

Behavioral Health Services

A Division of Health Care Services Agency

Tony Vartan, MSW, LCSW, BHS Director

County and Contract Medi-Cal Providers Directory

San Joaquin County's Behavioral Health Services 1212 N. California St. Stockton, CA 95202

This Document is Searchable To search use Ctrl+F (or Command+F on Mac) Search by First Name Only, Last Name Only, or Program Name

<u>English</u>

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-468-9370 (TTY: 711)

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-888-468-9370 (TTY: 711).

<u>Español (Spanish)</u>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-9370 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-9370 (TTY: 711).

<u> Tagalog (Tagalog – Filipino)</u>

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-376-6246 (TTY: 711).

<u> 한국어 (Korean)</u>

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-9370 (TTY: 711) 번으로 전화해 주십시오.

<u>繁體中文(Chinese)</u>

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-468-9370 (TTY: 711)。

<u> Յայերեն (Armenian)</u>

ՈԻՇԱԴՐՈԻԹՅՈԻՆ` Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ։ Չանգահարեք 468-9370 (TTY (հեռատիպ)՝ 711).

<u>Русский (Russian)</u>

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-9370 (телетайп: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ب 1-888-868-9370 (TTY: 711) نماس بگیرید.

<u>日本語 (Japanese)</u>

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-9370 (TTY: 711) まで、お電話にてご連絡ください。

<u>Hmoob (Hmong)</u>

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-468-9370 (TTY: 711).

<u>ਪੰਜਾਬੀ (Punjabi)</u>

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-9370 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic<u>)</u>

| 1-888-468-9370 | وية تتوافر لك بالمجان. اتصل برقم | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغ |
|----------------|----------------------------------|---|
| | (TTY: 711) | :رقم هاتف الصم والبكم) |

<u>हिंदी (Hindi)</u>

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-468-9370 (TTY: 711) पर कॉल करें।

<u>ภาษาไทย (Thai)</u>

เรียน: ถ้าคุณพูดภาษาไหยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-468-9370 (TTY: 711).

<u>ខ្មែរ (Cambodian)</u>

ប្រយ័ត្នះ ររ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែ , រសវាជំនួយមននកភាសា រោយមិនគិត្ួ ្លន គីអាចមានសំរា ់ ំររ អ្ើ នក។ ចូ ទូ ស័ព្ទ 1-888-468-9370 (TTY: 711)។

<u>ພາສາລາວ (Lao)</u>

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-468-9370 (TTY: 711).

Revised 05/2021

Program information is also available on Network of Care at www.sjcbhs/mhs.org To access services, call our toll-free number at 1-888-468-9370

Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waivered, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory.

MH = Mental Health Progam and Practitioners

SUD = Substance Use Disorder Program and Practitioners

 \triangle = Provider is accepting new beneficiaries

 \pounds = Provider's office has accommodations for people with physical disabilities

NPI = National Provider Identifier number

CC = Cultural Competency Training completed

ICC = intensive Care Coordination

IHBS = Intensive Home Based Services

ASL = *American Sign Language

| Program Name: Black Awareness Community Outreach Program / Multicultural Services. (BACOP/MC) Full Service Partnership (MHSA) #9090. Type of Program: MH Address 1212 N. California St City Stockton, CA 95202 Phone Number (209) 468-2337 □ &. | | Coordination (IC (IHBS); Medicat | | ome Based Serv | |
|---|--------------------------|--|--|-----------------|--------|
| ≏ € | | • | etency: African American, Native American, Muslin | m/Middle Easter | rn and |
| Non-English Lang Punjabi, Urdu, Pa | | Office Hours: | Ansgender communities. Monday -Friday 8 am - 5 pm | | |
| Spanish | | | ww.sjgov.org/mhs | 1 : | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Nelson | Nancy | 1376635680 | Physician | C50283 | Y |
| Singh | Amarpreet | 1235182916 | Physician | A78414 | N |
| Hollowell | Shirley | 1124143474 | Registered Nurse | 352081 | Y |
| Tamayo | Donnelle | 1073871216 | Registered Nurse | 551864 | Y |
| Cruz | Gloria | 1104375724 | Registered Nurse | 723203 | Y |
| Nguyen | Quynh-Chi | 1417371014 | Registered Nurse | 845080 | Y |
| Walker | Marium | 1316064975 | Licensed Marriage and Family Therapist | 30367 | Y |
| Daughtery | Dennis | 1659667319 | Licensed Marriage and Family Therapist | 48676 | Y |
| You | Vichra | 1013437714 | Associate Marriage and Family Therapist | 99071 | Y |
| Wallace | Paul | 1114044799 | Licensed Psychiatric Technician | 26296 | Y |
| Chow | Christopher | 1124530100 | Licensed Psychiatric Technician | 38077 | Y |
| Perkins | Andrea | 1861035586 | Licensed Clinical Social Worker | 92765 | Ν |
| Murray | Karen | 1346735917 | Associate Marriage and Family Therapist | 118346 | Ν |
| | | | | | |
| Services, Stockt Type of Program: Address 1414 N (City Stockton, CA | California St \ 95202 | Coordination (IC (IHBS); Medicat | iption: Case Management/ Brokerage including Ir C); Mental Health Services including Intensive Ho tion Support; Crisis Intervention | | vices |
| Phone Number: (| 209) 468-2385 | - · | rved: Children and Youth | | |
| ் டூ Non-English Lang | guages: Spanish | their families livir therapy, case ma Office Hours: N | etency: Comprehensive mental health services for ng in Central County area. Services include individ anagement, psychiatric assessment, and medicati londay - Friday 8 am to 5 pm ww.sjgov.org/mhs | lual and group | i, and |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Alban | Benjamin | 1932227295 | Licensed Clinical Social Worker | 26094 | Y |
| Allanki | Sailaja | 1306897723 | Physician | 138838 | Y |
| Ansari | Shaukat | 1821294455 | Physician | 105923 | Y |

| Barajas Blume | Laureen | 1154893683 | Associate Clinical Social Worker | 80586 | Y |
|---|---|---|--|--|---|
| | Jennifer | 1639306061 | Licensed Marriage and Family Therapist | 52620 | Y |
| Brett | Linda | 1295853299 | Registered Nurse | 523914 | Y |
| Cassettari | Donna | 1497887699 | Licensed Marriage and Family Therapist | 43173 | Y |
| Curtiss | Megan | 1265836027 | Associate Marriage and Family Therapist | 107915 | Y |
| Gepley | Shaun | 1164030771 | Associate Professional Clinical Courselor | 7760 | Y |
| Guidicatti | Kelsey | 1245783687 | Associate Marriage and Family Therapist | 93458 | r Y |
| Hudson | Mark | 1528190725 | Licensed Marriage and Family Therapist | 78609 | Y |
| Lescale Huante | Shadai | 1528190725 | Licensed Clinical Social Worker | 86507 | Y Y |
| | | _ | | | r Y |
| Martinez | Adrianna | 1851831242 | Associate Marriage and Family Therapist | 107761 | Y Y |
| Ramirez | Jacqueline | 1245751650 | Associate Clinical Social Worker | 83837 | Y Y |
| Ruiz | Belem | 1508380411 | Associate Marriage and Family Therapist | 100924 | |
| Sabet | Abdollah | 1366468555 | Physician | C53401 | Y |
| Stanley | Anastacia | 1528299724 | Licensed Marriage and Family Therapist | 87417 | Y |
| Vargas | Maribel | 1821247149 | Associate Clinical Social Worker | 35622 | Y |
| Phone Number: (209 | , | Cultural Compe children and you | rved: Children and Youth etency: Mental Health Services Act (MHSA) progra of th in the Foster Care System Nonday - Friday 8:00 am - 5:00 pm | am focused on | |
| | 162 2040120 | | | | |
| | geer opanion | website: https:// | ww.sigov.org/mbs | | |
| | | | ww.sjgov.org/mhs | License # | |
| Last Name | First Name | NPI | Type of License | License # | CC V |
| Last Name Gutierrez | First Name Antonio | NPI 1023473469 | Type of License Licensed Clinical Social Worker | 71535 | Y |
| Last Name Gutierrez Flores | First Name Antonio Courtney | NPI 1023473469 1851437735 | Type of LicenseLicensed Clinical Social WorkerLicensed Clinical Social Worker | 71535 29811 | Y Y |
| Last Name Gutierrez Flores Lopez | First Name Antonio Courtney Alexis | NPI 1023473469 1851437735 1932767225 | Type of LicenseLicensed Clinical Social WorkerLicensed Clinical Social WorkerAssociate Marriage and Family Therapist | 71535 29811 116153 | Y Y Y |
| Last Name Gutierrez Flores Lopez Wright | First Name Antonio Courtney Alexis Denisha | NPI 1023473469 1851437735 1932767225 1417337809 | Type of LicenseLicensed Clinical Social WorkerLicensed Clinical Social WorkerAssociate Marriage and Family TherapistLicensed Clinical Social Worker | 71535 29811 116153 80190 | Y Y Y Y |
| Last Name Gutierrez Flores Lopez Wright DeLosAngeles | First NameAntonioCourtneyAlexisDenishaChristina | NPI 1023473469 1851437735 1932767225 1417337809 1861976471 | Type of LicenseLicensed Clinical Social WorkerLicensed Clinical Social WorkerAssociate Marriage and Family TherapistLicensed Clinical Social WorkerAssociate Marriage and Family Therapist | 71535 29811 116153 80190 113408 | Y Y Y Y Y Y Y Y Y Y |
| Last Name Gutierrez Flores Lopez Wright DeLosAngeles Santiago | First Name Antonio Courtney Alexis Denisha Christina Regina | NPI 1023473469 1851437735 1932767225 1417337809 1861976471 1598166308 | Type of LicenseLicensed Clinical Social WorkerLicensed Clinical Social WorkerAssociate Marriage and Family TherapistLicensed Clinical Social WorkerAssociate Marriage and Family TherapistAssociate Clinical Social WorkerAssociate Clinical Social Worker | 71535 29811 116153 80190 113408 85489 | Y Y Y Y Y Y Y Y Y Y Y Y |
| Last Name Gutierrez Flores Lopez Wright DeLosAngeles | First NameAntonioCourtneyAlexisDenishaChristina | NPI 1023473469 1851437735 1932767225 1417337809 1861976471 | Type of LicenseLicensed Clinical Social WorkerLicensed Clinical Social WorkerAssociate Marriage and Family TherapistLicensed Clinical Social WorkerAssociate Marriage and Family Therapist | 71535 29811 116153 80190 113408 | Y Y Y Y Y Y Y Y Y Y |

| ∩ 6 . | | • | etency: Comprehensive Mental Health Services for psychiatric assessment, medication support, groug gement. | · · · · | | |
|---------------------------------------|-------------|--|--|-----------|----|--|
| Non-English Lang Cantonese, Tagalo | • • | Office Hours: Monday - Friday 8:00 am - 5:00 pm https://www.sjgov.org/mhs | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| Hurlock | Amanda | 1205369899 | Associate Marriage and Family Therapist | 100834 | Y | |
| Mendez | Adeline | 1255453353 | Licensed Psychiatric Techician | 25868 | Y | |
| Perez Testo | Anna | 1740309889 | Licensed Marriage and Family Therapist | 52444 | Y | |
| Pasa | Angelo | 1689874125 | Registered Nurse | 691250 | Y | |
| Germer | Christopher | 1831682400 | Associate Clinical Social Worker | 84113 | Y | |
| Saelee | Cindy | 1255511614 | Licensed Clinical Social Worker | 82456 | Y | |
| Gonzales | Francisco | 1053979807 | Licensed Psychiatric Techician | 41295 | Y | |
| McHenry | Heidi | 1861763294 | Licensed Psychiatric Techician | 35949 | Y | |
| Sprague | Helen | 1710325642 | Associate Marriage and Family Therapist | 75120 | Y | |
| McIntyre | James | 1871830620 | Registered Nurse | 791016 | Y | |
| , Hall | Jane | 1346406824 | Licensed Marriage and Family Therapist | 50808 | Y | |
| Jimenez | Janessa | 1003337411 | Associate Marriage and Family Therapist | 100447 | Y | |
| Heard | Jannelle | 1467813568 | Associate Marriage and Family Therapist | 95836 | Y | |
| Herrick | Kara | 1518191659 | Licensed Marriage and Family Therapist | 43283 | Y | |
| Amador | Keith | 1891127403 | Licensed Marriage and Family Therapist | 102725 | Y | |
| Vales | Kevin | 1952525909 | Licensed Marriage and Family Therapist | 79770 | Y | |
| Wallace | Remedios | 1639294341 | Licensed Psychiatric Techician | 24227 | Y | |
| Garcia | Luis | 1346599677 | Licensed Marriage and Family Therapist | 10398 | Y | |
| Montgomery | Mary | 1538281183 | Licensed Clinical Social Worker | 82129 | Y | |
| Curtiss | Megan | 1265836027 | Associate Marriage and Family Therapist | 107915 | Y | |
| Horn | Michelle | 1235614116 | Associate Marriage and Family Therapist | 114509 | Y | |
| Kavanagh | Priscilla | 1528429057 | Associate Professional Clinical Counselor | 2122 | Y | |
| Doronio | Ramil | 1871767376 | Registered Nurse | 555151 | Y | |
| Martin | Ronee | 1932644796 | Associate Marriage and Family Therapist | 84987 | Y | |
| Jackson | Sasha | 1295181295 | Associate Clinical Social Worker | 79996 | Y | |
| Helsby | Sherri | 1669893764 | Licensed Clinical Social Worker | 29248 | Y | |
| , DeWitte | Tiffany | 1023143245 | Licensed Clinical Social Worker | 29826 | Y | |
| Garcia | Valerie | 1770606386 | Registered Nurse | 704233 | Y | |
| Manansala | Gerado | 1215195813 | Physician | A102439 | Y | |
| Mascovich | Paul | 1215921184 | Physician | G33950 | Y | |
| Keys | Sheril | 1942664875 | Licensed Psychiatric Techician | 38333 | Ŷ | |
| Firnberg | Thomas | 1164597472 | Physician | A040218 | N | |
| Jahangiri | Mohammad | 1720266760 | Physician | A56400 | Y | |
| Saddik | Fouad | 1437254117 | Physician | A44865 | Ŷ | |
| Javeed | Suryabamu | 1568567105 | Physician | A56307 | Ŷ | |
| Graff | Robert | 1366560112 | Physician | G70479 | Y | |
| Parsons | Wilhelmina | 1144696840 | Licensed Marriage and Family Therapist | 49001 | Y | |

| De La Cruz | Chestermagno | 1619476637 | Licensed Psychiatric Techician | 40672 | Y |
|---|---|--|--|---|--|
| | | | | | |
| Program Name: Corrections Part Type of Program: Address: 1212 N. City: Stockton, CA | nership #39AP MH California Street | - | ·iption: Case Management/ Brokerage; Mental Heport; Crisis Intervention | ealth Services; | |
| Phone Number: (2 | | Populations se | rved: Adult | | |
| | | Cultural Compo | etency: Serve clients under AB-109 community su | • | |
| ∆ & | | our community. | uce recidivism, promote wellness and recovery, a | nd increase sate | ety for |
| Non-English Lang | juages: Spanish | Office Hours: | Monday - Friday 8:00 am- 5:00 pm | | |
| | | website: https:w | ww.sjgov.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Molina | Rico | 1255454203 | Licensed Clinical Social Worker | 25450 | Y |
| Garcia | Julio | 1679961106 | Licensed Marriage and Family Therapist | 108163 | |
| Garcia | Juan | 1710008735 | Licensed Clinical Social Worker | 69500 | Y |
| Herrington | Randolph | 1114141173 | Licensed Marriage and Family Therapist | 48970 | Y |
| Response Team Type of Program: | MH | - | iption: Case Management/ Brokerage; Mental port; Crisis Intervention | Health Services | |
| Response Team | (CCRT) #9088 MH California Street A 95202 09) 468-8686 | Medication Support Sup | | mmunity adult n | nental |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 | (CCRT) #9088 MH California Street A 95202 209) 468-8686 | Medication Support Network Sup | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. | mmunity adult n | nental |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 D & Non-English Lang | (CCRT) #9088 MH California Street A 95202 209) 468-8686 | Medication Support Network Sup | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with lav ntion evaluations. DPEN 24 HOURS | mmunity adult n | nental |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 D & Non-English Lang Cambodian, Vietn | (CCRT) #9088 MH California Street A 95202 009) 468-8686 guages: Spanish, namese | Medication Supp Populations se Cultural Compen- health outreach crisis 5150 dete Office Hours: Compen- website: https://website | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS | mmunity adult n v enforcement f | nental or |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Cabodian, Vietn Cambodian, Vietn Last Name | (CCRT) #9088 MH California Street A 95202 209) 468-8686 guages: Spanish, namese First Name | Medication Supp Populations se Cultural Compo health outreach crisis 5150 dete Office Hours: C website: https:w NPI | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with lav ntion evaluations. DPEN 24 HOURS ww.sjgov.org/mhs Type of License | mmunity adult n v enforcement f | nental or CC |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 D. C. Non-English Lang Cambodian, Vietn Last Name Ballesteros | (CCRT) #9088 MH California Street A 95202 009) 468-8686 guages: Spanish, namese First Name Patricia | Medication Supplements of the second | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist | mmunity adult n v enforcement f License # 108455 | nental or CC Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Cabodian, Vietn Last Name Ballesteros Bates | (CCRT) #9088 MH California Street A 95202 009) 468-8686 guages: Spanish, namese First Name Patricia Carrie | Medication Supplementation Supplementation Supplementations set Cultural Complementation Supplementation Supp | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Clinical Social Worker | mmunity adult n v enforcement f License # 108455 89569 | nental or CC Y Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 D. C. Non-English Lang Cambodian, Vietn Last Name Ballesteros Bates Bringas | (CCRT) #9088 MH California Street A 95202 009) 468-8686 Juages: Spanish, namese First Name Patricia Carrie Carmencita | Medication Supplements of the second | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist | mmunity adult n v enforcement f 108455 89569 53691 | nental or Y Y Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Cabodian, Vietn Last Name Ballesteros Bates Bringas Donato | (CCRT) #9088 MH California Street A 95202 209) 468-8686 Juages: Spanish, namese First Name Patricia Carrie Carrie Carmencita Imelda | Medication SupplePopulations seCultural Complehealth outreachcrisis 5150 deteOffice Hours: Cwebsite: https://website: https://website: https://website: https://website: 130629884918212987531194278085 | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor | mmunity adult n v enforcement f 108455 89569 53691 2409 | nental or Y Y Y Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Done Number:(2 Cambodian, Vietn Last Name Ballesteros Bates Bringas Donato Fields | (CCRT) #9088 MH California Street A 95202 009) 468-8686 Juages: Spanish, namese First Name Patricia Carrie Carmencita Imelda Jenna | Medication Supplements of the second | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Associate Marriage and Family Therapist | mmunity adult n v enforcement f 108455 89569 53691 2409 118907 | nental or Y Y Y Y Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Cabodian, Vietn Last Name Ballesteros Bates Bringas Donato Fields Figueroa | (CCRT) #9088 MH California Street A 95202 209) 468-8686 yuages: Spanish, namese First Name Patricia Carrie Carrie Carmencita Imelda Jenna Carlos | Medication Supplementation Supplementation Supplementations set Cultural Complementation Supplementation Supp | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Associate Marriage and Family Therapist Licensed Marriage and Family Therapist | mmunity adult n v enforcement f 108455 89569 53691 2409 118907 102315 | nental or Y Y Y Y Y Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Cambodian, Vietn Last Name Ballesteros Bates Bringas Donato Fields Figueroa Grant | (CCRT) #9088 MH California Street A 95202 209) 468-8686 First Name Patricia Carrie Carrie Carmencita Imelda Jenna Carlos Anika | Medication Supplication Populations se Cultural Compensation health outreach, crisis 5150 dete Office Hours: O website: https://website 1790058352 1306298849 1821298753 1194278085 1437658408 1306193933 1649697137 | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Associate Marriage and Family Therapist Licensed Marriage and Family Therapist Associate Marriage and Family Therapist | mmunity adult n v enforcement f 108455 89569 53691 2409 118907 102315 104116 | nental or Y Y Y Y Y Y Y Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Cabodian, Vietn Last Name Ballesteros Bates Bringas Donato Fields Figueroa Grant Gutoman | (CCRT) #9088 MH California Street A 95202 209) 468-8686 yuages: Spanish, namese First Name Patricia Carrie Carmencita Imelda Jenna Carlos Anika Jon Christopher | Medication Supplication Populations se Cultural Compension health outreach crisis 5150 dete Office Hours: C website: https://website: htttps://website: https://website: https://website: htttps | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Associate Marriage and Family Therapist Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Associate Marriage and Family Therapist Associate Marriage and Family Therapist | mmunity adult n v enforcement f 108455 89569 53691 2409 118907 102315 104116 111365 | nental or Y Y Y Y Y Y Y Y Y |
| Response Team Type of Program: Address: 1212 N. City: Stockton, CA Phone Number:(2 Cambodian, Vietm Last Name Ballesteros Bates Bringas Donato Fields Figueroa Grant Gutoman Lee | (CCRT) #9088 MH California Street A 95202 209) 468-8686 yuages: Spanish, namese First Name Patricia Carrie Carrie Carrencita Imelda Jenna Carlos Anika Jon Christopher Catherine | Medication Supplication Populations se Cultural Compension health outreach, crisis 5150 dete Office Hours: O website: https://doi.org/10058352 1306298849 1821298753 1194278085 1437658408 1306193933 1649697137 1578814042 1073729646 | rved: Adult, Children, Adolescents etency: Mobile multi-disciplinary crisis team for co , early intervention and joint field response with law ntion evaluations. DPEN 24 HOURS ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Licensed Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Associate Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist | mmunity adult n v enforcement f 108455 89569 53691 2409 118907 102315 104116 111365 44225 | nental or Y Y Y Y Y Y Y Y Y Y |

