

verified  
logged  
sent to C Jones  
Scanned to  
T. Dickens  
7-16-2020  
is  
Credit to 7-16-20



# Arkansas Department of Health Social Work License Card

License No.

8870-M

Expiration Date:

7/31/2022

Anthony D Dickson, LMSW

3004 Canterbury Drive

Paragould AR 72450

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.

Debra Hage Spindel PhD, LSW  
Chair

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415  
Little Rock

*verified  
logged  
sent to C. Jones  
scanned to S. Huff  
6-24-2020  
ls  
Credible  
6-24-2020  
SS*

Christopher W. Dow  
615 West Washington Ave.  
Jonesboro, AR 72401

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

*Attests that*

Christopher W. Dow

Is licensed as a

Psychological Examiner - Active Status

1/21/2000

6/30/2021

00-02E

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167



THIS CERTIFIES THAT  
Christopher W. Dow

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A  
Psychological Examiner  
Active Status



License No. 00-02E

Issued 1/21/2000

Expires 6/30/2021

Signature

*Christopher W. Dow*

verified  
logged  
sent to C. Jones  
2-11-2020  
lx

Credible  
2/19/20 JS



Arkansas Department of Health  
Social Work License Card

License No.

6979-M

Expiration Date:

12/31/2021

Nathaniel Drake Downs, LMSW

1811 Watkin Street

Paragould AR 72450

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

A handwritten signature in cursive script, appearing to read "Dign...".

Chairman

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



MR Shadun Duncan  
700 Tall Oaks Cove  
Jonesboro, AR 72404

License # A1202014



Arkansas State Board of Examiners in  
Counseling

Licensee: MR Shadun Duncan

License: A1202014

LAC

Effective: 6/2/2015 Expires: 6/30/2021

CHAIR OF THE BOARD

*verified  
log kept  
sent to H. King  
10-10-19  
L*

*Credible  
10/10/19 LB*

# Arkansas Substance Abuse Certification Board

Hereby Certifies

SHADUN DUNCAN

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Advanced Alcohol Drug Counselor

03/27/2020

A-313

12/31/2023

Issue Date

Certificate Number

Expiration Date

Debra Byrnes, PE, LADC, NCC, CAS  
President

Miriam Carter, AOCES PK  
Secretary

Joe K. King, MS, CS  
Vice-President



Arkansas State Board of Examiners Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



Jonathan Lloyd Edwards  
6213 Alan Drive  
Jonesboror, AR 72404

Date 4/15/2019  
For LPC  
License # P1204048



Arkansas State Board of Examiners In  
Counseling

Licensee: Jonathan Lloyd Edwards  
License: P1204048  
LPC

Effective: 4/15/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Richard Williams*

*5-28-19  
w  
Verified  
logged  
out to W. Long  
5-28-19  
w  
Credible*

*logged  
sent to C Jones  
scanned to  
Dr. Harp  
7-1-2020*

# License Search

*la  
Credited 7/1/2020*



**Arkansas Board of Examiners in Counseling and Marriage & Family Therapy**  
**501-683-5800**

**Sarah Elkins**

**LICENSE #: P1403029 | TYPE: LPC | STATUS: ACTIVE**

**Searcy, 72143**

ADDITIONAL INFO

**Date of Issue: 3/13/2014**

**Date of Expiration: 6/30/2022**

**Standing: Good Standing**

**Email: sdavis1@harding.edu**

**Speciality:**

**Tech Assisted Counseling**

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

May 13, 2019

Melanie Jean Farris, LCSW  
929 Park Ave.  
Jonesboro, AR 72401

*5-24-19 [unclear] [unclear]  
in Court to V. Leary  
5-24-19 AS Credible*

Melanie Jean Farris, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **June 1, 2019** through **May 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**May 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **June 1, 2019** through **May 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
Social Work License Card

License No. 01-C  
Expiration Date: 5/31/2021  
Melanie Jean Farris, LCSW

929 Park Ave.  
Jonesboro AR 72401

is licensed and in good standing with the Arkansas  
Work Licensing Board  
*[Signature]*  
Chairman





## Division of Aging, Adult, and Behavioral Health Services

Mental Health Services  
PO Box 1437, Slot W241 · Little Rock, AR 72203  
Telephone · 501-686-9164



April 29, 2020

Melanie Farris, LCSW  
Arisa Health, Mid-South Health Systems  
28 Southpoint Dr.  
Paragould, AR 72450

**RE: RENEWAL: INFANT MENTAL HEALTH THERAPIST**

Dear Ms. Farris,

This correspondence confirms that Melanie Farris, LCSW has met the requirements of the Division of Aging, Adult, and Behavioral Health Services (DAABHS) as an Infant Mental Health (IMH) Therapist to provide outpatient behavioral health services for the Arkansas Medicaid population under the age of forty-seven (47) months. This approval will be effective April 29, 2020 and will extend until April 28, 2022 as long as there is no lapse in professional licensure or compliance with any Department of Human Services (DHS) requirements related to Behavioral Health Agency (BHA), Independently Licensed Practitioner (ILP) certification, or Infant Mental Health Therapist Standards, whichever is applicable. Additionally, compliance with all applicable sections of the Arkansas Medicaid Manual, including, but not limited to, the Outpatient Behavioral Health Services section, are mandatory. Furthermore, renewal applications are due with all required supporting documentation at least fifteen (15) business days prior to DHS Infant Mental Health Therapist status expiration date.

The sites at which DHS approves you to provide IMH Therapy services include the following:

Arisa Health/Mid-South Health Systems, 28 Southpoint Dr. Paragould, AR Medicaid# 128707526

**If circumstances change regarding your BHA employer, ILP business, address(es), phone number or any other contact information, you will need to immediately notify DAABHS in writing of all changes. An updated approval letter will be sent to you reflecting all changes of which DAABHS was notified. You will also be responsible for notifying Medicaid/HP Provider Enrollment and DHS Division of Provider Services and Quality Assurance of any applicable changes.**

Please contact the DAABHS office at (501) 682-0235 or email at [DHS.BehavioralHealth@dhs.arkansas.gov](mailto:DHS.BehavioralHealth@dhs.arkansas.gov) for any updates, questions or clarification.

Respectfully,

A handwritten signature in black ink that reads "Christina Westminster".

Christina Westminster  
Program Coordinator  
Division of Aging, Adult & Behavioral Health Services  
Office: 501-551-9937  
[Christina.Westminster@dhs.arkansas.gov](mailto:Christina.Westminster@dhs.arkansas.gov)

Cc: EQ Health; CW

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)

Protecting the vulnerable, fostering independence and promoting better health

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415  
Little Rock

*Verified  
logged  
sent to C. Jones  
5-28-2020  
ls*

Ron Faupel  
18 Evergreen Road  
Cabot, AR 72023

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

*Attests that*

**Ron Faupel**

Is licensed as a

**Psychologist - Active Status**

1/17/2003

6/30/2021

03-03P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167



THIS CERTIFIES THAT



IS DULY LICENSED IN THE STATE OF ARKANSAS AS A

License No. 03-03P

Issued 1/17/2003

Expires 6/30/2021

Signature

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

6-19-19  
JD  
referred  
subject  
sent to Henry



6-19-19  
AD  
Credible

JOSEPHINE FLOWERS  
402 CEDAR CHASE DRIVE  
W. MEMPHIS, AR 72301

Date 6/17/2019  
For LPC  
License # P1102012



Arkansas State Board of Examiners in  
Counseling

Licensee: JOSEPHINE FLOWERS  
License: P1102012  
LPC  
Effective: 6/17/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Rosanna Collins*

Payor JOSEPHINE FLOWERS  
Date 6/17/2019  
Receipt No. 876

Item	Licensee	License No	Type	Amount
950	JOSEPHINE FLOWERS	P1102012	LPC	\$312.36
Total				\$312.36

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

7-1  
ls  
Invoices  
logged  
sent to V. Secy  
Credit 7-1-19



Carlisa Shavon Gilmer  
905 Gwen Street  
Jonesboro, AR 72401

Date 6/26/2019  
For LAC  
License # A1806074



Arkansas State Board of Examiners in  
Counseling

Licensee: Carlisa Shavon Gilmer  
License: A1806074  
LAC  
Effective: 6/26/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Rosario Clark*

Payor

Date 6/26/2019

Receipt No. 998

Item	Licensee	License No	Type	Amount
1095	Carlisa Shavon Gilmer	A1806074	LAC	\$250.00
Total				\$250.00

Arkansas Department of Health  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225

*not required  
logged  
sent to C. Jones  
1-17-2020  
for  
Credit 1-21-20*



Nathaniel Smith, MD, MPH  
Secretary of Health

January 13, 2020

Pamela G. Harness, LCSW  
PO Box 555 / 3591 Hwy 67  
Corning, AR 72422

Ruthie Brin  
Director  
Phone: 501-372-5071  
Fax: 501-372-6301  
Email: swlb@arkansas.gov  
Website: arkansas.gov/swlb

Pamela G. Harness, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **February 1, 2020** through **January 31, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**January 31, 2022**) you must obtain 48 hours of social work continuing education between the dates of **February 1, 2020** through **January 31, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas Department of Health  
Social Work License Card

License No. 4212-C  
Expiration Date: 1/31/2022  
Pamela G. Harness, LCSW  
PO Box 555 / 3591 Hwy 67  
Corning AR 72422

Pamela G. Harness is licensed and in good standing with the Arkansas  
Social Work Licensing Board

Chairman

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

*original  
valid  
Verdict  
VS* } 8-19-19



MS. LESLIE HICKMAN FOWLER  
201 Wilkins Ave.  
JONESBORO, AR 72401

License # P0602013

Speciality:  
REHABILITATION SPECIALIZATION



Arkansas State Board of Examiners in  
Counseling

Licensee: MS. LESLIE HICKMAN FOWLER  
License: P0602013  
LPC  
Effective: 6/13/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Thomas Stone*

Properly  
Verified  
Credible  
VS 8-20-19



## Arkansas Social Work License Card

License No.

6942-C

Rebecca M. Holman, LCSW

2815 W. State Hwy 164

Steele MO 63877

Expiration Date:

8/31/2021

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Sigra Hudson, LCSW*

---

Chairman

Arkansas Department of Health  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



*logged  
replied  
sent to C. Jones  
1-24-20  
as  
Credentialed  
1-24-20  
as*

Nathaniel Smith, MD, MPH,  
Secretary of Health

Ruthie Bain  
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

January 13, 2020

Yvonne Holmes, LMSW  
5110 Battle Creek Dr.  
Memphis, TN 38134-4306

Yvonne Holmes, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **March 1, 2020** through **February 28, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**February 28, 2022**) you must obtain 48 hours of social work continuing education between the dates of **March 1, 2020** through **February 28, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

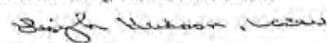
If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas Department of Health  
Social Work License Card

License No.                      Expiration Date:  
1634-M                              2/28/2022  
Yvonne Holmes, LMSW  
5110 Battle Creek Dr.  
Memphis TN 38134-4306

and bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board  
  
Chairman



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logged  
with to C. James  
2-15-2020  
L

Credible  
2/18/20 J.A.



Arkansas Department of Health  
Social Work License Card

License No.

6582-C

Amy Inman, LCSW

107 Meadow Place

Steele MO 63877

Expiration Date:

2/28/2022

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Shirley Hudson, LCSW*

Chairman

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415  
Little Rock

*original  
logged  
sent to C. Jo  
6-11-2020  
ds  
Credible  
6-11-2020  
js*

Alton Roland Irwin  
202 Kerry Dr  
Wynne, AR 72396

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

*Attests that*

Alton Roland Irwin

Is licensed as a

Psychologist - Active Status

1/15/1993

6/30/2021

93-03P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167



THIS CERTIFIES THAT

Alton Roland Irwin

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A



Active Status

License No. 93-03P

Issued 1/15/1993

Expires 6/30/2021

Signature

*Alton Roland Irwin*



Arkansas

Social Work License Card

License No.

8001-M

Tyler LaTele Jackson, LMSW

2640 Clayburne Dr.

Jonesboro AR 72401

Expiration Date:

3/31/2021

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Dianna Hudson, LCSW*

Chairman

*Virginia  
Credibility  
COLVS* } 4-19-19

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Merinda Rhea Jackson  
P.O. Box 664  
Melbourne, AR 72556

Date 5/5/2020  
For LPC  
License # P0907045

*verified  
logged  
sent to C. Jones  
6-5-2020  
to  
Adelila  
6-5-2020  
JB*

Speciality:  
Technology Assisted Counseling



Arkansas State Board of Examiners in  
Counseling

Licensee: Merinda Rhea Jackson

License: P0907045

LPC

Effective: 5/5/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *[Signature]*

Payor Merinda Jackson

Date 5/5/2020

Receipt No. 2828

Item	Licensee	License No	Type	Amount
3008	Merinda Rhea Jackson	P0907045	LPC	\$300.00
Total				\$300.00

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



MS. Bonita R. Jackson-Amos  
621 St. Regis Drive  
West Helena, AR 72390

License # P9312036

*verified  
logged  
sent to C. Jones  
6-2-2020  
do  
Credible  
6/3/2020  
JB*



Arkansas State Board of Examiners in  
Counseling

Licensee: MS. Bonita R. Jackson-Amos

License: P9312036

LPC

Effective: 4/26/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

*Theresa C. Jones*

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415  
Little Rock

logged  
sent to CJ  
5-6-2020  
ls  
Credifile  
5/8/2020  
AB

Marilyn Johnson  
C/O Mid-South Health Systems 661 Addison Drive  
Wynne, AR 72396

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Marilyn Johnson

Is licensed as a

Psychologist - Active Status

7/16/1993

6/30/2021

93-20P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167



THIS CERTIFIES THAT

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A



License No. 93-20P

Issued 7/16/1993

Expires 6/30/2021

Signature

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415  
Little Rock

verified  
logged  
sent to C. Jon  
scanned  
6-16-2020  
ls

Frances Kristine Ketz  
2230 Harrison Street  
Batesville, AR 72501

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Frances Kristine Ketz

Is licensed as a

Psychologist - Active Status

7/20/2007

6/30/2021

07-20P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167



THIS CERTIFIES THAT

Frances Kristine Ketz

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A



Active Status

License No. 07-20P

Issued 7/20/2007

Expires 6/30/2021

Signature

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

March 11, 2019

Marc Clifford King, LCSW  
6437 Massey Estates Cove  
Memphis, TN 38120

*5-21-19 {member} Committee H. Day  
approved 11/5/2019  
5-28-19 Available 4/25*

Marc Clifford King, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **March 1, 2019** through **February 28, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

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Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
Social Work License Card

License No.                      Expiration Date:  
7409-C                              2/28/2021  
Marc Clifford King, LCSW  
6437 Massey Estates Cove  
Memphis TN 38120

Bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Asa Hutchinson*

Chairman





Arkansas  
Social Work License Card

License No.

2186-C

Cheryl L. Knight, LCSW  
5080 Aberdeen Rd

Jonesboro AR 72401-7240

Expiration Date:

10/31/2021

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Signatures*

Chairman

verified  
logged  
received from  
C. Jones  
1-3-20  
Credible 1/9/20  
JB

Arkansas Department of Health  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225

*verified  
original  
sent to C. Jones  
scan mail to S. Hay  
6-22-20  
ls*



June 8, 2020

*Credible  
6-22-20  
AB*

Nathaniel Smith, MD, MPH.  
Secretary of Health

Shena Ann Lavespere, LMSW  
2704 Graystone Dr  
Paragould, AR 72450

Ruthie Bain  
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Shena Ann Lavespere, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **July 1, 2020** through **June 30, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**June 30, 2022**) you must obtain 48 hours of social work continuing education between the dates of **July 1, 2020** through **June 30, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas Department of Health  
Social Work License Card

License No.

8968-M

Expiration Date:

6/30/2022

Shena Ann Lavespere, LMSW  
2704 Graystone Dr  
Paragould AR 72450

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Shena Ann Lavespere*

Chairman

Kingston  
Judith  
C-14-15  
VS  
sent to C. Vent  
5-18-2020  
for



Arkansas  
Social Work License Card

License No. 8026-M  
Expiration Date: 5/31/2021  
Melissa Michelle Lee, LMSW  
166 Greene Rd 876  
Marmaduke AR 72443

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Bill Johnson*

Chairman

Arkansas Department of Health  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Nathaniel Smith, MD, MPH  
Secretary of Health

Ruthie Bain  
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

*Credible 2/18/20  
verified  
logged  
sent to C. James  
2-18-2020  
ls*

February 10, 2020

Angel Lucas, LCSW  
1628 SFC 340  
Forrest City, AR 72335

Angel Lucas, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **March 1, 2020** through **February 28, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**February 28, 2022**) you must obtain 48 hours of social work continuing education between the dates of **March 1, 2020** through **February 28, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

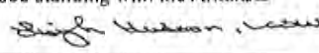
If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
Social Work License Card

License No.                      Expiration Date:  
1849-C                              2/28/2022  
Angel Lucas, LCSW  
1628 SFC 340  
Forrest City AR 72335

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board  
  
Chairman

STATE OF ARKANSAS  
 SOCIAL WORK LICENSING BOARD  
 P. O. Box 251965  
 Little Rock, AR 72225



Asa Hutchinson  
 Governor

Ruthie Bain  
 Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

*renewed  
 logged  
 sent to H. Bain  
 10-10-19  
 in  
 Credit  
 10/10/19 AB*

September 9, 2019

Heather Sarah Parsons, LCSW  
 1320 East Cherokee  
 Wynne, AR 72396

Heather Sarah Parsons, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **October 1, 2019 through September 30, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**September 30, 2021**) you must obtain 48 hours of social work continuing education between the dates of **October 1, 2019 through September 30, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
 Bend back and forth along crease  
 before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas  
 Social Work License Card

License No. 2167-C      Expiration Date: 9/30/2021  
 Heather Sarah Parsons, LCSW  
 1320 East Cherokee  
 Wynne AR 72396

Card bearer is licensed and in good standing with the Arkansas  
 Social Work Licensing Board

*Asa Hutchinson*

Chairman

*renewed  
11-18-19  
for*

*Credible  
11/27/19  
JS*



Arkansas  
Social Work License Card

License No.  
8859-M

Jordan Nicole White, LMSW  
3006 Oakridge Dr  
Jonesboro AR 72401

Expiration Date:  
11/30/2020

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.

*Shirley Jackson, LMSW*

Chairman

*verified*  
*9-24-19*  
*logged*  
*sent to V. Day*  
*9-24-19*  
*Jr*  
*Credible 10/18/19*  
*AS*



Arkansas  
Social Work License Card

License No.  
4055-C

Expiration Date:  
10/31/2020

Allison Melissa McArthur, LCSW  
405 W Highland Dr.  
Jonesboro AR 72401-7240

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.

