Deep-Dive SEO Site Audit

rockviewrecovery.com

Prepared by BeHealth Digital

November 22, 2026

Prepared for the Rock View Recovery team

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Summary

Here's the short version.

• Rock View already ranks well for some broad Phoenix and Arizona terms.

• The blog brings most of the traffic: /resources/ pages earned 22,457 of 26,352 search clicks from May 21 through November 20, 2026.

• Organic search is the largest channel: 52,247 of 94,148 visits (55.5%) and 37,720 of 70,176 new users (53.8%) from January 2024 through November 2026.

• Average weekly active users across all channels are about 2.7 times higher in 2026 than the same stretch of 2025 (1,110 vs 407). This is all-channel activity, not organic-only.

• The core lens for this audit is how easy it is for someone to get help.

Where the site loses people is the last stretch: the moment someone decides to call or check insurance.

Before we get into what to fix, we want to start with what is already working.

What the site does well

• You already rank for some of the broad Phoenix and Arizona terms families actually search.

• The blog is a real engine: recent posts often use tables and Key Takeaway boxes, and /resources/ pages bring in most of your search clicks.

• Organic search is your largest source of visits, and weekly active users in 2026 were about 2.7 times higher than the same stretch of 2025.

• A Call Now and Verify Insurance bar already appears at the bottom of every page on a phone, so those two actions are one tap away from any page. On a phone the top strip also shows Schedule Tour, Check Insurance, and Admissions, the header has a Call Now button, and the hero has Call and Verify your Insurance. The header Call button shows 602-833-0639.

• People searching for Rock View by name already click through at a high rate (958 clicks at about 20% click-through from the top brand queries).

• The basics of the site are sound: sitemap pages load, Joint Commission and LegitScript marks are visible, and blog posts have reviewer bylines. You already have Scottsdale and Glendale pages, plus insurance pages for major payers — they just need to be visible and easy to find.

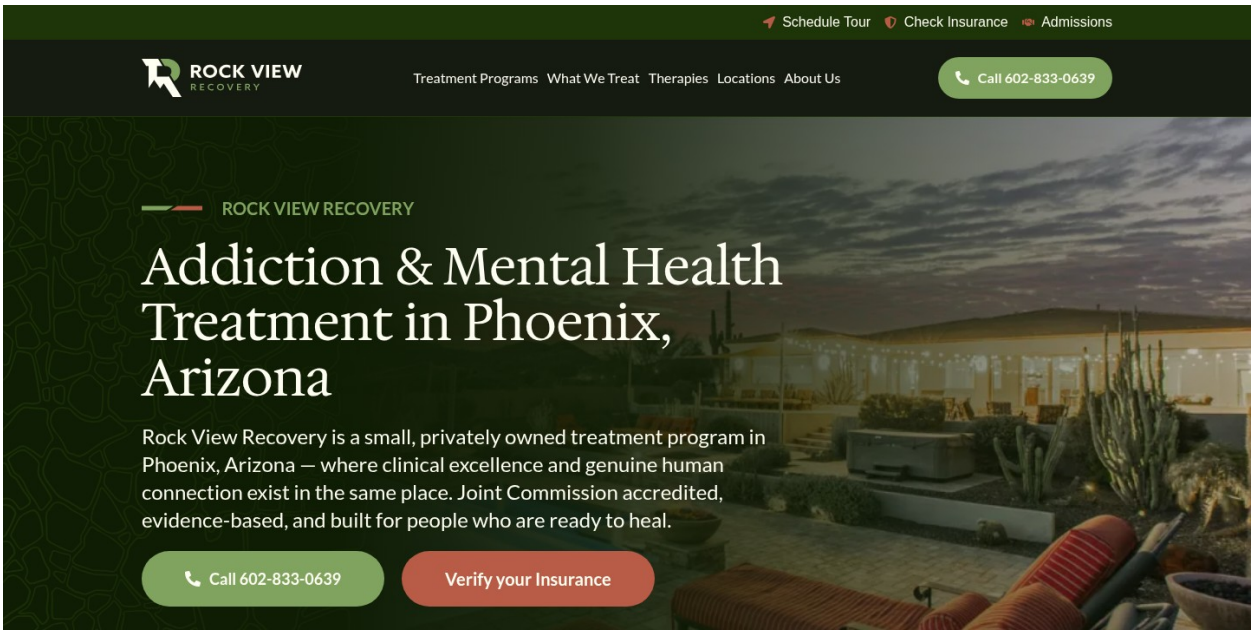
Getting help: today vs after the fixes

Today: On a phone, getting help is already close at hand — Schedule Tour, Check Insurance, and Admissions sit in the top strip, Call Now is in the header, the hero has Call and Verify your Insurance buttons, and Call Now and Verify Insurance are one tap away in the bar at the bottom of every page. The remaining friction is the path those buttons lead to: Admissions is already a top-level menu item, but it still lives at a /resources/ URL; the insurance form sits below a long stretch of copy on a phone; and the form asks for too many fields as a first step. The insurance verification page had 0 clicks from 1,290 impressions.

After the fixes we recommend: Keep the mobile bar, the top strip, and the first-screen Call and Verify buttons. Move Admissions to a top-level /admissions/ URL, combined with Verify Insurance, and permanently redirect the old /resources/ addresses. Put the form at the top of the screen on a phone, and ask only for name, phone, and insurance up front.



The homepage on a phone: Schedule Tour, Check Insurance, and Admissions in the top strip, Call Now in the header, and Call and Verify your Insurance in the first screen.



The homepage on desktop: Admissions is in the top strip, the header Call button shows 602-833-0639, and the hero has Call and Verify your Insurance.

Next, here is where the site stands in search, and how traffic has moved over the last two years.

Search Console and Analytics overview

Here is where the site stands, and how it got here. Search figures below cover May 21 through November 20, 2026. The traffic chart and channel figures cover January 1, 2024 through November 22, 2026.

At a glance

Value	Metric	Detail
26,214	Clicks	Web search, May 21–Nov 20, 2026
2,984,062	Impressions	Same window
0.88%	Average CTR	Same window
79.4%	Clicks on mobile	20,806 of 26,214 clicks
55.5%	Organic share of sessions	52,247 of 94,148 sessions, Jan 1, 2024–Nov 22, 2026
2.7×	All-channel weekly users vs 2025	Average weekly active users, 1,110 vs 407, early January through mid-November

What's driving traffic

The blog does most of the discovery work, and organic search is your largest channel. The table below breaks that down without repeating the totals from the opening.

Source	Clicks or sessions	What stands out
/resources/ URLs	22,457 clicks (85%)	The library is the main discovery engine
Canonical homepage	998 clicks, 122,958 impressions	Average position 14.59; CTR 0.81%

Source	Clicks or sessions	What stands out
Program pages	561 clicks (0.27% CTR)	Residential alone: 365 clicks
Condition pages (/what-we-treat/)	164 clicks (0.19% CTR)	33 URLs; most earn little traffic
Location pages	46 clicks	A thin local footprint
Admissions group	28 clicks from 9,756 impressions	0.29% CTR
Nine brand queries (top 1,000)	958 clicks, 20.01% CTR	'rockview recovery' 457 clicks at 32.14% CTR
150 Adderall queries (top 1,000)	2,132 clicks, 1.50% CTR	The Adderall '7 Signs' post is a top traffic URL
Organic Search (Analytics)	52,247 sessions (55.5%)	Largest channel across Jan 2024–Nov 2026

Treatment and local queries in the top 1,000 are much weaker than brand and Adderall terms: 'sober living glendale az' is a brighter spot at 9 clicks, 750 impressions, 1.2% CTR, and position 2.95.

Where you're losing clicks

Several high-impression queries and key pages convert impressions poorly, and the homepage sits well off page one on average.

Query or page	Impressions	Clicks	CTR	Avg. position
'is adderall addictive'	45,742	156	0.34%	7.41
Canonical homepage	122,958	998	0.81%	14.59
Insurance verification URL	1,290	0	0%	11.64
'how much does rehab cost'	9,194	18	0.20%	8.14
'does insurance cover rehab'	6,530	8	0.12%	12.98
'drug rehab phoenix'	2,344	6	0.26%	16.15
'alcohol rehab phoenix'	2,469	2	0.08%	31.24

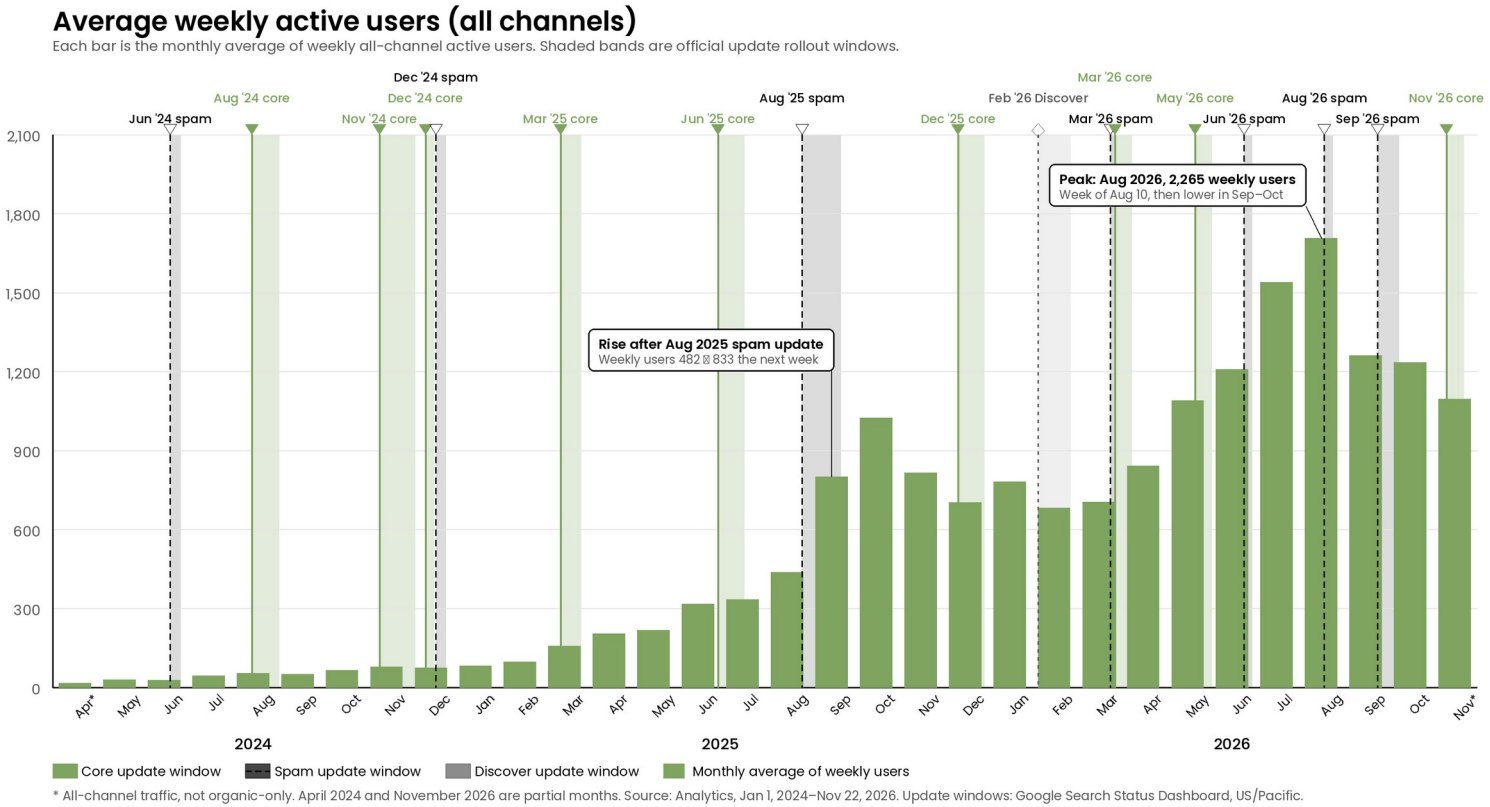
Clicks were slightly lower in the last 30 days of the export (3,586, October 22–November 20) than in the first 30 days (3,834, May 21–June 19). We would not call this growth. Monthly clicks peaked in August 2026 (5,523), then were lower in September (4,088) and October (4,063). CTR declined after July (1.03% in July, 0.76% in the partial November window). /resources/admissions/ itself had 17 clicks; insurance-coverage blog posts such as the TRICARE and BCBS articles carry more clicks than the Admissions hub.

Mobile vs desktop

Device	Clicks	Share of clicks	Impressions	CTR	Avg. position
Mobile	20,806	79.4%	1,660,339	1.25%	8.76
Desktop	5,032	19.2%	1,300,081	0.39%	13.54
Tablet	376	1.4%	23,642	1.59%	10.95

Most of the search demand is on a phone. The United States accounted for 23,016 clicks (87.8%) and 2,599,486 impressions (87.1%). Next were the United Kingdom (596 clicks), Canada (467), and Australia (378).

Two years of traffic and Google updates



Peak weekly users: 2,265 in the week of August 10, 2026.

- Core update: Google's broad, regular refresh of how it ranks pages. It can change which sites show up for many searches at once.
- Spam update: A targeted pass to reduce low-quality or manipulative results, including sites that exist mainly to game search.
- Discover update: A change to how stories appear in Google Discover, Google's feed of recommended articles, not the main search results page.

When traffic rises or drops near an update, that lines up in time; it does not prove the update caused the change.

Update	Date (US/Pacific)	What traffic did around it (coincides with)
June 2024 spam update	Jun 20–27, 2024	No distinct all-channel move noted around this window.
August 2024 core update	Aug 15–Sep 3, 2024	No distinct all-channel move noted around this window.
November 2024 core update	Nov 11–Dec 5, 2024	No distinct all-channel move noted around this window.
December 2024 core + spam updates	Dec 12–18 and Dec 19–26, 2024	No distinct all-channel move noted around this window.
March 2025 core update	Mar 13–27, 2025	No distinct all-channel move noted around this window.
June 2025 core update	Jun 30–Jul 17, 2025	No distinct all-channel move noted around this window.
August 2025 spam update	Aug 26–Sep 22, 2025	Weekly users rose from 482 the week the update began to 833 the next week, and stayed higher through September and October 2025.
December 2025 core update	Dec 11–29, 2025	No distinct all-channel move noted around this window.
February 2026 Discover update	Feb 5–27, 2026	A modest dip in February 2026 (average weekly users 681, down from 782 in January).
March 2026 spam + core updates	Mar 24–25 and Mar 27–Apr 8, 2026	No distinct all-channel move noted around this window.
May 2026 core update	May 21–Jun 2, 2026	All-channel users trended higher in late May and June 2026, which also overlaps the June 24–26 spam update.
June 2026 spam update	Jun 24–26, 2026	See May 2026 core, above.
August 2026 spam update	Aug 18–20, 2026	Weekly users peaked at 2,265 in the week of August 10, then declined through late August and September. Search clicks also peaked in August (5,523) and were lower in September (4,088) and October (4,063).
September 2026 spam update	Sep 24–Oct 8, 2026	See August 2026 spam, above.
November 2026 core update	Began Nov 10, 2026 (still in progress as of the Nov 22 snapshot)	The week of November 16 shows 884 weekly users, down from 1,165 the week the update began. We are not reading that as a confirmed trend.

What the numbers tell us

- All-channel weekly users in 2026 were about 2.7 times higher than the same stretch of 2025.
- The blog is doing the heavy lifting. Program, location, and admissions pages still earn a small share of clicks, so discovery is not turning into inquiries as often as it could.
- You are visible for some high-demand questions (Adderall, cost, insurance, Phoenix rehab) but losing clicks: the homepage averages position 14.6, and the insurance verification page had 0 clicks from 1,290 impressions.
- Almost four in five search clicks come from a phone, so first-screen and form-placement work on mobile matters more than desktop polish.

With that picture of performance in mind, here is how the site is organized today, and how we would organize it so programs, locations, and admissions are easier to find.

URL map and recommended structure

The current URL tree is scattered across /programs/, /what-we-treat/, /resources/, /service-area/, and a single /locations/phoenix-rehab-center/ page. Below is the current structure and the structure we recommend. Only existing URLs are listed as current; recommended pages that do not exist yet are marked New. We recommend retiring What We Treat and folding it into a master /programs/ hub, with /programs/substance-abuse/ and /programs/mental-health/ as category pages and the individual program and condition pages under them. Old What We Treat addresses should get a permanent redirect to the matching program page.

Current structure by category

Actions: Keep · Update · Merge · Remove · New

Keep: leave the URL as it is. Update: keep the URL and make the listed changes. Merge: combine the page into another URL and permanently redirect the old one. Remove: take the page down, and redirect it if there is a successor. New: a page that does not exist today. Based on the 292-row site inventory (290 sitemap URLs plus 2 city pages that exist but are hidden from Google).

