

## **Behavioral Health Services**

A Division of Health Care Services Agency
Genevieve G. Valentine, LMFT, Director

Fay Vieira, LMFT, BHS Assistant Director - Clinical Cara Dunn, BHS Assistant Director - Administrative

### **County and Contract Medi-Cal Providers Directory**

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

This Document is Searchahle

#### ווווט טטנעווועווג וט טעמוגוומטוע

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

#### **English**

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).

#### **Español (Spanish)**

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.

#### 繁體中文(Chinese)

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)。

#### 

#### Русский (Russian)

Revised 12/2024

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

#### فارسى (Farsi)

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

#### 日本語 (Japanese)

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。

#### **Hmoob (Hmong)**

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).

### ਪੰਜਾਬੀ (Punjabi)

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।

Revised 12/2024

### العربية (Arabic)

-888-468-9370

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (TTY: 711)

# हिंदी (Hindi)

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।

### ภาษาไทย (Thai)

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

### ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ ររ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែ , រសវាជំនួយមននកភាសា រោយមិនគិត្្ ្លន

Revised 12/2024

គឺអាចមានសំរា ់ ំររ អ្ើ នក។ ចូ ទូ ស័ព្ទ 1-888-468-9370 (TTY: 711)។

#### <u>ພາສາລາວ</u>

### (Lao)

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

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

MH = Mental Health Progam and Practitioners

SUD = Substance Use Disorder Program and Practitioners

 $\triangle$  = Provider is accepting new beneficiaries

= 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 Nam<br>Managed Care   |                 | Program Description: Screenings for treatment of mental health symptoms and/<br>or substance use concerns, Case Management/Brokerage & Mental Health<br>Services |  |           |    |  |  |  |
|---|-----------------|--|--|-----------|----|--|--|--|
| Type of Program: MH and Address 620 N Aurora Street City Stockton, CA 95202 |                 |  |  |           |    |  |  |  |
| Phone Number: (209) 468-<br>9370  |                 | Populations se   | Populations served: All ages           |           |    |  |  |  |
| △よ  |                 | Cultural Competency: Culturally competent service provided to all callers.   |  |           |    |  |  |  |
| Non-English La  | anguages:Spanis | Office Hours: Sunday - Saturday 24 Hours per day, 365 days   |  |           |    |  |  |  |
| interpreter serv  | •               | website: https://www.sjcbhs.org  |  |           |    |  |  |  |
| Last Name   | First Name      | NPI  | Type of License                        | License # | CC |  |  |  |
|   |                 |  | Substance Use Disorder Certified       |           |    |  |  |  |
| Bagdonas  | Michelle        | 1164765137   | Counselor                              | 7764      | Υ  |  |  |  |
| Beas  | Sandra          | 1821435447   | Certified Alcohol and Drug Counselor   | 128141    | Υ  |  |  |  |
| Garcia  | Luis            | 1346599677   | Licensed Marriage and Family Therapist | 10398     | Υ  |  |  |  |
| Guerrero  | Melissa         | 1467946301   | Licensed Marriage and Family Therapist | 81226     | Υ  |  |  |  |
| Martinez  | Adriana         | 1831669480   | Associate Clinical Social Worker       | 120727    | Υ  |  |  |  |

|  |          |                  | Substance Use Disorder Certified   |              |    |
|--|----------|------------------|--|--------------|----|
| Morales  | Michelle | 1902397581       | Counselor  | 14319        | Υ  |
| Nease  | Desiree  | 1447703491       | Associate Clinical Social Worker   | 107413       | Υ  |
| Richardson   | Douglass | 1609346402       | Certified Alcohol and Drug Counselor III   | 3            | Υ  |
| Whittaker  | LaTasha  | 1932467362       | Licensed Marriage and Family Therapist   | 134438       | Υ  |
| Wieland  | Jessica  | 1164751392       | Licensed Professional Clinical Counselor   | 173          | Υ  |
| 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 |          | Coordination (IC | iption: Case Management/ Brokerage includin C); Mental Health Services including Intensive Medication Support; Crisis Intervention | •            | ie |
| Phone Number (209) 468-2337<br>습 &   |          | -                | rved: Adults etency: African American, Native American, Mu ey/Lesbian/Transgender communities.                                     | uslim/Middle |    |
| Non-English Languages: Hindi Office Hours: Monday -Friday 8 am - 5 pm  |          |                  |  |              |    |

|  | Pashto, English, |   |   |  |    |  |  |  |
|--|------------------|---|---|--|----|--|--|--|
| Spanish  |                  | website: https://www.sjcbhs.org/adult.aspx              |   |  |    |  |  |  |
| Last Name  | First Name       | NPI   | Type of License   | License #                                      | CC |  |  |  |
| Cruz<br>Hollowell  | Gloria           | 1104375724<br>1124143474                                | Registered Nurse Registered Nurse   | 723203<br>352081                               | Y  |  |  |  |
| Program Name: Children and Youth Services, Stockton Clinic (CYS) #3915 Type of Program: MH Address 1414 N California St. City Stockton, CA 95202 |                  | Program Descri<br>Coordination (IC                      | iption: Case Management/ Brokerage<br>C); Mental Health Services including<br>; Medication Support; Crisis Interven | including Intensive Ca<br>Intensive Home Based |    |  |  |  |
| Phone Number 2385  | : (209) 468-     | Populations served: Children and Youth                  |   |  |    |  |  |  |
|  |                  | youth, and their  | etency: Comprehensive mental health families living in Central County area. by, case management, psychiatric ass    | Services include individ                       |    |  |  |  |
| Non-English La   | nguages:Spanis   | Office Hours: Monday - Friday 8 am to 5 pm              |   |  |    |  |  |  |
|  |                  | website: https://www.sjcbhs.org/children_and_youth.aspx |   |  |    |  |  |  |
| Last Name  | First Name       | NPI   | Type of License   | License #                                      | CC |  |  |  |

| Abdullahi | Krissie   | 1407307762 | Associate Marriage and Family Therapist | 125000  | Υ |
|-----------|-----------|------------|---|---------|---|
| Alban     | Benjamin  | 1932227295 | Licensed Clinical Social Worker         | 26094   | Υ |
| Avilla    | Eugene    | 1073396560 | N/A                                     | N/A     | N |
| Barajas   | Lauren    | 1154893683 | Licensed Clinical Social Worker         | 214887  | Υ |
| Boklund   | Maria     | 1396157061 | Licensed Marriage and Family Therapist  | 48496   | Υ |
| Corral    | Mercedes  | NA         | Associate Marriage and Family Therapist | 135632  | Υ |
| Curtiss   | Megan     | 1265836027 | Licensed Marriage and Family Therapist  | 123655  | Υ |
| Demers    | Jenifer   | 1386124436 | Associate Clinical Social Worker        | 114558  | Υ |
| Dhillon   | Gipanjot  | 1013446046 | Physician                               | A21935  | Υ |
| Diaz      | David     | 1821585308 | Licensed Marriage and Family Therapist  | 129095  | N |
| Gonzalez  |           |            | Associate Marriage and Family           |         |   |
| Barragen  | Stephanie | 1538808266 | Therapist                               | 142162  | Υ |
|           |           |            | Associate Professional Clinical         |         |   |
| Hall      | Tondria   | 1770160152 | Counselor                               | 13978   | Υ |
| Hudson    | Mark      | 1528190725 | Licensed Marriage and Family Therapist  | 78609   | Υ |
| Kumar     | Gaurav    | 1235513102 | Physician                               | A151187 | Υ |
|           |           |            | Associate Marriage and Family           |         |   |
| Lopez     | Alexis    | 1932767225 | Therapist                               | 116153  | Υ |
|           |           |            |   |         |   |
| Martin    | Alandrea  | 1235696006 | Licensed Marriage and Family Therapist  | 131594  | Υ |
| Navarro   | Elizabeth | 1801242771 | Associate Clinical Social Worker        | 103985  | Υ |

| Reyes   | Irene                  | 1760189534                             | Asssociate Clinical Social Worker  | 111415           | N   |  |  |
|---|------------------------|--|--|------------------|-----|--|--|
| Rhone<br>Saluja   | Danevia<br>Amandeep    | 1114650405<br>1588894778               | Associate Clinical Social Worker Physician   | 99637<br>C175781 | Y   |  |  |
| Saraja  | инанасер               | 1300034770                             | Titysician   | 0173701          | - 1 |  |  |
| Santiago  | Regina                 | 1598166308                             | Licensed Clinical Social Worker  | 110173           | Υ   |  |  |
| Simien  | Carla                  | 1629564000                             | Licensed Psychiatric Techician   | 40771            | Υ   |  |  |
| Tiano   | Mark                   | 1841623535                             | Licensed Clinical Social Worker  | 88442            | Υ   |  |  |
| Washington  | Kerry                  | 1689391997                             | Registered Nurse   | RN5599310        | Υ   |  |  |
| White   | Grace                  | 1659146371                             | Associate Clinical Social Worker   | 113407           | Υ   |  |  |
| Yang  | Mai                    | 1447866090                             | Associate Clinical Social Worker   | 105295           | Υ   |  |  |
| Program Name<br>and Youth Serv<br>Youth Full Serv<br>Partnership (M | vices - Foster<br>vice | Coordination (IC                       | ription: Case Management/Brokerage includes CO), Mental Health Services including Intensive; Medication Support; Crisis Intervention |                  | are |  |  |
| Type of Program: MH Ste 4 City: Stockton, CA 95202                  |                        |  |  |                  |     |  |  |
| Phone Number: (209) 468-<br>2385                                    |                        | Populations served: Children and Youth |  |                  |     |  |  |

**Cultural Competency:** Mental Health Services Act (MHSA) program focused on children and youth in the Foster Care System △点 Non-English Languages: Spani Office Hours: Monday - Friday 8:00 am - 5:00 pm website: https://www.sjcbhs.org/children\_and\_youth.aspx NPI **Type of License** License # CC **Last Name First Name** 1306897723 138838 Allanki Sailaja **Physician** Υ Shaukat 1821294455 105923 Υ Ansari Physician 1154893683 Licensed Clincial Social Worker 101688 γ Barajas Lauren Castaneda-Jeni Renessa Licensed Marriage and Family Therapist |81528 γ 1376664862 Associate Marriage and Family Therapist 120662 Υ Christy 1386286383 Cupit Licensed Marriage and Family Therapist | 120167 Del Toro Jose 1578058681 Υ Associate Marriage and Family Therapist 130181 1619515640 Υ Dominguez Maria Licensed Marriage and Family Therapist Gomez-BoulwaSalena 1679098776 139138 Υ 71535 1023473469 Υ Gutierrez Licensed Clinical Social Worker Antonio Licensed Marriage and Family Therapist | 117262 Rita Herron 1659629285 γ **Alexis** 1932767225 Licensed Marriage and Family Therapist 141235 Υ Lopez Olivares-Rivas | Yulisa Associate Clinical Social Worker 96813 Υ 1801445085 Licensed Marriage and Family Therapist |94571 Sheilena 1336437656 Υ Payne Associate Professional Clinical 1518572320 Pinon Karen Counselor 10658 Υ 1982395760 Associate Clinical Social Worker Υ Sanchez 119854 Luis

**Program Name: SJC Children and Youth Services** - Foster Youth Full Service Partnership (MHSA) Intake

Program Description: Case Management/Brokerage including Intensive Care Coordination (ICC), Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention

Type of Program: MH

Street

#39DF

City: Stockton, CA 95202 Phone Number: (209) 468-

1547

Populations served: Children and Youth

**Cultural Competency:** Mental Health Services Act (MHSA) program focused on children and youth in the Foster Care System

△点

Non-English Languages: Spani Office Hours: Monday - Friday 8:00 am - 5:00 pm

website: https://www.sicbhs.org/children\_and\_vouth.aspx

| Last Name  | First Name | NPI        | Type of License                        | License # | CC |
|------------|------------|------------|--|-----------|----|
| Gipaya     | Juanita    | 1235500042 | Licensed Marriage and Family Therapist | 126901    | Υ  |
| Heidenberg | Bradley    | 1255764627 | Licensed Marriage and Family Therapist | 98495     | Υ  |
| Marria     | Allia      |            | Associate Marriage and Family          |           |    |
| Morris   A | Allie      | 1982305165 | Therapist                              | 136814    | Υ  |
| Pollock    | Leora      | 1245663426 | Licensed Clinical Social Worker        | 75192     | Υ  |

| Samson  | Maria      | 4.64.054.564.0                                     | Associate Marriage and Family   | 120101    | V  |
|---|------------|--|---|-----------|----|
| Program Name: Community Adult Treatment Services (CATS - Teams A, B, and D) #9069 Type of Program Address: 1212 N. California St. City: Stockton, CA 95202 Phone Number: (209) 468- 8842; |            | Coordination (IC                                   | iption: Case Management/ Brokerage including C); Mental Health Services including Intensivent; Medication Support; Crisis Intervention  rved: Adult                               | •         | re |
| (209) 468-8862;<br>8881   | (209) 468- |  |   |           |    |
| റ ക<br>Non-English Languages:   |            | 60). Services incindividual therap Office Hours: M | etency: Comprehensive Mental Health Service clude psychiatric assessment, medication supply and case management.  Ionday - Friday 8:00 am - 5:00 pm  ://www.sjcbhs.org/adult.aspx | •         | 3- |
| Last Name First Name  |            | NPI  | Type of License   | License # | СС |
| Aguirre Luna  | Mayra      | 1285007179   | Licensed Marriage and Family Therapist  | 144333    | Υ  |
| Amador  | Keith      | 1891127403   | Licensed Marriage and Family Therapist  | 102725    | Υ  |

| Chavez    | April    | 1760959670 | Licensed Marriage and Family Therapist  | 113250 | Υ |
|-----------|----------|------------|---|--------|---|
| Cholua    | Marie    | 1275098055 | Licensed Marriage and Family Therapist  | 139853 | Υ |
| Chukwuka  | Ogiram   | 1063662781 | Licensed Clinical Social Worker         | 81785  | Υ |
| Conway-   |          |            |   |        |   |
| Brandt    | Jennifer | 1073160339 | Licensed Marriage and Family Therapist  | 140599 | Υ |
| Cupit     | Christy  | 1386286383 | Associate Marriage and Family Therapist | 120662 | Υ |
| DeWitte   | Tiffany  | 1023143245 | Licensed Clinical Social Worker         | 29826  | Υ |
| Doronio   | Ramil    | 1871767376 | Registered Nurse                        | 555151 | Υ |
| Ekpkai    | Tsola    | 1518603927 | Associate Clinical Social Worker        | 94485  | Υ |
| Flores    | Henry    | 1998038657 | Licensed Marriage and Family Therapist  | 128269 | Υ |
| Garcia    | Valerie  | 1770606386 | Registered Nurse                        | 704233 | Υ |
| Gementera | Jalessa  | 1588134209 | Therapist                               | 118468 | Υ |
| Graff     | Robert   | 1366560112 | Physician                               | G70479 | Υ |
| Helsby    | Sherri   | 1669893764 | Licensed Clinical Social Worker         | 29248  | Υ |
| Hensley   | Zachary  | 1265039226 | Licensed Marriage and Family Therapist  | 143253 | Υ |
| Herrera   | Karla    | 1427722461 | Counselor                               | 102359 | Υ |
| Herrick   | Kara     | 1518191659 | Licensed Marriage and Family Therapist  | 43283  | Υ |
| Hollowell | Shirley  | 1124143474 | Registered Nurse                        | 352081 | Υ |
| Hudson    | Dana     | 1225172489 | Licensed Marriage and Family Therapist  | 6556   | Υ |
| Jackson   | Sasha    | 1295181295 | Licensed Clinical Social Worker         | 79996  | Υ |
| Jonney    | Jorly    | 1902155625 | Licensed Clincal Social Worker          | 65763  | Υ |

| Lee            | Mai       | 1770282824 | Associate Clinical Social Worker       | 123987 | N |
|----------------|-----------|------------|--|--------|---|
| Martin         | Ronee     | 1932644796 | Therapist                              | 84987  | Υ |
| Martinez       | Celeste   | 1902305972 | Licensed Psychiatric Techician         | 40655  | Υ |
| Mascovich      | Paul      | 1215921184 | Physician                              | G33950 | Υ |
| McHenry        | Heidi     | 1861763294 | Licensed Psychiatric Techician         | 35949  | Υ |
| Mendez         | Adeline   | 1255453353 | Licensed Psychiatric Techician         | 25868  | Υ |
| Murray         | Karen     | 1346735917 | Licensed Marriage and Family Therapist | 138441 | Υ |
| Ndukwe         | Sonia     | 1033558754 | Associate Clinical Social Worker       | 110834 | Υ |
| Padala         | Nagamani  | 1659303253 | Physician                              | C53554 | Υ |
| Perera         | Manoj     | 1568470946 | Licensed Clinical Social Worker        | 24260  | Υ |
| Phillips       | Victoria  | 1871110437 | Associate Clinical Social Worker       | 92751  | Υ |
| Ouinones       |           |            | Associate Marriage and Family          | 122070 |   |
| Quinones       | Alana     | 1457817033 | Therapist                              | 122079 | Υ |
| Rivas-Olivares | Yulisa    | 1801445085 | Associate Clinical Social Worker       | 96813  | Υ |
| Saddik         | Fouad     | 1437254117 | Physician                              | A44865 | Υ |
| Saelee         | Cindy     | 1255511614 | Licensed Clinical Social Worker        | 82456  | Υ |
| Salazar        | Kellie    | 1295273654 | Licensed Psychiatric Techician         | 40326  | Υ |
| Calanai alt    |           |            | Associate Marriage and Family          | 120542 |   |
| Schmidt        | Katarzyna | 1285290346 | Therapist                              | 130542 | Υ |
| Soares         | Ana       | 1922191410 | Physician                              | A68523 | Υ |
| Sprague        | Helen     | 1710325642 | Licensed Marriage and Family Therapist | 75120  | Υ |

| Velasquez         | Normita           | 1609464114   | Licensed Psychiatric Techician             | 41847             | Υ    |  |  |
|-------------------|-------------------|--|--|-------------------|------|--|--|
| Washington        |                   |  | Associate Marriage and Family              | 127280            |      |  |  |
| Washington        | Lorraine          | 1639722820   | Therapist                                  | 127280            | Υ    |  |  |
| Weekly            | Tony              | 1710572540   | Licensed Psychiatric Techician             | 41837             | Υ    |  |  |
| \\ /:  :o.os =    |                   |  | Associate Professional Clinical            | 14222             |      |  |  |
| Williams          | Showvon           | 1689133464   | Counselor                                  | 14222             | Υ    |  |  |
| Windham           | Melissa           | 1922744838   | Associate Clinical Social Worker           | 119831            | Υ    |  |  |
|                   |                   |  | Associate Marriage and Family              | 137454            |      |  |  |
| Zaragoza          | Alejandra         | 1346705381   | Therapist                                  | 137434            | Υ    |  |  |
| Program Nam       | e: Community      | Program Description: Case Management/ Brokerage; Mental Health Services; |  |                   |      |  |  |
| Corrections P     | artnership        | Medication Sup   | port; Crisis Intervention                  |                   |      |  |  |
| #39AP             |                   |  |  |                   |      |  |  |
| Type of Progra    | m: MH             |  |  |                   |      |  |  |
| Address: 1212     | N. California St. |  |  |                   |      |  |  |
| City: Stockton,   | CA 95202          |  |  |                   |      |  |  |
|                   | (222) 422         |  |  |                   |      |  |  |
| Phone Number 9373 | ·: (209) 468-     | Populations served: Adult  |  |                   |      |  |  |
|                   |                   | <b>Cultural Comp</b>   | etency: Serve clients under AB-109 comm    | unity supervision | with |  |  |
|                   |                   | Probation to rec   | luce recidivism, promote wellness and reco | very, and increas | e    |  |  |
| △よ                |                   | safety for our co  | ommunity.                                  |                   |      |  |  |

| Non-English Lan  | guages:Spanis                             | Office Hours:   | Monday - Friday 8:00 am- 5:00 pm   |           |    |  |
|--|---|---|--|-----------|----|--|
|  |   | website: https://www.sjcbhs.org/adult.aspx  |  |           |    |  |
| Last Name  | First Name                                | NPI   | Type of License  | License # | CC |  |
| Garcia   | Julio                                     | 1679961106  | Licensed Marriage and Family Therapist                                   | 108163    |    |  |
| Herrington   | Randolph                                  | 1114141173  | Licensed Marriage and Family Therapist                                   | 48970     | Υ  |  |
| Molina   | Rico                                      | 1255454203  | Licensed Clinical Social Worker  | 25450     | Υ  |  |
| Trahan   | Roslyn                                    |   | Licensed Professional Clinical Counselor                                 |           | Υ  |  |
| Program Name<br>Community Res<br>(CCRT) #9088<br>Type of Program<br>Address: 1212 N<br>City: Stockton, C | sponse Team<br>n: MH<br>I. California St. |   | ption: Case Management/ Brokerage; Menation Support; Crisis Intervention |           |    |  |
| Phone Number:(   | 209) 468-8686                             | Populations served: Adult, Children, Adolescents  |  |           |    |  |
| △ & ` ´  |   | <b>Cultural Competency:</b> Mobile multi-disciplinary crisis team for community adult mental health outreach, early intervention and joint field response with law enforcement for crisis 5150 detention evaluations. |  |           |    |  |
| Non-English Lan  | guages: Spani                             | Office Hours: OPEN 24 HOURS   |  |           |    |  |
| Cambodian, Viet  | tnamese                                   | website: https://www.sjcbhs.org/crisis_intervention.aspx  |  |           |    |  |

| Last Name   | First Name | NPI        | Type of License                        | License # | CC |
|-------------|------------|------------|--|-----------|----|
| Alejo       | Stephanie  | 1659798130 | Licensed Psychiatric Techician         | 37033     | Υ  |
| Arriola     | Eulalie    | 1255573044 | Licensed Psychiatric Techician         | 34426     | Υ  |
| Avelar      | Natalie    | 1801524657 | Associate Clinical Social Worker       | 120140    | Υ  |
| Ballesteros | Patricia   | 1790058352 | Licensed Marriage and Family Therapist | 108455    | Υ  |
| Bareng      | Jeff       | 1043753478 | Licensed Psychiatric Techician         | 40284     | N  |
| Bazua       | Melissa    | 1972944072 | Licensed Psychiatric Technician        | 36496     | Υ  |
| Blewett     | Jenna      | 1437658408 | Licensed Marriage and Family Therapist | 136866    | Υ  |
| Bringas     | Carmencita | 1821298753 | Licensed Marriage and Family Therapist | 53691     | Υ  |
| DeJesus     | Carolyn    | 1861650228 | Licensed Psychiatric Technician        | 34221     | Υ  |
| Douglas     | Roy        | 1407229248 | Associate Clinical Social Worker       | 98897     | N  |
| Figueroa    | Carlos     | 1306193933 | Licensed Marriage and Family Therapist | 102315    | Υ  |
| Garcia      | Frank      |            | Associate Marriage and Family          |           |    |
| Garcia      | Frank      | 1992179352 | Therapist                              | 118171    | Υ  |
| Gill        | Sandeep    | 1871852673 | Licensed Psychiatric Technician        | 34942     | Υ  |
| Guzman      | Omar       | 1558832712 | Associate Clinical Social Worker       | 108999    | Υ  |
| Isham       | Loni       | 1891145033 | Licensed Psychiatric Technician        | 38233     | Υ  |
| Ketcham     | Shauna     | 1841798865 | Licensed Clinical Social Worker        | 99975     | Υ  |
| Lee         | Catherine  | 1073729646 | Licensed Marriage and Family Therapist | 44225     | Υ  |
| Lewis       | Chandra    | 1770914061 | Licensed Psychiatric Technician        | 37210     | Υ  |

| Lewman   | Brenda   | 1821477035 | Licensed Marriage and Family Therapist  | 106905 | Υ |
|--|----------|------------|---|--------|---|
| McArthur   | Milagros | 1477809929 | Licensed Psychiatric Technician         | 36471  | Υ |
|  |          |            | Associate Professional Clinical         |        |   |
| Melgarejo  | Angie    | 1891220729 | Counselor                               | 6643   | Υ |
| Menius   | Victoria | 1487074258 | Licensed Psychiatric Technician         | 37534  | Υ |
| Molina-Eliab   | Sonya    | 1497878482 | Licensed Marriage and Family Therapist  | 109801 | Υ |
| Morales  | Leonardo | 1962822643 | Licensed Clinical Social Worker         | 100000 | Υ |
| Myotte   | Wendy    | 1265554638 | Licensed Marriage and Family Therapist  | 84045  | Υ |
| Phillips   | Heather  | 114530250  | Licensed Psychiatric Technician         | 41710  | Υ |
| Price  | Jennifer | 1932621893 | Licensed Psychiatric Technician         | 40662  | Υ |
| Scharp   | Sam      | 1508526856 | Licensed Psychiatric Technician         | 42150  | Υ |
| Sumampong  | Criselle | 1073121414 | Licensed Psychiatric Technician         | 41696  | Υ |
| Valenzuela   | Maira    | 1093221087 | Associate Clinical Social Worker        | 102953 | Υ |
| Walsh  | Peter    | 1134570542 | Associate Marriage and Family Therapist | 131513 | Υ |
| Dragram Description, Case Management/ Prokerage: Montal Health Convince: |          |            |   |        |   |

**Program Name: Crisis** 

**Intervention Services** #9011

Type of Program: MH

Address: 1212 N. California St.

