have imagined.

I would never choose to experience domestic violence. But I also would not surrender what I have learned about myself because of what I survived.

I learned that I can do hard things.

I learned that being afraid and being strong can exist at the same time. I learned that accepting help is not weakness. And perhaps most importantly, I learned that I was capable of building the life I once was not sure I could create on my own.

As someone who works in behavioral health, I also know that every survivor's circumstances are different. Strength should never be measured by whether someone has left an abusive situation. Leaving can be complicated and, in some circumstances, dangerous. Survivors need compassion, resources and support, not judgment.

If someone you love is experiencing domestic violence, resist the urge to ask, "Why don't you just leave?"

Instead, tell them you believe them. Remind them that they are not alone. Ask how you can support them. Help them connect with resources when they are ready, and continue showing up without judgment.

And if you are the person quietly reading this while wondering whether you are capable of starting over, I cannot tell you what your next step should be. Your circumstances and your safety are uniquely yours.

I can only tell you what I eventually discovered about myself.

At first, I found the courage to leave for my daughter. Somewhere along the way, I learned that I was worth saving, too.

Today, the life we have built is proof to me that sometimes the strongest version of ourselves is one we have not met yet.



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Bekka is a mom, avid reader, and someone who values genuine connection and learning about the people around her. In her free time, she enjoys reading, diamond art painting, and hiking when the AZ weather allows. She has spent many years in behavioral health marketing and business development and currently serves as Digital Marketing Director for behavioral Health Connections Arizona.

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Beyond the Diagnosis

By Ramsen Kasha, MS, MBA, LPC
Chief Clinical Officer Sahara Wellness Center

This month we observe **World Mental Health Day**, a time to bring attention to mental health and encourage conversations that too often happen quietly, behind closed doors. This year we can choose to focus on lived experience as an important reminder that mental health is not simply something discussed in an office or written in a medical record. It is something people live with every day.

For those of us who work in mental health and addiction treatment, that reminder matters. So does the reminder for anyone who has ever received a diagnosis: you are more than the words written on a piece of paper.

A diagnosis can be an important turning point. For some, it finally provides an explanation for years of confusion or pain. It can open the door to treatment and help make sense of struggles that may have felt confusion for a long time. But a diagnosis is not a person. It is one piece of information about a much larger, more complicated life. Sometimes that distinction gets lost.

When someone has lived with depression, anxiety, PTSD, or a substance use disorder for years, it can become difficult to separate the condition from the person. Family members may begin to see the diagnosis first. Professionals, despite best intentions, can become focused on symptoms, treatment plans, and measurable progress. The person receiving care may eventually begin to see themselves through that same narrow lens. “I am depressed.” “I am an addict.” “I am broken.”

Those thoughts can feel convincing during difficult periods. But they don't tell the whole story. Behind every diagnosis is a person with relationships, interests, memories, disappointments, and dreams. There is a parent, spouse, child, friend, or coworker. They had a life before the diagnosis and will continue to have one beyond the difficult chapter they are experiencing now.

There are also strengths which sometimes are easy to miss because symptoms and crises demand so much attention. Yet the person who gets out of bed on a difficult morning has demonstrated something. So does the person who keeps an appointment when they would rather stay home or the person



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"For people receiving treatment, speaking honestly about what they need can be intimidating. But their experience belongs in the conversation."

who reaches out for support instead of isolating or returning to substances. Recovery is made up of moments like these.

The Importance of Being Seen

For professionals, looking beyond a diagnosis does not mean ignoring symptoms or minimizing the importance of treatment. Clinical knowledge matters. So do medication, therapy, accountability, and evidence-based care. But they do not replace knowing the individual sitting with you. What matters most to this person? What are they afraid of losing? What do they want back in their life? What is their why? Those questions reveal things a diagnosis cannot.

Two people can have the same diagnosis yet completely different needs. One may be worried about losing a job. Another may be trying to repair a relationship. Someone else may be struggling with loneliness, trauma, or the challenge of getting through the day. Good treatment makes room for those differences. Sometimes the most valuable thing we can do is listen long enough to understand what the person actually needs.

The Value of Lived Experience

Another form of knowledge that deserves focus is lived experience. Professionals bring education, training, and clinical expertise. People who have experienced mental illness or addiction bring something different. They know what it feels like to live through the experience, the fear that can come with asking for help, the uncertainty of walking into treatment, the frustration of a setback, to question whether change is possible. They also know the relief that comes when things finally begin to improve. That perspective matters.