*Digi Wilson, LCSW*  
Chairman



Arkansas Department of Health  
Social Work License Card

License No.

Expiration Date:

7476-C

3/31/2022

Melody Yvonne McCaig, LCSW

105 Quapaw Street

Steele MO 63877

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

Chairman

*verified  
logged  
sent to C. Jon  
4-6-2020  
is  
Credible  
4-6-20  
js*



5:49

LTE

*verified  
already logged  
and by C. Jones  
3-24-20*

mail-attachment.googleusercontent.com

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



MS Wendi L McFall  
134 CR 120  
BONO, AR 72416

License # P0911074

Specialty:  
Rehabilitation Specialization

Arkansas State Board of Examiners in Counseling  
Licensee: MS Wendi L McFall  
License: P0911074  
LPC  
Effective: 5/10/2019 Expires: 4/30/2021  
CHAIR OF THE BOARD



ARKANSAS DEPARTMENT OF HEALTH  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



verified  
logged  
sent to C. Jones  
reconnected to  
T. Becker  
7-14-2021  
ls  
Orestis 7/16-

Nathaniel Smith, MD, MPH  
Secretary of Health

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

Issue Date: July 1, 2020

Destiny Brianna McGee, LCSW  
307 Goldrush Lane  
Jonesboro, AR 72405

Dear Destiny;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Certified Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 8344-C, is subject to renewal July 31, 2022 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (August 1, 2020 - July 31, 2022). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Leigh Hudson, LCSW  
Chairman of the Board

Your LMSW license is hereby retired and is not subject to renewal.

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas  
Social Work License Card

License No. 8344-C  
Expiration Date: 7/31/2022  
Destiny Brianna McGee, LCSW  
307 Goldrush Lane  
Jonesboro AR 72405

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

Chairman

Please remove card carefully!  
Bend back and forth along crease  
before separating.

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



Angela Maria McLain  
2202 N B 1/2 Street  
Paragould, AR 72450

License # P1702247



Arkansas State Board of Examiners In  
Counseling

Licensee: Angela Maria McLain  
License: P1702247  
LPC  
Effective: 1/22/2020 Expires: 6/30/2022  
CHAIR OF THE BOARD

*verified  
logged  
C. Jones Kas  
2-27-2020  
ls*

4-19

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



Megan Elizabeth Millsap  
185 Bobby Lane  
Batesville, AR 72501

Date 6/24/2019  
For LAC  
License # A1710310

*7-9-19 verified for logged  
7-8-19 sent to V. Seay  
7-10-19 JB Credible*



Arkansas State Board of Examiners in Counseling

Licensee: Megan Elizabeth Millsap

License: A1710310

LAC

Effective: 6/24/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Thomas Ellis*

Payor Megan Millsap

Date 6/24/2019

Receipt No. 959

Item	Licensee	License No	Type	Amount
1039	Megan Elizabeth Millsap	A1710310	LAC	\$250.00
Total				\$250.00

Arkansas Department of Health  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



November 4, 2019

Heather Crystal Morgan, LMSW  
508 Poplar Ave  
Jonesboro, AR 72401

*renewed 12-4-19  
logged to M. Morgan 12-3-19  
sent to M. Morgan 12-3-19  
C. M. Morgan*

Nathaniel Smith, MD, MPH  
Secretary of Health

Ruthie Bain  
Director  
Phone: 501-372-5071  
Fax: 501-372-6301  
Email: swlb@arkansas.gov  
Website: arkansas.gov/swlb

Heather Crystal Morgan, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **January 1, 2020 through December 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**December 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **January 1, 2020 through December 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas Department of Health  
Social Work License Card

License No. 5028-M      Expiration Date: 12/31/2021

Heather Crystal Morgan, LMSW  
508 Poplar Ave  
Jonesboro AR 72401

Heather is licensed and in good standing with the Arkansas  
Social Work Licensing Board  
*Signature*  
Chairman

verified  
logged  
sent to V. Seay  
12-23-19  
js

already in Credible  
12-30-19  
js



**Arkansas Department of Health  
Social Work License Card**

License No.

1327-C

Expiration Date:

12/31/2021

Catherine Richardson Nelson, LCSW

1 Golden Lake Circle

Wilson AR 72395

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Catherine Richardson Nelson*

Chairman



Arkansas  
Social Work License Card

License No.

9032-M

Expiration Date:

7/31/2021

Amy Nicole O'Brien, LMSW

712 N Pine St

Searcy AR 72143

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.

*Sigfrid Johnson, LMSW*

Chairman

*verified  
logged  
sent to P. Long  
10-17-19*

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

*Spain  
4/23/19  
Credited  
verified  
logged  
sent to H. Spain  
5-24-19*



Sara Elizabeth Spain  
11 CR 600  
Wynne, AR 72396

Date 4/23/2019  
For LAC  
License # A1708261



Arkansas State Board of Examiners in  
Counseling

Licensee: Sara Elizabeth Spain  
License: A1708261  
LAC

Effective: 4/23/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *[Signature]*

Payor Sara Spain  
Date 4/23/2019  
Receipt No. 102

Item	Licensee	License No	Type	Amount
108	Sara Elizabeth Spain	A1708261	LAC	\$260.87
Total				\$260.87



verified  
logged  
sent to C Jones  
scanned to  
L. Bickens  
7-16-2020  
Credit 7/16/20



**Arkansas Department of Health  
Social Work License Card**

**License No.**

8963-M

**Expiration Date:**

6/30/2022

Jessica Sandrall Parker, LMSW

4523 Shadow Creek

Memphis TN 38141

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.

*Diane Elaine Pugh, LMSW*

Chair

*verified  
logged  
sent to C. Jones  
scanned to  
A. Holiver  
7-1-2020*

*Dr  
Credible Holiver*

# License Search



**Arkansas Board of Examiners in Counseling and Marriage & Family Therapy**  
**501-683-5800**

## Heather Parker

**LICENSE #: P1301001 | TYPE: LPC | STATUS: ACTIVE**

**Kennett, 63857**

### ADDITIONAL INFO

**Date of Issue: 1/10/2013**

**Date of Expiration: 6/30/2022**

**Standing: Good Standing**

**Email: holiver@mshs.org**

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



CASANDRA QUINN PATTERSON  
5400 DEERFIELD DR.  
JONESBORO, AR 72404

Date 6/2/2019  
For LPC  
License # P9804008

Speciality:  
Play Therapy



Arkansas State Board of Examiners in  
Counseling

Licensee: CASANDRA QUINN PATTERSON

License: P9804008

LPC

Effective: 6/2/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Tobias*

*6-5-19 {verified  
for sent to W. Day  
6-6-19 Creditable - 6/2/19  
Jogger*

Payor CASANDRA PATTERSON

Date 6/2/2019

Receipt No. 657

Item	Licensee	License No	Type	Amount
688	CASANDRA QUINN PATTER	P9804008	LPC	\$312.36
Total				\$312.36

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



MICHAEL CRAIG PATTERSON  
2504 ALEXANDER DR #214  
JONESBORO, AR 72401

Date 6/2/2019  
For LPC  
License # P0009027



Arkansas State Board of Examiners in  
Counseling

Licensee: MICHAEL CRAIG PATTERSON  
License: P0009027  
LPC

Effective: 6/2/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Wanda Marie*

*8-15-19 } no first  
to } logged - already  
sent to K. Seay  
credit 9-7-19*

Payor MICHAEL PATTERSON

Date 6/2/2019

Receipt No. 646

Item	Licensee	License No	Type	Amount
677	MICHAEL CRAIG PATTERSON	P0009027	LPC	\$312.36
Total				\$312.36

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

*revised  
logged  
sent to C. Jones  
scanned to  
J. Beckus  
7-17-2020  
js  
Credited 7-17-2020*



Andrew John Pearson  
519 Ruff Ferry Road  
Maynard, AR 72444

License # P2007033



Arkansas State Board of Examiners in  
Counseling

Licensee: Andrew John Pearson

License: P2007033

LPC

Effective: 7/16/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *[Signature]*

*logged  
sent to C. Jones  
scanned to  
A. Hap  
7-1-2020  
by*

# License Search



*Credible Hi-Res*

**Arkansas Board of Examiners in Counseling and Marriage & Family Therapy**

**501-683-5800**

**Erin Peck**

**LICENSE #: P1908009 | TYPE: LPC | STATUS: ACTIVE**

**Wynne, 72396**

**ADDITIONAL INFO**

**Date of Issue: 9/3/2019**

**Date of Expiration: 6/30/2022**

**Standing: Good Standing**

**Email: myndwlkrjr@gmail.com; epeck@mshs.org**

**Speciality:**

**Technology Assisted Counseling**

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



AMANDA N. POLSTON  
308 RUSSELL DR. APT. 20  
JONESBORO, AR 72401

Date 6/5/2019  
For LPC  
License # P1501001



Arkansas State Board of Examiners in  
Counseling

Licensee: AMANDA N. POLSTON

License: P1501001

LPC

Effective: 6/5/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Rossie Ellis*

*8-20-19  
in  
verified  
S. H. sent to K. Seay  
already logged*

Payor AMANDA POLSTON

Date 6/5/2019

Receipt No. 745

Item	Licensee	License No	Type	Amount
796	AMANDA N. POLSTON	P1501001	LPC	\$312.36
Total				\$312.36

Double  
Verified  
Credible  
VS  
10-21-19



Arkansas  
Social Work License Card

License No.

2184-C

Expiration Date:

10/31/2021

Lori Ann Poston, LCSW

809 Melton Drive

Jonesboro AR 72401

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

A handwritten signature in cursive script, appearing to read "Lori Ann Poston, LCSW".

Chairman



# Arkansas Substance Abuse Certification Board

Hereby Certifies

LORI POSTON

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Advanced Alcohol Drug Counselor

01/06/2020

Issue Date

*Diane Byrnes*  
President

*Dr. K. R. M. S. L.*  
Vice-President

A-314

Certificate Number

*Mignon Carter, SOC. CS PK*  
Secretary

12/31/2021

Expiration Date



# Arkansas Substance Abuse Certification Board

Hereby Certifies

LORI POSTON

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Clinical Supervisor

03/10/2020

Issue Date

*Diane Byrnes*  
President

*Jan K. Rife MSLS*  
Vice-President

CS-2032

Certificate Number

*Myriam Carter, SOC, CS PR*  
Secretary

03/10/2022

Expiration Date

*Myriam Carter, SOC, CS PR*  
Secretary



Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



Ashley Nicole Ray  
423 Elmout Road  
Maynard, AR 72444

Date 5/29/2020  
For LPC  
License # P1901012

Speciality:  
Technology Assisted Counseling



Arkansas State Board of Examiners in  
Counseling

Licensee: Ashley Nicole Ray

License: P1901012

LPC

Effective: 5/29/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

Payor Ashley Ray

Date 5/29/2020

Receipt No. 3180

Item	Licensee	License No	Type	Amount
3369	Ashley Nicole Ray	P1901012	LPC	\$300.00
Total				\$300.00

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Issue Date: October 8, 2018

Allison Rogers, LMSW  
755 Watson St  
Memphis, TN 38111

*Handwritten notes:*  
Please see 9077 } 10-23-18  
Approved  
memphair  
Credit 10-31-18 JB

Dear Allison;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Master Social Worker. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LMSW" after your name on all professional correspondence.

Your license, No. 9077-M, is subject to renewal October 31, 2020 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (November 1, 2018 – October 31, 2020). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please print and keep a copy of the Laws and Regulations for reference.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

*Leigh Hudson, LCSW*

Leigh Hudson, LCSW  
Chairman of the Board

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas  
Social Work License Card

License No. 77-M      Expiration Date: 10/31/2020

Allison Rogers, LMSW  
755 Watson St  
Memphis TN 38111

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

*Leigh Hudson, LCSW*

Please remove card carefully!  
Bend back and forth along crease  
before separating.

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



MS DeShon Nichols Scott  
46 County Road 640  
Wynne, AR 72396

License # P1805061

*verified  
logged  
sent to C. Jones  
6-2-2020  
to  
Credible  
6-2-2020  
BB*



Arkansas State Board of Examiners In  
Counseling

Licensee: MS DeShon Nichols Scott

License: P1805061

LPC

Effective: 5/7/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Christina Collier*

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

*verified  
logged  
sent to C. Jones  
Scanned to A. Hall  
6-17-2020  
ls  
Credited  
6-17-2020  
js*



Brianna Leigh Segraves  
1708 Horne Drive  
Jonesboro, AR 72404

Date 4/10/2020  
For LAC  
License # A1502026



Arkansas State Board of Examiners in  
Counseling

Licensee: Brianna Leigh Segraves  
License: A1502026  
LAC  
Effective: 4/10/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Theresa...*

Payor Brianna Segraves  
Date 4/10/2020  
Receipt No. 2564

Item	Licensee	License No	Type	Amount
2740	Brianna Leigh Segraves	A1502026	LAC	\$250.00
Total				\$250.00



Dear ROSE MARIE  
SHELTON

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/04/03 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

sent to W. May  
10-7-19

# STATE OF ARKANSAS

## SOCIAL WORK LICENSING BOARD

In the Name and By the Authority of the State of Arkansas, the Arkansas Social Work Licensing Board hereby certifies that:

### George Nixon Shuler

has been duly examined and found qualified to practice as a Licensed Certified Social Worker and is hereby licensed with all rights, privileges and responsibilities prescribed by Act 791 of 1981.

In testimony hereof we have set forth our hands upon this document at Little Rock, Arkansas this 14th day of August Two Thousand Seventeen.

Harold M. B... (CSW)  
Chairperson

Jan Margaret H... (LCSW)  
Vice-Chairperson

Dwight C... (CSW)  
Secretary



Arkansas  
Social Work License Card

License No. 8527-C      Expiration Date: 5/31/2021

George Nixon Shuler, LCSW  
110 Hospital Dr., Apt. 201  
Helena AR 72342-1507

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board

George Nixon Shuler  
Chairman

Certificate No 8527-C



STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

*8-12-19 verified  
to logged  
sent to V. Stacy*  
*8-26-19  
AP Credited*

March 11, 2019

Tina Marie Simons, LMSW  
1001 Oakland Dr.  
Paragould, AR 72450

Tina Marie Simons, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **April 1, 2019** through **March 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**March 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **April 1, 2019** through **March 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.

Arkansas  
Social Work License Card

License No.                      Expiration Date:  
7571-M                              3/31/2021  
Tina Marie Simons, LMSW  
1001 Oakland Dr.  
Paragould AR 72450

The bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*[Signature]*

Chairman

*Journal  
Credibility  
JAB* 9-20-18



STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225

Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

Issue Date: September 11, 2018

Johnathan Clyde Simpson, LCSW  
100 Whitetail Lane  
Stuttgart, AR 72160

Dear Johnathan;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Certified Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 7543-C, is subject to renewal September 30, 2020 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (October 1, 2018 – September 30, 2020). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Leigh Hudson, LCSW  
Chairman of the Board

Your LMSW license is hereby retired and is not subject to renewal.

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas  
Social Work License Card

License No. 7543-C  
Johnathan Clyde Simpson, LCSW  
100 Whitetail Lane  
Stuttgart AR 72160

Expiration Date:  
9/30/2020

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

Chairman

Please remove card carefully!  
Bend back and forth along crease  
before separating.

*George  
Chubb (12/20) - 1*



**Division of Aging, Adult, and Behavioral Health Services**



Mental Health Services  
PO Box 1437, Slot W241 - Little Rock, AR 72203  
Telephone - 501-686-9164

December 9, 2019

Jonathan Simpson, LCSW  
Mid-South Health System  
2707 Brown Lane  
Jonesboro, AR 72401

**RE: APPROVAL AS AN INFANT MENTAL HEALTH THERAPIST**

Dear Mr. Simpson,

This correspondence confirms that Jonathan Simpson, LCSW, has met the requirements of the Division of Aging, Adult, and Behavioral Health Services (DAABHS) as an Infant Mental Health (IMH) Therapist to provide outpatient behavioral health services for the Arkansas Medicaid population under the age of forty-seven (47) months. This approval will be effective December 9, 2019, and will extend until December 8, 2021, as long as there is no lapse in professional licensure or compliance with any Department of Human Services (DHS) requirements related to Behavioral Health Agency (BHA), Independently Licensed Practitioner (ILP) certification, or Infant Mental Health Therapist Standards, whichever is applicable. Additionally, compliance with all applicable sections of the Arkansas Medicaid Manual, including, but not limited to, the Outpatient Behavioral Health Services section, are mandatory. Furthermore, renewal applications are due with all required supporting documentation at least fifteen (15) business days prior to DHS Infant Mental Health Therapist status expiration date.

The sites at which DHS approves you to provide IMH Therapy services include the following:

Mid-South Health System      2707 Brown Lane, Jonesboro, AR      MCD# 172106526

If circumstances change regarding your BHA employer, ILP business, address(es), phone number or any other contact information, you will need to immediately notify DAABHS in writing of all changes. An updated approval letter will be sent to you reflecting all changes of which DAABHS was notified. You will also be responsible for notifying Medicaid/HP Provider Enrollment and DHS Division of Provider Services and Quality Assurance of any applicable changes.

Please contact the DAABHS office at (501) 682-0235 or email at [DHS.BehavioralHealth@dhs.arkansas.gov](mailto:DHS.BehavioralHealth@dhs.arkansas.gov) for any updates, questions or clarification.


Respectfully,

Christina Westminster  
Program Coordinator  
Division of Aging, Adult & Behavioral Health Services  
Office: 501-682-0235  
[Christina.Westminster@dhs.arkansas.gov](mailto:Christina.Westminster@dhs.arkansas.gov)

Cc: EQ Health; CW

verified  
logged  
sent to C. Jones  
5-18-2020

Credible  
5-28-2020  
JK

 Arkansas  
Social Work License Card

License No. 7455-C Expiration Date: 11/30/2021

James Boyd Skinner, LCSW  
59 Pottawattamie Dr.  
Cherokee Village AR 72529

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board. *Debra Wilson, LCSW*  
Chairman

79-20-18  
DAB

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

Issue Date: September 11, 2018

Tameka Lashay Smith-Granberry, LCSW  
609 Oakland Dr.  
Marion, AR 72364

Dear Tameka;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Certified Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 7770-C, is subject to renewal September 30, 2020 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (October 1, 2018 – September 30, 2020). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Leigh Hudson, LCSW  
Chairman of the Board

Your LMSW license is hereby retired and is not subject to renewal.