Program Description: Case Management/ Brokerage; Mental Health Services;

Medication Support; Crisis Intervention

City: Stockton, CA 95202 Phone Number: (209) 468-

8686

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Populations served: Adult, Children Adolescents

Cultural Competency: 24-Hour evaluation services including assessment for psychiatric emergencies, crisis counseling, outpatient and community referrals.

Non-English Languages: Span Office Hours: 24 HOURS

Cambodian, Vietnamese

website: https://www.sjcbhs.org/crisis\_intervention.aspx

| Last Name   | First Name | NPI        | Type of License                        | License # | СС |
|-------------|------------|------------|--|-----------|----|
| Alejo       | Stephanie  | 1659798130 | Licensed Psychiatric Technician        | 37033     | Υ  |
| Avelar      | Natalie    | 1801524657 | Associate Clinical Social Worker       | 120140    | Υ  |
| Ballesteros | Patricia   | 1790058352 | Licensed Marriage and Family Therapist | 108455    | Υ  |
| Bareng      | Jeff       | 1043753478 | Licensed Psychiatric Technician        | 40284     | Υ  |
| Bazua       | Melissa    | 1972944072 | Licensed Psychiatric Technician        | 36496     | Υ  |
| Blewett     | Jenna      | 1437658408 | Licensed Marriage and Family Therapist | 136866    | Υ  |
| Bringas     | Carmencita | 1821298753 | Licensed Marriage and Family Therapist | 53691     | Υ  |
| DeJesus     | Carolyn    | 1861650228 | Licensed Psychiatric Technician        | 34221     | Υ  |
| Douglas     | Roy        | 1407229248 | Associate Clinical Social Worker       | 98897     | Υ  |
| Figueroa    | Carlos     | 1306193933 | Licensed Marriage and Family Therapist | 102315    | Υ  |
|             |            |            | Associate Marriage and Family          |           |    |
| Garcia      | Frank      | 1992179352 | Therapist                              | 118171    | Υ  |

| Gill         | Paramijit | 1073629218 | Physician                              | A49224    | Υ |
|--------------|-----------|------------|--|-----------|---|
| Gill         | Sandeep   | 1871852673 | Licensed Psychiatric Technician        | 34942     | Υ |
| Graff        | Robert    | 1366560112 | Physician                              | G70479    | Υ |
| Guzman       | Omar      | 1558832712 | Associate Clinical Social Worker       | 108999    | Υ |
| Isham        | Loni      | 1891145033 | Licensed Psychiatric Technician        | 38233     | Υ |
| Ketcham      | Shauna    | 1841798865 | Licensed Clinical Social Worker        | 99975     | Υ |
| Lee          | Catherine | 1073729646 | Licensed Marriage and Family Therapist | 44225     | Υ |
| Lewis        | Chandra   | 1770914061 | Licensed Psychiatric Technician        | 37210     | Υ |
| Lewman       | Brenda    | 1821477035 | Licensed Marriage and Family Therapist | 106905    | Υ |
| McArthur     | Milagros  | 1477809929 | Licensed Psychiatric Technician        | 36471     | Υ |
|              |           |            | Associate Professional Clinical        |           |   |
| Melgarejo    | Angie     | 1891220729 | Counselor                              | 6643      | Υ |
| Menius       | Victoria  | 1487074258 | Licensed Psychiatric Technician        | 37534     | Υ |
| Molina Eliab | Sonya     | 1497878482 | Licensed Marriage and Family Therapist | 109801    | Υ |
| Morales      | Leonardo  | 1962822643 | Licensed Clinical Social Worker        | 100000    | Υ |
| Myotte       | Wendy     | 1265554638 | Licensed Marriage and Family Therapist | 84045     | Υ |
|              |           |            |  | CO5667051 |   |
| Pate         | Kellie    | 1609248368 | Substance Abuse Counselor II           | 8         | Υ |
|              |           |            |  |           |   |
| Phillips     | Heather   | 114530250  | Licensed Psychiatric Technician        | 41710     | Υ |

| Price  | Jennifer       | 1932621893         | Licensed Psychiatric Technician  | 40662     | Υ  |
|--|----------------|--------------------|--|-----------|----|
| Scharp   | Sam            | 1508526856         | Licensed Psychiatric Technician  | 42150     | Υ  |
| Sumampong  | Criselle       | 1073121414         | Licensed Psychiatric Technician  | 41696     | Υ  |
| Tupper   | Charles        | 1700944121         | Physician  | G185940   | Υ  |
| Valenzuela   | Maira          | 1093221087         | Associate Clinical Social Worker   | 102953    | Υ  |
| Walsh  | Peter          | 1134570542         | Therapist  | 131513    | Υ  |
| Program Name: Crisis Stabilization Units (CSU) #9032                         |                |                    | iption: Crisis Stabilization CSU   |           |    |
| Type of Program: MH Address: 1212 N. California St. City: Stockton, CA 95202 |                |                    |  |           |    |
| Phone Number: 8686   | (209) 468-     | Populations ser    | rved: Adult, Adolescents (12 yrs or older)   |           |    |
| <u>△</u> &   |                | -                  | etency: 23-Hour psychiatric assessment and seferrals are provided during admission and u |           |    |
| Non-English Lan  | guages: Spanis | Office Hours: O    | PEN 24 HOURS   |           |    |
| Cambodian, Viet  | namese         | website: https://v | vww.sjcbhs.org/crisis_intervention.aspx  |           |    |
| Last Name  | First Name     | NPI                | Type of License  | License # | CC |
| Andrade  | Oscar          | 1215661145         | Licensed Psychiatric Technician  | 42243     | Υ  |
| Arroyo   |                | 1255459061         | Registered Nurse   | 488617    | Υ  |

| Bareng   | Jeff      | 1043753478 | Licensed Psychiatric Technician        | 40284    | N |
|----------|-----------|------------|--|----------|---|
| Bokleman | Roy       | 111404003  | Licensed Psychiatric Technician        | 32628    | Υ |
| Brown    | Brandi    | 1316060023 | Registered Nurse                       | 713008   | Υ |
| Cabrera  | Gilbert   | 1679693766 | Registered Nurse                       | 565185   | Υ |
| Chavez   | Justin    | 1396479606 | Licensed Psychiatric Technician        | 42379    | N |
| Daniel   | Steven    | 1184366528 | Licensed Psychiatric Technician        | 41990    | N |
| Dapon    | Jeanette  | 1780152918 | Registered Nurse                       | 824521   | Υ |
| DeJesus  | Carolyn   | 1861650228 | Licensed Psychiatric Technician        | 34221    | Υ |
| Garcia   | Francisco | 1538899620 | Licensed Psychiatric Technician        | 42266    | Υ |
| Garcia   | Jazmin    | 1225763642 | Licensed Psychiatric Technician        | 42290    | Υ |
| Gonzalez | Frank     | 1447924923 | Registered Nurse                       | 95154361 | Υ |
| Graff    | Robert    | 1366560112 | Physician                              | G70479   | Υ |
| Guzman   | Omar      | 1558832712 | Associate Clinical Social Worker       | 108999   | Υ |
| Hardy    | Denise    | 1912202813 | Licensed Psychiatric Technician        | 33714    | Υ |
| Hawkins  | Lynnetta  | 1437436938 | Licensed Marriage and Family Therapist | 93110    | Υ |
| Holguin  | Gagriel   | 1255704094 | Licensed Psychiatric Technician        | 38216    | Υ |
| Holmes   | Sherronya | 1205214228 | Licensed Psychiatric Technician        | 37605    | Υ |
| Kaur     | Narinder  | 1063006294 | Licensed Psychiatric Technician        | 41886    | Υ |
| Kottke   | Marline   | 1891223111 | Licensed Vocational Nurse              | 198957   | Υ |
| Laizer   | Gloria    | 1255706479 | Registered Nurse                       | 764452   | Υ |
| Lambert  | Rekha     | 1164647525 | Licensed Marriage and Family Therapist | 10386    | Υ |

| Little     | Christy  | 1497978795 | Licensed Psychiatric Technician          | 28731      | Υ |
|------------|----------|------------|--|------------|---|
| Lo         | Muacong  | 1689300857 | Licensed Marriage and Family Therapist   | 42402      | Υ |
| Lo         | Pa       | 1295377117 | Licensed Psychiatric Technician          | 41128      | Υ |
|            |          |            |  |            |   |
| Maldonado  | Adan     | 1063878825 | Licensed Marriage and Family Therapist   | 139560     | Υ |
| Martin     | Kaitlyn  | 1548959802 | Licensed Psychiatric Technician          | 42399      | Υ |
| Mendoza    | Michelle | 1477951812 | Registered Nurse                         | 797022     | Υ |
| Michael    | Kimberly | 1538831151 | Licensed Psychiatric Technician          | 29086      | Υ |
| Mocko      | James    | 1558726224 | Licensed Psychiatric Technician          | 38249      | Υ |
| Montontos  | Michael  |            | Associate Marriage and Family            |            |   |
| Montantes  | Michael  | 1780018390 | Therapist                                | 146645     | Υ |
| Navarro    | Grace    | 1083737753 | Licensed Clinical Social Worker          | 91433      | Υ |
| Nguyen     | Thao     | 1912214065 | Licensed Marriage and Family Therapist   | 88176      | Υ |
| Nguyen     | Thao     | 1912214065 | Licensed Professional Clinical Counselor | 2720       | Υ |
| Pate       | Kellie   | 1609248368 | Substance Abuse Counselor                | CO56670518 | Υ |
| Rios       | Teri     | 1942323829 | Licensed Psychiatric Technician          | 29213      | Υ |
| Salon      | Jennifer | 1730702119 | Licensed Psychiatric Technician          | 41462      | Υ |
| Seraypheap | Arunny   | 1013037274 | Registered Nurse                         | 547944     | Υ |
| Sesante    | Maria    | 1851515720 | Licensed Psychiatric Technician          | 30936      | Υ |
| Smith      | Maria    | 1821624156 | Licensed Psychiatric Technician          | 41522      | Υ |

| Sous-Figueroa | Sokchear | 1316187362 | Registered Nurse                 | 95268104 | Υ |
|---------------|----------|------------|----------------------------------|----------|---|
|               |          |            | Associate Marriage and Family    |          |   |
| Stephens      | Julie    | 1376678722 | Therapist                        | 134410   | Υ |
|               |          |            | Associate Professional Clinical  |          |   |
| Stephens      | Julie    | 1376678722 | Counselor                        | 12831    | Υ |
| Tran          | Michelle | 1366642068 | Licensed Clinical Social Worker  | 81278    | Υ |
| Tuning        | Frankie  | 1073631727 | Registered Nurse                 | 95171895 | Υ |
| Tupper        | Charles  | 1700944121 | Physician                        | G185940  | Υ |
| Vang          | Mai      | 1982103081 | Licensed Psychiatric Technician  | 40697    | Υ |
| Varquez       | Sharon   | 1366682387 | Licensed Psychiatric Technician  | 34435    | Υ |
| Villasenor    | Kendra   | 1447518204 | Licensed Psychiatric Technician  | 36449    | Υ |
| Walter        | Taffie   | 1134570542 | Licensed Psychiatric Technician  | 32090    | Υ |
| Warfield      | Gena     | 1578928974 | Associate Clinical Social Worker | 120885   | Υ |
| Winck         | Angela   | 1083002992 | Registered Nurse                 | 701021   | Υ |
| Wright-       |          |            |                                  |          |   |
| Freeman       | Cody     | 1538584859 | Licensed Psychiatric Technician  | 37819    | Υ |

**Program Name: Forensic Court Full Service** Partnership (MHSA) #9091

**Program Description:** Case Management/ Brokerage; Mental Health Services; Medication Support; Crisis Intervention

Type of Program: MH

Address: 1212 N California St.

City: Stockton, CA 95202

Phone Number: (209) 468-8786

口点

Populations served: Adult

Cultural Competency: Provides comprehensive psychiatric and integrative services to address the needs of Mentally III Offenders.

Non-English Languages: Spani Office Hours: Monday - Friday 8:00 am- 5:00 pm

website: https://www.sjcbhs.org/index.aspx

| Last Name | First Name | NPI        | Type of License                           | License # | CC |
|-----------|------------|------------|---|-----------|----|
| Carrasco  | Rocio      | 1841720349 | Associate Clinical Social Worker          | 78314     | Υ  |
| Garcia    | Julio      | 1679961106 | Licensed Marriage and Family Therapist    | 108163    | Υ  |
|           |            |            | Associate Marriage and Family             |           |    |
| Regalado  | Berenice   | 1376027656 | Therapist                                 | 135946    | Υ  |
| Rodriguez | Jasmine    | 1326542879 | Associate Professional Clinical Counselor | 14224     | Υ  |

| Program Name:<br>Older Adult Life<br>(G.O.A.L.S. 75/2<br>Service Partners<br>#9093 | Skills<br>3) Full<br>ship (MHSA) |  | iption: Case Management/ Brokerage; Menta<br>ort; Crisis Intervention             | al Health Servio | ces; |  |
|--|----------------------------------|--|---|------------------|------|--|
| Type of Program Street City: Stockton, C   |                                  |  |   |                  |      |  |
| Phone Number: (209) 468-<br>3760   |                                  | Populations ser                                | ved: Older Adult  |                  |      |  |
| △よ   |                                  | <del>-</del>                                   | tency: Full Service Partnership with the emphed older adult population ages (60+) | asis on outrea   | ch   |  |
| Non-English Lan  | guages: Span                     | Office Hours: Monday - Friday 8:00 am- 5:00 pm |   |                  |      |  |
|  |                                  | website: https://v                             | vww.sjcbhs.org/adult.aspx   |                  |      |  |
| Last Name  | First Name                       | NPI  | Type of License   | License #        | CC   |  |
| Resendez   | Cynthia                          | 1780877845                                     | Physician   | A84098           | Υ    |  |
| Program Name: Housing Services #39BE Type of Program: MH                           |                                  | Program Descri<br>Crisis Intervention          | i <b>ption:</b> Case Management/ Brokerage; Menta<br>on                           | ll Health Servic | es;  |  |

| Street<br>City: Stockton, 0  | CA 95202                         |                   |   |                   |    |  |  |  |  |
|--|----------------------------------|-------------------|---|-------------------|----|--|--|--|--|
| Phone Number: 8880   | Phone Number: (209) 468-<br>8880 |                   | Populations served: Adult   |                   |    |  |  |  |  |
| <u>△</u> &   |                                  | •                 | Cultural Competency: Transitional housing program focusing on engaging the target population and facilitating prgress in recovery.  |                   |    |  |  |  |  |
| Non-English Lar  | Non-English Languages:           |                   | Monday - Friday 8:00 am- 5:00 pm  |                   |    |  |  |  |  |
|  | _                                | website: https:// | www.sjcbhs.org/adult.aspx   |                   |    |  |  |  |  |
| Last Name  | First Name                       | NPI               | Type of License   | License #         | CC |  |  |  |  |
| Jackson  | Sasha                            | 1295181295        | Licensed Clinical Social Worker   | 96641             | Υ  |  |  |  |  |
|  |                                  |                   | Associate Marriage and Family   |                   |    |  |  |  |  |
| Murray   | Karen                            | 1346735917        | Therapist   | 138441            | Υ  |  |  |  |  |
|  |                                  |                   | Associate Marriage and Family   |                   |    |  |  |  |  |
| Washington   | Lorraine                         | 1639722820        | Therapist   | 127280            | N  |  |  |  |  |
| Program Name: InSPIRE (MHSA) #39AN  Type of Program: MH Address: 1212 N. California St. City: Stockton, CA 95202 |                                  | Coordination (IC  | ription:Case Management/ Brokerage incl<br>CC); Mental Health Services including Inte<br>r; Medication Support; Crisis Intervention | ensive Home Based |    |  |  |  |  |

| Phone Number: (209) 468-<br>8880<br>스 ೬<br>Languages:Spanish, |            | community oppo   | rved: Adult etency: MHSA innovation component providing ortunities to specialized cohorts. Monday-Friday 8:00 am- 5:00 pm                    | g learning |    |  |
|---|------------|--|--|------------|----|--|
| Cambodian, Vie  | · ·        |  | www.sjcbhs.org/index.aspx  |            |    |  |
| Last Name   | First Name | NPI  | Type of License  | License #  | СС |  |
| Brown   | Monique    | 1962641050   | Licensed Marriage and Family Therapist   | 46467      | S  |  |
|   |            |  | Associate Professional Clinical  |            |    |  |
| Galvan  | Abraham    | 1386349165   | Counselor  | 17103      | S  |  |
|   |            |  | Associate Marriage and Family  |            |    |  |
| Johnson   | Elizabeth  | 1730919010   | Therapist  | 149281     | S  |  |
| Clinic Full Service   |            | Coordination (IC   | ription: Case Management/ Brokerage includin<br>CC); Mental Health Services including Intensive<br>; Medication Support; Crisis Intervention | ~          |    |  |
| Phone Number: 2335  | (209) 468- | Populations served: Adult - Focus on Latino outreach and access. |  |            |    |  |

| △点                              |                 | Cultural Competency: Psychiatric assessment, case management, medication support, individual and group therapy with a special emphasis on serving Spanish-speaking persons |   |           |    |  |
|---------------------------------|-----------------|--|---|-----------|----|--|
| Non-English Lar                 | nguages: Spanis | Office Hours: M  | londay - Friday 8:00 am- 5:00 pm  |           |    |  |
|                                 |                 | website: https://v   | www.sjcbhs.org/adult.aspx   |           |    |  |
| Last Name                       | First Name      | NPI  | Type of License   | License # | CC |  |
| Amador                          | Keith           | 1891127403   | Licensed Marriage and Family Therapist  | 102725    | Υ  |  |
| Cruz                            | Gloria          | 1104375724   | Registered Nurse  | 723203    | Υ  |  |
| Fernandez                       | Jane            | 1194799395   | Physician   | A93060    | Υ  |  |
|                                 |                 |  | Associate Marriage and Family   |           |    |  |
| Flores                          | Henry           | 1992038657   | Therapist   | 123887    | Υ  |  |
| Hollowell                       | Shirley         | 1124143474   | Registered Nurse  | 352081    | Υ  |  |
| Hudson                          | Dana            | 1225172489   | Licensed Marriage and Family Therapist  | 82994     | Υ  |  |
| Resendez                        | Cynthia         | 1780877845   | Physician   | A84098    | Υ  |  |
| Smith                           | Pamela          | 1902889694   | Physician   | G84663    | Υ  |  |
| Graham Children's Shelter Coord |                 | Coordination (IC   | iption: Case Management/ Brokerage including CC); Mental Health Services including Intensive (including Support; Crisis Intervention) | •         |    |  |

