



**Regional Center for Border Health, Inc.  
and its Subsidiaries, Inc.**  
Family Integrated Services

*“An Integrated, Comprehensive and Continuum  
Primary and Behavioral Healthcare Model”*

Client Handbook





We are pleased to introduce you to Regional Center for Border Health, Inc. and its subsidiary San Luis Walk-In Clinic, Inc., is a nonprofit 501 (c) 3 organization, that provides integrated comprehensive a continuum primary and behavioral healthcare medical home model.

This booklet is designed to provide you with a better overview about RCBH/Family Primary Care and Behavioral Integrated Services. Please do not hesitate to reach to us at any time if you have further questions.





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We are pleased you have chosen Regional Center for Border Health, Inc. and its subsidiaries a Family Integrated Services as your provider for Primary Care and Behavioral Health Services, a family-centered approach to treatment. SLWIC is proud to serve children, youth and adults. Primary care settings have become a gateway for many individuals with behavioral health and primary care needs. To address these needs, many primary care providers are integrating behavioral health care services into their setting. Models have emerged that include the use of care managers, behavioral health consultants, behaviorists, or consultation models. (SAMHSA, 2015)

### **Mission Statement**

Committed to improving the quality of life of the residents along the U.S.-Mexico Border by increasing accessibility to quality training and affordable healthcare.

### **Vision Statement**

Access to quality healthcare and training opportunities for rural and border communities.

### **RCBH History**

Regional Center for Border Health, Inc. (RCBH) and its subsidiaries Family Service Integrated is a 501 (c) 3 nonprofit organization founded in 1986, formerly known as Western Arizona Health Education Center (WAHEC).

In addition to Behavioral Health, RCBH is composed of a wide range department including: Rural Health Clinic, College of Health Careers, CAPAZ-MEX, and La Cocina. Moreover, RCBH programs include: WAHEC & Binational Council of Health and Environment.

Furthermore, outreach program such as: Nuestros Niños Youth Summer Program, Well Woman Healthcheck, Asthma Camp, Medical Mobile Clinic, Family Care Coordinators & Support Groups. Offices extensions are in Yuma, Somerton, San Luis, Lake Havasu, Parker, and Kingman. RCBH is proud to serve Mohave, La Paz, and Yuma Counties.



## Service Locations

### SOMERTON, ARIZONA

#### **San Luis Walk-In Clinic, Inc. / Family Behavioral Integrated Services**

214 W. Main Street  
P.O. Box 617  
**Somerton, AZ 85350**  
**Phone:** (928) 627-1120  
**Fax:** (928) 627-8315



950 E. Main Street  
P. O. Box 617  
**Somerton, AZ 85350**  
**Phone:** (928) 236-8001  
**Fax :** (928) 627-1709



Hours of Operation: 8:00am – 6:00pm

### SAN LUIS, ARIZONA

#### **San Luis Walk-In Clinic, Inc. / Family Behavioral Integrated Services**

1896 E. Babbitt Lane  
P.O. Box 1669  
**San Luis, AZ 85349**  
**Phone:** (928) 722-6112  
**Fax:** (928) 722-6113



Hours of Operation 8:00am -6:00pm

1453 N Main Street, Suite 6  
P.O. Box 1669  
**San Luis, AZ 85349**  
**Phone:** (928) 459-3508  
**Fax:** (928) 315-6062