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas  
Social Work License Card

License No. 7770-C  
Expiration Date: 9/30/2020  
Tameka Lashay Smith-Granberry, LCSW  
609 Oakland Dr.  
Marion AR 72364

Card bearer is licensed and in good standing with the Arkansas Social Work Licensing Board.

Please remove card carefully!  
Bend back and forth along crease  
before separating.



Division of Aging, Adult, and Behavioral Health Services

Mental Health Services  
PO Box 1437, Slot W241 · Little Rock, AR 72203  
Telephone · 501-686-9164



*Logged  
5-15-2020  
ls*

May 8, 2020

Tameka Smith-Granberry, LCSW  
Mid-South Health Systems, Arisa Health  
4451 North Washington  
Forrest City, AR 72335

**RE: RENEWAL: INFANT MENTAL HEALTH THERAPIST**

Dear Ms. Smith-Granberry,

This correspondence confirms that Tameka Smith-Granberry, LCSW, has met the requirements of the Division of Aging, Adult, and Behavioral Health Services (DAABHS) as an Infant Mental Health (IMH) Therapist to provide outpatient behavioral health services for the Arkansas Medicaid population under the age of forty-seven (47) months. This approval will be effective May 8, 2020 and will extend until May 7, 2022, as long as there is no lapse in professional licensure or compliance with any Department of Human Services (DHS) requirements related to Behavioral Health Agency (BHA), Independently Licensed Practitioner (ILP) certification, or Infant Mental Health Therapist Standards, whichever is applicable. Additionally, compliance with all applicable sections of the Arkansas Medicaid Manual, including, but not limited to, the Outpatient Behavioral Health Services section, are mandatory. Furthermore, renewal applications are due with all required supporting documentation at least fifteen (15) business days prior to DHS Infant Mental Health Therapist status expiration date.

The sites at which DHS approves you to provide IMH Therapy services include the following:

Mid-South Health Systems/Arise Health, 4451 North Washington, Forrest City, Ar. Medicaid# 1619348703

**If circumstances change regarding your BHA employer, ILP business, address(es), phone number or any other contact information, you will need to immediately notify DAABHS in writing of all changes. An updated approval letter will be sent to you reflecting all changes of which DAABHS was notified. You will also be responsible for notifying Medicaid/HP Provider Enrollment and DHS Division of Provider Services and Quality Assurance of any applicable changes.**

Please contact the DAABHS office at (501) 682-0235 or email at [DHS.BehavioralHealth@dhs.arkansas.gov](mailto:DHS.BehavioralHealth@dhs.arkansas.gov) for any updates, questions or clarification.

Respectfully,

Christina Westminster  
Program Coordinator  
Division of Aging, Adult & Behavioral Health Services  
Office: 501-551-9937  
[Christina.Westminster@dhs.arkansas.gov](mailto:Christina.Westminster@dhs.arkansas.gov)

Cc: EQ Health; CW

verified  
logged  
sent to C. Jones  
2-24-20  
JA

Credible  
2-24-20  
JA



Arkansas Department of Health  
Social Work License Card

License No.

8384-M  
Elizabeth Spurlock, LMSW

353 Hulett Rd  
Evening Shade AR 72532-7253

Card holder is licensed and in good standing with the Arkansas

Social Work Licensing Board

Expiration Date:

1/31/2022

*Elizabeth Spurlock*  
Chairman

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225

*revised 10-4-19  
logged into W. Steg  
credit 12-4-19  
SH.*



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

October 14, 2019

Robin L Stein, LCSW  
307 Fairway Dr.  
Horseshoe Bend, AR 72512

Robin L Stein, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **November 1, 2019** through **October 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**October 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **November 1, 2019** through **October 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!  
Bend back and forth along crease  
before separating.



Arkansas  
Social Work License Card

License No.

8615-C

Robin L. Stein, LCSW

307 Fairway Dr.

Horseshoe Bend AR 72512

Expiration Date:

10/31/2021

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



verified  
logged  
sent to C. Jones  
3-17-20  
L.  
Credible  
3-17-20  
JS

Please remove card carefully!  
Bend back and forth along crease  
before separating.



Arkansas Department of Health  
Social Work License Card

License No.

8791-M

Expiration Date:

3/31/2022

Shatoyia Monique Stovall, LMSW

PO BOX 1738

Clarksdale MS 38614

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

A handwritten signature in cursive script, likely belonging to the Chairman.

Chairman

NEW POLICY  
Credible 7-3-19  
VS  
Verified 7-8-19



Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

Matthew Stewart Sullivan  
P.O. Box 703  
Melbourne, AR 72556

Date 6/5/2019  
For LAC  
License # A1710311



Arkansas State Board of Examiners in  
Counseling

Licensee: Matthew Stewart Sullivan

License: A1710311

LAC

Effective: 6/5/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Robert Clark*

Payor Matthew Sullivan

Date 6/5/2019

Receipt No. 735

Item	Licensee	License No	Type	Amount
786	Matthew Stewart Sullivan	A1710311	LAC	\$260.87
Total				\$260.87



Linda Spurlock <lspurlock@mshs.org>

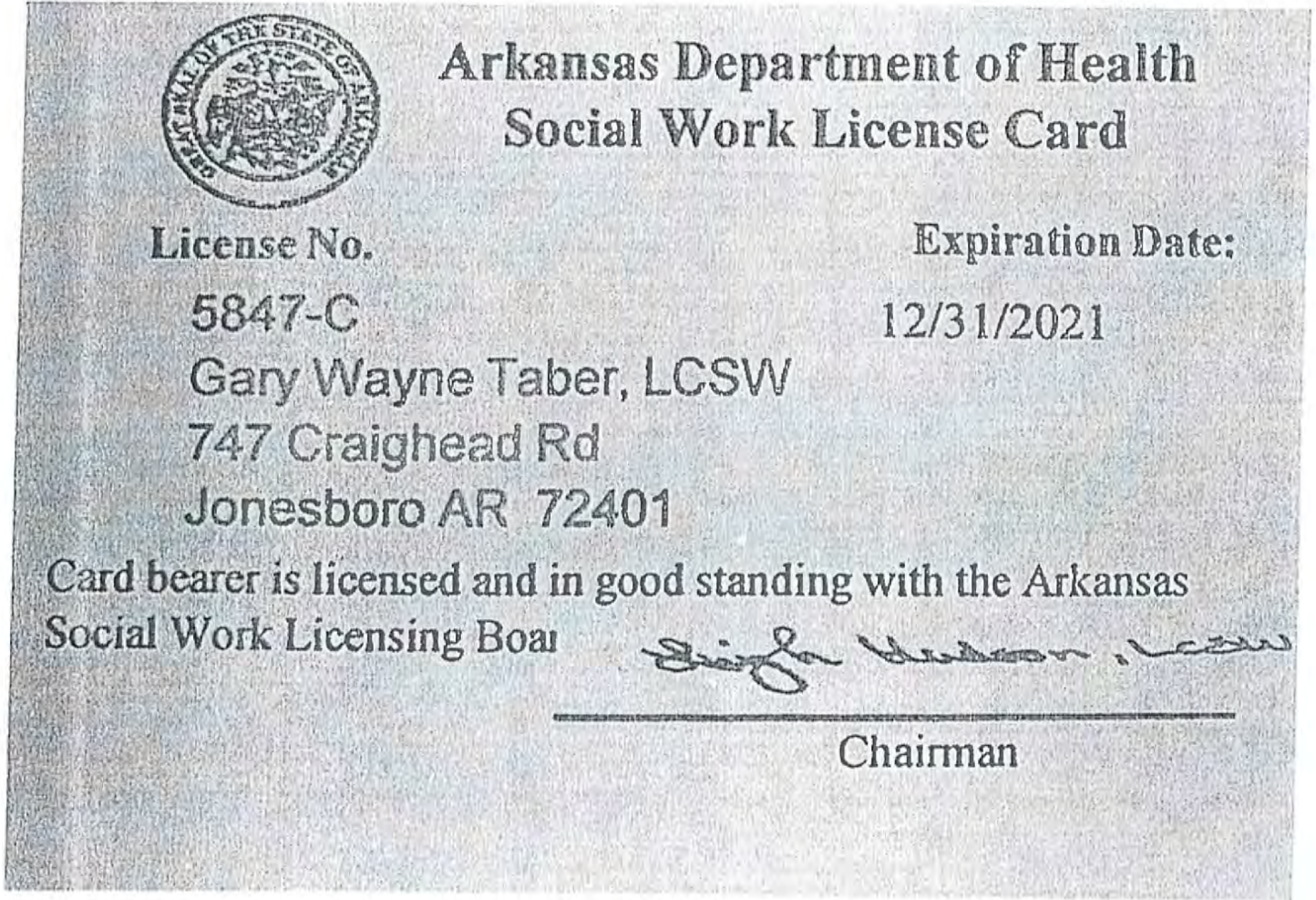
Re: license

1 message

Gary Taber <gtaber@mshs.org>  
To: Linda Spurlock <lspurlock@mshs.org>

Fri, Jan 10, 2020 at 10:43 AM

I had submitted a copy of the renewal a few weeks ago. I sent Sherri another copy like two days ago. Here it is again. Let me know if it comes through :)



On Fri, Jan 10, 2020 at 10:24 AM Linda Spurlock <lspurlock@mshs.org> wrote:

Gary,

Your LCSW license has expired. Please submit a current one so that you will be in compliance. Your prompt assistance is really appreciated.

Thank you.

--  
Linda Spurlock  
Mid-South Health Systems, Inc.  
Human Resources Assistant

Best Regards,

*verified  
logged  
sent to C. Jones  
1-10-20  
LH  
Credit 1-21-20*

*Logge*  
*Verified*  
*Credible* 1-10-20  
CS



Arkansas Department of Health  
Social Work License Card

License No.

7661-M

Expiration Date:

12/31/2021

Franchesa Taggart, LMSW

P.O. Box 714

Hughes AR 72348

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Steph Annan, LMSW*

Chairman



Arkansas

# Social Work License Card

License No.

3261-C

Sharon C. Taylor, LCSW

800 Fernwood Dr.

Jonesboro AR 72401

Expiration Date:

03/31/2021

Card holder is licensed and in good standing with the Arkansas

Social Work Licensing Board

*Sharon C. Taylor*

Chairman

*6-27-19 Renewed for 1 yr  
6/27/19  
Cuddie  
6/27/19  
Prof. No. 111111*

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

*reimburse  
logged  
sent to C. Jones  
5-5-2020  
ds*



*Credible  
5/8/2020  
sb*

*Scanned to D. Harp  
6-17-2020  
ds*

Haley L. Thomas  
2105 Spring Hollow Drive  
Jonesboro, AR 72404

Date 5/1/2020  
For LPC  
License # P1201011



Arkansas State Board of Examiners in  
Counseling

Licensee: Haley L. Thomas

License: P1201011

LPC

Effective: 5/1/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Thomas Jones*

Payor Haley Thomas

Date 5/1/2020

Receipt No. 2778

Item	Licensee	License No	Type	Amount
2958	Haley L. Thomas	P1201011	LPC	\$300.00
Total				\$300.00

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415  
Little Rock

verified  
logged  
sent to C. Jones  
6-8-2020  
for  
Credentia  
6-8-2020  
JA

Del R. Thomas  
2707 Browns Lane  
Jonesboro, AR 72401

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Del R. Thomas

Is licensed as a

Psychologist - Active Status

6/20/1994

6/30/2021

94-18P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167



THIS CERTIFIES THAT

IS DULY LICENSED IN  ARKANSAS AS A

License No. 94-18P

Issued 6/20/1994

Expires 6/30/2021

Signature \_\_\_\_\_

7-26-19 {superior} log already  
(see to the log)



*Tech cert*

Arkansas State Board of Examiners In Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

MR VINCENT D. TOMPKINS  
P O BOX 431  
LULA, MS 38644

License # P1312114

Specialty:  
Technology Assisted Counseling



Arkansas State Board of Examiners In  
Counseling

Licensee: MR VINCENT D. TOMPKINS

License: P1312114

LPC

Effective: 6/25/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Vincent D. Tompkins*



STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Bain  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

Issue Date: September 10, 2018

Shelby Levine Scott, LMSW  
754 Spring Street  
Memphis, TN 38112

*Received  
9-11-18  
and to work  
9-24-18  
logged  
9-25-18  
Credible  
10-1-18  
JS*

Dear Shelby;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Master Social Worker You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LMSW" after your name on all professional correspondence.

Your license, No. 9182-M, is subject to renewal September 30, 2020 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (October 1, 2018 – September 30, 2020). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please print and keep a copy of the Laws and Regulations for reference.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

*Leigh Hudson, LCSW*

Leigh Hudson, LCSW  
Chairman of the Board

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas  
Social Work License Card

License No.

9182-M

Shelby Levine Scott, LMSW

754 Spring Street

Memphis TN 38112

Expiration Date:

9/30/2020

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Leigh Hudson, LCSW*  
Chairman

Please remove card carefully!  
Bend back and forth along crease  
before separating.

STATE OF ARKANSAS  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Asa Hutchinson  
Governor

Ruthie Brin  
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Issue Date: October 8, 2018

Vicky Donise Valentine-Phillips, LCSW  
620 Highland DR  
West Memphis, AR 72301

*10-17-18 Submitted  
10-17-18 Logged  
10-17-18 Add to AB  
25 Credible*

Dear Vicky,

The Board is pleased to notify you of your licensure as a Licensed Certified Social Worker. You are now entitled to all rights, privileges, and responsibilities prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 9184-C, is subject to renewal October 31, 2020 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (November 1, 2018 – October 31, 2020). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please print and keep a copy of the Laws and Regulations for reference.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

*Leigh Hudson, LCSW*

Leigh Hudson, LCSW  
Chairman of the Board

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a check or money order in the amount of twenty dollars (\$20). A request form is available on our website.

Please remove card carefully!  
Bend back and forth along crease  
before separating.



Arkansas  
Social Work License Card

License No. 9184-C  
Expiration Date: 10/31/2020  
Vicky Donise Valentine-Phillips LCSW  
620 Highland DR  
West Memphis AR 72301

and bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.  
*Leigh Hudson, LCSW*  
Chairman

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415  
Little Rock

verified  
logged  
sent to C. Jones  
scanned Feb. Harpe  
2-1-2020  
ls  
Credited 7-16-20 SAK

Dennis R. Vowell  
28 Southpointe Dr  
Paragould, AR 72450

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Dennis R. Vowell

Is licensed as a

Psychologist - Active Status

10/15/2004

6/30/2021

04-20P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415  
Little Rock, AR 72201-3824  
(501) 682-6167



THIS CERTIFIES THAT

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A



Active Status

License No. 04-20P

Issued 10/15/2004

Expires 6/30/2021

Signature

Dennis R. Vowell



Arkansas  
Social Work License Card

License No.

9614-M

Expiration Date:

9/30/2021

Holland Victoria Wagner, LMSW

5555 State Park Ln

Harrisburg AR 72432

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board.

*Siobhan Hubson, LCSW*

Chairman

12-9-19  
for  
12-20-19  
for  
Credentialed  
by  
Council to H. Long  
Credentialed

logged 4/31/21  
Credible 7-30-20  
Darrinell T. Bieker 7-31-20

# Arkansas Substance Abuse Certification Board

Hereby Certifies

AMANDA WALKER

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

12/11/2019

1374

12/31/2021

Issue Date

Certificate Number

Expiration Date

Diana Bynum, L.P.C., NCC, NCSPP  
President

Dr. K. R. M. S. L.  
Vice-President

Miriam Carter, M.D., C.S.P.  
Secretary



Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201



Angel Louise Wallis  
4297 Bekah Dr. Apt. 127  
Jonesboro, AR 72404

Date 5/11/2019  
For LPC  
License # P0402010

*sent to W. Gray  
6-13-19  
for*



Arkansas State Board of Examiners in  
Counseling

Licensee: Angel Louise Wallis  
License: P0402010  
LPC  
Effective: 5/11/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Thomas Davis*

Payor Angel Wallis  
Date 5/11/2019  
Receipt No. 293

Item	Licensee	License No	Type	Amount
301	Angel Louise Wallis	P0402010	LPC	\$312.36
Total				\$312.36

ARKANSAS DEPARTMENT OF HEALTH  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225

*9-22-20 Logbook reviewed by ... from  
Credible K. Bunker  
logged  
scanned to  
T. Beckler  
sent to C. Jones  
9-23-20  
ls*



Governor Asa Hutchison  
José R. Romero, MD,  
Interim Secretary of Health

Ruthie Bain  
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

Issue Date: September 16, 2020

Katie Wells, LCSW  
53 Ashcraft Ct  
Paragould, AR 72450

Dear Katie;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Certified Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 8394-C, is subject to renewal September 30, 2022 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 30 hours of social work continuing education during the two-year licensure period (October 1, 2020 – September 30, 2022). The specifics of the continuing education requirement can be found online at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb). Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance. Your LMSW license is hereby retired and is not subject to renewal.

Sincerely,

*Debra Gage Hurd PhD, LSW*

Debra Gage Hurd, PhD, LSW  
Chair of the Board

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas  
Social Work License Card

License No.

Expiration Date:

8394-C

9/30/2022

Katie Wells, LCSW

53 Ashcraft Ct

Paragould AR 72450

The bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

*Debra Gage Hurd PhD, LSW*

Chairman

Please remove card carefully!  
Bend back and forth along crease  
before separating.

Arkansas State Board of Examiners in Counseling  
101 East Capitol Avenue, Ste 202  
Little Rock, AR 72201

*n. r. r. r. r. r.  
id  
sent to C. Jones  
scanned to D. Hup  
6-29-2020  
Ls*



Taunya Marie Yaeger  
221 Indian Trail  
Searcy, AR 72143

Date 5/18/2020  
For LPC  
License # P1706321



Arkansas State Board of Examiners in  
Counseling

Licensee: Taunya Marie Yaeger

License: P1706321

LPC

Effective: 5/18/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *[Signature]*

Payor Taunya Yaeger

Date 5/18/2020

Receipt No. 2973

Item	Licensee	License No	Type	Amount
3158	Taunya Marie Yaeger	P1706321	LPC	\$300.00
Total				\$300.00





# Arkansas Substance Abuse Certification Board

Hereby Certifies

CAROL MCFARLIN

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Clinical Supervisor

09/18/2020

Issue Date

A-311

Certificate Number

12/31/2022

Expiration Date

*Diane Byrum*  
President

*Dr. K. Ray M.S.L.S.*  
Vice-President

*Myraan Carter, SOC, CS, PK*  
Secretary





September 21, 2020

Re: Tabitha Hicks

Dear Tabitha,

The education committee of the Arkansas Substance Abuse Certification Board reviewed your official transcript from the **Arkansas State University**. You have been approved at the **Bachelor degree level**. This means you have satisfied the 300 hour education hour requirement towards Certified ADC testing. We **recommend** that you continue to take workshops specific to the addictions process through the MSATN program (501) 569-3071, and we **require** that you take six (6) clock hours of board approved ethics.