| Morales | Leonardo | 1962822643 | Licensed Clinical Social Worker | 100000 | Y |
|--------------------|---------------------|---------------------|--|-------------|----|
| Myotte | Wendy | 1265554638 | Licensed Marriage and Family Therapist | 84045 | Y |
| Redoblado | Sheryl | 1871731513 | Licensed Clinical Social Worker | 75136 | Y |
| | Crisis Intervention | | ption: Case Management/ Brokerage; Mental H | | |
| Services #9011 | | - | ort; Crisis Intervention | | |
| Type of Program: | МН | inicalization capp. | | | |
| Address: 1212 N. | | | | | |
| City: Stockton, CA | | | | | |
| Phone Number: (2 | | Populations service | ved: Adult, Children Adolescents | | |
| △ & | | | ency: 24-Hour evaluation services including ass | essment for | |
| | | - | jencies, crisis counseling, outpatient and commu | | |
| Non-English Lang | uages: Spanish, | Office Hours: 24 | 4 HOURS | | |
| Cambodian, Vietn | amese | website: https:ww | /w.sjgov.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Graff | Robert | 1366560112 | Physician | G70479 | Y |
| Gill | Paramijit | 1073629218 | Physician | A49224 | Y |
| Ballesteros | Patricia | 1790058352 | Licensed Marriage and Family Therapist | 108455 | Y |
| Bates | Carrie | 1306298849 | Licensed Clinical Social Worker | 89569 | Y |
| Bringas | Carmencita | 1821298753 | Licensed Marriage and Family Therapist | 53691 | Y |
| Donato | Imelda | 1194278085 | Associate Professional Clinical Counselor | 2409 | Y |
| Fields | Jenna | 1437658408 | Associate Marriage and Family Therapist | 118907 | Y |
| Figueroa | Carlos | 1306193933 | Licensed Marriage and Family Therapist | 102315 | Y |
| Grant | Anika | 1649697137 | Associate Marriage and Family Therapist | 104116 | Y |
| Gutoman | Jon | 1578814042 | Associate Marriage and Family Therapist | 111365 | Y |
| Lee | Catherine | 1073729646 | Licensed Marriage and Family Therapist | 44225 | Y |
| Lewman | Brenda | 1821477035 | Licensed Marriage and Family Therapist | 106905 | Y |
| Maldonado | Adan | 1063878825 | Associate Marriage and Family Therapist | 121459 | Y |
| Melgarejo | Angie | 1891220729 | Associate Professional Clinical Counselor | 6643 | Y |
| Molina-Eliab | Sonya | 1497878482 | Associate Marriage and Family Therapist | 99087 | Y |
| Morales | Leonardo | 1962822643 | Licensed Clinical Social Worker | 100000 | Y |
| Myotte | Wendy | 1265554638 | Licensed Marriage and Family Therapist | 84045 | Y |
| Redoblado | Sheryl | 1871731513 | Licensed Clinical Social Worker | 75136 | Y |
| DeJesus | Carolyn | 1861650228 | Licensed Psychiatric Technician | 34221 | Y |
| Walter | Taffie | 1083735096 | Licensed Psychiatric Technician | 32090 | Y |
| Bareng | Jeff | 1043753478 | Licensed Psychiatric Technician | 40284 | Y |
| Bazua | Melissa | 1972944072 | Licensed Psychiatric Technician | 36496 | Y |
| Brown | Kristaline | 1750723821 | Licensed Psychiatric Technician | 32575 | Y |
| Gill | Sandeep | 1871852673 | Licensed Psychiatric Technician | 34942 | Y |
| Isham | Loni | 1891145033 | Licensed Psychiatric Technician | 38233 | Y |
| Lewis | Chandra | 1770914061 | Licensed Psychiatric Technician | 37210 | Y |
| McArthur | Milagros | 1477809929 | Licensed Psychiatric Technician | 36471 | Y |
| Otero | Luis | 1487015582 | Licensed Psychiatric Technician | 38229 | Y |
| Price | Jennifer | 1932621893 | Licensed Psychiatric Technician | 40662 | Y |

| Quitoriano | Stephanie | 1659798130 | Licensed Psychiatric Technician | 37033 | Y |
|---|---------------------------------------|--|---|-----------|----|
| Sumampong | Criselle | | Licensed Psychiatric Technician | 41696 | N |
| Vella | Ophelia | | Licensed Psychiatric Technician | 41326 | Y |
| Wright-Freeman | Cody | | Licensed Psychiatric Technician | 37819 | Y |
| Program Name: Cr Units (CSU) #9032 Type of Program: M Address: 1212 N. C City: Stockton, CA S | 2 1H california Street 95202 | | otion: Crisis Stabilization CSU | | |
| Phone Number: (20 | ages: Spanish, | Cultural Compet Resources and R Office Hours: OF | ved: Adult, Adolescents (12 yrs or older) ency: 23-Hour psychiatric assessment and s eferrals are provided during admission and u PEN 24 HOURS ww.sjgov.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Graff | Robert | 1366560112 | Physician | G70479 | Y |
| Arroyo | Maria Elizabeth | 1255459061 | Registered Nurse | 488617 | Y |
| Brown | Brandi | 1316060023 | Registered Nurse | 713008 | Y |
| Cabrera | Gilbert | 1679693766 | Registered Nurse | 565185 | Y |
| Dapon | Jeanette | 1780152918 | Registered Nurse | 824521 | Y |
| Laizer | Gloria | 1255706479 | Registered Nurse | 764452 | Y |
| Leal | Bobby | 1265074785 | Registered Nurse | 95149157 | Y |
| Limas | Deborah | 1073631727 | Registered Nurse | 526984 | Y |
| Mendoza | Michelle | 1477951812 | Registered Nurse | 797022 | Y |
| Sarmento | Valent Grace | 1831655323 | Registered Nurse | 95107791 | Y |
| Seraypheap | Arunny | 1013037274 | Registered Nurse | 547944 | Y |
| Winck | Angela | 1083002992 | Registered Nurse | 701021 | Y |
| Kottke | Marline | 1891223111 | Licensed Vocational Nurse | 198957 | Y |
| Abundez | Jesse | 1841413036 | Licensed Psychiatric Technician | 29162 | Y |
| Arriola | Eulalie | 1255573044 | Licensed Psychiatric Technician | 34426 | Y |
| DeJesus | Carolyn | 1861650228 | Licensed Psychiatric Technician | 34221 | Y |
| Little | Christy | 1497978795 | Licensed Psychiatric Technician | 28731 | Y |
| Montantes | Michael | 1780018390 | Licensed Psychiatric Technician | 37071 | Y |
| Andrande | Humberto | 1205460482 | Licensed Psychiatric Technician | 243952 | Y |
| Bou | Jennifer | 1033652466 | Licensed Psychiatric Technician | 40281 | Y |
| DeLaCruz | Chestermagno | 1619476637 | Licensed Psychiatric Technician | 40672 | Y |
| Fortes | Catherine | 1346681442 | Licensed Psychiatric Technician | 36982 | Y |
| Hardy | Denise | 1912202813 | Licensed Psychiatric Technician | 33714 | Y |
| Holguin | Gagriel | 1255704094 | Licensed Psychiatric Technician | 38216 | Y |
| Holmes | Sherronya | 1205214228 | Licensed Psychiatric Technician | 37605 | Y |
| Lo | Pa | 1295377117 | Licensed Psychiatric Technician | 41128 | Y |
| Marglin | Lisa | 1558733576 | Licensed Psychiatric Technician | 38247 | Y |
| Menius | Victoria | 1487074258 | Licensed Psychiatric Technician | 37534 | Y |

| △ と Non-English Langu Last Name McCall-Salerno Musa Anderson Zummo Gonzales Ketcham Bautista | ages: Spanish First Name Betsey Joseph Alexander Joseph Alicia Shauna Daniel | address the nee Office Hours: M | etency: Provides comprehensive psychiatric and i eds of Mentally III Offenders. Monday - Friday 8:00 am- 5:00 pm www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Associate Clinical Social Worker Associate Marriage and Family Therapist Associate Clinical Social Worker Associate Marriage and Family Therapist | License # 42444 64128 70838 105417 84800 79168 11280 | Ces to |
|---|---|--|---|--|--------------|
| Non-English Langu Last Name McCall-Salerno Musa Anderson Zummo Gonzales | First Name Betsey Joseph Alexander Joseph Alicia | address the nee Office Hours: M website: https://website: https://website: 1740574672 1821271404 1417183385 1497927487 1679711790 | eds of Mentally III Offenders. Monday - Friday 8:00 am- 5:00 pm ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Associate Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist Associate Clinical Social Worker | License # 42444 64128 70838 105417 84800 | СС |
| Non-English Langu Last Name McCall-Salerno Musa Anderson Zummo | First Name Betsey Joseph Alexander Joseph | address the nee Office Hours: M website: https://website NPI 1740574672 1821271404 1417183385 1497927487 | eds of Mentally III Offenders. Monday - Friday 8:00 am- 5:00 pm ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Associate Clinical Social Worker Associate Clinical Social Worker Associate Marriage and Family Therapist | License # 42444 64128 70838 105417 | СС |
| Non-English Langu Last Name McCall-Salerno Musa Anderson | First Name Betsey Joseph Alexander | address the nee Office Hours: M website: https://website NPI 1740574672 1821271404 1417183385 | eds of Mentally III Offenders. Monday - Friday 8:00 am- 5:00 pm www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Associate Clinical Social Worker Associate Clinical Social Worker | License # 42444 64128 70838 | СС |
| Non-English Langu Last Name McCall-Salerno Musa | First Name Betsey Joseph | address the nee Office Hours: M website: https://www.sites.it/pices.org/1740574672 1821271404 | eds of Mentally III Offenders. Monday - Friday 8:00 am- 5:00 pm www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist Associate Clinical Social Worker | License # 42444 64128 | СС ү ү |
| Non-English Langu Last Name McCall-Salerno | First Name Betsey | address the nee Office Hours: M website: https:w NPI 1740574672 | eds of Mentally III Offenders. Nonday - Friday 8:00 am- 5:00 pm www.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist | License # 42444 | СС ү |
| Non-English Langu Last Name | First Name | address the nee Office Hours: M website: https:w | eds of Mentally III Offenders. /onday - Friday 8:00 am- 5:00 pm //ww.sjgov.org/mhs Type of License | License # | CC |
| Non-English Langu | | address the nee Office Hours: M website: https:w | eds of Mentally III Offenders. /onday - Friday 8:00 am- 5:00 pm //ww.sjgov.org/mhs | | |
| - | ages: Spanish | address the nee Office Hours: M | eds of Mentally III Offenders. /onday - Friday 8:00 am- 5:00 pm | ntegrative servio | ces to |
| - | | address the nee | eds of Mentally III Offenders. | ntegrative servio | ces to |
| . L | | | | ntegrative servio | ces to |
| | | and the second s | A serve Den 11 1 1 1 1 1 1 1 1 | -t- C | |
| Phone Number:(20 | 9) 468-8786 | Populations se | | | |
| Address : 1212 N C City: Stockton, CA | 95202 | | | | |
| Type of Program: N | | | | | |
| Program Name: For Service Partnersh | orensic Court Full ip (MHSA) #9091 | - | iption: Case Management/ Brokerage; Mental H port; Crisis Intervention | lealth Services; | |
| | | | | | |
| Tran | Michelle | 1366642068 | Licensed Clinical Social Worker | 81278 | Ŷ |
| Nguyen | Thao | 1912214065 | Licensed Marriage and Family Therapist | 88176 | Y |
| Navarro | Grace | 1083737753 | Associate Clinical Social Worker | 72678 | Y |
| Lambert | Rekha | 1164647525 | Licensed Marriage and Family Therapist | 10386 | Y |
| Wong | Adam | 1346859469 | Licensed Psychiatric Technician | 41058 | Y N |
| Vella White | Ophelia Carolina | 144/105146 | Licensed Psychiatric Technician Licensed Psychiatric Technician | 41326 41058 | Y Y |
| Varquez | Sharon | 1366682387 1447105146 | Licensed Psychiatric Technician | 34435 | Y Y |
| Vang | | 1982103081 | Licensed Psychiatric Technician | 40697 | Y |
| Soy | Mai | 173065931 | Licensed Psychiatric Technician | 41042 | Y |
| | Nathaniel | | Licensed Psychiatric Technician | 41522 | N |
| Smith | Maria | 1821624156 | | | |
| Singh | Jasvir | 1477833911 | Licensed Psychiatric Technician | 36007 | Y |
| Sesante | Maria | 1851515720 | Licensed Psychiatric Technician | 30936 | Y |
| Serrano | Jessica | 1518436922 | Licensed Psychiatric Technician | 41033 | Y |
| Salon | Jennifer | 1730702119 | Licensed Psychiatric Technician | 41462 | N |
| | Jerral | 1821511700 | Licensed Psychiatric Technician | 40644 | Y |
| Ripoyla | Sambo | 1104378827 | Licensed Psychiatric Technician | 33626 | Y |
| Phillips Pot Ripoyla | Heather | 1558726224 1114530250 | Licensed Psychiatric Technician Licensed Psychiatric Technician | 38249 41710 | N |

| Service Partners Type of Program: Address: 1212 N City: Stockton, CA | MH California Street A 95202 | Medication Supp | iption: Case Management/ Brokerage; Mental H port; Crisis Intervention | lealth Services; | |
|---|---|---|---|------------------|--------|
| Phone Number: (2 | 209) 468-3760 | · · · | rved: Older Adult | o on outrooch te | |
| ∩ Ġ . | | | etency: Full Service Partnership with the emphasi er adult population ages (60+) | s on outreach to | o ine |
| Non-English Lang | waace: Spanish | | londay - Friday 8:00 am- 5:00 pm | | |
| | Juages. Spanish | | ww.sjgov.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Thao | Crystal | 1609183748 | Associate Clinical Social Worker | 35249 | Ŷ |
| Preston | Jessica | 1649727066 | Associate Clinical Social Worker | 79154 | Y |
| Romero | Karla | 1083133276 | Associate Marriage and Family Therapist | 100573 | Y |
| House | Tracy | 1720503550 | Licensed Psychiatric Technician | 32050 | Y |
| Blue | Christine | 1093786683 | Physician | A10733 | Y |
| Hedrick | Katheine | 1043699333 | Registered Nurse | 683243 | Y |
| Resendez | Cynthia | 1780877845 | Physician | A84098 | Y |
| | | | | | |
| - | Housing Services | Intervention | iption: Case Management/ Brokerage; Mental He | ealth Services; | Crisis |
| #39BE Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 | California Street A 95202 | Populations se | | | |
| Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 | California Street A 95202 | Populations ser Cultural Compe | tency: Transitional housing program focusing on | engaging the ta | arget |
| Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 | California Street A 95202 209) 468-8880 | Populations ser Cultural Compe population and f | etency: Transitional housing program focusing on acilitating prgress in recovery. | engaging the ta | arget |
| Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 | California Street A 95202 209) 468-8880 | Populations set Cultural Compe population and fa Office Hours: M | etency: Transitional housing program focusing on acilitating prgress in recovery. Ionday - Friday 8:00 am- 5:00 pm | engaging the ta | arget |
| Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 C Non-English Lang | California Street A 95202 209) 468-8880 guages: | Populations set Cultural Compe population and fa Office Hours: M | etency: Transitional housing program focusing on acilitating prgress in recovery. londay - Friday 8:00 am- 5:00 pm ww.sjgov.org/mhs | engaging the ta | arget |
| Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 C Non-English Lang Last Name | California Street A 95202 209) 468-8880 guages: First Name | Populations ser Cultural Compe population and fa Office Hours: M website: https://www. NPI | etency: Transitional housing program focusing on acilitating prgress in recovery. londay - Friday 8:00 am- 5:00 pm ww.sjgov.org/mhs Type of License | License # | сс |
| Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 C Non-English Lang Last Name Perez-Tiesto | California Street A 95202 209) 468-8880 guages: First Name Ana | Populations set Cultural Compe population and fa Office Hours: M website: https://w | etency: Transitional housing program focusing on acilitating prgress in recovery. londay - Friday 8:00 am- 5:00 pm ww.sjgov.org/mhs Type of License Licensed Marriage and Family Therapist | | |
| Type of Program: Address: 1212 N City: Stockton, CA Phone Number: (2 C Non-English Lang Last Name | California Street A 95202 209) 468-8880 guages: First Name | Populations set Cultural Compe population and fa Office Hours: M website: https://www. NPI 1740309889 | etency: Transitional housing program focusing on acilitating prgress in recovery. londay - Friday 8:00 am- 5:00 pm ww.sjgov.org/mhs Type of License | License # | СС |

| ۵ ۴ | | | etency: MHSA innovation component providing lease specialized cohorts. | arning commun | ity |
|--|--|--------------------------------------|---|-------------------|--------|
| Non-English Lang | uages:Spanish, | Office Hours: M | londay-Friday 8:00 am- 5:00 pm | | |
| Cambodian, Vietn | U 1 | website: www.sj | cbhs/mhs.org | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Baker | Debra | 1740610229 | Associate Marriage and Family Therapist | 95836 | Y |
| DeGravio | Elizabeth | 1497167530 | Licensed Psychiatric Technician | 37500 | Y |
| Program Name: I Service Partners Type of Program: Address: 1212 N. City: Stockton, CA | MH California St. | Coordination (IC | iption: Case Management/ Brokerage including Ir C); Mental Health Services including Intensive He tion Support; Crisis Intervention | | vices |
| Phone Number: (2 | | Cultural Compe- individual and gr | rved: Adult - Focus on Latino outreach and acce etency: Psychiatric assessment, case management roup therapy with a special emphasis on serving S fonday - Friday 8:00 am- 5:00 pm cbhs.org/mhs | nt, medication s | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Nelson | Nancy | 1376635680 | Physician | C50283 | Y |
| Fernandez | Jane | 1194799395 | Physician | A93060 | Y |
| Smith | Pamela | 1902889694 | Physician | G84663 | Y |
| Resendez | Cynthia | 1780877845 | Physician | A84098 | Y |
| Hollowell | Shirley | 1124143474 | Registered Nurse | 352081 | Y |
| Tamayo | Donnelle | 1073871216 | Registered Nurse | 551864 | Y |
| Cruz | Gloria | 1104375724 | Registered Nurse | 723203 | Y |
| Nguyen | Quynh | 1417371014 | Registered Nurse | 845080 | Y |
| Walker | Marium | 1316064975 | Licensed Marriage and Family Therapist | 30367 | Y |
| Cruz | Adriana | 1871612697 | Licensed Clinical Social Worker | 81643 | Y |
| Aranda | Scarlette | 1295929529 | Associate Clinical Social Worker | 83748 | Y |
| Largaespada | Alexander | 1881902161 | Associate Marriage and Family Therapist | 93473 | Y |
| Chow | Christopher | 1124530100 | Licensed Psychiatric Technician | 38077 | Y |
| Program Name: I Children's Shelte Type of Program: Address: 6861 Ma City: Stockton, CA | er #9008 MH ary Graham Lane \ 95231 | Coordination (IC (IHBS); Medica | iption: Case Management/ Brokerage including I C); Mental Health Services including Intensive He tion Support; Crisis Intervention | | vices |
| Phone Number: (2 | | | | s to residents of | f Mary |

| | | website.www.ma | arygrahamfoundation.org | | |
|--|---|--|--|---|---|
| Last Name | First Name | NPI | Type of License | License # | CC |
| Taylor | Wednesday | 1306319215 | Associate Clinical Social Worker | 89104 | Y |
| | / | | | | |
| Program Name: N | MHSA TAY FSP #39B1 | Program Descr | iption: Case Management/ Brokerage including Ir | ntensive Care | |
| U | | - | C); Mental Health Services including Intensive Ho | | vices |
| Type of Program: | MH | (IHBS); Medicat | ion Support; Crisis Intervention | | |
| Address: 1212 N. | California | | | | |
| City: Stockton, CA | 95202 | | | | |
| Phone Number:(20 | | Populations ser | rved: Adults | | |
| · · · · · · · · · · · · · · · · · · · | | · · | etency: Full service partnership providing outpatie | nt mental health | 1 |
| ۵ ۴ | | services | j | | |
| Non-English Lang | 119066. | Office Hours: N | /onday - Friday 8:00 am- 5:00 pm | | |
| | uugus. | website: www.sjo | | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| McHenry | Heidi | 1861763294 | Licensed Psychiatric Technician | 35949 | Y |
| Heard | Jannelle | 1467813568 | Associate Marriage and Family Therapist | 95836 | Y |
| Martin | Ronee | 1932644796 | Associate Marriage and Family Therapist | 84987 | Y |
| Jackson | Sasha | 1295181295 | Associate Clinical Social Worker | 79996 | Y |
| Jackson | 345114 | 1295161295 | | 79990 | T |
| (OAS) | Dider Adult Services | - | iption: Case Management/ Brokerage; Mental He port; Crisis Intervention | ealth Services; | |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA | MH California Street 95202 | Medication Supp | port; Crisis Intervention | ealth Services; | |
| (OAS) Type of Program: Address: 1212 N (| MH California Street 95202 | Medication Supp | | ealth Services; | |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA | MH California Street 95202 | Medication Supp Populations ser Cultural Compe | rved: Older Adult etency: Comprehensive Behavioral Health Service | es for older adul | |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 | MH California Street 95202 | Medication Supp Populations set Cultural Competition (60+) provided b | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych | es for older adul | |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 | MH California Street 95202 209) 468-3760 | Medication Supp Populations set Cultural Competition (60+) provided b medication supp | rved: Older Adult etency: Comprehensive Behavioral Health Service by a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme | es for older adul | |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 へ と、 Non-English Lang | MH California Street 95202 209) 468-3760 uages: Spanish, | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Magentation | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm | es for older adul | |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 へ と、 Non-English Lang Cambodian, Vietn | MH California Street 95202 209) 468-3760 uages: Spanish, amese | Populations ser Cultural Competitions (60+) provided b medication supp Office Hours: M website: www.sjo | rved: Older Adult tency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs | es for older adul iatric assessme ent. | nt, |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 へ と、 Non-English Lang Cambodian, Vietna Last Name | MH California Street 95202 209) 468-3760 uages: Spanish, amese First Name | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Mathematication website: www.sjate NPI | rved: Older Adult rtency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License | es for older adul iatric assessme ent. License # | nt, |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 On-English Lang Cambodian, Vietn Last Name Preston | MH California Street 95202 209) 468-3760 uages: Spanish, amese First Name Jessica | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Missing Website: www.sja NPI 1649727066 | rved: Older Adult etency: Comprehensive Behavioral Health Service by a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker | es for older adul iatric assessme ent. License # 79154 | nt, CC Y |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 Non-English Lang Cambodian, Vietn Last Name Preston Romero | MH California Street 395202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Market website: www.sjat NPI 1649727066 1083133276 | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist | es for older adul iatric assessme ent. License # 79154 100573 | nt, CC Y Y |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 Canbodian, Vietne Cambodian, Vietne Last Name Preston Romero House | MH California Street 95202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov website: www.sjon NPI 1649727066 1083133276 1720503550 | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician | es for older adul iatric assessme ent. License # 79154 100573 32050 | nt, CC Y Y Y |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 Non-English Lang <u>Cambodian, Vietne</u> <u>Last Name</u> Preston Romero House Blue | MH California Street 395202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy Christine | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov website: www.sjator NPI 1649727066 1083133276 1720503550 1093786683 | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician Physician | es for older adul iatric assessme ent. License # 79154 100573 32050 A10733 | nt, CC Y Y Y Y |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 Non-English Lang <u>Cambodian, Vietne</u> <u>Last Name</u> Preston Romero House Blue | MH California Street 95202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov website: www.sjon NPI 1649727066 1083133276 1720503550 | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician | es for older adul iatric assessme ent. License # 79154 100573 32050 | nt, CC Y Y Y |
| (OAS) Type of Program: Address: 1212 N C City: Stockton, CA Phone Number: (2 Non-English Lang Cambodian, Vietne Last Name Preston Romero House Blue Clay | MH California Street 395202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy Christine | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov website: www.sjator NPI 1649727066 1083133276 1720503550 1093786683 | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician Physician | es for older adul iatric assessme ent. License # 79154 100573 32050 A10733 | nt, CC Y Y Y Y |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 | MH California Street 395202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy Christine Jeanette | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov Website: www.sjon NPI 1649727066 1083133276 1720503550 1093786683 1861950222 | rved: Older Adult etency: Comprehensive Behavioral Health Service y a multidisciplinary team. Services include psych ort, group, individual therapy and case manageme Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician Physician Associate Clinical Social Worker | es for older adul iatric assessme ent. License # 79154 100573 32050 A10733 86060 | nt, CC Y Y Y Y Y Y |
| (OAS) Type of Program: Address: 1212 N C City: Stockton, CA Phone Number: (2 City: Stockton, CA City: Stockton, CA Phone Number: (2 City: Stockton, CA City: Stockton, CA Phone Number: (2 City: Stockton, CA Phone Stoc | MH California Street 395202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy Christine Jeanette Katheine Cynthia | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov Website: www.sjator NPI 1649727066 1083133276 1720503550 1093786683 1861950222 1043699333 1780877845 | rved: Older Adult etency: Comprehensive Behavioral Health Services y a multidisciplinary team. Services include psych ort, group, individual therapy and case managemed Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician Physician Associate Clinical Social Worker Registered Nurse Physician | es for older adul iatric assessme ent. License # 79154 100573 32050 A10733 86060 683243 A84098 | nt, CC Y Y Y Y Y Y Y |
| (OAS) Type of Program: Address: 1212 N C City: Stockton, CA Phone Number: (2 City: Stockton, CA City: Stockton, CA Phone Number: (2 City: Stockton, CA City: Stockton | MH California Street 395202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy Christine Jeanette Katheine | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov Website: www.sja NPI 1649727066 1083133276 1720503550 1093786683 1861950222 1043699333 1780877845 Program Descri | ort; Crisis Intervention rved: Older Adult etency: Comprehensive Behavioral Health Services y a multidisciplinary team. Services include psych ort, group, individual therapy and case managemed Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician Physician Associate Clinical Social Worker Registered Nurse Physician iption:Case Management/ Brokerage including In | es for older adul iatric assessme ent. License # 79154 100573 32050 A10733 86060 683243 A84098 A84098 | nt, CC Y Y Y Y Y Y Y Y |
| (OAS) Type of Program: Address: 1212 N (City: Stockton, CA Phone Number: (2 City: Stockton, CA Phone Number: (2 Non-English Lang Cambodian, Vietne Cambodian, Vietne Cambodia | MH California Street 95202 209) 468-3760 uages: Spanish, amese First Name Jessica Karla Tracy Christine Jeanette Katheine Cynthia Pathways to Wellbeing | Medication Supp Populations set Cultural Competition (60+) provided bia medication supp Office Hours: Markov Website: www.sjan NPI 1649727066 1083133276 1720503550 1093786683 1861950222 1043699333 1780877845 Program Descrit Coordination (IC | rved: Older Adult etency: Comprehensive Behavioral Health Services y a multidisciplinary team. Services include psych ort, group, individual therapy and case managemed Monday - Friday 8:00 am- 5:00 pm cbhs.org/mhs Type of License Associate Clinical Social Worker Associate Marriage and Family Therapist Licensed Psychiatric Technician Physician Associate Clinical Social Worker Registered Nurse Physician | es for older adul iatric assessme ent. License # 79154 100573 32050 A10733 86060 683243 A84098 A84098 | nt, CC Y Y Y Y Y Y Y Y |