For people receiving treatment, speaking honestly about what they need can be intimidating. But their experience belongs in the conversation. They have the right to ask questions, express concerns, participate in decisions about their care, and identify when something isn't working. Recovery should not simply be something that happens to a person. Whenever possible, they should have a voice in building it.

At Sahara Wellness Center, this is the philosophy we try to practice every day. Every person who walks in arrives with a different history, different challenges, and different goals. Our job is not simply to diagnose and treat. We work to understand the person living with the diagnosis, listen to what matters to them, and work alongside them toward the life they want to build.

Seeing the person beyond the diagnosis means remembering why mental health care exists, to help people live fuller, more meaningful lives. A diagnosis may help explain where someone has been, but it does not determine where they can go. The goal is not simply to reduce symptoms or check boxes on a treatment plan. It is to help people reconnect with themselves, their relationships, their purpose, and the parts of life that matter most to them. When we take the time to see the whole person and not just their symptoms, we give them room to recognize their own strengths, reconnect with what matters and imagine a future that is not defined by a diagnosis. **Behind every diagnosis is a person. And every person deserves to be seen.**

Ramsen Kasha, MBA, MS, LPC, has been in the field of addiction treatment and mental health since 2000. He is Chief Clinical Officer at Sahara Wellness Center.

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Giving Behavioral Health Time Back from page 1

Bloom had previously observed that healthcare lagged other industries in its use of technology and that cloud-based systems could help organizations minimize waste and maximize capability when resources were tight. Running NorthSight made the consequences of that gap tangible. The money and time spent untangling systems could not be spent strengthening programs, supporting employees, or expanding access to care.

NorthSight’s early outcomes also reinforced what was possible when barriers were removed. In an early review, the organization reported that 92% of clients faced social-determinants-of-health challenges at admission. Among clients unemployed at admission, 68% obtained employment within 90 days; clients without diplomas worked toward GEDs; and overall satisfaction reached 94%. The care model was creating meaningful progress. The operational infrastructure underneath it still demanded too much from the people delivering that care.

What if every department worked from the same truth?

That question became the foundation of Encore OS.

Encore was not conceived as another software product for its own sake. It grew from a belief that the mission behind NorthSight— human connection sustained throughout recovery deserved technology that supported the work instead of adding to it.

Encore OS is being built as a connected, modular operating platform that brings together the information and workflows an organization depends on. Rather than asking human resources, payroll, finance, clinical operations, admissions, compliance, and leadership to work from separate versions of the truth, the vision is for each function to operate from a shared foundation.

For behavioral health, that connection can help preserve continuity across the entire client journey. **The person calling for help should not have to start over at every transition.** The admissions team should be able to see what it needs without recreating work already completed. Clinical teams should receive relevant information with context. Leaders should be able to understand staffing, service delivery, financial performance, and outcomes without assembling the organization by spreadsheet.

The goal is not efficiency for efficiency’s sake. It is what efficiency gives back: more time for people, greater clarity for leaders, fewer administrative obstacles for employees, and more organizational capacity to serve the community.

Born in behavioral health. Designed to flex beyond it.

Encore OS was born in behavioral health, where disconnected systems do more than create inconvenience. They consume scarce resources, increase administrative burden, slow decisions, and pull attention away from people seeking care.

NorthSight became the real-world environment where Encore’s capabilities were shaped, tested, and refined around the operational realities of behavioral healthcare. The industry presents an unusually demanding combination of shifting census, licensed and credentialed workforces, complex payer requirements, privacy obligations, clinical documentation, quality oversight, and financial pressure. Building around that complexity required the platform to be flexible from the beginning.

That flexibility is what allows the vision to extend beyond behavioral health. Nonprofits, healthcare providers, and growing service businesses often face the same underlying challenge: important information is divided among systems that were purchased separately and never designed to work as one organization.

Encore’s modular approach is intended to let an organization connect the capabilities it needs and add others as it grows. The organization should not have to abandon the way it serves people simply to accommodate rigid technology. The technology should adapt to the organization’s workflows, responsibilities, and mission.

