

Behavioral Health Services

A Division of Health Care Services Agency

Genevieve G. Valentine, LMFT, BHS Director Cara Dunn, BHS Assistant Director

County and Contract Medi-Cal Providers Directory

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

This Document is Searchable

To search use Ctrl+F (or Command+F on Mac)

Search by First Name Only, Last Name Only, or Program Name

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).

<u>Tiếng Việt (Vietnamese)</u>

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)。

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

Русский (Russian)

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. با -888-88-469 (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।

العربية (Arabic)

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

ພາສາລາວ

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

Revised 3/2024

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

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

MH = Mental Health Progam and Practitioners

SUD = Substance Use Disorder Program and Practitioners

 \triangle = Provider is accepting new beneficiaries

E= 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

| | | | otion: Screenings for treatment of mental health sy oncerns, Case Management/Brokerage & Mental He | • | r |
|---|---|---|---|---|-----------------------------|
| | MH and SUD Program | | nicems, case management/brokerage & mental ne | cailli Services | |
| Address 620 N. A | | | | | |
| City Stockton, CA | 95202 | | | | |
| Phone Number: (2 | | Populations serv | ved: All ages | | |
| | · | Cultural Compet | ency: Culturally competent service provided to all | callers. | |
| Non-English Lang | guages: Spanish and | Office Hours: Su | ınday - Saturday 24 Hours per day, 365 days | | |
| Interpreter Servic | es | website: https:ww | · · · · · · · · · · · · · · · · · · · | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Alcala | Maria | 1750098919 | Licensed Psychiatric Technician | PT42360 | Υ |
| Guerrero | Melissa | 1467946301 | Licensed Marriage and Family Therapist | 81226 | Υ |
| Wieland | Jessica | 1164751392 | Licensed Professional Clinical Counselor | 173 | Υ |
| Program Name: | Black Awareness | Program Descrip | otion: Case Management/ Brokerage including Inte | ensive Care | |
| Community Outr | | | C); Mental Health Services including Intensive Hom | | ces |
| _ | vices. (BACOP/MC) | , | on Support; Crisis Intervention | | |
| Full Service Part | | (25), | | | |
| Type of Program: | • (, | | | | |
| Address 1212 N. | | | | | |
| | | | | | |
| City Stockton, CA | | | | | |
| City Stockton, CA Phone Number (2 | 95202 | Populations serv | ved: Adults | | |
| Phone Number (2 | 95202 | Populations serv | | Middle Fastern | and |
| Phone Number (2 | (95202 (209) 468-2337 | Cultural Compet | ency: African American, Native American, Muslim/ | Middle Eastern | and |
| Phone Number (2 | 395202 209) 468-2337 guages: Hindi, | | | Middle Eastern | and |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa | 395202 209) 468-2337 guages: Hindi, | Cultural Compet Office Hours: | ency: African American, Native American, Muslim/ Monday -Friday 8 am - 5 pm | Middle Eastern | and |
| Phone Number (2 \(\triangle \) Non-English Lang Punjabi, Urdu, Pa Spanish | 95202 209) 468-2337 guages: Hindi, ashto, English, | Cultural Compet Office Hours: website: https://ww | ency: African American, Native American, Muslim/ Monday -Friday 8 am - 5 pm w.sjgov.org/mhs | | |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name | 95202 209) 468-2337 guages: Hindi, ishto, English, First Name | Cultural Compet Office Hours: website: https://www.NPI | w.sjgov.org/mhs Type of License | License # | СС |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz | 95202 209) 468-2337 guages: Hindi, ashto, English, First Name Gloria | Cultural Compet Office Hours: website: https://www.NPI 1104375724 | w.sjgov.org/mhs Type of License Registered Nurse | License # 723203 | CC Y |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby | 95202 209) 468-2337 guages: Hindi, ishto, English, First Name Gloria Sherri | Cultural Compet Office Hours: website: https://www.NPI 1104375724 1669893764 | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker | License # 723203 29248 | CC Y Y |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell | s 95202 209) 468-2337 guages: Hindi, ashto, English, First Name Gloria Sherri Shirley | Cultural Compet Office Hours: website: https://www.NPI 1104375724 1669893764 1124143474 | w.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse | License # 723203 29248 352081 | CC Y Y |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray | s 95202 209) 468-2337 guages: Hindi, ishto, English, First Name Gloria Sherri Shirley Karen | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist | License # 723203 29248 352081 118346 | CC Y Y |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh | s 95202 209) 468-2337 guages: Hindi, ashto, English, First Name Gloria Sherri Shirley Karen Amarpreet | Cultural Compet Office Hours: website: https://www.NPI 1104375724 1669893764 1124143474 1346735917 1235182916 | w.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician | License # 723203 29248 352081 118346 A78414 | CC Y Y |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao | s 95202 209) 468-2337 guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 | w.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist | License # 723203 29248 352081 118346 A78414 130779 | CC Y Y Y |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao | s 95202 209) 468-2337 guages: Hindi, ashto, English, First Name Gloria Sherri Shirley Karen Amarpreet | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 | w.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician | License # 723203 29248 352081 118346 A78414 130779 | CC Y Y Y N N |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: | s 95202 209) 468-2337 guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descrip Coordination (ICC | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Otion: Case Management/ Brokerage including Inter C); Mental Health Services including Intensive Hom | License # 723203 29248 352081 118346 A78414 130779 ensive Care | CC Y Y Y N N |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt Type of Program: | system (195202) 468-2337 guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descrip Coordination (ICC | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Otion: Case Management/ Brokerage including Interpretations. | License # 723203 29248 352081 118346 A78414 130779 ensive Care | CC Y Y Y N N |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt | system (195202) 468-2337 guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descrip Coordination (ICC | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Otion: Case Management/ Brokerage including Inter C); Mental Health Services including Intensive Hom | License # 723203 29248 352081 118346 A78414 130779 ensive Care | CC Y Y Y N N |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt Type of Program: | guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH California St | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descrip Coordination (ICC | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Otion: Case Management/ Brokerage including Inter C); Mental Health Services including Intensive Hom | License # 723203 29248 352081 118346 A78414 130779 ensive Care | CC Y Y Y N N |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt Type of Program: Address 1414 N 0 | guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH California St | Cultural Compet Office Hours: website: https://www.npl 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descript Coordination (ICC (IHBS); Medication | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Otion: Case Management/ Brokerage including Inter C); Mental Health Services including Intensive Hom | License # 723203 29248 352081 118346 A78414 130779 ensive Care | CC Y Y Y N N |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt Type of Program: Address 1414 N (City Stockton, CA) | guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH California St | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descrip Coordination (ICC (IHBS); Medication | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Otion: Case Management/ Brokerage including Interconsults of the Support; Crisis Intervention | License # 723203 29248 352081 118346 A78414 130779 ensive Care ne Based Service | CC Y Y N N N Y |
| Phone Number (2 Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt Type of Program: Address 1414 N (City Stockton, CA) Phone Number: (2) | guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH California St 95202 209) 468-2385 | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descript Coordination (ICC (IHBS); Medication Populations service Cultural Competitions | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist Otion: Case Management/ Brokerage including Interport On Support; Crisis Intervention | License # 723203 29248 352081 118346 A78414 130779 ensive Care ne Based Service | CC Y Y N N N Y |
| Phone Number (2) Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt Type of Program: Address 1414 N (City Stockton, CAPhone Number: (2) Phone Number: (3) | guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH California St 95202 209) 468-2385 | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descript Coordination (ICC (IHBS); Medication Populations service Cultural Competitions | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Inter C); Mental Health Services including Intensive Homon Support; Crisis Intervention wed: Children and Youth tency: Comprehensive mental health services for conday - Friday 8 am to 5 pm | License # 723203 29248 352081 118346 A78414 130779 ensive Care ne Based Service | CC Y Y N N N Y |
| Phone Number (2) Non-English Lang Punjabi, Urdu, Pa Spanish Last Name Cruz Helsby Hollowell Murray Singh Thao Program Name: Services, Stockt Type of Program: Address 1414 N (City Stockton, CAPhone Number: (2) Phone Number: (3) | guages: Hindi, shto, English, First Name Gloria Sherri Shirley Karen Amarpreet Seelina Children and Youth on Clinic (CYS) #3915 MH California St 95202 209) 468-2385 | Cultural Compet Office Hours: website: https:ww NPI 1104375724 1669893764 1124143474 1346735917 1235182916 1215093653 Program Descript Coordination (ICC (IHBS); Medication Populations service Cultural Compet Office Hours: Moderation | Monday -Friday 8 am - 5 pm W.sjgov.org/mhs Type of License Registered Nurse Licensed Clinical Social Worker Registered Nurse Associate Marriage and Family Therapist Physician Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Inter C); Mental Health Services including Intensive Homon Support; Crisis Intervention wed: Children and Youth tency: Comprehensive mental health services for conday - Friday 8 am to 5 pm | License # 723203 29248 352081 118346 A78414 130779 ensive Care ne Based Service | CC Y Y N N N Y |

| Allanki | Sailaja | 1306897723 | Physician | 138838 | Y | |
|------------------------------------|--|---|---|-------------------|------|--|
| 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 | |
| Delosangeles | Christina | 1861976474 | Associate Marriage and Family Therapist | 113408 | 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 | |
| Hudson | Mark | 1528190725 | Licensed Marriage and Family Therapist | 78609 | Υ | |
| Kumar | Gaurav | 1235513102 | Physician | A151187 | Υ | |
| Lopez | Alexis | 1932767225 | Associate Marriage and Family Therapist | 116153 | Υ | |
| Martin | Alandrea | 1235696006 | Licensed Marriage and Family Therapist | 131594 | Υ | |
| Massie | Amy | 1356798391 | Associate Marriage and Family Therapist | 100785 | Υ | |
| Navarro | Elizabeth | 1801242771 | Associate Clinical Social Worker | 103985 | Υ | |
| Parish | Virginia | 1356667414 | Associate Marriage and Family Therapist | 103720 | Υ | |
| Reyes | Irene | 1760189534 | Associate Clinical Social Worker | 111415 | N | |
| Rhone | Danevia | 1114650405 | Associate Clinical Social Worker | 99638 | Υ | |
| Robles | Liliana | 1285941773 | Associate Marriage and Family Therapist | 137204 | Υ | |
| Saluja | Amandeep | 1588894778 | Physician | C175781 | N | |
| Santiago | Regina | 1598166308 | Associate Clinical Social Worker | 85489 | Υ | |
| Simien | Carla | 1629564000 | Licensed Psychiatric Technician | 40771 | Υ | |
| Soeun | Garo | 1326755794 | Associate Clinical Social Worker | 116905 | Υ | |
| Stanley | Anastacia | 1528299724 | Licensed Marriage and Family Therapist | 87417 | Υ | |
| Tiano | Mark | 1841623535 | Licensed Clinical Social Worker | 88442 | Υ | |
| Totten-Jackson | Tiffany | 1831314103 | Associate Clinical Social Worker | 92871 | Υ | |
| Trahan | Roslyn | 1639839608 | Licensed Professional Clinical Counselor | 12474 | Υ | |
| Washington | Kerry | 1689391997 | Registered Nurse | RN5599310 | Υ | |
| White | Grace | 1659146371 | Associate Clinical Social Worker | 113407 | Y | |
| Yang | Mai | 1447866090 | Associate Clinical Social Worker | 105295 | Υ | |
| Program Name: C | Children and Youth Youth Full Service (A) #9096 MH Aurora Street Ste 4 | 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: (2 | | Populations serv | ved: Children and Youth | | | |
| | 00, 100 2000 | | ency: Mental Health Services Act (MHSA) progran | n focused on chil | dren | |
| רם כ <i>ק</i> Non-English Langu | lages: Snanish | | onday - Friday 8:00 am - 5:00 pm | TIOOUSEU OII OIII | aren | |
| uvuu-enullan eallut | lages. Opariisii | Office Hours. Mc | may - 1 may 0.00 am - 3.00 pm | | | |
| | | website: https://ww | w signy org/mhs | | | |