In terms of work experience, this means that you will be required to provide documentation of **two years (4,000 hours)** of supervised work experience under a certified addictions counselor including a **300 hour practicum under a certified clinical supervisor** as noted on pg. 55 of the application and standards manual (Revision Feb. 2014) [www.asacb.com](http://www.asacb.com)

Please do not hesitate to contact me with any questions or concerns regarding the certification process.

Regards,

*Jason C. Skinner*

Jason C. Skinner  
ASACB Administrator



ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

---

May 14, 2020

Heidi Earls  
3300 Barrett Cir. Apt. B  
Jonesboro, AR. 72401

Dear Heidi,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of May 11<sup>th</sup>, 2020 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the even your address or name changes.

Beginning January 1<sup>st</sup>, 2018, ONLY clinical supervisors may sign off on areas requiring a Clinical Supervisor signature.

This letter is to give to your agency to start your practicum.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason Skinner,  
Administrator ASACB



ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

---

May 14, 2015

Heidi Earls  
3300 Barrett Cir. Apt. B  
Jonesboro, AR. 72401

Dear Heidi,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of May 11<sup>th</sup>, 2015 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason Skinner,  
Administrator ASACB



ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

---

December 13, 2019

Heidi Earls  
3300 Barrett Cir. Apt. B.  
Jonesboro, AR 72401

Dear Heidi,

The education committee of the Arkansas Substance Abuse Certification Board reviewed your official transcript from **Black River Technical College** and approved you for 270 the full 300 hour education hour requirement towards Certified ADC testing.

For Transcript hours without a degree, **OR with a degree in anything other than a Behavioral Science**, the work experience requirement requires documentation of 6,000 hours (3 years) of work experience under an addictions counselor including 300 hours under a certified Clinical Supervisor (CS) and **require that you take six (6) clock hours of board approved ethics** as noted on pg. 55 of the application and standards manual (Revision Feb. 2014) [www.asacb.com](http://www.asacb.com)

We **recommend** that you continue to take workshops specific to the addictions process through the MSCPT program (501) 569-3071.

Please do not hesitate to contact me with any questions or concerns regarding the certification process.

Best regards,

*Jason C. Skinner*

Jason C. Skinner  
ASACB Administrator

# Arkansas Substance Abuse Certification Board

Hereby Certifies

KENNETH MCCOY

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

10/28/2019

Issue Date

*Diane Bynum*  
President  
*Dr. K. R. G. M.S.L.S.*  
Vice-President



1450

Certificate Number

*Myriam Carter, AOC.CS.P.*  
Secretary



12/31/2021

Expiration Date

# STATE OF ARKANSAS

## SOCIAL WORK LICENSING BOARD

In the Name and By the Authority of the State of Arkansas, the Arkansas Social Work Licensing Board hereby certifies that:

**Kenneth Dale McCoy**

has been duly examined and found qualified to practice as a Licensed Social Worker and is hereby licensed with all rights, privileges and responsibilities prescribed in Act 791 of 1981.

In testimony hereof we have set forth our hands upon this document at Little Rock, Arkansas this 20<sup>th</sup> day of **November** Two Thousand **Two**.

*Michael W. Handy*  
Chairperson

*Julia Moore*  
Vice-Chairperson

*Kathy C. Bilsno*  
Secretary



Certificate No. 2678 -B





Dear TRISTA BOTCHWAY

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/08/13 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB



ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

---

August 13, 2019

Trista Botchway  
332 Savannah Dr.  
Jonesboro, AR 72404

Dear Trista,

The education committee of the Arkansas Substance Abuse Certification Board reviewed your official transcript from **Arkansas State University**. You have been approved at the **Master degree level**. This means you have satisfied the 300 hour education hour requirement towards Certified AADC testing. We **recommend** that you continue to take workshops specific to the addictions process through the MSATN program (501) 569-3071, and we **require** that you take six (6) clock hours of board approved ethics.

In terms of work experience, this means that you will be required to provide documentation of **one year (2,000 hours)** of supervised work experience under a certified addictions counselor including a **300 hour practicum under a certified clinical supervisor** as noted on pg. 55 of the application and standards manual (Revision Feb. 2014) [www.asacb.com](http://www.asacb.com)

Please do not hesitate to contact me with any questions or concerns regarding the certification process.

Regards,

*Jason C Skinner*

Jason C Skinner  
ASACB Administrator

# Arkansas State University

Upon the recommendation of the Faculty and by virtue of  
the authority vested in the Board of Trustees  
confers upon

**Crista Botchway**

the degree of

**Master of Social Work**

all the rights and privileges thereunto appertaining.

Issued at Jonesboro, Arkansas on this

Fourteenth Day of May, Two Thousand-sixteen



*Howard P. Skirland*

Chair of the Board

*Charles L. ...*

President

*Joe Hudson*

Chancellor

*Lynita M. Cooksey*

Vice Chancellor and Provost

# Arkansas State University

Upon the recommendation of the Faculty and by virtue of  
the authority vested in the Board of Trustees  
confers upon

**Trista Botchway**

the degree of  
**Certificate Program**  
**Addiction Studies**

all the rights and privileges thereunto appertaining.  
Issued at Jonesboro, Arkansas on this  
Fourteenth Day of May, Two Thousand-sixteen

*Howard P. Skinkard*

Chair of the Board

*Charles L. ...*

President



*J. J. Hudson*

Chancellor

*Lynita M. Cooksey*

Vice Chancellor and Provost

Phi Kappa Phi



*The Honor Society of Phi Kappa Phi  
awards this certificate to*

**Trista Botchway**

*in recognition of outstanding academic achievement at*

**Create @ STATE: A Symposium of Research, Scholarship & Creativity!**  
*by vote of the Chapter at*



**Arkansas State University**

April 11, 2013

*Date*

*Stacy Hillert*

*Chapter President*

*Randy M. Johnson*

*Chapter Secretary*

# Arkansas State University

Upon the recommendation of the Faculty and by virtue of  
the authority vested in the Board of Trustees  
confers upon

**Trista Lee Botchway**

the degree of

**Bachelor of Science  
Interdisciplinary Studies**

all the rights and privileges thereunto appertaining.  
Issued at Jonesboro, Arkansas on this  
Seventeenth Day of December, Two Thousand-eleven



*Howard P. Skinkard*

Chair of the Board

*Charles L. ...*

President

*S. ...*

Chancellor

*Donald ... Jr.*

Executive Vice Chancellor and Provost



Dear       STEPHANIE  
              BARKER

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2020/07/17 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,


*Jason C. Skinner*


Jason C. Skinner,  
Administrator ASACB

# Offender Employment Specialist

## *Building Bridges*

This certificate recognizes that  
**Stephanie Doyle**  
has successfully completed the  
Offender Employment Specialist Training  
Forrest City Correctional Complex

  
Ms. Zaneta Vaughn, GCDF/OWDS/OES

  
Mr. Brian Gray, GCDF/OWDS/OES



  
Ms. Faye Ballard, GCDF/OWDS/OES

July 16, 2014



ARKANSAS DEPARTMENT OF COMMUNITY CORRECTION  
EAST CENTRAL CENTER

Gratefully acknowledges your contribution to our  
resident population. Your time and involvement is  
greatly appreciated.

**Stephanie Barker**

National Re-Entry Week 2017

*Phyllis B. Caslavaykhas*

*Phyllis Silas, Center Supervisor*

*Arlene M. Co*

*Syana Bowers, Treatment Supervisor*

*Janice Gray*

*Janice Gray, Program Specialist*

**U. S. DEPARTMENT OF TRANSPORTATION  
Federal Transit Administration**



# **Certificate of Completion**

Awarded to

**Stephanie Barker**

For completion of

**Supervisor Drug & Alcohol**

**Sponsored by Arkansas Transit Association**

Arkansas  
Department of Health  
and Human Services  
DMS/OLTC Approval  
ID# AR 1166-ATA3-2  
CEUs: 2 (two)

**Instructor**

**contact Hours: 3.0**

**August 7, 2017**

**Date**

# UNIVERSITY OF ARKANSAS AT FAYETTEVILLE

To all to whom these presents shall come  
Greeting

Be it known that

Stephanie Jean Hogle

having completed the studies and fulfilled the requirements of the faculty for  
the degree of

Bachelor of Arts

Criminal Justice

has accordingly been admitted to that degree with all the rights, honors,  
and privileges thereto appertaining.

In witness whereof, the seal of the University and the signature  
of duly authorized officers are hereunto set by the diploma.

Given at Little Rock, in the State of Arkansas, this twentieth day of December  
in the year of our Lord one thousand and nineteen.

*John Van Arman*  
Chairman of the Board of Trustees  
University of Arkansas

*W. A. Wells*  
President  
University of Arkansas

*John E. Dorman*  
Chancellor  
University of Arkansas at Little Rock





Dear CHRISTIE DUKE

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/10/09 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040

Sincerely,

*Jason C. Skinner*

Jason C. Skinner,  
Administrator ASACB

# Black River Technical College

Upon recommendation of the Faculty and by virtue of  
the authority vested in the Board of Trustees  
confers upon

Christie Mason Duke

the degree of

Associate of Arts

and all the rights and privileges thereunto appertaining.

Issued at Pocahontas, Arkansas on this

December 14, 2017

Date of Award

Doug Cox

Chairman of the Board

David L. Carter

Secretary of the Board



ED

President

Sheila Taylor

Vice President, Academics

# University of Central Arkansas

has conferred upon  
**Christie Dalton Duke**

the degree of  
**Bachelor of Science**

*Summa Cum Laude*

and all the Rights, Privileges and Honors thereto appertaining.  
In Witness Whereof, this diploma duly signed has been issued and  
the seal of this University herunto affixed.

Issued by the Board of Trustees upon recommendation of the Faculty at Conway, Arkansas.

December 14, 1919

*Samuel Alcock*  
Chair, Board of Trustees

*Ray Linkler*  
Secretary, Board of Trustees



*Robert D. Davis*  
President of the University

*Robert D. Davis*  
Vice President and Ex-officio Vice President

Status: Succeeded

Certificate name: CIT - Bachelors Degree  
Step name: Application Fee  
Professional's first name + last name: Tabitha Hicks  
Certifier's name (company name): ASACB

Transaction ID: txn\_1HNKVLY5a5kANQv1yGYL6PP  
Payment ID: ch\_1HNKVZLY5a5kANQvQN7HYB7P  
Date of transaction: 2020-09-03  
Amount paid in \$: 100

# Arkansas State University

Upon the recommendation of the Faculty and by virtue of  
the authority vested in the Board of Trustees  
confers upon

**Tabitha Etta Hicks**

the degree of

**Bachelor of Social Work**

**Social Work**

**Gum Waude**

all the rights and privileges thereto appertaining.

Issued at Jonesboro, Arkansas on this  
Thirteenth Day of May, Two Thousand-seventeen

*Howard L. Skirrow*

Chair of the Board

*Charles H. ...*

President



*Angela ...*

Chancellor

*Lynita M. Cooksey*

Vice Chancellor and Provost



Arkansas Department of Health  
SOCIAL WORK LICENSING BOARD  
P. O. Box 251965  
Little Rock, AR 72225



Nathaniel Smith, MD, MPH.  
Secretary of Health

Ruthie Bain  
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

April 13, 2020

Carol Carle McFarlin, LCSW  
2113 Trinity Oaks Drive  
Jonesboro, AR 72401

Carol Carle McFarlin, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **June 1, 2020** through **May 31, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**May 31, 2022**) you must obtain 48 hours of social work continuing education between the dates of **June 1, 2020** through **May 31, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license

Please remove card carefully!  
Bend back and forth along crease  
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas Department of Health  
Social Work License Card

License No.

Expiration Date:

544-C

5/31/2022

Carol Carle McFarlin, LCSW  
2113 Trinity Oaks Drive  
Jonesboro AR 72401

bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

Chairman



**State of Arkansas  
Board of Examiners of Alcoholism and  
Drug Abuse Counselors**

*Certifies that:*

**Carol C. McFarlin 388L.**

has complied with the requirements in accordance with the laws of the State and is hereby licensed with all rights, privileges and responsibilities prescribed by

Act 1588 of 1999 to practice as a  
Licensed Alcoholism and Drug Abuse Counselor

**January 1, 2016**

**Date**

*Mic Wright*      *Rob Livingston*  
Chairperson      Vice-Chair      Secretary/Treasurer

Expires December 31, 2021

# Arkansas Substance Abuse Certification Board

Hereby Certifies

CAROL MCFARLIN

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Certified Clinical Supervisor

09/18/2020

Issue Date

A-311

Certificate Number

12/31/2022

Expiration Date

*Diane Bynum*  
President

*Dr. K. Ray M.S.C.*  
Vice-President

*Myriam Carter, AOC, CS, PC*  
Secretary



# Arkansas Substance Abuse Certification Board

Hereby Certifies

CAROL MCFARLIN

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

## Advanced Alcohol Drug Counselor

11/07/2019

Issue Date

A-311

Certificate Number

12/31/2021

Expiration Date

*Deborah Ann...*  
President



*Deborah Ann...*  
Secretary



*...*  
Vice-President

# Arkansas Substance Abuse Certification Board

Hereby Certifies

LISA HOLLAND

Who has complied with the requirements established by the Board and has successfully obtained these standards of professional performance, and in doing so, has earned recognition as a

## Certified Alcohol and Drug Counselor

10/30/2019

Issue Date

1660

Certificate Number

12/31/2021

Expiration Date

*Debra D. ...*  
President



*Michelle ...*  
Secretary

*...*  
Vice President



September 21, 2020

Re: Tabitha Hicks

Dear Tabitha,

The education committee of the Arkansas Substance Abuse Certification Board reviewed your official transcript from the **Arkansas State University**. You have been approved at the **Bachelor degree level**. This means you have satisfied the 300 hour education hour requirement towards Certified ADC testing. We **recommend** that you continue to take workshops specific to the addictions process through the MSATN program (501) 569-3071, and we **require** that you take six (6) clock hours of board approved ethics.

In terms of work experience, this means that you will be required to provide documentation of **two years (4,000 hours)** of supervised work experience under a certified addictions counselor including a **300 hour practicum under a certified clinical supervisor** as noted on pg. 55 of the application and standards manual (Revision Feb. 2014) [www.asacb.com](http://www.asacb.com)

Please do not hesitate to contact me with any questions or concerns regarding the certification process.

Regards,

*Jason C. Skinner*

Jason C. Skinner  
ASACB Administrator



[Home](#)

Name	Cartwright, Angela William
Location	Conway, AR
Level	LCSW
License Number	3489-C
Date Issued	10/15/2014
Expiration	10/31/2020





ARKANSAS  
SUBSTANCE ABUSE  
CERTIFICATION  
BOARD

---

April 26, 2016

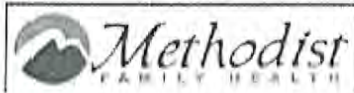
Angela Cartwright  
1515 Appalachian Dr.  
Conway, AR. 72034

Dear Angela,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of April 7<sup>th</sup>, 2016 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum.

If you have any questions, please contact me at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com) or ph. (501) 749-4040



## Beverly Burse

Has successfully completed 40 hours of mental health training as required by OSHPD to meet training requirements as a

Qualified Behavioral Health Provider

Training Hours

Date of Completion

40

May 19, 2020

7722 - 142  
QBHP Training

RTC Little Rock 5/19/20



## **Bridget Kanu**

Has successfully completed 40 hours of mental health training as required by OBHS to meet training requirements as a

### **Qualified Behavioral Health Provider**

January 19, 2020  
Date of Completion

3986 - 162

Qualified Behavioral Health Provider  
Annual Re-certification Test

CARES 1/19/20



## **Elizabeth Grobmyer**

Has successfully completed 40 hours of mental health training as required by OBHS to meet training requirements as a

**Qualified Behavioral Health Provider**

June 26, 2020  
Date of Completion

7912 - 162

Qualified Behavioral Health Provider  
Annual Re-certification Test

CARES 6/26/20



## **Mavi Marshall**

Has successfully completed 40 hours of mental health training as required by OBHS to meet training requirements as a

### **Qualified Behavioral Health Provider**

January 20, 2020  
Date of Completion

3987 - 162

Qualified Behavioral Health Provider  
Annual Re-certification Test

CARES 1/20/20

Home

Name	Wolfe, Brandon Lee
Location	Little Rock, AR
Level	LCSW
License Number	6535-C
Date Issued	4/13/2016
Expiration	4/30/2022

[Back](#)

**Licensure Level Key:**

**LCSW:** Licensed Certified Social Worker

**LMSW:** Licensed Master Social Worker

**LSW:** Licensed Social Worker

**PLMSW:** Provisional Licensed Master Social Worker

**PLSW:** Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assumed or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.



## QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**LESLIE MARIE BROWN [NCSBN ID: 42053217]**

Thursday, August 08 2019 09:27:04 AM

### Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the re-verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BROWN, LESLIE MARIE	RN	ARKANSAS	R037036	YES	UNENCUMBERED	03/18/1991	08/31/2021	MULTISTATE



## Malcolm Thomas

Has successfully completed 40 hours of mental health training as  
required by OBHS to meet training requirements as a  
Qualified Behavioral Health Provider

Training Hours

40

Date of Completion

January 30, 2020

8041 - 160  
QBHP Training

CARES 1/30/20





Arkansas State Board of Examiners in  
Counseling

Licensee: Richard Shane McCaskill

License: P1802012

LPC

Effective: 5/15/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Richard McCaskill*

**Contractor and  
Subcontractors'  
Active  
Registration  
from the  
Arkansas  
Secretary of  
State's Office**

**STATE OF ARKANSAS**



**Mark Martin**

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

**Articles of Amendment**

of

**NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH  
CENTER, INC.**

filed in this office  
August 3, 2018.



**In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 3rd day of August, 2018.**

*Mark Martin*

Arkansas Secretary of State



# Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

## Mark Martin

501-682-3409 • www.sos.arkansas.gov

### CERTIFICATE OF AMENDMENT OF A NON-PROFIT CORPORATION

Northeast Arkansas Community Mental Health Center, Inc., a

corporation duly organized, created and existing under and by virtue of the laws of the State of Arkansas, by its Presiding Director or Officer,

DOES HEREBY CERTIFY:

At a meeting of the membership (or incorporators or board of directors) which was held on July 26, 2018, in the City of Jonesboro, the Articles of Incorporation of this corporation were amended to read as follows:

Please see attached

Circle I, II, or III below, whichever is applicable, and attach appropriate statement.