Behavioral health is therefore more than Encore’s first market. It is the source of the problem the company is committed to solving and the environment that taught its founders what connected operations must accomplish. At the same time, the lesson carries farther: wherever administrative complexity is competing with the human work of an organization, there is an opportunity to give time and clarity back.

Built by people who understand both sides of the screen

Encore’s perspective comes from having lived inside the operational problem. Its capabilities were not mapped solely from a list of software features. They were informed by the daily responsibilities of operating a behavioral-health organization: supporting employees, maintaining credentials,

protecting sensitive information, meeting compliance expectations, managing payroll and finances, understanding program performance, and remaining accountable for the quality of care.

That experience also shaped a human-centered approach to artificial intelligence and automation. The purpose is not to remove people from recovery or replace professional judgment. It is to reduce repetitive administrative work, surface useful information, and help employees focus their attention where human connection matters most.

Technology should make the work feel more connected—not make people feel farther apart.

The next chapter

NorthSight Recovery remains the organization Bloom built to answer his first question: how can people be supported through a more connected recovery experience? Encore OS represents the next question: how can the organizations serving people be supported by a more connected operational experience?

For Arizona’s recovery community, the connection between the two ventures matters. Encore did not begin with technology searching for a market. It began with a behavioral-health organization searching for a better way to serve its employees, understand its operations, protect its resources, and keep its attention on people.

Now, the vision is expanding: first to other behavioral-health providers that recognize the same fragmentation, and then to nonprofits, healthcare organizations, and businesses whose missions have also outgrown the disconnected systems beneath them.

The promise is straightforward: one platform, every workflow, any business. But the purpose behind that promise remains deeply human—to give organizations their time back so they can invest it where it matters most.

Ready to see Encore OS in action? Request a demo by sending a message to support@encoreos.io Website encoreos.io



Jeremy Bloom, founder and CEO of NorthSight Recovery and founder of Encore OS, built his companies on a simple promise: one platform to power every workflow for any business.

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SCAN TO CONNECT

From the Mat

Spiritually Fit: The Practice of Coming Back to Yourself When Things Get Spooky

After months of intense heat, we begin to (slowly) notice the subtle signs of change—the mornings become gentler, the evenings invite us outside, and life starts moving back into the rhythm we’ve been waiting for all summer.



There’s something meaningful about that transition. Seasonal change reminds us we don’t have to force every transformation. Some things simply shift when the time is right. And sometimes, becoming spiritually fit isn’t about becoming a completely new version of ourselves. It’s about coming back to the parts of ourselves that got quiet, overwhelmed, or disconnected along the way.

At Spiritually Fit Co-Op, we believe spiritual fitness is about creating practices that help us stay connected—to ourselves, to our communities, and to something greater than ourselves. For those navigating recovery, healing, or simply the everyday challenges of life, that connection can become an anchor.

So much of life happens somewhere other than where we actually are. We tend to replay what happened yesterday. We anticipate what might happen tomorrow. We carry old stories about who we are and what we’re capable of. Yoga gives us an opportunity to come back.

Through movement, breath, and mindfulness, we practice noticing what is happening right now without immediately needing to change it. We notice the body. We notice the breath. We notice the thoughts that arise — and practice letting them pass without allowing them to dictate our next move.

That practice extends far beyond the mat. In recovery, learning to pause before reacting can be transformative. In everyday life, creating even a few moments of stillness can change the way we respond to stress, relationships, uncertainty, and ourselves.

October often brings conversations about change and letting go. But release doesn’t always look like a major life transformation. Sometimes letting go means releasing the expectation that we should have it all figured out, sometimes it means loosening our grip on perfection. Sometimes it means forgiving ourselves for the ways we survived before we knew another way. And sometimes, letting go simply means taking one thing off our plate.

The desert teaches us something beautiful about this. Arizona doesn’t suddenly transform overnight when October arrives. The shift happens gradually. Little by little, the intensity changes. Our own growth can look the same. We don’t have to change everything at once. We can simply make one different choice today.

One of the most powerful parts of any wellness practice is realizing that we don’t have to do it alone. There is something different about practicing in a room with other people—breathing together, moving together, resting together. Community reminds us that our experiences may be personal, but we are never the only ones experiencing them.

At The Co-Op, community is at the heart of what we do. We bring yoga, mindfulness, sound healing, and movement into spaces where people are healing and rebuilding their lives—from treatment centers and recovery communities to studios, workplaces, and events.