| Last Name Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C Treatment Service B, and D) #9069 Type of Program: N Address: 1212 N. C City: Stockton, CA Phone Number: (20 | Juanita Bradley Lea Allie Leora Maria Community Adult es (CATS - Teams A, MH California Street 95202 09) 468-8842; | Coordination (ICC (IHBS); Medication Populations services Cultural Competed Office Hours: Modern Competed Comp | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Interpolation: Case Management/ Brokerage including Interpolation Support; Crisis Intervention ved: Adult ency: Comprehensive Mental Health Services for a conday - Friday 8:00 am - 5:00 pm www.sjgov.org/mhs | ne Based Servio | CC Y Y Y Y Y Y Cees |
|---|--|--|--|---|-----------------------|
| Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C Treatment Service B, and D) #9069 Type of Program: N Address: 1212 N. C City: Stockton, CA Phone Number: (20 | Juanita Bradley Lea Allie Leora Maria Community Adult es (CATS - Teams A, MH California Street 95202 09) 468-8842; | 1255764627 1063171676 1982305165 1245663426 1619515640 Program Descrip Coordination (ICC (IHBS); Medication | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Interpolation: Mental Health Services including Intensive Homon Support; Crisis Intervention ved: Adult ency: Comprehensive Mental Health Services for a | 98495 104626 136814 75192 130181 ensive Care ne Based Service | Y Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C Treatment Service B, and D) #9069 Type of Program: N Address: 1212 N. C City: Stockton, CA Phone Number: (20 | Juanita Bradley Lea Allie Leora Maria Community Adult es (CATS - Teams A, MH California Street 95202 | 1255764627 1063171676 1982305165 1245663426 1619515640 Program Descrip Coordination (ICC (IHBS); Medication | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Intensive Homon Support; Crisis Intervention | 98495 104626 136814 75192 130181 ensive Care ne Based Service | Y Y Y Y Y |
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| Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C Treatment Service B, and D) #9069 Type of Program: N Address: 1212 N. C | Juanita Bradley Lea Allie Leora Maria community Adult es (CATS - Teams A, | 1255764627 1063171676 1982305165 1245663426 1619515640 Program Descrip Coordination (ICC | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Interpolation; Mental Health Services including Intensive Home | 98495 104626 136814 75192 130181 ensive Care | Y Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C Treatment Service B, and D) #9069 Type of Program: N | Juanita Bradley Lea Allie Leora Maria community Adult es (CATS - Teams A, | 1255764627 1063171676 1982305165 1245663426 1619515640 Program Descrip Coordination (ICC | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Interpolation; Mental Health Services including Intensive Home | 98495 104626 136814 75192 130181 ensive Care | Y Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C Treatment Service B, and D) #9069 | Juanita Bradley Lea Allie Leora Maria community Adult es (CATS - Teams A, | 1255764627 1063171676 1982305165 1245663426 1619515640 Program Descrip Coordination (ICC | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Interpolation; Mental Health Services including Intensive Home | 98495 104626 136814 75192 130181 ensive Care | Y Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C Treatment Service | Juanita Bradley Lea Allie Leora Maria community Adult | 1255764627 1063171676 1982305165 1245663426 1619515640 Program Descrip Coordination (ICC | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist otion: Case Management/ Brokerage including Interpolation; Mental Health Services including Intensive Home | 98495 104626 136814 75192 130181 ensive Care | Y Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris Pollock Sampson Program Name: C | Juanita Bradley Lea Allie Leora Maria community Adult | 1255764627 1063171676 1982305165 1245663426 1619515640 Program Descrip | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist ption: Case Management/ Brokerage including Interpretations | 98495 104626 136814 75192 130181 ensive Care | Y Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris Pollock Sampson | Juanita Bradley Lea Allie Leora Maria | 1255764627 1063171676 1982305165 1245663426 1619515640 | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist | 98495 104626 136814 75192 130181 | Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris Pollock | Juanita Bradley Lea Allie Leora | 1255764627 1063171676 1982305165 1245663426 | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist Licensed Clinical Social Worker | 98495 104626 136814 75192 | Y Y Y Y |
| Gipaya Heidenberg Hernandez Morris | Juanita Bradley Lea Allie | 1255764627 1063171676 1982305165 | Licensed Marriage and Family Therapist Licensed Clinical Social Worker Associate Marriage and Family Therapist | 98495 104626 136814 | Y Y Y Y |
| Gipaya Heidenberg Hernandez | Juanita Bradley Lea | 1255764627 1063171676 | Licensed Marriage and Family Therapist Licensed Clinical Social Worker | 98495 104626 | Y Y Y |
| Gipaya Heidenberg | Juanita Bradley | 1255764627 | Licensed Marriage and Family Therapist | 98495 | Y |
| Gipaya | Juanita | | | | Υ |
| | | 1225500042 | Liconcod Marriago and Eamily Thoranict | 126001 | _ |
| Last Name | . = . r & | NPI | Type of License | License # | |
| | First Name | website: https://ww | | lieers # | |
| Non-English Langu | iages. Spanish | | onday - Friday 8:00 am - 5:00 pm | | |
| Alon English Long | ones Consists | | Foster Care System | | |
| Ė | | <u>-</u> | rency: Mental Health Services Act (MHSA) progran | n tocused on ch | ıılaren |
| Phone Number: (20 | J9) 468-154 <i>1</i> | | ved: Children and Youth | . | . il alıc = :: |
| City: Stockton, CA | | Damalat' | and Obliders and Verith | | |
| Address: 333 E. W | | | | | |
| Type of Program: N | | | | | |
| #39DF | | | | | |
| Service Partnersh | ip Intake (MHSA) | (IHBS); Medication | n Support; Crisis Intervention | | |
| Youth Services - I | Foster Youth Full | Coordination (ICC | C),Mental Health Services including Intensive Home | e Based Service | es |
| Program Name: S | .J.C. Children and | Program Descrip | otion: Case Management/Brokerage including In | tensive Care | |
| Payne | Sheilena | 1336437656 | Licensed Marriage and Family Therapist | 94571 | Υ |
| Olivares-Rivas | Yulisa | 1801445085 | Associate Clinical Social Worker | 96813 | Υ |
| Lopez | Alexis | 1932767225 | Licensed Marriage and Family Therapist | 141235 | Υ |
| Herron | Rita | 1659629285 | Licensed Marriage and Family Therapist | 117262 | Y |
| Gutierrez | Antonio | 1023473469 | Licensed Clinical Social Worker | 71535 | Y |
| Gomez-Boulware | Salena | 1679098776 | Licensed Marriage and Family Therapist | 139138 | Y |
| Del Toro | Jose | 1578058681 | Licensed Marriage and Family Therapist | 120167 | Υ |
| Cupit | Christy | 1386286383 | Associate Marriage and Family Therapist | 120662 | Υ |
| | Renessa | 1376664862 | Licensed Marriage and Family Therapist | 81528 | Υ |
| Jensen | Lauren | 113 1033003 | Electised chilled social Worker | 101000 | 一 |
| Castaneda- | Lauren | 1154893683 | Licensed Clinical Social Worker | 101688 | Y |
| | Shaukat | 1306897723 1821294455 | Physician Physician | 138838 105923 | Y |

| 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 |
| DeWitte | Tiffany | 1023143245 | Licensed Clinical Social Worker | 29826 | Υ |
| Doronio | Ramil | 1871767376 | Registered Nurse | 555151 | Υ |
| Ekpkai | Tsola | 1518603927 | Associate Marriage and Family Therapist | 94485 | Υ |
| Firnberg | Thomas | 1164597472 | Physician | A40218 | Υ |
| Flores | Henry | 1998038657 | Licensed Marriage and Family Therapist | 128269 | Υ |
| Garcia | Luis | 1346599677 | Licensed Marriage and Family Therapist | 10398 | Υ |
| Garcia | Valerie | 1770606386 | Registered Nurse | 704233 | Υ |
| Gementera | Jalessa | 1588134209 | Associate Marriage and Family 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 | Associate Professional Clinical 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 Clinical Social Worker | 65763 | Υ |
| Keys | Sheril | 1942664875 | Licensed Psychiatric Technician | 38333 | Υ |
| Manansala | Gerado | 1215195813 | Physician | A102439 | Υ |
| Martin | Ronee | 1932644796 | Associate Marriage and Family Therapist | 84987 | Υ |
| Martinez | Celeste | 1902305972 | Licensed Psychiatric Technician | 40655 | Υ |
| Mascovich | Paul | 1215921184 | Physician | G33950 | Υ |
| McHenry | Heidi | 1861763294 | Licensed Psychiatric Technician | 35949 | Υ |
| Mendez | Adeline | 1255453353 | Licensed Psychiatric Techician | 25868 | Υ |
| Padala | Nagamani | 1659303253 | Physician | C53554 | Υ |
| Parsons | Wilhelmina | 1144696840 | Licensed Marriage and Family Therapist | 49001 | Υ |
| Phillips | Victoria | 1871110437 | Associate Clinical Social Worker | 92751 | Υ |
| Quinones | Alana | 1457817033 | Associate Marriage and Family Therapist | 122079 | Υ |
| Roberts | Sharmaine | 1376724310 | Licensed Clinical Social Worker | 28902 | Υ |
| Saddik | Fouad | 1437254117 | Physician | A44865 | Υ |
| Saelee | Cindy | 1255511614 | Licensed Clinical Social Worker | 82456 | Υ |
| Salazar | Kellie | 1295273654 | Licensed Psychiatric Technician | 40326 | Υ |
| Schmidt | Katarzyna | 1285290346 | Associate Marriage and Family Therapist | 130542 | Υ |
| Singh | Karamjit | 1083930440 | Physician | A132050 | 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 |
| Wallace | Remedios | 1639294341 | Licensed Psychiatric Technician | 24227 | Υ |
| Weekly | Tony | 1710572540 | Licensed Psychiatric Technician | 41837 | Υ |

| Whittaker | Latasha | 1932467362 | Associate Marriage and Family Therapist | 108832 | Υ |
|---|---|---|---|--|--|
| Program Name | | | tion: Case Management/ Brokerage; Mental Hea | | |
| _ | rtnership #39AP | · · | ort; Crisis Intervention | iitii Gei vices, | |
| Type of Program | • | INIEGICATION OUPPO | ori, Oriois intervention | | |
| | I. California Street | | | | |
| City: Stockton, C | | | | | |
| Phone Number: | | Populations serv | red: Adult | | |
| △ € | (203) 400-3373 | | ency: Serve clients under AB-109 community supe | ervision with Pro | hation |
| • | nguages: Spanish | Office Hours: | Monday - Friday 8:00 am - 5:00 pm | STVISION WITH TO | ballon |
| Tron English Lan | igaages. Opariisii | website: https://ww | · · · · · · · · · · · · · · · · · · · | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Garcia | Juan | 1710008735 | Licensed Clinical Social Worker | 69500 | Y |
| 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 | Y |
| | : Crisis Community | | otion: Case Management/ Brokerage; Mental He | | <u> </u> |
| _ | n (CCRT) #9088 | · · | ort; Crisis Intervention | caitii Oci viccs, | |
| • | · · | Wicdioation ouppe | ori, Oriolo intervention | | |
| Type of Program | า: เทศ I. California Street | | | | |
| | | | | | |
| City: Stockton, C | A 95202 | | | | |
| Dhana Niveahani | (000) 400 0000 | Danulatiana aam | radi. Adult Children Adalasaanta | | |
| Phone Number:(| (209) 468-8686 | | ved: Adult, Children, Adolescents | munitu adult ma | ntal |
| <u>^</u> & | ` , | Cultural Compet | ency: Mobile multi-disciplinary crisis team for com | munity adult me | ntal |
| ○ と Non-English Lar | nguages: Spanish, | Cultural Compet Office Hours: OF | ency: Mobile multi-disciplinary crisis team for com PEN 24 HOURS | munity adult me | ental |
| ் த் Non-English Lar Cambodian, Vie | nguages: Spanish, tnamese | Cultural Compet Office Hours: OF website: https://ww | ency: Mobile multi-disciplinary crisis team for comp PEN 24 HOURS w.sjgov.org/mhs | , | |
| ∩ ᠳ Non-English Lan Cambodian, Vie Last Name | nguages: Spanish, tnamese First Name | Office Hours: OF website: https://www.NPI | ency: Mobile multi-disciplinary crisis team for compension of the | License # | СС |
| ∩ 년 Non-English Lar Cambodian, Viet Last Name Alejo | nguages: Spanish, tnamese First Name Stephanie | Cultural Compet Office Hours: OF website: https://www. NPI 1659798130 | ency: Mobile multi-disciplinary crisis team for compension of the | License # 37033 | CC Y |
| ∩ ل Non-English Lar Cambodian, Viet Last Name Alejo Arriola | nguages: Spanish, tnamese First Name Stephanie Eulalie | Cultural Compet Office Hours: OF website: https://www. NPI 1659798130 1255573044 | ency: Mobile multi-disciplinary crisis team for compension of the | License # 37033 34426 | CC Y Y |
| ∩ 년 Non-English Lar Cambodian, Viet Last Name Alejo Arriola Avelar | nguages: Spanish, tnamese First Name Stephanie Eulalie Natalie | Cultural Compet Office Hours: OF website: https://www. NPI 1659798130 1255573044 1801524657 | ency: Mobile multi-disciplinary crisis team for compension of the | License # 37033 34426 120140 | CC Y Y |
| Non-English Lar Cambodian, View Last Name Alejo Arriola Avelar Ballesteros | rguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia | Cultural Compet Office Hours: OF website: https://www. NPI 1659798130 1255573044 1801524657 1790058352 | ency: Mobile multi-disciplinary crisis team for compension of the PEN 24 HOURS w.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist | License # 37033 34426 120140 108455 | CC Y Y Y |
| Non-English Lar Cambodian, Viet Last Name Alejo Arriola Avelar Ballesteros Bazua | rguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 | ency: Mobile multi-disciplinary crisis team for compension of the | License # 37033 34426 120140 108455 36496 | CC Y Y Y Y |
| Non-English Lar Cambodian, Viet Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff | Cultural Compet Office Hours: OF website: https://www. NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 | ency: Mobile multi-disciplinary crisis team for compense 24 HOURS w.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | License # 37033 34426 120140 108455 36496 40284 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, View Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett | rguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 | ency: Mobile multi-disciplinary crisis team for compension of the Normal Service of the | License # 37033 34426 120140 108455 36496 40284 136866 | СС |
| Non-English Lar Cambodian, Viet Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas | rguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 | ency: Mobile multi-disciplinary crisis team for compense 24 HOURS w.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist | License # 37033 34426 120140 108455 36496 40284 136866 53691 | CC Y Y Y Y Y Y Y Y Y |
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| Non-English Lar Cambodian, Viet Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus | rguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 | ency: Mobile multi-disciplinary crisis team for compense 24 HOURS W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychaitric Technician Associate Clinical Social Worker | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, Viet Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 | ency: Mobile multi-disciplinary crisis team for compension of the Normal Pen 24 Hours W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychaitric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lan Cambodian, View Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa Garcia | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos Frank | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 | ency: Mobile multi-disciplinary crisis team for compension of the Normal Pen 24 Hours W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychaitric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Associate Marriage and Family Therapist | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 118171 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, View Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa Garcia Gill | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos Frank Sandeep | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1871852673 | ency: Mobile multi-disciplinary crisis team for compension of the Normal Pen 24 Hours W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychaitric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 118171 34942 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, Vier Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Guzman | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos Frank Sandeep Omar | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1871852673 1558832712 | ency: Mobile multi-disciplinary crisis team for compension of the Normal Pen 24 Hours W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychaitric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Licensed Psychiatric Technician Associate Marriage and Family Therapist Licensed Psychiatric Technician Associate Office of the Normal Psychiatric Technician Associate Clinical Social Worker | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 118171 34942 108999 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, Vier Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Guzman Isham | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos Frank Sandeep Omar Loni | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1871852673 1558832712 1891145033 | ency: Mobile multi-disciplinary crisis team for compension of the Normal Pen 24 Hours W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychaitric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Licensed Psychiatric Technician Associate Office of the Normal Psychiatric Technician Associate Clinical Social Worker Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Psychiatric Technician | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 118171 34942 108999 37210 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, Vier Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Guzman Isham Ketcham | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos Frank Sandeep Omar Loni Shauna | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1871852673 1558832712 1891145033 1841798865 | ency: Mobile multi-disciplinary crisis team for compension of the | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 118171 34942 108999 37210 99975 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, View Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Guzman Isham Ketcham Lee | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos Frank Sandeep Omar Loni Shauna Catherine | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1871852673 1558832712 1891145033 1841798865 1073729646 | PEN 24 HOURS W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychaitric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Clinical Social Worker Licensed Marriage and Family Therapist | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 118171 34942 108999 37210 99975 44225 | CC Y Y Y Y Y Y Y Y Y |
| Non-English Lar Cambodian, Vier Last Name Alejo Arriola Avelar Ballesteros Bazua Bareng Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Guzman Isham Ketcham | riguages: Spanish, tnamese First Name Stephanie Eulalie Natalie Patricia Melissa Jeff Jenna Carmencita Carolyn Roy Carlos Frank Sandeep Omar Loni Shauna | Cultural Compet Office Hours: OF website: https:ww NPI 1659798130 1255573044 1801524657 1790058352 1972944072 1043753478 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1871852673 1558832712 1891145033 1841798865 | ency: Mobile multi-disciplinary crisis team for compension of the | License # 37033 34426 120140 108455 36496 40284 136866 53691 34221 98897 102315 118171 34942 108999 37210 99975 | CC Y Y Y Y Y Y Y Y Y |