| Address: 333 E. Wa | ashington St | | | | |
|--|--|--|---|---|---|
| City: Stockton, CA 9 | 5202 | | | | |
| Phone Number: (209 | 9) 468-1547 | Population Ser | ved: Children and Youth | | |
| , , , , , , , , , , , , , , , , , , , | , | | etency: Provides in-home and in-community outpa | atient mental he | alth |
| ∩ Ė . | | | Code 300 dependent SJC children | | |
| Non-English Langua | ges: Spanish | Office Hours: | Monday - Friday 8:00 am - 5:00 pm | | |
| | | website: https:w | ww.sjgov.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Allanki | Sailaja | 1306897723 | Physician | 138838 | Y |
| Alcaraz Tapia | Maria Marlen | 1942470299 | Licensed Marriage and Family Therapist | 93646 | Y |
| Castaneda-Jensen | Renessa | 1376664862 | Licensed Marriage and Family Therapist | 81528 | Y |
| Payne | Sheilena | 1336437656 | Licensed Marriage and Family Therapist | 94571 | Y |
| PollocK | Leora | 1245663426 | Licensed Clinical Social Worker | 75192 | Y |
| Quinn | Timothy | 1316322381 | Associate Marriage and Family Therapist | 79556 | Y |
| Gomez Alvarez | Maria | 1710425012 | Associate Clinical Social Worker | 80239 | Y |
| Campos Ramos | Marc | 1487715785 | Licensed Clinical Social Worker | 25797 | Y |
| Vieira | Fay | 1982815684 | Licensed Marriage and Family Therpaist | 50276 | Y |
| Program Name: Pet Type of Program: MI Address: 535 W Mat | H thews Rd | Coordination (IC | iption: Case Management/ Brokerage including Ir C); Mental Health Services including Intensive He tion Support; Crisis Intervention | | vices |
| Type of Program: Mł | H thews Rd CA 95231 | Coordination (IC (IHBS); Medica Populations se | C); Mental Health Services including Intensive He | ome Based Ser | |
| Type of Program: Mł Address: 535 W Mat City: French Camp, (Phone Number (209) | H thews Rd CA 95231)468-4240 | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm | ome Based Ser | |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) C & Non-English Langua | H thews Rd CA 95231)468-4240 ges: Spanish | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs | ome Based Sen | ned at |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) Chetter Non-English Langua Last Name | H thews Rd CA 95231)468-4240 ges: Spanish First Name | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License | ome Based Sen s to youth detain | ned at |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) C & Non-English Langua Last Name Shabneet | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician | ome Based Sen | ned at |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) Coc Non-English Langua Last Name Shabneet Pablico | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https://w NPI 1851598452 1588036321 | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician | s to youth detain License # A112447 37620 | ned at CC Y |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) C & Non-English Langua Non-English Langua Non-English Langua Shabneet Pablico Abdollah | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella Sabet | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 1588036321 1366468555 | C); Mental Health Services including Intensive Health Services including Intensive Health Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician Physician | ticense # A112447 37620 C53401 | ned at CC Y Y Y Y |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) C & Non-English Langua Last Name Shabneet Pablico Abdollah Simien | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella Sabet Carla | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 1588036321 1366468555 1629564000 | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician Physician | bome Based Server s to youth detain License # A112447 37620 C53401 40771 | ned at CC Y Y Y Y Y Y |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) C & Non-English Langua Last Name Shabneet Pablico Abdollah Simien Yocham | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella Sabet Carla Amanda | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 1588036321 1366468555 1629564000 1326103516 | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician Physician Licensed Psychiatric Technician Licensed Marriage and Family Therapist | License # A112447 37620 C53401 40771 79068 | red at CC Y Y Y Y Y |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) △ | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella Sabet Carla Amanda Ikesha | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 1588036321 1366468555 1629564000 1326103516 1104279728 | C); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician Physician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Associate Marriage and Family Therapist | bome Based Server s to youth detain License # A112447 37620 C53401 40771 79068 101632 | red at CC Y Y Y Y Y Y |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) C E. Non-English Langua Last Name Shabneet Pablico Abdollah Simien Yocham Ikesha Goodwin Robbins Rios | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella Sabet Carla Amanda Ikesha Laura | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 1588036321 1366468555 1629564000 1326103516 1104279728 1101386580 | C); Mental Health Services including Intensive Health Services including Intensive Health Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician Physician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Associate Marriage and Family Therapist | License # A112447 37620 C53401 40771 79068 101632 105512 | red at CC Y Y Y Y Y Y Y |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) △ | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella Sabet Carla Amanda Ikesha Laura Maria | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 1588036321 1366468555 1629564000 1326103516 1104279728 1101386580 1396157061 | C); Mental Health Services including Intensive Health Services including Intensive Health Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician Physician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Licensed Marriage and Family Therapist | License # A112447 37620 C53401 40771 79068 101632 105512 48496 | red at CC Y Y Y Y Y Y Y Y Y |
| Type of Program: MH Address: 535 W Mat City: French Camp, (Phone Number (209) C & Non-English Langua Last Name Shabneet Pablico Abdollah Simien Yocham Ikesha Goodwin Robbins Rios | H thews Rd CA 95231)468-4240 ges: Spanish First Name Hira Brar Shiella Sabet Carla Amanda Ikesha Laura | Coordination (IC (IHBS); Medica Populations se Cultural Compe Peterson Hall. Office Hours: website: https:w NPI 1851598452 1588036321 1366468555 1629564000 1326103516 1104279728 1101386580 | C); Mental Health Services including Intensive Health Services including Intensive Health Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday 8:00 am - 8:00 pm Saturday - Sunday 10:00 am - 7:00 pm ww.sjgov.org/mhs Type of License Physician Licensed Psychiatric Technician Physician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Associate Marriage and Family Therapist | License # A112447 37620 C53401 40771 79068 101632 105512 | red at CC Y Y Y Y Y Y Y |

| Program Name: Psychiatric Health | Program Description: Non-Hospital PHF |
|----------------------------------|---------------------------------------|
| Facility (PHF) #3976 | |

| Type of Program: | MH | | | | | | |
|---|-----------------|---|---------------------------------|-----------|----|--|--|
| Address: 1212 N. California St | | | | | | | |
| City: Stockton, CA | | | | | | | |
| Phone Number: (2 | | Populations served: Adult | | | | | |
| △ と Non-English Languages:Spanish Cambodian, Vietnamese | | Cultural Competency: Inpatient psychiatric hospitalization services | | | | | |
| | | - | Office Hours: OPEN 24 HOURS | | | | |
| | | Unice Hours. OF EN 24 HOURS | | | | | |
| , | | website: https:www.sjgov.org/mhs | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Gill | Paramijit | 1073629218 | Physician | A49224 | Y | | |
| Hart | Robert | 1477660074 | Physician | C38923 | Y | | |
| Silver | Hilary | 1720201221 | Physician | C33442 | Y | | |
| Arroyo | Maria Elizabeth | 1255459061 | Registered Nurse | 488617 | Y | | |
| Brown | Brandi | 1316060023 | Registered Nurse | 713008 | Y | | |
| Cabrera | Gilbert | 1679693766 | Registered Nurse | 565185 | Y | | |
| Dapon | Jeanette | 1780152918 | Registered Nurse | 824521 | Y | | |
| Laizer | Gloria | 1255706479 | Registered Nurse | 764452 | Y | | |
| Leal | Bobby | 1265074785 | Registered Nurse | 95149157 | Y | | |
| Limas | Deborah | 1073631727 | Registered Nurse | 526984 | Y | | |
| Mendoza | Michelle | 1477951812 | Registered Nurse | 797022 | Y | | |
| Sarmento | Valent Grace | 1831655323 | Registered Nurse | 95107791 | Y | | |
| Seraypheap | Arunny | 1013037274 | Registered Nurse | 547944 | Y | | |
| Winck | Angela | 1083002992 | Registered Nurse | 701021 | Y | | |
| Kottke | Marline | 1891223111 | Licensed Vocational Nurse | 198957 | Y | | |
| Abundez | Jesse | 1841413036 | Licensed Psychiatric Technician | 29162 | Y | | |
| Arriola | Eulalie | 1255573044 | Licensed Psychiatric Technician | 34426 | Y | | |
| DeJesus | Carolyn | 1861650228 | Licensed Psychiatric Technician | 34221 | Y | | |
| Little | Christy | 1497978795 | Licensed Psychiatric Technician | 28731 | Y | | |
| Montantes | Michael | 1780018390 | Licensed Psychiatric Technician | 37071 | Y | | |
| Bokelman | Roy | 111404003 | Licensed Psychiatric Technician | 32628 | Y | | |
| Bou | Jennifer | 1033652466 | Licensed Psychiatric Technician | 40281 | Y | | |
| Chapin | Larry | 1528200169 | Licensed Psychiatric Technician | 26162 | Y | | |
| Clutario | Dindo | 1164664512 | Licensed Psychiatric Technician | 34295 | Y | | |
| DeJesus | Carolyn | 1861650228 | Licensed Psychiatric Technician | 34221 | Y | | |
| Fortes | Catherine | 1346681442 | Licensed Psychiatric Technician | 36982 | Y | | |
| Harbin | Toni | 1639475049 | Licensed Psychiatric Technician | 28726 | Y | | |
| Hardy | Denise | 1912202813 | Licensed Psychiatric Technician | 33714 | Y | | |
| Holmes | Sherronya | 1205214228 | Licensed Psychiatric Technician | 37605 | Y | | |
| Look | Jasmin | 1194143198 | Licensed Psychiatric Technician | 37492 | Y | | |
| Marglin | Lisa | 1558733576 | Licensed Psychiatric Technician | 38247 | Y | | |
| Menius | Victoria | 1487074258 | Licensed Psychiatric Technician | 37534 | Y | | |
| Mocko | James | 1558726224 | Licensed Psychiatric Technician | 38249 | Y | | |
| Muhammad | Treisa | 1780169706 | Licensed Psychiatric Technician | 40937 | Y | | |
| Ota | Robert | 1578786554 | Licensed Psychiatric Technician | 33792 | Y | | |

| Pinano | | 4245252646 | Linemand Development Track states | 22726 | | |
|-------------------|---|---|---|--|----------------------|--|
| | Paolo | 1245352616 | Licensed Psychiatric Technician | 33726 | Y | |
| Pot | Sambo | 1104378827 | Licensed Psychiatric Technician | 33626 | Y | |
| Ruiz | Meliza | 1477161396 | Licensed Psychiatric Technician | 41597 | N | |
| Ruiz | Ronald | 1700907094 | Licensed Psychiatric Technician | 27494 | Y | |
| Seba | Vicki | 1639291636 | Licensed Psychiatric Technician | 31714 | Y | |
| Sesante | Maria | 1851515720 | Licensed Psychiatric Technician | 30936 | Y | |
| Siador | Jill | 1366884058 | Licensed Psychiatric Technician | 36818 | Y | |
| Singh | Jasvir | 1477833911 | Licensed Psychiatric Technician | 36007 | Y | |
| Varquez | Sharon | 1366682387 | Licensed Psychiatric Technician | 34435 | Y | |
| Villasenor | Kendra | 1447518204 | Licensed Psychiatric Technician | 36449 | Y | |
| Zorea | Dylan | 1467573766 | Licensed Psychiatric Technician | 28206 | Y | |
| Limas | Stephanie | 1053433748 | Licensed Marriage and Family Therapist | 99397 | Y | |
| Shah | Mamoona | 1407978471 | МНС | Waivered | Y | |
| Camello | Bena | 1053581116 | Licensed Clincial Social Worker | 65302 | Y | |
| Weiland | Jessica | 1164751392 | Licensed Professional Clinical Counselor | 173 | Y | |
| Satariano | Anne-Marie | 1760756134 | Occupational Therapy Assistant | 2802 | Y | |
| | | | | | | |
| Phone Number:(209 | | Populations served: Adult, Children, and YouthCultural Competency: Comprehensive mental health services for adults (18-60) livingin North County area. Services include psychiatric assessment, medication support,group and individual therapy, and case management.Office Hours: Monday - Friday, 8:00 am - 5:00 pm | | | | |
| | | | ww.sjgov.org/mhs | | | |
| Last Name | First Name | NPI | Type of License | | | |
| | | | Type of License | License # | CC | |
| Massie | Amy | 1356798391 | Associate Marriage and Family Therapist | 100785 | Y | |
| Massie Rizvi | Amy Saba | 1356798391 1619190501 | Associate Marriage and Family Therapist Physician | 100785 A95786 | Y Y | |
| Massie | Amy | 1356798391 | Associate Marriage and Family Therapist | 100785 | Y | |
| Massie Rizvi | Amy Saba Shana an Joaquin County / Clinic #9048 IH eventh Street 376 | 1356798391 1619190501 1376106203 Program Descrit Coordination (IC (IHBS); Medicat Populations ser | Associate Marriage and Family Therapist Physician Registered Nurse iption: Case Management/ Brokerage including In C); Mental Health Services including Intensive He tion Support; Crisis Intervention | 100785 A95786 95178653 Intensive Care ome Based Serv | Y Y Y vices | |

| Non-English Languages: Spanish | | Office Hours: N | Office Hours: Monday - Friday 8:00 am - 5:00 pm | | | | |
|--|--|---|---|--|---|--|--|
| | | website: sjcbhs.o | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Smerdon | Ashley | 1265713929 | Licensed Marriage and Family Therapist | 87560 | Y | | |
| Spruill | Jennifer | 1518232321 | Licensed Clinical Social Worker | 69544 | Y | | |
| Holguin | Gabriel | 1255704094 | Licesned Psychiatric Technician | 38216 | Y | | |
| Thompson | Beverly | 1528311230 | Associate Clinical Social Worker | 70671 | Y | | |
| | | | | | | | |
| - | Transcultural Clinic | - | iption: Case Management/ Brokerage including Ir | | | | |
| | e of specialty mental | · · · | C); Mental Health Services including Intensive He | ome Based Serv | vices | | |
| health services ar | | (IHBS); Medicat | ion Support; Crisis Intervention | | | | |
| management prog | - | | | | | | |
| Type of Program: | MH | | | | | | |
| Address: 4422 N. | Pershing Ave, Suites | | | | | | |
| D1-D4 | | | | | | | |
| City: Stockton, CA | A 95207 | | | | | | |
| | | Populations set | rved: Adult Focus on outreach and access for the | Southeast Asia | In | | |
| Phone Number: (2 | 209) 953-8843 | populations | | | | | |
| | | Cultural Compe | etency: Full Service Partnership with emphasis on | serving person | s from | | |
| | | Southeast Asia. | Services available in Cambodian (Khmer), Hmong | g, Laotian (Lao) | and | | |
| ∩ € . | | Vietnamese. | | | | | |
| Non-English Languages: Cambodian, | | Office Hours: Monday - Friday, 8:00 am - 5:00 pm | | | | | |
| • | guages: Cambodian, | Office Hours: N | Aonday - Friday, 8:00 am - 5:00 pm | | | | |
| • | guages: Cambodian, | Office Hours: N website: www.sj | | | | | |
| • | guages: Cambodian, First Name | | | License # | СС | | |
| Non-English Lang | | website: www.sj | cbhs.org/mhs | License # A33815 | CC Y | | |
| Non-English Lang | First Name | website: www.sjo | Cbhs.org/mhs Type of License | | | | |
| Non-English Lang Last Name Kazmi | First Name Syed | website: www.sju NPI 1437310273 | cbhs.org/mhs Type of License Physician | A33815 | Y | | |
| Non-English Lang Last Name Kazmi Smith | First Name Syed Pamela | website: www.sju NPI 1437310273 1902889694 | Composition Type of License Physician Physician | A33815 G84663 | Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell | First Name Syed Pamela Shirley | website: www.sju NPI 1437310273 1902889694 1124143474 | cbhs.org/mhs Type of License Physician Physician Registered Nurse | A33815 G84663 352081 | Y Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo | First Name Syed Pamela Shirley Donnelle | website: www.sju NPI 1437310273 1902889694 1124143474 1073871216 1073871216 | Cbhs.org/mhs Type of License Physician Physician Registered Nurse Registered Nurse | A33815 G84663 352081 551864 | Y Y Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen | First Name Syed Pamela Shirley Donnelle Gloria | website: www.sju NPI 1437310273 1902889694 1124143474 1073871216 1104375724 | cbhs.org/mhs Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse | A33815 G84663 352081 551864 723203 | Y Y Y Y Y Y Y Y Y Y | | |
| Non-English Lang Kazmi Smith Hollowell Tamayo Cruz | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi | website: www.sju NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1417371014 | Cbhs.org/mhs Type of License Physician Physician Registered Nurse | A33815 G84663 352081 551864 723203 845080 | Y Y Y Y Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly | website: www.sju NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 | CompositionType of LicensePhysicianPhysicianRegistered NurseRegistered NurseRegistered NurseRegistered NurseRegistered NurseLicensed Marriage and Family Therapist | A33815 G84663 352081 551864 723203 845080 86055 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela | website: www.sju NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 100231321 | Type of LicensePhysicianPhysicianPhysicianRegistered NurseRegistered NurseRegistered NurseRegistered NurseLicensed Marriage and Family TherapistAssociate Clinical Social Worker | A33815 G84663 352081 551864 723203 845080 86055 61343 | Y Y Y Y Y Y Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 1053557306 | Type of LicensePhysicianPhysicianRegistered NurseRegistered NurseRegistered NurseRegistered NurseLicensed Marriage and Family TherapistAssociate Clinical Social WorkerLicensed Clinical Social Worker | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 | Y Y | | |
| Non-English Lang Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr | Type of LicensePhysicianPhysicianRegistered NurseRegistered NurseRegistered NurseRegistered NurseLicensed NurseLicensed Marriage and Family TherapistAssociate Clinical Social WorkerLicensed Clinical Social WorkerAssociate Marriage and Family Therapist | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care | Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria Southeast Asian ses (SEARS) for the | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr Coordination (IC 100 | Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse Licensed Nurse Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist iption: | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care | Y Y | | |
| Non-English Lang Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: Recovery Servic Southeast Asian | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria Southeast Asian ses (SEARS) for the | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr Coordination (IC 100 | Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse Registered Nurse Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist Optimizer Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Social Worker Associate Marriage and Family Therapist Intersect Social Worker Registered Social Worker Registered Nurse Registered Nurse Registered Nur | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care | Y Y | | |
| Non-English Lang Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: Recovery Servic Southeast Asian | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria Southeast Asian es (SEARS) for the population-Full ship (MHSA) #9094 | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr Coordination (IC 100 | Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse Registered Nurse Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist Optimizer Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Social Worker Associate Marriage and Family Therapist Intersect Social Worker Registered Social Worker Registered Nurse Registered Nurse Registered Nur | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care | Y Y | | |
| Non-English Lang Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: Recovery Servic Southeast Asian Service Partners | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria Southeast Asian es (SEARS) for the population-Full Ship (MHSA) #9094 | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr Coordination (IC 100 | Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse Registered Nurse Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist Optimizer Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Social Worker Associate Marriage and Family Therapist Intersect Social Worker Registered Social Worker Registered Nurse Registered Nurse Registered Nur | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care | Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: Recovery Service Southeast Asian Service Partners Type of Program: Address:4422 N. | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria Southeast Asian res (SEARS) for the population-Full ship (MHSA) #9094 MH Pershing Avenue, Suite | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr Coordination (IC 100 | Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse Registered Nurse Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist Optimizer Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Social Worker Associate Marriage and Family Therapist Intersect Social Worker Registered Social Worker Registered Nurse Registered Nurse Registered Nur | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care | Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: Recovery Service Southeast Asian Service Partners Type of Program: Address:4422 N. D2, D3, D4, D5, E | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria Southeast Asian es (SEARS) for the population-Full ship (MHSA) #9094 MH Pershing Avenue, Suite D6 | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr Coordination (IC 100 | Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse Registered Nurse Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist Optimizer Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Social Worker Associate Marriage and Family Therapist Intersect Social Worker Registered Social Worker Registered Nurse Registered Nurse Registered Nur | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care | Y Y | | |
| Non-English Lang Last Name Kazmi Smith Hollowell Tamayo Cruz Nguyen Xiong Egbuchulam Navarro Lose Program Name: Recovery Service Southeast Asian Service Partners Type of Program: | First Name Syed Pamela Shirley Donnelle Gloria Quynh-Chi Maly Angela Myrna Alexsandria Southeast Asian es (SEARS) for the population-Full ship (MHSA) #9094 MH Pershing Avenue, Suite 06 A 95207 | website: www.sji NPI 1437310273 1902889694 1124143474 1073871216 1104375724 1417371014 1932218849 1700231321 1689796708 1053557306 Program Descr Coordination (IC (IHBS); Medical Medical | Type of License Physician Physician Registered Nurse Registered Nurse Registered Nurse Registered Nurse Registered Nurse Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Associate Marriage and Family Therapist Optimizer Social Worker Licensed Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Clinical Social Worker Associate Marriage and Family Therapist Intersect Social Worker Associate Marriage and Family Therapist Intersect Social Worker Registered Social Worker Registered Nurse Registered Nurse Registered Nur | A33815 G84663 352081 551864 723203 845080 86055 61343 75937 98396 Intensive Care ome Based Serv | Y Y Y Y Y Y Y | | |