Because spiritual fitness isn’t about isolating ourselves and trying to become stronger alone. It’s about building the connections that help us stay grounded when life feels anything but steady.



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The goal isn’t perfection. The goal is consistency.

A practice becomes powerful when it becomes something we return to—not because we did it perfectly yesterday, but because we know it helps us feel more like ourselves today. This October, as Arizona begins its transition into a new season, consider what you might want to return to.

What helps you feel grounded?
What helps you feel connected?
What supports your recovery, your relationships, your peace, or your sense of purpose?
And perhaps most importantly: what can you begin practicing now that will help you meet the next season of your life with greater steadiness?

You don’t have to have all the answers. You just have to begin.
We believe every breath, every movement, every moment of connection is an opportunity to come back to yourself. Here’s to a new season—and to finding our way home, one breath at a time.

See you on the mat! www.spirituallyfitco-op.com

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Never to Late to Start!

Tips against later in life addiction

By Richard Tegmeyer

We all know the best treatment is the one you never need. For adults, prevention doesn't happen through posters or public service announcements. It happens on ordinary days when you're tired, stressed, lonely, in pain, or just trying to get through the week and find yourself reaching for something to take the edge off.

I've spent enough time around people struggling with addiction to know their stories rarely start at rock bottom. They start small.

I often think about a 24-year-old who moved to Chicago for a new job. At first, he was just being social. Happy hours with coworkers became part of the routine. Then he started using something to help him sleep after difficult days. Nobody called it a problem because he was still showing up for work and doing what was expected of him.

What might have helped wasn't a scare tactic or a lecture. It was a friend saying, "You don't seem like yourself lately." It was a doctor asking about alcohol use as naturally as they asked about a sore knee.

Young adulthood comes with freedom and major life changes: college, military service, a new city, or your first real job. Stay connected to people who know you well. If every weekend seems to require drinking or getting high to have fun, pay attention. If you're prescribed pain medication after an injury, ask whether you need those leftover pills and dispose of them safely. You don't have to be in crisis to seek help. Sometimes the best question is simply: Is this helping me become the person I want to be?

Then there's the man in his forties who looked like he had everything together. Good job. Mortgage. Kids. Responsibilities.

But each night he poured a little more into his glass because the stress never really ended. His wife noticed but waited almost two years to say anything because she didn't want an argument. When she finally said, "I'm worried about how much you're drinking," he got defensive. Then, eventually, he got honest.

For many adults, prevention looks exactly like that conversation.

It also looks like a workplace that treats substance use as a health issue instead of a disciplinary problem. It looks like cleaning out medicine cabinets full of old prescriptions. It looks like healthcare providers asking routine questions about alcohol, medications, and mental health.

Burnout, divorce, caregiving, chronic pain, and unresolved trauma can make substances feel like the only off switch. Getting help for depression, anxiety, or trauma isn't weakness. Often, it's what prevents a coping strategy from becoming a dependency.

The quieter stories can be the easiest to miss.

I think about a woman in her seventies who lost her husband after decades of marriage. One glass of wine helped her sleep. Then it became two. Then it was combined with sleeping pills prescribed months earlier "just in case."

Her daughter noticed the bottles while putting away groceries and realized she was checking on her mother much like she once checked on her teenager.

That's what prevention can look like later in life: reviewing medications, staying connected with family and friends, and paying attention when something doesn't feel right. Grief, retirement, and isolation are common experiences. Left unaddressed, they can create opportunities for substance misuse.

At every stage of life, silence makes these problems harder to address. Anxiety, grief, loneliness, and old wounds can make a substance look like relief. The more we talk about addiction as a health condition rather than a character flaw, the easier it becomes for people to ask for help early.

That's where Calvary Healing Center comes in.

Since 1964, Calvary Healing Center has helped adults in Phoenix overcome substance use and mental health challenges. Programs include detox,



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"The more we talk about addiction as a health condition rather than a character flaw, the easier it becomes for people to ask for help early."

inpatient treatment, partial hospitalization (PHP), intensive outpatient treatment (IOP), dual-diagnosis care, and faith-based options for those who want them.

Just as important, Calvary involves families in the recovery process because addiction rarely affects only one person. Family education helps spouses, adult children, parents, and loved ones understand how to support recovery without unintentionally enabling continued use.