| | | | | • | |
|---|---|---|---|---|--|
| McArthur | Milagros | 1477809929 | Licensed Psychiatric Technician | 36471 | Υ |
| Menius | Victoria | 1487074258 | Licensed Psychiatric Technician | 37534 | Υ |
| Melgarejo | Angie | 1891220729 | Associate Professional Clinical Counselor | 6643 | 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 Psychatric 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 |
| Program Name: | Crisis Intervention | | tion: Case Management/ Brokerage; Mental Hea | | • |
| Type of Program: | | | rt; Crisis Intervention | , | |
| Address: 1212 N. | | '' | , | | |
| City: Stockton, CA | A 95202 | | | | |
| Phone Number: (2 | | Populations serv | ed: Adult, Children Adolescents | | |
| ۵ في | , | | ency: 24-Hour evaluation services including asses | sment for psych | niatric |
| _ | juages: Spanish, | Office Hours: OP | | отполитот ројот | |
| Cambodian, Vietr | • | website: https://www | | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Alejo | Stephanie | 1659798130 | Licensed Psychiatric Technician | 37033 | Υ |
| Arriola | Eulalie | 1255573044 | Licensed Psychiatric Technician | 34426 | ` ` ` |
| Avelar | Luialic | 1233373077 | | 34426 | Υ |
| | Natalie | 1801524657 | Associate Clinical Social Worker | 120140 | Y |
| | | | Associate Clinical Social Worker | | |
| Bareng Ballesteros | Natalie | 1801524657 | Associate Clinical Social Worker Licensed Psychiatric Technician | 120140 | Υ |
| Bareng | Natalie Jeff | 1801524657 1043753478 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist | 120140 40284 | Y |
| Bareng Ballesteros | Natalie Jeff Patricia | 1801524657 1043753478 1790058352 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician | 120140 40284 108455 | Y Y Y |
| Bareng Ballesteros Bazua Blewett | Natalie Jeff Patricia Melissa | 1801524657 1043753478 1790058352 1972944072 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist | 120140 40284 108455 36496 | Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas | Natalie Jeff Patricia Melissa Jenna Carmencita | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist | 120140 40284 108455 36496 136866 | Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn | 1801524657 1043753478 1790058352 1972944072 1437658408 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist | 120140 40284 108455 36496 136866 53691 | Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas | Natalie Jeff Patricia Melissa Jenna Carmencita | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker | 120140 40284 108455 36496 136866 53691 34221 | Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician | 120140 40284 108455 36496 136866 53691 34221 98897 | Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist | 120140 40284 108455 36496 136866 53691 34221 98897 102315 | Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 | Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia Gill | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank Paramijit | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1073629218 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Physician | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 A49224 | Y Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Gill | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank Paramijit Sandeep | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1073629218 1871852673 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Physician Licensed Psychiatric Technician | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 A49224 34942 | Y Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Gill Graff | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank Paramijit Sandeep Robert | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1073629218 1871852673 1366560112 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Physician Licensed Psychiatric Technician Physician | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 A49224 34942 G70479 | Y Y Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Gill Graff Guzman | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank Paramijit Sandeep Robert Omar | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1073629218 1871852673 1366560112 158832712 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Physician Licensed Psychiatric Technician Physician Associate Clinical Social Worker | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 A49224 34942 G70479 108999 | Y Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Gill Graff Guzman Isham | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank Paramijit Sandeep Robert Omar Loni | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1073629218 1871852673 1366560112 158832712 1891145033 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Physician Licensed Psychiatric Technician Physician Associate Clinical Social Worker Licensed Psychiatric Technician | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 A49224 34942 G70479 108999 38233 | Y Y Y Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Gill Graff Guzman Isham Ketcham | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank Paramijit Sandeep Robert Omar Loni Shauna | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1073629218 1871852673 1366560112 158832712 1891145033 1841798865 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Physician Licensed Psychiatric Technician Physician Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 A49224 34942 G70479 108999 38233 99975 | Y Y Y Y Y Y Y Y Y Y |
| Bareng Ballesteros Bazua Blewett Bringas DeJesus Douglas Figueroa Garcia Gill Gill Graff Guzman Isham Ketcham Lee | Natalie Jeff Patricia Melissa Jenna Carmencita Carolyn Roy Carlos Frank Paramijit Sandeep Robert Omar Loni Shauna Catherine | 1801524657 1043753478 1790058352 1972944072 1437658408 1821298753 1861650228 1407229248 1306193933 1992179352 1073629218 1871852673 1366560112 158832712 1891145033 1841798865 1073729646 | Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Psychiatric Technician Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist Licensed Psychiatric Technician Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Marriage and Family Therapist Physician Licensed Psychiatric Technician Physician Associate Clinical Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Clinical Social Worker Licensed Clinical Social Worker Licensed Marriage and Family Therapist | 120140 40284 108455 36496 136866 53691 34221 98897 102315 118171 A49224 34942 G70479 108999 38233 99975 44225 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| McArthur | Milagros | 1477809929 | Licensed Psychiatric Technician | 36471 | Υ |
|---|--|---|---|---|---------------------------------------|
| Melgarejo | Angie | 1891220729 | Associate Professional Clinical Counselor | 6643 | Y |
| Menius | Victoria | 1487074258 | Licensed Psychiatric Technician | 37534 | Y |
| Molina Eliab | Sonya | 1497878482 | Licensed Marriage and Family Therapist | 109801 | Y |
| Morales | Leonardo | 1962822643 | Licensed Clinical Social Worker | 100000 | Y |
| Myotte | Wendy | 1265554638 | Licensed Marriage and Family Therapist | 84045 | Υ |
| , , , , , , , , , , , , , , , , , , , | <u> </u> | | , , | 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 |
| Valenzuela | Maira | 1093221087 | Associate Clinical Social Worker | 102953 | Υ |
| Walsh | Peter Crisis Stabilization | 1134570542 | Associate Marriage and Family Therapist | 131513 | Υ |
| City: Stockton, C | : MH . California Street A 95202 | Demulations of the | real. Adult Adelegaçõe (40 : | | |
| Phone Number: (| (209) 468-8686 | | ved: Adult, Adolescents (12 yrs. or older) | | |
| <u> </u> | 0 | | ency: 23-Hour psychiatric assessment and stabilize | zation unit. Resc | urces |
| _ | guages: Spanish, | Office Hours: OF | PEN 24 HOURS ww.sjgov.org/mhs | | |
| Cambodian, Viet | namese | website, https://w | WW SIGOV ORD/IIIDS | | |
| Look Nome | | | | Liconco # | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Andrade | First Name Oscar | NPI 1215661145 | Type of License Licensed Psychiatric Technician | 42243 | Υ |
| Andrade Arroyo | First Name Oscar Maria Elizabeth | NPI 1215661145 1255459061 | Type of License Licensed Psychiatric Technician Registered Nurse | 42243 488617 | Y |
| Andrade Arroyo Bareng | First Name Oscar Maria Elizabeth Jeff | NPI 1215661145 1255459061 1043753478 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician | 42243 488617 40284 | Y Y Y |
| Andrade Arroyo Bareng Bokleman | First Name Oscar Maria Elizabeth Jeff Roy | NPI 1215661145 1255459061 1043753478 11404003 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician | 42243 488617 40284 32628 | Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown | First Name Oscar Maria Elizabeth Jeff Roy Brandi | NPI 1215661145 1255459061 1043753478 11404003 1316060023 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse | 42243 488617 40284 32628 713008 | Y Y Y |
| Andrade Arroyo Bareng Bokleman | First Name Oscar Maria Elizabeth Jeff Roy | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse | 42243 488617 40284 32628 713008 565185 | Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 | Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 | Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse | 42243 488617 40284 32628 713008 565185 42379 | Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 | Y Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon DeJesus | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette Carolyn | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 1861650228 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 34221 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon DeJesus Franco | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette Carolyn Nora | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 1861650228 1528785573 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 34221 42393 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon DeJesus Franco Garcia | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette Carolyn Nora Francisco | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 1861650228 1528785573 1538899620 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 34221 42393 42266 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon DeJesus Franco Garcia Garcia | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette Carolyn Nora Francisco Jazmin | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 1861650228 1528785573 1538899620 1225763642 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 34221 42393 42266 42290 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon DeJesus Franco Garcia Garcia Graff | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette Carolyn Nora Francisco Jazmin Robert | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 1861650228 1528785573 1538899620 1225763642 1366560112 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 34221 42393 42266 42290 G70479 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon DeJesus Franco Garcia Garcia Graff Hardy | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette Carolyn Nora Francisco Jazmin Robert Denise | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 1861650228 1528785573 1538899620 1225763642 1366560112 1912202813 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Physician Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 34221 42393 42266 42290 G70479 33714 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Andrade Arroyo Bareng Bokleman Brown Cabrera Chavez Daniel Dapon DeJesus Franco Garcia Garcia Graff Hardy Hawkins | First Name Oscar Maria Elizabeth Jeff Roy Brandi Gilbert Justin Steven Jeanette Carolyn Nora Francisco Jazmin Robert Denise Lynnetta | NPI 1215661145 1255459061 1043753478 11404003 1316060023 1679693766 1396479606 1184366528 1780152918 1861650228 1528785573 1538899620 1225763642 1366560112 1912202813 1437436938 | Type of License Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician | 42243 488617 40284 32628 713008 565185 42379 41990 824521 34221 42393 42266 42290 G70479 33714 93110 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| 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 Psychiatric Technician | 42402 | Υ |
| Lo | Pa | 1295377117 | Licensed Psychiatric Technician | 41128 | Υ |
| Luna | Humberto | 1306419080 | Licensed Psychiatric Technician | 42022 | 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 |
| Montantes | Michael | 1780018390 | Licensed Psychiatric Technician | 37071 | 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 |
| Data | Kellie | | | CO5667051 | |
| Pate | Keille | 1609248368 | Substance Abuse Counselor II | 8 | Υ |
| Rios | Teri | 1942323829 | Licensed Psychiatric Technician | 29213 | Υ |
| Sahota | Mandeep | 1609536994 | Registered Nurse | 831415 | Υ |
| Salon | Jennifer | 1730702119 | Licensed Psychiatric Technician | 41462 | Υ |
| Seraypheap | Arunny | 1013037274 | Registered Nurse | 547944 | Υ |
| Sesante | Maria | 1851515720 | Licensed Psychiatric Technician | 30936 | Υ |
| Singh | Devi | 1962083725 | Registered Nurse | 818277 | Υ |
| Smith | Maria | 1821624156 | Licensed Psychiatric Technician | 41522 | Υ |
| Stephens | Julie | 1376678722 | Associate Marriage and Family Therapist | 134410 | Υ |
| Stephens | Julie | 1376678722 | Associate Professional Clinical Counselor | 12831 | Υ |
| Tran | Michelle | 1366642068 | Licensed Clinical Social Worker | 81278 | Υ |
| Tuning | Frankie | 1073631727 | Registered Nurse | 95171895 | 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 |
| White | Carolina | 1588134480 | Licensed Psychiatric Technician | 41058 | Υ |
| Wong | Adam | 1346859469 | Licensed Psychiatric Technician | 41676 | Υ |
| Wright-Freeman | Cody | 1538584859 | Licensed Psychaitric Technician | 37819 | Υ |
| Program Name: Fo | orensic Court Full | _ | tion: Case Management/ Brokerage; Mental Hea | alth Services; | |
| Type of Program: M | 1H | Medication Suppor | t; Crisis Intervention | | |
| Address : 1212 N C | alifornia Street | | | | |
| | | | | | |
| City: Stockton, CA 9 | 95202 | | | | |