| Phone Number: (209) 468-<br>6966<br>스  |           | Populations served: Children and Youth  |  |           |                 |           |    |
|--|-----------|---|--|-----------|-----------------|-----------|----|
|  |           | Cultural Competency: Provides outpatient mental health services to residents of Mary Graham Children's Shelter.  Office Hours: 24 HOURS Monday through Friday 8-5 pm  |  |           |                 |           |    |
|  |           |   |  |           |                 |           |    |
|  |           | Last Name   | First Name                             | NPI       | Type of License | License # | CC |
| Agans  | Adrianna  | 1851831242  | Licensed Marriage and Family Therapist | 131299    | Υ               |           |    |
| Kumar  | Gaurav    | 1235513102  | Physician                              | A151187   | Υ               |           |    |
| Torres   | Josephine | 1467018044  | Licensed Marriage and Family Therapist | 144676    | Υ               |           |    |
|  |           |   |  |           |                 |           |    |
| Washington   | Kerry     | 1689391997  | Registered Nurse                       | RN5599310 | Υ               |           |    |
| Yocham   | Amanda    | 1326103516  | Licensed Marriage and Family Therapist | 79068     | Υ               |           |    |
| Program Name: MHSA TAY FSP #39B1  Type of Program: MH Address: 1212 N. California St. City: Stockton, CA 95202 |           | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention |  |           |                 |           |    |
| Phone Number:(209) 468-2335  |           | Populations served: Adults  |  |           |                 |           |    |

| 습 点<br>Non-English Languages:                       |           | Cultural Competency: Full service partnership providing outpatient mental health services  Office Hours: Monday - Friday 8:00 am- 5:00 pm  website: https://www.sjcbhs.org/index.aspx |                                 |        |   |  |  |           |            |            |                                  |           |    |
|---|-----------|---|---------------------------------|--------|---|--|--|-----------|------------|------------|----------------------------------|-----------|----|
|   |           |   |                                 |        |   |  |  | Last Name | First Name | NPI        | Type of License                  | License # | CC |
|   |           |   |                                 |        |   |  |  | Ekpokai   | Tsola      | 1518603927 | Associate Clinical Social Worker | 94485     | Υ  |
| Schmidt   | Katarzyna |   | Associate Marriage and Family   |        |   |  |  |           |            |            |                                  |           |    |
|   |           | 1285290346  | Therapist                       | 130542 | Υ |  |  |           |            |            |                                  |           |    |
|   |           |   | Associate Professional Clinical |        |   |  |  |           |            |            |                                  |           |    |
| Williams  | Showvon   | 1689133464  | Counselor                       | 14222  | Υ |  |  |           |            |            |                                  |           |    |
| Program Name: Older Adult<br>Services (OAS) #3980   |           | Program Description: Case Management/ Brokerage; Mental Health Services; Medication Support; Crisis Intervention  |                                 |        |   |  |  |           |            |            |                                  |           |    |
| Type of Program: MH Street City: Stockton, CA 95202 |           |   |                                 |        |   |  |  |           |            |            |                                  |           |    |
| Phone Number: (209) 468-<br>3760                    |           | Populations served: Older Adult   |                                 |        |   |  |  |           |            |            |                                  |           |    |

| △よ  |            | Cultural Competency: Comprehensive Behavioral Health Services for older adults (60+) provided by a multidisciplinary team. Services include psychiatric assessment, medication support, group, individual therapy and case management.             |  |           |    |  |
|---|------------|--|--|-----------|----|--|
| Non-English Lar   | nguages:   | Office Hours:  | Monday - Friday 8:00 am- 5:00 pm       |           |    |  |
| Spanish, Cambo  | odian,     | website: https://v   | www.sjcbhs.org/older_adult.aspx        |           |    |  |
| Last Name   | First Name | NPI  | Type of License                        | License # | CC |  |
| Chukwuka  | Ogiram     | 1063662781   | Licensed Clinical Social Worker        | 81785     | Υ  |  |
| House   | Tracy      | 1720503550   | Licensed Psychiatric Technician        | 32050     | Υ  |  |
| Resendez  | Cynthia    | 1780877845   | Physician                              | A84098    | Υ  |  |
|   |            |  | Associate Professional Clinical        |           |    |  |
| Stephens  | Sonya      | 1558020123   | Counselor                              | 11864     | Υ  |  |
| Tracy   | Kelly      | 1508510033   | Associate Clinical Social Worker       | 117056    | Υ  |  |
| Vales   | Kevin      | 1952525909   | Licensed Marriage and Family Therapist | 79770     | Υ  |  |
| Wellbeing #9020 Type of Program: MH Street Ste 4 City: Stockton, CA 95202 |            | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention  Population Served: Children and Youth |  |           |    |  |

**Cultural Competency:** Provides in-home and in-community outpatient mental health services to W&I Code 300 dependent SJC children  $\triangle$ Non-English Languages: Spanis Office Hours: Monday - Friday 8:00 am - 5:00 pm website: https://www.sjcbhs.org/index.aspx **First Name** NPI License # **Last Name** Type of License CC 1154893683 Licensed Clinical Social Worker 101688 **Barajas** Lauren Castaneda-Υ 1376664862 Licensed Marriage and Family Therapist |81528 Jensen Renessa **Associate Marriage and Family** Cupit Christy 1386286383 Therapist 120662 Υ Licensed Marriage and Family Therapist | 120167 Del Toro Jose 1578058681 Salena 139138 Υ 1679098776 Licensed Marriage and Family Therapist **Boulware** Gutierrez 1023473469 Licensed Clincial Social Worker 71535 Antonio Licensed Marriage and Family Therapist | 117262 Rita 1659629285 Herron Licensed Marriage and Family Therapist | 141235 1932767225 Υ **Alexis** Lopez Payne Sheilena 1336437656 Licensed Marriage and Family Therapist 94571 Υ Associate Professional Clinical Pinon Karen 1518572320 Counselor 10658 Υ Rivas-Olivares | Yulisa 96813 Υ 1801445085 Associate Clinical Social Worker

Program Name: Peterson **Hall** #9009

Type of Program: MH

△よ

Address: 535 W Matthews Rd City: French Camp, CA 95231 Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention

Phone Number (209)468-4240

Populations served: Children and Youth

**Cultural Competency:** Provides outpatient mental health services to youth detained at Peterson Hall.

Non-English Languages: Spani Office Hours: Monday - Friday 8:00 am - 8:00 pm

Saturday - Sunday 10:00 am - 7:00 pm

website: https://www.sicbhs.org/index.aspx

| Last Name | First Name | NPI        | Type of License                        | License # | CC |  |
|-----------|------------|------------|--|-----------|----|--|
| Agans     | Adrianna   | 1851831242 | Licensed Marriage and Family Therapist | 131299    | Υ  |  |
| DeLaTorre | Sandra     | 1679976229 | Associate Clinical Social Worker       | 1122335   | Υ  |  |
| Mullen    | Alvin Jay  | 1336808971 | Licensed Psychiatric Technician        | 41866     | Υ  |  |
| Pablico   | Shiella    | 1588036321 | Licensed Psychiatric Technician        | 37620     | Υ  |  |
| Shabneet  | Hira Brar  | 1851598452 | Physician                              | A112447   | Υ  |  |
| Yocham    | Amanda     | 1326103516 | Licensed Marriage and Family Therapist | 79068     | Υ  |  |
| Zodikoff  | Katelyn    | 1629418678 | Licensed Marriage and Family Therapist | 138440    | Υ  |  |

Program Name: Psychiatric **Health Facility (PHF)** #3976

Type of Program: MH

Address: 1212 N. California St

City: Stockton, CA 95202 Phone Number: (209) 468-

8686

合体

Cambodian, Vietnamese

**Program Description:** Non-Hospital PHF

Populations served: Adult

**Cultural Competency:** Inpatient psychiatric hospitalization services

Non-English Languages:Spanis Office Hours: OPEN 24 HOURS

website: https://www.sjcbhs.org/psychiatric\_health\_facility.aspx

| Last Name | First Name | NPI        | Type of License                 | License # | СС |
|-----------|------------|------------|---------------------------------|-----------|----|
| Abundez   | Jesse      | 1841413036 | Licensed Psychiatric Technician | 29162     | Υ  |
| Arroyo    |            | 1255459061 | Registered Nurse                | 488617    | Υ  |
| Bareng    | Jeff       | 1043753478 | Licensed Psychiatric Technician | 40284     | N  |
| Bokelman  | Roy        | 111404003  | Licensed Psychiatric Technician | 32628     | Υ  |
| Brown     | Brandi     | 1316060023 | Registered Nurse                | 713008    | Υ  |
| Cabrera   | Gilbert    | 1679693766 | Registered Nurse                | 565185    | Υ  |
| Camello   | Bena       | 1053581116 | Licensed Clincial Social Worker | 65302     | Υ  |
| Clutario  | Dindo      | 1164664512 | Licensed Psychiatric Technician | 34295     | Υ  |
| Daniel    | Steven     | 1184366528 | Licensed Psychiatric Technician | 41990     | Υ  |

| Dapon   | Jeanette  | 1780152918 | Registered Nurse                       | 824521 | Υ |
|---------|-----------|------------|--|--------|---|
| DeJesus | Carolyn   | 1861650228 | Licensed Psychiatric Technician        | 34221  | Υ |
| Gill    | Paramijit | 1073629218 | Physician                              | A49224 | Υ |
| Graff   | Robert    | 1366560112 | Physician                              | G70479 | Υ |
| Harbin  | Toni      | 1639475049 | Licensed Psychiatric Technician        | 28726  | Υ |
| Hardy   | Denise    | 1912202813 | Licensed Psychiatric Technician        | 33714  | Υ |
| Holmes  | Sherronya | 1205214228 | Licensed Psychiatric Technician        | 37605  | Υ |
| Kaur    | Narinder  | 1063006294 | Licensed Psychiatric Technician        | 41886  | Υ |
| Kottke  | Marline   | 1891223111 | Licensed Vocational Nurse              | 198957 | Υ |
| Laizer  | Gloria    | 1255706479 | Registered Nurse                       | 764452 | Υ |
| Lambert | Rekha     | 1164647525 | Licensed Marriage and Family Therapist | 103862 | Υ |
| Limas   | Stephanie | 1053433748 | Licensed Marriage and Family Therapist | 99397  | Υ |
| Little  | Christy   | 1497978795 | Licensed Psychiatric Technician        | 28731  | Υ |
| Lo      | Muacong   | 1689300857 | Licensed Marriage and Family Therapist | 42402  | N |
| Martin  | Kaitlyn   | 1548959802 | Licensed Psychiatric Technician        | 42399  | N |
| Mendoza | Michelle  | 1477951812 | Registered Nurse                       | 797022 | Υ |
| Michael | Kimberley | 1538831151 | Licensed Psychiatric Technician        | 29086  | N |
| Mocko   | James     | 1558726224 | Licensed Psychiatric Technician        | 38249  | Υ |
| Myotte  | Wendy     | 1265554638 | Licensed Marriage and Family Therapist | 84045  | Υ |
| Ota     | Robert    | 1578786554 | Licensed Psychiatric Technician        | 33792  | Υ |
| Pinano  | Paolo     | 1245352616 | Licensed Psychiatric Technician        | 33726  | Υ |

| Rios  | Teri       | 1942323829                    | Licensed Psychiatric Technician   | 29213     | Υ |  |
|---|------------|-------------------------------|---|-----------|---|--|
| Ruiz  | Ronald     | 1700907094                    | Licensed Psychiatric Technician   | 27494     | Υ |  |
| Sahota  | Mandeep    | 1609536994                    | Registered Nurse  | 831415    | Υ |  |
| Seraypheap  | Arunny     | 1013037274                    | Registered Nurse  | 547944    | Υ |  |
| Sesante   | Maria      | 1851515720                    | Licensed Psychiatric Technician   | 30936     | Υ |  |
| Silver  | Hilary     | 1720201221                    | Physician   | C33442    | Υ |  |
| Sous-Figueroa   | Sokchear   | 1316187362                    | Registered Nurse  | 95268104  | Υ |  |
| Tuning  | Frankie    | 1073631727                    | Registered Nurse  | 95171895  | Ν |  |
| Tupper  | Charles    | 1700944121                    | Physician   | G185940   | Υ |  |
| Varquez   | Sharon     | 1366682387                    | Licensed Psychiatric Technician   | 34435     | Υ |  |
| Villasenor  | Kendra     | 1447518204                    | Licensed Psychiatric Technician   | 36449     | Υ |  |
| Winck   | Angela     | 1083002992                    | Registered Nurse  | 701021    | Υ |  |
| Program Name: Restart Type of Program: MH  Program Descri |            | linkages to hous              | iption: Outpatient case management, care co ing and employment resources for individuals ers and Justice Involvement. |           |   |  |
| Phone Number: 9373  | (209) 468- | Populations served: Adult     |   |           |   |  |
| ΔŁ  |            | Cultural Compe<br>Involvement | etency: Adults with history of and risk of furthe   | r Justice |   |  |

|                |                              | website. https:// | www.sjcbhs.org/index.aspx  |                |      |
|----------------|------------------------------|-------------------|--|----------------|------|
| ast Name       | First Name                   | NPI               | Type of License  | License #      | CC   |
|                |                              |                   | Associate Marriage and Family  |                |      |
| Bautista       | Daniel                       | 1407490733        | Therapist  | 112805         | Υ    |
| Brown          | Monique                      | 1962641050        | Licensed Marriage and Family Therapist   | 46467          | Υ    |
| Castro         | Gerardo                      | 1780123737        | Associate Clinical Social Worker   | 117866         | Υ    |
| City: Lodi, CA | s 1, 3, 5, 6, 7, 9,<br>95240 |                   | rved: Adult, Children, and Youth   |                |      |
|                |                              | children, youth,  | etency: Comprehensive mental health services and their families living in North County area. Sesment, medication support, group and individu | ervices includ | le ´ |

|               |              | website: https://www.sjcbhs.org/adult.aspx |  |           |    |  |  |
|---------------|--------------|--|--|-----------|----|--|--|
| Last Name     | First Name   | NPI  | Type of License                        | License # | CC |  |  |
|               |              |  | Associate Marriage and Family          |           |    |  |  |
| Abdullahi     | Krissie      | 1407307762                                 | Therapist                              | 125000    | Υ  |  |  |
| Alban         | Benjamin     | 1932227295                                 | Licensed Clinical Social Worker        | 26094     | Υ  |  |  |
| Alcaraz Tapia | Maria Marler | 1942470299                                 | Licensed Marriage and Family Therapist | 93646     | Υ  |  |  |
| Allanki       | Sailaja      | 1306897723                                 | Physician                              | 138838    | Υ  |  |  |
| Chavez        | April        | 1760959670                                 | Licensed Marriage and Family Therapist | 113250    | Υ  |  |  |
|               |              |  | Associate Professional Clinical        |           |    |  |  |
| Cusumano      | Katherine    | 1659988822                                 | Counselor                              | 8125      | Υ  |  |  |
| Dhillon       | Gipanjot     | 1013446046                                 | Physician                              | A21935    | Υ  |  |  |
| Hill          | Patricia     | 1902926231                                 | Licensed Marriage and Family Therapist | 23764     | Υ  |  |  |
| Hollowell     | Shirley      | 1124143474                                 | Registered Nurse                       | 352081    | Υ  |  |  |
| Kumar         | Gaurav       | 1235513102                                 | Physician                              | A151187   | Υ  |  |  |
| Padilla       | Cassandra    | 1477137289                                 | Registered Nurse                       | 95137004  | Υ  |  |  |
| Phillips      | Victoria     | 1871110437                                 | Associate Clinical Social Worker       | 92751     | Υ  |  |  |
| Ramires       | Azucena      | 1316497274                                 | Therapist                              | 130891    | Υ  |  |  |
| Ramiscal      | Rio          | 1851046700                                 | Licensed Psychiatric Technician        | 42121     | N  |  |  |
| Rizvi         | Saba         | 1619190501                                 | Physician                              | A95786    | Υ  |  |  |

|  |            |  | Associate Marriage and Family   |                |    |  |
|--|------------|--|---|----------------|----|--|
| Romero   | Karla      | 1083133276   | Therapist   | 100573         | Υ  |  |
| Saelee   | Cindy      | 1255511614   | Licensed Clinical Social Worker   | 82456          | Υ  |  |
| Saluja   | Amandeep   | 1588894778   | Physician   | C175781        | Υ  |  |
| Soares   | Ana        | 1922191410   | Physician   | A68523         | Υ  |  |
| Tamayo   | Donelle    | 1073871216   | Registered Nurse  | 551864         | Υ  |  |
| County MH Services Tracy<br>Clinic #9048  Type of Program: MH Street City: Tracy, CA 95376 |            | ,  | C); Mental Health Services including Intensivention; Medication Support; Crisis Intervention  |                |    |  |
| Phone Number: (5941  | (200) 001  | Populations served: Adult                                |   |                |    |  |
| ്ര<br>Non-English Languages: Spanis  |            | living in South C<br>support, group a<br>Office Hours: N | etency: Comprehensive mental health service ounty area. Services include psychiatric assess and individual therapy, and case management.  Monday - Friday 8:00 am - 5:00 pm | ssment, medica | ,  |  |
|  |            |  | www.sjcbhs.org/adult.aspx   | l              |    |  |
| Last Name  | First Name | NPI  | Type of License   | License #      | CC |  |

| Arcega    | Christina   | 1609219450 | Licensed Marriage and Family Therapist | 137032 | Ν |
|-----------|-------------|------------|--|--------|---|
| Dwyer     | Danyelle    | 1124672266 | Associate Clinical Social Worker       | 115736 | Υ |
| Everson   | Maja        | 1811975139 | Physician                              | 172144 | Υ |
|           | Jon         |            |  |        |   |
| Gutoman   | Christopher | 1578814042 | Licensed Marriage and Family Therapist | 130945 | Υ |
| Hollowell | Shirley     | 1124143474 | Registered Nurse                       | 352081 | Υ |
| Jackson   | Sasha       | 1295181295 | Licensed Clinical Social Worker        | 96641  | Υ |
| Keys      | Sheryl      | 1942664875 | Psychiatric Technician                 | 38333  | Υ |
| Pasa      | Angelo      | 1689874125 | Registered Nurse                       | 691250 | Υ |
| Stokes    | Vicki       | 1164061024 | Licensed Clinical Social Worker        | 117183 | Υ |

**Program Name:** 

Transcultural Clinic (TCC) -Full range of specialty mental health services and intensive case management program. #9014

Type of Program: MH

Address: 4422 N. Pershing City: Stockton, CA 95207

Phone Number: (209) 953-

8843

**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:** Adult Focus on outreach and access for the Southeast

Asian populations

| <u>∩</u> &              |            | Cultural Competency: Full Service Partnership with emphasis on serving persons from Southeast Asia. Services available in Cambodian (Khmer), Hmong, Laotian (Lao) and Vietnamese. |   |           |    |  |
|-------------------------|------------|---|---|-----------|----|--|
| Non-English La          | inguages:  |   | Monday - Friday, 8:00 am - 5:00 pm  |           |    |  |
|                         | <b></b>    | ·   | www.sjcbhs.org/transcultural_clinic.aspx  |           |    |  |
| Last Name               | First Name | NPI   | Type of License   | License # | CC |  |
| Chukwuka                | Ogiram     | 1063662781  | Licensed Clinical Social Worker   | 81785     | Υ  |  |
| Hollowell               | Shirley    | 1124143474  | Registered Nurse  | 352081    | Υ  |  |
| Nguyen                  | Quynh-Chi  | 1417371014  | Registered Nurse  | 845080    | Υ  |  |
| Smith                   | Pamela     | 1902889694  | Physician   | G84663    | Υ  |  |
|                         |            |   | Associate Marriage and Family   |           |    |  |
| Thao                    | Seelina    | 1215093653  | Therapist   | 130779    | Υ  |  |
| Xiong                   | Maly       | 1932218849  | Licensed Marriage and Family Therapist  | 86055     | Υ  |  |
| Program Name: Southeast |            | Coordination (IC  | ription: Case Management/ Brokerage included (CC); Mental Health Services including Intensive (Fig. 1); Medication Support; Crisis Intervention |           |    |  |
| Type of Progra          | m: MH      |   |   |           |    |  |

| Avenue, Suite Dity: Stockton, (         |                        |   |   |           |    |  |  |
|---|------------------------|---|---|-----------|----|--|--|
| Phone Number: (209) 953-<br>8843<br>습 & |                        | Populations served: Adult Focus on outreach and access for the Southeast Asian population   |   |           |    |  |  |
|   |                        | Cultural Competency: Full Service Partnership with emphasis on serving persons from Southeast Asia. Services available in Cambodian (Khmer), Hmong, Laotian (Lao) and Vietnamese. |   |           |    |  |  |
| Non-English La                          | Non-English Languages: |   | Office Hours: Monday - Friday, 8:00 am - 5:00 pm          |           |    |  |  |
| Last Name                               | First Name             | NPI   | www.sjcbhs.org/transcultural_clinic.aspx  Type of License | License # | СС |  |  |
| Hollowell                               | Shirley                | 1124143474  | Registered Nurse  | 352081    | Υ  |  |  |
| Kazmi                                   | Syed                   | 1437310273  | Physician   | A33815    | Υ  |  |  |
| Nguyen                                  | Quynh-Chi              | 1417371014  | Registered Nurse  | 845080    | Υ  |  |  |
| Smith                                   | Pamela                 | 1902889694  | Physician   | G84663    | Υ  |  |  |
| Thao                                    | Seelina                | 1215093653  | Associate Marriage and Family Therapist                   | 130779    | Υ  |  |  |
| Xiong                                   | Maly                   | 1932218849  | Licensed Marriage and Family Therapist                    | 86055     | Υ  |  |  |
| CONTRACT O                              | RGANIZATION            | AL PROVIDERS  |   |           |    |  |  |
| Program Name: ASPIRAnet<br>#39AR        |                        | Program Description: Case Management Brokerage/Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based   |   |           |    |  |  |

Type of Program: MH Address: 6 S. El Dorado City: Stockton, CA 95202 Phone Number: (209) 478-

9862

心点

Non-English Languages:

Services (IHBS); Therapeutic Behavioral Services (TBS); Crisis Intervention

Populations served: Children and Youth

Cultural Competency: Provides Therapeutic Behavioral Services (TBS) and crisis stabilization services as an alternative to psychiatric hospitalization.