Hours of Operation 8:00am -5:00pm



## San Luis Medical Mall

151 S Oak Avenue  
San Luis, AZ 85349  
Phone: (928) 622-0414  
Fax: (928) 722-6113

Hours of Operation: Monday-Friday 8:00am - 6:00pm



## Parker, ARIZONA

**Parker Walk-In Clinic, Inc. / Family Behavioral Integrated Services**

601 E. Riverside Drive, Ste. 2 & 4  
Parker, AZ 85344  
Phone: (928) 256-4110  
Fax: (928) 256-4111

Hours of Operation: Monday-Friday 8:00am -5:00pm



## Lake Havasu City, ARIZONA

**Lake Havasu Pediatric and Family Clinic**

1980 Mesquite Avenue, Ste. 103  
Lake Havasu, AZ 86403  
Phone: (928) 392-3691 Fax: (928) 459-3507

Hours of Operation: Monday-Friday 8:00am -5:00pm



## Kingman, ARIZONA

**Kingman Walk-In Clinic**

2302 Stockton Hill Rd.  
Kingman, AZ 86401  
Phone: (928) 352-2560

Fax: (928) 352-2824

Hours of Operation: Monday-Friday 8:00am -5:00pm





## ENROLLMENT PROCESS

### INTAKE

- Please bring photo ID
  - Social Security Card
  - Current Insurance Card (If Necessary)
  - Referral (If Necessary)
  - Court / Probation paperwork (If Necessary)
- Children:
- Birth Certificate
  - Guardianship paperwork

### Services

- Substance Abuse Evaluation and Treatment
- Behavioral Health Evaluation and Treatment
- Family & Individual Therapy including Anger Management
- Psychiatric Health and Medication Management
- Family Support Services (case management, family, peer and direct support)
- DUI Screening, Treatment and Education Services
- Misdemeanor Domestic Violence Services
- Group Support Counseling Sessions
- Adult, Youth & Children Services

### Cost of Services

Upon intake, a client financial situation is assessed to determine any possible available funding sources. However, Individuals receiving services at RCBH and its subsidiaries Family Behavioral Integrated Services are expected to pay all insurance co-payments and deductibles at the time services are rendered. Clients who have no insurance are required to pay 100% for services rendered at each visit unless prior arrangements are made. Those individuals who have insurance that pays the insured directly are responsible for the entire fee at the time services are rendered.

RCBH and its subsidiaries are currently approved contracted with:

- AHCCCS
- Mercy Care
- Medicare
- CIGNA
- AETNA
- BCBS
- AZ Complete Health
  - Care 1<sup>st</sup>
- United Health Care Community Health Plan
- TRICARE
- University of Arizona Family Care
- Health Net
- Arizona Foundation
- Humana
- BCBSAZ Health Choice



Patients not eligible for sliding fee, AHCCCS or private insurance, can apply for CAPAZ Medical Discount Network (please ask any RCBH representative).

- CAPAZ is available only in Yuma county.

### FEE/REFUND

Client has a right to a refund if they didn't attend a service, they had paid for in advance or if insurance pays for services, you have already paid for.



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### Court Mandate Programs / FFS (Fee for Service)

AHCCCS does not cover “Court mandated” services such as DUI’s, and/or Domestic Violence Treatment.

- Intake/Assessment/DUI Screening \$90.00 (Includes Book Fee)
- Substance Abuse Evaluation: \$80.00 (\$10.00 for book fee, if applicable)
- DUI Education Level II (8 sessions/16 hrs.): \$35.00 per session
- DUI Treatment Level I (20 sessions/hrs.): \$25.00 per session
- Substance Abuse Group: \$25.00 per session
- Domestic Violence Group: \$25.00 per session

RCBH is a state licensed programs approved by the Arizona Department of Health Services (ADHS), Arizona Department of Transportation (MVD), & Medical Health Plans.







## **COURT / PROBATION Ordered Programs**

RCBH and its subsidiaries Family Service Integrated reports to court/probation on the following occasions:

- Intake process
- Monthly reports
- Not participating in groups
- Not reporting to RCBH within the timeframe outlined by the court
- Arriving late or not showing (no admittance beyond 15 minutes from the start time)
- Verbal or physical treat to staff or other clients
- Arrive to RCBH premises under the influence of AOD (Alcohol or other Drugs)
- Irregular attendance (more than 4 absences the case will be close)
- Not meeting financial obligations

If the client fails to meet the above criteria, the case will be close, and a termination letter will be sent to the referral source.