| △ & . | | Cultural Comp | etency: Provides comprehensive psychiatric and interest of the comprehensive psychiatric | egrative service | s to |
|--|--|--|--|--|----------------|
| Non-English Lar | nguages: Spanish | Office Hours: N | /londay - Friday 8:00 am- 5:00 pm | | |
| | | website: https:// | ww.sjgov.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Carrasco | Rocio | 1841720349 | Associate Clinical Social Worker | 78314 | Υ |
| Garcia | Julio | 1679961106 | Licensed Marriage and Family Therapist | 108163 | Υ |
| Regalado | Berenice | 1376027656 | Associate Marriage and Family Therapist | 135946 | Υ |
| Resendez-Rod | rigu Jasmine | 1326542879 | Associate Professional Clinical Counselor | 14224 | Υ |
| Service Partner Type of Program Address: 1212 N City: Stockton, C Phone Number: | n: MH I California Street CA 95202 | Populations se | erved: Older Adult etency: Full Service Partnership with the emphasis of Monday - Friday 8:00 am- 5:00 pm | on outreach to t | he |
| rton Englion Ear | iguagoo. opamon | wohoito: https:// | | | |
| | | website. https.w | ww.sjgov.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Blue | Christine | NPI 1093786683 | Type of License Physician | A10733 | Υ |
| Blue Resendez | | NPI 1093786683 1780877845 | Type of License | A10733 A84098 | Y |
| Blue Resendez Program Name #39BE Type of Program | Christine Cynthia : Housing Services n: MH I California Street CA 95202 (209) 468-8880 | NPI 1093786683 1780877845 Program Descriptorion Intervention Populations se Cultural Compo | Type of License Physician Physician ription: Case Management/ Brokerage; Mental Hea | A10733 A84098 Ilth Services; Cr | Y Y isis |
| Resendez Program Name #39BE Type of Program Address: 1212 N City: Stockton, C Phone Number: | Christine Cynthia : Housing Services n: MH I California Street CA 95202 (209) 468-8880 | NPI 1093786683 1780877845 Program Descriptorion Intervention Populations se Cultural Compo | Type of License Physician Physician iption: Case Management/ Brokerage; Mental Head rived: Adult etency: Transitional housing program focusing on end Monday - Friday 8:00 am- 5:00 pm | A10733 A84098 Ilth Services; Cr | Y Y isis |
| Resendez Program Name #39BE Type of Program Address: 1212 N City: Stockton, C Phone Number: Non-English Lar | Christine Cynthia : Housing Services n: MH I California Street CA 95202 (209) 468-8880 nguages: | NPI 1093786683 1780877845 Program Descriptor Intervention Populations see Cultural Composite Hours: Newbosite: https://www.ht | Type of License Physician Physician ription: Case Management/ Brokerage; Mental Head Prved: Adult Petency: Transitional housing program focusing on endonday - Friday 8:00 am- 5:00 pm Prww.sjgov.org/mhs | A10733 A84098 Ilth Services; Cr | y y isis |
| Resendez Program Name #39BE Type of Program Address: 1212 N City: Stockton, C Phone Number: \(\(\) \(\) \(\) \(\) \(\) Non-English Lar Last Name Type of Program Address: 1212 N | Christine Cynthia : Housing Services a: MH I California Street CA 95202 (209) 468-8880 aguages: First Name : InSPIRE (MHSA) a: MH I. California Street | NPI 1093786683 1780877845 Program Descriptor Intervention Populations se Cultural Composite: https://www.npi Program Descriptor Coordination (IC) | Type of License Physician Physician ription: Case Management/ Brokerage; Mental Head Prved: Adult Petency: Transitional housing program focusing on endonday - Friday 8:00 am- 5:00 pm Prww.sjgov.org/mhs | A10733 A84098 Alth Services; Cr | y y isis |
| Resendez Program Name #39BE Type of Program Address: 1212 N City: Stockton, C Phone Number: Non-English Lar Last Name Type of Program Address: 1212 N City: Stockton, C Phone Number: | Christine Cynthia : Housing Services n: MH I California Street CA 95202 (209) 468-8880 nguages: First Name : InSPIRE (MHSA) n: MH I. California Street CA 95202 | NPI 1093786683 1780877845 Program Descriptor Intervention Populations secultural Composition (IC) Website: https://www.npi Program Descriptor Coordination (IC) (IHBS); Medical | Type of License Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Problem 1: The state of the state o | A10733 A84098 Alth Services; Cr angaging the targ License # ensive Care ne Based Service | y y isis |
| Resendez Program Name #39BE Type of Program Address: 1212 N City: Stockton, C Phone Number: Abon-English Lar Last Name Type of Program Address: 1212 N City: Stockton, C Phone Number: Address: 1212 N City: Stockton, C Phone Number: | Christine Cynthia : Housing Services D: MH I California Street CA 95202 (209) 468-8880 Inspire (MHSA) D: MH I. California Street CA 95202 (209) 468-8880 | NPI 1093786683 1780877845 Program Descriptor Intervention Populations secultural Composite: https://www.npi Program Descriptor Coordination (IC (IHBS); Medical Populations secultural Composite Cultural Composite Conference Confer | Type of License Physician Physi | A10733 A84098 Alth Services; Cr angaging the targ License # ensive Care ne Based Service | y y isisis |
| Resendez Program Name #39BE Type of Program Address: 1212 N City: Stockton, C Phone Number: Abon-English Lar Last Name Type of Program Address: 1212 N City: Stockton, C Phone Number: Address: 1212 N City: Stockton, C Phone Number: | Christine Cynthia : Housing Services a: MH I California Street CA 95202 (209) 468-8880 aguages: First Name : InSPIRE (MHSA) a: MH I. California Street CA 95202 (209) 468-8880 aguages:Spanish, | NPI 1093786683 1780877845 Program Descriptor Intervention Populations secultural Composite: https://www.npi Program Descriptor Coordination (IC (IHBS); Medical Populations secultural Composite Cultural Composite Conference Confer | Type of License Physician Physi | A10733 A84098 Alth Services; Cr angaging the targ License # ensive Care ne Based Service | y y isisis |

| Last Name | First Name | NPI | Type of License | License # | CC | |
|--|--------------------------|---|--|------------------|---------|--|
| Brown | Monique | 1962641050 | Licensed Marriage and Family Therapist | 46467 | Υ | |
| Rivera | Lilian | 1750059424 | Licensed Clinical Social Worker | 102359 | Υ | |
| Program Name: La Familia Clinic Full Type of Program: MH Address: 1212 N. California St. City: Stockton, CA 95202 Phone Number: (209) 468-2335 | | 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 Latino outreach and access. | | | | |
| ر_د کے | ·, ··· = · · · | • | ncy: Psychiatric assessment, case management, | | port. | |
| Non-English Languages: Spanish | | · · · · · · · · · · · · · · · · · · · | day - Friday 8:00 am- 5:00 pm | од. | , | |
| 3 | | website: www.sjcbh | · · · · · · · · · · · · · · · · · · · | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| Cruz | Gloria | 1104375724 | Registered Nurse | 723203 | Υ | |
| Fernandez | Jane | 1194799395 | Physician | A93060 | Υ | |
| Flores | Henry | 1992038657 | Associate Marriage and Family 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 | |
| Tamayo | Donnelle | 1073871216 | Registered Nurse | 551864 | Υ | |
| Address: 6861 Mary City: Stockton, CA 9 Phone Number: (20 | 95231 9) 468-6966 | Populations serve Cultural Competer Graham Children's | Support; Crisis Intervention d: Children and Youth ncy: Provides outpatient mental health services to Shelter. HOURS Monday through Friday 8-5 pm | o residents of M | ary | |
| | | website: none | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Allanki | Sailaja | 1306897723 | Physician | 138838 | 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: M Type of Program: M Address: 1212 N. C City: Stockton, CA 9 | IH alifornia 95202 | Coordination (ICC); (IHBS); Medication | on: Case Management/ Brokerage including Inte Mental Health Services including Intensive Hom Support; Crisis Intervention | | ∋s | |
| Phone Number:(209 | 9) 468-2335 | Populations serve | | (11 10 | | |
| △ Ŀ | | | ncy: Full service partnership providing outpatient | mental health so | ervices | |
| Non-English Langua | ages: | Office Hours: Mor | nday - Friday 8:00 am- 5:00 pm | | | |

| | | website: www.sjcbh | ns.org/mhs | | |
|-----------------------------|--------------------|--------------------------|--|------------------|----------------|
| Last Name | First Name | NPI | Type of License | License # | СС |
| Ekpokai | Tsola | 1518603927 | Associate Clinical Social Worker | 94485 | Υ |
| Program Name: Ol | der Adult Services | Program Descript | ion: Case Management/ Brokerage; Mental Hea | Ith Services; | |
| Type of Program: M | | Medication Support | t; Crisis Intervention | | |
| Address: 1212 N Ca | | | | | |
| City: Stockton, CA 9 | | | | | |
| Phone Number: (20 | 9) 468-3760 | Populations serve | | | |
| <u></u> | | | ncy: Comprehensive Behavioral Health Services | for older adults | (60+) |
| Non-English Langua | • | | nday - Friday 8:00 am- 5:00 pm | | |
| Cambodian, Vietnar | | website: www.sjcbh | | | |
| 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 |
| Stephens | Sonya | 1558020123 | Associate Professional Clinical Counselor | 11864 | Υ |
| Vales | Kevin | 1952525909 | Licensed Marriage and Family Therapist | 79770 | Υ |
| Program Name: Pa | thways to | Program Descript | ion:Case Management/ Brokerage including Inte | nsive Care | • |
| Wellbeing #9020 | _ | Coordination (ICC); | Mental Health Services including Intensive Hon | ne Based Servic | ces |
| Type of Program: M | Н | (IHBS); Medication | Support; Crisis Intervention | | |
| Address: 620 N. A | urora Street Ste 4 | | | | |
| City: Stockton, CA 9 | 95202 | | | | |
| Phone Number: (20 | 9) 468-1547 | | d: Children and Youth | | |
| <u></u> | | | ncy: Provides in-home and in-community outpation | ent mental healt | th |
| Non-English Langua | ages: Spanish | Office Hours: | Monday - Friday 8:00 am - 5:00 pm | | |
| | | website: https://www | | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Allanki | Sailaja | 1306897723 | Physician | 138838 | Υ |
| Barajas | Lauren | 1154893683 | Licensed Clinical Social Worker | 101688 | Υ |
| Castaneda- | | | | | |
| Jensen | Renessa | 1376664862 | Licensed Marriage and Family Therapist | 81528 | Υ |
| Cupit | Christy | 1386286383 | Associate Marriage and Family Therapist | 120662 | Y |
| Del Toro | Jose | 1578058681 | Licensed Marriage and Family Therapist | 93646 | Y |
| Comoz Boulwara | Calana | 1670000776 | Licensed Marriage and Femily Therenist | 120120 | \ _V |
| Gomez-Boulware Gutierrez | Antonio | 1679098776 1023473469 | Licensed Marriage and Family Therapist Licensed Clinical Social Worker | 139138 71535 | Y |
| Herron | Rita | 1659629285 | Licensed Marriage and Family Therapist | 117262 | Y |
| Lopez | Alexis | 1932767225 | Licensed Marriage and Family Therapist Licensed Marriage and Family Therapist | 141235 | Y |
| Payne | Sheilena | 1336437656 | Licensed Marriage and Family Therapist | 120167 | Y |
| Rivas-Olivares | Yulisa | 1801445085 | Associate Clinical Social Worker | 96813 | Y |
| Program Name: Pe | | | ion: Case Management/ Brokerage including Inte | | ' |
| Type of Program: M | | | Mental Health Services including Intensive Hon | | ces |
| Address: 535 W Ma | | , , , | Support; Crisis Intervention | .5 24554 551 116 | .50 |
| | ono i tu | I(150), Woodoudon | - Support, Sholo intol volition | | |

