Welcome to the Viewpoint Dual Recovery Center Family!

Viewpoint Dual Recovery Center is the premier extended treatment program in the U.S. dedicated to individuals with co-occurring mental illness and substance abuse (Dual Diagnosis). Our program is focused on providing clients with a transformative, nurturing and individualized experience, designed to build the self-esteem and skill sets needed to live their “best life” possible. This is achieved through our UHELP™ program model, combined with long-term, structured sober living.

The minimum stay for our program is 90 days with an average length of stay between 6-12 months. Our program is tailored to clients who have completed a primary treatment program and are seeking continued long-term treatment. Our clients’ treatment is focused on making critical lasting changes while helping them transition back to a manageable sober lifestyle.

The intent of this Welcome Kit is to assist you in supporting your loved one as they progress through our program. We have included a list of frequently asked questions and our preferred contact procedures for you.

Viewpoint Dual Recovery Center’s comprehensive approach to treating dual diagnosis is achieved through our pioneering system, UHELP™ (Understand, Heal, Educate, Love, and Practice). Our program affords clients the ability to go beyond short-term success and make true lasting change.

In contrast to other programs where the overwhelming majority of clients do not have mental illness, we offer a program dedicated to dual diagnosis. This allows us to provide a more focused, supportive, and effective environment for treatment. Most programs focus on substance abuse and treat mental illness as a secondary issue. We believe that without properly addressing mental illness through appropriate medication and therapy, any attempts to recover from addiction are ineffective.

We believe this is often why dual diagnosis individuals are unsuccessful in recovery and find themselves attending multiple treatment centers. With Viewpoint Dual Recovery, you or your loved one aren’t treated as the exception, but are surrounded by people who understand or share your challenges. Our treatment team consists of caring professionals who possess a combination of clinical and firsthand experience which guarantees an understanding, healing, educational and practical recovery plan.

Our unique focus and team of experts allow us to work in conjunction with other treatment centers to support the needs of those clients who have struggled to find help at non-dual diagnosis focused programs.
More about Viewpoint Dual Recovery Center

Viewpoint Dual Recovery Center is a premier extended treatment program in Prescott, AZ. We pride ourselves in being an individualized program dedicated to individuals with co-occurring mental illness and substance abuse disorders.

Viewpoint Dual Recovery Center offers a variety of treatment options, designed for a client’s individualized treatment plan. Our mission is to provide a recovery plan that caters to each patient and their needs.

**Clients at Viewpoint Dual Recovery Center are offered the following:**

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702 W Hillside Avenue  •  Prescott Arizona 86301  •  p. 928-778-5907  •  f 928-778-5908
While in our Extended Treatment Program clients earn responsibilities as well as privileges based on the input of the entire clinical team. Clients are supported in every way possible to become gainfully employed or enrolled in school depending on their needs and goals. We do allow clients to have their cell phones, computers, and vehicles depending on their individual progress.

Viewpoint Dual Recovery Staff

Amy Fackrell, JD, MACP — Executive Director
Curt Fackrell — Chief Financial Officer
Carolyn Novicoff — Program Director
Bevan Gottlieb, LISAC — Clinical Director
Dr. Barabara Brooks NMD — Naturopathic Medical Doctor
Dr. Julia Summers, PH.D — DBT Therapist
John Baumgartner — Director of Operations
What you will need

1. Approximately two weeks of clothing
   a. Clients are able to do laundry at their house. Laundry detergent is provided.
   b. The weather in Prescott is mild. Summers are generally 80-90 degrees, with winters running
      35-45 degrees. Summer time is monsoon season. An umbrella is a good idea!
2. Medication
   a. Medication must be in original container.
3. Toiletries
   a. Shampoo, Conditioner, Soap, Hair Supplies, etc.
4. Insurance Card and ID
5. Workout Clothing

What you may have

1. Phone (Blackout period applies upon admission)
2. Laptop/IPod/Tablet (Blackout period applies upon admission)
3. Books
4. Writing Supplies

Please do not bring

1. Mouthwash with alcohol
2. Bedding (We will provide all bedding, towels, etc.)

Mail

Please send all clients’ mail to:

Viewpoint Dual Recovery  
C/O your loved one  
702 W Hillside Ave  
Prescott, AZ 86301

All mail is sent to the office, where it is distributed to the clients. Please do not send mail directly to the houses! Please don’t hesitate to call us at 877-777-5150 with any questions or concerns you may have.
Money

Clients are given a weekly allotment that covers their food, toiletries, etc. If there is a special occasion such as a holiday or birthday please call Viewpoint staff before sending anything monetary. 
*See included payment forms.*

Visitation

If you are planning to visit a client in our facility, please call us first to make arrangements. We will be more than happy to assist you in any way we can.

If you would like a client to visit you, please call our facility to arrange transportation. As a general rule, we do not like clients to have visitors before 30 days. The first month is an integral part of the client’s recovery process, and we like them to have time to get adjusted to their new environment. We would be happy to discuss this with you on an individual basis. Feel free to call us at any time!

Schedule

Upon arrival, clients will work with their therapist to come up with an individual treatment plan. As a general guide, clients start the day at 7am, and are done with group at 3pm. They will attend at least one 12-step meeting per day. In addition, clients meet with their individual therapists weekly, as well as the psychiatrist on an as needed basis.
Frequently Asked Questions

—How long is the average stay?

The minimum stay for our program is 90 days with an average length of stay between 6-12 months.

—How do I communicate with my family member?

Please call our main office number at 928-778-5907 to initiate contact with your family member. Clients are allowed to speak with you 3 times per week for the initial “black-out” period which is usually the first two weeks of treatment. After that time and on a case-by-case basis, clients are allowed to have more frequent communication privileges to include cell phones.

—Can my family member have a cell phone, ipad, or other electronics?

All clients are eligible to have these items, but again, this is decided on a case-by-case basis based on the client’s behavior. We can accept and keep these items secure until the time that your family member is allowed to have them back, or you can mail them once they are approved to have them.

—Where do I send care packages?

Please send all packages to our main office at:

Viewpoint Dual Recovery Center
C/O your loved one
702 W Hillside Ave
Prescott, Arizona 86301

—Can I visit with my family member?

Outside visits are allowed but are discussed with the entire clinical staff prior to approval. All visits are dependent on your loved one’s progress through our program and their best interests. Please call our main office (877-777-5150) prior to scheduling your travel arrangements.
House Rules

1. Clients are to go to house managers with all issues. If the problem cannot be resolved there, they are to have the house manager contact John or Meghan. Clients are not to contact Amy, Bevan, John, or Meghan (or any other therapist) without first speaking to their house manager.
2. Turn in all client’s cell phones and other electronics.
3. Clients will respect staff and other clients.
4. Clients with attend one meeting daily (Monday – Friday). Sponsor meeting will not count. – If they DO have a job and/or are enrolled in school FULL-TIME, they may attend only 7 meetings weekly.
5. Clients will attend two meetings each day on Saturday and Sunday. However, a house meeting and or a sponsor meeting will count towards one of the meeting requirements.
6. Beds must be made in the morning before leaving the house.
7. Monday- Friday wake is at 7am; Sat wake is 8am and Sun wake is 9am.
8. Client must be ACTIVELY working their 12 steps with a sponsor. 1st Sponsor Meeting must be at the house.
9. Client must volunteer 2x per week for 2 hours a day; time will increase with time at Viewpoint. Must fill out volunteer log. NO EXCEPTIONS!
10. Client must be ON TIME to each group. Missing group is NOT ALLOWED.
11. Client/Staff must abide by the weekly schedule unless pre-approved. – NO EXCEPTIONS
12. Clients must do their own dishes. NO DISHES are not to be left in sink. Ever.
13. Chores must be done by 8am during the week; 9am on the weekends.
14. Deep clean will be done Sundays after 10am. Deep clean should only take 2 hours.
15. No Alcohol based products will be allowed at Viewpoint ex: hair spray, make up products, make up remover, cleaning products, cologne or aftershave.
16. No computers will be allowed in a person’s room. All computer use must be done in a public space. Computers may only be used 2 hours a day, unless going to school or work related.
17. Client must participate in and be on time for ALL meetings.
18. If a client is LATE for curfew, the client will have to do a UA immediately and be subject to consequences.
19. Client must abide by SET curfew- Sunday- Thursday 9pm; Friday & Saturday 10pm.
20. Clients will not enter into any relationship while a resident at Viewpoint.
21. Staff has the right to search all groceries, incoming mail and any packages at any time. All property will be searched upon intake.
22. No bedroom, bathroom doors are to be LOCKED.
23. ALL cleaning supplies will be locked up after each use.
24. Clients must participate in deep clean over the weekend, BEFORE they can leave the house for activities.
25. Clients must earn the privilege to access their personal vehicles.
26. Random UA’s will be given to clients. If a client does not test on that day, it will be considered a positive test and they will be subject to a 72-hour discharge.
27. Clients must follow their individual treatment plan which might include job search, school attendance, etc.
28. NO laundry may be left in the washer or dryer overnight.
29. Make sure ALL lights are turned off when the last person has left the house.
30. NO FOOD or SODA shall be in rooms. WATER ONLY with a lid.
31. All approved electronics are turned in at med time each night. Electronics will not be returned the next morning until individual chores are done.
Authorization to Hold and Charge Credit Card Account

