

1 **BEFORE THE ARIZONA STATE BOARD OF BEHAVIORAL HEALTH EXAMINERS**

2
3 **In the Matter of:**

4 **Anthony Parrish, LISAC-1381, Licensed**
5 **Independent Substance Abuse Counselor,**
6 **In the State of Arizona.**

6 **Respondent.**

COMPLAINT NOS. 2012-0119, 2013-0025

FINDINGS OF FACT, CONCLUSIONS OF
 LAW AND ORDER OF REVOCATION

7 On January 15, 2015, the Arizona Board of Behavioral Health Examiners (“Board”) held a formal
8 hearing in the above matter. The State was represented by the Office of the Attorney General, Assistant
9 Attorney General Marc H. Harris. Assistant Attorney General Mary Jo Foster of the Solicitor General’s
10 Office appeared telephonically and provided independent legal advice to the Board. The Respondent
11 appeared telephonically.

12 After having considered all the testimony and evidence presented, the Board issues the following
13 Findings of Fact, Conclusions of Law and Order.

14 **FINDINGS OF FACT**

15 1. Respondent is the holder of License No. LISAC-1381 for the practice of independent
16 substance abuse counseling in Arizona.

17 2. While employed as a clinical supervisor and therapist at an agency (Agency) that
18 provided residential services to minors, Respondent was the assigned therapist for a 15 year old client
19 (15 Year Old).

20 3. 15 Year Old’s pre-admission paperwork identified a history of physically assaultive
21 behavior towards family members, peers, and others.

22 4. 15 Year Old’s 04/07/11 admission assessment, completed by an unidentified counselor
23 and co-signed by Respondent:

24 a. Noted the following, in part:

25 ...

1 • “[S]ocial services said [15 Year Old] was touching his sister (10) under clothes
2 vagina – was reported”

3 • “[S]aw social services in Flag – they didn’t want to do anything further. We will
4 address here”.

5 b. Made treatment recommendations including “Sexual boundary treatment – healthy
6 boundaries – sexual offence [sic] cycle”:

7 5. Although Respondent co-signed 15 Year Old’s admission assessment, indicating that he
8 had reviewed the information contained within it:

9 a. The 04/10/11 treatment plan that Respondent developed for 15 Year Old did not identify
10 or in any way address 15 Year Old’s molestation of his little sister.

11 b. There are no telephone notes or other communication records indicating that Respondent
12 discussed this issue with 15 Year Old’s case manager or anyone else.

13 c. There is no documentation indicating that Respondent made any effort to verify whether
14 the molestation had, in fact, already been reported to the appropriate authorities.

15 d. There is no documentation indicating that Respondent consulted with anyone at Agency
16 1 regarding how to proceed clinically with respect to this issue.

17 6. Given that the molestation information was clearly documented on 15 Year Old’s
18 04/07/11 admission assessment, which Respondent co-signed, there is no appropriate basis for
19 Respondent’s failure to immediately address this issue.

20 7. Following the 04/07/11 admission assessment, there was no other documentation
21 regarding the molestation issue until 06/24/11, when 15 Year Old’s mother directly reported the sister’s
22 allegation to Respondent.

23 8. Individual session notes written by Respondent indicated the following, in part:

24 a. On 05/28/11, 15 Year Old was “able to articulate he had sex w/female after she had
25 clearly told him ‘no’.”