Prevention and treatment aren't opposites. When prevention works, fewer people need treatment. When it doesn't, getting help early can keep one person's struggle from becoming an entire family's crisis.

Whether you're just starting out in life, managing the pressures of midlife, or navigating the challenges of aging, talk to someone you trust. Talk to a professional. And if substance use has already taken hold, visit **calvarycenter.com** or call **602-279-1468**.

You don't have to wait until everything falls apart. You just have to take the first step while you still can.



Richard Tegmeyer, Alumni Coordinator at Calvary Healing Center

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Calvary Healing Center is a proud affiliate of Foundations Recovery Network, a national network of treatment facilities that delivers evidence-based, patient-centered treatment. Our mission is to empower individuals to find their unique path to recovery from addiction and co-occurring mental health disorders so they can achieve lasting connection and stability in a recovery-focused life. Through a commitment to clinical excellence, we partner with individuals on their recovery journey by providing individualized care designed to actively remove barriers and embrace diverse pathways to healing. For more information, visit foundationsrecoverynetwork.com.



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Physicians are on the medical staff of Calvary Healing Center, but, with limited exceptions, are independent practitioners who are not employees or agents of Calvary Healing Center. The facility shall not be liable for actions or treatments provided by physicians. For language assistance, disability accommodations and the nondiscrimination notice, visit our website. 265844473-5845527 7/26

Training the Mind Series®

By Dee Williams



The *2nd Annual Training the Mind Series®* took place the morning of the season opener, on Sunday, September 20. Thank you to the Arizona Cardinals Football Club, Mental Health America of Arizona, Brook Choulet, MD, FAPA, my fellow panelists, and everyone who joined us for a conversation centered on athletes, families, teammates, coaches, and our community.

We talked about recognizing when someone may be struggling, finding the courage to ask the difficult question, listening without judgment, and knowing where to turn when someone needs additional support.

Perhaps the most important message was simple: *mental health should be talked about with the same openness as physical health, training, recovery, and injury prevention, and then turned into action.*

These conversations matter because somewhere in the audience, or somewhere beyond it, is a person who may need to hear that asking for help is okay.

Fortunately, *Mental Health America of Arizona* was able to speak to several individuals who have suffered from suicidal ideation or are experiencing a family member with mental illness. So the conversation then became intervention.

We are grateful for everyone who helped create a safe space.

A special shout out to the working board of **Mental Heath America of Arizona**:

- Jessica L. Westmiller, MSW
- Chung Trinh
- Estefana Johnson, LCSW
- Amanda Stamps
- Jason Bernstein
- Marcus Williams C.M.A.A.
- Barbara Nicholson-Brown
- Chuck and Laurie Goldstein

As well as their families who dedicated their Sunday to serving others.

The work continues.

Learn more about **MHA-AZ** by visiting <https://www.mhaarizona.org>
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The Next Door (Update)

When Sanctuary Recovery Centers began in 2006, it was a single house in Phoenix with no logo and no formal company behind it, only a name, an ethos, and a door that stayed open for people who had run out of places to go. Joey Landin came through that door in 2010 as a resident, not a leader, and the years since have turned a client into a caretaker and a caretaker into a CEO. Somewhere along the way, one house became 19 locations across the Valley. The principle behind each new one has never changed: every door Sanctuary opens is another chance for someone to find hope on the other side. This fall, the organization opens its largest door yet, a 10,000 square foot treatment center in Phoenix, Arizona.

Scale is the point of the new building. Joey has spent two decades uncomfortable with the idea of someone reaching out for help and being told there is no room, and the center is his answer. Groups run in three daily sessions, 9 to 12, 1 to 4, and 5 to 8, across multiple rooms operating at the same time, with additional space already set aside for growth. At full capacity the facility can serve as many as 270 people in a single day, a number that does not include Sanctuary's virtual IOP program or its virtual PHP program for veterans, both of which carry care to those who cannot come to a building at all. For a family making the hardest phone call of their lives, it means the answer is more likely to be yes, and sooner.