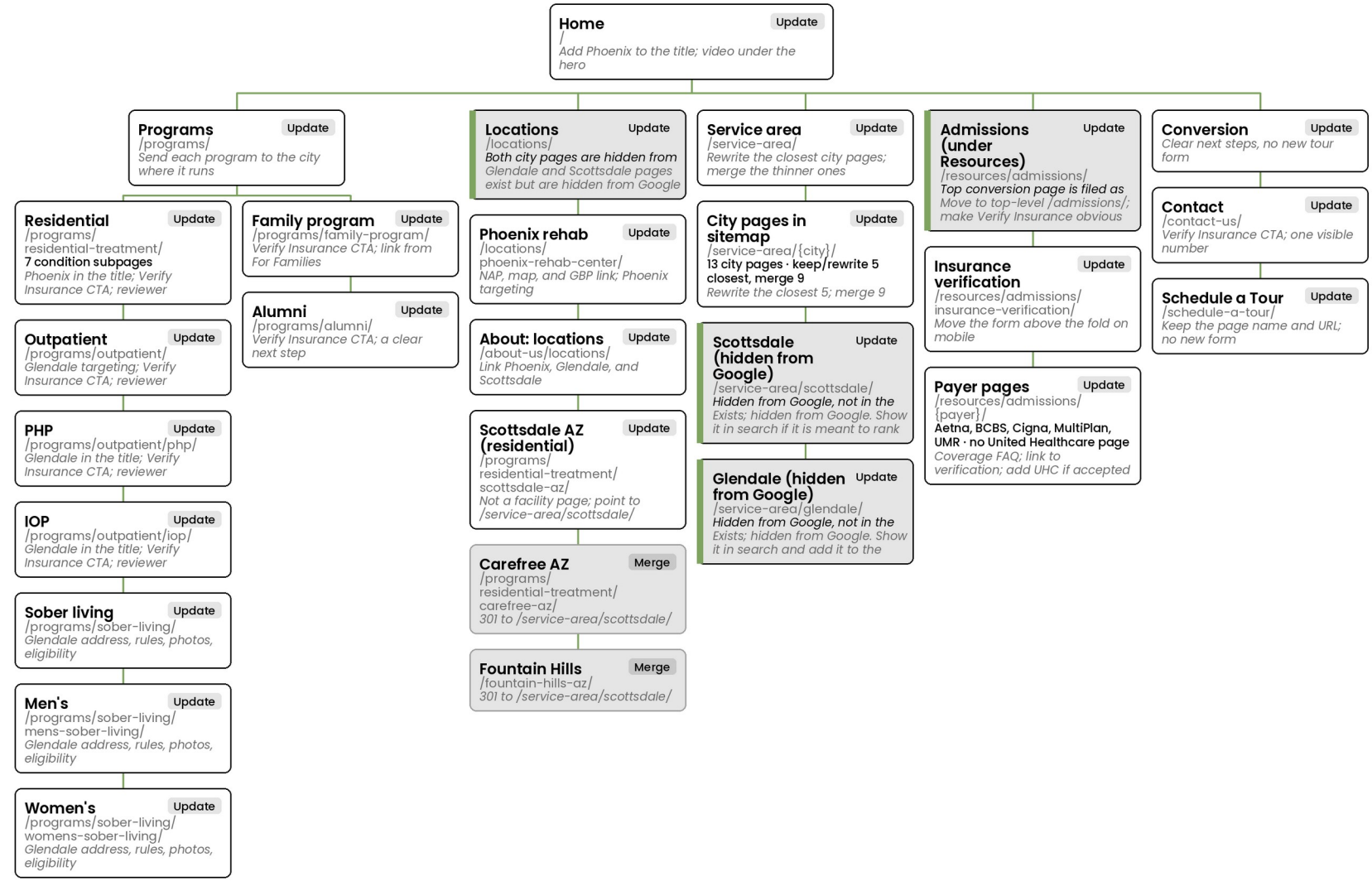
Category	Pages	Keep	Update	Merge	Remove
Home	1	0	1	0	0
Programs and levels of care (including addiction counseling)	18	0	18	0	0
Locations	5	0	3	2	0
Service-area cities (including 2 pages hidden from Google)	16	0	7	9	0
Admissions and insurance	7	0	7	0	0
What we treat (conditions)	30	0	30	0	0
Therapies	17	0	17	0	0
About, team, and testimonials	33	0	24	10	0
Blog and resources (posts + hubs)	154	37	105	11	1
Conversion (contact, tour)	2	0	2	0	0
Legal, utility, and other	9	8	0	0	1
Total (292-row inventory)	292	45	213	32	2

Blog and resources combines Blog (121), Blog: insurance (22), Blog hubs (10), and the malformed blog URL (1). About, team, and testimonials combines About & team (5), Team bios (19), and Testimonials (9). What we treat combines the mental health and substance use condition sections.

Current URL tree · Part 1 of 2

Programs, locations, service area, admissions, and conversion pages. Includes the Scottsdale and Glendale pages, which exist but are hidden from Google.

Keep | Update | Merge | Remove | New | Issue to watch



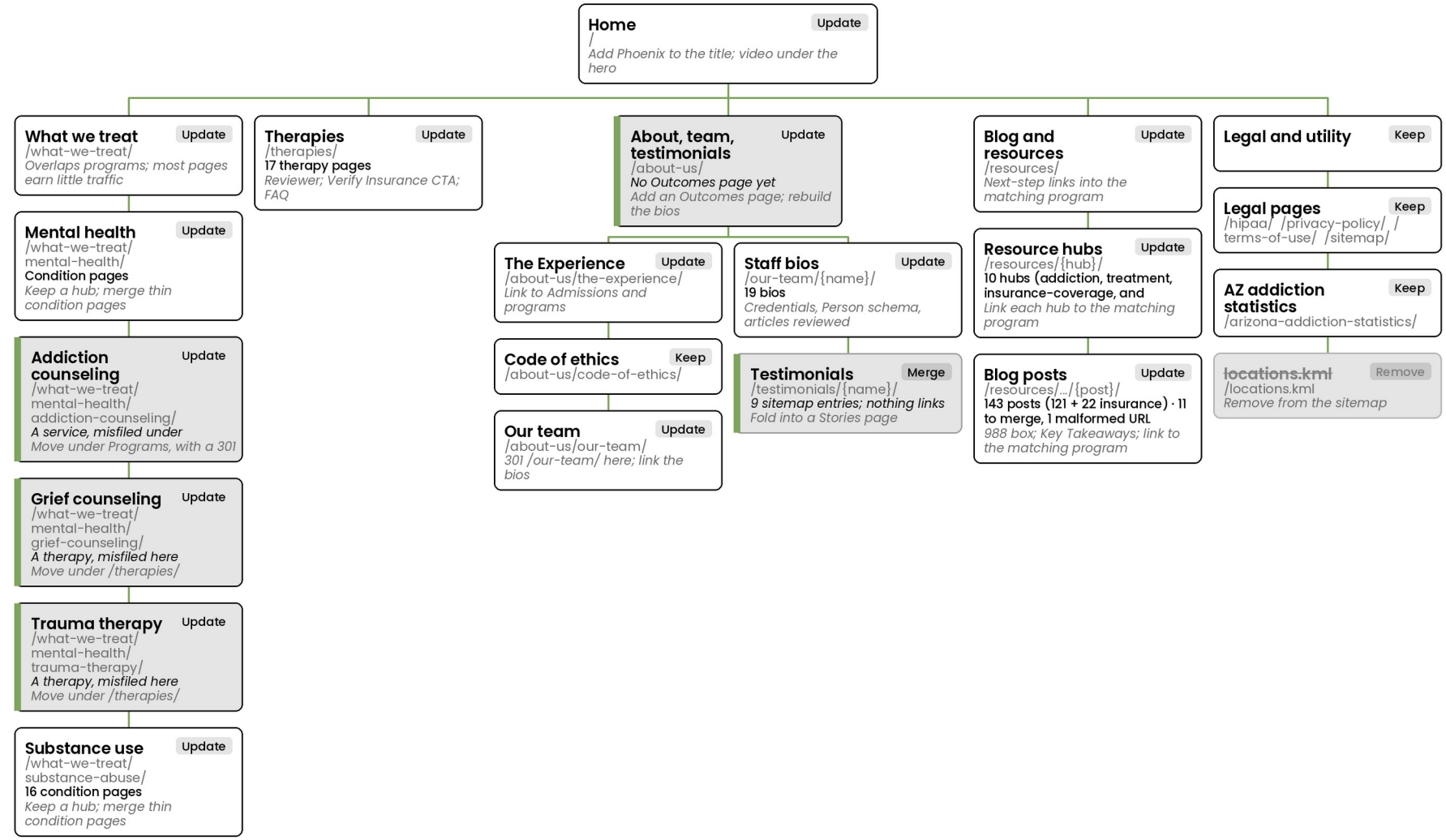
Update = keep the URL and make the listed changes. Full details are in the What to update table. New pages do not exist yet.

Current URL tree, part 1 of 2: programs, locations, service area, admissions, and conversion.

Current URL tree · Part 2 of 2

What we treat, therapies, about, blog, and legal pages. From the 292-row inventory.

Keep | Update | Merge | Remove | New | Issue to watch



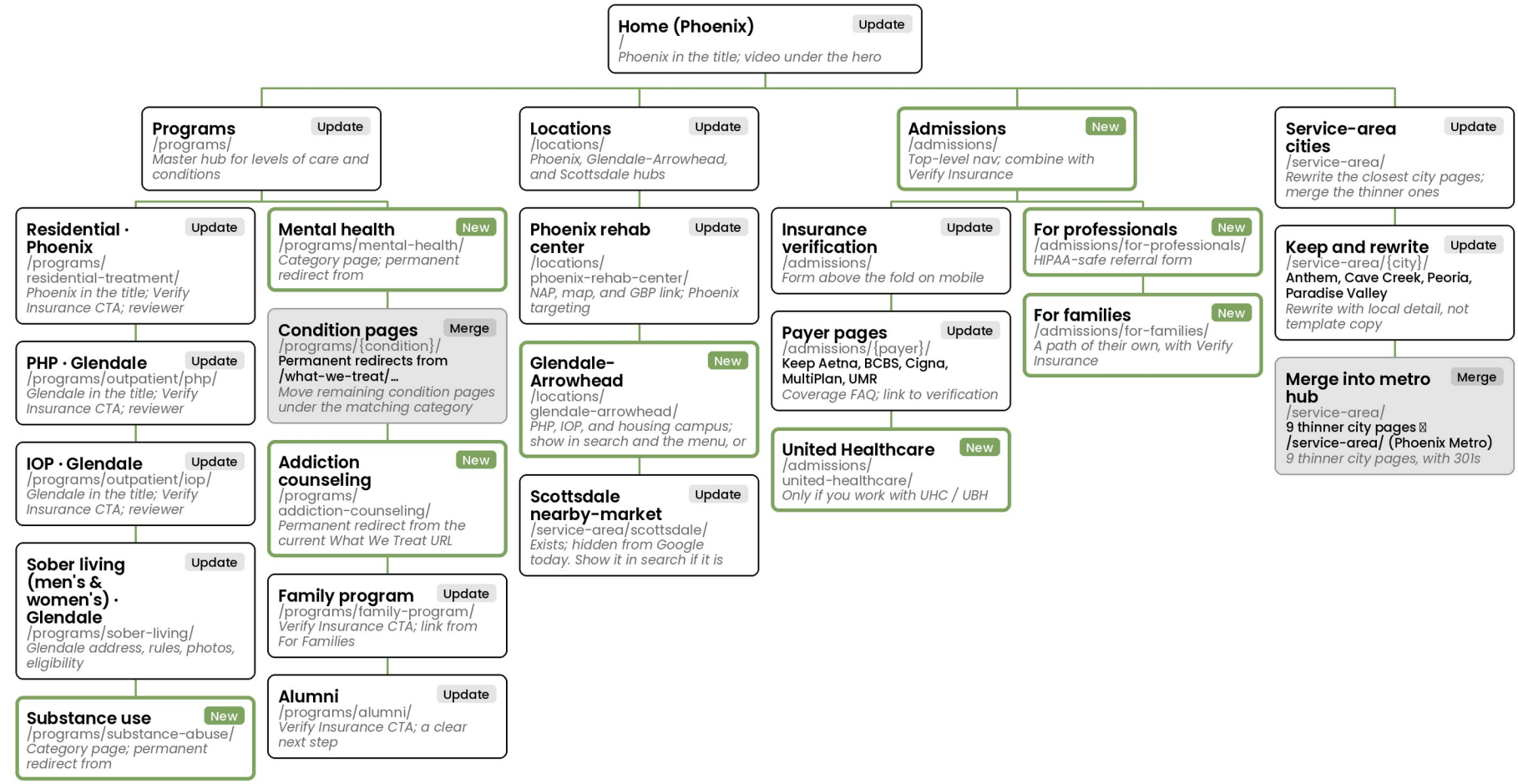
Update = keep the URL and make the listed changes. Full details are in the What to update table. New pages do not exist yet.

Current URL tree, part 2 of 2: what we treat, therapies, about, blog, and legal pages.

Recommended URL tree · Part 1 of 2

Target structure for programs, locations, admissions, and service-area pages. New pages are outlined in green.

Keep | Update | Merge | Remove | New



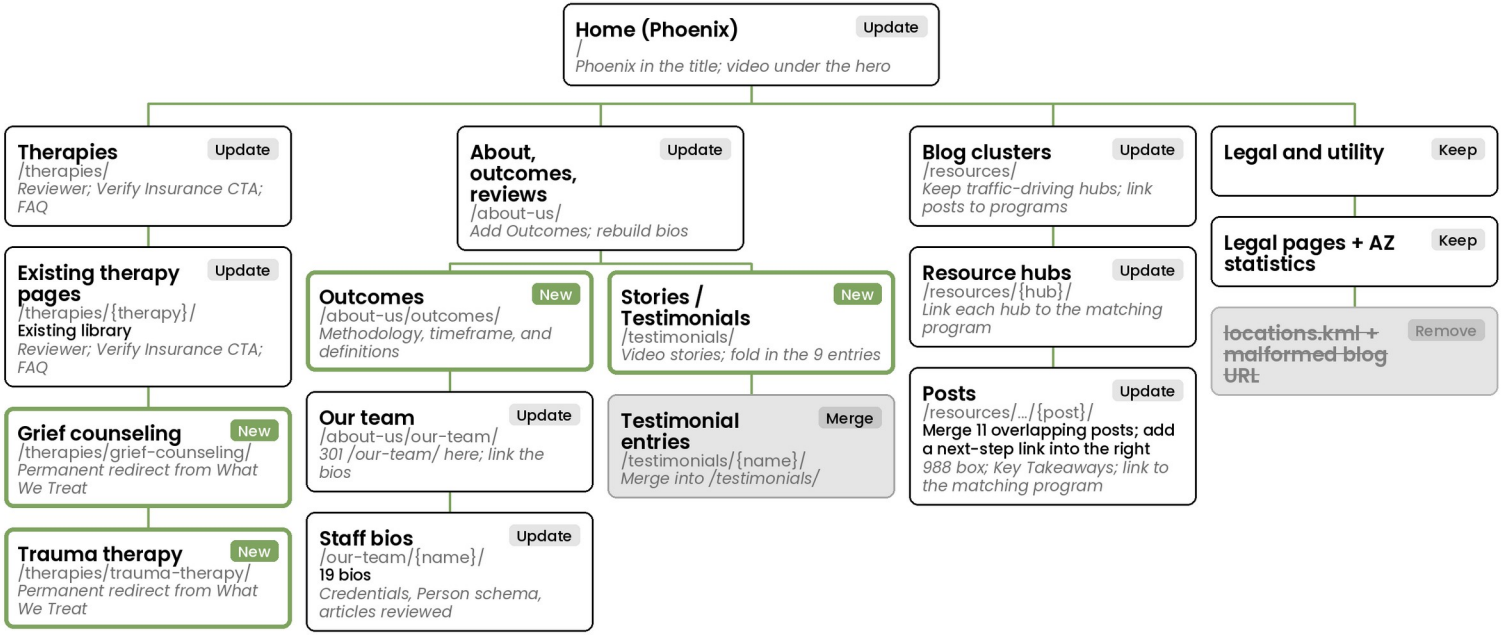
Update = keep the URL and make the listed changes. Full details are in the What to update table. New pages do not exist yet.

Recommended URL tree, part 1 of 2: programs, locations, admissions, and service-area pages. New pages have a green outline.

Recommended URL tree · Part 2 of 2

Target structure for therapies, about, blog, and legal pages. Condition pages move under the Programs hub in part 1. New pages are outlined in green.

Keep | Update | Merge | Remove | New



Update = keep the URL and make the listed changes. Full details are in the What to update table. New pages do not exist yet.

Recommended URL tree, part 2 of 2: program condition categories, therapies, about, blog, and legal pages. New pages have a green outline.

What to update

Update means keep the URL and make the specific changes below. Tags on the tree diagrams are short; this table has the full detail. Every item is grounded in the findings in this audit or in the Search Console and Analytics overview at the start of this report.

Tree	Page or group	URL	Action	What to update
Current	Home	/	Update	Add Phoenix to the title tag (it is already in the H1). Move the tour video playlist directly under the hero. Simplify the first screen around whether someone can get help today, and start cutting the 32 H2s.
Current	Programs	/programs/	Update	Send each program page to the city where that program actually runs. Add a mid-page one-tap Verify Insurance CTA. Use descriptive anchors (for example, 'PHP in Glendale') instead of 'Learn More'.
Current	Residential	/programs/residential-treatment/	Update	Put Phoenix in the title tag. Add a mid-page one-tap Verify Insurance CTA. Add a clinician reviewer byline and date, and rewrite the first screen and FAQs toward grade 8–9.
Current	Outpatient	/programs/outpatient/	Update	Put Glendale, the city where this program runs, in the title tag (the H1 already names it). Add a mid-page one-tap Verify Insurance CTA. Add a clinician reviewer byline and date, plus admission criteria.
Current	PHP	/programs/outpatient/php/	Update	Put Glendale, the city where this program runs, in the title tag (the H1 already names it). Add a mid-page one-tap Verify Insurance CTA. Add a clinician reviewer byline and date, plus admission criteria.
Current	IOP	/programs/outpatient/iop/	Update	Put Glendale, the city where this program runs, in the title tag (the H1 already names it). Add a mid-page one-tap Verify Insurance CTA. Add a clinician reviewer byline and date, plus admission criteria.
Current	Sober living	/programs/sober-living/	Update	Make the Glendale / Arrowhead address unmistakable. Expand with house rules, photos, and eligibility. Do not add pricing or a cost section. Add a mid-page one-tap Verify Insurance CTA and a reviewer byline.
Current	Men's	/programs/sober-living/mens-sober-living/	Update	Make the Glendale / Arrowhead address unmistakable. Expand with house rules, photos, and eligibility. Do not add pricing or a cost section. Add a mid-page one-tap Verify Insurance CTA and a reviewer byline.
Current	Women's	/programs/sober-living/womens-sober-living/	Update	Make the Glendale / Arrowhead address unmistakable. Expand with house rules, photos, and eligibility. Do not add pricing or a cost section. Add a mid-page one-tap Verify Insurance CTA and a reviewer byline.
Current	Family program	/programs/family-program/	Update	Add a mid-page one-tap Verify Insurance CTA. Link this page from the For Families path once that page exists.
Current	Alumni	/programs/alumni/	Update	Add a mid-page one-tap Verify Insurance CTA. Give alumni a clear next step back into Admissions or the family path.
Current	Locations	/locations/	Update	Both city pages are hidden from Google If the existing Glendale page is meant to rank, show it in search and add it to the menu; a /locations/glendale-arrowhead/ campus hub can be the cleaner address, with a permanent redirect from /service-area/glendale/. The existing Scottsdale page at /service-area/scottsdale/ is noindex and not in the sitemap. Confirm why, and if there is no reason to hide it, remove noindex, add it to the sitemap, and position it as a nearby-market page, not a facility claim. Keep Phoenix, Glendale, and Scottsdale targeting distinct; do not treat existing Scottsdale or Carefree URLs as facility claims.
Current	Phoenix rehab	/locations/phoenix-rehab-center/	Update	Show a consistent name, address, and phone, a map, and a link to the matching Google Business Profile. Target Phoenix, where residential care runs. Add a mid-page one-tap Verify Insurance CTA.
Current	About: locations	/about-us/locations/	Update	Use this as a locations overview that links to Phoenix, Glendale-Arrowhead, and Scottsdale.