- 1 b. On 06/06/11, 15 Year Old "owns female was raped by himself."
- 2 c. On 06/12/11, during discussion of "offense summary of sexual assault", 15 Year Old
- 3 was "able to articulate four total victims".
- 4 d. On 06/24/11,
- 5 • They discussed "sexualized behaviors of rape and possible child molestation" and
- 6 "sexual acting out in group home".
- 7 • "[M]other brings to therapist attention that younger female sibling has accused
- 8 client of molestation"
- 9 • "Client is able to candidly discuss two rapes he committed", but "denies molestation
- 10 of younger sister".
- 11 • "Client also demonstrating very little insight into harmfulness of sexualized
- 12 behavior"
- 13 • "No home pass until issue w/sister is clarified"
- 14 9. By 06/24/11:
- 15 a. Respondent was clearly aware of 15 Year Old's sister's allegation that 15 Year Old
- 16 sexually molested her.
- 17 b. Respondent was clearly aware of 15 Year Old's history of, and propensity for,
- 18 committing sexual offenses, including rape.
- 19 c. Respondent's 06/24/11 individual session note also indicates that 15 Year Old may have
- 20 been involved in "sexual acting out in group home".
- 21 d. If Respondent read shift notes and/or communicated with house staff, he would have
- 22 likely been aware that 15 Year Old was requiring redirection from staff for "room
- 23 visiting".
- 24 10. Respondent's session notes regularly noted the following regarding 15 Year Old:
- 25 a. He appeared to have cognitive limitations.

- 1 b. He had difficulty understanding boundaries and that "molestation/rape are not simply
- 2 'having sex'".
- 3 c. He demonstrated little insight into the harmfulness of his "sexualized behavior" and had
- 4 difficulty empathizing with his victims.
- 5 d. He had issues with impulse control.

6 11. Although Respondent continued to address 15 Year Old's history of sexual offenses
7 during individual counseling sessions, there was no documentation of any other action taken by
8 Respondent regarding this issue. For example:

- 9 a. Respondent failed to document any efforts he made to determine whether the
- 10 information regarding 15 Year Old's molestation of his sister had been reported to the
- 11 appropriate authorities.
- 12 b. Respondent failed to document that he reported the alleged molestation to the
- 13 appropriate authorities or, alternatively, his rationale for not doing so.
- 14 c. Respondent failed to document that he informed 15 Year Old's case manager or anyone
- 15 else of 15 Year Old's molestation of his younger sister or of 15 Year Old's other
- 16 recently disclosed sexual offenses.

17 12. By late 06/11, the extent and severity of 15 Year Old's acknowledged sexual offenses,
18 combined with his cognitive limitations, portrayed a significantly different clinical picture than was
19 known at the time of 15 Year Old's 04/11 admission to Agency 1.

20 13. As such, it was imperative that 15 Year Old's treatment be reassessed in the context of
21 the new information. For example, it would have been important to:

- 22 a. Consider whether a specialized, psychosexual assessment was needed.
 - 23 b. Re-assess whether 15 Year Old's placement at Agency 1 was still appropriate.
 - 24 c. Determine how 15 Year Old's treatment plan should address the newly identified issues.
- 25 14. There is no evidence that any such re-assessments ever occurred.

1 15. In fact, on 07/10/11, Respondent developed a revised treatment plan for 15 Year Old
2 which did not identify or address 15 Year Old's acknowledged sexual offense issues in any manner.

3 16. Respondent did not address these issues within 15 Year Old's treatment plan until
4 10/10/11, approximately 6 months after the initial documentation of 15 Year Old's molestation of his
5 sister, and approximately 4 months after Respondent became clearly aware of 15 Year Old's pattern of
6 committing sexual offenses.

7 17. In addition, despite 15 Year Old's admitted perpetration of past rapes, shift notes
8 indicating that he was "room visiting", and an individual progress note indicating that 15 Year Old may
9 have been sexually acting out in the group home, there was no indication that Respondent developed any
10 type of safety plan to address and minimize any risk 15 Year Old might present to the other minor clients
11 with whom he resided.

12 18. Beginning in 12/11, Respondent's session notes and shift notes by house staff indicated
13 the following:

- 14 a. 15 Year Old began verbalizing feelings that he might be homosexual.
- 15 b. He reported that he "currently masturbates to one of his rape victims".