| | | | | - | | | |
|---|--|--|--|------------------------------------|-----|--|--|
| | | | etency: Full Service Partnership with emphasis on | | | | |
| ~ E | | Southeast Asia. Services available in Cambodian (Khmer), Hmong, Laotian (Lao) and | | | | | |
| က င် Non-English Languages: Cambodian, Laotian, Hmong, Vietnamese, Thai | | Vietnamese. | | | | | |
| | | Office Hours: N | Monday - Friday, 8:00 am - 5:00 pm | | | | |
| | | | | | | | |
| | | | website: www.sjcbhs.org/mhs | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Kazmi | Syed | 1437310273 | Physician | A33815 | Y | | |
| Smith | Pamela | 1902889694 | Physician | G84663 | Y | | |
| Hollowell | Shirley | 1124143474 | Registered Nurse | 352081 | Y | | |
| Tamayo | Donnelle | 1073871216 | Registered Nurse | 551864 | Y | | |
| Cruz | Gloria | 1104375724 | Registered Nurse | 723203 | Y | | |
| Nguyen | Quynh-Chi | 1417371014 | Registered Nurse | 845080 | Y | | |
| Xiong | Maly | 1932218849 | Licensed Marriage and Family Therapist | 86055 | Y | | |
| Egbuchulam | Angela | 1700231321 | Associate Clinical Social Worker | 61343 | Y | | |
| Navarro | Myrna | 1689796708 | Licensed Clinical Social Worker | 75937 | Ŷ | | |
| Lose | Alexsandria | 1053557306 | Associate Marriage and Family Therapist | 98396 | Ŷ | | |
| 2030 | | 1055557500 | | 56556 | 1 | | |
| CONTRACT ORG | ANIZATIONAL PROVII | | | | | | |
| Program Name: | | - | iption: Case Management Brokerage/Intensive | Care Coordinat | ion | | |
| Type of Program: | | - | ealth Services including Intensive Home Based Se | | | | |
| ••• | Dorado Street, Suite 510 | | avioral Services (TBS); Crisis Intervention | | | | |
| | | | | | | | |
| City: Stockton, CA | | Depulations as | rundu Childron and Vauth | | | | |
| Phone Number: (2 | 209) 470-9002 | | rved: Children and Youth | (TDC) and aria | | | |
| ∆ € . | | - | etency: Provides Therapeutic Behavioral Services | • • | 5 | | |
| - | | | vices as an alternative to psychiatric hospitalization | 1. | | | |
| Non-English Lang | uages: | | londay - Friday, 8:00 am - 5:00 pm | | | | |
| | | | /ww.aspiranet.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Jackson | Patricia | 1780848853 | Associate Marriage and Family Therapist | 73975 | Y | | |
| Siddiqui | Amir | 1336617844 | Associate Professional Clinical Counselor | 5341 | Y | | |
| Mendoza | Janet | 1912406976 | Associate Clinical Social Worker | 00240 | | | |
| | | | | 89346 | Y | | |
| | | | | 89346 | Y | | |
| Program Name: (| Casa Pacifica | Program Descr | iption: Case Management Brokerage/Intensive Ca | | | | |
| Program Name: (Type of Program: | | - | | are Coordinatio | | | |
| - | MH | (ICC); Mental H | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se | are Coordinatio | | | |
| Type of Program: Address : 1722 S. | MH Lewis Road | (ICC); Mental H | iption: Case Management Brokerage/Intensive Ca | are Coordinatio | | | |
| Type of Program: Address : 1722 S. City: Camarrillo, C | MH Lewis Road A 93012 | (ICC); Mental H Therapeutic Beh | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se navioral Services (TBS); Crisis Intervention | are Coordinatio | | | |
| Type of Program: Address : 1722 S. City: Camarrillo, C Phone Number: (8 | MH Lewis Road A 93012 | (ICC); Mental H Therapeutic Beh Populations se | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se avioral Services (TBS); Crisis Intervention rved: Children and Youth | are Coordinatio ervices (IHBS); | | | |
| Type of Program: Address : 1722 S. City: Camarrillo, C Phone Number: (8 | MH Lewis Road A 93012 305) 981-1422 | (ICC); Mental H Therapeutic Beh Populations se Cultural Compe | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se navioral Services (TBS); Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services | are Coordinatio ervices (IHBS); | | | |
| Type of Program: Address : 1722 S. City: Camarrillo, C Phone Number: (8 | MH Lewis Road A 93012 305) 981-1422 | (ICC); Mental H Therapeutic Beh Populations se Cultural Compe Office Hours: N | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se avioral Services (TBS); Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday, 8:00 am - 5:00 pm | are Coordinatio ervices (IHBS); | | | |
| Type of Program: Address : 1722 S. City: Camarrillo, C Phone Number: (& | MH Lewis Road A 93012 305) 981-1422 uages: | (ICC); Mental H Therapeutic Beh Populations se Cultural Compe Office Hours: M website: https//w | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se navioral Services (TBS); Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday, 8:00 am - 5:00 pm | are Coordinatio ervices (IHBS); | n | | |
| Type of Program: Address : 1722 S. City: Camarrillo, C Phone Number: (& C & Non-English Lang | MH Lewis Road A 93012 305) 981-1422 uages: First Name | (ICC); Mental H Therapeutic Beh Populations se Cultural Compe Office Hours: N | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se avioral Services (TBS); Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday, 8:00 am - 5:00 pm | are Coordinatio ervices (IHBS); | | | |
| Type of Program: Address : 1722 S. City: Camarrillo, C Phone Number: (& C & Non-English Lang | MH Lewis Road A 93012 305) 981-1422 uages: First Name | (ICC); Mental H Therapeutic Beh Populations se Cultural Compe Office Hours: M website: https//w | iption: Case Management Brokerage/Intensive Ca ealth Services including Intensive Home Based Se navioral Services (TBS); Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services Monday - Friday, 8:00 am - 5:00 pm | are Coordinatio ervices (IHBS); | n | | |

| Program Name: CBIS (Ur | niversity of the | Program Description: | Mental Health Services Intensive Home I | Based Services | |
|---------------------------|------------------|-----------------------|---|----------------|----|
| Pacific) #39A1 | | | | | |
| Type of Program: MH | | | | | |
| Address:405 E. Pine Stree | et | | | | |
| City: Stockton, CA 95204 | | | | | |
| Phone Number: (209) 464- | -5519 | Populations served: / | Adult | | |
| ∩ Ė . | | Cultural Competency | : Behavioral Intervention Services | | |
| Non-English Languages: | Spanish | Office Hours: Monda | ay - Friday 8:00 am - 5:00 pm | | |
| | | website: none | | | |
| Last Name Firs | st Name | NPI Тур | e of License | License # | CC |
| NON LICENSED STAFF C | ONLY | | | | |

| Program Name: Chamberlain's Youth Services #39B4 Type of Program: MH Address : 1850 San Benito Street City: Hollister, CA 95023 Phone Number: (831) 636-2121 △ Non-English Languages: | | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Populations served: Children and Youth Cultural Competency: Outpatient Mental Health Services Office Hours: Monday - Friday 8:00 am - 5:00 pm website: www.chamberlaincc.org | | | | |
|--|---------------------------------------|--|--|-----------|-------|--|
| Last Name | First Name | NPI | Type of License | License # | CC | |
| OUT OF COUNTY | PROVIDER | | | | | |
| Type of Program: M Address : 714 W. M City: Grass Valley, C Phone Number: (530 つ よ) Non-English Langua | ain Street CA 95945 0) 477-9800 | (IHBS); Medicat Populations ser Cultural Compe | C); Mental Health Services including Intens ion Support; Crisis Intervention rved: Children and Youth tency: Outpatient Mental Health Services Monday - Friday 8:00 am - 5:00 pm tarisyouthcenter | | | |
| Last Name | First Name | NPI | Type of License | License # | сс | |
| OUT OF COUNTY | PROVIDER | | | | | |
| | | | | | | |
| Program Name: Child Abuse Prevention Council #39AS Type of Program: MH Address: 540 N. California Street City: Stockton, CA 95202 Phone Number: (209) 644-5311 | | Coordination (IC (IHBS); Crisis In | iption: Case Management/ Brokerage inclu C); Mental Health Services including Intens itervention rved: Children and Youth | • | vices | |

| • | | Cultural Compe | tency: Provides outpatient mental health services | utilizing | | | |
|--|--|--|---|--|----------------|--|--|
| | | strengthening far | - | C | | | |
| Non-English Languages: | | Office Hours: M | onday - Friday 8:00 am - 5:00 pm | | | | |
| | | website: www.no | website: www.nochildabuse.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Jacka | Karen | 1790908788 | Licensed Clinical Social Worker | 16470 | Y | | |
| Lowe | Cassandra | 1205278694 | Associate Marriage and Family Therapist | 75983 | Y | | |
| Khan | Nazia | 1508227158 | Associate Professional Clinical Counselor | 81499 | Y | | |
| Aguilar | Lisa | 1417401035 | Associate Clinical Social Worker | 73365 | Y | | |
| Chum | Thear | 1134648231 | Associate Clinical Social Worker | 83947 | Y | | |
| Archangel | Ashle | 1801216965 | Associate Marriage and Family Therapist | 106324 | Y | | |
| Nguyen | UyenMy | 1942550959 | Associate Marriage and Family Therapist | 113903 | Y | | |
| Program Name: Children's Home of Stockton #39BC Type of Program: MH Address: 430 N. Pilgrim Street City: Stockton, CA 95205 | | Coordination (IC | ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention | | vices | | |
| Phone Number: (209 | 9) 466-0853 | Populations ser | ved: Youth and Adolescent | | | | |
| ∆ € . | , | | Cultural Competency: Short Term Residential Therapeutic Program | | | | |
| Non-English Langua | ages: | Office Hours: 24 HOURS | | | | | |
| | | Website: www.chsstk.com | | | | | |
| • | • | Website: www.ch | | | | | |
| | | Website: www.ch | nsstk.com | License # | CC | | |
| Last Name | First Name | NPI | Type of License | | сс ү | | |
| Last Name Wells | First Name Katelyn | NPI 1730669235 | Type of License Associate Professional Clinical Counselor | 5175 | | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind | First Name Katelyn ildren's Home of Cottage #39BK H | NPI 1730669235 Program Descri Coordination (IC | Type of License | 5175 tensive Care | Y | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind City: Stockton, CA 9 | First Name Katelyn hildren's Home of Cottage #39BK H dsay St 5205 | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Hopport; Crisis Intervention | 5175 tensive Care | Y | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind City: Stockton, CA 9 Phone Number: (205 | First Name Katelyn hildren's Home of Cottage #39BK H dsay St 5205 | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su Populations ser | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention rved: Youth and Adolecent | 5175 tensive Care ome Based Serv | Y | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind City: Stockton, CA 9 Phone Number: (209 | First Name Katelyn iildren's Home of Cottage #39BK H dsay St 5205 9) 466-0853 | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su Populations ser Cultural Compe | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention rved: Youth and Adolecent tency: Short Term Residential Therapeutic Program | 5175 tensive Care ome Based Serv | Y | | |
| | First Name Katelyn iildren's Home of Cottage #39BK H dsay St 5205 9) 466-0853 | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su Populations ser | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention ved: Youth and Adolecent tency: Short Term Residential Therapeutic Prograte 4 HOURS | 5175 tensive Care ome Based Serv | Y | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind City: Stockton, CA 9 Phone Number: (209 | First Name Katelyn iildren's Home of Cottage #39BK H dsay St 5205 9) 466-0853 | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su Populations ser Cultural Compe Office Hours: 24 | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention ved: Youth and Adolecent tency: Short Term Residential Therapeutic Prograte 4 HOURS | 5175 tensive Care ome Based Serv | Y | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind City: Stockton, CA 9 Phone Number: (209 Dene Number: (209 Non-English Langua | First Name Katelyn ildren's Home of Cottage #39BK H dsay St 5205 9) 466-0853 ages: Spanish | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su Populations ser Cultural Compe Office Hours: 24 website: www.ch | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention rved: Youth and Adolecent tency: Short Term Residential Therapeutic Prograte HOURS sstk.com | 5175 tensive Care ome Based Serv | Y vices | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind City: Stockton, CA 9 Phone Number: (209 C | First Name Katelyn ildren's Home of Cottage #39BK H dsay St 5205 9) 466-0853 ages: Spanish | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su Populations ser Cultural Compe Office Hours: 24 website: www.ch | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention rved: Youth and Adolecent tency: Short Term Residential Therapeutic Prograte HOURS sstk.com | 5175 tensive Care ome Based Serv | vices | | |
| Last Name Wells Program Name: Ch Stockton - Aspen C Type of Program: M Address:1222 E Lind City: Stockton, CA 9 Phone Number: (209 Dene Number: (209 Non-English Langua | First Name Katelyn iildren's Home of Cottage #39BK H dsay St /5205 9) 466-0853 ages: Spanish First Name iildren's Home of Cottages #39BJ H dsay St | NPI 1730669235 Program Descri Coordination (IC (IHBS); Med Su Populations ser Cultural Compe Office Hours: 24 website: www.ch NPI Program Descri Coordination (IC) | Type of License Associate Professional Clinical Counselor ption: Case Management/ Brokerage including In C); Mental Health Services including Intensive Ho oport; Crisis Intervention rved: Youth and Adolecent tency: Short Term Residential Therapeutic Prograte HOURS sstk.com | 5175 tensive Care me Based Serv am License # | vices | | |

| (PHF) #39A8 Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 △ と Non-English Langu Last Name OUT OF COUNTY Program Name: C Children And Fa Type of Program: Address: 100 E. V City: Fullerton, CA Phone Number: (7 △ と Non-English Langu | olumne Street Suite 94589 907) 558-1777 uages: Spanish First Name Y PROVIDER Crittenton Services Formilies #39B3 MH alley View Drive 92832 14) 680-9000 | Populations se Cultural Comp Office Hours: 2 website: www.c NPI r Program Desc (ICC); Mental H Therapeutic Be Populations se Cultural Comp | etency: Inpatient psychiatric hospitalization | License # | | |
|---|---|---|--|---------------------------|-------|--|
| Type of Program: Address: 2201 Tur City: Vallejo, CA S Phone Number: (7 box box c c c c c c c c | olumne Street Suite 94589 907) 558-1777 uages: Spanish First Name Y PROVIDER Crittenton Services For milies #39B3 MH alley View Drive | Populations se Cultural Comp Office Hours: 2 website: www.c NPI r Program Desc (ICC); Mental H Therapeutic Be Populations se | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License ription: Case Management Brokerage/Inter lealth Services including Intensive Home Ba havioral Services (TBS); Medication Suppo | License # | n | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 box Non-English Lange Last Name OUT OF COUNTY Program Name: C Children And Fa Type of Program: Address: 100 E. V City: Fullerton, CA | olumne Street Suite 94589 907) 558-1777 uages: Spanish First Name Y PROVIDER Crittenton Services For milies #39B3 MH alley View Drive | Populations se Cultural Comp Office Hours: 2 website: www.c NPI | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License ription: Case Management Brokerage/Inter lealth Services including Intensive Home Ba havioral Services (TBS); Medication Suppo | License # | n | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 C C C C C C C | olumne Street Suite 94589 907) 558-1777 uages: Spanish First Name Y PROVIDER Crittenton Services Formilies #39B3 MH alley View Drive | Populations se Cultural Comp Office Hours: 2 website: www.c NPI | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License ription: Case Management Brokerage/Inter lealth Services including Intensive Home Ba | License # | n | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 C & Non-English Langu Last Name OUT OF COUNT Program Name: C Children And Fa Type of Program: | olumne Street Suite 94589 907) 558-1777 uages: Spanish First Name PROVIDER Crittenton Services For milies #39B3 | Populations se Cultural Comp Office Hours: 2 website: www.c NPI | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License ription: Case Management Brokerage/Inter lealth Services including Intensive Home Ba | License # | n | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 C & Non-English Lange Last Name OUT OF COUNTY Program Name: C Children And Fa | olumne Street Suite 94589 107) 558-1777 uages: Spanish First Name Y PROVIDER Crittenton Services For milies #39B3 | Populations se Cultural Comp Office Hours: 2 website: www.c NPI | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License ription: Case Management Brokerage/Inter lealth Services including Intensive Home Ba | License # | n | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 C & Non-English Lang Last Name OUT OF COUNT Program Name: C | olumne Street Suite 94589 107) 558-1777 uages: Spanish First Name Y PROVIDER Crittenton Services Fo | Populations se Cultural Comp Office Hours: 2 website: www.c NPI | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License ription: Case Management Brokerage/Inter lealth Services including Intensive Home Ba | License # | n | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 C & Non-English Lang Last Name OUT OF COUNT Program Name: C | olumne Street Suite 94589 107) 558-1777 uages: Spanish First Name Y PROVIDER Crittenton Services Fo | Populations se Cultural Comp Office Hours: 2 website: www.c NPI | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License ription: Case Management Brokerage/Inter | License # | | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 C & Non-English Lang Non-English Lang Last Name OUT OF COUNT | olumne Street Suite 94589 907) 558-1777 uages: Spanish First Name Y PROVIDER | Populations se Cultural Comp Office Hours: 2 website: www.c | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com Type of License | License # | | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 △ と. Non-English Lang | olumne Street Suite 94589 97) 558-1777 uages: Spanish First Name | Populations se Cultural Comp Office Hours: 2 website: www.c | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com | | C(| |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 △ と. Non-English Lang | olumne Street Suite 94589 97) 558-1777 uages: Spanish First Name | Populations se Cultural Comp Office Hours: 2 website: www.c | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com | | C(| |
| Type of Program: Address: 2201 Tuo City: Vallejo, CA S Phone Number: (7 பெட்ட Non-English Lang | olumne Street Suite 94589 907) 558-1777 uages: Spanish | Populations se Cultural Comp Office Hours: 2 website: www.c | etency: Inpatient psychiatric hospitalization 24 HOURS restwoodbehavioralhealth.com | | | |
| Type of Program: Address: 2201 Tuo City: Vallejo, CA S Phone Number: (7 | olumne Street Suite 94589 97) 558-1777 | Populations se Cultural Comp Office Hours: 2 | etency: Inpatient psychiatric hospitalization 24 HOURS | services | | |
| Type of Program: Address: 2201 Tuo City: Vallejo, CA S Phone Number: (7 | olumne Street Suite 94589 97) 558-1777 | Populations se Cultural Comp | etency: Inpatient psychiatric hospitalization | services | | |
| Type of Program: Address: 2201 Tud City: Vallejo, CA S Phone Number: (7 | olumne Street Suite 94589 | Populations se | | ann iaoc | | |
| Type of Program: Address: 2201 Tuo City: Vallejo, CA S | olumne Street Suite 94589 | | an codu A dult | | | |
| Type of Program: Address: 2201 Tu | olumne Street Suite | В. | | | | |
| Type of Program: | | | | | | |
| . , | | | | | | |
| PHF #39A0 | | | | | | |
| - | | | | | | |
| Program Name: (| Crestwood Solano | Program Deco | ription: Non-Hospital PHF | | | |
| NON LICENSED S | | | | I | | |
| Last Name | First Name | | Type of License | License # | | |
| | First Name | NPI | Tumo of Licorco | License # | C | |
| Non-English Lang | uages: Spanish | Website: none | Monday - Friday 8:00 am - 5:00 pm | | | |
| △ € . Non English Lang | uagao: Shaniah | | etency: Provides independent living skills tr | aming and renabilitation | חו | |
| Phone Number: (2 | 09) 404-5519 | | | aining and robabilitation | n - | |
| City: Stockton, CA | | Populations se | arvad: Adult | | | |
| Address:405 E. Pi | | | | | | |
| Type of Program: | | | | | | |
| - | | | | | | |
| Program ILS #9 | 044 | Intervention | | | | |
| Program Name: Community Re-Entry | | Program Desc | ription: Case Management/ Brokerage; M | ental Health Services; | Crisi | |
| | | | | | | |
| Reinhart | Janae | 1689296311 | Associate Clinical Social Worker | 98064 | N | |
| | First Name | NPI | Type of License | License # | C | |
| | Non-English Languages: | | hsstk.com | | | |
| Last Name | uugus. | Cultural Competency: Short Term Residential Therapeutic Program Office Hours: 24 HOURS | | | | |