Office Hours: Monday - Friday, 8:00 am - 5:00 pm

website: https://www.aspiranet.org

|            |                 | -          |                                  |           | T  |
|------------|-----------------|------------|----------------------------------|-----------|----|
| Last Name  | First Name      | NPI        | Type of License                  | License # | CC |
| Benitez    | Benitez Felecia | 1780389015 | Associate Clinical Social Worker | 113910    | Υ  |
|            |                 |            | Associate Professional Clinical  |           |    |
| Carpenter  | Brandon         | 1659148963 | Counselor                        | 14610     | Υ  |
|            |                 |            | Associate Marriage and Family    |           |    |
| Garcia     | Isamar          | 1093461576 | Therapist                        | 137674    | Υ  |
|            |                 |            | Associate Marriage and Family    |           |    |
| Juarez     | Lucerito        | 1417436155 | Therapist                        | 127517    | Υ  |
|            |                 |            | Associate Marriage and Family    |           |    |
| Roma Sheen | Cachero         | 1962008565 | Therapist                        | 142415    | Υ  |
| Singh      | Aneesha         | 1649935743 | Associate Clinical Social Worker | 123850    | Υ  |

| Program Name: Casa<br>Pacifica #39AB                    |                                  | Program Description: Case Management Brokerage/Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Therapeutic Behavioral Services (TBS); Crisis Intervention |  |               |       |  |
|---|----------------------------------|---|--|---------------|-------|--|
| Type of Program<br>Address: 1722 S<br>City: Camarrillo, | S. Lewis Road                    |   |  |               |       |  |
| Phone Number: 1422                                      | Phone Number: (805) 981-<br>1422 |   | ved: Children and Youth                        |               |       |  |
| △歩  |                                  | <b>Cultural Compe</b>   | tency: Provides outpatient mental health servi | ces           |       |  |
| Non-English Lan   | guages:                          | Office Hours: Monday - Friday, 8:00 am - 5:00 pm  |  |               |       |  |
|   |                                  | website: https://www.casapacifica.org/  |  |               |       |  |
| Last Name   | First Name                       | NPI   | Type of License                                | License #     | CC    |  |
| <b>OUT OF COUN</b>                                      | TY PROVIDER                      |   |  |               |       |  |
| Program Name:<br>(University of the #39A1               | ne Pacific)                      | Program Descri  | ption: Mental Health Services Intensive Hor    | ne Based Serv | vices |  |
| Type of Program   | I. IVITI                         |   |  |               |       |  |

| Phone Number: (209) 464-<br>5519                                |                       | Populations served: Adult                              |  |              |    |  |  |
|---|-----------------------|--|--|--------------|----|--|--|
| △よ  |                       | Cultural Compe   | tency: Behavioral Intervention Services  |              |    |  |  |
| Non-English Lan   | guages: Span          | Office Hours:  | Monday - Friday 8:00 am - 5:00 pm  |              |    |  |  |
|   |                       | website: none  |  |              |    |  |  |
| Last Name   | First Name            | NPI  | Type of License  | License #    | CC |  |  |
| NON LICENSED  | STAFF ONLY            |  |  |              |    |  |  |
|   |                       |  |  |              |    |  |  |
| Youth Center # Type of Program Address: 714 W City: Grass Valle | : MH<br>. Main Street | Services (IHBS);                                       | C); Mental Health Services including Intensive Medication Support; Crisis Intervention | e Home Based |    |  |  |
| Phone Number: (9800   | (530) 477-            | Populations served: Children and Youth                 |  |              |    |  |  |
| △よ  |                       | Cultural Competency: Outpatient Mental Health Services |  |              |    |  |  |
| Non-English Lan   | guages:               | Office Hours: Monday - Friday 8:00 am - 5:00 pm        |  |              |    |  |  |
|   | •                     | website: https://www.charisyouthcenter.org/            |  |              |    |  |  |
| Last Name   | First Name            | NPI  | Type of License  | License #    | CC |  |  |

| OUT OF COU         | NTY PROVIDER   |   |  |                |     |  |  |
|--------------------|----------------|---|--|----------------|-----|--|--|
|                    |                |   |  |                |     |  |  |
| <b>Program Nam</b> | e: Child Abuse | Program Descr   | iption: Case Management/ Brokerage includir    | ng Intensive C | are |  |  |
| Prevention Co      | ouncil #39AS   | ,   | C); Mental Health Services including Intensive | Home Based     |     |  |  |
|                    |                | Services (IHBS)   | ; Crisis Intervention                          |                |     |  |  |
| Type of Progra     | m: MH          |   |  |                |     |  |  |
| Street             |                |   |  |                |     |  |  |
| City: Stockton,    | CA 95202       |   |  |                |     |  |  |
| 5311               |                | Populations served: Children and Youth                                    |  |                |     |  |  |
|                    |                | Cultural Competency: Provides outpatient mental health services utilizing |  |                |     |  |  |
| △よ                 |                | strengthening family approach   |  |                |     |  |  |
| Non-English La     | anguages:      | Office Hours: Monday - Friday 8:00 am - 5:00 pm                           |  |                |     |  |  |
|                    |                | website: www.n  | ochildabuse.org                                |                |     |  |  |
| Last Name          | First Name     | NPI   | Type of License                                | License #      | CC  |  |  |
| Archangel          | Ashle          | 1801216965  | Therapist                                      | 106324         | Υ   |  |  |
| Beck               | Vienna         | 1396390878  | Therapist                                      | 128219         | Υ   |  |  |
| Jacka              | Karen          | 1790908788  | Licensed Clinical Social Worker                | 16470          | Υ   |  |  |
| Looney             | Taylere        | 1003553223  | Therapist                                      | 137603         | Υ   |  |  |
| Lowe               | Cassandra      | 1205278694  | Licensed Marriage and Family Therapist         | 118868         | Υ   |  |  |

Program Name: Children's Home of Stockton #39BC

**Program Description:** Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Med Support; Crisis Intervention

Type of Program: MH

Address: 430 N. Pilgrim Street

City: Stockton, CA 95205

Phone Number: (209) 466-

0853

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Non-English Languages:

Populations served: Youth and Adolescent

**Cultural Competency:** Short Term Residential Therapeutic Program

Office Hours: 24 HOURS

Website: https://chstockton.org/

| Last Name | First Name | NPI        | Type of License                 | License # | CC |
|-----------|------------|------------|---------------------------------|-----------|----|
|           |            |            | Associate Marriage and Family   |           |    |
| Lopez     | Stephanie  | 1184385908 | Therapist                       | 138590    | Υ  |
|           |            |            | Associate Marriage and Family   |           |    |
| Randolph  | Jordyn     | 1699462150 | Therapist                       | 148785    | Υ  |
| Reinhardt | Janae      | 1689296311 | Licensed Clinical Social Worker | 120751    | Υ  |
| Ruggles   | James      | 2084P0804X | Physician                       | C35361    | Υ  |
| Thomas    | Tiffany    | 1376232850 | Community Health Worker         | NA        | Υ  |

| Program Name: Children's<br>Home of Stockton - Triplex<br>Cottages #39BJ |                             | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Med Support; Crisis Intervention |   |                    |        |  |  |
|--|-----------------------------|--|---|--------------------|--------|--|--|
| Type of Progra   | m: MH                       |  |   |                    |        |  |  |
| Address 1227 E Lindsay St<br>City: Stockton, CA 95205                    |                             |  |   |                    |        |  |  |
| Phone Number   | Phone Number:(209) 466-0853 |  | erved: Youth and Adolecent              |                    |        |  |  |
| △よ   | ,                           | Cultural Competency: Short Term Residential Therapeutic Program  |   |                    |        |  |  |
| Non-English La   | inguages:                   | Office Hours: 24 HOURS   |   |                    |        |  |  |
|  |                             | website: https://chstockton.org/   |   |                    |        |  |  |
| Last Name  | First Name                  | NPI  | Type of License                         | License #          | CC     |  |  |
| Lopez  | Stephanie                   | 1184385908   | Therapist                               | 138590             | Υ      |  |  |
| Randolph   | Jordyn                      | 1699462150   | Therapist                               | 148785             | Υ      |  |  |
| Reinhardt  | Janae                       | 1689296311   | Licensed Clinical Social Worker         | 120751             | Υ      |  |  |
| Ruggles  | James                       | 2084P0804X   | Physician                               | C35361             | Υ      |  |  |
| Thomas   | Tiffany                     | 1376232850   | Community Health Worker                 | NA                 | Υ      |  |  |
| Program Name: Community Re-Entry Program ILS #9044                       |                             | Program Desc<br>Crisis Interventi  | ription: Case Management/ Brokerage; on | Mental Health Serv | rices; |  |  |

| Type of Program                  |                |  |  |                       |     |  |
|----------------------------------|----------------|--|--|-----------------------|-----|--|
| Address: 405 E.                  | Pine Street    |  |  |                       |     |  |
| City: Stockton, C                | A 95204        |  |  |                       |     |  |
| Phone Number: (5519              | (209) 464-     | Populations served   | l: Adult   |                       |     |  |
| △佉                               |                | Cultural Competend<br>rehabilitation service                               | <b>cy:</b> Provides independent living skills<br>s | s training and        |     |  |
| Non-English Lan                  | guages: Spanis | Office Hours: Mond   | day - Friday 8:00 am - 5:00 pm                     |                       |     |  |
| _                                |                | website: none  |  |                       |     |  |
| Last Name                        | First Name     | NPI Typ  | oe of License                                      | License #             | CC  |  |
| NON LICENSED                     | STAFF ONLY     |  |  |                       |     |  |
| <b>Program Name:</b>             | EA Family      | <b>Program Description</b>   | n: Case Management/Brokerage in                    | nIcuding Intensive Ca | are |  |
| Services #39CP                   |                | Coordinatiion (ICC); Mental Health Services including Intensive Home Bases |  |                       |     |  |
| Type of Program                  | : MH           | Services (IHBS); Cris  | sis Intervention.                                  |                       |     |  |
| Address: 525 W.                  | Kettleman      |  |  |                       |     |  |
| Lane                             |                |  |  |                       |     |  |
| City: Lodi, CA 95                | 240            |  |  |                       |     |  |
| Phone Number: (209) 369-<br>1939 |                | Populations served   | l: Youth & Adolescent                              |                       |     |  |
| △よ                               |                | Cultural Competend   | cy: Short Term Residenital Therape                 | utic Program          |     |  |
| Non-English Lan                  | guages:        | Office Hours: 24 Ho  | ours   |                       |     |  |

|   |            | website: www.ea        | a.org   |                  |    |  |
|---|------------|------------------------|---|------------------|----|--|
| Last Name   | First Name | NPI                    | Type of License   | License #        | CC |  |
| Program Name<br>Services Losh                                   |            | Coordinatiion (IC      | iption: Case Management/Brokerage inlcudin<br>CC); Mental Health Services including Intensive<br>; Crisis Intervention. | •                |    |  |
| Type of Program: MH Address: 601 Palm Ave. City: Lodi, CA 95240 |            |                        |   |                  |    |  |
| Phone Number: 0971  | (209) 333- | Populations ser        | rved: Females 6-12  |                  |    |  |
| △よ  |            | •                      | etency: Youth, LGBT, CSEC, Training encompultural backgrounds.  | eassing multiple | Э  |  |
| Non-English Lan   | iguages:   | Office Hours: 24 Hours |   |                  |    |  |
|   |            | website: www.ea        | a.org   |                  |    |  |
| Last Name   | First Name | NPI                    | Type of License   | License #        | CC |  |
| Beltezore   | Erica      | 1053447854             | Licensed Marriage and Family Therapist  | 96971            | Υ  |  |
| Gonzalez  | Rosalba    | 1548977457             | Associate Clinical Social Worker  | 106674           | Υ  |  |
| Lukyanov  | Inna       | 1588073274             | Associate Marriage and Family Therapist   | 122113           | Υ  |  |
| Quintero  | Heather    | 1275060683             | Licensed Marriage and Family Therapist  | 132665           | Υ  |  |

| Program Name: EA Family Services #39DG  |            | Coordinatiion (IC                      | <b>ption:</b> Case Management/Brokerage inlouding C); Mental Health Services including Intensive Crisis Intervention.                         | •          | re |  |
|---|------------|--|---|------------|----|--|
| Type of Program: MH Address: 702 Richmond Rd E City: Susanville, CA 96130 Phone Number: (209) 333- 0971 |            |  |   |            |    |  |
|   |            | Populations served: Youth & Adolescent |   |            |    |  |
| △よ  |            | <b>Cultural Compe</b>                  | tency: Short Term Residenital Therapeutic Pro   | ogram      |    |  |
| Non-English Lan   | guages:    | Office Hours: 24 Hours                 |   |            |    |  |
|   |            | website: www.ea.org                    |   |            |    |  |
| Last Name   | First Name | NPI                                    | Type of License   | License #  | CC |  |
| Program Name:<br>Center for Child<br>Families #39AV   |            | Coordination (IC                       | <b>iption:</b> Case Management Brokerage/IntensiveC); Mental Health Services including Intensive Therapeutic Behavioral Services (TBS); Crisi | Home Based |    |  |
| Type of Program   | : MH       |  |   |            |    |  |
| Address: 1801 Vincente Street - Buildings A, D, H, L, S, W, P, M City: San Francisco, CA 94116          |            |  |   |            |    |  |

| Phone Number: (415) 3211   | 681- Popula     | Populations served: Children and Youth                                     |                   |    |  |  |  |  |
|--|-----------------|--|-------------------|----|--|--|--|--|
| △よ   | Cultura         | Competency: Provides outpatient menta                                      | al health service |    |  |  |  |  |
| Non-English Languag  | es: Office I    | lours: Monday - Friday 8:30 am- 5:00 pm                                    | 1                 |    |  |  |  |  |
|  | website         | www.edgewood.org   |                   |    |  |  |  |  |
| Last Name First  | Name NPI        | Type of License  | License #         | CC |  |  |  |  |
| OUT OF COUNTY PI   | ROVIDER         |  | -                 |    |  |  |  |  |
| Systems-Banyan Ho<br>#39DC<br>Type of Program: MH<br>Address: 1708 Banya | Service         | atiion (ICC); Mental Health Services includes (IHBS); Crisis Intervention. |                   |    |  |  |  |  |
| City: Ceres, CA 95307<br>Phone Number: 209-5                             | 531-2088 Popula | ions served: Youth & Adolescent  |                   |    |  |  |  |  |
| ΔŁ   | Cultura         | Cultural Competency: Short Term Residenital Treatment Therapeutic Program  |                   |    |  |  |  |  |
| Non-English Languag  | es: Office I    | Office Hours: 24 Hours   |                   |    |  |  |  |  |
|  | website         | www.elitefamily.org  |                   |    |  |  |  |  |
| Last Name First  | Name NPI        | Type of License  | License #         | CC |  |  |  |  |
|  |                 |  |                   |    |  |  |  |  |

| Program Name:<br>Systems-Blaker  |  | <b>Program Description:</b> Case Management/Brokerage inlcuding Intensive Care Coordinatiion (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Crisis Intervention. |  |           |    |  |  |
|--|--|---|--|-----------|----|--|--|
| Type of Program: MH<br>Address: 3607 Baker Road<br>City: Ceres, CA 95307 |  |   |  |           |    |  |  |
| Phone Number: 209-531-2088   |  | Populations ser   | Populations served: Youth & Adolescent   |           |    |  |  |
| <u> </u>   |  | Cultural Competency: Short Term Residenital Treatment Therapeutic Program   |  |           |    |  |  |
| Non-English Lang   | guages:  | Office Hours: 24 Hours  |  |           |    |  |  |
|  |  | website: www.eli  | tefamily.org   |           |    |  |  |
| Last Name  | First Name                                     | NPI   | Type of License  | License # | CC |  |  |
|  |  |   |  |           |    |  |  |
| Program Name: Elite Family Systems-Leslie Home #39DB                     |  | Coordinatiion (IC   | <b>ption:</b> Case Management/Brokerage inloudince); Mental Health Services including Intensive Crisis Intervention. | •         |    |  |  |
| •  | Type of Program: MH<br>Address: 2528 Leslie Ln |   |  |           |    |  |  |
| City: Ceres, CA 9  | 95307  |   |  |           |    |  |  |

| Phone Number: 209-531-2088   |                              | Populations served: Youth & Adolescent                                    |  |                |                |    |  |
|--|------------------------------|---|--|----------------|----------------|----|--|
| △よ   |                              | Cultural Compe  | etency: Short Term Residenital Tre                         | eatment Thera  | apeutic Progra | am |  |
| Non-English Lan  | guages:                      | Office Hours: 2   | •  |                | <u> </u>       |    |  |
|  |                              | website: www.el   | itefamily.org  |                |                |    |  |
| Last Name  | First Name                   | NPI   | Type of License  | Li             | icense #       | CC |  |
| Program Name:  |                              |   |  |                |                |    |  |
| Systems-Scoffice<br>#39DD<br>Type of Program<br>Address: 3213 U<br>City: Ceres, CA S | : MH<br>ranus Drive<br>95307 | Services (IHBS)   | CC); Mental Health Services includi ; Crisis Intervention. | ng intensive F | Tome Based     |    |  |
| Phone Number: 2  | 209-531-2088                 | Populations served: Youth & Adolescent                                    |  |                |                |    |  |
| ے ∆  |                              | Cultural Competency: Short Term Residenital Treatment Therapeutic Program |  |                |                |    |  |
| Non-English Lan  | guages:                      | Office Hours: 24 Hours  |  |                |                |    |  |
|  |                              | website: www.el   | itefamily.org  |                |                |    |  |
| Last Name  | First Name                   | NPI   | Type of License  | Li             | icense #       | CC |  |
|  |                              |   |  |                |                |    |  |

Program Name: Turning
Point Community ProgramEsperanza #39BX

Type of Program: MH

Address: 1803 W. March Lane

City: Stockton, CA 95207 Phone Number: (209) 636-

5353

ΔŁ

Non-English Languages:

**Program Description:** Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Crisis Intervention. Full-Service Partnership Program; Evidence based Model-ACT (Assertive Community Treatment)

Populations served: Those diagnosed with a severe mental health diagnosis.

**Cultural Competency:** Veterans, LGBT, Older Adults, Physical Disabilities and Mental Health Diagnosis; Cultural Competency Training(s) required to each staff and offered regularly.

Office Hours: Monday - Friday 8:30 am - 5:00 pm

website: www.tpcp.org

| Last Name | First Name | NPI        | Type of License                        | License #  | CC |
|-----------|------------|------------|--|------------|----|
| Jahangiri | Hameed     | 1497707731 | Psychiatry and Neurology               | A78392     | Υ  |
|           |            |            | Associate Marriage and Family          |            |    |
| Moore     | Chermayne  | 1700396850 | Therapist                              | 124414     | Υ  |
|           |            |            | Licensed Psychiatric Technician/       |            |    |
| Sorm      | En         | 1518076249 | Licensed Vocational Nurse              | 28784/1768 | Υ  |
|           |            |            |  |            |    |
| Wright    | Kathryn    | 1245566520 | Licensed Marriage and Family Therapist | 77405      | Υ  |

|   | e Care  |   |  |  |  |
|---|---|---|--|--|--|
| Coordination (ICC): Montal Hoalth Conviges including Intensive              | Program Description: Case Management Brokerage/Intensive Care             |   |  |  |  |
| 5001 dination (100), intental mealth Services including intensive           | Coordination (ICC); Mental Health Services including Intensive Home Based |   |  |  |  |
| Services (IHBS); Therapeutic Behavioral Services (TBS); Crisis Intervention |   |   |  |  |  |
| ( - σ), στο σ   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
| Denutations compady Children and Vouth                                      |   |   |  |  |  |
| Populations served. Children and Youth                                      |   |   |  |  |  |
| Cultural Competency: Provides outpatient mental health servi                | ces   |   |  |  |  |
| Office Hours: Monday - Friday 8:30 am - 5 pm                                |   |   |  |  |  |
| website: www.fredfinch.org  |   |   |  |  |  |
| NPI Type of License   | License #   | CC  |  |  |  |
| OUT OF COUNTY PROVIDER  |   |   |  |  |  |
| Program Description: Crisis Residential Treatment Program                   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
| Populations served: Adult   |   |   |  |  |  |
|   |   |   |  |  |  |
| Cultural Competency: Crisis Residential Treatment Program                   |   |   |  |  |  |
|   | opulations served: Adult  | Fultural Competency: Provides outpatient mental health services  Office Hours: Monday - Friday 8:30 am - 5 pm  Outpebsite: www.fredfinch.org  IPI |  |  |  |

| Non-English La                | inguages:     | Office Hours:   | 24 HOURS   |            |    |  |  |
|-------------------------------|---------------|---|--|------------|----|--|--|
| -                             |               | website: www.g  | <u>lom-arf.org</u>                               |            |    |  |  |
| Last Name                     | First Name    | NPI   | Type of License                                  | License #  | СС |  |  |
|                               |               |   | Associate Marriage and Family                    |            |    |  |  |
| Alexander                     | Nikeya        | 1093284275  | Therapist  | 137056     | Υ  |  |  |
|                               |               |   |  |            |    |  |  |
| Kaur                          | Amandeep      | 1073041927  | Licensed Marriage and Family Therapist           | 139250     | Υ  |  |  |
| Program Name:                 |               | Program Desci   | ription: Adult Transitional Residential Treatmen | nt Program |    |  |  |
| <b>G.L.O.M.A.R.F. 4</b> #39CD |               |   |  |            |    |  |  |
| Type of Progra                |               |   |  |            |    |  |  |
| Address: 8210                 |               |   |  |            |    |  |  |
|                               | amp, CA 95231 |   |  |            |    |  |  |
| Phone Number                  | • •           |   |  |            |    |  |  |
| 7155 x508                     | ,             | Populations se  | erved: Adult                                     |            |    |  |  |
| △よ                            |               | Cultural Competency: Adult Transitional Residential Treatment Program |  |            |    |  |  |
| Non-English La                | inguages:     | Office Hours: 24 HOURS  |  |            |    |  |  |
|                               |               | website: www.glom-arf.org   |  |            |    |  |  |
| Last Name                     | First Name    | NPI   | Type of License                                  | License #  | СС |  |  |
|                               |               |   | Associate Marriage and Family                    |            |    |  |  |
| Alexander                     | Nikeya        | 1093284275  | Therapist  | 137056     | Υ  |  |  |