- I If approval of members was not required, a statement to that effect and a statement that the amendment was approved by a sufficient vote of the board of directors or incorporators;
- II If approval by members was required:
  - (a) the designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and the number of votes of each class indisputably voting on the amendment; and
  - (b) either the total number of votes cast for and against the amendment by each class entitled to vote separately on the amendment or the total number of undisputed votes cast for the amendment by each class and a statement that the number cast for the amendment by each class was sufficient for approval by that class.
- III If approval of the amendment by some person or persons other than the members, the board or incorporators is required pursuant to § 4-33-1030, a statement that the approval was obtained.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Marvin Steele, Board President

Presiding Director (Type or Print)

Date: July 26, 2018

Authorized Signature

Fee: \$50.00 payable to Arkansas Secretary of State

NPD-2/Rev. 07/15

**AMENDED ARTICLES OF INCORPORATION  
OF  
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.**

We, the undersigned, officers of the Board of Directors, desire to amend the existing Articles of Incorporation of Northeast Arkansas Community Mental Health Center, Inc. as filed with the Secretary of State of Arkansas on January 5, 1995. Therefore, effective this date, and pursuant to the provisions of the Arkansas Nonprofit Corporation Act of 1993) (Arkansas Code Annotated 4-33-101 et. seq.), we do hereby amend the Articles of Incorporation as follows:

A. Section 6 shall be amended to add the following:


The Board of Directors of this corporation shall consist of not less than twenty (20) members, which shall be at least one member from each county of the corporation's catchment area. The corporation's catchment area shall be the following counties: Clay, Craighead, Crittenden, Cross, Fulton, Greene, Independence, IZARD, Jackson, Lawrence, Lee, Mississippi, Monroe, Phillips, Poinsett, Randolph, Sharp, St. Francis, White (Behavioral Health, only), and Woodruff Counties. The names of the persons constituting the initial Board of Directors shall remain a part of Section 6 without any amendment.

IN WITNESS WHEREOF, we, the undersigned officers of the Board of Directors, have set our hands this 26<sup>th</sup> day of July, 2018 to hereby amend the Articles of Incorporation effective this day.

I hereby certify the manner of adoption and vote of the foregoing Amended Articles of Incorporation was as follows:  
 Approval of the membership and the board of directors of Northeast Arkansas Community Mental Health Center, Inc. was required. The Amended Articles of Incorporation were approved by the members and board of directors as follows:

	<u>Members</u>	<u>Board</u>
Designation of voting group:	General	General
Number of memberships outstanding:	13	13
Number of votes entitled to be cast by each class entitled to vote separately on the amendment:	13	13
Number of votes of each class indisputably voting on the amendment:	10	10
Number of votes cast for the amendment by each class entitled to vote:	10	10
Number of votes against the amendment by each class entitled to vote:	0	0

The number cast for the amendment by each class was sufficient for approval by that class. Approval by any person or persons other than the members or the board was not required pursuant to §4-33-1003.

  
 \_\_\_\_\_  
 Marvin Steele  
 President

  
 \_\_\_\_\_  
 Robert Young  
 Secretary

ACKNOWLEDGEMENT

STATE OF ARKANSAS

COUNTY OF CRAIGHEAD

On this day before me, a Notary Public within and for the county and state aforesaid, duly appeared in person the following: Marvin Steele, President, and Robert Young, Secretary, who executed the above Articles of Incorporation and stated that the matters and things therein set forth are true and correct to the best of their knowledge and belief, and stated and acknowledged that they had executed the same as their voluntary act for the uses, consideration and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal as such Notary Public on this 26<sup>th</sup> day of July, 2018.

My commission expires:

1-30-22

*Annette Hufstедler*

Notary Public





# Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

## Mark Martin

501-682-3409 • www.sos.arkansas.gov

### CERTIFICATE OF AMENDMENT OF A NON-PROFIT CORPORATION

Northeast Arkansas Community Mental Health Center, Inc., a corporation duly organized, created and existing under and by virtue of the laws of the State of Arkansas, by its Presiding Director or Officer,

DOES HEREBY CERTIFY:

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\_\_\_\_\_  
Please see attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

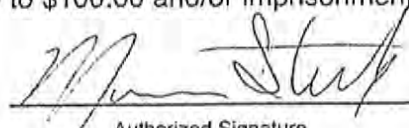
*Circle I, II, or III below, whichever is applicable, and attach appropriate statement.*

- I If approval of members was not required, a statement to that effect and a statement that the amendment was approved by a sufficient vote of the board of directors or incorporators;
- II If approval by members was required:
  - (a) the designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on the amendment, and the number of votes of each class indisputably voting on the amendment; and
  - (b) either the total number of votes cast for and against the amendment by each class entitled to vote separately on the amendment or the total number of undisputed votes cast for the amendment by each class and a statement that the number cast for the amendment by each class was sufficient for approval by that class.
- III If approval of the amendment by some person or persons other than the members, the board or incorporators is required pursuant to § 4-33-1030, a statement that the approval was obtained.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Marvin Steele, Board President  
Presiding Director (Type or Print)

Date: July 26, 2018

  
Authorized Signature

Fee: \$50.00 payable to Arkansas Secretary of State



**AMENDED ARTICLES OF INCORPORATION  
OF  
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.**

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	<u>Members</u>	<u>Board</u>
Designation of voting group:	General	General
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The number cast for the amendment by each class was sufficient for approval by that class. Approval by any person or persons other than the members or the board was not required pursuant to §4-33-1003.

  
 \_\_\_\_\_  
 Marvin Steele  
 President

  
 \_\_\_\_\_  
 Robert Young  
 Secretary

ACKNOWLEDGEMENT

STATE OF ARKANSAS

COUNTY OF CRAIGHEAD

On this day before me, a Notary Public within and for the county and state aforesaid, duly appeared in person the following: Marvin Steele, President, and Robert Young, Secretary, who executed the above Articles of Incorporation and stated that the matters and things therein set forth are true and correct to the best of their knowledge and belief, and stated and acknowledged that they had executed the same as their voluntary act for the uses, consideration and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal as such Notary Public on this 26<sup>th</sup> day of July, 2018.

My commission expires:

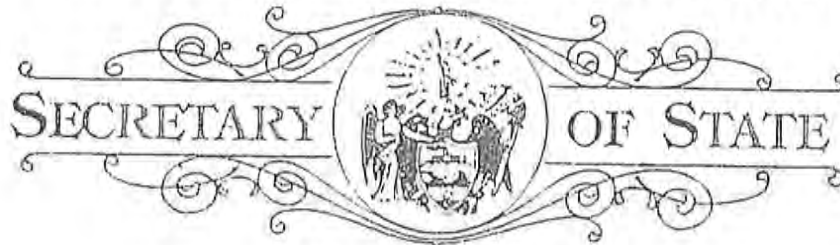
1-30-22

Annette Hufstedler

Notary Public



STATE OF ARKANSAS



W. J. "Bill" McCuen  
Secretary of State

CERTIFICATE OF INCORPORATION OF DOMESTIC  
NON-PROFIT CORPORATION

*I, Bill McCuen, Secretary of State of the State of  
Arkansas, do hereby certify that*

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

*has filed in the office of the Secretary of State, a duly certified copy of its  
Articles of Association in compliance with the provisions of the law, with  
their petition for incorporation under the name or style of*

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

*they are therefore hereby declared a body politic and corporate, by the  
name and style aforesaid, with all the powers, privileges and immunities  
granted in the law thereto appertaining.*



*In Testimony Whereof, I have hereunto  
set my hand and affixed my official Seal.  
Done at office in the City of Little Rock,  
this 5TH day of JANUARY 19 95*

*Bill McCuen*

*Secretary of State*

ARTICLES OF INCORPORATION OF

NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.

95-114-5 AM 8:23

FILED IN SECRET  
MAY 1 1995

ADP

We, the undersigned, incorporators, in order to form a nonprofit corporation for the purposes hereinafter stated under and pursuant to the provisions of the Arkansas Nonprofit Corporation Act of 1993, Act No. 1147 of 1993 (Arkansas Code Annotated 4-33-101 et. seq.) do hereby agree to the following articles:

1. The name of the corporation is Northeast Arkansas Community Mental Health Center, Inc. This is a public benefit corporation.

(X)

2. The corporation is formed for the following purposes:

The general purpose of this corporation is to plan, develop and make available mental health services of the highest caliber possible in such a manner that they are accessible, affordable and available to residents of the service area of the corporation while at the same time acknowledging the specific needs of individuals served and being responsible to those needs.

Specific purposes include:

A. To provide general mental health services for adults, including an appropriate range of diagnostic and treatment services and modalities.

B. To contract with the State of Arkansas and any other entity, governmental or otherwise, to provide appropriate services within the parameters of these Articles.

C. To provide general and specialized mental health services for children and adolescents through direct center delivery and service affiliation arrangements.

D. To provide any assistance deemed appropriate for drug and alcohol treatment for residents of the service area of the corporation.

E. To implement a community support system of services and supports for adults with serious and/or prolonged mental illness or a dependency on alcohol and drugs or other substances.

F. The Board of Directors of the corporation shall establish priority in the implementation and provision of the above mentioned services, taking into consideration the services

that may otherwise be available to individuals in the service area, the needs existing in the service area, and ability of the Center to provide said services.

G. The Board of Directors of the corporation shall coordinate with the Advisory Board of the George W. Jackson Community Mental Health Center in seeing to it that the best possible services for mental illness, alcohol and drug abuse and any other service to be assumed by this corporation is provided to citizens and residents of the corporation's service area. It is specifically recognized and acknowledged that many, if not all, of the Board of Directors of the corporation shall also serve on the Advisory Board of George W. Jackson Community Mental Health Center.

H. To receive and maintain a fund or funds, real and personal property necessary to provide the facilities for the accomplishment of the objects and purposes for which this corporation is organized, and to procure, own, hold, lease and maintain or otherwise provide for suitable premises and property, for the purpose of acquiring, erecting, constructing, holding, owning, leasing and maintaining therein and thereon, suitable improvements and facilities for the purposes of this corporation.

I. To accept monies, grants, and gifts from other persons, corporations, and/or any unit of government either local, state or federal, and to make capital contributions or gifts to other non-profit corporations in the furtherance of this corporation.

J. To sell, exchange, or otherwise dispose of, and convey any such property or interest or estate therein, or any part thereof, when the same is no longer required for the accomplishment of the purposes for which this corporation is organized.

K. To borrow money, execute notes, or other evidences of indebtedness thereof, and to mortgage, pledge or otherwise encumber its real and personal property, or either thereof, as security for payment of such indebtedness.

L. To do all and everything necessary, suitable and proper for the accomplishment, attainment, or furtherance of, or connected with, the purposes, objectives, or power set forth in these Articles of Incorporation, whether alone or in association with others to possess all rights, powers, privileges now or hereinafter conferred by laws of the State of Arkansas upon a non-profit corporation organized under the laws of this State, and, in general to carry on any of the activities and to do any of the things herein set forth to the same extent as fully as a natural person or partnership might or could do, provided that nothing herein set forth shall be construed as authorizing this corporation to possess any purpose, object, or power, or do any act or thing forbidden by law to a non-profit corporation organized under the laws of the State of Arkansas or the Federal and State laws granting exemption from federal and state income tax for non-profit corporations.

M. The foregoing objects, purposes and powers shall not be construed to limit or restrict in any manner the general powers conferred on this corporation by the laws of the State of Arkansas, all of which are hereby expressly claimed.

N. Notwithstanding any other provision of these Articles, the purposes for which the corporation is organized are exclusively religious, charitable, scientific, literary and educational, within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

O. Notwithstanding any other provision of these Articles, this organization shall not carry on any activities not permitted to be carried on by any organization exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

3. The powers of the corporation shall include, but not be limited to, the following:

A. to have perpetual succession by its corporate name;

B. to sue and to be sued, complain and defend, in its corporate name;

C. to purchase, take, receive, lease, take by gift, devise or bequest, or otherwise acquire, own, hold, improve, use and otherwise deal in and with real or personal property, or any interest therein wherever situated;

D. to sell, convey, mortgage, pledge, lease, exchange, transfer and otherwise dispose of all or any part of its property and assets;

E. to make contracts and incur liabilities; borrow money; issue its notes, bonds and other obligations; and secure any of its obligations by mortgage or pledge of all or any of its property, franchises and income;

F. to manage its internal affairs in any desired manner so long as it is not in violation of any law;

G. to do any and all things necessary, convenient, useful or incidental to the attainment of its purposes as fully and to the same extent of a natural person lawfully might or could do so long as consistent with the provisions of these Articles of Incorporation and with the Arkansas Nonprofit Corporation Act as now or hereafter amended.

4. The principal place of business of this corporation shall be at 2920 McClellan Drive, Jonesboro, AR 72401.

The registered agent for service of process shall be Bonnie White.

5. The life of this corporation shall be perpetual.

6. The Board of Directors of this corporation shall consist of not less than ten (10) nor more than twenty-four (24) members.

The names of the persons constituting the initial Board of Directors are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Bonnie White	2920 McClellan Drive Jonesboro, AR 72401
Virginia Atkinson	719 Arnold Corning, AR 72422



Carolyn Linam	P.O. Box 263 Rector, AR 72461
Debra Brown	P.O. Box 83 Corning, AR 72422
Edgar Bell	1631 Lark Drive Jonesboro, AR 72401
Charlie Mae Granberry	2007 Westwood Jonesboro, AR 72401
E. Allen Kent	515 W. Thomas Jonesboro, AR 72401
Charlotte Mitchell	2509 S. Rockingchair Rd. Paragould, AR 72450
Doris Thompson	390 N. 11th Avenue Paragould, AR 72450
Patricia Young	510 S. 7th Street Paragould, AR 72450
Dick Alexander	P.O. Box 393 Hoxie, AR 72433
Willene Austin	P.O. Box 53 Imboden, AR 72434
Austin Stovall	P.O. Box 68 Imboden, AR 72434
Anes Abraham	1200 Lee Circle, South Blytheville, AR 72315
Beth Reynolds	1100 S. Parkside Blytheville, AR 72315
Jimmie Garner	P.O. Drawer M Trumann, AR 72472
Tommy McGee	206 Cole Avenue Harrisburg, AR 72432
Betty Richardson	220 Melrose Trumann, AR 72472
Charles Meredith	P.O. Box 896 Pocahontas, AR 72455
John M. Patrick	P.O. Box 145 Pocahontas, AR 72455
Elwood Smith	607 Thomasville Pocahontas, AR 72455

AT-LARGE REPRESENTATIVES:

Willie Mae Andrews	400 Bradley Jonesboro, AR 72401
John Burns	1223 S. Culberhouse Jonesboro, AR 72401
James Dalton	5510 Beaver Lane Jonesboro, AR 72401

HONORARY MEMBERS:

Tom Baker	Route 1, Box 80 Alicia, AR 72410
Nancy Balton	Wilson, AR 72395
Bud Love	525 West Matthews Jonesboro, AR 72401

The incorporators are:

John Burns	1223 S. Culberhouse Jonesboro, AR 72401
Doris Thompson	390 N. 11th Avenue Paragould, AR 72450
Willene Austin	P.O. Box 53 Imboden, AR 72434
Patricia Young	510 S. 7th Street Paragould, AR 72450
Charles Meredith	P.O. Box 896 Pocahontas, AR 72455
John M. Patrick	P.O. Box 145 Pocahontas, AR 72455
Virginia Atkinson	719 Arnold Corning, AR 72422
Jimmie Garner	P.O. Drawer M Trumann, AR 72472
Elwood Smith	607 Thomasville Pocahontas, AR 72455
James Dalton	5510 Beaver Lane Jonesboro, AR 72401
Tommy McGee	206 Cole Avenue Harrisburg, AR 72432
Edgar Bell	1631 Lark Drive Jonesboro, AR 72401
Betty Richardson	220 Melrose Trumann, AR 72472
Austin Stovall	P.O. Box 68 Imboden, AR 72434
E. Allen Kent	515 W. Thomas Jonesboro, AR 72401

Three members of the Board of Directors shall come from each of the following counties located in Arkansas:

Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph. Three members of the Board shall be appointed at large.

7. The terms of the Board of Directors shall be established by the bylaws. The initial Board of Directors shall serve until their successors are elected or appointed as provided by the Bylaws of the Northeast Arkansas Community Mental Health Center, Inc., provided that the qualifications and length of services shall not be contrary to the provisions of the Arkansas Non-Profit Corporation Act.

The Board of Directors shall be self perpetuating with the Board of Directors existing prior to the expiration of said director's term, nominating and electing by majority vote the successor director. A director may serve more than one term.

Should a vacancy occur on the Board of Directors before the expiration of a term, a successor director shall be selected by the Board of Directors as stated above to complete said director's term.

The number of members of this corporation shall correspond to the number of members of the Board of Directors.

The corporation shall have the following offices:

President;

Vice-president;

Secretary;

Treasurer.

Such other offices as the Board of Directors shall from time to time determine.

The term of such officers shall be for such term as may be fixed in the bylaws but not to exceed three years. An officer may serve more than one term.

8. Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of the liabilities of the corporation, dispose of all of the assets of the corporation by transferring the assets of such corporation in such manner, or to such organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under Sec. 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding section of

any future United States Internal Revenue Law), as the Board of Trustees or Directors shall determine. Any such assets not disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, and which are organized and operated exclusively for such purposes.

9. PROHIBITED ACTIVITIES:

A. The corporation shall not engage in any act of self dealing as defined in Sec. 4941 (d) of the Internal Revenue Code of 1954, or the corresponding section of any subsequent United States tax laws.

B. The corporation shall not retain any excess business holdings as defined in Sec. 4943 (c) of the Internal Revenue Code of 1954, or the corresponding section of any subsequent United States tax laws.

C. The corporation shall not make any investments in such a manner as to subject it to tax under Sec. 4944 of the Internal Revenue Code of 1954, or the corresponding section of any subsequent United States tax laws.

(The balance of this page is intentionally left blank)

D. The corporation shall not make any taxable expenditures as defined in Sec. 4945 (d) of the Internal Revenue Code of 1954, or the corresponding section of any subsequent United States tax laws.

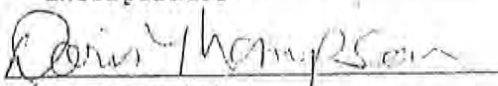
E. The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Sec. 4942 of the Internal Revenue Code of 1954, or the corresponding section of any subsequent United States tax laws.