## **RCBH and its Subsidiaries Family Service Integrated Policies**

NO ALCOHOL, DRUGS or WEAPONS are allowed on RCBH premises at any time or participating in services under the influence of alcohol & drugs.

## **Client Responsibilities**

- No Cellphones allowed during sessions.
- Participation in groups
- No Food/Drink allowed (except water)
- Must arrive on time, if 15 minutes late, will need to reschedule the appointment.
- The client is responsible to maintain all receipts as proof of payment.
- Cancel 24 hours in advance.



## General Rules

### RCBH and its Subsidiaries Family Service Integrated EXPECTATIONS

- Do not leave children unattended; arrive 15 minutes before the end of the session.
- RCBH and its Subsidiaries Family Service Integrated does not tolerate the possession of weapons, illicit drugs, or alcohol.
- Do not bring relatives or friends that are involved in the treatment.
- Clients are expected to treat themselves, their fellow clients, and the staff with respect. Verbal and physical abuse of other clients and staff members can result in immediate discharge and police involvement.
- There is no smoking in RCBH and its Subsidiaries Family Service Integrated facilities. Smoking outside must be 20 ft. from the entrance.
- The staff is not allowed to receive gifts or exchange items; to avoid any possible conflict of interest or dual relationship.
- Everyone must wear shoes and shirts in the office.
- No pets are allowed in RCBH and its subsidiaries Family Service Integrated facilities except for medical reasons.
- Clients are not allowed to loiter in RCBH and its subsidiaries Family Service Integrated premises or on the streets near the building or surrounding property within a block of the clinic.
- Clients must keep all appointments with RCBH and its subsidiaries Family Service Integrated counseling staff.
- Clients are required to pay client fees on their scheduled day.
- Clients are expected to keep their AHCCCS eligibility current at all times.
- Constant cancellations and or no show will result on termination of services.

Discontinuation of Services-Clients have the right to refuse or discontinue any service or procedure. In the event that treatment has been court ordered that there may be legal consequences from failure to follow the court ordered treatment.

Discrimination and Harassment-Discriminatory/harassing comments will not be tolerated. Jokes or negative comments will be confronted when made about race, gender, disability, ethnicity, or sexual preference. Please note that this is whether directed at a specific individual or made as a general comment. Such statements create a hostile environment and could jeopardize the client's future participation in services.



## **RIGHTS OF THE PERSONS SERVED**

### **CLIENT RIGHTS AND DISCRIMINATION PROHIBITED**

Regional Center for Border Health, Inc. recognizes the existence of a reciprocal relationship between the company and the client based on the principle that the company will protect fundamental constitutional and statutory rights of each client, and clients will be expected to take responsibility for their behavior. The company demonstrates in RCBH clinical records, code of ethics, and other practices RCBH adherence to all applicable federal and state/provincial laws regarding client's rights.

#### **RCBH will ensure that:**

1. At the time of admission, a client and, if applicable, the client's guardian, receive a written list and verbal explanation of:
  - a. The client rights.
  - b. If the client is an individual who is enrolled by ADHS as an individual who is seriously mentally ill, the rights contained in R9-10-1008;
2. A client or, if applicable, the client's guardian acknowledges, in writing, receipt of the written list and verbal explanation.
3. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights. Interpreter & Sign Language services are available upon request.
4. A client is afforded the rights listed in A.R.S. 36-504 through 36-514 and in subsection (C).

#### **A client has the following rights:**

1. To be treated with dignity, respect, and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment; American Indian clients will not be discriminated against and will receive service regardless of whether they are TRBHA clients;
3. To receive treatment that:
  - a. Supports and respects the client's individuality, choices, strengths, and abilities.
  - b. Supports the client's personal liberty and only restricts the client's personal liberty.