16 19. Although Respondent's session notes indicated that he continued to address 15 Year
17 Old's sexually offending behaviors during individual and group therapy sessions:

- 18 a. There was little indication of any sustained improvement.
- 19 b. There was no documentation indicating that Respondent ever consulted regarding 15
20 Year Old's treatment with the professional (Sexual Offender Professional) Agency had
21 hired specifically for his expertise in working with sexual offenders.
- 22 c. Although Sexual Offender Professional conducted 3 sessions with 15 Year Old, his
23 notes for these sessions do not indicate that 15 Year Old's sexual offender issues were in
24 any way addressed.

25 20. During his investigative interview, Respondent indicated the following:

- a. He knew that 15 Year Old's case manager was already aware of 15 Year Old's reported molestation of his sister because the matter was discussed during 15 Year Old's Child and Family Team (CFT) meetings.
- b. He knew that the molestation matter had been addressed by tribal authorities because "the case manager informed... all of us that they had spoke to [15 Year Old] about it".
- c. "However the courts, the tribe, dealt with it, I don't know."
- d. He made 15 Year Old's case manager and other CFT participants aware of 15 Year Old's sexual assault disclosures during CFTs.
- e. Since CFT meetings were not always documented, "I don't know that that was documented."

21. Although Respondent indicated he communicated with 15 Year Old's case manager about these issues, 15 Year Old's record includes no CFT documentation, no Monthly Reports, no assessment updates, and no other documentation indicating that Respondent communicated with 15 Year Old's case manager, mother, or any other individuals/agencies regarding the sexual offender issues that 15 Year Old disclosed while in treatment.

22. Respondent's failure to timely address 15 Year Old's acknowledged sexual offenses and his failure to take appropriate and timely action regarding the development of a safety plan to address and minimize any risk 15 Year Old presented to the other juveniles with whom he resided was inappropriate.

23. As a clinical supervisor and therapist at Agency 1, Respondent's responsibilities included the following:

- a. Providing individual, family, and group counseling to clients and their families.
- b. Consulting and staffing client cases with teachers, case managers, parents, and others.
- c. Clinical documentation relating to the services provided, including the following:
 - Treatment plans and treatment plan updates

- 1 • CFT documentation
- 2 • Monthly Reports
- 3 • Notes documenting his group and individual sessions
- 4 • Notes documenting all telephone, written, or face-to-face contact with others
- 5 pertaining to the client

6 24. The clinical records of 15 Year Old and an 11 year old Agency client (11 Year Old), as
7 well as the documentation contained in Respondent's Agency personnel record, indicate that Respondent
8 experienced ongoing problems maintaining appropriate clinical documentation.

9 25. With respect to 15 Year Old:

- 10 a. As 15 Year Old's custodial parent, 15 Year Old's mother was his legal representative.
- 11 b. 15 Year Old's mother did not sign the 04/11 treatment plan, or the 07/11, 10/11, or 01/12
- 12 updated treatment plans.
- 13 c. Respondent's 07/11 update of 15 Year Old's treatment plan update was insufficient to
- 14 ensure the plan's continued viability and effectiveness in that it did not address 15 Year
- 15 Old Client's newly discovered sexual offender issues.
- 16 d. Although Sexual Offender Professional began providing biofeedback/ neurofeedback to
- 17 15 Year Old in 11/11, Respondent did not update 15 Year Old's treatment plan to include
- 18 biofeedback/neurofeedback as a new treatment method or identify which of 15 Year
- 19 Old's treatment goals the biofeedback/ neurofeedback was intended to address.
- 20 e. Although Respondent has indicated that CFTs were held regarding 15 Year Old,
- 21 Respondent did not document these CFTs in 15 Year Old's client records.
- 22 f. Although Respondent indicated that he communicated with 15 Year Old's case
- 23 manager, Respondent did not document any information regarding these
- 24 communications in 15 Year Old's client records.