Tree	Page or group	URL	Action	What to update
Current	Scottsdale AZ (residential)	/programs/residential-treatment/scottsdale-az/	Update	Do not treat this as a Scottsdale facility page. Point visitors to the existing /service-area/scottsdale/ nearby-market page (once it is indexable).
Current	Carefree AZ	/programs/residential-treatment/carefree-az/	Merge	301 to /service-area/scottsdale/
Current	Fountain Hills	/fountain-hills-az/	Merge	301 to /service-area/scottsdale/
Current	Service area	/service-area/	Update	Keep and rewrite the closest city pages; merge the thinner ones into a Phoenix Metro hub, with permanent redirects. Replace template copy with local detail.
Current	City pages in sitemap	/service-area/{city}/	Update	Keep and rewrite the closest city pages; merge the thinner ones into a Phoenix Metro hub, with permanent redirects. Replace template copy with local detail.
Current	Scottsdale (hidden from Google)	/service-area/scottsdale/	Update	Hidden from Google, not in the sitemap This page already exists at /service-area/scottsdale/, but it is noindex and not in the sitemap. Confirm why it is hidden. If there is no reason to hide it, remove noindex, add it to the sitemap, and position it as a nearby-market page, not a facility claim. Merge the Carefree and Fountain Hills pages here, with permanent redirects. Include a one-tap Verify Insurance CTA, drive time, and a map.
Current	Glendale (hidden from Google)	/service-area/glendale/	Update	Hidden from Google, not in the sitemap Build /locations/glendale-arrowhead/ for the PHP, IOP, and housing campus. The Glendale page already exists at /service-area/glendale/, but it is hidden from Google. If it is meant to rank, show it in search, add it to the menu, and keep name, address, and phone consistent, with a map and a Google Business Profile link. If you use /locations/glendale-arrowhead/ as the campus page, send the current Glendale address there with a permanent redirect.
Current	Admissions (under Resources)	/resources/admissions/	Update	Top conversion page is filed as reference material under /resources/ Move Admissions to a top-level /admissions/ URL and a main-nav item; 301 /resources/admissions/ and the insurance-verification URL there. Combine Admissions with Verify Insurance, and make that button prominent above the fold. Keep the existing mobile Call Now and Verify Insurance bar.
Current	Insurance verification	/resources/admissions/insurance-verification/	Update	Move the verification form above the fold on mobile, with a short reassurance line and supporting text below. Use the same pattern on the combined top-level /admissions/ page.
Current	Payer pages	/resources/admissions/{payer}/	Update	Open with a plain coverage answer and a one-tap Verify Insurance CTA that goes to the verification page (later to /admissions/). Add a United Healthcare / UBH page only if you work with those plans; confirm TRICARE and AHCCCS before building those pages.
Current	What we treat	/what-we-treat/	Update	Most of these condition pages overlap the program tree and earn little search traffic (164 clicks across 33 /what-we-treat/ URLs vs 561 clicks for /programs/ in the Search Console page report, May 21–Nov 20, 2026). Merge thin or zero-click condition content into the relevant program page or a single conditions hub, and 301 retired URLs. Keep a standalone condition page only when it already earns traffic or clearly matches a real treatment-intent search.
Current	Mental health	/what-we-treat/mental-health/	Update	Most of these condition pages overlap the program tree and earn little search traffic (164 clicks across 33 /what-we-treat/ URLs vs 561 clicks for /programs/ in the Search Console page report, May 21–Nov 20, 2026). Merge thin or zero-click condition content into the relevant program page or a single conditions hub, and 301 retired URLs. Keep a standalone condition page only when it already earns traffic or clearly matches a real treatment-intent search.
Current	Addiction counseling	/what-we-treat/mental-health/addiction-counseling/	Update	A service, misfiled under conditions Move this service to /programs/addiction-counseling/ with a 301; list it under Programs, not What We Treat.
Current	Grief counseling	/what-we-treat/mental-health/grief-counseling/	Update	A therapy, misfiled here Move this therapy to /therapies/grief-counseling/ with a 301.
Current	Trauma therapy	/what-we-treat/mental-health/trauma-therapy/	Update	A therapy, misfiled here Move this therapy to /therapies/trauma-therapy/ with a 301.
Current	Substance use	/what-we-treat/substance-	Update	Most of these condition pages overlap the program tree and earn

Tree	Page or group	URL	Action	What to update
		abuse/		little search traffic (164 clicks across 33 /what-we-treat/ URLs vs 561 clicks for /programs/ in the Search Console page report, May 21–Nov 20, 2026). Merge thin or zero-click condition content into the relevant program page or a single conditions hub, and 301 retired URLs. Keep a standalone condition page only when it already earns traffic or clearly matches a real treatment-intent search.
Current	Therapies	/therapies/	Update	Add a clinician reviewer byline and date. Add a mid-page one-tap Verify Insurance CTA and a short FAQ with schema where it helps.
Current	About, team, testimonials	/about-us/	Update	No Outcomes page yet Publish an Outcomes page with methodology, timeframe, and definitions; cite or remove the 93% completion rate. Link Outcomes, team bios, and patient stories (with consent) from About.
Current	The Experience	/about-us/the-experience/	Update	Add a clear path to Admissions or Verify Insurance.
Current	Code of ethics	/about-us/code-of-ethics/	Keep	Keep as is.
Current	Our team	/about-us/our-team/	Update	301 /our-team/ to /about-us/our-team/ if both still exist. Link each bio from this hub, and add Person schema on the bios.
Current	Staff bios	/our-team/{name}/	Update	Add credentials, education, and Person schema, including a license number where you have one. On reviewer bios, add an 'Articles reviewed by' list (Dr. Amini still has no list of the 35 posts she reviews).
Current	Testimonials	/testimonials/{name}/	Merge	9 sitemap entries; nothing links to them Fold into a Stories page
Current	Blog and resources	/resources/	Update	Keep hubs that help people browse, and add a clear next-step link into the matching program or Admissions.
Current	Resource hubs	/resources/{hub}/	Update	Keep hubs that help people browse, and add a clear next-step link into the matching program or Admissions.
Current	Blog posts	/resources/.../{post}/	Update	Add a consistent 988 crisis box to clinical posts, keep Key Takeaways, and add a useful comparison table where it helps the reader. Add a reviewer byline and a next-step link into the matching program page. Merge the overlapping posts already flagged in the inventory, with permanent redirects.
Current	Conversion	—	Update	Clear next steps, no new tour form
Current	Contact	/contact-us/	Update	Add a one-tap Verify Insurance CTA and keep one visible number that matches the tel link.
Current	Schedule a Tour	/schedule-a-tour/	Update	Keep the page name and URL; do not add a new form on this page. Add a one-tap Verify Insurance CTA.
Current	Legal and utility	—	Keep	Keep as is.
Current	Legal pages	/hipaa/ /privacy-policy/ /terms-of-use/ /sitemap/	Keep	Keep as is.
Current	AZ addiction statistics	/arizona-addiction-statistics/	Keep	Keep as is.
Current	locations.kml	/locations.kml	Remove	Remove from the sitemap
Recommended	Home (Phoenix)	/	Update	Add Phoenix to the title tag (it is already in the H1). Move the tour video playlist directly under the hero. Simplify the first screen around whether someone can get help today, and start cutting the 32 H2s.
Recommended	Programs	/programs/	Update	Send each program page to the city where that program actually runs. Add a mid-page one-tap Verify Insurance CTA. Use descriptive anchors (for example, 'PHP in Glendale') instead of 'Learn More'.
Recommended	Residential · Phoenix	/programs/residential-treatment/	Update	Put Phoenix in the title tag. Add a mid-page one-tap Verify Insurance CTA. Add a clinician reviewer byline and date, and rewrite the first screen and FAQs toward grade 8–9.
Recommended	PHP · Glendale	/programs/outpatient/php/	Update	Put Glendale, the city where this program runs, in the title tag (the H1 already names it). Add a mid-page one-tap Verify Insurance CTA. Add a clinician reviewer byline and date, plus admission criteria.
Recommended	IOP · Glendale	/programs/outpatient/iop/	Update	Put Glendale, the city where this program runs, in the title tag (the H1 already names it). Add a mid-page one-tap Verify Insurance CTA. Add a clinician reviewer byline and date, plus admission criteria.

Tree	Page or group	URL	Action	What to update
Recommended	Sober living (men's & women's) · Glendale	/programs/sober-living/	Update	Make the Glendale / Arrowhead address unmistakable. Expand with house rules, photos, and eligibility. Do not add pricing or a cost section. Add a mid-page one-tap Verify Insurance CTA and a reviewer byline.
Recommended	Substance use	/programs/substance-abuse/	New	Retire What We Treat and fold it into the Programs hub, with /programs/substance-abuse/ and /programs/mental-health/ as category pages and permanent redirects from the old addresses. Merge thin or zero-click condition pages into this hub or the matching program page, with permanent redirects. Keep a standalone condition page only when it already earns traffic or matches a real treatment-intent search.
Recommended	Mental health	/programs/mental-health/	New	Retire What We Treat and fold it into the Programs hub, with /programs/substance-abuse/ and /programs/mental-health/ as category pages and permanent redirects from the old addresses. Merge thin or zero-click condition pages into this hub or the matching program page, with permanent redirects. Keep a standalone condition page only when it already earns traffic or matches a real treatment-intent search.
Recommended	Condition pages	/programs/{condition}/	Merge	Retire What We Treat and fold it into the Programs hub, with /programs/substance-abuse/ and /programs/mental-health/ as category pages and permanent redirects from the old addresses. Merge thin or zero-click condition pages into this hub or the matching program page, with permanent redirects. Keep a standalone condition page only when it already earns traffic or matches a real treatment-intent search.
Recommended	Addiction counseling	/programs/addiction-counseling/	New	Move this service to /programs/addiction-counseling/ with a 301; list it under Programs, not What We Treat.
Recommended	Family program	/programs/family-program/	Update	Add a mid-page one-tap Verify Insurance CTA. Link this page from the For Families path once that page exists.
Recommended	Alumni	/programs/alumni/	Update	Add a mid-page one-tap Verify Insurance CTA. Give alumni a clear next step back into Admissions or the family path.
Recommended	Locations	/locations/	Update	If the existing Glendale page is meant to rank, show it in search and add it to the menu; a /locations/glendale-arrowhead/ campus hub can be the cleaner address, with a permanent redirect from /service-area/glendale/. The existing Scottsdale page at /service-area/scottsdale/ is noindex and not in the sitemap. Confirm why, and if there is no reason to hide it, remove noindex, add it to the sitemap, and position it as a nearby-market page, not a facility claim. Keep Phoenix, Glendale, and Scottsdale targeting distinct; do not treat existing Scottsdale or Carefree URLs as facility claims.
Recommended	Phoenix rehab center	/locations/phoenix-rehab-center/	Update	Show a consistent name, address, and phone, a map, and a link to the matching Google Business Profile. Target Phoenix, where residential care runs. Add a mid-page one-tap Verify Insurance CTA.
Recommended	Glendale-Arrowhead	/locations/glendale-arrowhead/	New	Build /locations/glendale-arrowhead/ for the PHP, IOP, and housing campus. The Glendale page already exists at /service-area/glendale/, but it is hidden from Google. If it is meant to rank, show it in search, add it to the menu, and keep name, address, and phone consistent, with a map and a Google Business Profile link. If you use /locations/glendale-arrowhead/ as the campus page, send the current Glendale address there with a permanent redirect.
Recommended	Scottsdale nearby-market	/service-area/scottsdale/	Update	This page already exists at /service-area/scottsdale/, but it is noindex and not in the sitemap. Confirm why it is hidden. If there is no reason to hide it, remove noindex, add it to the sitemap, and position it as a nearby-market page, not a facility claim. Merge the Carefree and Fountain Hills pages here, with permanent redirects. Include a one-tap Verify Insurance CTA, drive time, and a map.
Recommended	Admissions	/admissions/	New	Build a top-level /admissions/ page in the main nav that combines Admissions and Verify Insurance. Put the verification form above the fold on mobile. 301 /resources/admissions/ and /resources/admissions/insurance-verification/ here.
Recommended	Insurance verification	/admissions/	Update	Move the verification form above the fold on mobile, with a short reassurance line and supporting text below. Use the same pattern on the combined top-level /admissions/ page.

Tree	Page or group	URL	Action	What to update
Recommended	Payer pages	/admissions/{payer}/	Update	Open with a plain coverage answer and a one-tap Verify Insurance CTA that goes to the verification page (later to /admissions/). Add a United Healthcare / UBH page only if you work with those plans; confirm TRICARE and AHCCCS before building those pages.
Recommended	United Healthcare	/admissions/united-healthcare/	New	Add this page only if you work with United Healthcare or UBH.
Recommended	For professionals	/admissions/for-professionals/	New	Build /admissions/for-professionals/ with a HIPAA-safe referral form. Put accreditation, levels of care, insurance, outcomes, and clinical leadership in easy reach.
Recommended	For families	/admissions/for-families/	New	Give families their own path from Admissions, with a Verify Insurance CTA and a callback option.
Recommended	Therapies	/therapies/	Update	Reviewer; Verify Insurance CTA; FAQ
Recommended	Existing therapy pages	/therapies/{therapy}/	Update	Add a clinician reviewer byline and date. Add a mid-page one-tap Verify Insurance CTA and a short FAQ with schema where it helps.
Recommended	Grief counseling	/therapies/grief-counseling/	New	Move this therapy to /therapies/grief-counseling/ with a 301.
Recommended	Trauma therapy	/therapies/trauma-therapy/	New	Move this therapy to /therapies/trauma-therapy/ with a 301.
Recommended	About, outcomes, reviews	/about-us/	Update	Publish an Outcomes page with methodology, timeframe, and definitions; cite or remove the 93% completion rate. Link Outcomes, team bios, and patient stories (with consent) from About.
Recommended	Outcomes	/about-us/outcomes/	New	Publish methodology, timeframe, sample, and definitions. Cite or remove the 93% completion rate.
Recommended	Our team	/about-us/our-team/	Update	301 /our-team/ to /about-us/our-team/ if both still exist. Link each bio from this hub, and add Person schema on the bios.
Recommended	Staff bios	/our-team/{name}/	Update	Add credentials, education, and Person schema, including a license number where you have one. On reviewer bios, add an 'Articles reviewed by' list (Dr. Amini still has no list of the 35 posts she reviews).
Recommended	Stories / Testimonials	/testimonials/	New	Build a Testimonials/Stories page with video testimonials (with consent, HIPAA-compliant, no outcome guarantees). Link it from program pages, Admissions, and the referring-professional page. Fold the nine sitemap entries into this page and permanently redirect the old addresses.
Recommended	Testimonial entries	/testimonials/{name}/	Merge	Merge into /testimonials/
Recommended	Blog clusters	/resources/	Update	Keep hubs that help people browse, and add a clear next-step link into the matching program or Admissions.
Recommended	Resource hubs	/resources/{hub}/	Update	Keep hubs that help people browse, and add a clear next-step link into the matching program or Admissions.
Recommended	Posts	/resources/.../{post}/	Update	Add a consistent 988 crisis box to clinical posts, keep Key Takeaways, and add a useful comparison table where it helps the reader. Add a reviewer byline and a next-step link into the matching program page. Merge the overlapping posts already flagged in the inventory, with permanent redirects.
Recommended	Service-area cities	/service-area/	Update	Keep and rewrite the closest city pages; merge the thinner ones into a Phoenix Metro hub, with permanent redirects. Replace template copy with local detail.
Recommended	Keep and rewrite	/service-area/{city}/	Update	Keep and rewrite the closest city pages; merge the thinner ones into a Phoenix Metro hub, with permanent redirects. Replace template copy with local detail.
Recommended	Merge into metro hub	/service-area/	Merge	9 thinner city pages, with 301s
Recommended	Legal and utility	—	Keep	Keep as is.
Recommended	Legal pages + AZ statistics	—	Keep	Keep as is.
Recommended	locations.kml + malformed blog URL	—	Remove	

Recommended new pages

Recommended URL	Role	Action
/locations/glendale-arrowhead/	Optional cleaner campus URL for outpatient (PHP, IOP) and housing. If you use it, send the existing /service-area/glendale/ page (currently hidden from Google) to it with a permanent redirect.	New
/admissions/	Move the top conversion page out of /resources/. Combine Admissions + Verify Insurance, and put Admissions in the main nav. Permanently redirect /resources/admissions/ and /resources/admissions/insurance-verification/ here.	New
/admissions/united-healthcare/	Payer page for the named gap, if you work with United Healthcare / UBH.	New
/admissions/for-families/	A path for family members under Admissions.	New
/admissions/for-professionals/	Referral page for hospital case managers, discharge planners, therapists, and EAPs: accreditation badges, levels of care and admission criteria, insurance, outcomes and stories, clinical credentials, and a HIPAA-safe referral form, line, and fax/records info.	New
/about-us/outcomes/	Methodology, timeframe, sample, and definition for outcome claims, including the 93% completion rate.	New
/programs/addiction-counseling/	Move the service under the Programs hub. Permanent redirect from /what-we-treat/mental-health/addiction-counseling/.	New
/therapies/grief-counseling/	Move the therapy URL under Therapies. 301 /what-we-treat/mental-health/grief-counseling/ here.	New
/therapies/trauma-therapy/	Move the therapy URL under Therapies. 301 /what-we-treat/mental-health/trauma-therapy/ here.	New

Key mappings: current URL to recommended destination

These are the highest-impact mappings. The What to update table above has the full list of URL-level changes, including blog posts we recommend merging.