- c. according to a court order; by the client's consent; or as permitted in this Chapter; and
  - d. Is provided in the least restrictive environment that meets the client's treatment needs.
4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.
  5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation.
  6. To have grievances considered by a licensee in a fair, timely, and impartial manner.
  7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense.
  8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.
  9. If enrolled by ADHS as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by ADHS or ADHS designee in understanding, protecting, or exercising the client's rights.
  10. To have the client's information and records kept confidential and released only as permitted under R9-10-1008.
  11. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, except as required for treatment.
  12. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2).
    - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For temporary video recording used for security purposes.
  13. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in A.R.S. § 12-2293, 12-2294, and 12-2294,01.
  14. To review the following at the agency or at ADHS:
    - a. This Chapter, R9-10-1008.
    - b. The report of the most recent inspection of the premises conducted by ADHS.



- c. A plan of correction in effect as required by ADHS.
  - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by ADHS, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
  - e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by ADHS, a plan of correction in effect as required by the nationally recognized accreditation agency.
15. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a crisis service.
  16. To consent to treatment after receiving a verbal explanation of the client's condition and the proposed treatment, including the intended outcome, the nature of the proposed treatment, any procedures involved in the proposed treatment, any risks or side effects from the proposed treatment, and any alternatives to the proposed treatment.
  17. To be offered or referred for the treatment specified in the client's treatment plan.
  18. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan.
  19. To express his or her preferences regarding choice of assigned clinician or other service provider.
  20. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health.
  21. To be free from:
    - a. Physical abuse, sexual abuse, harassment, and physical punishment.
    - b. Psychological abuse, including humiliating, threatening, and exploiting actions.
    - c. Neglect;
    - d. Exploitation;
    - e. Coercion;
    - f. Manipulation;
    - g. Retaliation for submitting a complaint to the Department or another entity.
    - h. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs.
  - i. Treatment that involves the denial of:



- I. Food,
  - II. The opportunity to sleep, or
  - III. The opportunity to use the toilet; and
  - IV. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
22. To participate or, if applicable, to have the client's parent, guardian, custodian, or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan. The client is provided with information pertaining to immediate, pending, and potential future treatment needs. Information is offered that is clear and understandable, with risks identified when applicable.
  23. To control the client's own finances except when:
    - a. The client is under guardianship or conservatorship or has a representative payee; or
    - b. Otherwise ordered by a court of competent jurisdiction.
  24. To participate or refuse to participate in religious activities.
  25. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene.
  26. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan.
  27. To participate or refuse to participate in research or experimental treatment.
  28. To consent in writing, refuse to consent, or withdraw written consent to participate in research or treatment that is not a professionally recognized treatment.
  29. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings.
  30. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility, according to the agency's policies and procedures.



## Confidentiality

The confidentiality of alcohol and drug abuse records maintained by RCBH, and its subsidiaries Family Service Integrated is protected by Federal laws and regulations. Generally, the program may not say to a person outside the program that a client attends the program or disclose any information identifying a client as an alcohol or drug abuser **unless**:

1. The client consents in writing.
2. The disclosure is mandated by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for audit or program evaluation.
4. The disclosure is made to report suspected child, incapacitated/vulnerable adult or elder abuse or neglect as required by State law to State authorities.
5. The disclosure is made to protect the client or others from serious bodily harm. The program may be required to take protective actions which may include notifying others, including law enforcement, or seeking appropriate hospitalization.
6. The disclosure is made pursuant to a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Violation of Federal laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with Federal regulations.  
(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42CFR part 2 for Federal regulations).



## INFORMED CONSENT TO TREATMENT

Regional Center for Border Health, Inc. will participate in the ADHS policies regarding General and Informed Consent. Regional Center for Border Health will apprise clients seeking behavioral health treatment services of all necessary information pertaining to their treatment. Voluntary written consent for treatment will be obtained from each client and/or parent/guardian as appropriate prior to treatment.

### Treatment Information Available to Clients

1. Prior to admission, the client and/or family will have the opportunity to speak with staff to learn about program hours, attendance, and participation expectations; the cost of treatment; and the treatment planning and discharge process. Written materials may also be available which describe the continuum of services, treatment philosophy, and payment options and schedules.
2. As part of the admission process, clients and family members are informed of their rights and responsibilities and receive a written copy of the information. A copy of client rights and responsibilities will be posted in the client lobby.