| | Program Name: EA Family Services | | Program Description: Case Management/Brokerage inlcuding Intensive Care | | | | |
|--|---|---|---|--|---------|--|--|
| #39CP | | Coordination (ICC); Mental Health Services including Intensive Home Bases Services | | | | | |
| Type of Program: MH | | (IHBS); Crisis Intervention. | | | | | |
| Address: 525 W. Kettleman Lane | | | | | | | |
| | | | | | | | |
| City: Lodi, CA 95240 Phone Number: (209) 369-1939 | | Populations co | rved: Youth & Adolescent | | | | |
| | | | etency: Short Term Residenital Treatment Th | oranoutic Program | | | |
| Non-English Lang | | Office Hours: 2 | | lerapeulic Frogram | | | |
| Non-English Lan | Judyes. | website: www.ea | | | | | |
| | | NPI | 5 | License # | СС | | |
| Last Name | First Name | | Type of License | | | | |
| Sabado | Amberly | 1245829399 | Associate Clinical Social Worker | 10080 | N | | |
| Type of Program: MH Address: 601 Palm Ave. City: Lodi, CA 95240 Phone Number: (209) 333-0971 ロ よ. Non-English Languages: | | (IHBS); Crisis Intervention. Populations served: Youth & Adolescent Cultural Competency: Short Term Residenital Treatment Therapeutic Program Office Hours: 24 Hours | | | | | |
| Phone Number: (| 209) 333-0971 | Cultural Compe | etency: Short Term Residenital Treatment Th 24 Hours | erapeutic Program | | | |
| Phone Number: (| 209) 333-0971 | Cultural Compe Office Hours: 2 | etency: Short Term Residenital Treatment Th 24 Hours | erapeutic Program | | | |
| Phone Number: (| 209) 333-0971 guages: | Cultural Compe Office Hours: 2 website: www.ea | etency: Short Term Residenital Treatment Th 24 Hours a.org | | CC N | | |
| Phone Number: (Non-English Lang Last Name Sabado Program Name: Children and Fa Type of Program: Address: 1801 Vi A, D, H, L, S, W, City: San Francis | 209) 333-0971 guages: First Name Amberly Edgewood Center for milies #39AV : MH incente Street - Buildings P, M co, CA 94116 | Cultural Compe Office Hours: 2 Website: www.ea NPI 1245829399 Program Descr (ICC); Mental H Therapeutic Beh | etency: Short Term Residenital Treatment Th 24 Hours a.org Type of License Associate Clinical Social Worker iption: Case Management Brokerage/Intens ealth Services including Intensive Home Bas havioral Services (TBS); Crisis Intervention | License # 10080 | Ν | | |
| Phone Number: (Definition of the second state of the second stat | 209) 333-0971 guages: First Name Amberly Edgewood Center for milies #39AV : MH incente Street - Buildings P, M co, CA 94116 | Cultural Compe Office Hours: 2 Website: www.ea NPI 1245829399 Program Descr (ICC); Mental H Therapeutic Beh Populations se | etency: Short Term Residenital Treatment Th 24 Hours a.org Type of License Associate Clinical Social Worker iption: Case Management Brokerage/Intensive Home Bas havioral Services including Intensive Home Bas havioral Services (TBS); Crisis Intervention rved: Children and Youth | License # 10080 sive Care Coordinatio ed Services (IHBS); | Ν | | |
| Phone Number: (| 209) 333-0971 guages: First Name Amberly Edgewood Center for milies #39AV : MH incente Street - Buildings P, M co, CA 94116 415) 681-3211 | Cultural Compe Office Hours: 2 website: www.ea NPI 1245829399 Program Descr (ICC); Mental H Therapeutic Beh Populations se Cultural Compe | etency: Short Term Residenital Treatment Th 24 Hours a.org Type of License Associate Clinical Social Worker iption: Case Management Brokerage/Intens ealth Services including Intensive Home Bas havioral Services (TBS); Crisis Intervention | License # 10080 sive Care Coordinatio ed Services (IHBS); | N | | |

| | | website: www.edgewood.org | | | | |
|---|---------------------------|---------------------------|--|-----------|-------|--|
| Last Name | First Name | NPI | Type of License | License # | CC | |
| OUT OF COUNTY P | ROVIDER | | | | | |
| | | | | | | |
| Program Name: Esp Type of Program: MH Address: 1803 W. Ma City: Stockton, CA 95 | rch Lane Suite C-D 207 | | otion: Case Management/ Brokerage including Intersive Hor C); Mental Health Services including Intensive Hor ervention | | vices | |
| Phone Number: (209) | 636-5353 | Populations serv | ved: Adult | | | |

| ் தே Non-English Languages: Russian, Spanish | | health services ut who are at risk of therapy, case ma with acquiring bei support. | | model for indivi vidual and group stance, assistar | duals o nce |
|---|---|--|--|--|-------------------|
| Last Name | First Name | NPI | Type of License | License # | CC |
| Solis | Carlos | 1063584035 | Physician | G77899 | Y |
| Pruitt | Kathryn | 1629277132 | Licensed Marriage and Family Therapist | 97463 | Y |
| Largaespada | Alexander | 1881902161 | Associate Marriage and Family Therapist | 93473 | Y |
| Bernard | Alexis | 1255456943 | Associate Marriage and Family Therapist | 92866 | Y |
| Hieb | Kristina | 1407010739 | Associate Marriage and Family Therapist | 113741 | Y |
| Smullen | Cassandra | 1972150274 | Licensed Psychiatric Technician | 37323 | Y |
| | 94602 0) 482-2244 ages: IFirst Name uth Center- OUT OF C L.O.M.A.R.F. 3 #39CB H Grant Street | Cultural Compet Office Hours: Mo website: www.free NPI COUNTY PROVID | Type of License | S License # | СС |
| Phone Number: (20 Concerning Concerning Co | | Populations serv Cultural Compet Office Hours: 2 ⁴ website: www.glo | ency: Crisis Residential Treatment Program 4 HOURS | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Hood | Keturah | 1629241138 | Licensed Clinical Social Worker | 81315 | Y |
| Cuevas | Andrew | 1629578190 | Associate Clinical Social Worker | 92656 | Y |
| Program Name: G. Type of Program: M | L.O.M.A.R.F. 4 #39CD H | Program Descrij | ption: Adult Transitional Residential Treatment P | rogram | |

| Address: 8210 Bright Road City: French Camp, CA 95231 | | | | | | |
|---|--|---|---|---------------------------------------|---|--|
| • | • | Denulations as | un en alle Andreik | | | |
| · · | 209) 330-7155 x508 | Populations se | | | | |
| ∩ & Na Fraistain | | | etency: Adult Transitional Residential Treatment Pro | ogram | | |
| Non-English Lang | guages: | Office Hours: 2 | | | | |
| | - | | bsite: www.glom-arf.org | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Hood | Keturah | 1629241138 | Licensed Clinical Social Worker | 81315 | Y | |
| Ahmed | Aneeka | 1386288223 | Associate Professional Clinical Counselor | 8439 | Y | |
| | | | iption: Crisis Residential Treatment Program | | | |
| Type of Program: Address: 458 Aln City: Lodi, CA 95 | nond Drive 5240 209) 330-7155 x597 | Populations se | etency: Crisis Residential Treatment Program | | | |
| | yuuyes. | website: www.gl | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| | Keturah | 1629241138 | Licensed Clinical Social Worker | 81315 | Y | |
| Hood | Returan | 1029241156 | | 01212 | ľ | |
| Herrera | Janine | 1790320638 | Associate Marriage and Family Therapist & Associate Professional Clinical Counselor | 112908 & 6348 | Y | |
| | | | | | | |
| Program Name: | | - | iption: Case Management/ Brokerage including Inter | | | |
| Type of Program | | • | CC); Mental Health Services including Intensive Hor | ne Based Servi | ces | |
| | /. March Lane Ste. C-D | (IHBS); Crisis In | tervention | | | |
| City: Stockton, C | | | | | | |
| Phone Number: (| 209) 636-5353 | Populations se | | <u> </u> | | |
| | | | etency: Full Service Partnership (FSP) providing co utilizing an Assertive Community Treatment (ACT) n | nodel for individ | | |
| ۵ ۴ | | therapy, case m | d in the Criminal Justice System. Services include in anagement, housing assistance, employment assist enefits, peer support services, psychiatric assessme | ance, assistan | roup ce | |
| ் ட் Non-English Lang | guages: Hmong, | therapy, case m with acquiring be | anagement, housing assistance, employment assistence, employment assistence, peer support services, psychiatric assessme | ance, assistan | roup ce | |
| • | | therapy, case m with acquiring be | anagement, housing assistance, employment assistence, employment assistenefits, peer support services, psychiatric assessme Ionday - Friday 8:30 a.m 5:00 p.m. | ance, assistan | roup ce | |
| Non-English Lang | | therapy, case m with acquiring be Office Hours: M | anagement, housing assistance, employment assistence, employment assistenefits, peer support services, psychiatric assessme Ionday - Friday 8:30 a.m 5:00 p.m. | ance, assistan | roup ce | |
| Non-English Lang Russian, Spanish | | therapy, case m with acquiring be Office Hours: M website: www.tp | anagement, housing assistance, employment assistence, employment assistence, peer support services, psychiatric assessme Aonday - Friday 8:30 a.m 5:00 p.m. https://org | ance, assistan | roup ce tion | |
| Non-English Lang Russian, Spanish Last Name | First Name | therapy, case m with acquiring be Office Hours: M website: www.tp NPI | anagement, housing assistance, employment assist enefits, peer support services, psychiatric assessme fonday - Friday 8:30 a.m 5:00 p.m. pcp.org Type of License | ance, assistan ent and medicat | roup ce tion CC | |
| Non-English Lang Russian, Spanish Last Name Solis Pruitt | First Name Carlos | therapy, case m with acquiring be Office Hours: M website: www.tp NPI 1063584035 | anagement, housing assistance, employment assist enefits, peer support services, psychiatric assessme fonday - Friday 8:30 a.m 5:00 p.m. cp.org Type of License Physician Licensed Marriage and Family Therapist | License # | roup ce tion CC Y | |
| Non-English Lang Russian, Spanish Last Name Solis | First Name Carlos Kathryn | therapy, case m with acquiring be Office Hours: M website: www.tp NPI 1063584035 1629277132 | anagement, housing assistance, employment assist enefits, peer support services, psychiatric assessme fonday - Friday 8:30 a.m 5:00 p.m. http://org Type of License Physician Licensed Marriage and Family Therapist Associate Marriage and Family Therapist | License # G77899 97463 | roup ce tion CC Y Y | |
| Non-English Lang Russian, Spanish Last Name Solis Pruitt Largaespada | First Name Carlos Kathryn Alexander | therapy, case m with acquiring be Office Hours: M website: www.tp NPI 1063584035 1629277132 1881902161 | anagement, housing assistance, employment assist enefits, peer support services, psychiatric assessme fonday - Friday 8:30 a.m 5:00 p.m. cp.org Type of License Physician Licensed Marriage and Family Therapist | License # G77899 97463 93473 | roup ce tion CC Y Y Y | |

| www.elconci ame NPI 152812670 Dn Program De Intervention | Type of License | License # | CC Y | | |
|--|--|--|--|--|--|
| 152812670 Dn Program De | 3 Licensed Clinical Social Worker | | Y | | |
| • | escription: Case Management/ Brokerage; Me | antal I la alth Camiler ar | | | |
| | | entai Health Services; (| Jrisis | | |
| 9 Populations | s served: Adult | | | | |
| Cultural Co | Cultural Competency: Provides socialization, vocational, and educational opportunities | | | | |
| | Office Hours: Monday - Friday 8:00 am - 5:00 pm website: none | | | | |
| | | | | | |
| ame NPI | Type of License | License # | CC | | |
| , | | | | | |
| | Inish Cultural Co for Adult Me Office Hour website: nor | Cultural Competency: Provides socialization, vocational, for Adult Mentally ill beneficiaries. Office Hours: Monday - Friday 8:00 am - 5:00 pm website: none Ame NPI Type of License | Cultural Competency: Provides socialization, vocational, and educational opportu for Adult Mentally ill beneficiaries. Office Hours: Monday - Friday 8:00 am - 5:00 pm website: none ame NPI Type of License License # | | |

| Program Name: Mountain Valley Child and Family Services, Inc. #39A4 Type of Program: MH Address: 7818 Bar Du Lane City: Sacramento, CA 95829 Phone Number: (530) 265-9057 | | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Therapeutic Behaviroal Sevices (TBS) Medication Support; Crisis Intervention | | | | |
|--|------------|---|-------------------------|-----------|----|--|
| | | Populations served: Children and Youth | | | | |
| ∆ & | | Cultural Competency: Provides outpatient mental health services Office Hours: Monday - Friday 8 am- 4:30 pm | | | | |
| Non-English Languag | es: | | | | | |
| | | website: www.me | ountainvalleyfamily.org | | | |
| Last Name | First Name | NPI | Type of License | License # | сс | |
| OUT OF COUNTY PI | ROVIDER | | | | | |
| | | | | | | |

| and Family Servie Type of Program: I Address : 6171 Bra City: Sacramento, | MH adshaw Rd | Coordination (IC | iption: Case Management/ Brokerage including C); Mental Health Services including Intensive He eutic Behaviroal Sevices (TBS); Medication Suppo | ome Based Ser | vices | |
|--|---|--|---|---|-----------------------|--|
| Phone Number: (530) 265-9057 | | Populations ser | rved: Children and Youth | | | |
| | | | etency: Provides outpatient mental health services | 5 | | |
| Non-English Langu | uages: | | londay - Friday 8 am- 4:30 pm | | | |
| | | website: www.m | ountainvalleyfamily.org | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| OUT OF COUNT | / PROVIDER | | | | | |
| | 51* Mountain Valley | | iption: Case Management/ Brokerage including | | | |
| Child and Family Type of Program: I Address : 9200 Sw City: Sacramento, Phone Number: (5 | veet Acacia Way CA 95829 | (IHBS); Therape | C); Mental Health Services including Intensive He eutic Behaviroal Services (TBS); Medication Supp rved: Children and Youth | ort; Crisis Inte | rvention | |
| ∩ Ġ . | | Cultural Competency: Provides outpatient mental health services and full-day Day Treatment. | | | | |
| Non-English Langu | uages: | Office Hours: Monday - Friday 8 am- 4:30 pm | | | | |
| | | website: www.mountainvalleyfamily.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Last Marrie | | | | | | |
| | (PROVIDER | | | | | |
| | | | | | | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA | Parents By Choice MH ain St. Suite 300 . 95202 | Coordination (IC Crisis Interventio | | | /ices; | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA | Parents By Choice MH ain St. Suite 300 | Coordination (IC Crisis Intervention Populations set | C); Mental Health Services including Intensive Ho on rved: Children, Adolescents, and Families | me Based Serv | | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA Phone Number:(20 | Parents By Choice MH ain St. Suite 300 . 95202 09) 478-4554 ext 1040 | Coordination (IC Crisis Intervention Populations set Cultural Competition Parenting Classe Visitation Program | C); Mental Health Services including Intensive Ho on rved: Children, Adolescents, and Families etency: Therapeutic Foster Care/Mental Health Se es; Foster Care/Adoptions; Transitional Housing F am. | ome Based Serv | | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA Phone Number:(20 | Parents By Choice MH ain St. Suite 300 . 95202 09) 478-4554 ext 1040 | Coordination (IC Crisis Intervention Populations set Cultural Competent Parenting Classe Visitation Progra Office Hours: | C); Mental Health Services including Intensive Ho on rved: Children, Adolescents, and Families etency: Therapeutic Foster Care/Mental Health Se es; Foster Care/Adoptions; Transitional Housing F am. Monday - Friday 10:00 am - 6:00 pm | ome Based Serv | | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA Phone Number:(20 C | Parents By Choice MH ain St. Suite 300 . 95202 09) 478-4554 ext 1040 uages: Spanish | Coordination (IC Crisis Intervention Populations set Cultural Competition Parenting Classe Visitation Progration Office Hours: Website: www.patternet. | C); Mental Health Services including Intensive Ho rved: Children, Adolescents, and Families etency: Therapeutic Foster Care/Mental Health Se es; Foster Care/Adoptions; Transitional Housing F am. Monday - Friday 10:00 am - 6:00 pm arentsbychoice.net | ome Based Serv ervices; Positive Program; Super | e vised | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA Phone Number:(20 Characteristic Case Non-English Langu Last Name | Parents By Choice MH ain St. Suite 300 . 95202 09) 478-4554 ext 1040 uages: Spanish First Name | Coordination (IC Crisis Intervention Populations set Cultural Competent Parenting Classe Visitation Progra Office Hours: website: www.patentice NPI | C); Mental Health Services including Intensive Ho rved: Children, Adolescents, and Families etency: Therapeutic Foster Care/Mental Health Se es; Foster Care/Adoptions; Transitional Housing F am. Monday - Friday 10:00 am - 6:00 pm arentsbychoice.net Type of License | ome Based Services; Positive Program; Super License # | e vised CC | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA Phone Number:(20 C Non-English Langu Last Name Ramos | Parents By Choice MH ain St. Suite 300 . 95202 09) 478-4554 ext 1040 uages: Spanish First Name Mayra | Coordination (IC Crisis Intervention Populations set Cultural Competent Parenting Classe Visitation Progration Office Hours: Website: www.patent NPI 1336552553 | C); Mental Health Services including Intensive Ho rved: Children, Adolescents, and Families etency: Therapeutic Foster Care/Mental Health Se es; Foster Care/Adoptions; Transitional Housing F am. Monday - Friday 10:00 am - 6:00 pm arentsbychoice.net Type of License Licensed Marriage and Family Therapist | ome Based Services; Positive Program; Supervices Intervices 4 Intervices 4 Intervic | e vised CC Y | |
| OUT OF COUNTY Program Name: F #39BL Type of Program: I Address:306 E Ma City: Stockton, CA Phone Number:(20 Characteristic Case Non-English Langu Last Name | Parents By Choice MH ain St. Suite 300 . 95202 09) 478-4554 ext 1040 uages: Spanish First Name | Coordination (IC Crisis Intervention Populations set Cultural Competent Parenting Classe Visitation Progra Office Hours: website: www.patentice NPI | C); Mental Health Services including Intensive Ho rved: Children, Adolescents, and Families etency: Therapeutic Foster Care/Mental Health Se es; Foster Care/Adoptions; Transitional Housing F am. Monday - Friday 10:00 am - 6:00 pm arentsbychoice.net Type of License | ome Based Services; Positive Program; Super License # | e vised CC | |

| Toral | Marina | 1265093298 | N/A | N/A | Y | |
|--|--|---|---|----------------|--------|--|
| | | | | | | |
| Program Name Psyr Sacramento #39CQ Type of Program: MH Address: 9951 Horn F City: Sacramento, CA Phone Number: (916) City: Sacramento, CA Phone Sacramento, CA Phone Sacramento, CA Non-English Language City: Sacramento, CA Phone Sacramento | Road Suite B 95827-1955 364-5533 ges: Spanish First Name ROVIDER nergy - Sacramento | Office Hours: Mebsite: www.ps | ved: Adult tency: Provides outpatient mental health services onday Friday 7:30 am-6:00 pm synergy.org Type of License ption: Case Management/ Brokerage; Mental H | License # | СС | |
| City: Sacramento, CA Phone Number:(916) | 379-5876 | Populations served: Adult Cultural Competency: Provides outpatient mental health services Office Hours: Monday Friday 7:30 am-6:00 pm website: www.psynergy.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| OUT OF COUNTY P | | | | | | |
| | | | | | | |
| Program Name: Psy - Clinic B #39CH Type of Program: MH Address: 4616 Roose City: Sacramento, CA Phone Number: (916) Check Non-English Languag | l evelt Avenue A 95820) 379-5876 | Intervention Populations ser Cultural Compet Office Hours: M | t ency: Provides outpatient mental health services <i>I</i> onday Friday 7:30 am-6:00 pm | alth Services; | Crisis | |
| - Clinic B #39CH Type of Program: MH Address: 4616 Roose City: Sacramento, CA Phone Number: (916) C & Non-English Languag | evelt Avenue 95820 379-5876 ges: Spanish | Intervention Populations ser Cultural Compet | ved: Adult tency: Provides outpatient mental health services Aonday Friday 7:30 am-6:00 pm synergy.org | alth Services; | Crisis | |
| - Clinic B #39CH Type of Program: MH Address: 4616 Roose City: Sacramento, CA Phone Number: (916) C & Non-English Languag | evelt Avenue 95820 379-5876 ges: Spanish First Name | Intervention Populations ser Cultural Compet Office Hours: M website: www.ps | ved: Adult t ency: Provides outpatient mental health services <i>I</i> onday Friday 7:30 am-6:00 pm | | | |
| - Clinic B #39CH Type of Program: MH Address: 4616 Roose City: Sacramento, CA Phone Number: (916) C & Non-English Languag | evelt Avenue 95820 379-5876 ges: Spanish First Name ROVIDER bekah Children's Avenue 20 | Intervention Populations ser Cultural Compet Office Hours: N website: www.ps NPI Program Descri Coordination (ICC | ved: Adult tency: Provides outpatient mental health services Monday Friday 7:30 am-6:00 pm synergy.org Type of License ption: Case Management/ Brokerage including C); Mental Health Services including Intensive Ho on Support; Crisis Intervention | License # | CC | |

| Non-English Languages: | | Office Hours: Monday - Friday 8 am- 5 pm | | | | | |
|---|----------------------------|---|--|-----------------|-----|--|--|
| 0 0 | 0 | website: www.rc | cskids.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Bhatti | Moeen | 1205023736 | Physician | A100193 | Y | | |
| Cervantes | Priscilla | 1679081582 | Licensed Vocational Nurse | 693037 | N | | |
| Delgado | Melissa | 1881002186 | Licensed Marriage and Family Therapist | 105380 | Y | | |
| Downey | Ruth | 1790161339 | Licensed Marriage and Family Therapist | 100524 | Y | | |
| , Machuca Lopez | Cynthia | 1386053817 | Associate Clinical Social Worker | 74884 | Y | | |
| Moeller | Ryan | 1316303803 | Associate Marriage and Family Therapist | 91385 | Y | | |
| Vaca-Preez | Alejandra | 1629418876 | Associate Clinical Social Worker | 36752 | Y | | |
| Vargas-Gladen | Rosalva | 1326114372 | Licensed Marriage and Family Therapist | 46940 | Y | | |
| 0 | | | | | | | |
| Type of Program: MH Address : 2750 Sutterville Road City: Sacramento, CA 95820 Phone Number: (916) 452-3981 △ よ Non-English Languages: | | Populations se Cultural Compe Office Hours: N | (IHBS); Medication Support; Crisis Intervention Populations served: Children and Youth Cultural Competency: Provides outpatient mental health services Office Hours: Monday - Friday 8:30 am- 5 pm | | | | |
| | - | website: www.ki | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| OUT OF COUNTY | PROVIDER | 1 | | | | | |
| | an Gabriel Children's | | iption: Case Management/ Brokerage including | | | | |
| Center Out Patien #39B7 Type of Program: M Address : 4740 N. (City: Covina, CA 9 Phone Number: (62 | /H Grand Avenue 1724 | Coordination (IC (IHBS); Medica Populations se | CC); Mental Health Services including Intensive He tion Support; Crisis Intervention rved: Children and Youth etency: Provides outpatient mental health services | ome Based Ser | | | |
| Non-English Langu | ages: | Office Hours: | Monday - Friday 8 am- 5 pm | | | | |
| | | website: www.sa | angabrielchild.com | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| OUT OF COUNTY | PROVIDER | | | | | | |
| | | | | | | | |
| Program Name: S #39CM Type of Program: N Address : 337 S. E City: Azusa, CA 91 | /IH nid Avenue | (ICC); Mental H | iption: Case Management Brokerage/Intensive lealth Services including Intensive Home Based S navioral Services (TBS); Medication Support; Crisi | ervices (IHBS); | ion | | |
| Phone Number: (62 | 26) 859-2089 | Populations se | rved: Children and Youth | | | | |