Programs and levels of care

Current URL	Recommended destination	Action
/programs/residential-treatment/	Keep as the Phoenix residential page; put Phoenix in the title.	Update
/programs/outpatient/php/	Keep as the Glendale PHP page; put Glendale in the title.	Update
/programs/outpatient/iop/	Keep as the Glendale IOP page; put Glendale in the title.	Update
/programs/sober-living/	Keep as the Glendale sober living hub (men's and women's pages stay under it).	Update
/programs/family-program/	Keep, and link it from the new For Families path.	Update
/programs/alumni/	Keep under Programs.	Update
/what-we-treat/mental-health/addiction-counseling/	/programs/addiction-counseling/ (new), with a 301.	Merge

Locations

Current URL	Recommended destination	Action
/locations/phoenix-rehab-center/	Keep as the Phoenix location page.	Update
/about-us/locations/	Keep as a locations overview, and link to Phoenix, Glendale-Arrowhead, and Scottsdale.	Update

Current URL	Recommended destination	Action
/programs/residential-treatment/scottsdale-az/	Keep, but do not treat it as a Scottsdale facility page; point to /service-area/scottsdale/.	Update
/programs/residential-treatment/carefree-az/	/service-area/scottsdale/, with a 301.	Merge
/fountain-hills-az/	/service-area/scottsdale/, with a 301.	Merge
/service-area/scottsdale/ (noindex, not in sitemap)	Confirm why this page is noindex. If there is no reason to hide it, remove noindex, add it to the sitemap, and position it as a nearby-market page, not a facility claim. Merge Carefree and Fountain Hills here.	Update
/service-area/glendale/ (noindex, not in sitemap)	/locations/glendale-arrowhead/ (new).	Merge

Admissions and insurance

Admissions currently lives at /resources/admissions/, a second-level URL under Resources. Filing the top conversion page there signals 'reference material' to Google and to searchers, and it adds a click in navigation. We recommend a top-level /admissions/ page that combines Verify Insurance, permanent redirects from /resources/admissions/ and /resources/admissions/insurance-verification/, and an Admissions item in the main nav.

Current URL	Recommended destination	Action
/resources/admissions/	Top-level /admissions/ (new), combined with Verify Insurance, in the main nav, with a 301.	Merge
/resources/admissions/insurance-verification/	/admissions/ (new), 301.	Merge
/resources/admissions/aetna/	Keep and strengthen; link from the combined Admissions page.	Update
/resources/admissions/blue-cross-blue-shield/	Keep and strengthen; link from the combined Admissions page.	Update
/resources/admissions/cigna/	Keep and strengthen; link from the combined Admissions page.	Update
/resources/admissions/multiplan/	Keep and strengthen; link from the combined Admissions page.	Update
/resources/admissions/umr/	Keep and strengthen; link from the combined Admissions page.	Update
(no United Healthcare admissions page today)	/admissions/united-healthcare/ (new), if you work with those plans.	New
/schedule-a-tour/	Keep the page name and nav label; add a Verify Insurance button; do not add a new form.	Update
/contact-us/	Add a Verify Insurance button and keep one visible number that matches the tel link.	Update

Service-area cities, about, and cleanup

Current URL	Recommended destination	Action
/service-area/anthem/, /cave-creek/, /peoria/, /paradise-valley/	Keep and rewrite with real local detail.	Update
/service-area/avondale/, /buckeye/, /chandler/, /gilbert/, /goodyear/, /mesa/, /sun-city/, /surprise/, /tempe/	Merge into /service-area/ (Phoenix Metro hub).	Merge
/what-we-treat/mental-health/grief-counseling/	/therapies/grief-counseling/ (new), with a 301.	Merge
/what-we-treat/mental-health/trauma-therapy/	/therapies/trauma-therapy/ (new), with a 301.	Merge
/about-us/, /about-us/the-experience/, /about-us/code-of-ethics/	Add an Outcomes page; link About to Admissions and programs. Code of ethics can stay as is.	Update
/about-us/our-team/ and 19 /our-team/{name}/ bios	Keep and rebuild bios; add an Outcomes page at /about-us/outcomes/ (new).	Update

Current URL	Recommended destination	Action
/our-team/	Merge into /about-us/our-team/, with a 301.	Merge
/testimonials/bruce-d/ and 8 other testimonial entries	Merge into a new Testimonials/Stories page at /testimonials/ (video testimonials with consent, HIPAA-compliant, no outcome guarantees), linked from programs, Admissions, and /admissions/for-professionals/. Permanently redirect the old addresses.	Merge
/locations.kml	Remove from the sitemap (not an HTML page).	Remove
/https/rockviewrecoverycom/resources/outpatient/outpatient-treatment-for-depression-and-anxiety/	Remove the malformed slug; republish at a clean URL with a 301.	Remove

Blog posts recommended to merge

Current URL	Merge into (existing URL)	Action
/resources/addiction/fentanyl-and-opioid-addiction-treatment-what-recovery-looks-like/	/resources/addiction/fentanyl-addiction-treatment/	Merge
/resources/addiction/residential-alcohol-treatment/	/resources/residential-treatment/what-to-expect-residential/	Merge
/resources/addiction/signs-you-might-be-a-high-functioning-alcoholic/	/resources/addiction/high-functioning-alcoholism/	Merge
/resources/luxury-rehab/what-is-luxury-executive-rehab/	/resources/luxury-rehab/executive-rehab-guide/	Merge
/resources/mental-health/the-link-between-alcohol-and-depression/	/resources/addiction/alcohol-and-depression-link/	Merge
/resources/treatment/5-signs-you-need-residential-treatment/	/resources/residential-treatment/5-signs-consider-residential/	Merge
/resources/treatment/alcohol-withdrawal-symptoms-a-day-by-day-timeline/	/resources/addiction/alcohol-withdrawal-symptoms-timeline/	Merge
/resources/treatment/luxury-residential-alcohol-treatment-professionals/	/resources/treatment/luxury-residential-alcohol-treatment/	Merge
/resources/treatment/luxury-residential-treatment-for-anxiety/	/resources/treatment/luxury-residential-depression-anxiety/	Merge
/resources/treatment/what-is-residential-treatment-mental-health/	/programs/residential-treatment/mental-health/	Merge
/resources/insurance-coverage/maximize-out-of-network-rehab-coverage/	/resources/insurance-coverage/insurance-coverage-out-of-network-rehab/	Merge

Navigation map: current vs recommended

Current menu	Current items	Recommended menu	Recommended items
Admissions	Already a top-level menu item; it links to /resources/admissions/	Admissions	Keep it top-level; point it at /admissions/, combined with Verify Insurance; payer pages; Cost; For Families; For Professionals; Schedule a Tour
Treatment Programs	Residential; Outpatient > PHP, IOP; Sober Living; Family; Alumni	Programs	Residential (Phoenix); PHP (Glendale); IOP (Glendale); Sober Living (Glendale); Addiction Counseling; Family; Alumni
What We Treat	A separate conditions tree, including Addiction Counseling, sits beside Programs	Programs (master hub)	Retire What We Treat; fold substance use and mental health into /programs/, with permanent redirects

Current menu	Current items	Recommended menu	Recommended items
Locations	North Phoenix Residential; Arrowhead Outpatient; Arrowhead housing	Locations	Phoenix; Glendale-Arrowhead; Scottsdale (nearby-market)
About Us	Contact, Our Team, and related pages	About	Our Team; Our Approach; Outcomes; Accreditation; Reviews
Mobile and header buttons	Desktop header Call button shows 602-833-0639. On a phone, the top strip has Schedule Tour, Check Insurance, and Admissions; the header has Call Now; the hero has Call and Verify your Insurance; and the bottom bar has Call Now and Verify Insurance on every page.	Keep these, and confirm the main number	Keep the top strip, first-screen buttons, and mobile bottom bar; confirm which number is the main line and use it consistently; HIPAA-aware chat

Site inventory by section

This is a count of every page on the site, grouped by type, with how many we would keep, update, merge, or remove. We reviewed 290 unique URLs in the sitemaps, plus the two city pages that are hidden from Google (Scottsdale and Glendale), for 292 rows. The action counts are 45 keep, 214 update, 31 merge, and 2 remove.

Action labels mean the same thing as in the URL map above.

Section	Pages	Keep	Update	Merge	Remove
Blog	121	23	88	10	0
Blog: insurance	22	5	16	1	0
Team bio	19	0	19	0	0
Condition: substance use	17	0	17	0	0
Therapy	17	0	17	0	0
Service area (city)	14	0	5	9	0
Condition: mental health	13	0	13	0	0
Blog hub	10	9	1	0	0
Testimonial entries	9	0	0	9	0
Program: residential	8	0	8	0	0
Admissions & insurance	7	0	7	0	0
Location	5	0	3	2	0
About & team	5	0	4	1	0
Legal / utility	4	4	0	0	0
Program: family, alumni, hub	3	0	3	0	0
Program: sober living	3	0	3	0	0
Lifestyle	3	3	0	0	0
Conversion (contact, tour)	2	0	2	0	0

Section	Pages	Keep	Update	Merge	Remove
Program: PHP	1	0	1	0	0
Program: IOP	1	0	1	0	0
Program: outpatient hub	1	0	1	0	0
Service: addiction counseling	1	0	1	0	0
Home	1	0	1	0	0
Other (AZ statistics)	1	1	0	0	0
Blog (malformed URL)	1	0	0	0	1
Utility (locations.kml)	1	0	0	0	1

How we rated each section

Rating: Needs Work · 5 / 10

The foundation is strong — the blog, organic growth, and the mobile call-and-insurance bar are real assets. What holds the site back is closer to the decision: admissions is hard to find in the menu, Verify Insurance is easy to miss mid-page, the homepage is busy and its title leaves Phoenix out, staff bios and outcomes are thin, and the Scottsdale and Glendale pages are hidden from Google.

Here is how to read the rating at the top of each section below. We scored your site on a 1 to 10 scale and grouped those scores into three labels. Every section score in this audit matches this key.

Rating	Score	What it means
Critical	1 to 3 / 10	Major issues that are actively hurting visibility, conversions, or the experience on your site. We recommend fixing these first.
Needs Work	4 to 6 / 10	Important opportunities or problems to address soon.
Solid	7 to 8 / 10	Working well, with a few specific improvements.
Strong	9 to 10 / 10	A genuine strength. Keep doing this.

Here is every section we rated, with its label and score, plus a link to AI Overviews and AI answers. Each section name is a link: click it to jump to that part of the report.

Section	Rating	Score
1. Searcher walkthrough	Needs Work	4 / 10
2. E-E-A-T deep dive	Needs Work	4 / 10
3. Competitors	Needs Work	5 / 10
4. Content and intent	Needs Work	5 / 10
5. Conversion rate optimization	Critical	3 / 10

Section	Rating	Score
6. Conversion paths: how people get from Google to a call	Needs Work	4 / 10
7. Reputation and search presence	Needs Work	4 / 10
AI Overviews and AI answers	—	—
8. Technical health and claims	Needs Work	5 / 10

Each finding follows the same path: here's what we found, why it matters to a searcher, the evidence, and what we recommend. We start with what a person actually sees when they land on a page.

1. Searcher walkthrough

Rating: Needs Work · 4 / 10

Money pages read at a 12th-grade level, the homepage is long and busy, the tour video is far below the hero, pages load slowly on phones, and the homepage title leaves Phoenix out. Residential program pages are also too long to skim — an older, length-first approach that served the site well, but search is moving toward concise, well-structured answers. The bones of the story are there; the first screen is not doing enough work.

We looked at key pages on a phone as a person in crisis and as a worried family member would: whether the first screen offers compassion, a clear next step, and proof the place is real; whether the tone is easy to skim; and whether a stressed reader can follow the page. We also checked reading level, sentence and paragraph length, jargon and clinical terms, headings, page length, images, and video.

Page type	Pages	Grade	Reading ease	Avg words	Notes
Home	1	12.0	39.7	4,701	32 section headings; title omits Phoenix; tour video is buried
Residential	8	12.8	39.0	3,874	FAQ on all 8
PHP	1	10.1	49.9	3,623	
IOP	1	10.2	48.4	3,727	
Sober living	3	11.8	45.8	2,873	Needs a clear Glendale address
Locations	5	13.0	35.1	1,674	Phoenix page: no FAQ
Substance conditions	17	13.3	33.0	3,641	FAQ on 9
Mental health conditions	13	12.9	34.0	3,409	
Admissions & insurance	7	12.0	39.5	1,194	Verify Insurance not obvious on Admissions
Blog	121	11.6	45.6	1,823	Many posts lack a short answer at the top
Team bios	19	13.8	35.0	162	Very thin
Service-area cities	14	10.6	51.7	3,156	Template copy

1.1 Key pages read at a 12th-grade level

Here's what we found	Program, condition and location pages are written at a college-entry reading level, with long sentences and clinical terms.
This matters because	A person in crisis or a scared parent reading on a phone skims. Dense text makes the page feel like work, so they go back to Google and call someone else.
Evidence	Median Flesch-Kincaid grade 12.0 across 270 pages with body text; only 13 pages are at grade 9 or lower. Money pages median grade 12.6. Residential page: grade 13.0, 18.9 words per sentence. Homepage: 21 clinical terms per 1,000 words. Condition pages: median grade 13.2.
What we recommend	Target grade 8 to 9 on money pages. Open each page with a 2 to 3 sentence plain-language answer (who it is for, what happens, how to start), keep sentences under 15 words, and move clinical detail lower or into accordions.
Priority	High impact, medium effort. Start with the 10 money pages in the next 30 days; finish in 90.

1.2 The first screen leads with luxury and brand, not 'can I get help today'

Here's what we found	First screens open with positioning ('luxury residential treatment', 'small, privately owned') before telling a stressed visitor what to do next, whether insurance works, and how fast they can start.
This matters because	The first question for most searchers is 'can I go here, and can someone help me now?' If the first screen does not answer it, they leave.
Evidence	Residential page opens: 'Luxury residential treatment for substance abuse and mental health in Northern Phoenix'. Homepage opens: 'a small, privately owned treatment program in Phoenix'. Call and Verify Insurance buttons are present on the residential and Phoenix pages, but /resources/admissions/ has no form.
What we recommend	Use one first-screen pattern on every money page: H1 with service + city, one line on who it helps, one line on insurance, a Call button, and a one-tap Verify Insurance button that goes to the insurance verification page (and later to the combined /admissions/ page). Keep 'luxury' as a supporting line.
Priority	High impact, low effort. Fix now on home, residential, PHP, IOP, sober living, Phoenix.

1.3 The homepage is very busy, and the tour video is buried

Here's what we found	The homepage tries to do everything at once: philosophy, every level of care, team, reviews, stats, conditions, FAQs, and more. A tour video playlist sits far down the page instead of under the hero.
This matters because	Searchers come with a few questions: can you help me, where are you, what does this place feel like, and how do I start? A facility video is one of the fastest ways to build trust, but only if people actually see it.

Evidence	The homepage is 4,701 words with 32 H2s. The first screen is the H1, a short intro, Call, and Verify your Insurance, then philosophy and program cards, team, reviews, and a stats row. The video playlist 'Inside Rock View Recovery' (YouTube tours for Residential, Sober Living, and Outpatient: youtu.be/aiXbmza4n8M, youtu.be/Q4et1YR6RPQ, youtu.be/LgC7kVzEqJ0) appears much lower, around three-quarters of the way down the page. Mobile accounted for 20,806 of 26,214 clicks (79.4%), so a long scroll on a phone is a real problem.
What we recommend	Simplify the homepage around the questions a searcher is actually asking. Place the tour video playlist directly under the hero. Use jump links, and move deep condition or FAQ detail lower or off the homepage.
Priority	High impact, medium effort. Fix now for the video placement; simplify the rest in the next 30 days.

1.4 Pages are very long and slow on a phone

Here's what we found	Key pages run 3,500 to 4,700 words with 20 to 32 H2s and load slowly on mobile.
This matters because	Long scrolls and slow loads lose impatient, anxious visitors even though Call Now and Verify Insurance already sit in a bar at the bottom of the screen on mobile. That matters even more because mobile accounted for 20,806 of 26,214 clicks (79.4%).
Evidence	Homepage 4,701 words, 32 section headings; residential 4,431 words, 31 section headings; IOP 3,727; PHP 3,623. In a lab test on a phone, the homepage scored 57 out of 100 and the main content took 6.1 seconds to appear; the residential page scored 49, and its main content took 13.6 seconds.
What we recommend	Add jump links under the first screen, collapse FAQs, and move deep content to linked subpages. Your pages load slowly on phones. We recommend shrinking the large images at the top of pages and loading the review widget and extra tracking code after the page appears.
Priority	Medium impact, medium effort. Next 90 days.