25 26. With respect to 11 Year Old:

- 1 a. Respondent became 11 Year Old's assigned therapist around 10/11.
- 2 b. 11 Year Old's mother, his custodial parent, did not sign the 10/11 or 01/12 treatment
- 3 plan updates developed by Respondent.
- 4 c. Although Sexual Offender Professional began providing biofeedback/ neurofeedback to
- 5 11 Year Old in 11/11, Respondent did not update 11 Year Old's treatment plan to include
- 6 biofeedback/neurofeedback as a new treatment method or identify which of 15 Year
- 7 Old's treatment goals the biofeedback/ neurofeedback was intended to address.
- 8 d. Although Respondent has indicated that CFTs were held regarding 11 Year Old,
- 9 Respondent did not document these CFTs in 11 Year Old's client records.

10 27. Respondent's Agency personnel record indicates that, beginning in 07/10, Agency

11 identified ongoing documentation deficiencies in the clinical records of Respondent's assigned clients,

12 including the following:

- 13 • Missing information on client admission assessments
- 14 • Missing pages or information from client psychosocial assessments
- 15 • Expired client treatment plans
- 16 • Missing, incomplete, or expired treatment plans
- 17 • Missing or deficient client crisis plan documentation
- 18 • Missing daily progress notes
- 19 • Missing or delinquent group counseling notes
- 20 • An insufficient number of documented counseling sessions for some clients
- 21 • Incomplete and/or late Monthly Reports

22 28. A 12/21/11 "Therapist Documentation Responsibilities" agreement signed by

23 Respondent and the owner of Agency (Owner) indicated Respondent's agreement to adhere to the

24 following:

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- a. All group and individual counseling sessions must be in each client's record by Friday of each work week. Office staff would check to ensure that this occurs.
 - b. An intake assessment is completed within 24 hours of a client's admission and an initial treatment plan is completed within 7 days of intake
 - c. Monthly Reports are due by the first of each month and treatment plans are reviewed and updated every 90 days.
29. A 12/29/11 performance evaluation, signed by Respondent, noted the following:
- a. Respondent "fails to comply with state standards by meeting deadlines and being more understanding of regulatory rules".
 - b. "Some documentations (monthly/assessments) are incomplete".
 - c. Respondent "can improve on time management and being more efficient with clinical documentation as there's always a lag".
 - d. Respondent's major weak points are timeliness, clinical documentation, and compliance with state standards.
30. A 03/21/12 Disciplinary Action Report indicated the following:
- a. Respondent has not completed his clinical notes and placed them into client records in a timely manner.
 - b. Respondent "has gone as far as 1 month with no clinical notes or group notes in any clients [sic] file".
 - c. Respondent has not updated client treatment plans in a timely manner.
 - d. Client treatment plans have been expired on numerous occasions.
 - e. When Respondent is reminded about updating treatment plans, he "refused to update the information and had to be consistently talked with before completing."
 - f. "Office staff have gone so far as calling him several times in a day to get the necessary treatment plans updated".

- 1 g. Respondent has not completed Monthly Reports on each client in a timely matter.
- 2 h. When Respondent was asked to supply the Monthly Reports to client case managers,
- 3 Respondent “defied supervisor”, “threatened to resign position”, and “argued with
- 4 supervisor and told them he will complete it at his own will.”
- 5 i. On 03/07/12, when OBHL visited Agency, Respondent “did not have any clinical
- 6 documentation for any residents for 2 weeks (Feb 26th to March 6th). No group progress
- 7 notes, no counseling notes and several expired treatment plans for several clients.”
- 8 j. On 03/15/12, when OBHL returned to Agency, Respondent “again did not have any
- 9 clinical notes or group notes completed for week of 3/15/12 and told state officials he’s
- 10 been ‘spot checking’ the clients that week”.
- 11 k. OBHL cited Agency for inadequate clinical documentation because of Respondent.