| <u>۵</u> ک | | Cultural Competency: Provides outpatient mental health services | | | | | |
|---|------------------------|--|--|--------------------|---------|--|--|
| Non-English Langu | ages: | Office Hours: Monday - Friday 8 am- 5 pm | | | | | |
| • • | | | angabrielchild.com | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| OUT OF COUNTY | PROVIDER | | | | | | |
| | | | | | | | |
| Program Name: So | GCC-Homerest Home | Program Descr | iption: Case Management Brokerage/Intensive | Care Coordinat | ion | | |
| #39CL | | - | lealth Services including Intensive Home Based S | | | | |
| Type of Program: N | 1H | · · · · | navioral Services (TBS); Medication Support; Crisi | · · · | | | |
| , | | | | | | | |
| Address : 5329 N. H | | | | | | | |
| City: Azusa, CA 91702 Phone Number: (626) 859-2089 | | Denulations of | med Children and Vouth | | | | |
| | | | rved: Children and Youth etency: Provides outpatient mental health service | | | | |
| | 0000 | | Monday - Friday 8 am- 5 pm | 5 | | | |
| Non-English Langu | ayes. | | angabrielchild.com | | | | |
| | P' and Allower | NPI | | License # | СС | | |
| Last Name | First Name | | Type of License | License # | ll | | |
| OUT OF COUNTY | | | 1 | | 1 | | |
| | | | | | | | |
| - | an Joaquin Connect | - | iption: Case Management/ Brokerage including | | | | |
| III FSP #39CO | | | Coordination (ICC); Mental Health Services including Intensive Home Based Services | | | | |
| Type of Program: N | | (IHBS); Medicat | tion Support; Crisis Intervention | | | | |
| | rgetown Place, Suite D | | | | | | |
| & E28 | 05007 | | | | | | |
| City: Stockton, CA | | Populations served: Adult | | | | | |
| Phone Number: (20 | 19) 209-0007 | | | | | | |
| ∩ 6 . | | • | etency: Full Services Parnership (FSP) model who | | | | |
| | | | onment with services that are based on needs, ho | • | is of | | |
| | A | | us mental illness for those discharged from acute | care facilities. | | | |
| Non-English Langu | ages: Spanish, | | londay - Friday 8 am- 5 pm | | | | |
| | | website: www.te | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Lorenz | Arthur | 1477603249 | Licnsed Marriage and Family Therpaist | 45350 | Y | | |
| Program Name: So | | Program Description: Case Management/ Brokerage including Intensive Care | | | | | |
| Community Found | | Coordination (ICC); Mental Health Services including Intensive Home Based Services | | | | | |
| Type of Program: N | | (IHBS); and Cris | sis Intervention | | | | |
| Address: 42 West 8 | | | | | | | |
| City: Tracy, CA 953 | | | | | | | |
| Phone Number: (20 | 9) 229-4559 | | rved: Children and Adolescent | | | | |
| Ů Ç | 0 | | etency: Provides outpatient and school-based me | ntal health servi | ces | | |
| Non-English Langu | ages: Spanish | | Monday - Friday 9 am- 5 pm | | | | |
| | | website: www.so | | 11:00000 | | | |
| Lesh Niews - | Errct Namo | UNPI | | | | | |
| Last Name Warmsley | First Name Kimberly | 1083890529 | Type of License Licensed Clinical Social Worker | License # 86639 | CC Y | | |

| Program Name: Star View Adolescent | Program Descr | iption: Case Management/ Brokerage | including Intensive Care | | | |
|------------------------------------|--|---|--------------------------|-------|--|--|
| Center OP #39BB | Coordination (IC | C); Mental Health Services including Int | ensive Home Based Serv | vices | | |
| Type of Program: MH | (IHSB); Medicati | on Support: Crisis Intervention | | | | |
| Address: 4025 West 226th Street | | | | | | |
| City: Torrance, CA 90505 | | | | | | |
| Phone Number: (310) 373-4556 | Populations se | rved: Children and Youth | | | | |
| <u>۵</u> ج | Cultural Compe | tency: Provides outpatient mental heal | th services | | | |
| Non-English Languages: | Office Hours: 2 | 4 HOURS | | | | |
| | website: www.st | arsinc.com | | | | |
| Last Name First Name | NPI | Type of License | License # | CC | | |
| OUT OF COUNTY PROVIDER | | | | | | |
| | | | | | | |
| Program Name: Summitview Child | Program Description: Case Management/ Brokerage including Intensive Care | | | | | |
| Treatment Center #9061 | Coordination (ICC); Mental Health Services including Intensive Home Based Services | | | | | |
| Type of Program: MH | (IHSB); Medicati | (IHSB); Medication Support; Crisis Intervention | | | | |
| Address: 670 Placerville Dr. #2 | | | | | | |
| City: Placerville, CA 95667 | | | | | | |
| Phone Number: (530) 644-2412 | Populations served: Children and Youth | | | | | |
| ۵ ج | Cultural Competency: Provides outpatient mental health services | | | | | |
| Non-English Languages: | Office Hours: Monday - Friday 8 am- 5 pm | | | | | |
| | | | | | | |
| | website: www.su | immitviewtreatment.org | | | | |
| Last Name First Name | NPI | Type of License | License # | CC | | |
| OUT OF COUNTY PROVIDER | - | · | · | - | | |

| Program Name: Telecare (aka Jeremy House) #39AX Type of Program: MH Address: 5634 Jeremy Way City: Stockton, CA 95212 Phone Number: (209) 888-4969 | | Program Descri | ption: Crisis Residential Treatment Program | | | |
|---|-----------------|-------------------------------|---|----------------|--------|--|
| | | Populations ser | | | | |
| | | Cultural Compe | tency: Crisis Residential Treatment Program | | | |
| Non-English Languages: | | Office Hours: 24 | | | | |
| | | website: www.telecarecorp.com | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| Dailand | Jessica | 1003154634 | Associate Clinical Social Worker | 70377 | Y | |
| Reiland | 5665164 | | | | | |
| Huynh | Thuy | 1033485495 | Licensed Psychiatric Technician | 36454 | Y | |
| | | 1033485495 1528074770 | Licensed Psychiatric Technician Licensed Marriage and Family Therapist | 36454 46081 | Y Y | |
| Huynh | Thuy | | · · · | | | |
| Huynh | Thuy Shannan | 1528074770 | · · · | 46081 | | |

Revised 05/2021

| Phone Number: (209) 715-3754 Populations served: Adults △ と. Cultural Competency: Provides outpatient mental health services for children and adults One-English Languages: Spanish Office Hours: Monday - Friday 8 am - 5 pm Website: www.telecarecorp.com Website: www.telecarecorp.com Last Name First Name NPI Planas Melissa 1679807994 License License CC Planas Melissa 1679807994 License Profressional Clinical Coulselor 5490 Y Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477084671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G8328 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y City: Stockton, CA 95207 Program Name: Telecare San Joaquin Coordination ((CC). Mental Health Services Induding Intensive Home Based Services City: Stockton, CA 95207 Populations served: Adult Cultural Competency: Fiday 8 am - 5 pm Non-English Languages: Spanish, Office Hours: Monda | Address: 4545 Georgetown Place, Suite A3 City: Stockton, CA 95207 | | | | | | | |
|--|--|---------------|--|---|------------------|------|--|--|
| Non-English Languages: Spanish adults Office Hours: Wonday - Friday 8 am-5 pm website: www.telecarecorp.com Last Name First Name Planas Melissa 1679807994 Licensed Clinical Social Worker 66499 Planas Melissa 1679807994 Licensed Clinical Social Worker 66499 Planas Melissa 1679807994 Licensed Clinical Social Worker 66499 Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477084671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Address: 4545 Georgetown Place, Suite D B Pogram Description: Case Management/ Brokerage including Intensive Home Based Services Non-English Languages: Spanish, Office Hours: Konday - Friday 8 am- 5 pm Website: www.telecarecorp.com Last Name First Name NPI Type of License License # CC Correnz | Phone Number: (209 | 9) 715-3754 | Populations ser | ved: Adults | | | | |
| Office Hours: Monday - Friday 8 am - 5 pm website: www.telecarecorp.com Last Name First Name NPI Type of License License # CC Planas Melissa 1679807994 Licensed Clinical Social Worker 66499 Y Hoffman Holli 1144380940 Nurse Practitioner 147724 Y Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477084671 Licensed Profressional Clinical Coulselor 5490 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC): Mental Health Services including Intensive Home Based Services Type of Program: IMH Address: 4545 Georgetown Place, Suite D E28 City: Stockton, CA 95207 Phone Number: (209) 269-5587 Populations served: Adult Cultural Competency: Full Services Pamership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am - | £ | | Cultural Compe | tency: Provides outpatient mental health services | for children and | 1 | | |
| Website: www.telecarecorp.com Last Name First Name NPI Type of License License # CC Planas Melissa 1679807994 Licensed Clinical Social Worker 66499 Y Hoffman Holli 1144380940 Nurse Practitioner 14724 Y Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477084671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC): Mental Health Services including Intensive Home Based Services Kity: Stockton, CA 95207 Phone Number: (209) 269-5587 Populations served: Adult Cultural Competency: Full Services Parmership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am - 5 pm Non | Non-English Langua | ges: Spanish | adults | | | | | |
| Last Name First Name NPI Type of License License # CC Planas Melissa 1679807994 Licensed Clinical Social Worker 66499 Y Hoffman Holli 1144380940 Nurse Practitioner 147724 Y Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477084671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services Kites 28 City: Stockton, CA 95207 Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Non-English Languages: Spanish, Office Hours: Monday - Friday 8 am- 5 pm Vebsite: www.telecareco | | | Office Hours: M | onday - Friday 8 am- 5 pm | | | | |
| Planas Melissa 1679807994 Licensed Clinical Social Worker 66499 Y Hoffman Holli 1144380940 Nurse Practitioner 14724 Y Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477084671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokrage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Care Coordination (ICC); Mental Health Services including Intensive Care Coordination Support; Crisis Intervention Address: 4545 Georgetown Place, Suite D E E Cultural Competency: Full Services Pamership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am- 5 pm Non-English Languages: Spanish, Office Hours: Monday - Friday 8 am- 5 pm Y Y Program Name: Telecare San Joaquin Pr | | | website: www.tel | ecarecorp.com | | | | |
| Hoffman Holli 1144380940 Nurse Practitioner 14724 Y Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477084671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokrage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services Type of Program: MH Address: 4545 Georgetown Place, Suite D Populations served: Adult Cultural Competency: Full Services Pamership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am-5 pm Website: Wwww.telecarecorp.com License # CC Lorenz Arthur 1477603249 License Management/ Brokrage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Care Connect II #39CA Type of License License # | Last Name | First Name | NPI | Type of License | License # | CC | | |
| Bass Oshalique 1477811677 Associate Profressional Clinical Coulselor 5490 Y Tran tran 1477081671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services Type of Program: MH Address: 4545 Georgetown Place, Suite D Populations served: Adult Cultural Competency: Full Services Pamership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Non-English Languages: Spanish, Office Hours: Monday - Friday 8 am- 5 pm Website: www.telecarecorp.com Lorenz Arthur 1477603249 License Marriage and Family Therpaist 45350 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Care Coordination (ICC); Mental Health Services including Intensive Care < | Planas | Melissa | 1679807994 | Licensed Clinical Social Worker | 66499 | Y | | |
| Tran tran 1477084671 Licensed Vocational Nurse 275938 Y Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Connect I #39BZ Program Description: Case Management/ Brokerage including Intensive Care Connect I #39BZ Y Program Description: Case Management/ Brokerage including Intensive Care Cordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Address: 4545 Georgetown Place, Suite D Populations served: Adult Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Non-English Languages: Spanish, Office Hours: Monday - Friday 8 am - 5 pm Website: www.telecarecorp.com License # CC Lorenz Arthur 1477603249 License Marriage and Family Therpaist 45350 Y Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Coordinatio | Hoffman | Holli | 1144380940 | Nurse Practitioner | 14724 | Y | | |
| Miles Jennifer 1275541641 Physician G83528 Y Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Connect I #39BZ Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention & E28 City: Stockton, CA 95207 Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am- 5 pm Non-English Languages: Spanish, Office Hours: Monday - Friday 8 am- 5 pm Verse of License License # CC Program Name: Telecare San Joaquin Connect II #39CA Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Y Program Name: Telecare San Joaquin Connect II #39CA Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Arthur 1477603249 License Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services | Bass | Oshalique | 1477811677 | Associate Profressional Clinical Coulselor | 5490 | Y | | |
| Taylor Shannan 1528074770 Licensed Marriage and Family Therapist 6081 Y Program Name: Telecare San Joaquin Connect I Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services Type of Program: MH Address: 4545 Georgetown Place, Suite D & E28 Populations served: Adult Populations served: Adult Cuttural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am- 5 pm Vebsite: Www.telecarecorp.com Vebsite: www.telecarecorp.com Last Name First Name NPI Type of License License # CC Lorenz Arthur 1477603249 Licensed Marriage and Family Therpaist 45350 Y Program Name: Telecare San Joaquin Connect II #39CA Type of License License # CC Cordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Y Program Name: Telecare San Joaquin Connect II #39CA Type of Program: MH Madress: 4545 Georgetown Place, Suite D Populations served: Adult Cordination (ICC) | Tran | tran | 1477084671 | Licensed Vocational Nurse | 275938 | Y | | |
| Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Connect I #39BZ Type of Program: MH Address: 4545 Georgetown Place, Suite D & E28 Coordination (ICC); Mental Health Services including Intensive Home Based Services Mathematical State Stat | Miles | Jennifer | 1275541641 | Physician | G83528 | Y | | |
| Program Name: Telecare San Joaquin Connect I #39BZ Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Address: 4545 Georgetown Place, Suite D & E28 Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Non-English Languages: Spanish, Office Hours: Monday - Friday 8 am- 5 pm website: www.telecarecorp.com Last Name First Name Program Name: Telecare San Joaquin Connect II #39CA Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am- 5 pm website: www.telecarecorp.com License # CC Program Name: Telecare San Joaquin Connect II #39CA Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Address: 4545 Georgetown Place, Suite D & E28 Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | Taylor | Shannan | 1528074770 | Licensed Marriage and Family Therapist | 6081 | Y | | |
| Connect I #39BZ Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention Address: 4545 Georgetown Place, Suite D & E28 City: Stockton, CA 95207 Phone Number: (209) 269-5587 Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Non-English Languages: Spanish, Office Hours: Monday - Friday 8 am- 5 pm Website: www.telecarecorp.com License # CC Lorenz Arthur 1477603249 Licnsed Marriage and Family Therpaist Program Name: Telecare San Joaquin Connect II #39CA Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services Parnership (FSP) model where staff create a support; Crisis Intervention Program Services including Intensive Care Coordination (ICC); Mental Health Services Parnership (FSP) model where staff create a support; Crisis Intervention Populations served: Adult Currenz Arthur 1477603249 License Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services Parnership (FSP) model where staff create a supportive environment with services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | | | | | 1 1 | | | |
| Last NameFirst NameNPIType of LicenseLicense #CCLorenzArthur1477603249Licnsed Marriage and Family Therpaist45350YProgram Name: Telecare San Joaquin Connect II#39CAProgram Description: Coordination (ICC); Mental Health Services including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis InterventionAddress: 4545 Georgetown Place, Suite D & E28 City: Stockton, CA 95207 Phone Number: (209) 269-5587Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | & E28 City: Stockton, CA 95207 Phone Number: (209) 269-5587 | | Cultural Compe supportive enviro adults with seriou Office Hours: M | Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness. Office Hours: Monday - Friday 8 am- 5 pm | | | | |
| LorenzArthur1477603249Licnsed Marriage and Family Therpaist45350YProgram Name: Telecare San Joaquin Connect II #39CAProgram Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis InterventionAddress: 4545 Georgetown Place, Suite D & E28Populations served: AdultCity: Stockton, CA 95207 Phone Number: (209) 269-5587Populations served: AdultCultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | Last Namo | First Namo | | • | license # | 00 | | |
| Program Name: Telecare San Joaquin Program Description: Case Management/ Brokerage including Intensive Care Connect II #39CA Type of Program: MH Address: 4545 Georgetown Place, Suite D & E28 (IHBS); Medication Support; Crisis Intervention City: Stockton, CA 95207 Phone Number: (209) 269-5587 Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | | | | | | | | |
| Connect II#39CAType of Program: MHAddress: 4545 Georgetown Place, Suite D& E28City: Stockton, CA 95207Phone Number: (209) 269-5587Populations served: AdultCultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | | Arthur | 1477005249 | Lichsed Marnage and Family merpaist | 43550 | T | | |
| Phone Number: (209) 269-5587 Populations served: Adult Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | Connect II #39CA Type of Program: MH Address: 4545 Georgetown Place, Suite D & E28 | | Coordination (IC | C); Mental Health Services including Intensive Ho | | ices | | |
| Cultural Competency: Full Services Parnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of | • | | Populations ser | ved: Adult | | | | |
| 🗅 💪 with, the criminal justice system. | • | , 200 0001 | Cultural Compe supportive enviro adults with seriou | tency: Full Services Parnership (FSP) model whe onment with services that are based on needs, hop us mental illness and who are involved with, or at r | pes, and dreams | s of | | |
| Non-English Languages: Spanish, Office Hours: Monday - Friday 8:30 am - 5:00 pm | - | ges: Spanish. | Office Hours: M | Ionday - Friday 8:30 am - 5:00 pm | | | | |

| Cambodian | | website: www.te | lecarecorp.com | | | |
|--|---|---|--|---|---|--|
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Lorenz | Arthur | 1477603249 | Licensed Marriage and Family Therpaist | 45350 | Y | |
| | | | | | | |
| Program Name: TLC Child and Family Services #39A9 Type of Program: MH Address: 1800 Gravenstein Hwy N. Bldg. A-E City: Sebastopol, CA 95472 | | Coordination (IC | iption: Case Management/ Brokerage including C); Mental Health Services including Intensive Ho tion Support; Crisis Intervention | | rices | |
| Phone Number: (| 707) 823-7300 | Populations set | rved: Children and Youth | | | |
| ා ද්. Non-English Lan | Cultural Competency: Community-based program providing outpatient me | | | | elth | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| OUT OF COUNT | | | | | | |
| | | Т | | | | |
| #9040 Type of Program: Address:129 E. C City: Manteca, C/ | Center Street, Suite 3 A 95336 | (IHBS); Medicat | C); Mental Health Services including Intensive Health Services including Intensive Health Support; Crisis Intervention | | ICES | |
| Phone Number: (209) 239-5553 | | Populations served: Children and Youth Cultural Competency: Full range specialty mental health services for children and youth in South County area. Office Hours: Monday-Friday 8:00 am- 5:00 pm website: none | | | | |
| | Judgeo. | website: none | londay-Friday 8:00 am- 5:00 pm | | d | |
| Last Name | First Name | | Type of License | License # | d CC | |
| Last Name Kamran | | website: none | | License # C53847 | | |
| | First Name | website: none NPI | Type of License | | СС | |
| Kamran | First Name Muhammad | website: none NPI 1811051337 | Type of License Physician | C53847 | CC Y | |
| Kamran Singh | First Name Muhammad Jaspreet | website: none NPI 1811051337 1538388855 | Type of LicensePhysicianPhysician | C53847 C138850 | СС Ү Ү | |
| Kamran Singh Collins | First Name Muhammad Jaspreet Casara | website: none NPI 1811051337 1538388855 1265094627 | Type of LicensePhysicianPhysicianAssociate Marriage and Family Therapist | C53847 C138850 108624 | CC Y Y N | |
| Kamran Singh Collins Jackson | First Name Muhammad Jaspreet Casara Melissa | website: none NPI 1811051337 1538388855 1265094627 1356968739 | Type of LicensePhysicianPhysicianAssociate Marriage and Family TherapistAssociate Marriage and Family Therapist | C53847 C138850 108624 120670 | СС | |
| Kamran Singh Collins Jackson Viles-Reed | First Name Muhammad Jaspreet Casara Melissa Teresa | website: none NPI 1811051337 1538388855 1265094627 1356968739 1386762623 | Type of LicensePhysicianPhysicianAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistPsychologist | C53847 C138850 108624 120670 14848 | СС Y Y N Y Y | |
| Kamran Singh Collins Jackson Viles-Reed Somera | First Name Muhammad Jaspreet Casara Melissa Teresa Mercy | website: none NPI 1811051337 1538388855 1265094627 1356968739 1386762623 1780246975 | Type of LicensePhysicianPhysicianAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistPsychologistAssociate Marriage and Family Therapist | C53847 C138850 108624 120670 14848 117340 | СС Y Y N Y Y Y | |
| Kamran Singh Collins Jackson Viles-Reed Somera Davis | First Name Muhammad Jaspreet Casara Melissa Teresa Mercy Valerie | website: none NPI 1811051337 1538388855 1265094627 1356968739 1386762623 1780246975 1619362407 | Type of LicensePhysicianPhysicianAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistPsychologistAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistAssociate Clinical Social Worker | C53847 C138850 108624 120670 14848 117340 92232 | СС Y Y Y Y Y Y Y | |
| Kamran Singh Collins Jackson Viles-Reed Somera Davis Jimenez | First Name Muhammad Jaspreet Casara Melissa Teresa Mercy Valerie Naomi | website: none NPI 1811051337 1538388855 1265094627 1356968739 1386762623 1780246975 1619362407 1669927828 | Type of LicensePhysicianPhysicianAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistPsychologistAssociate Marriage and Family TherapistAssociate Marriage and Family Therapist | C53847 C138850 108624 120670 14848 117340 92232 89400 | СС Y Y Y Y Y Y Y | |
| Kamran Singh Collins Jackson Viles-Reed Somera Davis Jimenez Nuno | First Name Muhammad Jaspreet Casara Melissa Teresa Mercy Valerie Naomi Laura | website: none NPI 1811051337 1538388855 1265094627 1356968739 1386762623 1780246975 1619362407 1669927828 1265080675 | Type of LicensePhysicianPhysicianAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistPsychologistAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistAssociate Marriage and Family TherapistAssociate Clinical Social WorkerAssociate Clinical Social WorkerAssociate Clinical Social Worker | C53847 C138850 108624 120670 14848 117340 92232 89400 91361 | СС Y Y Y Y Y Y Y Y Y | |