| City: French Car | mn CΛ 05231 | | | | | | |
|---|--|--|--|---|---------------------------------------|--|--|
| | • | D 14 | 1.0171 | | | | |
| Phone Number | (209)468-4240 | Populations served: Children and Youth Cultural Competency: Provides outpatient mental health services to youth detained at | | | | | |
| △ 🕭 | | | <u> </u> | to youth detaine | d at | | |
| Non-English Lar | nguages: Spanish | Office Hours: | Monday - Friday 8:00 am - 8:00 pm | | | | |
| | | | Saturday - Sunday 10:00 am - 7:00 pm | | | | |
| | | website: https:wv | /w.sjgov.org/mhs | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Burke | Billy | 1922483932 | Associate Professional Clinical Counselor | 4938 | Υ | | |
| DeLaTorre | Sandra | 1679976229 | Associate Clinical Social Worker | 1122335 | Υ | | |
| Kamran | Muhammad | 1811051337 | Physician | C53847 | Υ | | |
| Kumar | np | 1235513102 | Physician | A151187 | Υ | | |
| Martinez | Adriana | 1851831242 | Licensed Marriage and Family Therapist | 131299 | Υ | | |
| Mullen | Alvin Jay | 1336808971 | Psychiatric Technican | 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 | Program Descri | ption: Non-Hospital PHF | | | | |
| Type of Program Address: 1212 N | n: MH | | | | | | |
| Type of Program Address: 1212 N City: Stockton, C | n: MH J. California St CA 95202 | | | | | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: | n: MH J. California St CA 95202 | Populations ser | | | | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: △ ♣ | n: MH J. California St CA 95202 (209) 468-8686 | Cultural Compe | tency: Inpatient psychiatric hospitalization services | 3 | | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: △ | n: MH J. California St CA 95202 (209) 468-8686 nguages:Spanish | | tency: Inpatient psychiatric hospitalization services | 3 | | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: △ ♣ | n: MH J. California St CA 95202 (209) 468-8686 nguages:Spanish | Office Hours: O | tency: Inpatient psychiatric hospitalization services PEN 24 HOURS | 3 | | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: \(\frac{\dagger}{\dagger} \) Non-English Lar Cambodian, Vie | n: MH J. California St CA 95202 (209) 468-8686 nguages:Spanish etnamese | Office Hours: Owebsite: https://www. | tency: Inpatient psychiatric hospitalization services PEN 24 HOURS w.sjgov.org/mhs | _ | | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: | n: MH N. California St CA 95202 (209) 468-8686 nguages:Spanish etnamese First Name | Office Hours: Owebsite: https://www.npi | tency: Inpatient psychiatric hospitalization services PEN 24 HOURS w.sjgov.org/mhs Type of License | License # | cc | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: △ | n: MH N. California St CA 95202 (209) 468-8686 nguages:Spanish etnamese First Name Jesse | Cultural Compete Office Hours: Owebsite: https://www.npl | tency: Inpatient psychiatric hospitalization services PEN 24 HOURS ww.sjgov.org/mhs Type of License Licensed Psychiatric Technician | License # 29162 | Υ | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: | n: MH N. California St CA 95202 (209) 468-8686 nguages:Spanish etnamese First Name Jesse Jeff | Cultural Competed Office Hours: Office Hours | tency: Inpatient psychiatric hospitalization services PEN 24 HOURS w.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician | License # 29162 40284 | Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman | n: MH J. California St CA 95202 (209) 468-8686 nguages:Spanish etnamese First Name Jesse Jeff Roy | Cultural Compete Office Hours: Owebsite: https://www.npl 1841413036 1043753478 111404003 | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS rw.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | License # 29162 40284 32628 | Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Petnamese First Name Jesse Jeff Roy Brandi | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS w.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse | License # 29162 40284 32628 713008 | Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish etnamese First Name Jesse Jeff Roy Brandi Gilbert | Cultural Compete Office Hours: Owebsite: https://www.npl 1841413036 1043753478 111404003 1316060023 1679693766 | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS rw.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse | License # 29162 40284 32628 713008 565185 | Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera Camello | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Etnamese First Name Jesse Jeff Roy Brandi Gilbert Bena | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker | License # 29162 40284 32628 713008 565185 65302 | Y Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera Camello Clutario | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Petnamese First Name Jesse Jeff Roy Brandi Gilbert Bena Dindo | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker Licensed Psychiatric Technician | License # 29162 40284 32628 713008 565185 65302 34295 | Y Y Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera Camello Clutario Daniel | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Etnamese First Name Jesse Jeff Roy Brandi Gilbert Bena Dindo Steven | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician | License # 29162 40284 32628 713008 565185 65302 34295 41990 | Y Y Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera Camello Clutario Daniel Dapon | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Petnamese First Name Jesse Jeff Roy Brandi Gilbert Bena Dindo Steven Jeanette | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse | License # 29162 40284 32628 713008 565185 65302 34295 41990 824521 | Y Y Y Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera Camello Clutario Daniel Dapon DeJesus | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Etnamese First Name Jesse Jeff Roy Brandi Gilbert Bena Dindo Steven Jeanette Carolyn | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician | License # 29162 40284 32628 713008 565185 65302 34295 41990 824521 34221 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera Camello Clutario Daniel Dapon DeJesus Franco | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Petnamese First Name Jesse Jeff Roy Brandi Gilbert Bena Dindo Steven Jeanette Carolyn Nora | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | License # 29162 40284 32628 713008 565185 65302 34295 41990 824521 34221 42393 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: \(\tilde{\tii | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Petnamese First Name Jesse Jeff Roy Brandi Gilbert Bena Dindo Steven Jeanette Carolyn Nora Paramijit | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS W.sjgov.org/mhs Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Physician | License # 29162 40284 32628 713008 565185 65302 34295 41990 824521 34221 42393 A49224 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Type of Program Address: 1212 N City: Stockton, C Phone Number: Last Name Abundez Bareng Bokelman Brown Cabrera Camello Clutario Daniel Dapon DeJesus Franco | n: MH N. California St CA 95202 (209) 468-8686 Inguages:Spanish Petnamese First Name Jesse Jeff Roy Brandi Gilbert Bena Dindo Steven Jeanette Carolyn Nora | Cultural Compete Office Hours: | rency: Inpatient psychiatric hospitalization services PEN 24 HOURS Type of License Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Registered Nurse Licensed Clincial Social Worker Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician Registered Nurse Licensed Psychiatric Technician Licensed Psychiatric Technician Licensed Psychiatric Technician | License # 29162 40284 32628 713008 565185 65302 34295 41990 824521 34221 42393 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |

| 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 |
| Limas | Stephanie | 1053433748 | Licensed Marriage and Family Therapist | 99397 | Υ |
| Little | Christy | 1497978795 | Licensed Psychiatric Technician | 28731 | Υ |
| Lo | Muacong | 1689300857 | Licensed Psychiatric Technician | 42402 | Υ |
| Martin | Kaitlyn | 1548959802 | Licensed Psychiatric Technician | 42399 | Υ |
| Mendoza | Michelle | 1477951812 | Registered Nurse | 797022 | Υ |
| Michael | Kimberley | 1538831151 | Licensed Psychiatric Technician | 29086 | Υ |
| Mocko | James | 1558726224 | Licensed Psychiatric Technician | 38249 | Υ |
| Montantes | Michael | 1780018390 | Licensed Psychiatric Technician | 37071 | 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 |
| Singh | Devi | 1962083725 | Registered Nurse | 818277 | Υ |
| Tuning | Frankie | 1073631727 | Registered Nurse | 95171895 | Υ |
| Varquez | Sharon | 1366682387 | Licensed Psychiatric Technician | 34435 | Υ |
| Villasenor | Kendra | 1447518204 | Licensed Psychiatric Technician | 36449 | Υ |
| White | Caroline | 1588134480 | Licensed Psychiatric Technician | 41058 | Υ |
| Wong | Adam | 1346859469 | Licensed Psychiatric Technician | 41676 | Υ |
| Program Name: | Restart | Program Descrip | otion: Outpatient case management, care coordinate | ation and linkage | es to |
| Type of Program | : . California Street | | oyment resources for individuals with SMI, Co-occ | ~ | |
| Phone Number: (| | Populations serv | ved: Adult | | |
| △ | ` | Cultural Compet | ency: Adults with history of and risk of further Just | ice Involvement | |
| Non-English Lan | guages: Spanish | | onday - Friday 8:00 am - 5:00 pm | | |
| J | 0 0 1 | website: sjcbhs/m | | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Bautista | Daniel | 1407490733 | Associate Marriage and Family Therapist | 112805 | Υ |
| Brown | Monique | 1962641050 | Licensed Marriage and Family Therapist | 46467 | Υ |
| Castro | Gerardo | 1780123737 | Associate Clinical Social Worker | 117866 | Υ |
| Program Name: | San Joaquin County | Program Descrip | otion: Case Management/ Brokerage including Inte | ensive Care | • |
| MH Services Lo | • | | ;); Mental Health Services including Intensive Hon | | es |
| Type of Program | | , | on Support; Crisis Intervention | | |
| Address: 1209 W | | ,, | | | |
| City: Lodi, CA 95 | | | | | |
| Jily. Loui, CA 95240 | | | | | |

| Phone Number:(| 209) 331-2070 | Populations serv | ed: Adult, Children, and Youth | | |
|----------------------|----------------------|------------------------|--|--------------------|--------|
| _ & | | Cultural Compete | ency: Comprehensive mental health services for a | adults (18-60), | |
| | guages: Spanish | Office Hours: Mo | nday - Friday, 8:00 am - 5:00 pm | | |
| | | website: https://www | v.sjgov.org/mhs | | |
| 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 |
| Alcaraz Tapia | Maria Marlen | 1942470299 | Licensed Marriage and Family Therapist | 93646 | Υ |
| Allanki | Sailaja | 1306897723 | Physician | 138838 | Υ |
| Chavez | April | 1760959670 | Licensed Marriage and Family Therapist | 113250 | Υ |
| Cusumano | Katherine | 1659988822 | 1659988822 Associate Professional Clinical Counselor | | 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 | Associate Marriage and Family Therapist | 130891 | Υ |
| Rizvi | Saba | 1619190501 | Physician | A95786 | Υ |
| Romero | Karla | 1083133276 | Associate Marriage and Family 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 |
| Program Name: | San Joaquin County | Program Descrip | tion: Case Management/ Brokerage including Into | ensive Care | |
| Type of Program | ı: MH | |); Mental Health Services including Intensive Hon | | es |
| Address: 220 W. | Eleventh Street | | n Support; Crisis Intervention | | |
| City: Tracy, CA | 95376 | | | | |
| Phone Number: | (209) 831-5941 | Populations serv | ed: Adult | | |
| ∆ ۇ . | | Cultural Compete | ency: Comprehensive mental health services for a | adults (18-60) liv | ing in |
| Non-English Lan | guages: Spanish | Office Hours: Mo | onday - Friday 8:00 am - 5:00 pm | | |
| | | website: sjcbhs.org | g/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Everson | Маја | 1811975139 | Physician | 172144 | Υ |
| Hollowell | Shirley | 1124143474 | Registered Nurse | 352081 | Υ |
| Pasa | Angelo | 1689874125 | Registered Nurse | 691250 | Υ |
| Roberts | Sharmaine | 1376724310 | Licensed Clinical Social Worker | 28902 | Υ |
| Sprague | Helen | 1710325641 | Licensed Marriage and Family Therapist | 75120 | Υ |
| Stokes | Vicki | 1164061024 | Associate Clinical Social Worker | 88366 | Υ |
| Thompson | Beverly | 1528311230 | Associate Clinical Social Worker | 70671 | Υ |
| Program Name: | Transcultural Clinic | Program Descrip | tion: Case Management/ Brokerage including Inte | ensive Care | |
| Type of Program | : MH | Coordination (ICC |); Mental Health Services including Intensive Hon | ne Based Service | es |
| Address: 4422 N | I. Pershing Ave, | (IHBS); Medicatio | n Support; Crisis Intervention | | |
| 7 MUICOO: 7722 IV | i. i Graining Ave, | T(II IDO), INIGUICALIO | in oupport, Onois intervention | | |