12 31. The clinical records of 15 Year Old and 11 Year Old and information contained in

13 Respondent’s Agency personnel record indicate that Respondent did not consistently provide 15 Year

14 Old and 11 Year Old with counseling services in accordance with their respective treatment plans.

15 32. With respect to 15 Year Old:

- 16 a. 15 Year Old’s 04/11 and 07/11 treatment plans indicated that 15 Year Old was to receive
- 17 individual counseling at least once weekly. Although group counseling was also
- 18 indicated, no frequency of group counseling was identified
- 19 b. During the 12 weeks between 04/08/11 and 06/30/11:
- 20 • Respondent wrote notes documenting a total of 9 individual sessions with 15
- 21 Year Old.
- 22 • Since 15 Year Old’s treatment plan indicated he was to participate in at least
- 23 weekly individual sessions, he should have participated in at least 12 individual
- 24 sessions.

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- c. For the month of 07/11, although shift notes indicate that 15 Year Old was present at Agency 1, there were no individual or group sessions documented for 15 Year Old by Respondent or any other staff member.
- d. 15 Year Old's 01/12 treatment plan also indicated that he was to receive individual counseling at least once weekly, as well as group counseling twice weekly.
- e. During the 8 weeks between 01/10/12 and 03/08/12:
 - There were notes documenting 15 Year Old's participation in 5 individual sessions.
 - Since 15 Year Old's treatment plan indicated he was to participate in at least weekly individual sessions, he should have participated in at least 8 individual sessions.
 - There was no documentation of any group sessions after 02/15/12, or of any individual session notes after 02/20/12.
 - 15 Year Old was discharged on 03/08/12.

33. With respect to 11 Year Old:

- a. 11 Year Old's 01/12 treatment plan indicated that he was to receive individual counseling at least once weekly and group counseling twice weekly.
- b. During the 8 weeks between 01/15/12 and 03/08/12:
 - There were notes documenting 11 Year Old's participation in 10 group sessions and 5 individual sessions, all documented by Respondent.
 - Since 11 Year Old's treatment plan indicated he was to participate in group sessions at least twice weekly and individual sessions at least weekly, there should be documentation of at least 16 group sessions and 8 individual sessions.

...
...

1 34. The 12/21/11 "Therapist Documentation Responsibilities" agreement, signed by
2 Respondent and Owner, addressed Respondent's ongoing failure to provide treatment as required and
3 reflected Respondent's agreement to adhere to the following, in part:

- 4 a. He is to provide a minimum of 1 individual counseling session per client per week.
5 b. He is to provide a minimum of 2 groups per house, per client, per week.

6 35. Respondent indicated the following with regard to his failure to immediately report 11
7 Year Old's report that he was sexually assaulted by 15 Year Old:

- 8 a. At 10:39 am on 03/06/12, Sexual Offender Professional and Respondent spoke on the
9 phone.
10 b. At that time, Sexual Offender Professional told Respondent the following:
- 11 • The previous evening, 11 Year Old had reported to Sexual Offender
12 Professional that he had been sexually assaulted.
 - 13 • Sexual Offender Professional had instructed Agency Program Director
14 (Program Director) to immediately call law enforcement.
- 15 c. At 10:47 am, Respondent spoke to Owner and learned that no one had reported 11 Year
16 Old's alleged sexual assault to law enforcement.
- 17 d. According to Respondent, Owner "essentially refused" to call law enforcement because
18 she was not convinced that an assault had occurred.
- 19 e. Respondent indicated the following regarding his failure to report 11 Year Old's alleged
20 sexual assault at that time:
- 21 • He "was in a delicate situation" with Owner.
 - 22 • If he had simply contacted law enforcement, which Owner was resisting, it
23 would have been insubordination.
- 24 f. Respondent determined that he would have more of a basis for convincing Owner that a
25 report was necessary if 11 Year Old repeated the allegations to Respondent directly.