| Program Name: Valley Community Counseling Services (VCCS) (School Based Program - Stockton) #9042 Type of Program: MH Address: 6707 Embarcadero Drive, Suite A City: Stockton, CA 95219 Phone Number: (209) 956-4240 | | /rehab/Case Mai Mental Health So Support; Crisis | | ordination (ICC | ;); |
|---|------------|--|--|------------------|-----------|
| | | | rved: Children and Youth | d at variaua aab | a a la in |
| | | Stockton, Mante | etency: Outpatient mental health services provided | d at various scr | ioois in |
| | | Office Hours: | | | |
| Non-English Lang | Juages: | website: none | Monday - Friday 8:00 am - 5:00 pm | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Davis | Valerie | 1619362407 | Associate Clinical Social Worker | 92232 | Y |
| Groen | Carissa | 1891343422 | Associate Clinical Social Worker Associate Marriage and Family Therapist | 11470 | Y |
| Nuno | Laura | 1265080675 | Associate Clinical Social Worker | 91361 | Y |
| Pena | Adriana | 1205080075 | Associate Marriage and Family Therapist | 97389 | Y |
| Somera | Mercy | 1780246975 | Associate Marriage and Family Therapist | 11734 | Y |
| Bassi | Megan | 1669833885 | Associate Marriage and Family Therapist | 91956 | Y |
| (Gard) Ojeda | Sarah | 1477966265 | Licensed Marriage and Family Therapist | 106055 | Y |
| Jimenez | Naomi | 1669927828 | Associate Marriage and Family Therapist | 89400 | Y |
| Pike | Elaine | 1508875055 | Licensed Marriage and Family Therapist | 5258 | Y |
| Roy | Reshma | 1073061784 | Associate Clinical Social Worker | 66474 | Y |
| NOy | Resilina | 1073001784 | | 00474 | |
| Program Name: Valley Community Counseling Services (VCCS) (Tracy) #9041 Type of Program: MH Address: 19 East 6th Street City: Tracy, CA 95378 Phone Number: (209) 835-8583 | | Coordination (IC (IHBS); Medicat Populations se | iption: Case Management/ Brokerage including Ir C); Mental Health Services including Intensive Ho tion Support; Crisis Intervention rved: Children and Youth etency: Full range specialty mental health services county area. | ome Based Ser | |
| い Non-English Lang | nuades. | - | londay - Friday 8:00 am - 5:00 pm | | |
| | Jan 900. | website: none | | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Kamran | Muhammad | 1811051337 | Physician | C53847 | Y |
| Cervantes | Rosemary | 1407299738 | Associate Marriage and Family Therapist | 72397 | N |
| Coleman | Stefani | 1770093494 | Associate Marriage and Family Therapist | 102456 | Y |
| Roy | Reshma | 1073061784 | Associate Clinical Social Worker | 66474 | Ŷ |
| Singh | Jaspreet | 1538388855 | Physician | 138850 | Y |
| 0 | 1 | | <u>,</u> | | 1 |

| Program Name: Victor Community Services and Support, Stockton, (VCSS) #9063 Type of Program: MH Address: 2495 W. March Lane, Suite 125 | | Coordination (IC | iption: Case Management/ Brokerage including Ir C); Mental Health Services including Intensive Ho tion Support; Crisis Intervention | | ices |
|---|--------------------------|------------------|--|------------------|------|
| City: Stockton, C | A 95207 | | | | |
| Phone Number: (2 | 209) 465-1080 | Populations se | rved: Children and Youth | | |
| △ Č. Non-English Languages: | | community | etency: Provides outpatient mental health services onday - Friday 8:00 am - 5:00 pm | s in-home and in | |
| | , | website: www.vi | | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Cerna | Loiuse | 1346794690 | Associate Marriage and Family Therapist | 92730 | Y |
| Citi | Aziza | 1831510650 | Licensed Marriage and Family Therapist | 96329 | Y |
| Colon | Melissa | 1871663351 | Associate Marriage and Family Therapist | 77340 | Y |
| Cruz | Itzia | 1639533987 | Associate Clinical Social Worker | 80056 | Y |
| Cutino | Tracy | 1740297902 | Licensed Marriage and Family Therapist | 47897 | Y |
| Dadkhah | Betia | 1083709380 | Licensed Marriage and Family Therapist | 44160 | Y |
| Edelstein | Mark | 1972516714 | Physician | C41340 | Y |
| Esparza | Sharee | 1982145504 | Associate Marriage and Family Therapist | 102079 | Υ |
| Hickman | Tanner | 1194272146 | Associate Clinical Social Worker | 78099 | Y |
| lvy | Courtney | 1679959217 | Associate Marriage and Family Therapist | 71048 | Y |
| Kooger | Giana | 1720318132 | Licensed Marriage and Family Therapist | 86206 | Y |
| Lozano | Sheree | 1538523501 | Associate Marriage and Family Therapist | 88637 | Y |
| Lopez | Christina | 1265705727 | Associate Marriage and Family Therapist | 102443 | Y |
| Marshall | Koryn | 1962881870 | Licensed Marriage and Family Therapist | 86263 | Y |
| Martinez | Adrianna | 1851831242 | Associate Marriage and Family Therapist | 107761 | Υ |
| Rodriguez | Laura | 1316498892 | Associate Clinical Social Worker | 78113 | Y |
| Seefeldt | Jacquelyn | 1124250204 | Associate Marriage and Family Therapist | 74064 | Y |
| Taylor | Heather | 1265514251 | Licensed Marriage and Family Therapist | 44021 | Y |
| Triguero | Palei | 1871994285 | Associate Marriage and Family Therapist | 86335 | Y |
| True | Wendy | 1750476438 | Licensed Marriage and Family Therapist | 44262 | Y |
| Tutt | Jennifer | 1316134091 | Licensed Clinical Social Worker | 27530 | Y |
| Voss | Sarah | 1275602914 | Licensed Marriage and Family Therapist | 51406 | Y |
| Zuckerman | Michelle | 1891948691 | Licensed Marriage and Family Therapist | 84298 | Y |
| Support Service Type of Program: | rry Lane, Suite 101 & 20 | | iption: Case Management/ Brokerage including C); Mental Health Services including Intensive Ho | | ices |

| Phone Number: (209) 647-6200 | | Populations served: Children and Youth | | | | |
|---|---|--|--|----------------|------|--|
| ∩ Ė . | | Cultural Competency: Provides outpatient mental health services in-home and in community. | | | | |
| Non-English Languages: | | | Monday - Friday 8:00 am - 5:00 pm | | | |
| 0 0 0 | | website: www.vi | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| Diaz | Claudia Carol | 1275810442 | 1275810442 Licensed Marriage and Family Therapist | | | |
| Boss Kinser | Jennifer | 1700215308 | | | | |
| Boyle-Day | Coral | 1083140610 | Associate Marriage and Family Therapist | 121006 | | |
| Chavez | Esmeralda | 1942728514 | Associate Marriage and Family Therapist | 141941 | | |
| Diaz | Claudia | 1275810442 | Licensed Marriage and Family Therapist | 99791 | | |
| Kooger | Giana | 1720318132 | Licensed Marriage and Family Therapist | 86206 | | |
| Seefeldt | Jacquelyn | 1124250204 | Licensed Marriage and Family Therapist | 115647 | | |
| Simpson | Michelle | 1780214478 | Associate Clinical Social Worker | 92259 | | |
| | | | | | | |
| Program Name: ' | Victor Treatment | Program Descr | iption:Case Management/ Brokerage including Int | tensive Care | | |
| Center - Santa R | | - | C); Mental Health Services including Intensive Ho | | iooc | |
| Senter - Santa R | USA #9003 | • | | ome based Serv | ices | |
| Tune of Drearemy | MLI | (IHBS); Medical | tion Support; Crisis Intervention | | | |
| Type of Program: Address:6495 Co | | | | | | |
| | | | | | | |
| City: Santa Rosa, | | Demulations contrady Children and Vouth | | | | |
| 1 lla a la a Nu una la a mu /* | | | | | | |
| · · · | (07) 523-2334 | | rved: Children and Youth | | | |
| ୍ ଟି | | Cultural Compe | etency: Outpatient Mental Health Services | | | |
| Phone Number: (7 | | Cultural Compe Office Hours: M | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm | | | |
| ∩ よ Non-English Lang | juages: | Cultural Compe Office Hours: M website: www.v | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org | | | |
| 口 占. Non-English Lang Last Name | uages: First Name | Cultural Compe Office Hours: M | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm | License # | CC | |
| 口 占. Non-English Lang Last Name | uages: First Name | Cultural Compe Office Hours: M website: www.v | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org | License # | СС | |
| ロ よ Non-English Lang Last Name | uages: First Name | Cultural Compe Office Hours: M website: www.v | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org | License # | CC | |
| A Last Name | First Name Y PROVIDER | Cultural Compe Office Hours: M website: www.v | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org | License # | cc | |
| ロ よ Non-English Lang Last Name OUT OF COUNT Contract Psychi | First Name Y PROVIDER atric Hospitals | Cultural Compe Office Hours: M website: www.v NPI | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License | | CC | |
| ロ よ Non-English Lang Last Name OUT OF COUNT Contract Psychi | First Name Y PROVIDER atric Hospitals | Cultural Compe Office Hours: M website: www.v NPI Program Descr | etency: Outpatient Mental Health Services Monday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized | | CC | |
| A Last Name OUT OF COUNT Contract Psychi BHC Heritage Oa | First Name Y PROVIDER atric Hospitals aks Hospital | Cultural Compe Office Hours: M website: www.v NPI | etency: Outpatient Mental Health Services Monday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized | | CC | |
| A Contract Psychi BHC Heritage Oa | First Name First Name Y PROVIDER atric Hospitals aks Hospital MH | Cultural Compe Office Hours: M website: www.v NPI Program Descr | etency: Outpatient Mental Health Services Monday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized | | СС | |
| A bon-English Lang Last Name OUT OF COUNT Contract Psychi BHC Heritage Oa Type of Program: Address: 4250 Au | First Name First Name Y PROVIDER atric Hospitals aks Hospital MH uburn Boulevard | Cultural Compe Office Hours: M website: www.v NPI Program Descr | etency: Outpatient Mental Health Services Monday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized | | CC | |
| A by the second state of the second stat | First Name First Name Y PROVIDER atric Hospitals aks Hospital MH Iburn Boulevard CA 95841 | Cultural Compe Office Hours: M website: www.v NPI Program Descr Services. Inpatie | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized I ent Hospital. | | CC | |
| A by the second state of the second stat | First Name First Name Y PROVIDER atric Hospitals aks Hospital MH Iburn Boulevard CA 95841 | Cultural Compe Office Hours: M website: www.v NPI Program Descr | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized I ent Hospital. | | CC | |
| A bon-English Lang A bon-Englis | First Name First Name Y PROVIDER atric Hospitals aks Hospital MH Iburn Boulevard CA 95841 | Cultural Compe Office Hours: M website: www.v NPI Program Descr Services. Inpatie Populations se | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized I ent Hospital. | Mental Health | | |
| A Contract Psychi BHC Heritage Oa City: Sacramento, Phone Number (9 | First Name Y PROVIDER atric Hospitals aks Hospital MH Iburn Boulevard CA 95841 16) 489-3336 | Cultural Compe Office Hours: M Website: WWW.V NPI Program Descr Services. Inpatie Populations se Cultural Compe | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized I ent Hospital. rved: All Ages etency: Interpreter Services available for language | Mental Health | | |
| A bon-English Lang A bon-Englis | First Name Y PROVIDER atric Hospitals aks Hospital MH Iburn Boulevard CA 95841 16) 489-3336 | Cultural Compe Office Hours: M Website: WWW.V NPI Program Descr Services. Inpatie Populations se Cultural Compe Office Hours: 2 | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized I ent Hospital. rved: All Ages etency: Interpreter Services available for language 4 HOURS | Mental Health | | |
| A Standard Contract Psychi BHC Heritage Oa Type of Program: Address: 4250 Au City: Sacramento, Phone Number (9 A Standard Contract Psychi Non-English Lang | Juages: First Name Y PROVIDER atric Hospitals aks Hospital MH Iburn Boulevard CA 95841 16) 489-3336 | Cultural Compe Office Hours: M Website: WWW.V NPI Program Descr Services. Inpatie Populations se Cultural Compe Office Hours: 2 Website: WWW.he | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized I ent Hospital. rved: All Ages etency: Interpreter Services available for language 4 HOURS eritageoakshospital.com | Mental Health | lish | |
| A Contract Psychi BHC Heritage Oa Type of Program: Address: 4250 Au City: Sacramento, Phone Number (9 | First Name Y PROVIDER atric Hospitals Atric Hospitals | Cultural Compe Office Hours: M Website: WWW.V NPI Program Descr Services. Inpatie Populations se Cultural Compe Office Hours: 2 | etency: Outpatient Mental Health Services Ionday - Friday 8:10 am - 4:00 pm victor.org Type of License iption: Childrens & Adult General & Specialized I ent Hospital. rved: All Ages etency: Interpreter Services available for language 4 HOURS | Mental Health | | |

| Program Name: BHC Sierra Vista Hospital Type of Program: MH Address: 8001 Bruceville Road City: Sacramento, CA 95823 Phone Number: (916) 423-2000 Non-English Languages: | | Services. Inpatier Populations serv Cultural Compet Office Hours: 24 | ved: All Ages ency: Interpreter Services available for language | | Jlish |
|--|------------|---|--|-----------|-------|
| Last Name | First Name | NPI | Type of License | License # | CC |
| Out of County Hos | pital | | | | |
| | | | | | |
| Behavioral Health Type of Program: MH Address: 525 Oregon Street City: Vallejo, CA 94590 Phone Number: (707) 648-2200 △ と Non-English Languages: | | Populations serv Cultural Compet Office Hours: 24 website: www.adv | ency: I HOURS | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Out of County Hos | pital | | | | |
| | | | | | |
| Program Name: John Muir Behavioral Health Center Type of Program: MH Address: 2740 Grant Street City: Concord, CA 94520 Phone Number: (925) 680-6500 △ と Non-English Languages: | | Populations serv Cultural Compet Office Hours: 24 website: www.joh | ency: I HOURS nmuirhealth.com | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Out of County Hos | pital | | | | |
| Program Name: Sutter Center for Psychiatry Type of Program: MH Address : 7700 Folsom Boulevard City: Sacramento, CA 95826 Phone Number: (916) 388-3045 | | Program Description: Childrens & Adult General & Specialized Mental Health Services. Inpatient Hospital. Populations served: All Ages | | | |

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|------------------------|------------------|---|--|---------------------------|----|--|--|
| | | Cultural Competency: Interpreter Services available for language other than English | | | | | |
| Non-English Languages: | | Office Hours: 24 HOURS | | | | | |
| | | | uttermedicalcenter.org | | | | |
| Last Name First Name | | NPI | Type of License | License # | CC | | |
| Out of County H | lospital | | | | | | |
| | | | | | | | |
| Program Name: | Fremont Hospital | Program Desci | iption: Childrens & Adult General & | Specialized Mental Health | | | |
| | | Services. Inpatie | ent Hospital. | | | | |
| Type of Program: | | | | | | | |
| Address: 39001 S | Sundale Drive | | | | | | |
| City: Fremont, CA | 94538 | | | | | | |
| Phone Number: (| 510)796-1100 | Populations se | , and the second | | | | |
| ∩ & | | Cultural Compo | etency: | | | | |
| Non-English Lang | juages: | Office Hours: | | | | | |
| | | website: www.fr | emonthospital.com | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Aneja | Alka | 1619031317 | Physician | A112029 | Y | | |
| Athwal | Harmohinder | 1740298256 | Physician | A81841 | Y | | |
| Boora | Kamaljeet | 1356587711 | Physician | 102846 | Ν | | |
| Duvvuri | Vikas | 1255470480 | Physician | A99706 | Y | | |
| Fooks | Trevor | 1730267535 | Physician | G63964 | Y | | |
| Kahlon | Ravinder | 1386741320 | Physician | A50823 | Ν | | |
| Kahlon | Vasdeep | 1497852446 | Physician | A51243 | Ν | | |
| Kudaravalli | Padmavathi | 1144221953 | Physician | A67964 | Y | | |
| Kumar | Pradeep | 1023188935 | Physician | A52032 | Ν | | |
| Kumar | Deepak | 1306257910 | Physician | A130068 | Y | | |
| Manjunath | Sudha | 1801826797 | Physician | A87131 | Y | | |
| Munir | Syed | 1790718815 | Physician | C55029 | Y | | |
| Nayak | Nanda | 1477656262 | Physician | A43182 | Ν | | |
| Patel | Falguni | 1548414337 | Physician | A105594 | Y | | |
| Punia | Surender | 1376589663 | Physician | A77004 | Y | | |
| Reddy | Divya | 1518120211 | Physician | A103547 | Y | | |
| Singh | Devindar | 1447294624 | Physician | A48148 | Ν | | |
| Singh | Sunpreet | 1326464462 | Physician | A132932 | Y | | |
| Waraich | Bhupinder | 1689869547 | Physician | A53968 | Y | | |
| Kaur Waraich | Jaap | 1316132285 | Physician | G67904 | Y | | |
| Phillips | Nicholas | 1255727293 | Physician | A153125 | Ν | | |
| Harleen | Dyal | 1225424327 | Physician | A153255 | Ν | | |

SUBSTANCE USE DISORDER SERVICES PROVIDER DIRECTORY Program Name: Chemical Dependency Program Description: Education & Early Intervention Outpatient Treatment Perinatal Counseling Center (CDCC) Component Intensive Outpatient Youth Services

| Type of Program: S | | | | | | |
|------------------------------|-----------------|---|--|-----------------|----|--|
| Address: 620 N. Au | | | | | | |
| City: Stockton, CA 95202 | | | | | | |
| Phone Number: (209) 468-3720 | | - | rved: Adult and Youth, Adult Perinatal | | | |
| | | | etency: Transistional Age Youth, Adolescents, Ve | teran, Lesbian, | | |
| ∩ & | | Bisexual, Trans | | | | |
| | | | Monday, Wednesday and Friday 8:00 am - 5:00 pr | n; Tuesday and | | |
| Non-English Langu | ages: Spanish | Thursday 8:00 a website: http://w | um to 7:00 pm ww.sjcbhs.org/mhs | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Hart | Robert Ramond | 1477660074 | Physician | C38923 | Y | |
| Bagdonas | Michelle | 1164765137 | SAC II | 179976 | Y | |
| Beas | Sandra | 1821435447 | SAC II | 1710437 | Y | |
| | | | | R07102614 | | |
| Berdahl | Michelle | 1407070311 | Program Supervisor | 35 | Y | |
| | | | | R13406703 | | |
| Carson | Sharonna Nicole | 1730643289 | SAC I | 19 | Y | |
| Casaca | Dominic | 1710468095 | SAC I | | Y | |
| Herrera | Richardyovany | 1568004422 | Associate Clinical Social Worker | 89853 | Y | |
| James | Rikita | 1063053957 | SAC 1 - CADTP | 10152 | Y | |
| Keleher | Brett | 1063053957 | SAC I | 9621 | Y | |
| Leonard | Kathryn | 1629499603 | Associate Marriage and Family Therapist | 108415 | Y | |
| Manzo | Terry | 1154546190 | SAC II - CADTP | 10152 | Y | |
| | , | | | Aii5305031 | | |
| Martin | Rebecca | 1447671581 | SAC II - CCAPP | 8 | Y | |
| Mero | Katherine | 1316069495 | Program Coordinator | 169426 | Y | |
| Moran | Tyler | 1114346848 | MHC II | 119609 | Y | |
| Nguyen | Xuan | 1609159623 | SAC II | 169310 | Y | |
| | | | | C03701031 | | |
| Oliver | Martin | 1144630799 | SAC II - CCAPP | 6 | Y | |
| | | | | Aii5370031 | | |
| Pelletier | Paul | 1578976569 | Program Manager - CCAPP | 8 | Y | |
| | | | | R06090615 | | |
| Roberts | Edelisa | 1043331671 | SAC II | 44 | Y | |
| Russell | Stacy | 1639622566 | SAC II | 6991 | Y | |
| Sosa | Rebecca | 1770133290 | SAC I | 9622 | Y | |
| Thao | Seelina | 1215093653 | Program Supervisor | 169396 | Y | |
| Vasquez-Grant | Cory | 1720539158 | SACII | 178941 II | Y | |
| | | | ÷ | | | |
| Program Name: Fa | - | Program Descr | iption: Inpatient Treatment Perinatal Component | Assessments | | |
| Type of Program: S | UD | | | | | |
| Address: 500 W. He | ospital Rd. | | | | | |
| City: French Camp, | CA 95231 | | | | | |
| Phone Number: (20 | 9) 468-6208 | Populations served: Adult and Adult Perinatal | | | | |

| | | Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, | | | | | |
|--------------------------------|-----------------|--|---|---------------------|----|--|--|
| ∩ & | | Transgender | | | | | |
| Non-English Languages: Spanish | | Office Hours: 24 HOURS website: http://www.sjcbhs.org/mhs | | | | | |
| | | | | | | | |
| Hart | Robert Raymond | 1477660074 | Physician | C38923 | Y | | |
| Cary | Jamie | 1518523794 | SAW | NA | | | |
| Carriedo | Mayra | 1215450929 | SACI | | | | |
| Cheatham | Lavern | 1427576545 | SAW | NA | Y | | |
| Facaros | Susan | 1306265038 | SAC II | 1710742 | Y | | |
| Foreman | Kelly | 1770140600 | SAW | NA | Y | | |
| Franco | Tracey | 1689203572 | SAC II | | Y | | |
| Gaston | Кепуа | 1104430925 | SAC I | | | | |
| Gomez | Rosemary | 1699898676 | SAC II | C17481214 | Ŷ | | |
| Harris | Lisa | 1083262505 | SACI | 01/401214 | Y | | |
| Hayes | Brittny | 1538783097 | SACI | | N | | |
| Manzo | Angelina | 1639292675 | SAC II | 169517 | Ŷ | | |
| | | 1039292075 | | Aii5505041 | | | |
| Martin | Donna | 1356405799 | Program Supervisor | 8 | Y | | |
| Moreno | Estela | 1740762871 | SAW | NA | Y | | |
| Pate | Kellie | 1609248368 | SAV SAC II | 1712160 | Y | | |
| rate | | 1009248308 | | P09121014 | T | | |
| Popuch | Jane | 1568885572 | SAC II | 4 | Y | | |
| Savage | Dorothy | 1396279154 | SAC I | 11392-R | Y | | |
| Spiller | Jennell | 1033382221 | SAC II | 1711976 | Y | | |
| Vivero | Joaquin | 1558548891 | Program Supervisor | 169613 | Y | | |
| vivero | Joaquin | 1558548851 | | 105015 | 1 | | |
| Program Name: | Recovery House | Program Descr | iption: Inpatient Treatment Assessmer | nts | | | |
| Type of Program: | SUD | | | | | | |
| Address: 500 W. | | | | | | | |
| City: Stockton, Ca | | | | | | | |
| Phone Number: (| | Populations served: Adult | | | | | |
| | | · · · · · | etency: Adults/Older Adult, Veterans, L | esbian Gav Bisexual | | | |
| ∆ & | | Transgender | | | | | |
| | guages: Spanish | Office Hours: 2 | 4 HOURS | | | | |
| - <u></u> | | website: http://www.sjcbhs.org/mhs | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Hart | Robert Raymond | 1477660074 | Physician | C38923 | Y | | |
| Shingu | Eric | 1700299153 | Program Manager | 165703 | Y | | |
| Ayala | Lorena | 1538636253 | SAW | NA | Ŷ | | |
| Frederiksen | Michael | 1609419951 | SACI | 10139 | Ŷ | | |