|   | 1              | T  |   | I         |    |  |  |  |
|---|----------------|--|---|-----------|----|--|--|--|
|   |                |  |   |           |    |  |  |  |
| Kaur  | Amandeep       | 1073041927   | Licensed Marriage and Family Therapist                    | 139250    | Υ  |  |  |  |
| <b>Program Name:</b>                                  |                | Program Description: Crisis Residential Treatment Program  |   |           |    |  |  |  |
| G.L.O.M.A.R.F.  | <b>5</b> #39CC |  |   |           |    |  |  |  |
| T (D  | N AL I         |  |   |           |    |  |  |  |
| Type of Program                                       |                |  |   |           |    |  |  |  |
| Address: 458 Almond Drive                             |                |  |   |           |    |  |  |  |
| City: Lodi, CA 95240                                  |                |  |   |           |    |  |  |  |
| Phone Number: (209) 330-                              |                | Populations served: Adult  |   |           |    |  |  |  |
| 7155 x597   |                |  |   |           |    |  |  |  |
| △よ  | △Ł             |  | Cultural Competency: Crisis Residential Treatment Program |           |    |  |  |  |
| Non-English Lan                                       | guages:        | Office Hours: 24 HOURS   |   |           |    |  |  |  |
|   |                | website: www.glom-arf.org  |   |           |    |  |  |  |
| Last Name   | First Name     | NPI  | Type of License   | License # | CC |  |  |  |
|   |                |  | Associate Marriage and Family                             |           |    |  |  |  |
| Alexander   | Nikeya         | 1093284275   | Therapist   | 137056    | Υ  |  |  |  |
|   |                |  |   |           |    |  |  |  |
| Kaur  | Amandeep       | 1073041927   | Licensed Marriage and Family Therapist                    | 139250    | Υ  |  |  |  |
| Program Name: Mary<br>Magdalene Community<br>Services |                | Program Description: Case management, Rehabilitation, Groups, Individual Therapy, Advocacy and Linkage, other resources as needed. |   |           |    |  |  |  |

| Type of Program: MH<br>#7<br>City: Stockton, CA 95202   |  |   |  |                   |       |  |  |
|---|--|---|--|-------------------|-------|--|--|
|   |  |   |  |                   |       |  |  |
| Phone Number:(  | Phone Number:(209) 888-4519                                  |   | Populations served: Adults 18- Older Adult   |                   |       |  |  |
| △よ  |  | <b>Cultural Compe</b>                       | etency: African American, LGBTQ, TAY, Ado  | ults, and Older A | dults |  |  |
| Non-English Lan   | guages:  | Office Hours: Monday-Friday 8:00am - 5:00pm |  |                   |       |  |  |
| Spanish   | Spanish  |   | website: https:// www.marymagdalenecs.com  |                   |       |  |  |
| Last Name   | First Name   | NPI   | Type of License  | License #         | CC    |  |  |
| Cash  | Deonne   | 1881469377                                  | NA   | NA                | Υ     |  |  |
| Mendoza   | Janet  | 1912406976                                  | Associate Clinical Social Worker   | 89346             | Υ     |  |  |
| Ralph   | Tyrone   | 1598471146                                  | NA   | NA                | Υ     |  |  |
| Sanders   | Denise   | 1851166722                                  | Psychiatric Technician   | 32263             | Υ     |  |  |
| Smith   | Tamra  | 1336267608                                  | Licensed Clinical Social Worker  | 76975             | Υ     |  |  |
| Point Community Justicia #39BY Type of Program Ste. C-D | Point Community Program  Justicia #39BY  Type of Program: MH |   | iption: Case Management/ Brokerage included; C); Mental Health Services including Intens; Crisis Intervention. Full-Service partnership CT (Assertive Community Treatment) | ive Home Based    | k     |  |  |

| Phone Number: (209) 636-<br>5353 |             | Populations served: Those diagnosed with a severe mental health diagnosis.   |   |                 |      |  |
|----------------------------------|-------------|--|---|-----------------|------|--|
| △ <b>た</b><br>Hmong,             |             | Cultural Competency: Veterans, LGBT, Older Adults, Physical Disabilities and |   |                 |      |  |
|                                  |             |  | Diagnosis; Cultural Competency Training(s) requ | uired of each s | tatt |  |
|                                  |             | and offered reg  |   |                 |      |  |
|                                  |             |  | Monday - Friday 8:30 a.m 5:00 p.m.              |                 |      |  |
| Spanish, Hm                      | ong         | website: www.tr  | ocp.org   |                 |      |  |
| Last Name                        | First Name  | NPI  | Type of License                                 | License #       | CC   |  |
| Jahangiri                        | Hameed      | 1497707731   | Psychiatry and Neurology                        | A78392          | Υ    |  |
| Moore                            | Chermayne   | 1700396850   | Associate Marriage and Family Therapist         | 124414          | Υ    |  |
|                                  |             |  | Licensed Psychiatric Technician/                | 28784/176       |      |  |
| Sorm                             | En          | 1518076249   | Licensed Vocational Nurse                       | 829             | Υ    |  |
| Wright                           | Kathryn     | 1245566520   | Licensed Marriage and Family Therapist          | 77405           | Υ    |  |
| <b>Program Nar</b>               | ne: Latino  | Program Desc   | ription: Case Management/ Brokerage; Menta      | l Health Servic | es;  |  |
| Behavioral H                     | lealth and  | Crisis Intervention  |   |                 |      |  |
| Recovery Services #90671         |             |  |   |                 |      |  |
| Type of Progr                    | ram: MH     |  |   |                 |      |  |
| Street                           |             |  |   |                 |      |  |
| City: Stocktor                   | n, CA 95202 |  |   |                 |      |  |

Phone Number: (209) 444-Populations served: Adult 8910 △ Ġ **Cultural Competency:** Provides Culturally Competent Services to Latinos Non-English Languages: Spanis Office Hours: Monday - Friday 8:00 am - 5:00 pm www.elconcilio.org NPI **Type of License** License # **Last Name First Name** CC 1568988251 Associate Marriage and Family Therapist 112555 Breanna Herron Licensed Clinical Social Worker 5681 Υ Wielenga Wilton 1528126703 **Program Name: Martin Program Description:** Case Management/ Brokerage; Mental Health Services; Crisis Intervention **Gipson Socialization Center** #9041 Type of Program: MH Address: 405 E. Pine Street City: Stockton, CA 95204 Phone Number: (209) 464-Populations served: Adult 5519 **Cultural Competency:** Provides socialization, vocational, and educational opportunities for Adult Mentally ill beneficiaries. ۵Ġ Non-English Languages: Span Office Hours: Monday - Friday 8:00 am - 5:00 pm website: none

| Last Name                | First Name     | NPI   | Type of License   | License # | CC   |  |  |  |  |
|--------------------------|----------------|---|---|-----------|------|--|--|--|--|
| NON LICENSED             | STAFF ONLY     |   |   |           |      |  |  |  |  |
| <b>Program Name:</b>     | Parents By     | Program Description: Case Management/Brokerage including Intensive Care |   |           |      |  |  |  |  |
| Choice #39BL             |                | Coordination (IC  | Coordination (ICC); Mental Health Services including Intensive Home Based |           |      |  |  |  |  |
| Type of Program: MH      |                | Services; Crisis Intervention   |   |           |      |  |  |  |  |
| 300                      |                |   |   |           |      |  |  |  |  |
| City: Stockton, CA 95202 |                |   |   |           |      |  |  |  |  |
| Phone Number:(           |                | Populations ser   | ved: Children, Adolescents, and Families                                  |           |      |  |  |  |  |
| 4554 ext. 1040           |                |   |   |           |      |  |  |  |  |
|                          |                | Cultural Competency: Therapeutic Foster Care/Mental Health Services;    |   |           |      |  |  |  |  |
|                          |                | •   | ng Classes; Foster Care/Adoptions; Transitiona                            | ·         | gram |  |  |  |  |
| <u></u>                  |                |   |   |           |      |  |  |  |  |
| Non-English Lan          | guages: Spanis | Office Hours:   | Monday - Friday 10:00 am - 6:00 pm  |           |      |  |  |  |  |
| J                        |                |   | arentsbychoice.net  |           |      |  |  |  |  |
| Last Name                | First Name     | NPI   | Type of License   | License # | CC   |  |  |  |  |
| Andrade                  | Louisa         | 1679941306  | Licensed Marriage and Family Therapist                                    | 145133    | Υ    |  |  |  |  |
| Crusos                   | Amanda         | 1700418084  | Associate Clinical Social Worker  | 94023     | Υ    |  |  |  |  |
| Lo                       | Christopher    | 1891463345  | Associate Clinical Social Worker  | 86400     | Υ    |  |  |  |  |
| Oliviera                 | Carlos         | 1992101612  | Licensed Marriage and Family Therapist                                    | 116198    | Υ    |  |  |  |  |
| Ramos                    | Mayra          | 1336552553  | Licensed Marriage and Family Therapist                                    | 113207    | Υ    |  |  |  |  |
| Ruiz Velasco             | Johanna        | 1548041114  | Associate Clinical Social Worker  | 122353    | Υ    |  |  |  |  |

| Program Name P<br>Folsom Sacrame<br>Type of Program:<br>Address: 9951 Ho<br>Suite B<br>City: Sacramento, | nto #39CQ<br>MH<br>rn Road |   | iption: Case Management/ Brokerage; Me<br>Intervention; Medication Support | ntal Health |    |  |
|--|----------------------------|---|--|-------------|----|--|
| Phone Number: (9 5533  |                            | Populations served: Adult                                       |  |             |    |  |
| △よ   |                            | Cultural Competency: Provides outpatient mental health services |  |             |    |  |
| Non-English Lang   | uages: Span                | Office Hours: Monday Friday 7:30 am-6:00 pm                     |  |             |    |  |
|  |                            | website: www.ps   | synergy.org  |             |    |  |
| Last Name F  | irst Name                  | NPI   | Type of License  | License #   | CC |  |
| <b>OUT OF COUNT</b>  | Y PROVIDER                 |   |  |             |    |  |
|  |                            |   |  |             |    |  |
| Program Name P<br>Sacramento #39<br>Type of Program:<br>Address: 4604A R<br>Avenue                       | CJ<br>MH                   | •   | iption: Case Management/ Brokerage; Me<br>Intervention; Medication Support | ntal Health |    |  |

| △よ          | (916) 379-5876                         | •          | etency: Provides outpatient mental health serv<br>Monday Friday 7:30 am-6:00 pm | ices   |   |
|-------------|--|------------|---|--------|---|
| Last Name   | First Name NPI Type of License License |            | License #   | CC     |   |
| OUT OF COUN | ITY PROVIDER                           |            |   |        |   |
| Arreola     | Yvette                                 | NA         | Peer Specialist   | NA     | Υ |
| Balbi       | Miranda                                | 1891249926 | Licensed Marriage and Family Therapist  | 111807 | Υ |
|             |  |            | Associate Professional Clinical   |        |   |
| Cross       | Hailey                                 | 1679060396 | Counselor   | 10875  | Υ |
| Effiong     | Eunice                                 | 1881254704 | MHRS  | NA     | Υ |
| Elliott     | James                                  | 1033316732 | MHRS  | NA     | Υ |
|             |  |            | Associate Professional Clinical   |        |   |
| Jacques     | Adrian                                 | 1629541446 | Counselor   | 8361   | Υ |
| Kuglar      | Aeric                                  | 1023360757 | MHRS  | NA     | Υ |
| Palacio     | Alex                                   | 1952123853 | Associate Marriage and Family Therapist   | 141807 | Υ |
| Palma       | Efrain                                 | 1770151300 | MHRS  | NA     | Υ |
| Pan         | Abram                                  | 1225666928 | Medical Doctor  | A99238 | Υ |

| Pierre  | Jorene          | 1467943712            | MHRS   | NA                     | Υ    |
|---|-----------------|-----------------------|--|------------------------|------|
| Pragasa   | Sheryll         | 1770101735            | Licensed Vocational Nurse                                  | 708103                 | Υ    |
| Sanders   | Laurel          | 1235911942            | Licensed Vocational Nurse                                  | 723573                 | Υ    |
| Schwedler   | Grace           | 1215658117            | Associate Social Worker                                    | 109181                 | Υ    |
| Valdez  | Javier          | 1538510292            | MHRS   | NA                     | Υ    |
| Program Name Psynergy - Sacramento - Clinic B #39CH |                 |                       | ription: Case Management/ Brokerage on; Medication Support | ; Mental Health Servic | ces; |
| Type of Prograr                                     | m: MH           |                       |  |                        |      |
| Address: 4616                                       | Roosevelt       |                       |  |                        |      |
| Avenue  | 04.05000        |                       |  |                        |      |
| City: Sacramen                                      |                 |                       |  |                        |      |
| Phone Number: 5876                                  | (916) 379-      | Populations se        | rved: Adult  |                        |      |
| △よ  |                 | <b>Cultural Compe</b> | etency: Provides outpatient mental hea                     | alth services          |      |
| Non-English La                                      | nguages: Spanis | Office Hours:         | Monday Friday 7:30 am-6:00 pm                              |                        |      |
|   |                 | website: www.p        | synergy.org  |                        |      |
| Last Name   | First Name      | NPI                   | Type of License  | License #              | CC   |
| OUT OF COUN   | ITY PROVIDER    |                       |  |                        |      |
| Allen   | Coleen          | 1518601418            | Associate Social Worker                                    | 122829                 | Υ    |

| Last Name   | First Name | NPI  | Type of License                                 | License #              |     |  |  |
|---|------------|--|---|------------------------|-----|--|--|
|   |            | website: www.ps  | synergy.org                                     |                        |     |  |  |
| Non-English Languages: Spanis                         |            | is Office Hours: Monday Friday 7:30 am-6:00 pm   |   |                        |     |  |  |
| Phone Number: 408-465-8280                            |            | Cultural Competency: Provides outpatient mental health services  |   |                        |     |  |  |
|   |            | Populations served: Adult  |   |                        |     |  |  |
| City: Greenfield,                                     | OM 30321   |  |   |                        |     |  |  |
| Address: 215 Hu                                       |            |  |   |                        |     |  |  |
| Type of Program                                       |            |  |   |                        |     |  |  |
|   |            |  | ,   |                        |     |  |  |
| Program Name: Psynergy<br>Greenfield Provider - #39CZ |            | Program Description: Case Management/ Brokerage; Mental Health Services; Crisis Intervention; Medication Support |   |                        |     |  |  |
| Toloy  Program Name                                   | Lydia      | 1568927234   | MHRS  Intion: Case Management/ Brokerage: Menta | NA<br>L Hoalth Sorvice | A A |  |  |
| Rikala  | Alan       | 1326592395   | MHRS  | NA                     | Υ   |  |  |
| Phenco  | Julie      | 1154520708   | Medical Doctor                                  | A124058                | Υ   |  |  |
| Henderson   | Molene     | 1508412495   | MHRS  | NA                     | Υ   |  |  |
| Fowler  | Ben        | 1801156567   | Licensed Clinical Social Worker                 | 76696                  | Υ   |  |  |
| Dunn  | Catherine  | 1780366880   | Licensed Vocational Nurse                       | 734823                 | Υ   |  |  |
| Bhullar   | Annitra    | 1639712508   | Associste Marriage and Family Therapist         | 147057                 | Υ   |  |  |
| Asay-Bemis  | Laura      | 1023853801   | Certified Peer Specialist                       | NA                     | Υ   |  |  |
| Arnett  | Melissa    | 1215325386   | Associste Marriage and Family Therapist         | 127309                 | Υ   |  |  |

| OUT OF COUN  | ITY PROVIDER         |                      |   | T         |    |
|--|----------------------|----------------------|---|-----------|----|
| Aquino   | MaCindy              | 1043684095           | Licensed Vocational Nurse                     | 291024    | Υ  |
| De La Cruz   | Noah                 | 1497424733           | Associate Social Worker                       | 103458    | Υ  |
| Leigh-   |                      |                      |   |           |    |
| Brampton   | Ricki                | 1487964755           | Medical Doctor                                | A119619   | Υ  |
| Sanchez  | Samantha             | NA                   | Peer Support                                  | NA        | Υ  |
| Uribe  | Bianca               | 1386213981           | MHRS  | NA        | Υ  |
|  |                      |                      | Associate Professional Clinical               |           |    |
| Vradenburg   | Amalia               | 1467298554           | Counselor                                     | 16940     | Υ  |
| Morgan hill Pro Type of Program Address: 18217 City: Morgan Hill | n: MH<br>Hale Avenue |                      | on; Medication Support                        |           |    |
| Phone Number:  | 408-465-8280         | Populations se       | erved: Adult                                  |           |    |
| △よ   |                      | <b>Cultural Comp</b> | etency: Provides outpatient mental health ser | vices     |    |
| Non-English Lar  | nguages: Span        | Office Hours:        | Monday Friday 7:30 am-6:00 pm                 |           |    |
|  |                      | website: www.p       | osynergy.org                                  |           |    |
| Last Name  | First Name           | NPI                  | Type of License                               | License # | CC |

| OUT OF COUN  | TY PROVIDER            |   |   |  |   |  |  |  |
|--|------------------------|---|---|--|---|--|--|--|
| Barbaran   | Alexander              | 1063191476  | MHRS                                      | NA                                       | Υ |  |  |  |
| Briggs   | Heather                | 1447643168  | Licensed Marriage and Family Therapist    | 82437                                    | Υ |  |  |  |
| Garcia   | Yvonne                 | 1659787604  | MHRS                                      | NA                                       | Υ |  |  |  |
| Garibay  | Jacqueline             | 1588128425  | MHRS                                      | NA                                       | Υ |  |  |  |
| Lilly  | Matthew                | 1346571643  | Medical Doctor                            | A127216                                  | Υ |  |  |  |
| Ramos  | Eileen                 | 1568092914  | MHRS                                      | NA                                       | Υ |  |  |  |
| Scheibley  | Dawn                   | 1265588545  | Licensed Marriage and Family Therapist    | 39331                                    | Υ |  |  |  |
| #39B7  Type of Program: MH  Avenue  City: Covina, CA 91724 |                        | Services (IHBS)   | ; Medication Support; Crisis Intervention |  |   |  |  |  |
| Phone Number: (626) 859-<br>2089                           |                        | Populations served: Children and Youth                          |   |  |   |  |  |  |
| △よ   |                        | Cultural Competency: Provides outpatient mental health services |   |  |   |  |  |  |
| Non-English Lan  | guages:                | Office Hours: N   | Monday - Friday 8 am- 5 pm                | Office Hours: Monday - Friday 8 am- 5 pm |   |  |  |  |
|  | Non-English Languages: |   | website: www.sangabrielchild.com          |  |   |  |  |  |
|  |                        | <u>website: www.sa</u>  | angabrielchild.com                        |  |   |  |  |  |

| OUT OF COUN   | TY PROVIDER |   |   |               |    |  |
|---|-------------|---|---|---------------|----|--|
|   |             |   |   |               |    |  |
| Program Name: Home #39CM Type of Program                          |             | Coordination (IC  | iption: Case Management Brokerage/Inte<br>C); Mental Health Services including Intens<br>Therapeutic Behavioral Services (TBS); Mon | ve Home Based |    |  |
| Address : 337 S.<br>City: Azusa, CA                               | 91702       |   |   |               |    |  |
| Phone Number: 2089  | (626) 859-  | Populations served: Children and Youth  |   |               |    |  |
| △よ  |             | Cultural Competency: Provides outpatient mental health services   |   |               |    |  |
| Non-English Lan   | guages:     | Office Hours: Monday - Friday 8 am- 5 pm  |   |               |    |  |
|   |             | website: www.sa   | ingabrielchild.com  |               |    |  |
| Last Name   | First Name  | NPI   | Type of License   | License #     | CC |  |
| OUT OF COUN   | TY PROVIDER |   |   |               |    |  |
|   |             |   |   |               |    |  |
| Program Name: SGCC-<br>Homerest Home #39CL<br>Type of Program: MH |             | Program Description: Case Management Brokerage/Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Therapeutic Behavioral Services (TBS); Medication Support; |   |               |    |  |

| Address: 5329<br>Avenue<br>City: Azusa, CA               |              | CH212 HIRELVEHRIOH   |           |    |  |
|--|--------------|--|-----------|----|--|
| Phone Number: 2089                                       | (626) 859-   | Populations served: Children and Youth   |           |    |  |
| △よ   |              | Cultural Competency: Provides outpatient mental health ser   | vices     |    |  |
| Non-English Lar  | nguages:     | Office Hours: Monday - Friday 8 am- 5 pm   |           |    |  |
|  |              | website: www.sangabrielchild.com   | _         |    |  |
| Last Name  | First Name   | NPI Type of License  | License # | CC |  |
| OUT OF COUN  | ITY PROVIDER |  |           |    |  |
| Program Name<br>Connect III FSF                          | <del>-</del> | Program Description: Case Management/ Brokerage included Coordination (ICC); Mental Health Services including Intensive Services (IHBS); Medication Support; Crisis Intervention |           |    |  |
| Type of Program<br>Place, Suite D &<br>City: Stockton, C | E28          |  |           |    |  |
| Phone Number: 5587                                       | (209) 269-   | Populations served: Adult  |           |    |  |

| വ ക്.  Non-English Languages: Spanish, Cambodian |            | Cultural Competency: Full Services Partnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness for those discharged from acute care facilities.  Office Hours: Monday - Friday 8:30 am- 5 pm  website: www.telecarecorp.com |  |           |     |  |
|--|------------|--|--|-----------|-----|--|
| Last Name  | First Name | NPI  | Type of License  | License # | CC  |  |
| Aguilar  | Shelly     | 1952969008   | Nurse Practitioner   | 22945     | Υ   |  |
| Dominguez  | Kristen    | 1205663895   | Vocational Nurse   | 721186    | Υ   |  |
| Hayes  | Morackot   | 1255153169   | Registered Nurse   | 806387    | Υ   |  |
| Lorenz   | Arthur     | 1477603249   | Licensed Marriage and Family Therapist   | 45350     | Υ   |  |
| Williams   | Tyresha    | 1588160865   | Associate Clinical Social Worker   | 118678    | Υ   |  |
| Program Name: Summitview Program Descri          |            | Coordination (IC   | iption: Case Management/ Brokerage includic); Mental Health Services including Intensive Medication Support; Crisis Intervention | •         | are |  |