| City: Stockton, C | CA 95207 | | | | | |
|---|---|---|--|-----------------|------|--|
| Phone Number: | (209) 953-8843 | Populations ser | ved: Adult Focus on outreach and access for the S | Southeast Asian | | |
| △ Ġ | ` , | Cultural Competency: Full Service Partnership with emphasis on serving persons from Office Hours: Monday - Friday, 8:00 am - 5:00 pm | | | | |
| _ | nguages: Cambodian, | | | | | |
| Ū | | website: www.sjc | | | | |
| 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 | |
| Kazmi | Syed | 1437310273 | Physician | A33815 | Υ | |
| Nguyen | Quynh-Chi | 1417371014 | Registered Nurse | 845080 | Υ | |
| Smith | Pamela | 1902889694 | Physician | G84663 | Υ | |
| Xiong | Maly | 1932218849 | Licensed Marriage and Family Therapist | 86055 | Υ | |
| Type of Program Address:4422 N City: Stockton, C Phone Number: △ ᠳ | . Pershing Avenue, CA 95207 | (IHBS); Medicati | C); Mental Health Services including Intensive Honon Support; Crisis Intervention ved: Adult Focus on outreach and access for the Stancy: Full Service Partnership with emphasis on services. | outheast Asian | | |
| _ | nguages: Cambodian, | Cultural Competency: Full Service Partnership with emphasis on serving persons from Office Hours: Monday - Friday, 8:00 am - 5:00 pm | | | | |
| Last Maria | P' N | website: www.sjc | | 1 | T 66 | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Hollowell | Shirley | 1124143474 | Registered Nurse | 352081 | Y | |
| Kazmi | Syed | 1437310273 | Physician | A33815 | Y | |
| Nguyen | Quynh-Chi | 1417371014 | Registered Nurse | 845080 | Y | |
| Smith | Pamela | 1902889694 | Physician | G84663 | Y | |
| Xiong | Maly | 1932218849 | Licensed Marriage and Family Therapist | 86055 | Υ | |
| | GANIZATIONAL PROV | | | | | |
| Program Name Type of Program Address: 6 S. El City: Stockton, C Phone Number: \(\text{\text{\text{C}}} \) Non-English Lan | n: MH Dorado Street, Suite CA 95202 (209) 478-9862 | Program Description: Case Management Brokerage/Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Therapeutic Behavioral Services (TBS); Crisis Intervention Populations served: Children and Youth Cultural Competency: Provides Therapeutic Behavioral Services (TBS) and crisis Office Hours: Monday - Friday, 8:00 am - 5:00 pm | | | | |
| Last Name | First Name | website: https://ww | Type of License | License # | СС | |
| Carpenter | Brandon | 1659148963 | Associate Professional Clinical Counselor | 14610 | Y | |
| Chinaka | Nwokedi | 1114488251 | Associate Clinical Social Worker | 98128 | Y | |
| Juarez | Lucerito | 1417436155 | Associate Marriage and Family Therapist | 127517 | Y | |
| Roma Sheen | Cachero | 1962008565 | Associate Marriage and Family Therapist Associate Marriage and Family Therapist | 142415 | Y | |
| | : Casa Pacifica | | ption: Case Management Brokerage/Intensive Car | | | |
| Type of Program Address : 1722 S | n: MH | Mental Health Se | ervices including Intensive Home Based Services (Il ces (TBS); Crisis Intervention | | | |

| City Companille C | A 02040 | | | | | | |
|---|------------------------|--|--|--------------------|--|--|--|
| City: Camarrillo, CA | | Danulations some | adi Ohildran and Varith | | | | |
| Phone Number: (80 | J5) 981-1422 | Populations served: Children and Youth | | | | | |
| Δ 6 . | | | ncy: Provides outpatient mental health services | | | | |
| Non-English Langu | iages: | | nday - Friday, 8:00 am - 5:00 pm | | | | |
| | | website: https//ww | | I. • | T 00 | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| OUT OF COUNTY | | | | | | | |
| Type of Program: N Address:405 E. Pir City: Stockton, CA | ne Street 95204 | | tion: Mental Health Services Intensive Home Ba | ased Services | | | |
| Phone Number: (20 | 09) 464-5519 | Populations serve | | | | | |
| <u> </u> | | Cultural Compete | ncy: Behavioral Intervention Services | | | | |
| Non-English Langu | uages: Spanish | | onday - Friday 8:00 am - 5:00 pm | | | | |
| | | website: none | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| NON LICENSED S | TAFF ONLY | | | | | | |
| Type of Program: N Address: 714 W. N City: Grass Valley, | Main Street | , , | ; Mental Health Services including Intensive Hon n Support; Crisis Intervention | ne Based Servio | es | | |
| Phone Number: (53 | | Populations served: Children and Youth | | | | | |
| Ů . | , | | ncy: Outpatient Mental Health Services | | | | |
| لح Non-English Langu | Jages: | | Office Hours: Monday - Friday 8:00 am - 5:00 pm | | | | |
| 1.10.1. <u></u> | .ageoi | website: www.char | isyouthcenter | | | | |
| Last Name | First Name | | Type of License | License # | СС | | |
| OUT OF COUNTY | | | · | | | | |
| Program Name: C Type of Program: N Address: 540 N. Ca City: Stockton, CA | MH alifornia Street | | tion: Case Management/ Brokerage including Int ; Mental Health Services including Intensive Hon rvention | | es | | |
| Phone Number: (20 | 09) 644-5311 | Populations served: Children and Youth | | | | | |
| △ . ` ` | | Cultural Compete | ncy: Provides outpatient mental health services ι | utilizing strength | ening | | |
| Nor € English Langu | lages: | • | nday - Friday 8:00 am - 5:00 pm | | • | | |
| 5 5 | | website: www.noc | | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Archangel | Ashle | 1801216965 | Associate Marriage and Family Therapist | 106324 | Υ | | |
| Beck | Vienna | 1396390878 | Associate Marriage and Family Therapist | 128219 | Υ | | |
| Chavez | Esmeralda | 1942728514 | Associate Marriage and Family Therapist | 114941 | Y | | |
| Jacka | Karen | 1790908788 | Licensed Clinical Social Worker | 16470 | Y | | |
| | 1 | 12,33330,00 | 1 | 1-0170 | <u> </u> | | |

| Phone Number: (2 Compared to the compared to | First Name Cynthia Stephanie James Tiffany Community Re-Entry MH ine Street A 95204 209) 464-5519 | Cultural Competed Office Hours: 24 website: www.chin NPI 1942899521 1184385908 2084P0804X 1376232850 Program Descriptories Intervention Populations ser Cultural Competed Office Hours of Cultural Competed Office Hours: 24 website: www.chin NPI 1942899521 1184385908 2084P0804X 1376232850 Program Descriptories Office Hours of Cultural Competed Office Hours: 24 website: www.chin NPI 1942899521 1184385908 2084P0804X 1376232850 Program Descriptories Office Hours of Cultural Competed | Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker ption: Case Management/ Brokerage; Mental Hea | License # 143201 138590 C35361 NA alth Services; C | | |
|--|---|--|---|---|----------------------------|--|
| Phone Number: (2 Last Name Avila Lopez Ruggles Thomas Program Name: (2 Address: 405 E. P City: Stockton, CA Phone Number: (2 City: Career (2) City: Ca | First Name Cynthia Stephanie James Tiffany Community Re-Entry MH ine Street A 95204 209) 464-5519 | Cultural Competer Office Hours: 24 website: www.chin NPI 1942899521 1184385908 2084P0804X 1376232850 Program Descriptories Intervention Populations ser Cultural Competer Office Hours: Management Website: none | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker ption: Case Management/ Brokerage; Mental Health More Management More More More More More More More More | License # 143201 138590 C35361 NA alth Services; C | Y Y Y Y Crisis | |
| Phone Number: (2 Last Name Avila Lopez Ruggles Thomas Program Name: (2 Address: 405 E. P City: Stockton, CA Phone Number: (2 City: Career (2) City: Ca | First Name Cynthia Stephanie James Tiffany Community Re-Entry MH ine Street A 95204 209) 464-5519 | Cultural Competed Office Hours: 24 website: www.chin NPI 1942899521 1184385908 2084P0804X 1376232850 Program Descriptories Intervention Populations ser Cultural Competed Office Hours of Cultural Competed Office Hours: 24 website: www.chin NPI 1942899521 1184385908 2084P0804X 1376232850 Program Descriptories Office Hours of Cultural Competed Office Hours: 24 website: www.chin NPI 1942899521 1184385908 2084P0804X 1376232850 Program Descriptories Office Hours of Cultural Competed | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker ption: Case Management/ Brokerage; Mental Health Morker ved: Adult tency: Provides independent living skills training ar | License # 143201 138590 C35361 NA alth Services; C | Y Y Y Y Crisis | |
| Phone Number: (2 Last Name Avila Lopez Ruggles Thomas Program Name: Type of Program: Address: 405 E. P City: Stockton, CA Phone Number: (2 | ring property for the street A 95204 | Cultural Competed Office Hours: 24 website: www.chiste: www.chister 1942899521 1184385908 2084P0804X 1376232850 Program Descriptor Intervention | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker ption: Case Management/ Brokerage; Mental Health Worker | License # 143201 138590 C35361 NA alth Services; C | Y Y Y Y Crisis | |
| Phone Number: (2 Last Name Avila Lopez Ruggles Thomas Program Name: Type of Program: Address: 405 E. P City: Stockton, CA | ring property for the street A 95204 | Cultural Competed Office Hours: 24 website: www.chistory. | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker ption: Case Management/ Brokerage; Mental Hea | License # 143201 138590 C35361 NA | Y Y Y Y | |
| Phone Number: (2 Comparison Lang Last Name Avila Lopez Ruggles Thomas Program Name: Type of Program: Address: 405 E. P | ruages: First Name Cynthia Stephanie James Tiffany Community Re-Entry MH ine Street | Cultural Competed Office Hours: 24 website: www.chiste: www.chiste | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker | License # 143201 138590 C35361 NA | Y Y Y Y | |
| Phone Number: (2 Contact Name Avila Lopez Ruggles Thomas Program Name: Type of Program: | right programme (199) 466-0853 First Name Cynthia Stephanie James Tiffany Community Re-Entry MH | Cultural Competed Office Hours: 24 website: www.chiste: www.chiste | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker | License # 143201 138590 C35361 NA | Y Y Y Y | |
| Phone Number: (2 Description of the content of the | puages: First Name Cynthia Stephanie James Tiffany Community Re-Entry | Cultural Competed Office Hours: 24 website: www.chiste: www.chiste | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker | License # 143201 138590 C35361 NA | Y Y Y Y | |
| Phone Number: (2 Compared to the compared to | puages: First Name Cynthia Stephanie James Tiffany | Cultural Competer Office Hours: 24 website: www.chst. NPI 1942899521 1184385908 2084P0804X 1376232850 | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician Community Health Worker | License # 143201 138590 C35361 NA | Y Y Y Y | |
| Phone Number:(2 \(\triangle \) Non-English Lang Last Name Avila Lopez Ruggles | puages: First Name Cynthia Stephanie James | Cultural Competed Office Hours: 24 website: www.chipmeters NPI | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist Physician | License # 143201 138590 C35361 | Y Y Y | |
| Phone Number:(2 Ch. Non-English Lang Last Name Avila Lopez | puages: First Name Cynthia Stephanie | Cultural Competer Office Hours: 24 website: www.chs NPI 1942899521 1184385908 | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist Associate Marriage and Family Therapist | License # 143201 138590 | Y | |
| Phone Number:(2 \(\frac{\dagger}{\dagger} \) Non-English Lang Last Name Avila | ruages: First Name Cynthia | Cultural Competed Office Hours: 24 website: www.chi | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License Associate Marriage and Family Therapist | License # 143201 | Υ | |
| Phone Number:(2 | (09) 466-0853 guages: First Name | Office Hours: 24 website: www.ch: | tency: Short Term Residential Therapeutic Program HOURS sstk.com Type of License | License # | + | |
| Phone Number:(2 | (09) 466-0853 Juages: | Cultural Competer Office Hours: 24 website: www.ch | tency: Short Term Residential Therapeutic Program HOURS sstk.com | | | |
| Phone Number:(2 | (09) 466-0853 | Cultural Compe Office Hours: 24 | tency: Short Term Residential Therapeutic Prograr HOURS | n | | |
| Phone Number:(2 | (09) 466-0853 | Cultural Compe | tency: Short Term Residential Therapeutic Prograr | n | | |
| Phone Number:(2 | | | | <u> </u> | | |
| | | | ved: Youth and Adolecent | | | |
| City: Stockton, CA 95205 | | Denulations control. Vovite and Adelegant | | | | |
| Address 1227 E L | | | | | | |
| A | · I 01 | (IHBS); Med Sup | oport; Crisis Intervention | | | |
| Type of Program: | MH | , | C); Mental Health Services including Intensive Hon | ne Based Servi | ces | |
| _ | Children's Home of | | ption: Case Management/ Brokerage including Int | | | |
| Thomas | Tiffany | 1376232850 | Community Health Worker | NA | Υ | |
| Reinhardt | Janae | 1689296311 | Associate Social Worker | 98064 | Υ | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| | | Website: www.ch | sstk.com | | | |
| Non-English Lang | juages: | Office Hours: 24 | HOURS | | | |
| △ હે . | | Cultural Compe | tency: Short Term Residential Therapeutic Prograr | n | | |
| Phone Number: (2 | 209) 466-0853 | Populations ser | ved: Youth and Adolescent | | | |
| City: Stockton, CA | | | | | | |
| Address: 430 N. F | | | | | | |
| Type of Program: | MH | (IHBS); Med Sur | pport; Crisis Intervention | | | |
| Stockton #39BC | | | C); Mental Health Services including Intensive Hon | | ces | |
| Program Name: | Children's Home of | Program Descri | ption: Case Management/ Brokerage including Int | | | |
| Sullivan | Tyesha | 1871246462 | Licensed Marriage and Family Therapist | 123866 | Y | |
| | Guadalupe | 1942893946 | Associate Marriage and Family Therapist | 132158 | Y | |
| Solorio | Esmeralda | 1942728514 | Associate Marriage and Family Therapist | 114941 | Ϋ́ | |
| Reyes-Chavez Solorio | Cassandra | 1205278694 | Associate Marriage and Family Therapist Licensed Marriage and Family Therapist | 118868 | Y | |
| Solorio | Taylere | 1003553223 | Accesiate Marriage and Family Therapiet | 137603 | Υ | |