1.5 The homepage title tag does not include Phoenix

Here's what we found	The homepage title tag is 'Mental Health & Drug Rehabilitation | Rock View Recovery'. It does not name Phoenix or Arizona, even though the H1 does.
This matters because	The title tag is what Google and the searcher see in the results. Without a city, the listing looks generic, which helps explain why the canonical homepage, https://rockviewrecovery.com/, sat at average position 14.59.
Evidence	The main heading on the homepage is 'Addiction & Mental Health Treatment in Phoenix, Arizona'. The official homepage https://rockviewrecovery.com/ had 998 clicks, 122,958 impressions, a 0.81% click-through rate (the share of people who saw the result and clicked), and average position 14.59. Brand queries in the top 1,000 queries converted well (958 clicks at a 20.01% CTR), so a clearer branded + local title should help the right searchers click.
What we recommend	Change the title to: 'Addiction & Mental Health Treatment in Phoenix, AZ | Rock View Recovery'. Keep the H1 close to that wording. This is a high-impact, low-effort fix we recommend doing now.

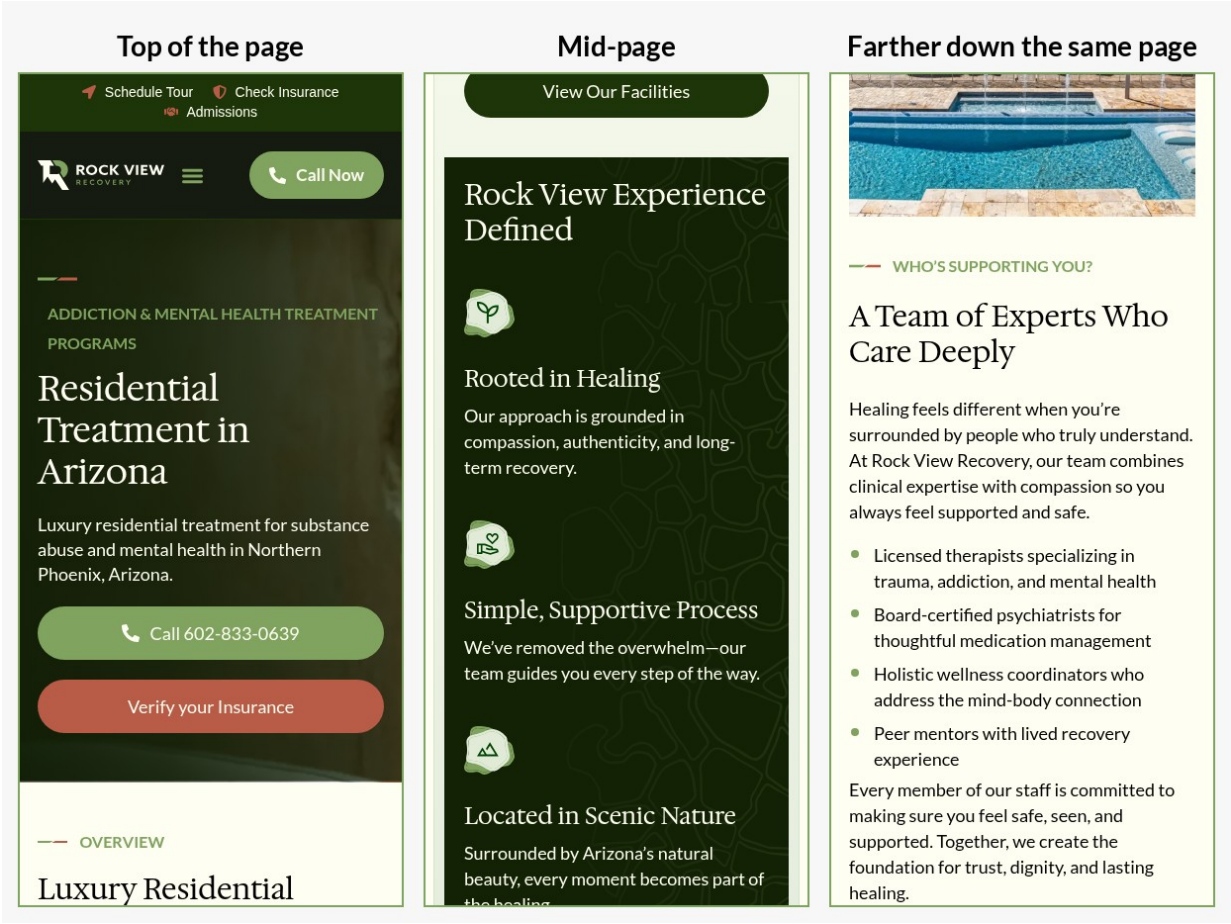
Priority	High impact, low effort. Fix now.

1.6 Most blog posts have no short answer up top

Here's what we found	Most blog posts do not open with a short answer to the question in the title.
This matters because	Searchers and AI answer tools both reward a direct answer first. Without it, people bounce and Google picks another site's answer.
Evidence	A review of the blog library shows this is the typical pattern. Blog median grade 11.4.
What we recommend	Add a 40 to 60 word 'Quick answer' box under each main heading, then a next-step link to the matching program page.
Priority	Medium impact, low effort per post. Next 90 days, highest-traffic posts first.

1.7 Residential program pages are too long to skim

Here's what we found	Sections like 'When to seek treatment' on the residential program pages are long blocks of text that visitors are unlikely to read.
This matters because	People in crisis scan. Long, unbroken sections hide the answers they need, and search engines and AI assistants now favor a clear answer first — not the longest page.
Evidence	The main residential page is 4,431 words with 31 section headings. Residential condition pages run about 3,460 to 4,002 words and read at about a 12th-grade level. This is the older approach to SEO, where longer pages were treated as stronger pages. It served the site well. Google (helpful content and AI Overviews) and AI assistants now favor concise, well-structured answers: a direct answer up top, short sections, bullets and tables, FAQs, clear headings, and original detail.
What we recommend	Keep the depth, but make it skimmable. Open with a short, direct answer, break long sections into short paragraphs and bullets, and use expandable sections (accordions) for detail that not every visitor needs. Start with the main residential page and the 'When to seek treatment' type of section.
Priority	High impact, medium effort. Next 90 days.



Three stretches of the main residential page on a phone — the top, the middle, and farther down. The page is long enough that a visitor in crisis has to scroll through many screens of copy (4,431 words, 31 section headings).

Blog library check

• Your recent posts often have tables and Key Takeaway callouts. That's a good pattern. Keep Key Takeaways on posts that do not have them yet, and add a useful table where it helps the reader compare options or signs.

• Almost none of the posts include a 988 crisis box. One post, 'Is There Rehab for Depression?' (June 26, 2026), mentions the 988 Suicide and Crisis Lifeline in the body copy, not as a reusable box. We recommend adding a consistent 988 crisis box to every clinical post.

• Why the 988 box matters: Google treats addiction and mental health as YMYL ('Your Money or Your Life'). Its quality rater guidelines reward pages that show care for user safety, and Google itself shows 988 crisis information on suicide and crisis searches. A visible crisis resource signals trust (the T in E-E-A-T) and responsible content to search engines and AI answer engines. This is not a direct ranking factor.

• The blog and resources section does most of the discovery work, as the opening figures show.

• In the top 1,000 queries, 150 Adderall queries accounted for 2,132 clicks and 142,278 impressions (1.50% CTR).

• Quick win: 'is adderall addictive' had 156 clicks, 45,742 impressions, a 0.34% CTR, and average position 7.4. A clearer title and opening answer should help more of those searchers click.

From the first screen, we turn to trust: who is behind the care, and whether the site makes that easy to see.

2. E-E-A-T deep dive

Rating: Needs Work · 4 / 10

Reviewer bylines exist on the blog, but the pages that decide admissions have none, bios are thin, Dr. Amini's bio doesn't link to the 35 posts she reviews, and the 93% completion rate has no transparent backing.

E-E-A-T is Google's shorthand for experience, expertise, authoritativeness, and trust. We scored Rock View and the competitors on seven trust checks, each from 0 to 3 (higher is better). A 3 means the check is clearly met on the site. Those checks cover the four parts of E-E-A-T: experience (video and first-hand detail), expertise (clinical review, team credentials, and person labels), authoritativeness (accreditation and reviews), and trust (outcomes, and how honest the claims feel). Rock View's biggest gaps are team credentials and outcomes. (Plugged In Recovery is scored on reviews only. Copper Springs is a partial score.)

Site	Accreditation	Clinical review	Team credentials	Person schema	Reviews	Outcomes	Video	Total /21
Rockview Recovery	2	2	1	1	1	1	1	9
Sabino Recovery	2	2	3	2	1	3	3	16
The Hope House	1	0	3	2	2	2	3	13
Cornerstone Healing Center	2	2	1	0	3	3	1	12
Fountain Hills Recovery	3	0	2	2	2	0	0	9
Crossroads	1	0	0	0	3	0	3	7
The Embers	2	2	1	0	0	1	0	6
Copper Springs (partial)	1	0	0	0	1	0	0	2
Plugged In Recovery	n/s	n/s	n/s	n/s	1	n/s	n/s	partial

What each check means, and what a 3 looks like:

Check	What it means	What a 3 looks like
Accreditation	Visible proof of Joint Commission, CARF, state licensure, and similar credentials.	Badges and license details are easy to find, with links to official registries.
Clinical review	Named, qualified clinicians review health and program content, with a date.	A reviewer byline and last-reviewed date on program, condition, and educational pages, linked to a bio.
Team credentials	Staff pages show who treats clients and why they are qualified.	Every bio lists credentials, license type and number, education, and specialties, and is linked from program pages.
Person schema	Structured data (hidden labels) that identify the people behind the site.	Person labels on every bio, matching the credentials shown on the page.

Check	What it means	What a 3 looks like
Reviews	Independent reviews are visible, recent, and easy to find.	A strong, current review presence on Google Business Profiles, with reviews shown on the site.
Outcomes	Results are published with enough context to be trusted.	An Outcomes page with defined metrics, dates, and sample size, and no unsourced percentage claims.
Video	Original video that shows the facility, team, or client stories (with consent).	Tour or clinician videos on key pages, with no outcome guarantees.

2.1 Staff bio pages lack E-E-A-T signals and are not optimized

Here's what we found	All 19 staff bios in the team sitemap are short, unstructured pages that do not prove who the clinicians are. Dr. Mona Amini's bio, in particular, has no links to the articles she has medically reviewed.
This matters because	Families want to know who will treat their loved one. Google's guidance for health content looks for named, qualified people behind the care and the advice. If a clinician reviews a post, that review should be visible from their bio.
Evidence	19 bios, median 162 words (range 81 to 292). None of the 19 have Person structured data (hidden labels that tell Google who the clinician is). Credentials appear in the name or title on 6 of 19; education on 8; years of experience on 6; a license number on 0. Only Dr. Mona Amini links out (LinkedIn). Her bio at /our-team/dr-mona-amini/ shows her role, a short bio, social links, and education. There is no 'Articles reviewed by' list, even though she reviews 35 posts. Titles are 'Name | Rock View Recovery' with no role.
What we recommend	Use one bio template: a main heading with credentials, 300 to 500 words, license number, Person structured data, and an 'Articles reviewed by' list. Start with Dr. Amini's bio, and link each clinician from the program pages they work on.
Priority	High impact, medium effort. Next 30 days.

2.2 No medical review on the pages that decide admissions

Here's what we found	Reviewer bylines appear only on blog posts. Program, location, condition and therapy pages show no reviewer or review date.
This matters because	These are the pages a family reads before calling. A visible clinical reviewer is one of the clearest trust signals on a health site.
Evidence	144 of 238 clinical pages have a reviewer byline (61%). All 144 are blog or insurance posts. 0 of 94 program, location, condition, therapy and service pages have one.
What we recommend	Add 'Clinically reviewed by [name, credentials] on [date]' with a link to the bio on all 94 pages, starting with residential, PHP, IOP, sober living, dual diagnosis and the Phoenix page.
Priority	High impact, low effort. Next 30 days.

2.3 Reviewer credentials and dates look inconsistent

Here's what we found	One reviewer's credentials differ between bylines and her bio, and many posts share the same review date.
This matters because	Small mismatches make careful readers (and quality raters) doubt the review is real.
Evidence	Alta Langdon is bylined 'FNP, PMHNP' on 79 posts; her bio H1 says 'RN, PMHNP-BC'. 44 posts show the same review date, May 29, 2026; 23 show Nov 13, 2026.
What we recommend	Use one credential string everywhere, pulled from the bio. Only change the review date when a clinician actually re-reviews the page, and add a short change note.
Priority	Medium impact, low effort. Fix now.

2.4 The 93% program completion rate has no backing, and real experience is under-shown

Here's what we found	The homepage presents a 93% program completion rate with no methodology, timeframe, sample, or definition. More broadly, the site says 'real people' but shows little first-hand detail: no staff interviews, no daily schedule, and nine testimonial entries in the sitemap that nothing links to.
This matters because	Outcome numbers on a treatment site are YMYL ('Your Money or Your Life') claims. Without transparent data, a careful family (and a regulator) cannot tell what the figure actually means.
Evidence	The homepage has a counter labeled 'Program Completion Rate' that animates to 93%. We found no linked Outcomes page, no date range, no sample size, and no definition of 'completion' next to the number. Other homepage counters (100+ years experience, 1:3 staff-to-client ratio, 24/7 admissions, 10-client maximum, 12 months of aftercare, 500+ lives transformed, 25+ team members) also lack sources on the page. Nine testimonial entries appear in the sitemap under /testimonials/{name}/, with no internal links and no main heading. Nothing on the site links to them.
What we recommend	Build a dedicated Outcomes page that states methodology, timeframe, sample, and how completion is defined, then cite that page wherever the 93% figure (or any other outcome number) appears. If the number cannot be supported, take it down until it can. Create a dedicated Testimonials/Stories page (we recommend /testimonials/) with video testimonials — with consent, HIPAA-compliant, and with no outcome guarantees — and link it from program pages, Admissions, and the referring-professional page. Fold the nine sitemap entries into that page (with a permanent redirect from each old address). Add staff interview quotes, and publish a 'Day in residential' schedule.
Priority	High impact, medium effort. Outcomes page in the next 30 days; the rest in 90.

3. Competitors

Rating: Needs Work · 5 / 10

You already outpace some smaller sites on rankings and depth. The sites that beat you for Phoenix and Scottsdale terms win on reviews, links, and a clearer header path to admissions, not on who wrote more pages.

We looked at eight competitors: Plugged In Recovery, The Hope House, Sabino Recovery, and The Embers, plus four that outrank Rock View for main services and locations (addiction treatment phoenix, alcohol rehab phoenix, luxury rehab arizona, and drug rehab scottsdale).

Site	Why	Authority	Ref. domains	Keywords	Top 3	Visits/mo	Google reviews	Pages	Avg words
Rockview Recovery	Your site	24	2,309	4,132	121	6,162	4.9 / ~44	290	1,823 blog
Plugged In Recovery	Named	21	2,349	1,280	29	2,296	5.0 / ~68	n/s	n/s
The Hope House	Named	36	3,444	21,770	450	16,639	4.6 / 88-111	648	1,250
Sabino Recovery (Tucson)	Named	33	2,594	7,012	97	3,148	4.5 / 74-80	481	3,775
The Embers (Phoenix outpatient)	Named	21	3,509	2,598	14	1,792	Not found	118	2,120
Crossroads	#2 addiction treatment phoenix	33	2,692	4,106	228	36,561	4.4 / ~222	99	1,713
Copper Springs	#1 alcohol rehab phoenix	28	3,029	2,063	188	7,550	3.2 / ~363	61	945
Cornerstone Healing Center	#5 drug rehab scottsdale	29	9,459	12,471	221	12,714	4.8 / ~208	589	2,388
Fountain Hills Recovery	#2 luxury rehab arizona	29	2,774	4,461	129	4,180	4.5 / 121	306	1,447

Authority, referring domains, keywords and visits are third-party estimates. Pages: sitemap URL count. Avg words: 11-page sample (Copper Springs: 10). Reviews: public third-party sources.

We also walked each site the way a searcher would, starting with how it asks for the call.

Site	How it asks for the call (header)
Rockview Recovery	Admissions is a top-level menu item but links to /resources/admissions/; header Call button shows 602-833-0639; on a phone the top strip, header Call Now, hero Call and Verify your Insurance, and a bottom bar with Call Now and Verify Insurance are already in place
The Embers	Top-level 'Verify Insurance' + Admissions + Cost of Treatment; header phone
Sabino Recovery	'Verify Insurance' in header; header phone
Fountain Hills Recovery	'Verify your insurance' in header; header phone
Crossroads	Admissions + Insurance Verification in header; header phone
Cornerstone Healing Center	'Our Admissions Process' + Insurance in header; header phone
Copper Springs	'Insurance & Payment' + 'For Providers' in header; header phone
Plugged In Recovery	Programs / What We Treat / Locations / Contact Us; header phone; no Admissions item

3.1 Competitors win on reviews and links, not on content volume

Here's what we found	The sites outranking Rock View for Phoenix and Scottsdale terms have 3 to 5 times more Google reviews and, in Cornerstone's case, 4 times the referring domains.
This matters because	Searchers compare star counts in the map pack before they ever reach a website.
Evidence	Crossroads 4.4 from ~222 reviews, Cornerstone 4.8 from ~208, Fountain Hills 4.5 from 121, The Hope House 4.6 from 88 to 111, Rockview 4.9 from ~44 (public third-party listings). Cornerstone has 9,459 referring domains vs Rockview's 2,309.
What we recommend	Run a steady review request program after discharge and alumni events (target 100+ reviews), reply to every review, and earn local links. Prioritize the outpatient Google Business Profile, which currently has no reviews.
Priority	High impact, medium effort. Next 90 days.