What happens inside the walls is what Joey cares about most. The peer support program that has become Sanctuary's signature continues to expand, and the new center will be staffed by people who know recovery from the inside because they have lived it. That model, peers walking alongside peers, is the same one that kept Joey in the house long enough to build a life there, and he still believes it can change the world. Delivered without judgment and grounded in mental health and dual-diagnosis care, it is built so that one person's healing does not end with them but reaches the family that follows, and the one after that. Twenty years in, Sanctuary is still doing what it did on the first day. It is opening the door.

Learn more about Sanctuary Recovery Centers by visiting <https://www.sanctuaryrecoverycenters.com>

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We had such an amazing time last year, and this year's event promises to be even better. Don't miss your chance to be part of it!



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The Courage to Be Real

Authenticity as a Path Out of Shame

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By Douglas Withrow MDiv, LMFT, MSC, S-PSB, CSAT

When sitting with people struggling with addiction I commonly hear the refrain, *"I don't even know who I am."* This state of "not knowing" is typically rooted in a childhood of abuse or neglect, which is followed by years, or decades, of numbing with substances and behavior, typically rooted in shame with messages of "I am not enough," "I am bad," or "I am unlovable." Initially, the concept of "living my authentic self" is to be hidden and avoided, not to be pursued. However, it is an important and difficult part of recovery, with five important aspects.

The first aspect to take into account is authenticity is full of contradictions — I am awesome and I can be cruel, I am empathetic and I am selfish, I am sad and I am hopeful, I want a bourbon and I want to be sober. When we are unwilling to acknowledge the complexity of our identity, we start wearing masks. When we start wearing masks, we begin to have secrets. When begin to have secrets, we begin to act out, which is a foothold for shame. Learning to speak in the "both/and" facilitates creating self awareness and knowing self.

Once we are able to identify the many parts of who we are, we become increasingly able to note when we are in our Healthy Balanced Adult (Scindo-Syndrome, Murray). This is the second aspect of authenticity. From this place we live in congruence with our values, and can engage honestly, compassionately, and with boundaries. There may be Rebellious Child part that lives outside of our values, or a Sobbing Child part that stays powerless. They can be authentic in their own right, but can lead to destructive behavior. However, when we are aware of those parts, it helps us to meet them with care, without letting them make the decisions. *Operating from our Adult Self understands this complexity without being overwhelmed by it.*

The third aspect is, authentic states collide. I would love it if everyone would adjust to my authentic self. However, it does not always happen, especially in intimate relationships. One person loves travel, while the other loves movies. One person wants to retire, while the other wants to work the rest of their lives. One person wants sex four times a week, while the other wants sex once a month. The combinations are endless. This does not mean you are in a bad relationship. These conflicts indicate you are becoming more intimate, and if you handle them from your Balanced Healthy Adult, you will both discover growth.

The fourth aspect of authenticity is you can actively influence it. It might be easy to say, "I am just a jerk, get used to it." However, with intention you can become more thoughtful, and compassionate. In recovery, it can be used as an excuse, "What did you expect? I'm an addict." However, we can learn from our choices and missteps, becoming a person of integrity, one day at a time. Accountability helps us on this journey, by inviting people to identify our blind spots and remind us who we are seeking to become.

Finally, the fifth aspect of authenticity, is it is emergent. There is not some ideal you out there waiting to be discovered and once you discover it, everything will fall into place. Embracing the emergence is the adventure. It draws us forward,

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Doug is a Licensed Marriage and Family Therapist, M.S. in Counseling, Master's of Divinity, Specialist in Problematic Sexual Behavior, Training in Emotionally Focused Therapy, Clinical Fellow of American Association of Marriage and Family Therapy at PCS in Scottsdale. 480-947-5739.

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Contacting the Force Through Meditation

Watching Star Wars again today, Yoda explained that the Force “surrounds us and penetrates us.” That’s similar to what we call God, what Chinese call Tao, and what Indians call Brahman. Those who know Brahman through Yoga and meditation live in harmony. Having practiced both since I was 17, I’ve seen how effective the latter is as a tool to connect a meditator to Source, our higher Self. The meditation I practiced and taught for 30 years, until 2010, was Transcendental Meditation (TM) and, since then, Higher Self Healing Meditation that I founded to make effortless mantra meditation more affordable for the average person than the enormous fees the TM organization was charging.

Yoda told Luke he’d know the Force when his mind was calm and at peace. Qui-Gon Jinn told Anakin to “learn to quiet your mind,” and Obi-Wan Kenobi told Luke to “let go of thoughts to hear the Force.” Meditation effectively quiets the mind and relaxes the body so one can let go and be at peace.