### Obtaining Informed Consent

1. At the time of the first face-to-face enrollment interview, the clinician will explain to the client and/or guardian:
  - a. the course and purpose of treatment.
  - b. the intended outcome, nature and procedures involved in treatment.
  - c. any risks and side effects of treatment including the risks of not proceeding with treatment.
  - d. alternatives to treatment.
  - e. that consent is voluntary and may be withheld or withdrawn at any time.
  - f. that by signing the Consent to Treatment form the client gives permission for ADHS to access information and records maintained by the health plans concerning the provision of covered services.





## GRIEVANCE PROCEDURE

The grievance procedure is intended to provide a formal mechanism for the resolution of disagreements that may arise between clients and staff, and to assure that any client with a legitimate grievance is given the opportunity for redress. The grievance procedure is divided into two sections. The first deals with the grievance in general, and the second concerns involuntary termination.

### General Grievance Procedure:

1. It is the best interest of the client and the staff of the program that grievances be resolved informally whenever possible. The first step in the grievance procedure will be the written presentation of the grievance to your counselor or case manager.
2. If the grievance is not resolved satisfactorily on an informal level, you should inform your counselor that you wish to initiate a formal grievance hearing. This hearing will involve a meeting with the Program Director or his/her designee to explain your grievance. The hearing will occur as soon as practical.
3. The Program Director will provide a written response to you within 5 days of the hearing.

### Appealing Involuntary Termination Decisions:

1. The client will be advised in writing of the decision to terminate treatment and the reason(s) for the decision.
2. In cases of involuntary termination, written notice of intent to terminate shall be given to the client at least 48 hours prior to termination unless:
  - The client's location is unknown to the program and is not discoverable through reasonable effort or if contacting the client would jeopardize client confidentiality.
  - The client's actions present a perceived danger to other clients or staff, or disrupts normal clinic functioning.
3. Upon request of the client, within 48 hours of his/her receipt of the written notice, an independent review will be conducted by the Program Director or Designee.
4. The independent review shall be conducted within 72 hours of the request for review. The review will be informal; however, the program and client shall be given the opportunity to provide documentation and witnesses in support of their respective positions.
5. The person conducting the independent review will render a written decision within 48 hours of the close of the review. When a client has made a written request to review the notice of intent to terminate (and within 48 hours of the receipt of the notice), termination will not begin until the review process has been completed.
6. Clients may file an appeal with the health plan within 10 days if they receive a notice of action terminating or suspending their services. Procedures for filing an appeal can be found in your health plan handbook as well as attached to the notice of action.
7. If you are diagnosed as seriously mentally ill (SMI) or are enrolled in Arizona Complete Health under Title 19 or State funding, you have additional avenues for grievance and appeal which will be explained to you by your counselor and are described in Arizona Complete Health Customer Handbook.



Regional Center for Border Health, Inc.  
Family Behavioral Integrated Services

**Filing a Complaint with the Arizona Department of Health Services**

150 N. 18<sup>th</sup> Ave Suite 450  
Phoenix, AZ 85007-3242  
(602) 364-3030



**Filing a Complaint with Regional Center for Border Health, Inc.**

Ines Gonzalez, Behavioral Health Executive Director  
Regional Center for Border Health, Inc.  
214 W Main Street / P O Box 617  
Somerton, AZ 85350  
(928) 627-9222

**Filing a Complaint with Arizona Complete Health**

Complaints and Grievances Department  
Cenpatico Behavioral Health of Arizona  
Administration Office  
333 E Westmore Road, Suite 500  
Tucson, AZ 85705  
(866) 495-6738