10. The corporation shall have such fiscal year as shall be determined in its bylaws.


11. These Articles may be amended at any time by a majority (51%) of those present at any regular meeting of the Northeast Arkansas Community Mental Health Center, Inc. The By-laws shall be the governing instrument of the corporation.

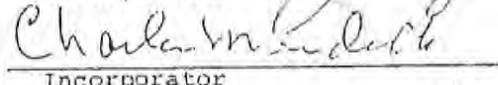
IN WITNESS WHEREOF, we, the undersigned incorporators, have set our hands this 12th day of October, 1994.

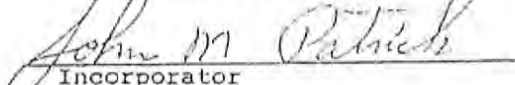
  
\_\_\_\_\_  
Incorporator

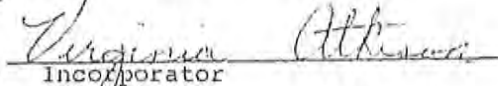
  
\_\_\_\_\_  
Incorporator

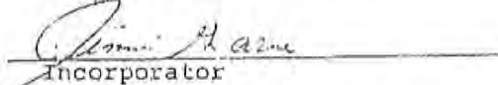
  
\_\_\_\_\_  
Incorporator

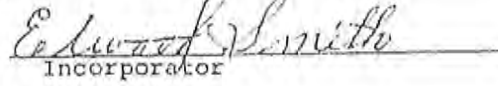
  
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Incorporator

James R. Cotton  
Incorporator

William E. Cotton  
Incorporator

William Hill  
Incorporator

Betty Richardson  
Incorporator

Franklin Spruce  
Incorporator

E. Alexander  
Incorporator

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ACKNOWLEDGMENT

STATE OF ARKANSAS

COUNTY OF Craighead

On this day before me, a Notary Public within and for the county and state aforesaid, duly appeared in person the following:

John Burns, Doris Thompson, Willene Austin, Patricia L. Young, Charles Meredith, John M. Patrick, Virginia Atkinson, Jimmie Garner, Elwood Smith, James R. Dalton, Tommy McGee, Edgar Bell, Betty Richardson, Austin Stovall, E. Allen Kent

who executed the above Articles of Incorporation and stated that the matters and things therein set forth are true and correct to the best of their knowledge and belief, and stated and acknowledged that they had executed the same as their voluntary act for the uses, consideration and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal as such Notary Public on this 12<sup>th</sup> day of October, 1994.

My Commission Expires:

2-17-2002

Annette Hufstetter  
Notary Public

PREPARED BY:

BRANCH, THOMPSON & PHILHOURS  
A Professional Association  
414 West Court Street  
Paragould, AR 72450

Annette Hufstetter, Notary Public  
Lawrence County, Arkansas  
My Commission Expires 2/17/2002



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Corporation Name	NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.
Fictitious Names	CASA OF CRITTENDEN COUNTY CASA OF THE ARKANSAS DELTA CHILDREN'S ADVOCACY CENTER OF EASTERN ARKANSAS COUNSELING SERVICES OF EASTERN ARKANSAS DELTA RECOVERY CENTER MID-SOUTH HEALTH SYSTEMS, INC.
Filing #	100118355
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	2707 BROWNS LANE JONESBORO, AR 72401
Reg. Agent	RAYBURN W GREEN
Agent Address	SUITE 200, 234 EAST MILLSAP ROAD  FAYETTEVILLE, AR 72703
Date Filed	01/05/1995
Officers	LISA OCHS DR., Incorporator/Organizer POLLY HAYES , Principal CLYDE NOEL , Director HENRY TORRES , Director CAROLYN PROSPST , Director SHERRIFF LARRY MILLS , Director RUTH ALLISON DOVER , CEO DEWAYNE PHELAN , Director LEIGH ANN WRIGHT , Director MARVIN STEELE, SR, Director DR PAUL RHOADS , Director STEVE JOHNSON , Director REV. ARCHIE THOMAS JR., Director MICHELLE WILSON , Director BEV DUCKER , Director KEN HENRY , Director ROBERT YOUNG , Director ANNETTE WRIGHT , Director SHANTE' MAXWELL , Director SHERRIFF J.R. SMITH , Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR
<a href="#">Purchase a Certificate of Good Standing for this Entity</a>	<a href="#">Submit a Nonprofit Annual Report</a>

[Change this Corporation's Address](#)







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Corporation Name	CROWLEY'S RIDGE DEVELOPMENT COUNCIL, INCORPORATED
Fictitious Names	
Filing #	100014209
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 176 of 1963
Status	Good Standing
Principal Address	P.O. BOX 16720 JONESBORO, AR 72403
Reg. Agent	TONY THOMAS
Agent Address	2401 FOX MEADOW LANE JONESBORO, AR 72404
Date Filed	01/16/1969
Officers	JANIS JOHNSON , Incorporator/Organizer BETTY COLE , Incorporator/Organizer TROY BRANSCUM , Incorporator/Organizer LOYD PRICE , Incorporator/Organizer MARY ANN REYNOLD , Incorporator/Organizer TONY THOMAS , Principal DWAYN MELVIN , Director BILL CRAWFORD , Treasurer WOODY WHEELLESS , Vice-President JOHN RECH , Secretary CHARLES CONLEY , Director SHANE HUNT , Director ASHLEY BOLEN , Director DONNY SANDERS , Director BOB CANTRELL , Director RUSTY MCMILLON , President JOHN SMITH , Director JACK CRUMBLY , Director JANICE JOHNSON , Director ROBERT SUMMERS , Director JENNIFER MARTIN , Director JEFF PHILLIPS , Director CHARLES DALLAS , Director ED HILL , Director WINNIE JOHNSON , Director EARNESTINE WEAVER , Director RITTER ARNOLD , Director BOB WARNER , Director TONYA ALEXANDER , Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR

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For service of process contact the [Secretary of State's office](#).

Corporation Name	THE UNITED METHODIST CHILDREN'S HOME, INCORPORATED
Fictitious Names	ARKANSAS CARES HEBER SPRINGS COUNSELING CLINIC METHODIST CHILDREN'S HOME METHODIST CHILDREN'S HOME, INCORPORATED
Filing #	100052741
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	1600 ALDERSGATE RD SUITE 300 LITTLE ROCK, AR 72205
Reg. Agent	DYLAN POTTS
Agent Address	425 W CAPITOL AVE, SUITE 3800  LITTLE ROCK, AR 72201
Date Filed	08/11/1972
Officers	SEE FILE, Incorporator/Organizer BILL MANN , Director WARREN MCCORMICK , Director MIKE MILLER , Director LESLEY DON COLE , CFO
Foreign Name	N/A
Foreign Address	
State of Origin	AR

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Standing for this Entity](#)

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[Change this Corporation's Address](#)

Medicaid Provider Enrollment Unit  
P.O. Box 8105  
Little Rock, AR 72203

This Letter is to attest that Northeast Arkansas Community Mental Health Center, DBA: Mid-South Health Systems is the parent organization for all of the following locations with our Medicaid Provider Numbers listed for each type of service.

Mid-South Health Systems, Inc.  
2707 Browns Lane  
Jonesboro, AR 72401  
(870) 972-4000 – Office  
(870) 972-4968 - Fax  
Craighead County  
Medicaid #: 128707526  
NPI: 1336118207

Mid-South Health Systems, Inc.  
1011 W Morgan Street  
Paragould, AR 72450  
(870) 239-4222 - Office  
(870) 239-3295 - Fax  
Greene County  
Medicaid # 172111526  
NPI: 1275784746

Mid-South Health Systems, Inc.  
602 David Street  
Corning, AR 72422  
(870) 857-3655 - Office  
(870) 857-3637 – Fax  
Clay County  
Medicaid #:172106526  
NPI: 1104077676

Mid-South Health Systems, Inc.  
209 S. Lockard St  
Blytheville, AR 72315  
(870) 763-2139 – Office  
(870) 763-5056 – Fax  
Mississippi County  
Medicaid #: 172110526  
NPI: 1043461510

Mid-South Health Systems, Inc.  
3700 Access Road  
Jonesboro, AR 72401  
(870) 972-4000 – Office  
(870) 972-4968 – Fax  
Craighead County  
Medicaid #: 172108526  
NPI: 1699926154

Mid-South Health Systems, Inc.  
102 SW Larkspur Dr  
Walnut Ridge AR, 72476  
(870) 886-7924 – Office  
(870) 886-7968 – Fax  
Lawrence County  
Medicaid #: 172107526  
NPI: 1326299736

Mid-South Health Systems, Inc.  
28 Southpointe Dr  
Paragould, AR 72450  
(870) 239-2244 – Office  
(870) 236-1616 – Fax  
Greene County  
Medicaid #: 174968526  
NPI: 1710123740

Mid-South Health Systems, Inc  
661 Addison Drive  
Wynne, AR 72396  
(870) 238-1135 – Office  
(870) 238-1139 – Fax  
Cross County  
Medicaid # 181954526  
NPI: 1801116546

Mid-South Health Systems  
444 Atkins Blvd  
Marianna AR 72360  
(870) 295-4050 – Office  
(870) 295-4054 – Fax  
Lee County  
Medicaid #: 181960526  
NPI: 1528388253

Mid-South Health Systems, Inc  
4451 N Washington St  
Forrest City, AR 72335  
(870) 630-3800 - Office  
(870) 630-3892 – Fax  
St. Francis County  
Medicaid # 181961526  
NPI: 1558681254

Mid-South Health Systems, Inc  
905 N 7<sup>th</sup> St  
West Memphis, AR 72301  
(870) 735-5118 – Office  
(870) 735-5260 – Fax  
Crittenden County  
Medicaid #: 181957526  
NPI: 1922328723

Mid-South Health Systems, Inc  
801 Newman Dr  
Helena, AR 72342  
(870) 338-3900 – Office  
(870) 338-7798 – Fax  
Phillips County  
Medicaid # 181963526  
NPI: 1508186396

Mid-South Health Systems, Inc (DC1)  
507 Missouri  
Helena, AR 72342  
(870) 338-3434 – Office  
(870) 338-3997 – Fax  
Phillips County  
Medicaid #: 181955526  
NPI: 1275853913

Mid-South Health Systems, Inc (DCII)  
211 Missouri Street  
Helena, AR 72342  
(870) 338-3363 – Office  
(870) 338-3354  
Phillips County  
Medicaid # 181958526  
NPI: 1770803090

Mid-South Health Systems, Inc.  
2560 Old County Rd  
Pocahontas, AR 72455  
(870) 892-7111 – Office  
(870) 892-0930 – Fax  
Randolph County  
Medicaid #: 172105526  
NPI: 1598916918

Mid-South Health Systems, Inc  
490 Broadmoor Dr  
Brinkley, AR 72021  
(870) 734-3202 – Office  
(870) 734-3299 - Fax  
Monroe County  
Medicaid # 181959526  
NPI: 1447570239

Mid-South Health Systems, Inc.  
PHARMACY  
2707 Browns Lane  
Jonesboro, AR 72401  
(870) 972-4038 – Office  
(870) 972-4041 - Fax  
Craighead County  
Medicaid #: 148338407  
NPI: 1548301344

Mid-South Health Systems, Inc  
1650 White Drive  
Batesville, AR 72501  
(870) 919-3381  
(870)972-4968  
Independence County  
Medicaid #229290526  
NPI: 1023598828

Mid-South Health Systems, Inc.  
33 Choctaw Trace  
Cherokee Village, AR 72529  
(870) 919-8608– Office  
(870) 972-4968 – Fax  
Sharp County  
Medicaid #:229297526  
NPI: 1477033322

Mid-South Health Systems, Inc  
589 E. Main Street  
Melbourne, AR 72556  
(870) 919-8503 – Office  
(870) 972-4968 - Fax  
Izard County  
Medicaid # 229294526  
NPI: 1790265593

Mid-South Health Systems, Inc.  
107 Laurel Street  
Newport, AR 72112  
(870) 919-8432– Office  
(870) 972-4968 – Fax  
Jackson County  
Medicaid #:229291526  
NPI: 1750861688

Mid-South Health Systems, Inc  
642 North Main Street  
Salem, AR 72576  
(870) 972-4000 – Office  
(870) 972-4968 - Fax  
Fulton County  
Medicaid # 229296526  
NPI: 1649750597

Mid-South Health Systems, Inc.  
111 West Booth Road  
Searcy, AR 72143  
(870) 919-6320 – Office  
(870) 972-4968 – Fax  
White County  
Medicaid #: 229292526  
NPI: 1972083806

Mid-South Health Systems, Inc  
623 N. 9<sup>th</sup> Street, Suite 200  
Augusta, AR 72006  
(870) 919-2985 - Office  
(870) 351-4095 - Fax  
Woodruff County  
Medicaid #: Pending  
NPI: 1891263091

Mid-South Health Systems, Inc  
807 West Main Street  
Suite A & B  
Trumann, AR 72472  
(870) 418-1777  
(870) 972-4968  
Poinsett County  
Medicaid: Pending  
NPI: 1334685225

Thank you,

Ruth Allison Dover, CEO

**Technical  
Proposal  
Response to the  
Information  
For Evaluation  
Section  
Of the Technical  
Proposal  
Packet**



## INFORMATION FOR EVALUATION

• Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

• **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 . Describe approach to providing substance abuse treatment services.	5
E.2 Provide a sample aftercare plan.	5
E.3 Provide matrix of aftercare partner providers.	5
E.4 Provide details of your approach to assessments.	5
E.5 Provide a sample of progress notes.	5

• **Do not** include additional information if not pertinent to the itemized request.

## INFORMATION FOR EVALUATION

### Minimum Qualifications

Northeast Arkansas Community Mental Health Center, Inc. d/b/a Mid-South Health Systems, Inc. (MSHS) affiliate of Arisa Health, Inc. is a comprehensive 501(c)(3) private, non-profit, community mental health center located in the Mississippi Delta Region of Eastern Arkansas. Since its inception, over fifty years ago, the agency's mission "to ensure the availability of comprehensive, affordable, and quality-driven community-based mental health services that are accessible to the public and promote recovery, integrity and ethical standards for all involved" has not changed. In 1997 MSHS (formerly the George W. Jackson Community Mental Health Center) reorganized to become a private 501(c)(3) non-profit organization. In October 1998, MSHS entered into a management contract to provide administrative oversight and management services to Counseling Services of Eastern Arkansas. The relationship that developed as a result of this contract, was so beneficial that on July 1, 2010, the two agencies merged. This merger not only strengthened the organization but allowed for the provision of comprehensive mental health and substance abuse services to residents in a thirteen (13) county catchment area. In September 2018, MSHS was honored with the opportunity to contract with the State of Arkansas to add seven (7) additional counties to the agency's catchment area. As a result, MSHS currently provides services to residents in a total of 20 counties, making it the largest Community Mental Health Center in the state.

MSHS is an experienced provider of Behavioral Health Health Services. Being the Community Mental Health Center Serving Northeast Arkansas, MSHS has over 50 years of experience providing mental health services and over 20 years of experience providing substance abuse treatment services to individuals and families who have economic and functional

challenges. MSHS presently employs approximately 513 individuals and serves more than 14,107 individuals annually. MSHS' staff is more than qualified and has demonstrated experience providing Mental Health, Substance Abuse, Crisis, Forensic and other Therapeutic Counseling, Residential and Community Based Services. MSHS provides Treatment Services utilizing an array of evidence-based and promising practices. As such, MSHS employs a number of Mental Health Professionals who have been trained and/or certified to provide Specialty Services such as Trauma Informed Care, Substance Use Disorders, Motivational Interviewing, Acceptance and Commitment Therapy, LBGTQ, Dialectical Behavior Therapy, Moral Reconciliation Therapy, Cognitive Behavioral Therapy, Emotionally Focused Therapy, Gambling Addiction, Psychological Testing, Marriage and Family Therapy, Crisis Management, Telehealth, Suicide Prevention Therapy, Cognitive Behavior Therapy for Psychosis, and Hypnotherapy. Moreover, a number of our staff is dually licensed and/or licensed mental health professionals with substance abuse certification. MSHS has an extensive telehealth network across its 20 counties making specialty services readily available throughout the catchment area.

MSHS is licensed by the Department of Human Services (DHS) Division of Provider Services and Quality Assurance (DPSQA) as a Behavioral Health Agency and as a Substance Abuse Treatment Agency. MSHS has also been enrolled as a behavioral health service provider in the Arkansas Medicaid Program since its inception (OBH License and Medicaid Provider Numbers for each clinic are attached). As such, MSHS is licensed by the Division of Aging, Adult and Behavioral Health Services of the Arkansas Department of Human Services to provide Mental Health and Substance Abuse Treatment Services. (Agency licenses, credentials and documentation of qualifications are attached.) MSHS is also accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for the following programs: Integrated

AOD/MH Case Management for Adults, Children and Adolescents; Integrated AOD/MH Crisis Intervention for Adults, Children and Adolescents; Integrated AOD/MH Outpatient Treatment for Adults, Children and Adolescents; Adult Residential Treatment for Alcohol and Other Drugs/Addictions; and Integrated AOD/MH Residential Treatment for Adults. MSHS' services are consistently awarded exceptional ratings. During a recent CARF review, the accreditation team stated, "Services are provided by a cadre of caring, competent and committed staff members who take obvious pride in their work and the many accomplishments of the persons served. The enthusiasm and skills of the staff members contribute much to the development and provision of high-quality programming for which the persons served are truly appreciative." The team further noted, "MSHS is well respected in the communities in which it provides services. Collaboration, respect, and professionalism is how the organization is described by other groups it links with to provide outstanding mental health services as part of a holistic focus on the needs of the persons served."

MSHS proposes to provide Comprehensive Substance Abuse Treatment Services for the Arkansas Department of Human Services, Division of Children and Family Services (DCFS) for Adolescents and Adults. MSHS will provide comprehensive alcohol and/or other drug abuse treatment services onsite to the residents of Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp Counties from Region Area 8, to the residents located in Crittenden, Cross, Independence, Jackson, Poinsett, White and Woodruff Counties from Region Area 9, and to the residents of Lee, Monroe, Phillips, and St. Francis Counties from Region Area 10. Comprehensive alcohol and/or other drug abuse treatment services will be provided in the form of Residential, Partial Day, Outpatient Counseling - Individual, Outpatient Counseling - Family, Outpatient Counseling - Group, Outpatient Counseling - Multi-Family Group, RADD

Observational Detox, and Adolescent-Individual. For the purposes of this contract and to ensure continuity of care and the provision of the most Comprehensive Substance Abuse Treatment Services, MSHS will subcontract with DBHS approved services providers for more intensive and/or specialized services such as RADD Observational Detoxification, Residential Treatment and Specialized Women's Services. In the event that MSHS' Residential Treatment Facility is unable to provide Residential or RADD Observational Detox services for clients due to full capacity, clients may be referred to CRDC Northeast Arkansas Regional Recovery Center (NEARRC). Clients may also be referred to Arkansas Cares/Methodist Family Health for Specialized Women's Services if the need arises.