| Phone Number: (530) 644-<br>2412<br>습 &<br>Non-English Languages:                       |   | Cultural Composition Office Hours:   | Populations served: Children and Youth  Cultural Competency: Provides outpatient mental health services  Office Hours: Monday - Friday 8 am- 5 pm |               |    |  |
|---|---|--------------------------------------|---|---------------|----|--|
|   | T   |                                      | <u>ummitviewtreatment.org</u>   | T             |    |  |
| Last Name   | First Name                                    | NPI                                  | Type of License   | License #     | CC |  |
| OUT OF COUN   | ITY PROVIDER                                  | R                                    |   |               |    |  |
|   |   |                                      |   |               |    |  |
| Program Name  |   | i rogram besci                       | <b>ription:</b> Crisis Residential Treatment Progr  | am            |    |  |
| Type of Program<br>Address: 5634 City: Stockton, 0                                      | Jeremy Way<br>CA 95212                        |                                      |   |               |    |  |
| Type of Program<br>Address: 5634  | n: MH<br>Jeremy Way<br>CA 95212               | Populations se                       | erved: Adult  |               |    |  |
| Type of Program<br>Address: 5634 C<br>City: Stockton, C<br>Phone Number:                | n: MH<br>Jeremy Way<br>CA 95212               |                                      | erved: Adult etency: Crisis Residential Treatment Progr   | ram           |    |  |
| Type of Program<br>Address: 5634 C<br>City: Stockton, 0<br>Phone Number:<br>4969        | n: MH<br>Jeremy Way<br>CA 95212<br>(209) 888- |                                      | etency: Crisis Residential Treatment Progr  | ram           |    |  |
| Type of Program<br>Address: 5634 €<br>City: Stockton, 6<br>Phone Number:<br>4969<br>△ & | n: MH<br>Jeremy Way<br>CA 95212<br>(209) 888- | Cultural Composition Office Hours: 2 | etency: Crisis Residential Treatment Progr  | ram           |    |  |
| Type of Program<br>Address: 5634 €<br>City: Stockton, 6<br>Phone Number:<br>4969<br>△ & | n: MH<br>Jeremy Way<br>CA 95212<br>(209) 888- | Cultural Composition Office Hours: 2 | etency: Crisis Residential Treatment Progr<br>24 HOURS  | ram License # | CC |  |

|                         |                 | T  |   | I               |     |  |  |
|-------------------------|-----------------|--|---|-----------------|-----|--|--|
| Reiland                 | Jessica         | 1003154634   | Associate Clinical Social Worker                | 70377           | Υ   |  |  |
| Taylor                  | Shannan         | 1528074770   | Licensed Marriage and Family Therapist          | 46081           | Υ   |  |  |
| Program Name            | : Telecare      | Program Desci  | ription: Case Management/ Brokerage includi     | ng Intensive Ca | are |  |  |
| <b>Early Interventi</b> | on Recovery     | Coordination (IC   | CC); Mental Health Services including Intensive | e Home Based    |     |  |  |
| Services (TEIRS         | <b>S)</b> #39B2 | Services (IHBS)  | ; Medication Support                            |                 |     |  |  |
|                         |                 |  |   |                 |     |  |  |
| Type of Program         | n: MH           |  |   |                 |     |  |  |
| Place, Suite A3         |                 |  |   |                 |     |  |  |
| City: Stockton, C       | CA 95207        |  |   |                 |     |  |  |
| Phone Number:           |                 | Populations served: Adults  Cultural Competency: Provides outpatient mental health services for children |   |                 |     |  |  |
| 3754                    | ,               |  |   |                 |     |  |  |
| △よ                      |                 |  |   |                 |     |  |  |
| Non-English Lan         | nguages: Spanis | and adults   |   |                 |     |  |  |
|                         |                 | Office Hours: Monday - Friday 8 am- 5 pm   |   |                 |     |  |  |
|                         |                 | website: www.te  | elecarecorp.com                                 |                 |     |  |  |
| Last Name               | First Name      | NPI  | Type of License                                 | License #       | CC  |  |  |
| Aguilar                 | Shelly          | 1093239436   | Nurse Practitioner                              | 22945           | Υ   |  |  |
| -                       |                 |  | Associate Marriage and Family                   |                 |     |  |  |
| Alonzo Moore            | Tiffany         | 1720707193   | Therapist                                       | 132956          | Υ   |  |  |
|                         |                 |  | Associate Marriage and Family                   |                 |     |  |  |
| Costello                | Courtney        | 1639843659   | Therapist                                       | 144592          | Υ   |  |  |

|   | 1                          |   |  | 1         |    |  |  |
|---|----------------------------|---|--|-----------|----|--|--|
| Nelson  | Tonya                      | 1932483385  | Licensed Psychiatric Technician        | 26756     | Υ  |  |  |
| Palaca  | Anthony                    | 1144971060  | Associate Clinical Social Worker       | 91385     | Υ  |  |  |
| Roberts   | Tanya                      | 1912042375  | Licensed Clinical Social Worker        | 20414     | Υ  |  |  |
| Russell   | David                      | 1477167666  | Nurse Practitioner                     | 95039943  | Υ  |  |  |
| Program Name San Joaquin Co #39BZ Type of Program Place, Suite D & City: Stockton, Co | n: MH<br>a E28<br>CA 95207 | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention   |  |           |    |  |  |
| Phone Number: 5587  | (209) 269-                 | Populations served: Adult   |  |           |    |  |  |
| ሷ፟፞፞፞፞  |                            | <b>Cultural Competency:</b> Full Services Partnership (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 Lar   | nguages:                   | Office Hours: Monday - Friday 8:30 am- 5 pm   |  |           |    |  |  |
|   |                            | website: www.te   | elecarecorp.com                        |           |    |  |  |
| Last Name   | First Name                 | NPI   | Type of License                        | License # | CC |  |  |
| Dominguez   | Kristen                    | 1205663895  | Vocational Nurse                       | 721186    | Υ  |  |  |
| Hayes   | Morackot                   | 1255153169  | Registered Nurse                       | 806387    | Υ  |  |  |
| Lorenz  | Arthur                     | 1477603249  | Licensed Marriage and Family Therapist | 45350     | Υ  |  |  |

|   |                 |   | _  |          |   |  |  |
|---|-----------------|---|--|----------|---|--|--|
| Monroy  | Aldo            | 1700354719  | Associate Clinical Social Worker   | 104609   | Υ |  |  |
| Russell   | David           | 1477167666  | Nurse Practitioner   | 95015254 | Υ |  |  |
|   |                 |   | Associate Professional Clinical  |          |   |  |  |
| Van Ness  | JohnMark        | 1679237861  | Counselor  | 13809    | Υ |  |  |
| Program Name: Telecare San Joaquin Connect II #39CA Type of Program: MH |                 | Coordination (IC  | <b>Program Description:</b> 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 City: Stockton, CA 95207  |                 |   |  |          |   |  |  |
| Phone Numbe 5587  | r: (209) 269-   | Populations served: Adult   |  |          |   |  |  |
| △ <b>告</b> .  |                 | <b>Cultural Competency:</b> Full Services Partnership (FSP) model where staff create a supportive environment with services that are based on needs, hopes, and dreams of adults with serious mental illness and who are involved with, or at risk of being involved with, the criminal justice system. |  |          |   |  |  |
|   | anguages: Spani | Office Hours:   | Monday - Friday 8:30 am - 5:00 pm  |          |   |  |  |
| Cambodian   |                 | website: www.te   | lecarecorp.com   |          |   |  |  |

| Last Name   | First Name | NPI                               | Type of License  | License #                    | CC  |
|---|------------|-----------------------------------|--|------------------------------|-----|
| Dominguez   | Kristen    | 1205663895                        | Vocational Nurse   | 721186                       | Υ   |
| Hayes   | Morackot   | 1255153169                        | Registered Nurse   | 806387                       | Υ   |
| Lorenz  | Arthur     | 1477603249                        | Licensed Marriage and Family Therapist   | 45350                        | Υ   |
| Monroy  | Aldo       | 1700354719                        | Associate Clinical Social Worker   | 104609                       | Υ   |
| Russell   | David      | 1477167666                        | Nurse Practitioner   | 95015254                     | Υ   |
| Van Ness  | JohnMark   | 1679237861                        | Associate Professional Clinical Counselor  | 13809                        | Υ   |
| Point Community Program - Sage Village I #39DN  |            | Onsite and Offsi<br>Community Sup | groups, Individual and Group Counseling, Crist<br>te Activities, Client Advocacy, Assistance with<br>port Systems, Pre-Vocational/Vocational Coun<br>reatment, treatment and discharge planning, 2<br>stabilization. | Developing<br>seling, Substa | nce |
| Type of Program: MH Road City: French Camp, CA 95231 Phone Number: (209) 888- 6595 △Ե Non-English Languages: Spanis |            | Cultural Compe                    | rved: Adults 18+ etency: Monday - Friday 8:00 am - 4:30 pm   |                              |     |

|                       | •              |   |   |                   |  |  |
|-----------------------|----------------|---|---|-------------------|--|--|
| Abbasi                | Kafia          | 1215114897                                      | Physician   | A113195 Y         |  |  |
| Mbithi                | Ruth           | 1740042233                                      | Licensed Psychiatric Technician   | 37510 Y           |  |  |
|                       |                |   | Associate Professional Clinical   |                   |  |  |
| Payton                | Geoffrey       | 1942899521                                      | Counselor   | 11270 Y           |  |  |
| Stevens               | Staci          | 1750143590                                      | Licensed Psychiatric Technician   | 27672 Y           |  |  |
| <b>Program Name:</b>  | Turning        | Program Descri                                  | ption: Transitional Adult Residential Treatmer  | it, Psychosocial  |  |  |
| <b>Point Communi</b>  | ty Program -   | and therapeutic                                 | groups, Individual and Group Counseling, Crisi  | s Intervention,   |  |  |
| Sage Village II #39DP |                | Community Supp                                  | re Activities, Client Advocacy, Assistance with bort Systems, Pre-Vocational/Vocational Counstreatment, treatment and discharge planning, 24 stabilization. | seling, Substance |  |  |
| Type of Program Road  |                |   |   |                   |  |  |
| City: French Car      | nn CΔ 95231    |   |   |                   |  |  |
| Phone Number: 6595    | • •            | Populations served: Adults 18+                  |   |                   |  |  |
| <u></u> ∆&            |                | Cultural Competency:                            |   |                   |  |  |
| Non-English Lan       | guages: Spanis | Office Hours: Monday - Friday 8:00 am - 4:30 pm |   |                   |  |  |
|                       |                |   | /ww.tcp.org/program/sage-village/   |                   |  |  |
| Abbasi                | Kafia          | 1215114897                                      | Physician   | A113195 Y         |  |  |

|  |                        |  | Associate Professional Clinical              |           |    |  |  |
|--|------------------------|--|--|-----------|----|--|--|
| Alvarez  | Timothy                | 1184281719   | Counselor                                    | 14835     | Υ  |  |  |
| Ceja   | Isabel                 | 1881170074   | Licensed Vocational Nurse                    | 735997    | Υ  |  |  |
|  |                        |  | Associate Professional Clinical              |           |    |  |  |
| Franklin   | Alyssa                 | 1548756430   | Counselor                                    | 11543     | Υ  |  |  |
| Program Name: Valley Community Counseling Services (VCCS) (Manteca) #9040  Type of Program: MH Address:129 E. Center Street, City: Manteca, CA 95336 |                        | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support; Crisis Intervention  |  |           |    |  |  |
| Phone Numbe 5553   | r: (209) 239-          | Populations served: Children and Youth   |  |           |    |  |  |
| △<br><b>点</b>  |                        | Cultural Competency: Comprehensive mental health services for children, youth, and their families living in South/Central County area. Services include individual and group therapy, case management, psychiatric assessment, and medication support. |  |           |    |  |  |
| Non-English La   | Non-English Languages: |  | Office Hours: Monday-Friday 8:00 am- 5:00 pm |           |    |  |  |
| Ü  |                        |  | ww.valleycommunitycounselingservices.org     |           |    |  |  |
| Last Name  | First Name             | NPI  | Type of License                              | License # | CC |  |  |

| Amancio                               | Isabel                   | 1194868695  | Licensed Marriage and Family Therapist       | 39580           | Υ    |  |  |
|---------------------------------------|--------------------------|---|--|-----------------|------|--|--|
|                                       |                          |   | Associate Marriage and Family                |                 |      |  |  |
| Garcia                                | Odalis                   | 1669169561  | Therapist                                    | 141967          | Υ    |  |  |
|                                       |                          |   |  |                 |      |  |  |
| Hira Brar                             | Shabneet                 | 1851598452  | Physician                                    | A112447         | Υ    |  |  |
| Kamran                                | Muhammad                 | 1811051337  | Physician                                    | C53847          | Υ    |  |  |
| Navarro                               | Jessica                  | 1083344790  | Associate Marriage and Family Therapist      | 133988          | Υ    |  |  |
| Pena                                  | Adriana                  | 1295253797  | Associate Clinical Social Worker             | 103567          | Υ    |  |  |
|                                       |                          |   | Associate Professional Clinical              |                 |      |  |  |
| Rios                                  | Judybeth                 | 1346762499  | Counselor                                    | 8376            | Υ    |  |  |
| Viles-Reed                            | Teresa                   | 1386762623  | Psychologist                                 | 14848           | Υ    |  |  |
| <b>Program Name</b>                   | : Valley                 | Program Description: Individual/family/group/plan                   |  |                 |      |  |  |
| <b>Community Co</b>                   | unseling                 | development/assessment/collateral /rehab/Case Management/ Brokerage |  |                 |      |  |  |
| Services (VCCS                        | S) (School               | including Intensi   | ve Care Coordination (ICC); Mental Health Se | rvices includin | g    |  |  |
| <b>Based Program</b>                  | ı - Stockton)            | Intensive Home  | Based Services (IHBS); Medication Support;   | Crisis Interven | tion |  |  |
| #9042                                 |                          |   |  |                 |      |  |  |
| Type of Program                       | n: MH                    |   |  |                 |      |  |  |
| Drive, Suite A                        | •                        |   |  |                 |      |  |  |
| ,                                     | City: Stockton, CA 95219 |   |  |                 |      |  |  |
| , , , , , , , , , , , , , , , , , , , |                          |   |  |                 |      |  |  |
| Phone Number: (209) 956-<br>4240      |                          | Populations se  | rved: Children and Youth                     |                 |      |  |  |

| 습 告.<br>Non-English Languages:  |            | Cultural Competency: Outpatient mental health services provided at various schools in Stockton, Manteca and Lodi.  Office Hours: Monday - Friday 8:00 am - 5:00 pm |  |           |    |  |
|---|------------|--|--|-----------|----|--|
| 1.1011 =11911011 =0   |            |  | /www.valleycommunitycounselingserv   |           |    |  |
| Last Name   | First Name | NPI  | Type of License  | License # | СС |  |
|   |            |  | Associate Marriage and Family  |           |    |  |
| Pena  | Adriana    | 1295253797   | Therapist  | 97389     | Υ  |  |
| Viles-Reed  | Teresa     | 1386762623   | Psychologist   | 14848     | Υ  |  |
| Community Counseling Services (VCCS) (Tracy) #9041  Type of Program: MH Address: 19 East 6th Street City: Tracy, CA 95378 |            | Services (IHBS)  | CC); Mental Health Services including ); Medication Support; Crisis Interver |           |    |  |
| Phone Number: (209) 835-<br>8583  |            | Populations served: Children and Youth  Cultural Competency: Full range specialty mental health services for children  |  |           |    |  |
| △よ  |            | and youth in South County area.  |  |           |    |  |
| Non-English La  | inguages:  | Office Hours: N  | Monday - Friday 8:00 am - 5:00 pm  |           |    |  |

|   | website: https://www.valleycommunitycounselingservices.org |  |  |           |    |  |  |
|---|--|--|--|-----------|----|--|--|
| Last Name   | First Name   | NPI  | Type of License  | License # | CC |  |  |
| Amancio   | Isabel   | 1194868695   | Licensed Marriage and Family Therapist   | 39580     | Υ  |  |  |
| Cervantes   | Rosemary   | 1407299738   | Licensed Marriage and Family Therapist   | 127214    | Υ  |  |  |
| Hira Brar   | Shabneet   | 1851598452   | Physician  | A112447   | Υ  |  |  |
| Kamran  | Muhammad   | 1811051337   | Physician  | C53847    | Υ  |  |  |
|   |  |  | Associate Professional Clinical  |           |    |  |  |
| Rios  | Judybeth   | 1346762499   | Counselor  | 8376      | Υ  |  |  |
| Roy   | Rehma  | 1073061784   | Associate Clinical Social Worker   | 103567    | Υ  |  |  |
| Viles-Reed  | Teresa   | 1386762623   | Psychologist   | 14848     | Υ  |  |  |
| Program Name: Community Ser Support, Stocki #9063  Type of Program Address, 2490 v Land Suite 125 City: Stockton, 0 | rvices and<br>ton, (VCSS)<br>n: MH                         | Coordination (IC   | iption: Case Management/ Brokerage includin<br>C); Mental Health Services including Intensive<br>; Medication Support; Crisis Intervention |           |    |  |  |
| Phone Number: (209) 465-<br>1080  |  | Populations served: Children and Youth   |  |           |    |  |  |
| ∆ <b>ර්</b>   |  | Cultural Competency: Provides outpatient mental health services in-home and in community |  |           |    |  |  |

| Non-English Languages: |             | Office Hours: Monday - Friday 8:00 am - 5:00 pm |  |           |    |  |  |
|------------------------|-------------|---|--|-----------|----|--|--|
|                        |             | website: www.victor.org                         |  |           |    |  |  |
| Last Name              | First Name  | NPI   | Type of License                          | License # | CC |  |  |
| Allen                  | Laterra     | 1285290346                                      | Associate Clinical Social Worker         | 118662    | Υ  |  |  |
|                        |             |   | Associate Professional Clinical          |           |    |  |  |
| Bhangu                 | Simran      | 1740765338                                      | Counselor                                | 12381     | Υ  |  |  |
|                        |             |   | Associate Marriage and Family            |           |    |  |  |
| Binder                 | Tiya        | 1457071581                                      | Therapist                                | 146517    | Υ  |  |  |
| Chee                   | Christopher | 1447480173                                      | Physician                                | 20A12207  | Υ  |  |  |
| Dadkhah                | Betia       | 1083709380                                      | Licensed Marriage and Family Therapist   | 44160     | Υ  |  |  |
| Davis                  | Taylor      | 1831812395                                      | Associate Clinical Social Worker         | 120594    | Υ  |  |  |
| Farias                 | Angela      | 1013457878                                      | Associate Clinical Social Worker         | 107024    | Υ  |  |  |
| Kooger                 | Giana       | 1720318132                                      | Licensed Marriage and Family Therapist   | 86206     | Υ  |  |  |
|                        |             |   | Associate Professional Clinical          |           |    |  |  |
| Lamb                   | Yesena      | 1609592930                                      | Counselor                                | 12985     | Υ  |  |  |
| Langham                | Kathryn     | 1598925901                                      | Physician                                | 112928    | Υ  |  |  |
| Mitchell               | Gladys      | 1861943201                                      | Associate Clinical Social Worker         | 120076    | Υ  |  |  |
|                        |             |   |  |           |    |  |  |
| Pandey                 | Mia         | 1437563384                                      | Licensed Professional Clinical Counselor | 15492     | Υ  |  |  |
|                        |             |   |  |           |    |  |  |
| Rodriguez              | Maria       | 1003123241                                      | Licensed Professional Clinical Counselor | 16624     | Υ  |  |  |

|                     |             |   | Associate Marriage and Family                  |                  |      |  |
|---------------------|-------------|---|--|------------------|------|--|
| Singh               | Kiranpreet  | 1043779671  | Therapist                                      | 125906           | Υ    |  |
|                     |             |   | Associate Marriage and Family                  |                  |      |  |
| Varela              | Wendy       | 1154832830  | Therapist                                      | 136414           | Υ    |  |
| <b>Program Name</b> | : Victor    | Program Descr   | iption: Case Management/ Brokerage include     | ling Intensive ( | Care |  |
| <b>Community Su</b> | pport       | Coordination (IC  | C); Mental Health Services including Intensive | e Home Based     |      |  |
| Services - Man      | iteca #39CG | Services (IHBS)   | ; Medication Support; Crisis Intervention      |                  |      |  |
|                     |             |   |  |                  |      |  |
| Type of Progran     | n: MH       |   |  |                  |      |  |
| Suite 101 & 201     |             |   |  |                  |      |  |
| City: Manteca, C    | CA 95337    |   |  |                  |      |  |
| Phone Number: 6200  | (209) 647-  | Populations se  | rved: Children and Youth                       |                  |      |  |
| △よ                  |             | Cultural Competency: Provides outpatient mental health services in-home and |  |                  |      |  |
|                     |             | in community.   |  |                  |      |  |
| Non-English Lar     | nguages:    | Office Hours: Monday - Friday 8:30 am - 5:00 pm                             |  |                  |      |  |
|                     |             | website: www.vi   | ctor.org                                       |                  |      |  |
| Last Name           | First Name  | NPI   | Type of License                                | License #        | CC   |  |
| Chee                | Christopher | 1447480173  | Psychiatrist                                   | 12207            | Υ    |  |
| Diaz                | Claudia     | 1275810442  | Licensed Marriage and Family Therapist         | 99791            | Υ    |  |

| Ţ         |   | Associate Marriage and Family   |   |  |
|-----------|---|---|---|--|
| Jimmy     | 1679189724                                      | Therapist   | 132326  | Υ  |
| Kathryn   | 1598925901                                      | Psychiatrist  | 112928  | Υ  |
| Mike      | 1356813182                                      | Associate Clinical Social Worker  | 100731  | Υ  |
| Kiara     | 1669955407                                      | Associate Clinical Social Worker  | 118299  | Υ  |
| April     | 1184361693                                      | Associate Clinical Social Worker  | 117453  | Υ  |
| Jasmine   | 1679057368                                      | Licensed Marriage and Family Therapist  | 146988  | Υ  |
| Alisia    | 1508418666                                      | Associate Clinical Social Worker  | 90719   | Υ  |
| Jacquelyn | 1124250204                                      | Licensed Marriage and Family Therapist  | 115647  | Υ  |
|           |   | Associate Professional Clinical   |   |  |
| Kayla     | 1114614559                                      | Counselor   | 15348   | Υ  |
| Michelle  | 1780214478                                      | Associate Clinical Social Worker  | 92259   | Υ  |
|           | Mike Kiara April Jasmine Alisia Jacquelyn Kayla | Kathryn       1598925901         Mike       1356813182         Kiara       1669955407         April       1184361693         Jasmine       1679057368         Alisia       1508418666         Jacquelyn       1124250204         Kayla       1114614559 | Jimmy1679189724TherapistKathryn1598925901PsychiatristMike1356813182Associate Clinical Social WorkerKiara1669955407Associate Clinical Social WorkerApril1184361693Associate Clinical Social WorkerJasmine1679057368Licensed Marriage and Family TherapistAlisia1508418666Associate Clinical Social WorkerJacquelyn1124250204Licensed Marriage and Family TherapistAssociate Professional ClinicalAssociate Professional ClinicalKayla1114614559Counselor | Jimmy1679189724Therapist132326Kathryn1598925901Psychiatrist112928Mike1356813182Associate Clinical Social Worker100731Kiara1669955407Associate Clinical Social Worker118299April1184361693Associate Clinical Social Worker117453Jasmine1679057368Licensed Marriage and Family Therapist146988Alisia1508418666Associate Clinical Social Worker90719Jacquelyn1124250204Licensed Marriage and Family Therapist115647Associate Professional ClinicalKayla1114614559Counselor15348 |

## **Contract Psychiatric Hospitals**

BHC Heritage Oaks Hospital

Type of Program: MH

Boulevard

City: Sacramento, CA 95841

Program Description: Children's & Adult General & Specialized Mental Health Services. Inpatient Hospital.