| Program Name: EA Family Services Type of Program: MH Address: 525 W. Kettleman Lane City: Lodi, CA 95240 | | Program Description: Case Management/Brokerage inlcuding Intensive Care Coordinatiion (ICC); Mental Health Services including Intensive Home Bases Services (IHBS); Crisis Intervention. | | | | | |
|---|--|--|--|---|--------------|--|--|
| Phone Number: (20 | Phone Number: (209) 369-1939 | | d: Youth & Adolescent | | | | |
| o & | , | | ncy: Short Term Residenital Treatment Therapeuti | ic Program | | | |
| Non-English Languages: | | Office Hours: 24 l | | | | | |
| | | website: www.ea.or | D'Q | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| <u> Last Hame</u> | - Hot Hame | | , April 1 and 1 an | | | | |
| Program Name: EA Family Services #39CN Type of Program: MH Address: 601 Palm Ave. City: Lodi, CA 95240 Phone Number: (209) 333-0971 △ | | Coordination (ICC) (IHBS); Crisis Interventions Serve Cultural Competer Office Hours: 24 H | d: Youth & Adolescent ncy: Short Term Residenital Treatment Therapeuti Hours | e Bases Servic | es | | |
| | | website: www.ea.or | ^{rg} | 1 | 1 | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Program Name: EA Family Services Type of Program: MH Address: 702-130 Richmond Rd E City: Susanville, CA 96130-5029 Phone Number: (530) 257-6616 | | | | | | | |
| Type of Program: N Address: 702-130 F City: Susanville, CA | MH Richmond Rd E A 96130-5029 80) 257-6616 | Coordination (ICC) (IHBS); Crisis Interventions Populations serve Cultural Competer | d: Youth & Adolescent ncy: Short Term Residenital Treatment Therapeuti | Bases Servic | es | | |
| Type of Program: № Address: 702-130 F City: Susanville, CAPhone Number: (53 | MH Richmond Rd E A 96130-5029 80) 257-6616 | Coordinatiion (ICC) (IHBS); Crisis Interventions | ; Mental Health Services including Intensive Home vention. d: Youth & Adolescent ncy: Short Term Residenital Treatment Therapeuti Hours | Bases Servic | es | | |
| Type of Program: № Address: 702-130 F City: Susanville, CAPhone Number: (53 | MH Richmond Rd E A 96130-5029 80) 257-6616 | Coordination (ICC) (IHBS); Crisis Interventions Serve Cultural Competer Office Hours: 24 H | ; Mental Health Services including Intensive Home vention. d: Youth & Adolescent ncy: Short Term Residenital Treatment Therapeuti Hours | Bases Servic | es | | |
| Type of Program: N Address: 702-130 F City: Susanville, CA Phone Number: (53 ☐ ♣ Non-English Langu | Richmond Rd E A 96130-5029 BO) 257-6616 Ages: First Name dgewood Center for ilies #39AV HH Sente Street - D, CA 94116 BS 681-3211 | Coordinatiion (ICC) (IHBS); Crisis Intervention Populations serve Cultural Competer Office Hours: 24 Hours: 24 Hours: Www.ea.or NPI Program Description Mental Health Services Behavioral Services Populations serve Cultural Competer Office Hours: Mor | ; Mental Health Services including Intensive Home vention. d: Youth & Adolescent ncy: Short Term Residenital Treatment Therapeuti Hours g Type of License ion: Case Management Brokerage/Intensive Care vices including Intensive Home Based Services (IH is (TBS); Crisis Intervention d: Children and Youth ncy: Provides outpatient mental health service inday - Friday 8:30 am- 5:00 pm | ic Program License # | CC (ICC); | | |
| Type of Program: NAddress: 702-130 F City: Susanville, CAPhone Number: (53 Non-English Langu Last Name Program Name: EcChildren and Family Type of Program: NAddress: 1801 Vinc City: San Francisco Phone Number: (41 Non-English Langu | Richmond Rd E A 96130-5029 BO) 257-6616 Ages: First Name dgewood Center for ilies #39AV AH Sente Street - D, CA 94116 BO 681-3211 Ages: | Coordinatiion (ICC) (IHBS); Crisis Intervent Populations servent Cultural Competer Office Hours: 24 Howebsite: www.ea.or NPI Program Description Mental Health Servent Behavioral Services Populations servent Cultural Competer Office Hours: Morwebsite: www.edge | ; Mental Health Services including Intensive Home vention. d: Youth & Adolescent ncy: Short Term Residenital Treatment Therapeuti Hours Type of License ion: Case Management Brokerage/Intensive Care vices including Intensive Home Based Services (IH- is (TBS); Crisis Intervention d: Children and Youth ncy: Provides outpatient mental health service iday - Friday 8:30 am- 5:00 pm | ic Program License # Coordination BS); Therape | CC (ICC); | | |
| Type of Program: No Address: 702-130 F City: Susanville, CA Phone Number: (53 A Substituting Non-English Languard | Richmond Rd E A 96130-5029 BO) 257-6616 Bages: First Name dgewood Center for ilies #39AV HH Bente Street - D, CA 94116 BS) 681-3211 Bages: First Name | Coordinatiion (ICC) (IHBS); Crisis Intervention Populations serve Cultural Competer Office Hours: 24 Hours: 24 Hours: Www.ea.or NPI Program Description Mental Health Services Behavioral Services Populations serve Cultural Competer Office Hours: Mor | ; Mental Health Services including Intensive Home vention. d: Youth & Adolescent ncy: Short Term Residenital Treatment Therapeuti Hours g Type of License ion: Case Management Brokerage/Intensive Care vices including Intensive Home Based Services (IH is (TBS); Crisis Intervention d: Children and Youth ncy: Provides outpatient mental health service inday - Friday 8:30 am- 5:00 pm | ic Program License # | CC (ICC); | | |

| Program Name: E Banyan Home #39 | ite Family Systems- DC | | tion: Case Management/Brokerage inlcuding); Mental Health Services including Intensive | | ces | | |
|---|---------------------------|------------------------------|---|---------------------|-----|--|--|
| Type of Program: MH Address: 1708 Banyan Ct City: Ceres, CA 95307 | | (IHBS); Crisis Intervention. | | | | | |
| | | | | | | | |
| | | | | | | | |
| Phone Number: 20 | | Populations serve | ed: Youth & Adolescent | | | | |
| ۵ في | | Cultural Compete | ency: Short Term Residenital Treatment Thera | apeutic Program | | | |
| Non-English Langu | ages: | Office Hours: 24 | • | | | | |
| | • | website: www.elite | family.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Program Name: F | lite Family Systems- | Program Descript | Ition: Case Management/Brokerage inlouding | Intensive Care | | | |
| Blaker Home #390 | | |); Mental Health Services including Intensive | | 291 | | |
| Type of Program: N | _ | (IHBS); Crisis Inter | , · | TIOTHE BUSCU COLVIC | ,00 | | |
| Address: 3607 Bak | | | vontion. | | | | |
| | | | | | | | |
| City: Ceres, CA 953 Phone Number: 20 | | Denulations com | adi Varith 9 Adalaaaant | | | | |
| | 9-00 1-2000 | | ed: Youth & Adolescent | on outio Drogram | | | |
| ∩ €. | 0000 | Office Hours: 24 | ency: Short Term Residenital Treatment Thera | apeulic Program | | | |
| Non-English Langu | ayes. | website: www.elite | | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Last Name | FIISUNAIIIE | 1011 | Type of License | License II | | | |
| Program Name: El Leslie Home #39D Type of Program: M Address: 2528 Lesl City: Ceres, CA 953 | 1H ie Ln | · · | tion: Case Management/Brokerage inlouding); Mental Health Services including Intensive vention. | | ces | | |
| Phone Number: 20 | 9-531-2088 | Populations serve | ed: Youth & Adolescent | | | | |
| <u>^</u> & | | Cultural Compete | ncy: Short Term Residenital Treatment Thera | apeutic Program | | | |
| Non-English Langu | ages: | Office Hours: 24 | Hours | | | | |
| | | website: www.elite | family.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| | | | | | | | |
| Program Name: Elite Family Systems-Scoffield Home #39DD Type of Program: MH Address: 3213 Uranus Drive City: Ceres, CA 95307 | | | tion: Case Management/Brokerage inlcuding); Mental Health Services including Intensive vention. | | ces | | |
| Phone Number: 20 | | Populations serve | ed: Youth & Adolescent | | | | |
| ۵ ج | | | ency: Short Term Residenital Treatment Thera | apeutic Program | | | |
| _ _ | | Office Hours: 24 Hours | | | | | |
| Non-English Langu | 0000 | Office Hours: 24 | Hours | | | | |

| | | website: www.elitetamily.org | | | | | |
|---|--|---|---|-----------|----|--|--|
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| | | | | | | | |
| Program Name: Turning Point Type of Program: MH Address: 1803 W. March Lane Suite City: Stockton, CA 95207 Phone Number: (209) 636-5353 △ と Non-English Languages: Spanish, | | 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; Evidenced 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 Office Hours: Monday - Friday 8:30 am - 5:00 pm website: www.tpcp.org | | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Amaral | Angela | 1831655257 | Associate Marriage and Family Therapist | 124155 | Υ | | |
| Casaday | Bobbie | 1619627601 | Licensed Vocational Nurse | VN189374 | Υ | | |
| Goldfine-Lewis | Roberta | 1588211502 | Licensed Vocational Nurse | 91927 | Υ | | |
| Haskell | Erica | 1154936383 | N/A | N/A | Υ | | |
| Hieb | Kristina | 1407010739 | Associate Marriage and Family Therapist | 113741 | Υ | | |
| Nevarez | Maria aka Angelica | 1861874216 | N/A | N/A | Υ | | |
| Ramirez | Aly | 1316544539 | N/A | N/A | Υ | | |
| Retchfertig | Medora | 1861874216 | Associate Clinical Social Worker | 104274 | Υ | | |
| Stokes | Sharon | 1144376070 | Nurse Practitioner | AP4876 | Υ | | |
| Wright | Kathleen | 1679613327 | N/A | N/A | Υ | | |
| Type of Program: Address: 3800 Co City: Oakland, CA Phone Number: (5 | oolidge Avenue 94602 510) 482-2244 | Mental Health Service Behavioral Service Populations serve Cultural Compete | tion: Case Management Brokerage/Intensive Carvices including Intensive Home Based Services (Iles (TBS); Crisis Intervention ed: Children and Youth ency: Provides outpatient mental health services enday - Friday 8:30 am - 5 pm finch.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| | outh Center- OUT OF | COUNTY PROVID | | | | | |
| Program Name: Type of Program: Address: 1117 S. City: Stockton, CA | G.L.O.M.A.R.F. 3 MH Grant Street | | t ion : Crisis Residential Treatment Program | | | | |
| | 200) 000 7 100 X000 | | ncy: Crisis Residential Treatment Program | | | | |
| Non-English Lang | mades. | Office Hours: 24 | <u> </u> | | | | |
| THOR ENGINEE CANG | dugos. | website: www.glon | | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Alexander | Nikeya | 1093284275 | Associate Marriage and Family Therapist | 137056 | Y | | |
| Kaur | Amandeep | 1073041927 | Licensed Marriage and Family Therapist | 139250 | Y | | |
| | G.L.O.M.A.R.F. 4 | | tion: Adult Transitional Residential Treatment Pro | | | | |