3.2 Competitors put admissions and insurance in the header

Here's what we found	Six of the seven competitor headers we reviewed show Admissions or Verify Insurance in the header. Rock View already has Admissions as a top-level menu item, but that item still sends people to /resources/admissions/.
This matters because	The 'can I afford this' question decides the call. Competitors answer it in one tap.
Evidence	The Embers, Sabino, Fountain Hills, Crossroads, Cornerstone, and Copper Springs all put Admissions or Verify Insurance in the header. Plugged In has Contact and a header phone.
What we recommend	See finding 5.1.
Priority	High impact, low effort. Fix now.

3.3 Where a smaller site can win

Here's what we found	Rock View already earns 121 top-3 rankings with 290 pages, more than Plugged In (29) and The Embers (14). Its edge is clinical depth and a small, trauma-informed therapeutic community.
This matters because	Searchers choosing between big and small programs look for proof of personal attention. Original, specific detail is what makes a reader (and an AI answer) cite one program over another.
Evidence	Estimated figures: Rock View has 4,132 ranking keywords, 121 in the top 3, and about 6,162 organic visits a month. The Hope House has 21,770 keywords but an average of 1,250 words; Sabino averages 3,775 words on 481 URLs.
What we recommend	Lead with named clinicians, staff ratio, therapeutic community model and real schedules; do not chase competitors' page counts. Pair this with the voice audit in finding 4.7.
Priority	Medium impact, medium effort. Next 90 days.

4. Content and intent

Rating: Needs Work · 5 / 10

The blog is doing a lot of the discovery work, and the existing Scottsdale and Glendale pages are assets once they are visible in search. The URL structure is scattered, What We Treat overlaps the program pages and most condition URLs earn little search traffic, and program pages don't always target the city where care actually runs.

Which city should each page target?

Not every page should primarily target Phoenix. Each program page should target the city where that program actually operates. Phoenix can still be the primary brand and homepage target.

Program or page	Where it operates	City to target
Residential treatment	206 W Rock View Rd, Phoenix	Phoenix
PHP and IOP	20325 N 51st Ave, Suite 100, Glendale / Arrowhead	Glendale (can mention the Phoenix metro)
Sober living	Arrowhead men's and women's supportive housing	Arrowhead / Glendale
Service-area pages	The surrounding cities they are meant to serve	Their own cities
Homepage and brand	Sitewide	Phoenix

A few important exceptions and follow-ups:

• A Scottsdale page already exists at /service-area/scottsdale/, but it is hidden from Google (noindex) and is not in the sitemap. Confirm why it is hidden, and if there is no reason to hide it, show it in search and position it as a nearby-market page for families (the Phoenix campus is about 10 minutes away), not a claim that you have a Scottsdale facility.

• A Glendale page already exists at /service-area/glendale/, but it is hidden from Google (the same as Scottsdale) and is not in the sitemap. Ask why it is hidden. If it is meant to rank, show it in search and add it to the Locations menu. If you prefer a cleaner campus page at /locations/glendale-arrowhead/, send the current Glendale address there with a permanent redirect.

• Dedicated insurance pages already exist for Aetna, BCBS, Cigna, MultiPlan, and UMR under /resources/admissions/, but they are not in the main menu, so they are easy to miss. Add an Insurance hub in the menu that links them.

4.1 Scottsdale is the biggest open opportunity

Here's what we found	A Scottsdale page already exists at /service-area/scottsdale/, but it is noindex and not in the sitemap, so it cannot earn search traffic. Scottsdale searches add up to about 3,190 a month.
This matters because	Scottsdale families searching 'drug rehab scottsdale' never see Rock View, even though the Phoenix campus is about 10 minutes away.

Evidence	Estimated monthly searches: drug rehab scottsdale 880, sober living scottsdale 590, scottsdale rehab 480, rehab scottsdale 390, alcohol rehab scottsdale 390, luxury rehab scottsdale 170, mental health treatment scottsdale 140, iop scottsdale 110. Rockview is not in the top 15 for 'drug rehab scottsdale'. /service-area/scottsdale/ is hidden from Google (noindex: a setting that tells Google not to show the page in search) and is not in the sitemap. Cornerstone ranks #5.
What we recommend	Ask why /service-area/scottsdale/ is noindex — whether that was intentional or a leftover. If there is no reason to hide it, remove noindex, add it to the sitemap, and position it as a nearby-market page, not a claim that a Scottsdale facility exists. Fold the Carefree and Fountain Hills pages into it with permanent redirects, and link it from the menu, homepage, every program page, and the sober living hub. Do not treat /programs/residential-treatment/scottsdale-az/ as a Scottsdale facility page; point it to this nearby-market page.
Priority	High impact, medium effort. Next 30 days.

4.2 'Addiction Counseling' is filed as a condition

Here's what we found	Addiction Counseling, a service, sits in the main menu under What We Treat, and its URL sits under /what-we-treat/mental-health/.
This matters because	A person looking for counseling looks under programs or services. Filing it as a condition hides it and confuses Google about what the page offers.
Evidence	Main menu: What We Treat > Addiction Counseling. URL /what-we-treat/mental-health/addiction-counseling/, 6 contextual inlinks, no estimated organic visits. Grief Counseling and Trauma Therapy have a similar split.
What we recommend	Move it to /programs/addiction-counseling/, with a permanent redirect from the old address, and list it under Programs. Retire the What We Treat section and fold its remaining condition pages into the Programs hub (see finding 4.9). Move Grief Counseling and Trauma Therapy under /therapies/.
Priority	Medium impact, low effort. Next 30 days.

4.3 No clean one-page-per-program-and-location structure

Here's what we found	Residential, PHP, IOP and sober living pages exist. A Glendale page already exists at /service-area/glendale/, but it is hidden from Google (the same situation as Scottsdale). IOP and PHP name Glendale in the H1 but not the title, and program pages get vague link text.
This matters because	Each searcher intent needs one clear page. Mixed signals split rankings. Not every program should target Phoenix; pages should target the city where that program actually runs.

Evidence	IOP H1 says 'Intensive Outpatient Program (IOP) in Glendale, Arizona' but the title is 'Intensive Outpatient Program (IOP) | Rock View Recovery'. 14 of 20 inbound anchors to PHP and 15 of 21 to IOP say 'Learn More'. The site lists residential at 206 W Rock View Rd, Phoenix; outpatient PHP and IOP at 20325 N 51st Ave, Suite 100, Glendale; and Arrowhead men's and women's supportive housing in the Locations menu. A second Glendale address, 5315 W Mohawk Ln, is labeled 'Luxury Alcohol & Drug Rehab in Arizona'.
What we recommend	One page each: residential (Phoenix), PHP, IOP and sober living (Glendale/Arrowhead), addiction counseling; locations Phoenix, Glendale-Arrowhead, Scottsdale. Put service + city in each title and use descriptive anchors.
Priority	High impact, medium effort. Next 30 days.

4.4 32 pages overlap and should be merged

Here's what we found	Pairs of posts answer the same question, 14 city pages share one template, and 9 testimonial stubs stand alone.
This matters because	Overlapping pages compete with each other, so neither ranks well, and readers find repeats.
Evidence	Examples: two alcohol-withdrawal timelines; two 'alcohol and depression' posts; resource and program pages that share the same title. Up to 5 URLs compete for 'luxury rehab arizona'.
What we recommend	Merge into the stronger URL, 301 the other, update internal links. Retitle explainer posts so they support, not compete with, the program pages.
Priority	Medium impact, medium effort. Next 90 days.

4.5 City service-area pages are near-duplicates

Here's what we found	14 /service-area/ pages use one template of about 3,200 words and receive almost no links or traffic.
This matters because	Thin local copies help no searcher and can look like doorway pages to Google.
Evidence	Word counts 3,152 to 3,247; average 0.9 contextual inlinks; about 2 estimated organic visits a month across all 14. Each promises 'Free Transport'.
What we recommend	Keep and rewrite the closest markets (Anthem, Cave Creek, Peoria, Paradise Valley) with real local detail; merge the rest into the Phoenix Metro hub.
Priority	Low impact, medium effort. Next 90 days.

4.6 Click depth is fine, but links do not send people to the money pages

Here's what we found	Every page is within 2 clicks of the homepage, yet location and program pages get few links from the content itself and much link text is generic.

This matters because	Blog readers are the largest audience — far ahead of program pages (561 clicks), condition pages (164 clicks), location pages (46 clicks), and the admissions group (28 clicks). If articles do not hand people to the right program, they never become inquiries.
Evidence	Click depth: 1 page at 0, 92 at 1, 187 at 2; 10 orphans. Location pages average 1.8 contextual inlinks. 2,166 generic anchors. Many posts do not link to a program, location, or admissions page.
What we recommend	Recommended linking map: every post links to 1 program page and Verify Insurance with descriptive text (not 'Learn More'); every program page links to its location page and 2 to 3 clinician bios; location pages link to every program offered there. Start with the highest-traffic Adderall and resource posts, and bridge carefully because some of that traffic is off-intent.
Priority	Medium impact, low effort. Next 30 days.

4.7 Original detail is missing, and the voice feels generic

Here's what we found	Content is thorough but generic; little of it could only come from Rock View. That is the ingredient that makes a reader, and an AI answer, cite one program over another.
This matters because	Anyone can summarize 'what is IOP'. Only you can say what Tuesday looks like in your 10-person community, which clinician reviews the work, and how Granite, Onyx, and Emerald actually run.
Evidence	No staff interviews or quotes on program pages; reviewer bylines but no reviewer commentary; the trauma-informed therapeutic community model is not explained on the home or residential pages. The homepage already has distinctive facts (10-client cap, named sober living homes, Joint Commission) that do not show up consistently in the library.
What we recommend	Commission a short brand voice audit: how leadership and clinicians actually talk, words you use and words you would never use, and a few signed stories from staff and alumni (with consent). Then add a clinician quote block per program page, a 'How our therapeutic community works' section, and real numbers once those figures are confirmed.
Priority	Medium impact, medium effort. Next 90 days.

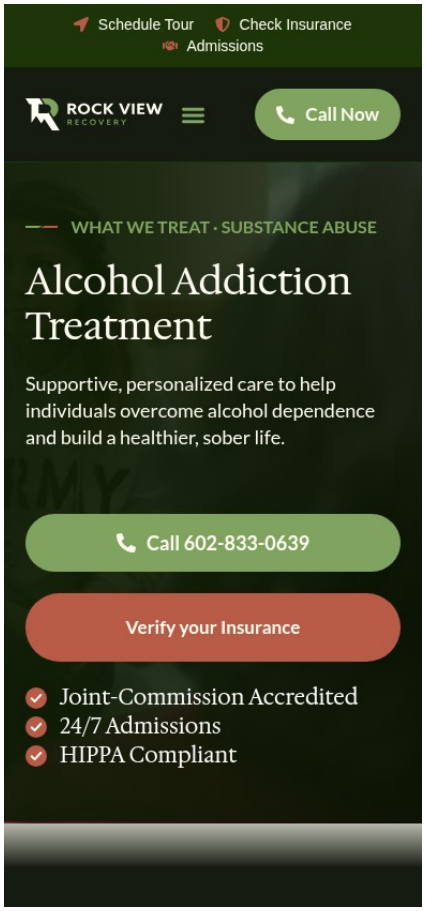
4.8 Dedicated payer pages need to be easier to find, and a few accepted payers are still missing

Here's what we found	Rock View already has some dedicated insurance landing pages, but they are easy to miss, and not every payer you name on the site has one.
This matters because	People search for their insurer plus rehab. A clear payer page, linked from Admissions, answers 'do you take my insurance?' and should lead straight into verification. If those pages are not in the menu, someone trying to get help has to hunt.

Evidence	The verify-insurance FAQ lists: Aetna, Cigna, BlueCross BlueShield, Multiplan, UMR, United Healthcare, and United Behavioral Health. Dedicated admissions pages already exist for Aetna, BCBS, Cigna, MultiPlan, and UMR under /resources/admissions/. We did not find a matching admissions landing page for United Healthcare or United Behavioral Health (there is a blog post). There are also 23 insurance-coverage blog posts, including TRICARE articles. TRICARE and AHCCCS are not in that 'we accept' FAQ list, so this audit does not treat them as accepted payers. In-network versus out-of-network status for each payer should be confirmed before any payer pages are published or retitled.
What we recommend	Keep and strengthen the existing admissions payer pages, link them clearly from the combined Admissions page and the menu, and add a United Healthcare / UBH page if you in fact work with those plans. Confirm TRICARE and AHCCCS status before building those pages. Each payer page should open with a plain answer, a one-tap Verify Insurance button that goes to the verification page (and later to /admissions/), what to expect, and a note that plans vary.
Priority	High impact, medium effort. Next 30 days.

4.9 What We Treat and program pages overlap, and most condition pages earn little search traffic

Here's what we found	The site keeps a large What We Treat tree alongside the program pages. That second tree overlaps the program story, and most of those condition pages earn little or no search traffic.
This matters because	Searchers looking for treatment usually need a program in a specific city, plus a clear way to start. A second, thinly performing conditions tree splits attention, internal links, and Google's time, and can leave it unsure which URL to rank.
Evidence	From May 21 through November 20, 2026, /programs/ URLs earned 561 clicks from 204,237 impressions (0.27% CTR) across 17 unique paths. /what-we-treat/ URLs earned 164 clicks from 88,547 impressions (0.19% CTR) across 33 unique paths — less than a third of the program-page clicks, even though there are nearly twice as many condition URLs. 10 of those 33 condition URLs had 0 clicks in that window, and 18 of 33 had 0–2 clicks. The residential program page alone earned 365 clicks, more than twice the entire What We Treat tree. Several core condition URLs also failed to turn impressions into clicks, including /what-we-treat/substance-abuse/alcohol/ (0 clicks, 707 impressions) and /what-we-treat/mental-health/anxiety-treatment-services/ (0 clicks, 2,923 impressions). A few condition or misfiled-service URLs do earn more (dual-diagnosis rehabilitation 18 clicks, anger-management 16, PTSD 15, OCD 10, and kratom 10). The /what-we-treat/ hub itself had 21 clicks.
What we recommend	Retire What We Treat as a separate section and fold it into a master /programs/ hub. Add category pages at /programs/substance-abuse/ and /programs/mental-health/, and place the individual program and condition pages under them. Send every old /what-we-treat/ address to the matching program page with a permanent redirect (so people and Google go from the old address to the new one). Keep a standalone condition page only when it already earns traffic or clearly matches a real treatment-intent search. Move Addiction Counseling to /programs/addiction-counseling/ (finding 4.2), and move Grief Counseling and Trauma Therapy under /therapies/.
Priority	High impact, medium effort. Next 30 days.



A What We Treat condition page on a phone (Alcohol Addiction Treatment). The first screen already has Call and Verify your Insurance buttons, and still sits in the What We Treat section.

Recommended linking map

Every page is already within two clicks of the homepage. The gap is what those links say and where they send people. This is the linking map we recommend.

From	Link to	How
Blog and resource posts	The matching program page, and Verify Insurance	Use descriptive link text, not 'Learn More'. Start with the highest-traffic Adderall and resource posts.
Program pages	The location where that program runs, and 2 to 3 clinician bios	One clear path from the program to the campus and the people who treat clients.
Location pages	Every program offered there	So a city searcher can start without hunting.
Home and money pages	The top-level Admissions / Verify Insurance page	The shortest path to help.

Once the structure and the story are clearer, the next question is whether a ready visitor can actually take the next step — and how easy that step is.

5. Conversion rate optimization

Rating: Critical · 3 / 10

This is the section we recommend fixing first. On a phone, Call Now, Verify Insurance, and Admissions are already easy to tap in the top strip, the header, the hero, and the bottom bar. The remaining problems are the path those buttons lead to: Admissions still lives at a /resources/ URL, the insurance form sits too far down on a phone and asks for too many fields as a first step, many landing pages lack a mid-page Verify Insurance button once someone has scrolled, phone numbers conflict, and there's no chat for people who don't want to call.

- 'Verify Insurance' and 'Schedule Tour' links already appear in the header on all 289 HTML pages.
- On mobile, Call Now and Verify Insurance already sit in a bar at the bottom of every page.
- Brand queries in the top 1,000 converted well (958 clicks at a 20% CTR), so people who already know Rock View need Admissions, insurance, and the phone number to be unmistakable once they arrive.
- Mobile accounted for 20,806 of 26,214 clicks (79%), so every one of these fixes has to work on a phone first.

5.1 Admissions is a top-level menu item, but the page still lives under /resources/

Here's what we found	Admissions already appears as a top-level item in the main menu, and it links to /resources/admissions/. On a phone, getting help is already close at hand: Schedule Tour, Check Insurance, and Admissions sit in the top strip, the header has a Call Now button, the hero has Call and Verify your Insurance buttons, and Call Now and Verify Insurance are one tap away in the bar at the bottom of every page. The remaining problem is the URL: the front door is still filed under Resources.
This matters because	A person ready to act looks at the URL as well as the menu. Filing the page that should start care under /resources/ signals 'reference material' to Google and to searchers, and it makes the path to help look like a resource article instead of the front door.
Evidence	The live desktop menu's top level is Admissions, Treatment Programs, What We Treat, Therapies, Locations, and About Us. Admissions links to /resources/admissions/. On a phone, the top strip shows Schedule Tour, Check Insurance, and Admissions; the header has Call Now; the hero has Call 602-833-0639 and Verify your Insurance. The bottom bar already has Call Now and Verify Insurance on every page.
What we recommend	Move Admissions to a top-level /admissions/ URL, keep it as a top-level menu item, and combine Verify Insurance on that same page. Permanently redirect /resources/admissions/ and /resources/admissions/insurance-verification/ to /admissions/. Keep the mobile bottom bar, the top strip, and the first-screen Call and Verify buttons. On desktop, keep Call and Admissions easy to see in the header.
Priority	High impact, low effort. Fix now.



The Admissions first screen on a phone already has a Call button and a Verify your Insurance button. The page itself still lives at a /resources/admissions/ URL.