The undersigned ("Undersigned") is enrolled in a rehabilitation program with Dual Recovery Solutions, LLC, an Arizona limited liability company, dba Viewpoint Dual Recovery Center (the "Company"). As part of the program, Undersigned will receive services that are not covered by their health insurance and or services not included in their monthly cash pay amount ("Services"). In order to receive and pay for these Services, Undersigned authorizes the Company to hold, store and keep on file the credit card information listed below.

By signing this form, the Undersigned gives the Company permission to debit the credit card account in the amount of Services actually provided, at the time the Services are received. This permission is an ongoing authorization for any charges for Services received by Undersigned related to their rehabilitation program with the Company. This authorization will terminate at the time of Undersigned’s withdrawal from the Company’s program.

Please complete the information below:

I __________________________ authorize Dual Recovery Solutions, LLC, dba Viewpoint Dual Recovery Center, to charge my credit card account indicated below for Services received by me during my rehabilitation with the Company that are not covered by my insurance, on or after the date the Services are received.

Billing Address ___________________________ Phone# ___________________________
City, State, Zip ___________________________ Email ___________________________

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name ________________________________________________
Account Number ________________________________________________
Expiration Date ___________
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _______

SIGNATURE __________________________________ DATE ___________________

I authorize the Company to charge the credit card indicated on this authorization form according to the terms outlined above. This payment authorization is for any Services received by me during my rehabilitation with the Company. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.
One Time Credit Card Payment Authorization Form

You have received services as part of your rehabilitation program that are not covered by your health insurance and/or services not included in your monthly cash pay amount (“Services”). By signing and completing this form, you hereby authorize Dual Recovery Solutions, LLC, an Arizona limited liability company, dba Viewpoint Dual Recovery Center (the “Company”) to make a one-time debit to your credit card account that is held on file with the Company in order to pay for these Services.

By signing this form you give the Company permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only. This authorization is in addition to the Authorization to Hold and Charge Credit Card Account form you have previously completed. This does not revoke the ongoing authorization in that form for the Company to debit your credit card account for any and all Services received by you in the future.

Please complete the information below:

I __________________________ authorize Dual Recovery Solutions, LLC, dba Viewpoint Dual Recovery Center, to charge my credit card that is held on file by the Company for $______________ on or after __________________. This payment is for ____________________________________________.

(Please check the appropriate box for items you wish to add to your services)

☐ Medications (additional)  ☐ Gym Upgrades $10.00/mo.  ☐ Massage $85/hr. or $110/90 min.

☐ Reiki $85.00  ☐ Acupuncture $70.00  ☐ Neurofeedback $75.00

__________________________________________  DATE __________________________
SIGNATURE

I authorize the Company to charge the credit card held on file by the Company according to the terms outlined above. This payment authorization is for the Services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.