The Department of Children and Families Services Substance Abuse Contract has been awarded to Mid-South Health Systems in the past and has been completed to the satisfaction of the DCFS; one such contract (4600033596) is currently in force. Mid-South currently maintains contracts with DBHS as a service provider for the Drug and Alcohol Safety Education Program (DASEP). MSHS also maintains contracts with the United States Probation and Pretrial Services Office to provide Substance Abuse and Mental Health Treatment Services. Likewise, MSHS is an active vendor with the Arkansas Department of Community Correction to provide Substance Abuse Treatment Services for Drug Court and Probation and Parole Clients. Additionally, MSHS currently provides Substance Abuse Services for the Craighead County Juvenile Drug Court, the Craighead County Sobriety Court, the Craighead, Crittenden and Mississippi County Mental Health Courts, and the Second Judicial District Veterans Court. In addition to the aforementioned services, MSHS also provides Medication Assisted Treatment and Peer Support Services.

The Substance Abuse Treatment Services proposed through this application will be organized within MSHS' twenty existing outpatient clinics and residential treatment facilities. Christie Ring, Licensed Professional Counselor and Director of Substance Abuse and Recovery Services, Northeast Region of MSHS, will serve as the Project Director. Mrs. Ring will be assisted by Awanna Smith, Licensed Professional Counselor and Director of Substance Abuse Services, Southeast Region of MSHS. Together Mrs. Ring and Mrs. Smith will supervise program development and implementation. They will oversee the day to day operation of the Substance Abuse Treatment Services Program. Direct services under this contract will be provided by Mental Health Professionals, Licensed Alcohol and Drug Abuse Professionals and Certified Alcohol and Drug Professionals in each clinic. Services may also be provided by Counselors in Training (CIT) in Partial Day and Residential Settings under the supervision of a Clinical Supervisor employed by MSHS. Mrs. Ring and Mrs. Smith will also oversee the operations of all Subcontractors through the administration of an audit to be conducted at least quarterly.

### ***Delivery of Services***

#### ***E.1 Approach to Providing Substance Abuse Treatment Services.***

Any individuals seeking Substance Abuse Treatment Services or referred for a Substance Abuse Assessment within the catchment area will be screened and assessed by MSHS to determine eligibility and appropriateness for admission. The comprehensive screening and assessment may be administered by Mental Health Professionals and/or Substance Abuse Professionals housed in any of MSHS' twenty (20) clinics located throughout the twenty (20) county catchment area. Persons with identifiable Substance Abuse and/or Co-Occurring Substance Abuse and Mental Health Disorders will be referred to an appropriate treatment

modality, as indicated by the comprehensive screening and assessment using ASAM Criteria. A preference will be placed on least restrictive services as a first option.

MSSH understands the importance of accessibility and immediacy of substance abuse treatment services for DCFS-referred clients. MSSH will provide residential and/or outpatient substance abuse treatment to DCFS-referred clients, both children and adults, within five (5) days of recommendation for treatment. MSSH will also provide residential and/or outpatient substance abuse treatment to DCFS-referred pregnant women within forty-eight (48) hours of recommendations for treatment. MSSH also anticipates the possibility of a DCFS-referred pregnant female's need for Specialized Women's Service. Whenever placement is not possible due to unforeseen circumstances, MSSH will provide Interim Services including individual counseling and education about the risks of HIV and TB as indicated in the DBHS *Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs*.

MSSH will work closely with Northeast Arkansas Regional Recovery Center and Arkansas Cares/Methodist Family Health to coordinate services to ensure continuity of care in the event that MSSH's Residential Treatment Facility is at full capacity or if Specialized Women's Services are needed. The subcontractors will notify MSSH and DCFS of bed availability for services requiring overnight durations. Individuals being referred for admission to a more intensive level of services, such as Observational Detoxification, will be advised of further treatment options. Interim Services will be provided to individuals requiring Observational Detoxification, Residential or Specialized Women's Services, if a treatment slot is not available. Interim services will be coordinated and/or provided by a Mental Health and/or Substance Abuse Professional. The expectation is that all individuals enter substance abuse treatment services within the specified time frames.

### ***E.5 Progress Notes***

MSSH will maintain current and accurate progress notes for each individual or family referred by DCFS for substance abuse treatment. Our outpatient progress notes are inclusive of a Review of the Plan from the Previous Session, Goals/Objectives from the Treatment Plan, Therapeutic Interventions, Client's Response to Interventions Provided, Client's Progress Towards Treatment Plan Goals/Objectives, Client's Plan developed from the intervention provided, and Client's Diagnosis.

#### **Outpatient Therapy Progress Note Sample #1**

**Plan from previous session:**

Client will pass two (2) urine drug screens this next week.

**Review of plan from previous session and any significant life events that have occurred:**

Client has passed two (2) drug screens this week.

**Goals/Objectives addressed from the Master Treatment Plan:**

**Client's goal:** "I want to stay clean and get my children back. And after I get my kids I want my life back."

**Clinical Goal:** Client will maintain abstinence from meth and cannabis abuse through development and implementation of skills as developed within individual therapy.

**Objective 1:** Client will identify 2-3 people and places she needs to avoid to maintain sobriety.

**Objective 2:** Client will identify and utilize 1-3 coping skills to maintain her sobriety (i.e. attending support groups, journaling, etc.

**Therapeutic Intervention(s) Provided:**

Mental Health Professional (MHP) utilized a person centered approach in session with client. MHP provided emotional support as client shared how much she misses her children who are in DCFS custody. MHP practiced active listening and provided reflections of client statements. MHP worked with client as she processed feelings about the police pulling her and her husband over prior to the session as well as to how she feels about her husband and her marriage. MHP asked client about coping skills for maintaining her recovery/sobriety, and assisted the client with practicing the use of such skills. MHP provided affirmations and summaries.

**Response to Intervention(s) provided:**

Client was a few minutes late. When MHP went to check if she was in the lobby she and her husband were outside in the parking lot and three local police officers and one state trooper were outside searching them and their vehicle. Client quickly entered the office. Once client was in MHP's office she was visibly shaken. Client was allowed to process her feelings about



the incident in the parking lot. She reports that this incident was triggering thoughts of wanting to use, stating, "Well, if they are going to search my car for drugs, I might as well just use them." When inquired about her use of coping skills for this moment in time, she states that she could journal. She walked through what thoughts and feelings she would journal if she were at home. Client was depressed and anxious today. Client easily verbalized her feelings in session.

**Progress towards Treatment Plan Goals/Objectives as a result of Intervention(s) provided:**

Slight progress noted at this time; client needs continued support in this area.

**Plan:**

Client will practice the use of her coping skills (i.e. journaling, prayer, etc.) at least three (3) times over this next week.

**Diagnosis:**

Effective Date : 08/03/2020

1 (304.40 / F15.20) Amphetamine-type Substance Abuse Disorder (Severe)

## Outpatient Therapy Progress Note Sample #2

**Plan from previous session:**

Client will report on at least one way that she is managing thoughts of wanting to drink alcohol.

**Review of plan from previous session and any significant life events that have occurred:**

Client states that she has been calling her sponsor everyday this past week, stating that she knows this helps her with managing her thoughts of wanting to drink.

**Goals/Objectives addressed from the Master Treatment Plan:**

**Client's goal:** "I want to be able to express myself without feeling bad. I want to be a mom that doesn't drink alcohol to cope with all the bad."

**Clinical Goal:** Client will maintain her sobriety outside of a residential setting and will work towards increasing her confidence in managing difficult times.

**Objective 1:** Client will identify five (5) situations that trigger thoughts and feelings of wanting to use alcohol.

**Objective 2:** Client will identify at least three (3) coping skills she can utilize to help her manage triggers and negative thought processes (i.e. praying, journaling, meditating, positive affirmations, etc.).

**Therapeutic Intervention(s) Provided:**

Mental Health Professional (MHP) met with client for an individual session. MHP utilized a motivational interviewing communication style in session with client. MHP asked open ended questions and closed questions concerning her cravings for alcohol and how she has been

copied with them. MHP asked client about leisure activities to reduce boredom which triggers the client to want to drink alcohol. MHP practiced active listening and provided reflective statements. MHP provided summaries and provided affirmations.

**Response to Intervention(s) Provided:**

Client was on time for the session. Client was casually dressed. Client was very talkative. Client discussed being approved for HUD. When asked about her cravings for alcohol, she stated, "Since I got approved for HUD It's a lot better! I've been getting out of bed, trying to stay busy." She reports that she knows that being idle is a major trigger for her, stating that "boredom always leads to drinking for me". She states that when she starts to have increased cravings for alcohol use she has attempted to journal and stated that she has even been trying to meditate some. When asked about other ways to manage boredom, she states that she is trying to exercise more and has been going on long walks with her children.

**Progress towards Treatment Plan Goals/Objectives as a result of Intervention(s) provided:**

Slight progress noted at this time; client needs continued support in this area.

**Plan:** Client will report on her progress with engaging in exercise to reduce boredom (and in turn reduce thoughts of waiting to drink) at least two (2) times over the next week.

**Diagnosis:**

Effective Date : 07/01/2020

1 (303.90 / F10.20) Alcohol Use Disorder, Severe

## Outpatient Family Therapy Progress Note Sample

**Name(s) and Relationship to Client of Others who participated in the session:**

Client's husband, Steven

**Plan from previous session:**

Make a list of five things within the next 7 days that need to be done to prepare for your daughter to come home.

**Review of plan from previous session and any significant life events that have occurred:**

Client states her mother dropped off her daughter at her house Saturday. She states that she was only able to identify three things that needed to be done before her daughter returned home. (1) Clean daughter's bedroom, (2) Clean out closet in daughter's bedroom for all of her daughter's belongings, (3) Purchase a bed for her daughter.

**Goals/Objectives addressed from the MTP:**

**Client's goal:** "I just have these crazy, racing thoughts, it's just really hard to explain. I can't get my thoughts to calm down."

**Clinical goal:** Client verbalized she would like to learn to identify triggers for relapse and to develop coping skills to manage symptoms.

**Objective 1:** Client will identify 2-3 triggers for relapse and identify 2-3 coping skills for relapse prevention.

**Objective 2:** Client will identify 3-5 ways her negative symptoms led to past abuse of substances.

**Therapeutic Intervention(s) Provided:**

Mental Health Professionals (MHP) reviewed plan from previous session with client and her husband. MHP asked open ended questions about her symptoms and how having her daughter home has been impacting them, especially in regards to client's abstinence and cravings. MHP provided unconditional positive regard and practiced empathy.. MHP discussed coping skills with client and her husband on ways to manage stress.

**Response to Intervention(s) provided:**

Client and her husband presented for a family session. Client shared, "Well, I took today and tomorrow off from work, my mom dropped my daughter off on Saturday." Client shared she had enrolled her daughter into school this morning. Client and spouse shared about feelings of anxiousness about suddenly having their daughter back home and their worries about making parenting mistakes. When discussing the stress of the situation and the increase in cravings due to stress, the client stated she has been practicing mindfulness and, "Saying positive things in my head like 'you got this' and 'you know everything will be ok'." Husband was supportive of wife and he agrees they need to be on the same page with parenting styles. Both were in a positive mood and interacted well together. Client shared she has had no drug use in several months.

**Progress towards Treatment Plan Goals/Objectives as a result of Intervention(s) provided:**

Good progress noted at this time; client needs continued support in this area.

**Plan:**

Spend a minimum of 10 minutes per night for the next 7 days having family conversations with no electronics and no interruptions.

Our residential treatment progress notes include Goal/Objective Addressed, Purpose of the Session and Topics Discussed, Client Response to Topic, Client Behaviors, and Significant Events.

**Residential Treatment Progress Note Sample #1**

**Goal/Objective addressed:**

**Client's goal:** "I need to keep my mental health in check. Every time I relapse it becomes a

deep and depressing episode."

**Objective 1:** Client will identify at least two (2) ways in which past substance use and mental health symptoms have contributed to legal issues.

**Objective 2:** Client will report on 1-2 motivators to maintain sobriety.

**Objective 3:** Client will identify at least two (2) ways that substance abuse has impacted his life negatively.

**Purpose of the session and topics discussed:**

Reviewed client's treatment plan, encouraged processing of progress towards objectives/goals. Assisted the client with identifying a timeline for his last relapse, encouraged processing and recognition of triggers and thought processes that occurred during that time. Reviewed the concepts of guilt and shame. Encouraged discussion of ways that client may be able to handle grief and trauma, especially that which he thinks about the most. Identified how writing, journaling, and utilizing music can assist in his treatment process.

**Client Response to the Topic:**

Client presented with positive affect. He states that he is feeling well, but knows that he has a lot to work on. Client states that he relapsed about 3 years ago, about a month after finding his older brother's body after a completed suicide. He states, "I made it a little while, but it was all just too much, I couldn't stop thinking about it." He reports that he has always been a very confident man and he remembers feeling helpless with guilt and shame after finding his deceased brother. He states that he had so many questions and was angry with himself for not seeing the signs. He can recognize how those feelings of guilt and shame contributed to his lack of self-esteem. He states that he just wanted to "feel nothing, I didn't want to feel anything like I was feeling," so that's when he relapsed. He states that he wants to learn how to manage grief like that in the future, so he doesn't revert back to meth. He reports that he has been writing a lot since being in treatment, that he has used music in the past to help him through the hard times, and is hopeful it would do the same for him now.

**Client behavior:** Client was casually dressed and cooperative. Client exhibits change talk.

**Significant events:** No significant events occurred during this session.

**Residential Treatment Progress Note Sample #2**

**Goal/Objective addressed:**

**Client's goal:** "I want to get sober and actually stay sober. I want to be clean."

**Objective 1:** Client will implement 3 -5 coping strategies that he can use to assist in recovery.

**Objective 2:** Client will list at least 2-3 triggers that lead to thoughts of using drugs or alcohol.

**Objective 3:** Client will identify 3 ways that his thinking is flawed, and how it leads to justifying drug/alcohol use.

**Objective 4:** Client will identify 2 -4 people, places, things he needs to change for achieving and maintaining recovery.

**Purpose of the session and topics discussed:**

Actively listened and encouraged open communication in regards to his substance abuse treatment. Reviewed and processed events that occurred before his most recent relapse in January. Assisted with processing of addictive thoughts that led to relapse, as well as external triggers. Assessed withdrawal risk utilizing the SMART Amphetamine Withdrawal Questionnaire.

**Client Response to the Topic:**

Client engaged well, appeared open and communicative. Reports that the skills he is reviewing are becoming more helpful in his recovery every day. He shared that he felt like things were going very well right before his relapse, stating that things felt "wonderful" and "great" however, upon further review, he states that he does remember having some thoughts regarding his relationship with his fiance. He states that he is sure that there are other things that lead up to the relapse as well. He reviewed the withdrawal risk assessment, and noted that his scores have improved. When he first arrived, his score was 27/40, but today it was 12/40. He states that he is still struggling with not having pleasure or interest in things that he has enjoyed in the past, continuing to have extreme anxiety, and his appetite has increased exponentially.

**Client behavior:**

Client presented with anxious mood, restlessness observed by his knee bouncing up and down. Client became tearful when talking about his relapse and his relationship with his fiance.

**Significant events:** No significant events occurred during this session.

***E.2 Aftercare Plan***

MSSH will accept one hundred percent (100%) of DCFS referrals and will ensure that all clients that complete the residential and/or outpatient services shall be referred to appropriate aftercare following completion of treatment. MSSH will provide the caseworker with the follow-up treatment plan recommendations (i.e. aftercare plan). The outpatient aftercare plan is inclusive of the client's treatment plan, which consists of Client's Diagnosis, Previously Identified Strengths, Previously Identified Abilities, Previously Identified Client Preferences, Previously Identified Potential or Current Barriers to Treatment, Goals/Objectives, Services/Frequencies/Interventions to be used, Involvement of Others in Client's Treatment, Recommendations/Referrals to Services Outside the Agency, and Transition Plan, Discharge Criteria/Aftercare Plan.

## Outpatient Treatment (Aftercare) Plan Sample

### **Diagnosis:**

(1) 304.30/F12.20) Cannabis use disorder, Moderate

### **Previously identified Client Strengths that will be used to meet the treatment plan goals:**

Client states that he has a supportive family.

### **Previously identified Client Abilities related to Treatment/Services:**

Client states that he is a good "talker" and that he makes friends easily.

### **Previously identified Client Preferences related to Treatment/Services:**

Client states that he would like for his appointments to be on Tuesdays in the afternoons.

### **Previously identified Potential or Current Barriers:**

Client states that sometimes his car will start in cold weather, may have difficulty getting to appointments.

### **Goal/Objectives:**

**Client's goal:** "I want to stay clean and get my children back. And after I get my kids I want my life back."

**Clinical Goal:** Client will maintain abstinence from meth and cannabis abuse through development and implementation of skills as developed within individual therapy.

**Objective 1:** Client will identify 2-3 people and places she needs to avoid to maintain sobriety.

**Objective 2:** Client will identify and utilize 1-3 coping skills to maintain her sobriety (i.e. attending support groups, journaling, etc.

**START DATE:** 08/03/2020

**END DATE:** 11/03/2020

### **Services/Frequencies/Interventions to be Used:**

***SA Individual Counseling - provided by MHP***

***Frequency will be :*** 1-3 x month

***Therapeutic Interventions for Individual SA Counseling:*** Work with client understand and manage boundaries, learn ways to repair relationships, build and develop improved self-esteem, help the client develop a personal relapse prevention plan, etc., Discuss progress related to goals for substance abuse treatment. Develop an Aftercare plan with the client that will aid them in their recovery efforts when they are discharged from the residential facility., Use motivational interviewing strategies (open-ended questions, active listening, provide validation and offer feedback, express empathy, etc.) to increase client's willingness to take responsibility for and fully participate in her/his own treatment., Make appropriate referrals as needed., Utilize Relapse Prevention therapy to identify support systems and coping skills. , Discuss progress related to goals for substance abuse treatment., Develop an Aftercare plan with the client that will aid them in their recovery efforts when they are discharged from the residential facility.

**SA Family Therapy WITH the client - Provided by MHP**

**Frequency will be :** 1-3 x quarter

**Therapeutic Interventions for SA Family Therapy WITH the Client:** Utilize Relapse Prevention therapy to identify support systems to aid client in their recovery efforts. , Motivation Interviewing approaches including engagement activities such as: open-ended questions, active listening, provide validation and offer feedback, express empathy, and unconditional positive regard.