5.2 Landing pages need a one-tap Verify Insurance button

Here's what we found	Key landing pages already have Call and Verify your Insurance buttons in the first screen. Once someone scrolls mid-page, there is often no repeated Verify Insurance button that takes them straight to the insurance verification page, so they have to hunt in the header or scroll to the bottom bar.
This matters because	A person deciding mid-page should be able to check insurance in one tap, without hunting in the header or scrolling to the bottom bar, and without filling out a form on the program page itself.
Evidence	'Verify Insurance' already appears in the header on all 289 HTML pages, and on mobile, Call Now and Verify Insurance already sit in a bar at the bottom of every page. We are not recommending new forms on program, location, condition, therapy, or blog pages.
What we recommend	Add a one-tap Verify Insurance button, mid-page and in the first screen, on every discoverable landing page (programs, conditions, therapies, locations, and blog posts). Point it at the insurance verification page, and later at the combined /admissions/ page. Keep the header links and the mobile bottom bar. Do not add forms to those landing pages. Keep a HIPAA-safe referral form on the professional path.
Priority	High impact, low effort. Fix now.

5.3 The insurance form still lives on a separate page from Admissions

Here's what we found	The Admissions first screen already has a clear Call button and a high-contrast Verify your Insurance button. Tapping Verify still sends people to a separate page at /resources/admissions/insurance-verification/, and a long stretch of process copy sits under the hero.
This matters because	Searchers who land on Admissions are ready to act. A visible button helps, but sending them to another URL — and making them scroll past more copy once they get there — makes getting help harder than it should be.
Evidence	The Admissions page at /resources/admissions/ opens with Call 602-833-0639 and Verify your Insurance in the first screen. Lower on the page there is process copy (Who We Treat, The Admissions Process) and an Insurance & Payment section. The form itself is on /resources/admissions/insurance-verification/.
What we recommend	Combine Admissions and Verify Insurance into one top-level /admissions/ page so the next step stays on the same page. Put a short form near the top, plus what happens after you submit. Permanently redirect /resources/admissions/ and /resources/admissions/insurance-verification/ to /admissions/.
Priority	High impact, low effort. Fix now.

5.4 The site shows more than one phone number, and one page dials a different number than it shows

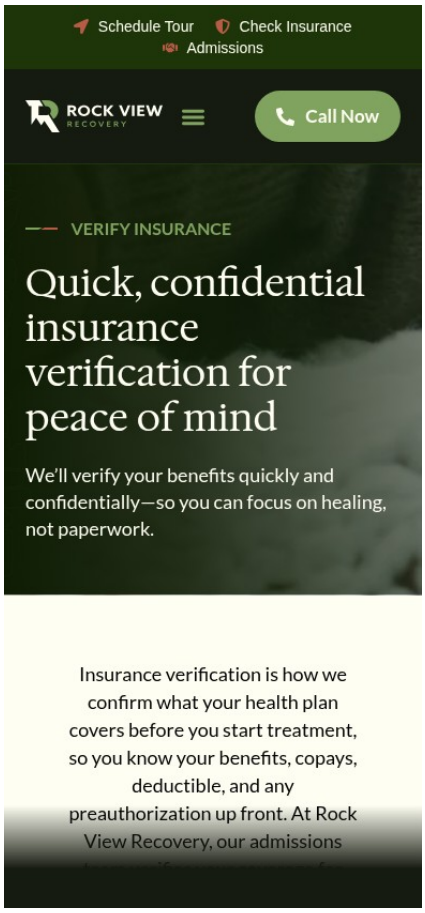
Here's what we found	The site shows two numbers most clearly: 602-833-0639 on the call buttons, and 602-560-2252 on the contact page, the Google Business Profile, the Joint Commission listing, and other directories. Every page also carries several other tel links, and the Phoenix location page displays one number but dials another. We have not confirmed which number is the main line, or whether 602-833-0639 is a call-tracking number.
This matters because	A family who sees two different numbers — or who taps a button and reaches a different number than the one on the screen — may wonder whether they have the right place. That makes it harder to get help.
Evidence	Call buttons on the first screen show 602-833-0639. The contact page, Google Business Profile, Joint Commission listing, and other directories show 602-560-2252. On all pages we also found tel links for 602-353-7712, 602-497-0152, 602-560-2252, and 602-894-0641, plus 602-833-0639 (21 pages), 602-962-1795 (5), and 602-782-5196 (1). The Phoenix location page shows (602) 497-0152 but links tel: +16025602252.
What we recommend	Confirm which number is the main line. If 602-833-0639 is a tracking number, you can keep it on the site's call buttons, but make sure the main number is consistent on Google, in directories, and in the site's business details. If it is not a tracking number, pick one number and use it everywhere. In either case, make every call link match the number shown on the page, including the Phoenix location page.
Priority	High impact, low effort. Fix now.

5.5 There is no live chat for people who do not want to call

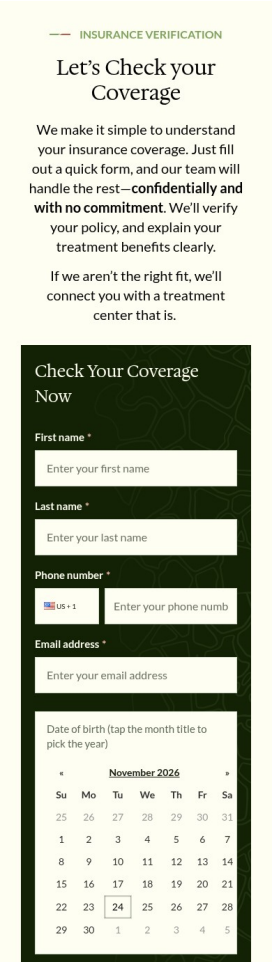
Here's what we found	The site has no live chat. The only real-time path is the phone number.
This matters because	Plenty of people will not call, especially at work or in front of family. Chat gives them a way to reach admissions without picking up the phone.
Evidence	There is no chat widget on the homepage or the admissions and program pages we reviewed.
What we recommend	Add an AI-powered chat that is HIPAA-aware: no PHI collected in the chat itself, a clear 'this is not for emergencies' note with 988, and a clean handoff to admissions (callback or form). Keep the call button; chat should sit beside it, not replace it.
Priority	Medium impact, medium effort. Next 30 days.

5.6 The insurance verification form sits too far down on a phone

Here's what we found	On a phone, https://rockviewrecovery.com/resources/admissions/insurance-verification/ makes people scroll past a long block of text before they reach the form.
This matters because	Someone ready to verify insurance should see the form immediately. A long scroll before the form is an easy place to lose them, especially on mobile, which accounted for 20,806 of 26,214 clicks (79.4%). That extra scroll makes it harder to get help when someone is ready.
Evidence	On a phone, the form is below a long stretch of supporting copy, not above the fold. This URL had 0 clicks and 1,290 impressions (0% click-through, average position 11.64).
What we recommend	Move the form above the fold on mobile, with a short reassurance line, and put the supporting text below it. Use the same pattern on the combined top-level /admissions/ page.
Priority	High impact, low effort. Fix now.



On a phone, the first screen of the insurance verification page is a long stretch of copy — the form is not yet in view.



The form starts after that copy. It asks for name, phone, email, date of birth, insurance company, member ID, group number, and consent checkboxes.

5.7 The insurance form asks for too much, too soon

Here's what we found	The insurance verification form is an embedded third-party form with about ten to eleven fields: first and last name, phone (with a country code), email, date of birth, insurance company, member ID, group number, a checkbox to consent to a call, and a checkbox to consent to text messages. Visible labels sit above most fields, with placeholder text inside the boxes. Several fields show an asterisk, but an empty submit showed no visible error text in our test. The form includes a 'We will never share your information' line and links to Privacy and Terms. The capture of the form cuts off in the consent wording, so the submit button sits at the end of that block.
This matters because	Someone who is ready to get help should be able to take a first step with just a name, a phone number, and their insurance. A long first form — especially on a phone, after they have already scrolled to reach it — is an easy place to lose them. If a required field is not clearly marked, or an error does not appear when something is missing, they cannot tell why it did not go through.
Evidence	The fields above are on the live insurance verification form. We submitted the form empty to see whether error messages appeared; no visible error text showed. We did not submit a completed form, so what happens after a real submission was not tested. Pop-ups and layout shifts were not checked.

What we recommend	For the first step, ask only for name, phone, and insurance. Keep date of birth, member ID, group number, and other details for a follow-up. Keep visible labels (not only placeholder text that disappears when someone types), mark required fields clearly, and show a plain error if something is missing. Keep the privacy reassurance. Test the form end-to-end with a real person, including what they see after they submit.
Priority	High impact, medium effort. Fix now.

6. Conversion paths: how people get from Google to a call

Rating: Needs Work · 4 / 10

On mobile, Call Now and Verify Insurance already sit in a bar at the bottom of every page, so a person who knows to tap them can act in one step. Families, referring professionals, and people arriving from a blog post still have to hunt for Admissions, which lives under /resources/ and in a buried menu. Scottsdale and Glendale searchers often have no page to land on at all.

This section is about the path, not the jargon. For each kind of visitor, we asked: how do they get from a Google search to a call or a form, and where does that path break?

Someone seeking help for themselves

1. They search and land, often on a blog post (Adderall content is a big driver) or the homepage. Brand searches convert well; generic ones are shakier.

2. They look for a program and a way to start: a clear program page, a city, and a Call or Verify Insurance action on that same page.

3. Where it breaks: most program and other landing pages lack a mid-page Verify Insurance button once someone has scrolled; the insurance verification form sits too far down on a phone and asks for too many fields as a first step; the homepage title doesn't say Phoenix; Admissions is a top-level menu item but still lives at /resources/admissions/; there is no chat if they don't want to call; phone numbers sometimes don't match what they see.

A family member trying to help

1. They search and land, often on the family program page, a signs post, or the homepage.

2. They need a path of their own: how to talk to a loved one, what the first call sounds like, and how insurance works, with a Verify Insurance button and a callback option on the For Families page.

3. Where it breaks: there is no dedicated For Families path; the family program page has no mid-page Verify Insurance button; Admissions sits under About Us and at /resources/admissions/, which signals reference material rather than a conversion page; the Verify Insurance button on Admissions is easy to miss; the verification form sits too far down on a phone.

A referring professional

Think of a hospital case manager, discharge planner, therapist, or EAP who googles Rock View before making a referral. They need to verify a short list of facts quickly, then send a client without friction.

1. They search for the brand or go direct, often from a discharge meeting or a session, and land on the homepage or a program page.

2. What they need to verify quickly: accreditations and licensing; levels of care with admission criteria and what each program treats; insurance accepted; outcomes data and patient stories; clinical leadership and credentials; and a fast referral path (a dedicated referral line, a referral form, secure records or fax information, and an expected response time). Here is how the site scores on that checklist, based only on what is visible today.

What they need to verify quickly	What the site shows today
Accreditations and licensing (Joint Commission, CARF, state licensure, LegitScript)	Joint Commission and LegitScript badges are shown. CARF and state licensure are not easy to find from a first look; that does not mean they are missing.
Levels of care, admission criteria, and what each program treats	Program pages exist, but a referrer has to hunt across several long pages. Admission criteria and a clear 'who this program is for' summary are not easy to verify in one place.
Insurance accepted	A verify-insurance FAQ lists Aetna, Cigna, BlueCross BlueShield, Multiplan, UMR, United Healthcare, and United Behavioral Health, with dedicated pages for five of those payers. The path is scattered, and the Verify Insurance button on Admissions is easy to miss.
Outcomes data and patient stories	The homepage shows a 93% program completion rate with no methodology, timeframe, or sample (finding 2.4). Nine testimonial entries appear in the sitemap, and nothing on the site links to them. There is no Outcomes page.
Clinical leadership and credentials	Nineteen staff bios exist, but they are short. Credentials appear in the name or title on only 6 of 19, and no bio lists a license number. Dr. Amini's bio does not link to the articles she has reviewed.
A fast referral path	No dedicated referral phone line, referral form, secure records or fax information, or stated response time. 'Referral' appears only inside 12 blog posts. There is no For Professionals item in the menu.

3. Where it breaks: there is no referral page and no For Professionals item in the menu, so this high-intent visitor has to assemble those answers from the homepage, thin bios, testimonial entries that nothing links to, and a buried /resources/admissions/ URL. That's a dead end compared with a single /admissions/for-professionals/ page.

Build /admissions/for-professionals/ and link it from the Admissions menu. That page should include:

- Accreditations
- Levels of care and admission criteria
- Insurance accepted
- Outcomes and stories
- Clinical leadership
- A fast referral path: phone line, form, secure records/fax, and a stated response time

Keep the form HIPAA-safe: collect only what is needed to start the referral.

Location makes its own split. Scottsdale and Glendale pages already exist, but both are hidden from Google, so a searcher in those cities often lands on a page about somewhere else. If those pages are meant to rank, show them in search, add them to the menu, and send each program to the city where it actually runs.

6.1 Referring professionals hit a dead end

Here's what we found	A hospital case manager, discharge planner, therapist, or EAP who googles Rock View before referring has no single place to verify the facts they need, and no fast way to send a client.
This matters because	These professionals send high-intent admissions. They will not comb a long marketing site. If they cannot quickly confirm accreditation, levels of care, insurance, outcomes, clinical leadership, and how to refer, they will call a program that makes that easy.
Evidence	• No referral page — the word 'referral' appears only inside a few blog posts. • Joint Commission and LegitScript badges are shown; CARF and state licensure are hard to find (that does not mean they are missing). • Admission criteria are not gathered in one place. • Insurance information is scattered across a FAQ and payer pages. • The homepage shows a 93% completion rate with no methodology. • Staff bios are light on credentials (credentials in the name or title on 6 of 19). • There is no referral phone line, referral form, records/fax information, or stated response time. • Copper Springs has 'For Providers' and Crossroads has 'Partners' in their headers. • Testimonials are sitemap entries that nothing links to, not nine pages.
What we recommend	Build /admissions/for-professionals/ and link it from the Admissions menu. What belongs on that page: • Accreditations • Levels of care and admission criteria • Insurance accepted • Outcomes and stories • Clinical leadership • A fast referral path: phone line, form, secure records/fax, and a stated response time Keep the form HIPAA-safe: collect only what is needed to start the referral.
Priority	Medium impact, low effort. Next 90 days.

6.2 Families have no path of their own

Here's what we found	A worried family member has to piece together the family program, admissions and insurance pages.
This matters because	Family members are often the first caller. They need 'how do I get my loved one to go' and 'what happens when I call'.

Evidence	/programs/family-program/ reads at grade 13 and has no mid-page Verify Insurance button; the family-resources URL found in links is outside the sitemap; Admissions sits under About Us in the menu and at /resources/admissions/.
What we recommend	Add 'For Families' under Admissions: how to talk to a loved one, what the first call sounds like, insurance help, a one-tap Verify Insurance button, and a callback form on that For Families page (not on program landing pages).
Priority	Medium impact, low effort. Next 90 days.

6.3 Paths do not split by location

Here's what we found	Searchers in Scottsdale and Glendale already have pages at /service-area/scottsdale/ and /service-area/glendale/, but both are hidden from Google, so their path to a call often starts on a page about somewhere else.
This matters because	People want care near home and check drive time before calling.
Evidence	Pages already exist at /service-area/scottsdale/ and /service-area/glendale/, but both are hidden from Google and are not in the sitemap. There is no /locations/ page for either city (Arrowhead is used in the menu instead).
What we recommend	Ask why the Scottsdale and Glendale pages are hidden. If they are meant to rank, show them in search, add them to the sitemap and to the Locations menu, and send each program page to the city where that program actually runs. If you prefer a cleaner campus address at /locations/glendale-arrowhead/, use a permanent redirect from /service-area/glendale/ to that page.
Priority	High impact, medium effort. Next 30 days.

6.4 Mis-filed services break the service path

Here's what we found	Because Addiction Counseling sits under What We Treat, a visitor on that page is not offered a level-of-care choice or an admissions step specific to counseling.
This matters because	Someone who wants counseling, not residential, needs to see which program fits and how to start.
Evidence	See finding 4.2. The page has 6 contextual inlinks and no estimated organic visits.
What we recommend	After moving it to Programs, add a 'Which level of care fits?' block linking to IOP, PHP and residential, plus a one-tap Verify Insurance button to the verification page (and later to /admissions/).
Priority	Medium impact, low effort. Next 30 days.

7. Reputation and search presence

Rating: Needs Work · 4 / 10

The rating is strong, but the review volume is not, the outpatient Google profile has no reviews, recent Google reviews have no owner reply, names and phone numbers are inconsistent across three listings, and a spam link wave

in September 2026 still needs to be reported to Google so those links can be ignored.

Search performance — top pages and queries, what is gaining and losing, and how traffic moved around Google updates — is in the Search Console and Analytics overview at the start of this report. This section covers reviews, listings, and backlinks. What AI tools and Google's AI answers show is in AI Overviews and AI answers.

Rock View has three Google Business Profiles. The outpatient profile has no reviews. Review counts in this section come from public third-party listings.

Profile name	Best match on the site	Maps link
Rock View Recovery - Mental Health and Addiction Treatment Center Arizona	206 W Rock View Rd, Phoenix, AZ 85085	https://maps.app.goo.gl/2p6iewPmbq1yF9xU9
Rock View Recovery - Luxury Alcohol and Drug Rehab in Arizona	5315 W Mohawk Ln, Glendale, AZ 85308	https://maps.app.goo.gl/26jjYt4z6fAn4iDPA
Rock View Recovery - Outpatient Treatment Center (no reviews)	20325 N 51st Ave, Suite 100, Glendale, AZ 85308	https://maps.app.goo.gl/ZLnYSiU7bf1nYeE7A

What we recommend: generate reviews for the outpatient profile first, make name, address, and phone consistent on all three, set the right categories, and point each profile to its matching location page once those pages exist.