Physiological research on Transcendental Meditation shows the technique producing a level of rest that’s qualitatively twice as deep as the deepest point in a night’s sleep, while the mind is more alert than in normal wakefulness, as measured by EEG equipment. This restful alertness is a fourth state of consciousness, distinct from the changing waking, dreaming, and deep sleep. I use the word “changing” deliberately because this fourth state is non-changing.

Transcendental Meditation and Higher Self Healing Meditation that I’ve taught to hundreds of people are both effortless. No concentration or control is used, so why are they so methods so effective? To understand this we need to understand two phenomena that we notice every day. The first is the transitions between our three changing states of awareness. The second is what motivates the mind itself.

Effortless Transitions

When you go to sleep at night, you set up an initial condition— you turn off lights, and lay prone on a bed. No trying helps you fall asleep; in fact, trying keeps you awake longer. It’s not within your ability to speed up the process of going from waking to sleeping because falling asleep is the domain of a higher power— called in a galaxy far, far away the Force. It shifts you from sleeping to dreaming, and, if you don’t use an alarm, an iPhone, a significant other, a child, or pet, you’ll get up naturally. Nature gets you up; Nature is another name for the Force.

The Motivation of Happiness

At the depths of the mind is a field of deep peace, calmness, and happiness. Years ago in Woodstock, New York, I gave a talk on Transcendental Meditation standing in my living room, in front of sliding glass doors, which looked onto a deck; beyond that was a backyard and, beyond that, woods. I explained to the people facing me that every mind moves to greater happiness without any effort.

As I said that, folks suddenly rose to look behind me. I turned around to see why. A mother deer and her baby fawns just emerged were gamboling across the field. No effort was needed for these people to switch their attention from listening to me talking about the nature of the mind to shift to greater happiness, to watching deer. Because watching deer is more enjoyable than listening to a lecture.

The meditation techniques I’ve taught to many hundreds of people let their minds gravitate effortlessly to the great happiness that exists at their non-changing higher nature. You don’t need to believe in gravity to fall into

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a swimming pool if you lean in far enough. And you don’t have to be from India to experience the happiness deep within your mind if you practice TM or Higher Self Healing Meditation. What you need is a mantra that best suits your nervous system, and then the effortless manner of using it so the Force can move your consciousness from waking to the fourth state of pure consciousness. Do that regularly and the Force can help you evolve to the fifth state— Self-Realization.



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Aurora Behavioral Health	877-870-7012	auroraarizona.com
Axiom Care	602-782-9500	axiomcareofaz.com
Calvary Healing Center	602-362-8589	calvarycenter.com
CBI, Inc.	877-931-9142	communitybridgesinc.org
Copper Springs	480-418-4367	coppersprings.com
The Crossroads	602-263-5242	thecrossroadsinc.org
DaVinci Consulting Services	480-606-8602	davinciconsultingservices.com
Desert Star Addiction Recovery Center	520-638-6000	desertstarARC.com
Dr. Marlo Archer	480-705-5007	DrMarlo.com
Encore OS	602-357-5918	encoreos.io
Gifts Anon	480-483-6006	
Horizon Recovery Center	623-243-8992	horizonrecovery.com
Hushabye Nursery	480-628-7500	hushabyenursery.org
The Meadows	800-632-3697	themeadows.com
Mens Teen Challenge	520-792-1790	tcaz.org
Mental Health America of Arizona		mhaarizona.org
Mercy Care 800-631-1314	602-222-9444	mercycaarez.org
NorthSight Recovery	833-787-9718	northsightrecovery.com
Psychological Counseling Services (PCS)	480-947-5739	pcsintensive.com
Sanctuary Recovery Centers	1-844-978-TRUE	sanctuaryrecoverycenters.com
Scottsdale Providence	480-210-1734	scottsdaleprovidence.com
Scottsdale Recovery Center	888-663-7847	scottsdalerecovery.com
Sierra Tucson	800-842-4487	sierratucson.com
Spiritually Fit- Co-op	602-809-0854	spirituallyfitco-op.com
Brough Stewart, MC, LPC, NCC	602-316-3197	
Steps to Recovery/Konnect	928-649-0077	konnctwellness.org
Valley Hospital	602-952-3939	valleyhospital-phoenix.com
Via Linda Behavioral Hospital	480-476-7210	vialindabehavioral.com
Virtue Recovery Center	866-338-6977	virtuerecoverycitywest.com
Teen Challenge AZ	602-708-9475	tcaz.org