| Graves | Dawn | 1629625348 | SACI | | Y |
|--|--|---|--|---|------------|
| Hall | Marc | 1235648593 | SAW | NA | Y |
| Hansen | Mark | 1225465156 | SAC II | 167462 III | Y |
| Harton | Antwan | 1346721701 | SAW | NA | Y |
| Howe-Jacquez | Kari | 1386767663 | SAC II | 6792 | Y |
| Isquierdo | Joseph | 1083007033 | SAC II | 168236 II | Y |
| Laack | Shelly | 1114049681 | SAC II | 169424 | Y |
| Metcalf | Tamara | 1811037807 | Program Supervisor - CADTP | 7541 | Y |
| | | | | R13720111 | |
| Morales | Michelle | 1902397581 | SACI | 19 | Y |
| Peterson | Martin | 1073098307 | SAW | 9855 | Y |
| Prado | Regina | 1588295265 | SAW | NA | Y |
| Ramirez | George | 1215586607 | SAW | NA | Y |
| Reaves | Mailonie | 1184282709 | SAC I | 9989 | Y |
| Reyes | Gina | 1104298850 | SAC I | 6937-R | Y |
| Scarborough | Dean | 1750417547 | SAC II | C13931214 | Y |
| Young | Michael | 1659778629 | Program Supervisor | 175499 | Y |
| Sharma | Shivvani | 1649765975 | | | Y |
| | | | | | |
| Childrens Behav | nent Program (ACT) ioral Health Services | the adolescent's | iption: Individual & group counseling, and mental health services, a partnership with se Services | | |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 | nent Program (ACT) ioral Health Services SUD California Street 2n A 95202 | the adolescent's Substance Abus d Populations se | mental health services, a partnership with se Services | Mental Health Services | |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 | the adolescent's Substance Abus d Populations se Cultural Compo | mental health services, a partnership with se Services rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar | Mental Health Services | |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: | mental health services, a partnership with se Services rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar | Mental Health Services | |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: | mental health services, a partnership with se Services rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Clos | Mental Health Services | |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 D Non-English Lang | nent Program (ACT) ioral Health Services SUD California Street 2n A 95202 209)468-2385 uages: Spanish First Name | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: I website: http://w | rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Clos | Mental Health Services | and |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 Definition Content Non-English Lang Last Name Referrals to Lice | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 uages: Spanish First Name ensed Staff | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: I website: http://w | rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Clos ww.sjcbhs.org/mhs Type of License | Mental Health Services Insgender Sed Holidays License # | and |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 Definition Composition Composition Phone Number: (2 Definition Composition Non-English Lang Last Name Referrals to Lice Program Name: I Type of Program: Address: 620 N. A City: Stockton, CA | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 uages: Spanish First Name ensed Staff Prevention Services SUD Aurora St. Suite 6 | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: I website: http://w NPI Program Descri the adolescent's Substance Abus | mental health services, a partnership with se Services rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Clos rww.sjcbhs.org/mhs Type of License ption: Individual & group counseling, and es mental health services, a partnership with se Services | Mental Health Services | cc with |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 Definition Composition Non-English Lang Last Name Referrals to Lice Program Name: I Type of Program: Address: 620 N. A City: Stockton, CA Phone Number: (2) | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 uages: Spanish First Name ensed Staff Prevention Services SUD Aurora St. Suite 6 | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: I website: http://w NPI Program Descri the adolescent's Substance Abus | rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Clos www.sjcbhs.org/mhs Type of License ption: Individual & group counseling, and e a mental health services, a partnership with se Services | Mental Health Services | cc with |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 Definition Comparison Last Name Referrals to Lice Program Name: I Type of Program: Address: 620 N. A City: Stockton, CA Phone Number: (2 Definition Ca | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 uages: Spanish First Name ensed Staff Prevention Services SUD Aurora St. Suite 6 95202 209) 468-2005 | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: I website: http://w NPI Program Descri the adolescent's Substance Abus Populations se Cultural Compo | rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Clos www.sjcbhs.org/mhs Type of License ption: Individual & group counseling, and e mental health services, a partnership with se Services rved: Youth teency: Youth, Lesbian, Gay, Bisexual, Tra | Mental Health Services | cc with |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 D Non-English Lang Last Name Referrals to Lice Program Name: I Type of Program: Address: 620 N. A City: Stockton, CA Phone Number: (2 | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 uages: Spanish First Name ensed Staff Prevention Services SUD Aurora St. Suite 6 95202 209) 468-2005 | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: I website: http://w NPI Program Descri the adolescent's Substance Abus Populations se Cultural Compo Office Hours: N | a mental health services, a partnership with se Services rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Close www.sjcbhs.org/mhs Type of License ption: Individual & group counseling, and e se mental health services, a partnership with se Services rved: Youth etency: Youth, Lesbian, Gay, Bisexual, Trar Monday - Friday. 8:00 am-5:00 pm | Mental Health Services | cc with |
| Occurring Treatm Childrens Behav Type of Program: Address: 1414 N (City: Stockton, CA Phone Number: (2 Definition Composition Composition Non-English Lang Last Name Referrals to Lice Program Name: I Type of Program: Address: 620 N. A City: Stockton, CA Phone Number: (2 Definition Composition | nent Program (ACT) ioral Health Services SUD California Street 2n 95202 209)468-2385 uages: Spanish First Name ensed Staff Prevention Services SUD Aurora St. Suite 6 95202 209) 468-2005 | the adolescent's Substance Abus d Populations se Cultural Compo Office Hours: I website: http://w NPI Program Descri the adolescent's Substance Abus Populations se Cultural Compo Office Hours: N | rved: Youth etency: Youth, Lesbian,Gay, Bisexual,Trar Monday - Friday. 8:00 am-5:00 pm Clos www.sjcbhs.org/mhs Type of License ption: Individual & group counseling, and e mental health services, a partnership with se Services rved: Youth teency: Youth, Lesbian, Gay, Bisexual, Tra | Mental Health Services | cc with |

| | L TMENT PROGRAMS/N | | | | | |
|---|-----------------------|--|--|-----------------------|----------|--|
| | - | | iption: Medically Supervised Methadone M | aintonanao Dotovifiaa | tion | |
| Program Name. P | Aegis mealment Genter | - | It Treatment (OTP) Medication Assisted Treatment | | | |
| Type of Program: SUD Address: 8626 N. Lower Sacramento Road City: Stockton, CA 95209 Phone Number: (209) 478-2487 | | | it Treatment (OTP) Medication Assisted Trea | auneni | | |
| | | | | | | |
| | | | | | | |
| | | Dopulations of | rundu Adult and Adult Dorinatal | | | |
| | | | rved: Adult and Adult Perinatal | outh Transitional Age | <u> </u> | |
| ∆ € | | - | etency: Adult/Older Adult, Adult Perinatal, Yo | ouin, mansilional Age | ; | |
| Non-English Lang | Jagos: Spanish | | Lesbian, Gay, Bisexual, Transgender Ion Fri. 5am - 12:30pm, Sat., Sun., Holiday | ve 6am 10:30am | | |
| | uayes. Spanish | | pinnacletreatment.com/location/california/ae | | - | |
| | | stockton-lower-s | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| Talleur | Brian | 1659791101 | Physician | A154190 | Y | |
| Fox | Michael | 1912069758 | Physician | G53561 | Ŷ | |
| Paul | Randal | 1912061045 | Physician | A26361 | Ŷ | |
| Johnson | P. Curly | 1235770165 | Nurse Practitioner | 95012302 | | |
| Ford | Leigh | 1790741197 | Nurse Practitioner | 5493 | Y | |
| Carter-Campbell | | 1740480342 | Nurse Practitioner | 7506 | Ŷ | |
| Whitworth | Melissa | 1033686506 | Registered Nurse | 541037 | - | |
| Gallbreath | Clare | | Licensed Vocational Nurse | 128398 | Y | |
| Ellis-White | Priscilla | 1003185273 | Associate Clinical Social Worker | 83222 | Ŷ | |
| Mendez | Audree | 1255965380 | Licensed Vocational Nurse | 276837 | | |
| Garsuta | Maria | 1841767100 | Licensed Vocational Nurse | 235825 | | |
| Farmer | Melissa | 1700412913 | Licensed Vocational Nurse | 293418 | | |
| | | | | | | |
| Program Name: 5 | ith Street Medical | Program Descr | iption: Medically Supervised Methadone N | Maintenance Detoxific | ation | |
| Clinic Stockton | | • | t Treatment (OTP) Medication Assisted Trea | | | |
| Type of Program: | SUD | . , . | | | | |
| Address: 1839 S. I | El Dorado St. | | | | | |
| City: Stockton, CA | 95206 | | | | | |
| Phone Number: (2 | 09) 463-0872 | Populations se | rved: Adult and Adult Perinatal | | | |
| ∩ €. | | Cultural Compe | etency: Adults/Older Adult, Veterans, Lesbia | an, Gay, Bisexual, | | |
| · | | Transgender | - | - | | |
| Non-English Lang | uages: Spanish | Office Hours: Monday - Friday 5am - 1pm Saturday, Sunday, and Holidays 7am - | | | | |
| 5 5 | 5 | 11am | 5 5 1 57 | <i>,</i> | | |
| | | website: https://r | pinnacletreatment.com/location/california/sto | ckton/aegis-treatmen | t- | |
| | | centers-stocktor | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Fox | Michael | 1212069758 | Physician | G53561 | Y | |
| Whitworth | Melissa | 1033686506 | Registered Nurse | 541037 | Y | |
| Palafox | Divina | 1912061995 | Licensed Vocational Nurse | 17300 | Ŷ | |
| | | | | | | |

| Carter-Campbell | Jeannette | 1740480342 | Nurse Practitioner | 7506 | Y |
|--|---|---|--|--|---------|
| Johnson | P. Curly | 1235770165 | Nurse Practitioner | 95012302 | |
| | | | | | |
| Program Name: Aegis Treatment Center/ Healthy Connections (California St.) Stockton Type of Program: SUD Address: 1839 S. El Dorado St., Suites B City: Stockton, CA 95210 | | - | ption: Medically Supervised Methadone Main t Treatment (OTP) Medication Assisted Treatm | | ition |
| Phone Number: 20 | | Populations ser | ved: Adult and Adult Perinatal | | |
| | -5) +05-0070 | | tency: Adults/Older Adult, Veterans, Lesbian, | Gav. Bisexual. | |
| | | Transgender | | | |
| | | × | onday - Friday 5am - 1pm Saturday, Sunday, | and Holidavs 7am | ۱ - |
| Non-English Langu | uages: Spanish | 11am | | , , | |
| | | website: https://a | egistreatmentcenters.com/clinic/aegis-stocktor | n-california/ | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Fox | Michael | 1212069758 | Physician | G53561 | Y |
| Whitworth | Melissa | 1033686506 | Registered Nurse | 541037 | Y |
| Talleur | Brian | 1659791101 | Physician | A154190 | Y |
| Cano | Jacqueline | 1871149757 | Licensed Vocational Nurse | 238131 | Y |
| Gaoat | Alvin | 1780240440 | Licensed Vocational Nurse | 290473 | Y |
| Johnson | P. Curly | 1235770165 | Nurse Practioner | 95012302 | |
| Ford | Leigh | 1790741197 | Nurse Practioner | 5493 | |
| Ayers | Jessica | 1235770165 | Licensed Vocational Nurse | 165221 | |
| Program Name: Healthy Connections Lodi Clinic Type of Program SUD Address: 541 South Ham Lane, Suite B City: Lodi, CA 95242 Phone Number: (209)224-8490 △ ᢏ | | - | iption: Medically Supervised Methadone Maint t Treatment (OTP) Medication Assisted Treatm | | tion |
| Address: 541 Sout City: Lodi, CA 952 | h Ham Lane, Suite B 42 | Cultural Compe | ved: Adult and Adult Perinatal tency: Adults/Older Adult, Veterans, Lesbian, | | |
| Address: 541 Sout City: Lodi, CA 9524 Phone Number: (2 | h Ham Lane, Suite B 42 09)224-8490 | Cultural Compe Transgender Office Hours: M noon | r ved: Adult and Adult Perinatal t ency: Adults/Older Adult, Veterans, Lesbian, londay - Friday 5:30am - 1pm Saturday, Sund | Gay, Bisexual, lay, Holidays 7am | - 12 |
| Address: 541 Sout City: Lodi, CA 952 Phone Number: (2 | h Ham Lane, Suite B 42 09)224-8490 uages: Spanish | Cultural Compe Transgender Office Hours: M noon | rved: Adult and Adult Perinatal tency: Adults/Older Adult, Veterans, Lesbian, onday - Friday 5:30am - 1pm Saturday, Sund negistreatmentcenters.com/clinic/aegis-lodi-cali | Gay, Bisexual, lay, Holidays 7am | - 12 |
| Address: 541 Sout City: Lodi, CA 9524 Phone Number: (2 C & Non-English Langu Last Name | h Ham Lane, Suite B 42 09)224-8490 uages: Spanish First Name | Cultural Compe Transgender Office Hours: M noon website: https://a NPI | rved: Adult and Adult Perinatal tency: Adults/Older Adult, Veterans, Lesbian, londay - Friday 5:30am - 1pm Saturday, Sund negistreatmentcenters.com/clinic/aegis-lodi-cali | Gay, Bisexual, lay, Holidays 7am fornia/ License # | CC |
| Address: 541 Sout City: Lodi, CA 952 Phone Number: (2 | h Ham Lane, Suite B 42 09)224-8490 uages: Spanish | Cultural Compe Transgender Office Hours: M noon website: https://a | ved: Adult and Adult Perinatal tency: Adults/Older Adult, Veterans, Lesbian, onday - Friday 5:30am - 1pm Saturday, Sund negistreatmentcenters.com/clinic/aegis-lodi-cali Type of License Registered Nurse | Gay, Bisexual, lay, Holidays 7am fornia/ | |
| Address: 541 Sout City: Lodi, CA 9524 Phone Number: (2 C. C. S. | h Ham Lane, Suite B 42 09)224-8490 Juages: Spanish First Name Melissa Brian | Cultural Compe Transgender Office Hours: M noon website: https://a NPI 1033686506 | rved: Adult and Adult Perinatal tency: Adults/Older Adult, Veterans, Lesbian, londay - Friday 5:30am - 1pm Saturday, Sund negistreatmentcenters.com/clinic/aegis-lodi-cali | Gay, Bisexual, lay, Holidays 7am fornia/ License # 541037 | CC Y |
| Address: 541 Sout City: Lodi, CA 9524 Phone Number: (2 Souther the second se | h Ham Lane, Suite B 42 09)224-8490 Jages: Spanish First Name Melissa | Cultural Compe Transgender Office Hours: M noon website: https://a NPI 1033686506 1659791101 | rved: Adult and Adult Perinatal tency: Adults/Older Adult, Veterans, Lesbian, londay - Friday 5:30am - 1pm Saturday, Sund negistreatmentcenters.com/clinic/aegis-lodi-cali Type of License Registered Nurse Physician | Gay, Bisexual, lay, Holidays 7am fornia/ License # 541037 A154190 | СС |
| Address: 541 Sout City: Lodi, CA 9524 Phone Number: (2 Son-English Langu Last Name Whitworth Talleur | h Ham Lane, Suite B 42 09)224-8490 Jages: Spanish First Name Melissa Brian Angeles | Cultural Compe Transgender Office Hours: M noon website: https://a NPI 1033686506 1659791101 1649669979 | ved: Adult and Adult Perinatal tency: Adults/Older Adult, Veterans, Lesbian, onday - Friday 5:30am - 1pm Saturday, Sund negistreatmentcenters.com/clinic/aegis-lodi-cali Type of License Registered Nurse Physician Licensed Vocational Nurse | Gay, Bisexual, lay, Holidays 7am fornia/ License # 541037 A154190 689129 | СС |

| Brison-Moll | Nancy | 1053410878 | Licensed Marriage and Family Therapist | 28291 | Y | | | |
|-------------------|----------------------|--------------------|---|---------------------|---------|--|--|--|
| Patrick | Marci | 1083260780 | Licensed Vocational Nurse | 180380 | Y | | | |
| Ford | Leigh | 1790741197 | Nurse Practioner | 5493 | | | | |
| Program Name: | Manteca Healthy | Program Descri | iption: Medically Supervised Methadone Mainter | nance Detoxificat | tion | | | |
| Connections | , | - | t Treatment (OTP) Medication Assisted Treatmen | | | | | |
| Type of Program: | SUD | | | - | | | | |
| Address: 955 Cer | | | | | | | | |
| 12A & 14 | nici oli oci | | | | | | | |
| City: Manteca, C/ | A 95337 | | | | | | | |
| Phone Number: (| | Populations ser | rved: Adult and Adult Perinatal | | | | | |
| ∩ Ė. | | | tency: Adults/Older Adult, Veterans, Lesbian, Ga | v. Bisexual. | | | | |
| - 01 | | Transgender | | , <u>2100</u> , 210 | | | | |
| Non-English Lang | guages: Spanish | Office Hours: M | londay - Friday 5:30am - 1pm Saturday, Sunday | , Holidays 8am - | 11 am | | | |
| U | | website: https://a | aegistreatmentcenters.com/clinic/aegis-manteca-c | alifornia/ | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | | |
| Fox | Michael | 1212069758 | 3 Physician | G53561 | Y | | | |
| Whitworth | Melissa | 1033686506 | 5 Licensed Vocational Nurse | 541037 | Y | | | |
| Paul | Randall | 1912061045 | 5 Physician | A26361 | Y | | | |
| Jane Davis | Mary | 1861822744 | Licensed Vocational Nurse | 72342 | Y | | | |
| Falcon | Christine | 1063727550 | Licensed Vocational Nurse | 175628 | Y | | | |
| Iqiel | Dourine | 1477008506 | 5 Licensed Vocational Nurse | 281162 | Y | | | |
| Mohr | Rebecca | 1154898302 | 2 Licensed Psychiatric Technician | 26531 | Y | | | |
| | | | | | | | | |
| • | MedMark Treatment | • | iption: Medically Supervised Methadone Mainten | | Ion | | | |
| Center | 0115 | (OTP) Outpatien | t Treatment (OTP) Medication Assisted Treatmen | IT | | | | |
| Type of Program | | | | | | | | |
| Address: 1111 N. | | | | | | | | |
| City: Stockton, C | | Denulations and | nundu Adult and Adult Davinatal | | | | | |
| Phone Number: (| 209) 930-0220 | | Populations served: Adult and Adult Perinatal Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, Terregeneration | | | | | |
| ∩ & | | - | | | | | | |
| Non English Long | nuanan Chanish | Transgender | | | | | | |
| Non-English Lang | guages: Spanish | | Office Hours: Monday - Friday 5am - 1pm Saturday, Sunday, and Holidays 7am-11am website: http://medmark.com/medmark-treatment-centers-stockton/ | | | | | |
| Loot Niewoo | Circh Name | | | | 66 | | | |
| Last Name | First Name DENISE | NPI | Type of License 1 CERTIFIED COUNSELOR | License # | CC Y | | | |
| AHERN | | | | 191227 | | | | |
| ESCLOVON | | | 1 MEDICAL ASSISTANT | NA | Y Y | | | |
| ESTRADA | MICHAEL | 1588826960 | | 5919 P11024402 | | | | |
| GALVEZ | JOHN | 1487032322 | | R11924402 15 | Y | | | |
| GONZALEZ | ADELITA | 1972962488 | B REGISTERED COUNSELOR | 6110 | Y | | | |
| GONZALEZ | SARAH | 1063700540 | | G11052313 | Y | | | |
| | | | | 18 | | | | |

| GUYTON | BRUCE | 1033553250 | CADTP | 6305 | Y |
|------------|-----------|------------|---------------------------|---------|---|
| HARRIS | DANA | 1760995781 | CADTP | 6203 | Y |
| HOLMAN | NADINE | 1013129170 | CERTIFIED COUNSELOR | 7997 | Y |
| HOLIDAY | BRENDA | 1306839352 | Nurse Practitioner | 15461 | Y |
| КНАМ | JACKSON | 1295348951 | MEDICAL ASSISTANT | NA | Y |
| KOUM | SAVAN | 1215067228 | CADTP | 6568 | Y |
| KOUM | SAVIN | 1891146015 | CADTP | 6428 | Y |
| LEANDRO | JENNI | 1477616910 | CAADE | 1022881 | Y |
| LENADADO | JERRI | 1477616910 | Licensed Vocational Nurse | 170115 | Y |
| LO | LAWRENCE | 1770122384 | REGISTERED COUNSELOR | 10180 | Y |
| PENA | ANNA | 1972667236 | CADTP | 6197 | Y |
| POWELL | MARIROSE | 1851408025 | Registered Nurse | 13060 | Y |
| RATTO | TAMARA | 1366759730 | CADTP | 5976 | Y |
| TUN | SUEHEI | 1194954121 | CERTIFIED COUNSELOR | 7228 | Y |
| VANG | WA | 1376961508 | CADTP | 6199 | Y |
| VIVEROS | DANNY | 1821519133 | CADTP | 6340 | Y |
| WILLIAMS | JAY FRANK | 1760049043 | CERTIFIED COUNSELOR | 2014156 | Y |
| WILLIAMS | PEGGY | 1013452093 | CADTP | 6252 | Y |
| WILLIAMS | TED | 1194954123 | CADTP | 6303 | Y |
| WILLIAMS | TRISHA | 1417493339 | CADTP | 6480 | Y |
| WILLIAMSON | ERNEST | 1649782954 | CADTP | 6388 | Y |