Phone Number (916) 489-3336 Populations served: All Ages

| △よ   |                | Cultural Competency: Interpreter Services available for language other than<br>English |  |                                 |  |  |  |
|--|----------------|--|--|---------------------------------|--|--|--|
| Non-English Lan  | guages:        | Office Hou   | rs: 24 HOURS   |                                 |  |  |  |
|  |                | website: wv  | vw.heritageoakshospital.com                            |                                 |  |  |  |
| Last Name  | First Name     | NPI  | Type of License  | License # CC                    |  |  |  |
| <b>Out of County</b>                                   | Hospital       |  |  |                                 |  |  |  |
| Program Name:<br>Vista Hospital                        | BHC Sierra     | _  | escription: Children's & Adult Gener patient Hospital. | ral & Specialized Mental Health |  |  |  |
| Type of Program<br>Address: 8001 B<br>City: Sacramento | ruceville Road |  |  |                                 |  |  |  |
| Phone Number: 2000                                     | (916) 423-     | Populations served: All Ages   |  |                                 |  |  |  |
| ΔĠ   |                | Cultural Competency: Interpreter Services available for language other than English    |  |                                 |  |  |  |
| Non-English Lan  | guages:        | Office Hours: 24 HOURS   |  |                                 |  |  |  |
|  |                | website: www.sierravistahospital.com   |  |                                 |  |  |  |
| Last Name  | First Name     | NPI  | Type of License  | License # CC                    |  |  |  |
| <b>Out of County</b>                                   | Hospital       |  |  |                                 |  |  |  |

| St. Helena Hospital Center for Behavioral Health  Type of Program: MH  Address: 525 Oregon Street City: Vallejo, CA 94590                                       |            | Program Descri                   | iption: Inpatient Hospital                 |           |    |  |  |
|---|------------|----------------------------------|--|-----------|----|--|--|
| Phone Number: (707) 648-<br>2200  |            |                                  | Populations served: All Ages               |           |    |  |  |
| ΔĠ  |            | Cultural Compe                   | etency:                                    |           |    |  |  |
| Non-English Lan   | guages:    | Office Hours: 24 HOURS           |  |           |    |  |  |
|   |            | website: www.adventisthealth.org |  |           |    |  |  |
| Last Name   | First Name | NPI                              | Type of License                            | License # | CC |  |  |
| <b>Out of County</b>  | Hospital   |                                  |  |           |    |  |  |
| Program Name: John Muir<br>Behavioral Health Center<br>Type of Program: MH<br>Address: 2740 Grant Street<br>City: Concord, CA 94520<br>Phone Number: (925) 680- |            | Program Descri                   | iption: Inpatient Hospital  rved: All Ages |           |    |  |  |
| 6500<br><u></u>   |            | Cultural Compe                   |  |           |    |  |  |

| Non-English Languages:   |            | Office Hours: 24 HOURS  |                 |           |    |  |  |
|--|------------|---|-----------------|-----------|----|--|--|
|  |            | website: www.johnmuirhealth.com   |                 |           |    |  |  |
| Last Name  | First Name | NPI   | Type of License | License # | CC |  |  |
| <b>Out of County</b>   | Hospital   |   |                 |           |    |  |  |
| Program Name: Sutter Center for Psychiatry                                       |            | Program Description: Children's & Adult General & Specialized Mental Health Services. Inpatient Hospital. |                 |           |    |  |  |
| Type of Program: MH  Address: 7700 Folsom  Boulevard  City: Sacramento, CA 95826 |            |   |                 |           |    |  |  |
| Phone Number: 3045   | (916) 388- | Populations served: All Ages  |                 |           |    |  |  |
| △よ   |            | Cultural Competency: Interpreter Services available for language other than English                       |                 |           |    |  |  |
| Non-English Lan  | iguages:   | Office Hours: 24 HOURS  |                 |           |    |  |  |
|  |            | website: www.suttermedicalcenter.org  |                 |           |    |  |  |
| Last Name  | First Name | NPI   | Type of License | License # | CC |  |  |
| Out of County  | Hospital   |   |                 |           |    |  |  |
| Program Name: Fremont Hospital   |            | Program Description: Children's & Adult General & Specialized Mental Health Services. Inpatient Hospital. |                 |           |    |  |  |

Type of Program: MH

Address: 39001 Sundale Drive

City: Fremont, CA 94538

Phone Number: (510)796-1100

山よ

**Cultural Competency:** 

Non-English Languages: Office Hours: 24 HOURS

wobcito: www fromonthocnital com

Populations served: All Ages

|              |            | website: www.fremonthospital.com |                 |           |    |  |
|--------------|------------|----------------------------------|-----------------|-----------|----|--|
| Last Name    | First Name | NPI                              | Type of License | License # | CC |  |
| Aneja        | Alka       | 1619031317                       | Physician       | A112029   | Υ  |  |
| Athwal       | Harmohinde | 1740298256                       | Physician       | A81841    | Υ  |  |
| Boora        | Kamaljeet  | 1356587711                       | Physician       | 102846    | N  |  |
| Duvvuri      | Vikas      | 1255470480                       | Physician       | A99706    | Υ  |  |
| Fooks        | Trevor     | 1730267535                       | Physician       | G63964    | Υ  |  |
| Harleen      | Dyal       | 1225424327                       | Physician       | A153255   | N  |  |
| Kahlon       | Ravinder   | 1386741320                       | Physician       | A50823    | N  |  |
| Kahlon       | Vasdeep    | 1497852446                       | Physician       | A51243    | N  |  |
| Kaur Waraich | Jaap       | 1316132285                       | Physician       | G67904    | Υ  |  |
| Kudaravalli  | Padmavathi | 1144221953                       | Physician       | A67964    | Υ  |  |
| Kumar        | Pradeep    | 1023188935                       | Physician       | A52032    | N  |  |
| Kumar        | Deepak     | 1306257910                       | Physician       | A130068   | Υ  |  |

| Manjunath | Sudha     | 1801826797 | Physician | A87131  | Υ |
|-----------|-----------|------------|-----------|---------|---|
| Munir     | Syed      | 1790718815 | Physician | C55029  | Υ |
| Nayak     | Nanda     | 1477656262 | Physician | A43182  | N |
| Patel     | Falguni   | 1548414337 | Physician | A105594 | Υ |
| Phillips  | Nicholas  | 1255727293 | Physician | A153125 | N |
| Punia     | Surender  | 1376589663 | Physician | A77004  | Υ |
| Reddy     | Divya     | 1518120211 | Physician | A103547 | Υ |
| Singh     | Devindar  | 1447294624 | Physician | A48148  | N |
| Singh     | Sunpreet  | 1326464462 | Physician | A132932 | Υ |
| Waraich   | Bhupinder | 1689869547 | Physician | A53968  | Υ |

## SUBSTANCE USE DISORDER SERVICES PROVIDER DIRECTORY

Program Name: Chemical Dependency Counseling Center (CDCC)

Program Description: Education & Early Intervention Outpatient Treatment

Perinatal Component Intensive Outpatient Youth Services

Type of Program: **SUD** 

Suite 1

City: Stockton, CA 95202

Phone Number: (209) 468-

3720

Populations served: Adult and Youth, Adult Perinatal

| Ġ.              |                 | <b>Cultural Competency:</b> Transitional Age Youth, Adolescents, Veteran, Lesbian, Bisexual, Transgender |                                     |                      |     |  |
|-----------------|-----------------|--|-------------------------------------|----------------------|-----|--|
|                 |                 | ·  |                                     |                      |     |  |
|                 |                 |  | Monday, Wednesday and Friday 8:00 a | m - 5:00 pm; Tuesday | and |  |
| Non-English Lar | nguages: Spanis | Thursday 8:00 a  | ım to 7:00 pm                       |                      |     |  |
|                 |                 | website: https://v   | www.sjcbhs.org/GettingHelp.aspx     |                      |     |  |
| Last Name       | First Name      | NPI  | Type of License                     | License #            | CC  |  |
|                 |                 |  |                                     |                      |     |  |
| Galiza          | Marie           | 1326742495   | SACI                                | 11857                | Υ   |  |
|                 |                 |  |                                     |                      |     |  |
| Hicks           | James           | 1649920497   | SAC II                              | Ci39370723           | Υ   |  |
|                 |                 |  |                                     |                      |     |  |
| Jackson         | Selena          | 1386810208   | SAC II                              | 6675                 | Υ   |  |
| Lewandowski     | Carla           | 1659078137   | SACI                                | 14329                | Υ   |  |
| Lozano          | Nia             | 1851590996   | Physician                           | A89255               |     |  |
| Martin          | Rebecca         | 1447671581   | SAC II - CCAPP                      | 8                    | Υ   |  |
| Nguyen          | Xuan            | 1609159623   | SAC II                              | 169310               | Υ   |  |
| Pelletier       | Paul            | 1578976569   | Program Manager - CCAPP             | 8                    | Υ   |  |
|                 |                 |  |                                     | R06090615            |     |  |
| Roberts         | Edelisa         | 1043331671   | SAC II                              | 44                   | Υ   |  |
| Sosa            | Rebecca         | 1770133290   | SAC I                               | 9622                 | Υ   |  |
| Sumano          | Jennie          | 1972240794   | SAC I                               | 13307                | Υ   |  |

| Vasquez-Gran  | t Cory         | 1720539158        | Program Supervisor - SUDCC                    | 7222              | Υ   |  |  |  |
|---|----------------|-------------------|---|-------------------|-----|--|--|--|
| Program Name  | : Family Ties  | Program Desci     | ription: Inpatient Treatment Perinatal Comp   | onent Assessme    | nts |  |  |  |
| Type of Program<br>Address: 7178 S<br>City: French Ca | S Recovery Rd  |                   |   |                   |     |  |  |  |
| Phone Number: (209) 468-<br>6208                      |                | Populations se    | Populations served: Adult and Adult Perinatal |                   |     |  |  |  |
| ෮ඁඁඁඁඁ  |                | Transgender       | etency: Adults/Older Adult, Veterans, Lesbi   | an, Gay, Bisexual | ,   |  |  |  |
| Non-English La  | nguages: Spani | Office Hours: 2   |   |                   |     |  |  |  |
|   |                | website: https:// | www.sjcbhs.org/GettingHelp.aspx               |                   |     |  |  |  |
| Last Name   | First Name     | NPI               | Type of License                               | License #         | CC  |  |  |  |
| Beas  | Sandra         | 1639622566        | Certification                                 | 8                 | Υ   |  |  |  |
| Cheatham  | Lavern         | 1427576545        | SAC I   | NA                | Υ   |  |  |  |
| Cunningham  | Robin          | 1154951242        | Certifician                                   | 10568             | Υ   |  |  |  |
|   |                |                   |   | R14560001         |     |  |  |  |
| Dyer  | Melissa        | 1174209241        | Registration                                  | 22                | Υ   |  |  |  |
| Eriksen   | Brittani       | 1518408160        | Certification                                 | 12012             | Υ   |  |  |  |
| Facaros   | Susan          | 1306265038        | SAC II  | 1710742           | Υ   |  |  |  |
| Garcia Maldor   | Evelyn         | 1962183426        | NA  | NA                | Υ   |  |  |  |

| Gomez                  | Rosemary  | 1699898676   | SAC II                                   | C17481214            | Υ |  |
|------------------------|---|--|--|----------------------|---|--|
| Hamilton               | Latressa  | 1336821156   | NA                                       | NA                   | Y |  |
| Lozano                 | Nia   | 1851590996   | Physician                                | A89255               | Y |  |
|                        | Elizabeth   | 1164802277   | SAC I                                    | NA                   | Y |  |
| Perez                  | Elizabeth   | 1104602277   | SACT                                     | IVA                  | T |  |
| Rimmer                 | Jo  | 1316617541   | SAC II                                   | CADC I<br>CI32940521 | Y |  |
| Russell                | Stacy   | 1639622566   | Certification                            | 6991                 | Υ |  |
| Satake                 | Irene   | 1578151817   | Registration                             | 11463                | Υ |  |
|                        |   |  | -5                                       | Aii0542504           |   |  |
| Shingu                 | Eric  | 1700299153   | CADC II                                  | 18                   | Υ |  |
| Williams               | Joseph  | 1326800673   | SAW                                      | NA                   | Υ |  |
| Program Nan<br>House   | ne: Recovery  | Program Desc   | ription: Inpatient Treatment Assessments | 5                    |   |  |
| Address: 7233          | Type of Program: <b>SUD</b> Address: 7233 S Delivery Rd City: French Camp, Ca 95231 |  |  |                      |   |  |
| Phone Number           | er: (209)468-6857   | Populations served: Adult  |  |                      |   |  |
| ` ´<br> ∆ <b>&amp;</b> |   | Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, Transgender |  |                      |   |  |

| Non-English L | anguages: Spar | Office Hours: 2   | 24 HOURS                                 |            |    |
|---------------|----------------|-------------------|--|------------|----|
|               |                | website: https:// | www.sjcbhs.org/GettingHelp.aspx          |            |    |
| Last Name     | First Name     | NPI               | Type of License                          | License #  | CC |
|               |                |                   | Licensed Marriage and Family             |            |    |
|               |                |                   | Therapist/Licensed Clinical Professional | 13351/137  |    |
| Baker         | Ashley         | 1225640535        | Counselor                                | 50         | Υ  |
| Berdahl       | Michelle       | 1407070331        | Program Manager, CADTP                   | 7937       | Υ  |
|               |                |                   |  |            |    |
| Boyd          | Richard        | 1407467400        | SAC II, CCAPP                            | Ci36601022 | Υ  |
| Charles       | Moises         | 1982389649        | SAW, CADTP                               | 15776      | Υ  |
| Graves        | Dawn           | 1629625348        | Program Supervisor, CCAPP                | 720        | Υ  |
| Hall          | Marc           | 1235648593        | SAC I, CADTP                             | 11991      | Υ  |
| Harton        | Antwan         | 1346721701        | SAC I, CADTP                             | 11987      | Υ  |
| Hedrick       | Kathrine       | 1043699333        | RN, Ca. State Board of Nursing           | 683243     | Υ  |
| Latorraca     | Michael        | 1205305968        | SAC II, CCAPP                            | Ci34081021 | Υ  |
| Lozano        | Nia            | 1851590996        | Physician                                | A89255     | Υ  |
| Peterson      | Martin         | 1073098307        | SAC II, CADTP                            | 9855       | Υ  |
|               |                |                   |  |            |    |
| Rambo         | Chelsea        | 19526830          | Clinician III                            | LCSW76935  | Υ  |
| Ramirez       | George         | 1215586607        | SAW                                      | 11985      | Υ  |
| Rodriguez     | Yvonne         | 1295564474        | CADTP SUDRC                              | 17202      | Υ  |

| Scott        | William                           | 1710639398 | SAC II, CADTP                       | 15667                      | Υ |
|--------------|-----------------------------------|------------|-------------------------------------|----------------------------|---|
| Vaccarezza   | Lisa                              | 1679715767 | SAC II, CADTP                       | 8312                       | Υ |
| Valenzuela   | Augustine                         | 1831809383 | SAW, CADTP                          | 14078                      | Υ |
| Vaughn       | Ginger                            | 1619444700 | SAC II, CADTP                       | 8715                       | Υ |
|              |                                   |            |                                     | R15693707                  |   |
| Wulsin       | Patrick                           | 1154150407 | CCAPP RADT I                        | 24                         | Υ |
| Young        | Michael                           | 1659778629 | Program Supervisor                  | 175499                     | Υ |
| Program Name | Program Name: Redwood Program Des |            | ption: Residential Substance Use Di | sorder services including: |   |

Family Treatment Center

Type of Program: **SUD** 

Address: 416 Corson Ave

City: Modesto, CA 95350-5408

Phone Number: (209) 521-

1805

Program Description: Residential Substance Use Disorder services including: Intake, assessments, treatment planning, individual and group counseling, collateral, case management, crisis intervention, patient education, safeguarding medication and transportation and discharge services. Individual and family therapy, rehabilitation. Education on benefits of MAT and referral to treatment as necessary.

△년 Non-English Languages: Populations served: Women 18 & older; Girls 0-12 years and Boys 0-10 years

Cultural Competency: Women's Needs

Office Hours: 24 hours a day / 7 days a week

website: www.redwoodfamilycenter.org

| Last Name | First Name | NPI        | Type of License                        | License #  | СС |
|-----------|------------|------------|--|------------|----|
|           |            |            |  |            |    |
| Amador    | Delia      | 1417455775 | CCAPP Certified                        | Ci40100923 | Υ  |
| Berkowitz | Steve      | 1205955671 | Licensed Marriage and Family Therapist | 77643      | Υ  |
|           |            |            |  | R12882201  |    |
| Carvaeo   | Felicia    | 1659870368 | RADT I                                 | 18         |    |
|           |            |            |  | R14474810  |    |
| Castillo  | Krystle    | 1225796568 | RADT I                                 | 21         |    |
|           |            |            |  |            |    |
| Cleary    | Michelle   | 1871102947 | CCAPP Certified                        | Ci36651022 | Υ  |
|           |            |            |  | R15010903  |    |
| Echols    | Amberly    | 1205541984 | CCAPP Registered                       | 23         | N  |
|           |            |            |  | A06344112  |    |
| Gaona     | April      | 1417538299 | CCAPP Certified                        | 3          | Υ  |
|           |            |            |  | R13367102  |    |
| Garcia    | Dolores    | 1073155396 | RADT I                                 | 19         |    |
|           |            |            |  | R14885411  |    |
| Gier      | Karri      | 1134839384 | CCAPP Registered                       | 22         |    |
| Gorman    | Michael    | 1760585897 | Physician                              | A68098     | Υ  |
|           |            |            |  | SUDRC#173  |    |
| King      | Justus     | 1326813395 | CADTP Registered                       | 39         | N  |

| Zapien   | Felicia   | 1386377844 | RADT I           | 22              |   |
|----------|-----------|------------|------------------|-----------------|---|
| Tyler    | Kayla     | 1427793413 | RADT I           | 22<br>R14696605 |   |
| Prather  | Laci      | 1154963916 | RADT I           | 19<br>R14657304 |   |
|          |           |            |                  | R13399703       |   |
| Oliveira | Mackensey | 1962265041 | CCAPP Registered | R15473302<br>24 | N |
| Nunez    | Veronica  | 1235899303 | RADT I           | R14569202<br>2  |   |
| Nelson   | Beth      | 1912548033 | CADC I           | C21131214       | Υ |
| Myers    | Laura     | 1386152593 | CADC I           | C12691214       |   |
| Mejia    | Erica     | 1386335024 | CCAPP Registered | R15060052<br>3  | N |
| McDowell | Paula     | 1528576196 | CADC II          | A04445051<br>7  | Υ |

Address: 8626 North Lower Sacramento Road Suite 41 City: Stockton, CA 95210-3747

Phone Number: (209) 478-

2487

☐ & Cultural Competency:

Populations served: Adult and Adult Perinatal

Cultural Competency: Adults, Older Adults, Veteran, Lesbian, Gay, Bisexual

Non-English Languages: Span Office Hours: Mon.- Fri. 5am - 12:30pm, Sat., Sun., Holidays 7am-11am

website:https://pinnacletreatment.com/locations/

| Last Name         | First Name | NPI        | Type of License           | License # | CC |  |  |
|-------------------|------------|------------|---------------------------|-----------|----|--|--|
| Assuada           | Maria      |            |                           | R14570202 |    |  |  |
| Acevedo           | Maria      | 1447903679 | CCAPP                     | 22        | Υ  |  |  |
| Accelo Districted |            |            | Aii0523002                |           |    |  |  |
| Ayala             | Richard    | 1174746044 | CCAPP                     | 18        | Υ  |  |  |
| Camacho           | Nancy      | 1679024632 | CADC-CAS                  | C14831214 | Υ  |  |  |
| Coronado          | Kainasse   | 1427709922 | Licensed Vocational Nurse | 738965    | Υ  |  |  |
| Estrada           | Louis      | 1265217244 | CADTP                     | 15538     | Υ  |  |  |
|                   |            |            |                           | SUDRC     |    |  |  |
| Flores            | Ricky      | 1649003401 | CADTP                     | 18738     | Υ  |  |  |
| Garcia            | Rogelio    | 1811684749 | Psychiatric Technician    | 42509     | Υ  |  |  |
| Gonzales          | Esperanza  | 1003421314 | CADTP                     | 9963      | Υ  |  |  |
| Hamilton          | Robert     | 1659791101 | Physician                 | A154190   | Υ  |  |  |

| Kourm   | Savan                             | 1215067228                                    | CADTP  | 6568            | Υ   |  |  |
|---|-----------------------------------|---|--|-----------------|-----|--|--|
| Magana  | Sylvia                            | 1518651389                                    | Licensed Vocational Nurse                    | 729572          | Y   |  |  |
| Morones   | Carisa                            | 1104360379                                    | Licensed Vocational Nurse                    | 290357          | Υ   |  |  |
| Oakes   | Marya                             | 1912978263                                    | Family Nurse Practitioner                    | NPF15701        | Υ   |  |  |
| Williams  | Ted                               | 1194954123                                    | CAS  | SUDCC6303       | Υ   |  |  |
| Yanos   | Cyrus                             | 1073378113                                    | Nurse Practitioner                           | MY8840060       | Υ   |  |  |
| Street Medical<br>Stockton<br>Type of Program<br>Address: 1839<br>City: Stockton,           | m: <b>SUD</b><br>S. El Dorado St. | Detoxification (C                             | OTP) Outpatient Treatment (OTP) Medication A | Assisted Treatm | ent |  |  |
| Phone Number: (209) 463-<br>0872  |                                   | Populations served: Adult and Adult Perinatal |  |                 |     |  |  |
| ப் கு. Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexua Transgender |                                   |   |  |                 | ,   |  |  |
| Non-English La  | nguages: Span                     | londay - Friday 5am - 1pm Saturday, Sunday    | , and Holidays                               |                 |     |  |  |

|              |            | website: https:// | pinnacletreatment.com/locations/ |            |    |
|--------------|------------|-------------------|----------------------------------|------------|----|
| Last Name    | First Name | NPI               | Type of License                  | License #  | СС |
| Antolin      | Rochelle   | 1447748520        | SUDRC                            | 7706       | Υ  |
|              |            |                   |                                  | CiCA022611 |    |
| Beck         | Victoria   | 1730470295        | CADCI                            | 19         | Υ  |
| Crawford     | Sarah      | 1063700540        | SUDCC                            | 7266       | Υ  |
|              |            |                   |                                  | C03545091  |    |
| Galli Andrew | Andrew     | 1740647361        | CADC                             | 5          | Υ  |
|              |            |                   |                                  | R14266804  |    |
| Gilbreath    | Michelle   | 1639750813        | RADT                             | 21         | Υ  |
| Hamilton     | Robert     | 1386693547        | Physician                        | G48570     |    |
| Johnson      | P. Curly   | 1235770165        | Nurse Practitioner               | 95012302   | Υ  |
|              |            |                   |                                  | R12901402  |    |
| Jones        | Kent       | 158812993         | RADT                             | 18         | Υ  |
| Lu           | Divina     | 1316001381        | Licensed Vocational Nurse        | 183039     | Υ  |
|              |            |                   |                                  | R14272704  |    |
| Negrete      | Dolores    | 1447832464        | RADT                             | 21         | Υ  |
| Nguyen       | Linda      | 1558886507        | SUDRC                            | 8051       | Υ  |
| Palafox      | Divina     | 1912061995        | Licensed Vocational Nurse        | 17300      | Υ  |

|                     |                |  |   | C05037011      |     |  |
|---------------------|----------------|--|---|----------------|-----|--|
| Pelletier           | Steve          | 1750652483   | CADC  | 8              | Υ   |  |
| Sandoval            | Monique        | 1396514584   | CADTP                                       | 17283          | Υ   |  |
| Talleur             | Brian          | 1659791101   | Physician                                   | A164190        | Υ   |  |
| Williams            | Ginned         | 1942363585   | SUDCCII                                     | 6030           | Υ   |  |
| Williams            | Trisha         | 1417493339   | CADTP                                       | 6480           | Υ   |  |
| Yanos               | Cyrus          | 1073378113   | Nurse Practitioner                          | 95028745       | Υ   |  |
| Program Name: Aegis |                |  | iption: Medically Supervised Methadone Main |                |     |  |
| Treatment Cent      | ers California | Detoxification (O  | TP) Outpatient Treatment (OTP) Medication A | ssisted Treatm | ent |  |
| Street              |                |  |   |                |     |  |
| Type of Program     | : SUD          |  |   |                |     |  |
| Address: 1947 N     |                |  |   |                |     |  |
| City: Stockton, C   | A 95204        |  |   |                |     |  |
| Phone Number:       | 209) 463-0870  | Populations served: Adult and Adult Perinatal                              |   |                |     |  |
| △よ                  |                | Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, |   |                |     |  |
|                     |                | Transgender  | landa Etta Fan Ann Oat da Oada              |                |     |  |
|                     |                |  | londay - Friday 5am - 1pm Saturday, Sunday  | , and Holidays |     |  |
| Non-English Lan     | guages: Span   |  |   |                |     |  |
|                     |                | website: https://p   | pinnacletreatment.com/locations/            |                |     |  |
| Last Name           | First Name     | NPI  | Type of License                             | License #      | CC  |  |

| Bellomo                                  | Sebastian  | 1063299444   | Registered Counselor                    | 15771       | Υ   |
|--|------------|--------------|---|-------------|-----|
| Cano                                     | Jacqueline | 1871149757   | Licensed Vocational Nurse               | 238131      | Υ   |
| Contreras                                | Liliana    | 1376299214   | RADT                                    | 22          | Υ   |
| Coronado                                 | Charlotte  | 1851044069   | RADT                                    | 20          | Υ   |
| Ford                                     | Leigh      | 1790741197   | Nurse Practitioner                      | 5493        | Υ   |
| Gonzalez                                 | Vianey     | 1336917558   | Licensed Vocational Nurse               | 95204       | Υ   |
|  |            |              |   | R15594704   |     |
| Kaur                                     | Jesmeen    | 1356065593   | RADT                                    | 24          | Υ   |
|  |            |              |   | R15079105   |     |
| Navarrete                                | Margarita  | 1942991542   | RADT                                    | 23          | Υ   |
| Oakes                                    | Marya      | 1912978263   | Nurse Practitioner                      | 15701       | Υ   |
| Sagarnaga                                | Cynthia    | 1295886893   | Certified Counselor                     | 11025       | Υ   |
| Talleur                                  | Brian      | 1659791101   | Physician                               | A154190     | Υ   |
| Velasquez-                               |            |              |   |             |     |
| Rosales                                  | Normita    | 1609464114   | Licensed Psychiatric Technician         | 41847       | Υ   |
| Williams                                 | Wayne      | 1528552338   | Certified Counselor                     | 10097       | Υ   |
| <b>Program Nam</b>                       | e: Aegis   | Program Desc | ription: Medically Supervised Methadone | Maintenance |     |
| Treatment Ce                             | nters Lodi |              | OTP) Outpatient Treatment (OTP) Medicat |             | ent |
| Type of Program <b>SUD</b> Lane, Suite B |            |              |   |             |     |

City: Lodi, CA 95242 **Populations served:** Adult and Adult Perinatal Phone Number: (209)224-8490 **Cultural Competency:** Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, △よ Transgender Non-English Languages: Span Office Hours: Monday - Friday 5:00am - 6:00pm Saturday, Sunday, Holidays 7am - 12 PM website: https://pinnacletreatment.com/locations/ License # CC **Last Name First Name** NPI Type of License 260740 1407192297 Licensed Vocational Nurse Campos John Julie Castro 1548927544 Υ Licensed Psychiatric Technician 42133 Chudy Joseph 1841251105 Υ G47843 **Physician** A05132081 Galvez John 1487032322 9 Υ Certified Alcohol and Drug Technician Garcia Mark 1962102079 Υ Registered Alcohol and Drug Technician 15103 Alexandria Johnson 1407568686 Licensed Vocational Nurse VN710544 γ Υ **Nicolette** 1659039758 Certified Alcohol and Drug Technician 12629 Patron 207544 II 1184194169 Υ Chris Certified Alcohol and Drug Technician Perez Jennifer 1043866627 Registered Alcohol and Drug Technician 9798 γ Preap 1659791101 **Physician** A154190 Υ Talleur Brian

|  |  |  |  | CCi3375082      |       |  |
|--|--|--|--|-----------------|-------|--|
| Trammell   | Rebecca                                | 1578330411   | Certified Alcohol and Drug Counselor   | 1               | Υ     |  |
| Trunnell   | Kathryn                                | 1093032559   | Certified Alcohol and Drug Technician  | 6541            | Υ     |  |
| Tun  | Suehei                                 | 1548673999   | Registered Alcohol and Drug Technician 72  |                 | Υ     |  |
| White  | Kimberly                               | 1649459546   | Certified Alcohol and Drug Technician  | 6413            | Υ     |  |
| Program Name<br>Treatment Cent<br>Type of Program<br>Address: 955 Ce<br>City: Manteca, C | ters Manteca<br>n: SUD<br>enter Street |  | iption: Medically Supervised Methadone Mair (TP) Outpatient Treatment (OTP) Medication A |                 | nent  |  |
| Phone Number:  | (209)239-9600                          | Populations ser  | rved: Adult and Adult Perinatal  |                 |       |  |
| △ቈ   | . ,                                    | Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, Transgender |  |                 |       |  |
| Non-English Lar  | nguages: Spanis                        | 11 am  | londay - Friday 5:30am - 1pm Saturday, Sund  | day, Holidays 8 | Bam - |  |
|  |  | website: https://p   | pinnacletreatment.com/locations/   | I               |       |  |
| Last Name  | First Name                             | NPI  | Type of License  | License #       | СС    |  |
| Brown  | Cenarus                                | 1639742778   | SUDRC  | 12122           | Υ     |  |

| Cortez         | Monica    | 1316487572 | NA                              | NA        | Υ |
|----------------|-----------|------------|---------------------------------|-----------|---|
|                |           |            |                                 |           |   |
| Duenas         | Cinthia   | 1497401186 | SUDRC                           | 13008     | Υ |
| Falcon         | Christina | 1154898393 | Licensed Vocational Nurse       | 175628    | Υ |
| Hamilton       | Robert    | 1386693547 | Physician                       | G48570    | Υ |
| Jane Davis     | Mary      | 1861822744 | Licensed Vocational Nurse       | 72342     | Υ |
| Jimenez-Cueva  | Jennifer  | 1336873959 | SUDRC                           | 15506     | Υ |
| McClendon      | Teresa    | 1336291897 | CADC-CAS                        | C27861214 | Υ |
| Mohr           | Rebecca   | 1154898302 | Licensed Psychiatric Technician | 26531     | Υ |
| Oakes          | Marya     | 1912978263 | Nurse Practitioner              | 15701     | Υ |
| Palacios-Reyes | Danessa   | 1558081752 | Licensed Vocational Nurse       | 687867    | Υ |
| Salas          | Graciela  | 1417602038 | Licensed Psychiatric Technician | 42180     | Υ |
| Sandhu         | Sukhjit   | 1629628763 | Nurse Practitioner              | 95012835  | Υ |
| Sauers         | Elizabeth | 1922877950 | Licensed Vocational Nurse       | 687574    | Υ |
| Smith          | Robin     | 1538682927 | CADC-CAS                        | C21131214 | Υ |
| Southmayd      | Robert    | 1982700969 | Physician                       | 20A5298   | Υ |
| Thiompson      | Shirley   | 1528424470 | SUDCC III                       | 9502      | Υ |
| Vang           | Down      | 1336654672 | SUDCC II                        | 12547     | Υ |
| Wilson         | Tasha     | 1801550983 | SUDRC                           | 14302     | Υ |
| Yohana         | Evet      | 1447964283 | SUDRC                           | 16732     | Υ |

Program Name: MedMark
Treatment Center

Type of Program **SUD** 

Address: 1111 N. El Dorado St.

City: Stockton, CA 95202 Phone Number: (209) 938-

0228 ↑ & **Program Description:** Medically Supervised Methadone Maintenance Detoxification (OTP) Outpatient Treatment (OTP) Medication Assisted Treatment

**Populations served:** Adult and Adult Perinatal

Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual,

Transgender

Office Hours: Monday - Friday 5am - 1pm Saturday, Sunday, and Holidays

Non-English Languages: Spanis 7am-11am

website: http://medmark.com/medmark-treatment-centers-stockton/

| Last Name | First Name | NPI        | Type of License      | License # | CC |
|-----------|------------|------------|----------------------|-----------|----|
| AHERN     | DENISE     | 1093203911 | CERTIFIED COUNSELOR  | 191227    | Υ  |
| ESCLOVON  | LACI       | 1609489731 | MEDICAL ASSISTANT    | NA        | Υ  |
| GARCIA    | BRITTANY   | 1699394965 | CADTP                | 12372     | Υ  |
| GONZALEZ  | ADELITA    | 1972962488 | REGISTERED COUNSELOR | 6110      | Υ  |
| HARRIS    | DANA       | 1760995781 | CADTP                | 6203      | Υ  |
| HOLIDAY   | BRENDA     | 1306839352 | Nurse Practitioner   | 15461     | Υ  |
| KOUM      | SAVAN      | 1215067228 | CADTP                | 6568      | Υ  |

|   |                |   | 1  |                |      |  |
|---|----------------|---|--|----------------|------|--|
|   |                |   |  | R14460510      |      |  |
| LABASS  | SHELLY         | 1295489029  | CCAPP  | 21             | Υ    |  |
| LENADADO  | JERRI          | 1477616910  | Licensed Vocational Nurse                              | 170115         | Υ    |  |
| LO  | LAWRENCE       | 1770122384  | REGISTERED COUNSELOR                                   | 10180          | Υ    |  |
| PENA  | ANNA           | 1972667236  | CADTP  | 6197           | Υ    |  |
| SCOTT   | MELISSA        | 1093474512  | CCAPP  | 132186         | Υ    |  |
| SCOTT   | WILLIAM        | 1710639398  | CCAPP  | 132070         | Υ    |  |
| WILLIAMS  | JAY FRANK      | 1760049043  | CERTIFIED COUNSELOR                                    | 2014156        | Υ    |  |
| WILLIAMS  | TRISHA         | 1417493339  | CADTP  | 6480           | Υ    |  |
| WILLIAMSON  | ERNEST         | 1649782954  | CADTP  | 6388           | Υ    |  |
| Program Name: Towns Health Services   |                | Program Description 1 and ASAM level  | iption: Intensive Outpatient and Outpatient se el II.1 | rvices. ASAM l | evel |  |
| Type of Program <b>SUD</b> Address: 750 Spaans Dr. Ste City: Galt, CA 95632 |                |   |  |                |      |  |
| Phone Number: (209) 744-<br>9909  |                | Populations ser   | rved: Adults 18 years of age and older                 |                |      |  |
| ۵ <b>خ</b>  |                | Cultural Competency: All required in addition to Veterans, LGBT, Older Adults |  |                |      |  |
| Non-English Lan   | guages: Spanis | Office Hours: N   | Monday - Friday 8am - 5pm Saturday 9am - 4             | pm             |      |  |
| Farci   |                | website: https://townshealthservices.com/                                     |  |                |      |  |

| Last Name    | First Name    | NPI        | Type of License       | License #  | CC |
|--------------|---------------|------------|-----------------------|------------|----|
| Dlaka        | Aladria       |            |                       | R15309810  |    |
| Blake        | Aledria       | 1447022314 | RADT                  | 23         | Υ  |
| Dagage       | Dahasas       |            |                       | R15731908  |    |
| Bocage       | Rebecca       | 1144050600 | Registered with CCAPP | 24         | Υ  |
| Duarra       | 1/2 2 2 2 2 2 |            |                       | R15065405  |    |
| Brown        | Vanessa       | 1043900913 | RADT                  | 23         | Υ  |
|              |               |            |                       | R14751007  |    |
| Castaneda    | Iririan       | 1427783000 | CCAPP Registered      | 22         | Υ  |
|              |               |            |                       | R14750807  |    |
| Cobb         | Robert        | 1477288751 | RADT                  | 22         | Υ  |
|              |               |            |                       |            |    |
| Cross        | Kendra        | 1932775814 | CADC1 CS              | Ci37340123 | Υ  |
|              |               |            |                       | R14726506  |    |
| Cross        | Tanisha       | 1679204291 | RADT                  | 22         | Υ  |
|              |               |            |                       | SUDCC      |    |
| Delong Tammi | Tammi         | 1972150514 | Certified CADPT 1     | 6085       | Υ  |
|              |               |            |                       | R15314810  |    |
| Espinoza     | Patricia      | 1801678966 | RADT                  | 23         | Υ  |
| Gaylor       | Joseph        | 1528721248 | RADT                  | 12442      | Υ  |

|               |             |            |                                | R15387712  |   |
|---------------|-------------|------------|--------------------------------|------------|---|
| Harnden       | Christopher | 1689441297 | RADT                           | 23         | Υ |
| Huihui-Barker | Stephanie   | 166598652  | SUDRC II                       | 14939      | Υ |
|               |             |            |                                | R15732108  |   |
| Laform        | Janell      | 1316777881 | Registered with CCAPP          | 24         | Υ |
|               |             |            |                                | SUDRC1734  |   |
| Lovan         | Andre       | 1841055936 | CDAPT- RADT                    | 1          | Υ |
|               |             |            |                                | SUDRC      |   |
| Luna          | Rhonda      | 1164243390 | Registered with CADTP          | 19017      | Υ |
|               |             |            |                                | R14385207  |   |
| Maxey         | Heather     | 1104498658 | RADT                           | 21         | Υ |
|               |             |            |                                | R15071205  |   |
| Perkins       | Nathen      | 1770273641 | RADT                           | 23         | Υ |
|               |             |            |                                | R15708907  |   |
| Schneider     | Savannah    | 1588492227 | Registered with CCAPP          | 24         | Υ |
| Towns         | Mark        | 1811183643 | Physician/Addiction Specialist | A100676    | Υ |
|               |             |            |                                |            |   |
| Ulm           | Mathew      | 1013402015 | CCAPPII                        | Ci31561220 | Υ |
|               |             |            |                                | R15103206  |   |
| Woodworth     | Julia       | 1699550889 | RADT                           | 23         | Υ |

| Program Name: Stockton<br>Circle of Friends<br>Type of Program SUD<br>Address: 3128 E. Anita Street<br>City: Stockton, CA 95205-3905 |                                  | Program Desci   | r <b>iption:</b> Inpatient Residential Tre   | eatment   |    |  |  |  |
|--|----------------------------------|---|--|-----------|----|--|--|--|
| Phone Number: 0315   | Phone Number: (209) 451-<br>0315 |   | Populations served: Adult Male Non-Perinatal |           |    |  |  |  |
| △ <b>Ġ</b>   |                                  | Cultural Competency: Veterans, Adults, Older Adults, Gay, Transgender |  |           |    |  |  |  |
| Non-English Lar  | Non-English Languages:           |   | Office Hours: 24 Hours                       |           |    |  |  |  |
|  |                                  | website: none   |  |           |    |  |  |  |
| Last Name  | First Name                       | NPI   | Type of License                              | License # | CC |  |  |  |
| Duvdevany  | Neta                             | 1598180341  | Physician                                    | C137556   | Ν  |  |  |  |
|  |                                  |   |  | C05951111 |    |  |  |  |
| Campbell   | Ernest                           | 1124390109  | SAC I  | 8         | Υ  |  |  |  |
| Estrada  | Michael                          | 1275517617  | SAC I  | 5919      | Υ  |  |  |  |
| Hatten   | Stephanie                        | 1730471384  | SAC II                                       | C19391214 | Υ  |  |  |  |
| Program Name: New Directions   |                                  | Program Desci   | ription: Residential and outpatie            | nt        |    |  |  |  |
| Type of Program <b>SUD</b>   |                                  |   |  |           |    |  |  |  |

Address: 1981 Cherokee Road City: Stockton, CA 95205 Phone Number: (209)850-6500 | Populations served: Adult male and female clients **Cultural Competency:** △点 Office Hours: Monday - Friday 8:00 am - 5:00 pm Non-English Languages: website: www.newdirectionsstockton.org **First Name** NPI License # **Last Name** Type of License CC Rita 1356178438 **Abitia** CATC 24935 Ν 1356059901 13974 Υ **Apilado Jamie** Case Worker Dale **Executive Director** Ν Benner Sarah 1417615857 12024 Υ **SUD Counselor** Burnett 8067 Dixon Jeanette 1063657757 Counselor Υ **James** Gibson 1841908183 Case Worker 12191 Υ Gorrell Roxanne 1467165761 CADTP - Case Worker 14155 Υ **Brandie** 1295317956 7675 Υ Harmon Counselor ٧ 1265140511 **CADTP - Case Worker** 14224 Greta Harper Υ 1689382566 13976 Houser Kimberly CADTP - Case Worker Υ 1255054276 13037 Ibea Raquel Case Worker Jazulin Steve **Program Director** Ν

| King          | Ruby    | 1972177665 | Counselor                     | 8062       | Υ |
|---------------|---------|------------|-------------------------------|------------|---|
| Liberty       | Leslie  | 1427649318 | LPHA/LSCW                     | 17173      | Υ |
| Limas         | Richard | 1518630953 | Counselor                     | 7346       | Υ |
| Matas         | James   | 1639743974 | Counselor                     | 7267       | Υ |
|               |         |            | Associate Marriage and Family | Aii0632801 |   |
| Mero          | Kathy   | 1316069495 | Therapist                     | 22         | Υ |
| Newton        | Deborah | 1063086197 | SUD Counselor                 | 9469       | Υ |
| Poirier-Brode | Karen   | 1144246547 | Physician                     | A26767     |   |
| Rice          | Debra   | 1124692991 | SUD Counselor                 | 8618       | Υ |
| Rico          | Ethan   | 1659089902 | CADTP - Case Worker           | 14223      | Υ |
| Schopp        | Diane   | 1457925091 | SUD Counselor                 | 9781       | Υ |
| Sexton        | Timothy | 1407529886 | SUD Counselor                 | 9517       | Υ |
| Shelton       | Tiffany | 1891471777 | CADTP- SUD Case Worker        | 15344      | Υ |
| Smith         | Denise  | 1932773579 | SUD Counselor                 | 7568       | Υ |
|               |         |            |                               | RH0011480  |   |
| Tillman       | Stella  | NA         | CCAPP                         | 923        | Υ |
| Vega          | Jocelyn | 1386357739 | CADTP - Case Worker           | 14271      | Υ |
| Ybanez        | Elodia  | 1114606449 | SUD CADTP                     | NA         | Υ |