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- g. For this reason, at approximately 12:45 pm, Respondent met with 11 Year Old.
- h. At that time, 11 Year Old disclosed details that caused Respondent to remain convinced that 11 Year Old's allegations were reportable.
- i. Shortly after 1:00 pm, Respondent spoke with Owner again and told her the following:
 - 11 Year Old's story was credible
 - 11 Year Old needed to go to the hospital.
 - Once he got to the hospital, law enforcement needed to be contacted.
- j. Owner continued to be reluctant to call law enforcement due to her belief that the sexual contact between 11 Year Old and 15 Year Old had been consensual.
- k. Respondent informed Owner that "it did not matter" and that law enforcement had to be contacted once 11 Year Old "was deemed physically safe."
- l. Respondent again failed to contact law enforcement.
- m. At 2:48 pm, Owner informed Respondent that law enforcement still had not been contacted.
- n. At 3:08 pm, Respondent contacted the Maricopa County Sheriff's Office (MSCO) regarding the situation, but Respondent:
 - Did "not divulge the name of any client involved".
 - Did not provide an address where a vehicle could be dispatched.
- o. Respondent indicated he did not provide MSCO with information MSCO needed to take any action on Respondent's report because of his concerns about client confidentiality and because he did not know where 11 Year Old and 15 Year Old were physically located at the time.
- p. At 3:30 pm and 4:02 pm respectively, an Agency staff member reported the alleged sexual assault of 11 Year Old to Child Protective Services (CPS) and MSCO, independent of any direction from Respondent.

1 36. Respondent's failure to report the alleged sexual assault of 11 Year Old immediately after
2 speaking with Sexual Offender Professional was seriously inappropriate based on the following:

- 3 a. As a licensed behavioral health professional, Respondent was obligated under state law to
4 immediately report the alleged sexual assault of 11 Year Old.
- 5 b. Respondent became aware of the alleged sexual assault of 11 Year Old at 10:39 am.
- 6 c. Respondent never appropriately reported this information to law enforcement.
- 7 d. Respondent identified a number of reasons for his failure to report the alleged assault.
- 8 e. None of the explanations Respondent provided constitute an appropriate basis for
9 ignoring his statutory responsibility to timely report an alleged sexual assault on a child.
- 10 f. Respondent represents he reported the alleged assault to MCSO at 3:08 pm.
- 11 g. Although there is no documentation to support this representation, such a report does not
12 constitute an appropriate report where, as Respondent acknowledges, he failed to provide
13 sufficient information for law enforcement to identify 11 Year Old or his location.
- 14 h. Respondent made no other attempts to report the alleged assault.
- 15 i. As a result of Respondent's failure to report, over 5 hours passed between the time
16 Respondent initially learned of the alleged sexual assault and the time this information
17 was finally reported to law enforcement.
- 18 j. Respondent's continuing failure to recognize and take action on his legal duty as a
19 mandated reporter is particularly inappropriate where he acknowledges that he never had
20 any doubt that the sexual assault allegation was subject to the mandatory reporting
21 requirement.

22 CONCLUSIONS OF LAW

23 1. The Board has jurisdiction over Respondent pursuant to A.R.S. § 32-3251 *et seq.* and the
24 rules promulgated by the Board relating to Respondent's professional practice as a licensed behavioral
25 health professional.

1 2. The conduct and circumstances described in the Findings of Fact constitute a violation of
2 A.R.S. § 32-3251(12)(l), any conduct, practice or condition that impairs the ability of the licensee to
3 safely and competently practice the licensee's profession.

4 3. The conduct and circumstances described in the Findings of Fact constitute a violation of
5 A.R.S. § 32-3251(12)(p), failing to conform to minimum practice standards as developed by the Board, as
6 it relates to the following:

7 a. A.A.C. R4-6-1102(1)(e), a licensee shall work jointly with each client served or a client's
8 legal representative to prepare an integrated, individualized, written treatment plan, based
9 on the licensee's diagnosis and assessment of behavior and the treatment needs, abilities,
10 resources, and circumstances of the client, that includes the signature and date signed by
11 the client or the client's legal representative.