7.1 Too few reviews to compete in the map pack, and the outpatient profile has none

Here's what we found	Rock View shows a strong rating from a small number of reviews overall, and the outpatient Google Business Profile has no reviews.
This matters because	Searchers trust volume and recency as much as stars. An outpatient listing with no reviews looks unproven, even if the other profiles are strong.
Evidence	About 4.9 from ~44 reviews in public third-party listings. Competitors: Crossroads ~222, Cornerstone ~208, Fountain Hills 121, The Hope House 88 to 111. Rock View has three Google Business Profiles; the outpatient profile has no reviews. Review counts come from public third-party listings.
What we recommend	Start a review request program at discharge and alumni milestones, reply to every review, and put a special focus on the outpatient profile until it has a credible base of recent reviews.
Priority	High impact, medium effort. Next 90 days; outpatient reviews can start now.

7.2 Business name and NAP are inconsistent across three profiles

Here's what we found	The Google Business Profile names are keyword-heavy, the brand is written two ways, and many phone numbers circulate. You also have three profiles that need to stay consistent with the matching location pages.

This matters because	Inconsistent listings confuse searchers and can trigger a GBP suspension.
Evidence	The three profile names are in the table in this section. The site uses 'Rock View Recovery'; the brand is also often written 'Rockview Recovery'. 7 phone numbers are in use (finding 5.4). Website links on the profiles have pointed to www addresses with extra tracking codes in the URL.
What we recommend	Use one phone number per location, and point each Google Business Profile website link to the matching location page on the site (without extra tracking codes in the URL). Keep name, address, and phone consistent on each profile and on the matching location page.
Priority	Medium impact, low effort. Fix now.

7.3 A spam backlink wave started in September 2026

Here's what we found	Thousands of low-quality domains began linking with identical auto-generated anchors.
This matters because	Spam links can drag rankings that families rely on to find Rock View.
Evidence	Up to 1,713 domains with 'premium seo links' anchors since Sep 14, 2026; 82% of referring domains have Authority Score 0 to 2. Estimated monthly organic visits peaked at 8,452 in Sep 2026 and fell to 6,161 in Oct. The timing lines up, but this does not prove cause.
What we recommend	Export and review the spam links, then ask Google to ignore those domains (a disavow file). Keep the healthcare directory and local links.
Priority	High impact, low effort. Fix now.

7.4 AI tools know Rock View, but they give the 560 number

Here's what we found	AI tools already describe Rock View and give the 560 number. The full findings and recommendations are in AI Overviews and AI answers.
This matters because	A family who starts with an AI answer will often call the number it gives. If that number does not match what they later see on the site, it is harder to get help.
Evidence	See AI Overviews and AI answers.
What we recommend	See the recommendations in AI Overviews and AI answers, and finding 5.4 for the phone numbers.
Priority	High impact, low effort. Fix now for the phone numbers; check AI answers every quarter.

7.5 Recent Google reviews have no owner reply

Here's what we found	Recent Google reviews on the profiles we reviewed have no owner reply.

This matters because	• Trust: families and referring professionals often read the replies before they call. Silence can make the listing look unattended. • Local visibility: Google's Business Profile help says that when you reply to customer reviews, it shows that you value their feedback, and that positive reviews and helpful replies can help your business stand out (support.google.com/business/answer/7091). That is Google's guidance, not a guaranteed ranking factor. • Negative reviews: a calm, public reply shows you take concerns seriously. • HIPAA: replies must never confirm that someone was a patient or mention treatment details. Use a generic, warm reply and move specifics to a private conversation.
Evidence	Recent Google reviews on the profiles we reviewed have no owner reply.
What we recommend	Reply to every new review within about 48 hours. Assign a staff owner (admissions or leadership) to check reviews daily. Use short, HIPAA-safe templates like these: • Positive: 'Thank you for taking the time to share this. We're grateful for your kind words and proud of the team who supports every client.' • Neutral: 'Thank you for your feedback. We appreciate you sharing your experience and welcome you to contact us directly if there is more we can help with.' • Negative: 'We're sorry this wasn't the experience you hoped for. We take all feedback seriously. Please contact us so we can talk privately and see how we can help. We can't discuss personal or treatment details here.'
Priority	High impact, low effort. Start now.

AI Overviews and AI answers

Families now start with an AI answer as often as they start with a list of Google links. This section covers what AI tools already say about Rock View, the two phone numbers those answers can give, the baseline we have for AI Overview keywords and AI-assistant visits, and what we recommend so it is easy to get help from an AI answer.

What AI tools already say

A ChatGPT answer (no login) to 'What do you know about Rock View Recovery in Phoenix?' described it as a small residential addiction and mental health center in North Phoenix at 206 W Rock View Road, 85085. It gave the phone number (602) 560-2252, a residential capacity of 10, an Arizona behavioral health residential license, CBT, DBT, EMDR and Somatic Experiencing, and a 5.0 map rating.

Asked 'best addiction treatment centers in Phoenix, AZ', ChatGPT's first recommendations were Purpose Healing Center and Calvary Healing Center. We did not check whether Rock View appeared further down the list, so we can only say it was not among the top recommendations.

The two phone numbers

The site shows two phone numbers: 602-833-0639 on the call buttons, and 602-560-2252 on the contact page, the Google Business Profile, the Joint Commission listing, and other directories. AI tools give the 560 number. We have not confirmed which number is the main line.

This matters for how easy it is to get help. A family who starts with an AI answer will often call the number it gives. If that is not the number they later see on the site's call buttons, they may wonder whether they have the right place — or reach a different line.

The baseline we have

An estimated 2,029 ranking keywords show AI Overviews, and the AI Assistant channel recorded 181 sessions and 92 new users. That is a small baseline for answer-engine traffic, not proof of how often Rock View is named in those answers.

What we recommend

• Confirm which number is the main line. If 602-833-0639 is a tracking number, keep it on the site but make sure the main number is consistent on Google, in directories, and in the site's business details. If it is not, pick one number and use it everywhere. See finding 5.4.

• Keep name, address, and other business details consistent everywhere, so AI tools and directories pick up the same facts.

• On key pages, lead with a short, direct answer and add FAQs so AI tools have a clear passage to quote.

• Make credentials easy to see — Joint Commission and LegitScript marks, license, and reviewer bylines.

• Check what AI tools and Google's AI Overviews say about Rock View for your main services and cities every quarter. We'll capture Google's AI Overviews in the first quarterly check.

8. Technical health and claims

Rating: Needs Work · 5 / 10

The basics are sound: all 290 sitemap pages load correctly, each one points to itself as the official address, and we found no broken pages. The work is in cleanup: a broken dual-diagnosis link, 1,278 links that go through redirects, sitemap errors, slow pages on phones, missing labels that help Google understand the site, and unsupported claims including the 93% completion rate.

Check	Result
Sitemap pages / unique / all load correctly	292 / 290 / yes
Homepage title (the line in Google results)	Mental Health & Drug Rehabilitation | Rock View Recovery (no Phoenix)
Phone speed (lab test)	Homepage 57/100 (main content 6.1 seconds); residential 49/100 (13.6 seconds)
Broken pages found	0

8.1 A broken dual-diagnosis link on 7 posts

Here's what we found	An old 'dual diagnosis' address does not take people to the working page.
This matters because	Readers who click 'dual diagnosis' from an article hit an error page at a key moment.

Evidence	The old address /what-we-treat/mental-health/dual-diagnosis/ first tries to send people to a new address (a redirect), then that new address shows a server error. It is linked from 7 posts. The working page is /what-we-treat/mental-health/dual-diagnosis-rehabilitation/.
What we recommend	Point the 7 links to the working page and fix the broken redirect.
Priority	High impact, low effort. Fix now.

8.2 1,278 internal links point to redirects

Here's what we found	Many links on the site still go to old addresses, which then send people somewhere else.
This matters because	Each extra hop slows the visitor and makes it harder for Google to see the real page.
Evidence	187 pages contain 1,278 links to addresses that then redirect. There are 111 of those old addresses, and 8 links bounce through two redirects. 182 pages link to 44 dated archive addresses that send people to the homepage instead.
What we recommend	Update those links so they go straight to the final page. Remove dated archive links from bylines. Make each old address jump straight to the final page, not through a chain of redirects.
Priority	Medium impact, low effort. Fix now.

8.3 Sitemap and indexing housekeeping

Here's what we found	The sitemap (the list of pages submitted to Google) has a broken address, duplicates, and a non-page file, while two important city pages are hidden from search.
This matters because	A clean sitemap helps Google spend its time on the pages that bring calls.
Evidence	The sitemap has 292 entries and 290 unique addresses. One entry is a malformed address (/https/rockviewrecoverycom/resources/outpatient/outpatient-treatment-for-depression-and-anxiety/). Two posts are listed twice (fentanyl and insurance-coverage-out-of-network-rehab). A map file (locations.kml) is listed as if it were a page. /service-area/scottsdale/ and /service-area/glendale/ are hidden from Google (noindex: a setting that tells Google not to show the page in search). All 290 unique pages load correctly, each one points to itself as the official address, and we found no broken (404) pages.
What we recommend	Republish the malformed post at a clean address and permanently redirect (send people and Google from the old address to the new one) the broken one. Remove the duplicates and the map file from the sitemap. Confirm why the Scottsdale and Glendale pages are hidden; if there is no reason to hide them, show them in search and add them to Locations.
Priority	Medium impact, low effort. Fix now.

8.4 Pages load slowly on phones, and fonts are blocked

Here's what we found	Pages load slowly on phones, and the homepage requests fonts over an insecure connection, so those fonts are blocked.
This matters because	Slow pages lose people in crisis; blocked fonts make the site look broken. This is especially important because mobile accounted for 20,806 of 26,214 clicks (79.4%).
Evidence	In a lab test on a phone, the homepage scored 57 out of 100 and the main content took 6.1 seconds to appear; the page also downloads about 3.2 MB of files. The residential page scored 49, and its main content took 13.6 seconds. The Adderall post scored 74 (about 5 seconds). On a desktop, the homepage scored 95. The homepage tries to load 28 font files over an insecure connection (http), so those fonts are blocked.
What we recommend	Your pages load slowly on phones. We recommend shrinking the large images at the top of pages and loading the review widget and extra tracking code after the page appears. Also load the fonts over a secure connection, or from your own site, so they are not blocked.
Priority	Medium impact, medium effort. Next 90 days.

8.5 Missing labels that help Google understand the site

Here's what we found	The site already labels many FAQs for Google, but it does not clearly label the people, clinics, and programs in a way Google and AI tools can use.
This matters because	These hidden labels (called structured data, or schema) help Google and AI assistants understand who treats clients, where care happens, and what you offer.
Evidence	FAQ labels appear on 211 pages, and medical-page labels on 145. 44 pages have no labels at all. Staff bios have no person labels.
What we recommend	Add person labels to staff bios, a clinic label on each location page with the right phone number, and a service label on each program page.
Priority	Medium impact, low effort. Next 30 days.

8.6 Claims and wording to review (not legal advice)

Here's what we found	Several claims on the site should be checked for support and wording, including the 93% program completion rate on the homepage.
This matters because	Treatment searchers and regulators are sensitive to unsupported superlatives, outcome numbers and privacy promises.
Evidence	The homepage 'Program Completion Rate' counter is set to 93% with no source (finding 2.4). 'Top-Rated Rehab in Arizona' appears in a site-wide block (144 pages). 'HIPPA Compliant' is misspelled (28 pages). Uncited figures include '~65-75% sustained recovery' and '68% of people who complete residential treatment stay abstinent'. Animated counters often show as '0 %' or '1 %' when the page first loads. 'Free Transport' appears on 14 city pages. 'Completely confidential' appears on 7 pages. A BCBS post heading still says 'Guide for 2025'.

What we recommend	Cite or remove outcome numbers, starting with the 93% completion rate and a dedicated Outcomes page. Replace 'Top-Rated' with a sourced statement, fix the HIPAA spelling, confirm transport terms, and make the counter numbers visible when the page first loads.
Priority	Medium impact, low effort. Fix now.

Those findings add up to a sequence, not a pile. Here is how we would work through them.

Prioritized roadmap

We would start with the changes that make it easier to get help: move Admissions to a top-level /admissions/ URL (it is already a top-level menu item) and combine it with Verify Insurance, add a mid-page Verify Insurance button on landing pages, put the insurance form at the top of the screen on a phone, and ask only for name, phone, and insurance up front. Then the other high-impact items, including the homepage title and tour video.

When	Action	Area	Impact
Fix now	Move Admissions to a top-level /admissions/ URL (it is already a top-level menu item), combine Admissions + Verify Insurance, and permanently redirect the old /resources/ addresses	5, 6	High
Fix now	One-tap Verify Insurance button mid-page on every landing page; move the verification form above the fold on mobile	5	High
Fix now	Simplify the insurance form: ask only for name, phone, and insurance up front; add clear error messages; test what happens after submit	5	High
Fix now	Confirm which number is the main line; keep the main number consistent on Google, directories, and the site; make sure every call link matches the number shown	5, 7	High
Fix now	Reply to every new Google review within about 48 hours, using HIPAA-safe templates, and assign a staff owner	7	High
Fix now	Change the homepage title to include Phoenix	1	High
Fix now	Move the tour video playlist directly under the homepage hero; start simplifying the homepage around searcher questions	1	High
Fix now	Fix first screens on the 6 core money pages	1	High
Fix now	Repoint the 7 broken dual-diagnosis links	8	High
Fix now	Ask Google to ignore the September 2026 spam link wave	7	High
Fix now	Claims cleanup: 93% completion rate, 'Top-Rated', HIPAA spelling, uncited outcome numbers, '0 %' counters	2, 8	High
Fix now	Sitemap cleanup; replace redirecting links and date-archive links	8	Medium
Fix now	Keep name, address, and phone consistent on all three Google profiles; point each profile to the matching location page	7	Medium
Next 30 days	Confirm why /service-area/scottsdale/ is noindex and, if there is no reason to hide it, index it and add it to the sitemap; build /locations/glendale-arrowhead/	4, 6	High
Next 30 days	Outcomes page with methodology, timeframe, sample, and definition; cite or remove 93%	2	High
Next 30 days	Build a Testimonials/Stories page at /testimonials/ with video (consent, HIPAA-compliant, no outcome guarantees) and fold in the nine sitemap entries	2, 6	Medium
Next 30 days	Reviewer bylines on 94 money pages; align reviewer credentials	2	High
Next 30 days	Rebuild 19 staff bios with person labels for Google; add Dr. Amini's 'Articles reviewed by' list	2	High

When	Action	Area	Impact
Next 30 days	Strengthen existing payer pages (Aetna, BCBS, Cigna, MultiPlan, UMR); add UHC if accepted; confirm TRICARE and AHCCCS	4, 5	High
Next 30 days	Put the actual city of care in PHP, IOP, and other program titles; use descriptive anchors	4	High
Next 30 days	Retire What We Treat and fold it into a master /programs/ hub, with /programs/substance-abuse/ and /programs/mental-health/ category pages and permanent redirects from the old addresses	4, 6	High
Next 30 days	Internal linking map from strong blog posts to service pages; add a 988 crisis box and Key Takeaways across the blog library	1, 4	Medium
Next 30 days	HIPAA-aware AI chat with no PHI in-chat and a handoff to admissions	5	Medium
Next 90 days	Merge 32 overlapping pages with permanent redirects	4	Medium
Next 90 days	Bring money pages to grade 8 to 9; quick answers on posts	1	Medium
Next 90 days	Brand voice audit, then clinician quotes and original program detail	4	Medium
Next 90 days	For Families and For Professionals paths	6	Medium
Next 90 days	Mobile speed and mixed content	8	Medium
Next 90 days	Review program (100+ reviews), with the outpatient profile first; staff interviews	2, 7	Medium
Next 90 days	Rewrite or merge 14 template city pages	4	Low
Every quarter	Check what AI tools and Google's AI Overviews say about Rock View for your main services and cities; we'll capture Google's AI Overviews in the first quarterly check	7	Medium

A companion Content and keyword workbook comes with this report. It lists the pages, recommended actions, and keyword targets in one place.

Page outlines: 3 highest-value pages

We picked these three by revenue potential: the existing Scottsdale page (currently hidden from Google) opens the largest uncovered market, the residential page is the main money page, and Admissions is the step every path should end on.

1. /service-area/scottsdale/ (already on the site; currently hidden from Google)

Title / H1	Drug & Alcohol Rehab Near Scottsdale, AZ | Rockview Recovery / Addiction and Mental Health Treatment Near Scottsdale
First screen	'About 10 minutes from Scottsdale' + levels of care + 'We check your insurance in minutes' + Call button + a one-tap Verify Insurance button. Be clear this is a nearby-service page, not a Scottsdale facility claim.
Targets	drug rehab scottsdale 880, scottsdale rehab 480, rehab scottsdale 390, and related terms; sober living scottsdale 590 linked to the sober living hub

2. /programs/residential-treatment/

Title / H1	Residential Treatment in Phoenix, AZ | Rockview Recovery / Residential Addiction & Mental Health Treatment in Phoenix

First screen	Who it is for in plain words, typical stay, 'Most plans verified in minutes', Call + a one-tap Verify Insurance button; reviewer byline
Fixes	Trim from 4,431 words / 31 section headings with jump links; get the main content to appear in under 2.5 seconds on a phone

3. /admissions/ (combine Admissions + Verify Insurance)

Title / H1	Admissions & Insurance | Rockview Recovery / Start Treatment Today
First screen	A clear Verify Insurance button, Call button, the verification form above the fold (short reassurance line; supporting text below), and 'what happens after you call' in 3 steps
Permanent redirects	Permanently redirect /resources/admissions/, /resources/admissions/insurance-verification/, and their child pages to /admissions/...

Sources

• A full review of rockviewrecovery.com, including every address in the sitemaps and other pages the site itself links to, November 2026.

• Mobile and desktop page-speed tests run in November 2026.

• Competitor websites and public review counts from public listings.

• Official Google Search figures for May 21 through November 20, 2026, and Analytics figures for January 1, 2024 through November 22, 2026. Update dates come from Google's public Search Status Dashboard (status.search.google.com).

• Rock View Recovery brand colors and logo.