**Involvement of others in client's treatment:** Others who will be involved., Agencies that will be involved.

**List Name/Relationship and how Others will be involved:** Child, child's father  
DCFS Ms, Caseworker, 870-555-5555

**Recommendations/Referrals to Services OUTSIDE the agency - (document information about all that apply):**

**Recommendation for services beyond the scope of the program:**

It is recommended that client attend at least 3 NA/AA meetings every week.

**Transition Plan:**

Client has been engaging in substance abuse treatment for 3 months now. Client has been attending weekly sessions and is ready to reduce his services to biweekly sessions.

**Discharge Criteria/Aftercare Plan:** Client will be discharged from services when all goals have been met, when client is able to remain clean and sober, when client will participate in AA/NA/Celebrate Recovery and/or Faith Based Support Groups for continued recovery.

MSSH will provide the caseworker with the follow-up aftercare recommendations upon the client's discharge from Partial Day Services and Residential Treatment as well. The Partial Day and Residential Aftercare Plan consists of Needs that Were Not Treated While in the Current Level of Substance Abuse Treatment and Measurable Goals and Action Steps for Untreated Needs.

**Partial Day Aftercare Plan Sample**

**Describe any client needs that were not treated while in the current level of substance abuse treatment.:**

Client shared she knows she is getting her kids back soon (1) and that is her main goal but that she also wants to get an education and a career (2).

**Write a specific and measurable goal and action steps for each untreated need identified above:**

***Goal 1 with Action Steps to be taken by the client upon discharge:***

Goal 1: Client will work with DCFS to prepare for trial placement in 90 days.

1. Stay clean
2. Get into outpatient
3. Get involved with church and celebrate recovery
4. Maintain compliance with DCFS case plan.
5. Keep her home clean and free of drugs

***Goal 2 with Action Steps to be taken by the client upon discharge:***

Goal 2: Client will obtain a job for 90 days. During this time, she will research at least three colleges that she may want to attend in the future.

1. Stay clean
2. Appointment scheduled with workforce program to assist with job.
3. Research schools and programs
4. Enroll in classes

## **Residential Treatment Aftercare Plan Sample**

**Describe any client needs that were not treated while in the current level of substance abuse treatment.:**

1. Client needs continued work in his recovery, to be discharged to an environment that is supportive in his recovery efforts.
2. While we did address the client's grief and trauma related issues, he still needs continued treatment in this area.

**Write a specific and measurable goal and action steps for each untreated need identified above:**

***Goal 1 with Action Steps to be taken by the client upon discharge:***

Client will be discharged to 5 Residential Transitional Living where he will receive intensive outpatient services to support his recovery. Client will engage in substance abuse recovery services on a daily basis for at least 90 days.

1. Client is scheduled to enter into 5 Residential upon his discharge from residential treatment.
2. Client is scheduled for an outpatient intake assessment.
3. Client will find a local support group (i.e. NA/AA) and will seek out a sponsor.

***Goal 2 with Action Steps to be taken by the client upon discharge:***

Client will engage in individual therapy services at least once weekly with a counselor who is trained in grief and/or trauma related issues.

1. Client is scheduled for an outpatient intake assessment.
2. Client will report on his desire to work through grief and trauma issues to his new counselor.



3. Client will journal daily.

***E.3 Matrix of Aftercare Partner Providers***

MSHS’s community partners consist of a variety of collaborations including, but not limited to Northeast Arkansas Regional Recovery Center Men’s Chemical Free Living Center, 5 Residential, Legal Aid of Arkansas, Center for Arkansas Legal Services, Workforce, and The HUB Homeless Resource Center as well as community support groups. Letters of Support from the aforementioned community partners are included in the attachments.

**Community Partnership Matrix**

<b>Name of Aftercare Partner</b>	<b>Contact Information</b>	<b>Services Provided</b>
NEARRC Men’s Chemical Free Living Center	6009 C.W. Post Road Jonesboro, Arkansas 72401 870-932-0228	Transitional living (structured living assistance)
5 Residential	2209 Grant Street Suite A Jonesboro, Arkansas 72401 870-333-5300	Partial hospitalization, intensive outpatient, outpatient treatment
Legal Aid of Arkansas	714 South Main Street Jonesboro, Arkansas 72401 870-972-9224	Free legal services, ensuring access to safe housing, financial and medical benefits
Center for Arkansas Legal Services	1300 West 6th Street Little Rock, Arkansas 72201 501-376-3423	Free legal services, ensuring access to safe housing, financial and medical benefits
Workforce	P.O. Box 2981 Little Rock, Arkansas 72203 870-910-8129	Assists Veterans with overcoming significant barriers to employment
The HUB Homeless Resource Center	711 Union Jonesboro, Arkansas 72401 870-333-5731	Assists individuals who are homeless break through the challenges for stable living

#### *E.4 Approach to Assessments*

Referrals for Substance Abuse Treatment services can be received from any source, including the client himself/herself. These referrals may be received in writing, electronically or over the telephone. As for DCFS-referred clients, MSHS will only accept those referrals that come from the Financial Coordinator that are approved by DCFS Central Office for payment under the contract.

Upon receipt of a referral from the DCFS Financial Coordinator, the individual is scheduled for a Substance Abuse Assessment at his/her preferred clinic within five (5) working days of the receiving the referral from DCFS. The client and the caseworker are both notified of the initial appointment. All Substance Abuse Assessments are conducted face to face unless prior written approval from DCFS Substance Abuse Program Manager or the courts.

Upon the individual's arrival for the substance Abuse Assessment, relevant information is collected to determine appropriateness and eligibility. At this point, MSHS staff will assess the individual's medical insurance status, and will consider Medicaid or other medical insurance as primary insurance. MSHS will bill out services to the individual's primary insurance prior to billing the DCFS contract for any services.

Once the individual is admitted into the Substance Abuse Treatment and Recovery Services Program and all relevant criteria have been met, a mental health and/or substance abuse professional conducts a diagnostic assessment to review for clinical criteria and establish a substance abuse diagnosis. As a part of that assessment, appropriate referrals are identified such as referrals to Support Meetings, Housing, Financial Assistance, etc. Placement is determined using the American Society of Addiction Medicine (ASAM) Criteria. If the client needs a higher level of care, they may be referred directly to inpatient services such as Residential,

Observational and/or Medical Detox or Specialized Women's Services. MSHS staff will also coordinate and provide Interim Services if immediate referral or placement is unable to occur. These more intensive and/or specialized services will be provided through subcontract. Less severe cases are referred to Outpatient Treatment Services or Partial Day Outpatient Treatment. The expectation is that those individuals who participate in more intensive services will return to complete Outpatient and Partial Day Outpatient, at some level, depending upon the client's need. Clients are contacted while in residential to ensure successful transition back to outpatient. Clients heavily addicted to Alcohol or Benzodiazepines are referred for Observational and/or Medical Detoxification as appropriate. Other alternatives for treatment of Alcohol and/Opioids are available such as medication assisted treatment. Referrals are also made for these services.

MSHS utilizes standardized drug and/or alcohol assessment tools including the Addiction Severity Index (ASI), Rapid Opioid Dependence Screen (RODS), and screening for co-occurring mental health-related disorders via the Mental Health Screening Form III (MHSF-III) Modified. The Adolescent Substance Abuse Subtle Screening Inventory-A2 (SASSI-A2) is utilized for adolescents. Drug Abuse Screening Test 10 (DAST-10), PTSD Checklist- Civilian Version (PCL-C), TCU Criminal Thinking Scales (TCU-CTS) and Risk and Needs Triage (RANT) are used as screening and assessment tools for individuals in our treatment courts with co-occurring disorders. We utilize the computer and/or online version of many of these tools. Screening and Assessments will be conducted by Behavioral Health Professionals (Mental Health and/or Substance Abuse) located within each Outpatient Clinic. Medication Assisted Treatment is primarily available in Craighead and St. Francis Counties. However, we are hopeful to increase access to medication assisted treatment throughout our entire service area.

If needed, MSHS Mental Health Professionals or Substance Abuse Professionals will provide court testimony concerning the drug and alcohol assessment, if requested by DHS, and will appear without a witness fee.

# Attachments



Michael Preston  
SECRETARY OF COMMERCE

Charisse Childers, Ph.D.  
DIRECTOR,  
DIVISION OF WORKFORCE SERVICES

September 28, 2020

Ruth Allison Dover  
Executive Director  
Mid-South Health Systems, Inc.  
2707 Browns Lane  
Jonesboro, AR 72401

Dear Mrs. Dover,

The Arkansas Division of Workforce Services fully supports Mid-South Health Systems in their efforts to obtain funding through the Department of Human Services, Department of Children and Family Services, for Substance Abuse Treatment. We are aware of the issues and needs impacting those persons with substance use disorders. We support MSHS's efforts in reducing the number of people in active addiction.

Our Disabled Veteran Outreach Program Specialist (DVOP) from our Jonesboro Local Office works closely with MSHS staff to ensure that all persons are referred to appropriate aftercare resources following completion of treatment. The DVOP is fully engaged in the Arkansas Second Judicial District Veterans Diversion Program as a resource to assist veterans to overcome Serious Barriers to Employment in accordance to the provisions of Title 38 U.S.C. The DVOP works in conjunction with both the specialty court, the Veterans Administration and Mid-South Health Systems to provide necessary services to help service men and women in the Veterans Diversion Program with treatment regarding mental health issues, substance abuse, and a phased program that offers engagement, encouragement, education, and employment opportunities to assist in the stabilization and overcoming current circumstances to become productive citizens.

If you need any additional information, or if we can be of further assistance, please do not hesitate to contact Mr. Rich Norris, our DVOP at our Jonesboro Local Office. Rich can be reached at 870-933-5075.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald A. Snead".

FOR

Ronald A. Snead  
Deputy Director  
Division of Workforce Services  
Arkansas Department of Commerce



Crowley's Ridge Development Council, Inc.  
Community Action Partnership Serving the United States and  
Arkansas  
P.O. Box 10111 Jonesboro, Arkansas 72401  
870.932.0228

**Northeast Arkansas Regional Recovery Center**  
**6009 C. W. Post Rd.**  
**Jonesboro, AR 72401**  
**Telephone: (870) 932-0228**  
**Fax: (870) 910-5689**

To Whom it May Concern:

The Northeast Arkansas Regional Recovery Center fully supports Mid-South Health Systems in their efforts to obtain funding through the Department of Human Services, Department of Children and Family Services, for Substance Abuse Treatment. We are aware of the issues and needs impacting those persons with substance use disorders. We support MSHS's efforts in reducing the number of people in active addiction.

We work closely with MSHS staff to ensure that all persons are referred to appropriate aftercare resources following completion of treatment with us. It has been our experience that MSHS places a high priority on assisting those we refer back to them with securing the aftercare needs recommend and following through with aftercare goals.

If you need any additional information, or if we can be of further assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Carol McFarlin'.

Carol McFarlin

Carol McFarlin LCSW, LADAC, CS  
NEARRC Director of Substance Abuse Services  
Northeast Arkansas Regional Recovery Center (NEARRC)  
6009 C.W. Post Road  
Jonesboro AR, 72401  
870.932.0228 Ext. 115  
870.316.6171 (Cell)  
870.910.5689 (Fax)

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# 5 RESIDENTIAL

## DRUG & ALCOHOL TREATMENT CENTER

September 29, 2020

To Whom it May Concern:

5 Residential, LLC, fully supports Mid-South Health Systems in their efforts to obtain funding through the Department of Human Services, Department of Children and Family Services, for Substance Abuse Treatment. We are aware of the issues and needs impacting those persons with substance use disorders. We support MSHS's efforts in reducing the number of people in active addiction.

We work closely with MSHS staff to ensure that all persons are referred to appropriate aftercare resources following completion of treatment. 5 Residential offers aftercare substance abuse services including partial hospitalization, intensive outpatient, and outpatient treatment including medication management, psychotherapy, group therapy, and substance abuse counseling. 5 Residential is partnered with Sober Evolution LLC, providing a sober safe living environment for clients while they continue substance abuse treatment.

If you need any additional information, or if we can be of further assistance, please do not hesitate to contact me at 870-202-9851.

Sincerely,



Rhonda Pearson, LPC

Clinical Director

5 Residential



2209 Grant St.  
Suite A  
Jonesboro, AR  
72401

PHONE 870-333-5300  
FAX 870-333-5301  
EMAIL amyfazni@5residential.com  
WEBSITE 5residential.com

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Founded 1965

## CENTER FOR ARKANSAS LEGAL SERVICES

*Equal Justice for All*

September 29, 2020

To Whom It May Concern:

**Center for Arkansas Legal Services** ("CALs") fully supports Mid-South Health Systems in their efforts to obtain funding through the Department of Human Services, Department of Children and Family Services, for Substance Abuse Treatment. We are aware of the issues and needs impacting those persons with substance use disorders. We support MSHS's efforts in reducing the number of people in active addiction.

We work closely with MSHS staff to ensure that all persons are referred to appropriate aftercare resources following completion of treatment.

Through its special project, *Beyond Opioids*, CALS will provide free legal services to its shared clients with MSHS; ensuring access to safe housing, financial and medical benefits they are qualified to receive, and helping their families stay safe and together when possible. CALS works with the local justice systems, state administrative agencies, and social service providers, allowing its attorneys to educate each system about the legal effects that its decisions may have on the other systems' interactions with its clients. Through these legal and coordinating services, there is a higher likelihood that all members of an individual's recovery support network will understand the implications of their decisions and work together to avoid creating legal barriers to the individual's successful recovery.

If you need any additional information, or if we can be of further assistance, please do not hesitate to contact me.

Yours truly,

Jean Turner Carter, Executive Director  
Center for Arkansas Legal Services  
Little Rock, AR 72201  
501-376-3423 ext. 1104  
[jcarter@arkansaslegalservices.org](mailto:jcarter@arkansaslegalservices.org)



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1-800-952-9243

[www.arlegalaid.org](http://www.arlegalaid.org)

**Lee Richardson**  
Executive Director

1200 W. Walnut St.  
Rogers, AR 72756  
Phone: 870-972-9224 ext. 6305  
e-mail: [lrichardson@arlegalaid.org](mailto:lrichardson@arlegalaid.org)

29 September 2020

To Whom It May Concern:

**Legal Aid of Arkansas** ("Legal Aid") fully supports Mid-South Health Systems in their efforts to obtain funding through the Department of Human Services, Department of Children and Family Services, for Substance Abuse Treatment. We are aware of the issues and needs impacting those persons with substance use disorders. We support MSHS's efforts in reducing the number of people in active addiction.

We work closely with MSHS staff to ensure that all persons are referred to appropriate aftercare resources following completion of treatment.

Through its special project, *Beyond Opioids*, Legal Aid will provide free legal services to its shared clients with MSHS; ensuring access to safe housing, financial and medical benefits they are qualified to receive, and helping their families stay safe and together when possible. Legal Aid works with the local justice systems, state administrative agencies, and social service providers, allowing its attorneys to educate each system about the legal effects that its decisions may have on the other systems' interactions with its clients. Through these legal and coordinating services, there is a higher likelihood that all members of an individual's recovery support network will understand the implications of their decisions and work together to avoid creating legal barriers to the individual's successful recovery.

**Arkansas Children's Hospital**  
1 Children's Way, Slot 695  
Little Rock, AR 72202-3500  
501-978-6479 – Fax

**Harrison**  
205 West Stephenson  
Harrison, AR 72601

**Helena-West Helena**  
622 Pecan  
Helena, AR 72342

**Jonesboro**  
14 South Main Street  
Jonesboro, AR 72401

**Little Rock**  
711 Towne Oaks Drive  
Little Rock, AR 72227

**Newport**  
202 Walnut Street  
Newport, AR 72112

**Springdale**  
1200 Henryetta  
Springdale, AR 72762

**West Memphis**  
310 Mid Continent Plaza  
Suite 420  
West Memphis, AR 72301

**Administration Office**  
**Rogers**  
1200 W. Walnut  
Suites 3101-3107  
Rogers, AR 72756



If you need any additional information, or if we can be of further assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Lee Richardson". The signature is written in a cursive style with a large, prominent initial "L".

Lee Richardson, Executive Director  
Legal Aid of Arkansas  
Rogers, AR 72756  
870-972-9224 ext. 6305  
lrichardson@arleglaid.org



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HUB Homeless Resource Center

711 Union St. Jonesboro, AR 72401

(870) 333-5731

October 1, 2020

The HUB Homeless Resource Center  
711 Union  
Jonesboro, Arkansas 72401  
Kimberly Chase, Director

To Whom it May Concern:

The HUB HRC fully supports Mid-South Health Systems in their efforts to obtain funding through the Department of Human Services, Department of Children and Family Services, for Substance Abuse Treatment. We are aware of the issues and needs impacting those persons with substance use disorders. We support MSHS's efforts in reducing the number of people in active addiction.

Many of guests have co-occurring conditions that make it difficult to break the cycle of homelessness. Of course, one is substance abuse. We work with our guests and MSHS to break the challenges of stable living.

If you need any additional information, or if we can be of further assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Chase", is written over the typed name.

Kimberly Chase  
Director

Please check each county in which you are willing to provide the service.

Please return with your response packet.

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)**  
**(SERVICE)**  
**AREAS/COUNTIES**

**AREA 1**

- Benton
- Carroll
- Madison
- Washington

**AREA 2**

- Crawford
- Franklin
- Johnson
- Logan
- Scott
- Sebastian
- Yell

**AREA 3**

- Clark
- Garland
- Hot Springs
- Howard
- Montgomery
- Perry
- Pike
- Polk
- Saline

**Area 4**

- Columbia
- Hempstead
- Lafayette
- Little River
- Miller
- Nevada
- Ouachita
- Sevier
- Union

**AREA 5**

- Baxter
- Boone
- Conway
- Faulkner
- Marion
- Newton
- Pope
- Searcy
- Van Buren

**AREA 6**

- Pulaski

**AREA 7**

- Bradley
- Calhoun
- Cleveland
- Dallas
- Grant
- Jefferson
- Lincoln
- Lonoke
- Prairie

**AREA 8**

- Clay
- Craighead
- Fulton
- Greene
- Izard
- Lawrence
- Mississippi
- Randolph
- Sharp

**Area 9**

- Cleburne
- Crittenden
- Cross
- Independence
- Jackson
- Poinsett
- Stone
- White
- Woodruff

**Area 10**

- Arkansas
- Ashley
- Chicot
- Desha
- Drew
- Lee
- Monroe
- Phillips
- St. Francis