12 b. A.A.C. R4-6-1102(2) a licensee shall, at a minimum, review and reassess the treatment
13 plan according to the review date specified in the treatment plan... to ensure the continued
14 viability and effectiveness of the treatment plan.

15 c. A.A.C. R4-6-1102(3) a licensee shall ensure that all treatment plan updates and revisions
16 include the signature and date signed by the client or the client's legal representative and
17 the signature and date signed by the licensee.

18 d. A.A.C. R4-6-1102(5), a licensee shall ensure that a client's treatment is in accordance
19 with the client's treatment plan.

20 e. A.A.C. R4-6-1103(A)(5), a licensee shall ensure that a client record is current and
21 accurate.

22 f. A.A.C. R4-6-1103(B)(9), a licensee shall ensure that a client record contains
23 documentation of telephone, written, or face-to-face contact with the client or another
24 individual that relates to the client's health, safety, welfare, or treatment.

25 ...

1 4. The conduct and circumstances described in the Findings of Fact constitute a violation of
 2 A.R.S. § 32-3251(12)(ii), violating any federal or state law, rule or regulation applicable to the practice of
 3 behavioral health, as it relates to the following:

4 a. A.R.S. § 13-3620(A), any person who reasonably believes that a minor is or has been
 5 the victim of physical injury, abuse, child abuse, a reportable offense or neglect that
 6 appears to have been inflicted on the minor by other than accidental means or that is
 7 not explained by the available medical history as being accidental in nature... shall
 8 immediately report or cause reports to be made of this information to a peace officer
 9 or to child protective services in the department of economic security, except if the
 10 report concerns a person who does not have care, custody or control of the minor, the
 11 report shall be made to a peace officer only.

12 b. A.R.S. § 13-3620(D), which specifies that reports shall be made immediately by
 13 telephone or in person and shall be followed by a written report within seventy-two
 14 hours. The reports shall contain:

- 15 • The names and addresses of the minor and the minor's parents or the person
 16 or persons having custody of the minor, if known.
- 17 • The minor's age and the nature and extent of the minor's abuse, child abuse,
 18 physical injury or neglect, including any evidence of previous abuse, child
 19 abuse, physical injury or neglect.
- 20 • Any other information that the person believes might be helpful in
 21 establishing the cause of the abuse, child abuse, physical injury or neglect.

22 **ORDER**

23 Based on the foregoing Findings of Fact and Conclusions of Law, the Board issues the following
 24 order:

25 License No. LISAC-1381 issued to Anthony Parrish is hereby REVOKED.

1 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

2 Respondent is hereby notified of the right to petition for a rehearing or review by filing a petition
3 with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-
4 1092.09. The petition must set forth legally sufficient reasons for granting a rehearing. A.A.C. R4-6-
5 1002. Service of this order is effective five (5) days after date of mailing. If a motion for rehearing is not
6 filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

7 Respondent is further notified that the filing of a motion for rehearing is required to preserve any
8 rights of appeal to the Superior Court.

9 Dated this 22nd day of January, 2015

10 

11 _____
12 Tobi Zavala, Executive Director
Arizona Board of Behavioral Health Examiners

13 ORIGINAL of the foregoing filed

14 The 22nd day of January, 2015, with:

15 The Board of Behavioral Health Examiners
16 3443 North Central Avenue, Suite 1700
Phoenix, AZ 85012

17
18 COPY of the foregoing sent certified mail 70141200 00006633 6126

19 This 22nd day of January, 2015, to:

20 Anthony Parrish
Address of Record
Respondent

21 COPY of the foregoing sent by mail this
22 22nd day of January, 2015 to:

23 Marc Harris
Assistant Attorney General
1275 West Washington CIV/LES
24 Phoenix, AZ 85007
Attorney for the State of Arizona
25

1 Mary Jo Foster
Assistant Attorney General, Solicitor General's Office
2 1275 West Washington CIV/LES
Phoenix, AZ 85007
3 Attorney for the Board of Behavioral Health Examiners

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