Additional Resources

ACT Counseling & Education	602-569-4328	actcounseling.com
AZ. Dept. of Health	602-364-2086	
AZ Holistic Approach Counseling	602-529-1967	
Arizona Opioid Assistance Helpline	888-688-4222	
Birches Health	833-483-3838	bircheshealth.com
Ericks House	855-894-5658	
Desert Drug Dog	602-908-2042	
Hunkapi Programs	480-393-0870	
Kid in the Corner	kidinthecorner.org	
EMPACT/La Frontera	800-273-8255	
I Am Teen Strong	480-396-2409	
Mental Health Center of America	602-704-2345	
NotMYKid	602-652-0163	
PAL Parents of Addicted Loved Ones	palgroup.org	
Recovery Café	480-530-7090	
TERROS Health	602-685-6000	

TUCSON

ACA	aca-arizona.org
AA	520-624-4183
AI-Anon Info 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
Cornerstone Behavioral Health	520-222-8268
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
Sierra Tucson	800-842-4487
Suicide Prevention	520-323-9372
Teen Challenge	888-352-4940
The Mark Youth and Family Care	520-326-6182
Workaholics Anonymous	520-403-3559

EDA Meetings

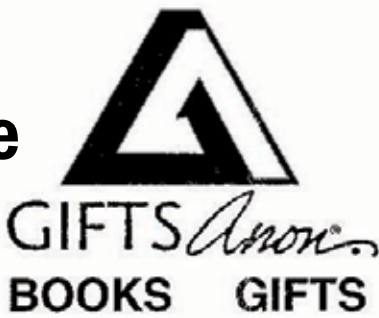
Sat. 10:30 am New Freedom Meeting — Pigeon Coop. 4415 S Rural Rd, Ste 8, Tempe AZ. Step and big book study.

Thur. 7:00 P.M.
New Happiness Meeting
Crossroads
2103 E Southern, Tempe. Rotating format- Step, Topic, Big Book, Speaker.

Helplines

Alcoholics Anonymous (AA)	602-264-1341
AI-Anon	602-249-1257
Tucson AI-Anon Information	520-323-2229
Adult Children of Alcoholics (ACA)	aca-arizona.org
Bipolar Wellness	602-274-0068
Child Abuse Hotline – Support & Information	800-422-4453
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-385-8454
Crisis Help Line – For Any Kind of Crisis	800-233-4357
Crisis Text Line	Text HOME to 741741
Crystal Meth Anonymous	602-235-0955
Debtors Anonymous	800-421-2383
Domestic Violence	800-799-SAFE
Families Anonymous	602-647-5800
Fentanyl Anonymous	520-338-9307
Food Addicts food addicts.org	435-764-1461
Gamblers Anonymous	602-266-9784
Gam-Anon 602-303-7876	National Hotline 844-475-4213
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
NDMDA Depression Hotline – Support Group	800-826-3632
Narcotics Anonymous/Phoenix	480-897-4636
Narcotics Anonymous/Casa Grande	520-426-0121
Narcotics Anonymous/Flagstaff	928-255-4655
Narcotics Anonymous/Prescott	928-458-7488
Narcotics Anonymous/Tucson	520-881-8381
Nar-Anon Family Groups	(800) 477-6291
National Youth Crisis Hotline	800-448-4663
Overeaters Anonymous	602-234-1195
PAL (Parents of Addicted Loved Ones)	480-300-4712
Parents Anonymous	602-248-0428
Phoenix Metro SAA	602-735-1681
RAINN (Rape, Abuse, Incest National Network)	RAINN.ORG
Rape Hotline (CASA)	602-241-9010
Sexaholics Anonymous	602-439-3000
Sexual Assault Hotline 24/7 English & Spanish	800-223-5001
Sex/Love Addicts	602-337-7117
Sex/Love Addicts Tucson	520-792-6450
Sex Addicts Anonymous	602-735-1681
S-ANON	480-545-0520
Teen Life Line	800-248-8336

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