**Filing a Complaint with Banner University Health Plan**

Grievance & Appeal Department  
2701 E. Elvira Road  
Tucson, AZ 85756  
(833) 318-4146  
Email: [BUHPGrievances&Appeals@bannerhealth.com](mailto:BUHPGrievances&Appeals@bannerhealth.com)



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**Filing a Complaint with ADHS**

Arizona Department of Health Services  
Division of Health and Childcare Review  
Office of Behavioral Health Licensure  
1647 East Morten, Suite 240  
Phoenix, AZ 85020  
(602) 674-4300



**Filing a Complaint with Care 1<sup>st</sup> Health Plan**

1850 W Rio Salado Parkway, Suite 211  
Tempe, AZ 85281  
(888) 788-4408





### **Filing a Complaint with BCBSAZ Health Choice**

Complaints and Grievances Department  
BlueCross BlueShield Health Choice  
Administration Office  
8220 N 23<sup>rd</sup> Avenue  
Phoenix, AZ 85021  
(800) 322-8670



### **Telephone Numbers You Should Know**

Emergency	911
National Suicide Prevention Lifeline	988
Social Security Office	(800) 772-1213
Arizona Department of Health Services Office of Behavioral Health Licensure	(602) 364-2536
Arizona Department of Health Services Division of Behavior Health Services	(800) 867-5808 (602) 364-4558
Advocates for the Disabled	(602) 212-2600
Arizona Complete Health	(866) 495-6738
Banner University Health Plan	(800) 582-8686
Care 1 <sup>st</sup> Health Plan	(866) 560-4042
BCBSAZ Health Choice	(800) 322-8670
County Poison Control	(520) 626-6016



### Yuma Service

Arizona Complete Crisis Line (Yuma & La Paz County)	(844) 534 4673
Amberly's Place	(928) 373-0849
Community Legal Services	(928) 782-7511
Yuma County Poison Control	(928) 344-2000
Yuma Regional Medical Center	(928) 344-2000
Emergency Room	(928) 336-7100
Vocational Rehabilitation	(928) 247-8880
Crossroads Mission Shelter Hotline	(928) 783-9362
Arizona Department of Economic Security Adult Protective Services	(928) 782-9255
Arizona Department of Economic Security Child Protective Services	(928) 341-1159

### Mohave County

Mohave Crisis Line	(877) 756-4090
Corner Stone Mission Shelter (Kingman)	(928) 757-1535
Community Legal Service (Kingman)	(928) 681-1177
Kingman Aide to Abuse People Crisis Line	(928) 753-4242
Kingman Regional Medical Center	(928) 757-2101
Exclusive Certified Residential Care (ECRC) Rehabilitation	(928) 529-3567



Havasu Regional Medical Center	(928) 855-8185
Lake Havasu Vocational Rehabilitation	(928) 854-0377
Lake Havasu Department of Economic Development Adult/Child Protective Services	(928) 854-0376
H.A.V.E.N Center Domestic Violence Services	(928) 505-3153
Shelter Services River Cities United Way	(928) 855-6333
Legacy Foundation Christine Stamper Center For Help & Hope (Bullhead City)	(928) 708-7295

### La Paz County

Arizona Department of Economic Security (AZDES)	(928) 669-9293
Colorado River Regional Crisis Services	(928) 669-8620
Eva's Place Quartzsite and La Paz Mobile Advocacy Program	(623) 537-5380
Recovery Opportunity Center (ROC Program)	(928) 669-5319
La Paz County Public Health Emergency Preparedness	(928) 669-1939
La Paz Regional Hospital	(928) 669-9201





Follow up instructions will be provided by treatment staff based upon the presentation and need of the client. (I.e. AA meetings locations and phone numbers).

## *Regional Center for Border Health, Inc.*

### **San Luis Walk-In Clinic, Inc.**

RCBH and its subsidiaries Family Service Integrated is an equal opportunity provider and employer.

Notice: This Handbook is available in Spanish upon request.

Aviso: Este manual está disponible en Español a petición.

Revised: 3/29/2024; IG  
1/4/2024; AA