| l | | | | | | | | |
|---|------------------------|---------------------------------------|--|------------------|------|--|--|--|
| Type of Program: M | | | | | | | | |
| Address: 8210 Brig | | | | | | | | |
| City: French Camp, | | | | | | | | |
| Phone Number: (20) | 9) 330-7155 x508 | Populations serve | ed: Adult | | | | | |
| <u>ი</u> ტ | | Cultural Competer | ncy: Adult Transitional Residential Treatment Pro | gram | | | | |
| Non-English Langu | Non-English Languages: | | HOURS | | | | | |
| | | website: www.glom | website: www.glom-arf.org | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | | |
| Alexander | Nikeya | 1093284275 | Associate Marriage and Family Therapist | 137056 | Υ | | | |
| Kaur | Amandeep | 1073041927 | Licensed Marriage and Family Therapist | 139250 | Υ | | | |
| Program Name: G Type of Program: N Address: 458 Almor City: Lodi, CA 9524 Phone Number: (20 | ЛН nd Drive 40 | Program Descript | ion: Crisis Residential Treatment Program | | | | | |
| | 19) 330-1 133 X391 | • | | | | | | |
| □ | adoc. | Office Hours: 24 h | ncy: Crisis Residential Treatment Program | | | | | |
| INOH-English Langu | ayes. | Office Hours, 24 f | IONS | | | | | |
| | | website: www.glom | -arf.org | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | | |
| Alexander | Nikeya | 1093284275 | Associate Marriage and Family Therapist | 137056 | Υ | | | |
| Kaur | Amandeep | 1073041927 | Licensed Marriage and Family Therapist | 139250 | Υ | | | |
| Program Name: M | ary Magdalene | Program Descript | ion: Case management, Rehabilitation, Groups, I | ndividual therap | py, | | | |
| Type of Program: M | ИΗ | advocacy and linka | advocacy and linkage, other resources as needed. | | | | | |
| Address: 620 N Aud | ora St. Ste #7 | | | | | | | |
| City: Stockton, CA 9 | 95202 | | | | | | | |
| Phone Number: (20 | 09) 888-4519 | Populations serve | d: Adults 18- Older Adult | | | | | |
| <u>△</u> | | Cultural Competer | ncy: African American, LGBTQ, TAY, Adults, and | Older Adults | | | | |
| Non-English Langu | ages: | Office Hours: Mor | nday- Friday 8:00 am - 5:00 pm | | | | | |
| Spanish | | website: https://ww | w.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 | | | |
| Sanders | Denise | 1851166722 | Psychiatric Technician | 32263 | Υ | | | |
| Smith | Tamra | 1336267608 | Licensed Clinical Social Worker | 76975 | Υ | | | |
| Program Name: Tu | urning Point | Program Descript | ion: Case Management/ Brokerage including Inte | ensive Care | | | | |
| _ | am- Justicia #39BY | | Mental Health Services including Intensive Hom | | es | | | |
| Type of Program: M | ЛН | , , , | vention. Full-Service Partnership Program; Evider | | | | | |
| • • | March Lane Ste. C-D | , , , , , , , , , , , , , , , , , , , | mmunity Treatment) | | | | | |
| City: Stockton, CA | | , | , | | | | | |
| Phone Number: (20 | | Populations serve | ed: Those diagnosed with a severe mental health | diagnosis. | | | | |
| ે દે | , | | ncy: Veterans, LGBT, Older Adults, Physical Disa | | ntal | | | |
| Non-English Langu | ages: Spanish, | | day - Friday 8:30 a.m 5:00 p.m. | | | | | |
| Hmong | <u> </u> | website: www.tpcp. | | | | | | |
| Timong | | wobsite. www.tpop.org | | | | | | |

| Last Name | First Name | NPI | Type of License | License # | CC | |
|---|---|---|---|------------------|-------|--|
| Amaral | Angela | 1831655257 | Associate Marriage and Family Therapist | 124155 | Υ | |
| Casaday | Bobbie | 1619627601 | Licensed Vocational Nurse | VN189374 | | |
| Goldfine-Lewis | Roberta | 1588211502 | Licensed Vocational Nurse | 91927 | Υ | |
| Haskell | Erica | 1154936383 | N/A | N/A | Υ | |
| Hieb | Kristina | 1407010739 | Associate Marriage and Family Therapist | 113741 | Υ | |
| Nevarez | Maria aka Angelica | 1861874216 | 1874216 N/A N/A | | | |
| Ramirez | Aly | 1316544539 | N/A | N/A | Υ | |
| Retchfertig | Medora | 1861874216 | Associate Clinical Social Worker | | Υ | |
| Stokes | Sharon | 1144376070 | Nurse Practitioner | AP4876 | Υ | |
| Wright | Kathleen | 1679613327 | N/A | N/A | Υ | |
| Program Name: Latino Behavioral Type of Program: MH Address: 237 E. Channel Street City: Stockton, CA 95202 Phone Number: (209) 444-8910 Changlish Languages: Spanish | | | ed: Adult ncy: Provides Culturally Competent Services to L nday - Friday 8:00 am - 5:00 pm | atinos | | |
| | | www.elconcilio.org | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Lippert | Leonard | 1154691137 | Associate Marriage and Family Therapist | NA | Υ | |
| Wielenga | Wilton | 1528126703 | Licensed Clinical Social Worker | 5681 | Υ | |
| Program Name: M Socialization Cen #9043 Type of Program: I Address : 405 E. F City: Stockton, CA Phone Number: (2 | ter #9041 MH Pine Street 95204 09) 464-5519 uages: Spanish | Populations serve Cultural Compete for Adult Mentally il Office Hours: Mor | ncy: Provides socialization, vocational, and educ Il beneficiaries. nday - Friday 8:00 am - 5:00 pm | ational opportur | ities | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| NON LICENSED S | | | | | | |
| Type of Program: Address:306 E Ma City: Stockton, CA | in St. Suite 300 95202 | Program Description: Case Management/Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services; Crisis Intervention | | | | |
| | 09) 478-4554 ext. 1040 | | ed: Children, Adolescents, and Families | | | |
| △ Ġ . | | Cultural Competency: Therapeutic Foster Care/Mental Health Services; Positive | | | | |
| | 0 | | <u> </u> | ices, i ositive | | |
| Non-English Langu | uages: Spanish | Office Hours: website: www.pare | Monday - Friday 10:00 am - 6:00 pm | ices, i ositive | | |

| Last Name | First Name | NPI | Type of License | License # | СС | |
|--|--|----------------------------------|--|-----------------|--------|--|
| Andrade | Louisa | 1679941306 | Associate Marriage and Family Therapist | 140807 | Y | |
| Crusos | Amanda | 1700418084 | Licensed Clinical Social Worker | 115858 | Y | |
| Lo | Christopher | 1891463345 | Associate Social Worker | 86400 | Y | |
| Oliviera | Carlos | 1992101612 | Licensed Marriage and Family Therapist | 116198 | Y | |
| Ramos Mayra | | 1336552553 | Licensed Marriage and Family Therapist | 113207 | Y | |
| Program Name Psynergy Folsom | | Program Descrip | | | | |
| Sacramento #39CQ Type of Program: MH Address: 9951 Horn Road Suite B City: Sacramento, CA 95827-1955 Phone Number: (916) 364-5533 □ ♣ | | Intervention Populations serv | | | | |
| | guages: Spanish | | onday Friday 7:30 am-6:00 pm | | | |
| Tron English Ean | guages. Opamism | website: www.ps | · | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| OUT OF COUN | | | | | | |
| Program Name | | Program Descrip | otion: Case Management/ Brokerage; Mental He | alth Services | Cricic | |
| City: Sacramento Phone Number:(\(\text{\text{\text{Last Name}}} \) Last Name OUT OF COUN' Program Name: Sacramento - C Type of Program Address: 4616 R | coosevelt Avenue co, CA 916) 379-5876 guages: Spanish First Name TY PROVIDER Psynergy - linic B #39CH EMBER MARKET MARK | Office Hours: Mowebsite: www.psy | ency: Provides outpatient mental health services anday Friday 7:30 am-6:00 pm ynergy.org Type of License otion: Case Management/ Brokerage; Mental Hea | License # | CC | |
| City: Sacramento | | Danulations com | sade Adult | | | |
| Phone Number: | (310) 3/3-30/0 | Populations serv | | | | |
| △ Ł | augaga Chanigh | | ency: Provides outpatient mental health services | | | |
| INOH-English Lan | guages: Spanish | website: www.ps | londay Friday 7:30 am-6:00 pm | | | |
| | l=• | | | liconco # | l cc | |
| Last Name OUT OF COUN | First Name | NPI | Type of License | License # | CC | |
| | Psynergy Greenfield MH Herta Avenue CA 93927 | Intervention; Medi | | Ith Services; C | risis | |
| rnone mumber: | 400-400-0200 | Populations served: Adult | | | | |

| <u>۵</u> الح | | Cultural Came | notonov: Provides outpetient mental has | Ith sonvices | | | | |
|--|--|---|--|--|----------|--|--|--|
| Non-English Languages: Spanish | | | Cultural Competency: Provides outpatient mental health services | | | | | |
| inon-⊏ngiisn Lan | iguages: Spanisn | Office Hours: Monday Friday 7:30 am-6:00 pm | | | | | | |
| | T - | website: www.psynergy.org | | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | | |
| OUT OF COUN | | | | | | | | |
| Program Name Provider - #39C Type of Program Address: 18217 City: Morgan Hill | n: MH Hale Avenue | _ | cription: Case Management/ Brokerage; ledication Support | Mental Health Services; C | risis | | | |
| Phone Number: | 408-465-8280 | Populations s | erved: Adult | | | | | |
| ۵ فح | | Cultural Com | petency: Provides outpatient mental hea | Ith services | | | | |
| _ | iguages: Spanish | | Monday Friday 7:30 am-6:00 pm | | | | | |
| | | website: www | .psynergy.org | | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | | |
| OUT OF COUN | TY PROVIDER | | | | | | | |
| Address: 4740 I City: Covina, CA Phone Number: \(\rightarrow\) \(\frac{\rightarrow}{\rightarrow}\) Non-English Lan | (626) 859-2089 | Cultural Comp Office Hours: | erved: Children and Youth petency: Provides outpatient mental hea Monday - Friday 8 am- 5 pm sangabrielchild.com | Ith services | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | | |
| OUT OF COUN | | <u> </u> | • | | <u> </u> | | | |
| Program Name Type of Program Address: 337 S City: Azusa, CA Phone Number: △ ᠳ Non-English Lan | Enid Avenue 91702 (626) 859-2089 | (ICC); Mental Therapeutic Be Populations s Cultural Composition Office Hours: | Cription: Case Management Brokerage Health Services including Intensive Home Phavioral Services (TBS); Medication Supported: Children and Youth Petency: Provides outpatient mental hea Monday - Friday 8 am- 5 pm Sangabrielchild.com | e Based Services (IHBS); oport; Crisis Intervention | n | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | | |
| OUT OF COUN | | 1 | 1 71 | <u> </u> | | | | |
| 2 2 2 3 3 3 | | | | | | | | |
| Type of Program | N. Homerest Avenue 91702 | (ICC); Mental Therapeutic Be | cription: Case Management Brokerage Health Services including Intensive Homehavioral Services (TBS); Medication Superved: Children and Youth | e Based Services (IHBS); | n | | | |
| ۵Ġ | , | | petency: Provides outpatient mental hea | Ith services | | | | |
| _0 | | Juitarai Join | postonoji i romado dalpationi montal noa | 501 11000 | | | | |

| Non-English Languages: | | Office Hours: Monday - Friday 8 am- 5 pm | | | | | |
|------------------------|-----------------------|--|--|-------------------|----------|--|--|
| | | website: www.sangabrielchild.com | | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| OUT OF COUNT | | | Type of Election | 1.00.1.00 | + | | |
| 001 01 000111 | ITROVIDER | | | | | | |
| Program Name: S | San Joaquin Connect | Program Descri | ption: Case Management/ Brokerage including In | tensive Care | | | |
| III FSP #39CO | | | C); Mental Health Services including Intensive Hor | | ces | | |
| Type of Program: | MH | · · | on Support; Crisis Intervention | 24554 55 | | | |
| • • | orgetown Place, Suite | (| | | | | |
| City: Stockton, CA | | | | | | | |
| Phone Number: (2 | | Populations ser | ved: Adult | | | | |
| △ Ġ . | .00, 200 000. | | tency: Full Services Partnership (FSP) model whe | re staff create a | | | |
| Non-English Lang | uages: Spanish. | - | onday - Friday 8:30 am- 5 pm | | | | |
| | aageer epariieri, | website: www.tele | · · · · · · · · · · · · · · · · · · · | | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Aguilar | Shelly | 1952969008 | Nurse Practitioner | 22945 | Y | | |
| Lorenz | Arthur | 1477603249 | Licensed Marriage and Family Therapist | 45350 | Y | | |
| White | Jasmine | 1063110575 | Licensed Vocational Nurse | 712409 | Y | | |
| Williams | Tyresha | 1588160865 | Associate Clinical Social Worker | 118678 | Y | | |
| | Summitview Child | | | | <u> </u> | | |
| Treatment Cente | | | ption: Case Management/ Brokerage including In | | 000 | | |
| | | , | Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHSB); Medication Support; Crisis Intervention | | | | |
| Type of Program: | | (II ISD), MEGICALIC | on Support, Chais intervention | | | | |
| Address: 670 Plac | | | | | | | |
| City: Placerville, C | | D 1 (' | | | | | |
| Phone Number: (5 | 030) 644-2412 | | ved: Children and Youth | | | | |
| △ É . | | | tency: Provides outpatient mental health services | | | | |
| Non-English Lang | uages: | | londay - Friday 8 am- 5 pm | | | | |
| | Τ. | | mmitviewtreatment.org | 11 | I 66 | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| OUT OF COUNT | | | | | | | |
| _ | Геlecare (aka Jeremy | Program Descrip | ption: Crisis Residential Treatment Program | | | | |
| House) #39AX | | | | | | | |
| Type of Program: | | | | | | | |
| Address: 5634 Jer | | | | | | | |
| City: Stockton, CA | | | | | | | |
| Phone Number: (2 | 209) 888-4969 | Populations ser | | | | | |
| <u> </u> | | · | tency: Crisis Residential Treatment Program | | | | |
| Non-English Lang | uages: | Office Hours: 24 | | | | | |
| | 1 | website: www.tele | | | _ | | |
| Last Name | First Name | NPI | Type of License | License # | СС | | |
| Huynh | Thuy | 1033485495 | Licensed Psychiatric Technician | 36454 | Υ | | |
| Reiland | Jessica | 1003154634 | Associate Clinical Social Worker | 70377 | Υ | | |
| Taylor | Shannan | 1528074770 | Licensed Marriage and Family Therapist | 46081 | Y | | |
| | | | | | | | |
| | | | | | | | |

| Program Name: Telecare Early Type of Program: MH Address: 4545 Georgetown Place, Suite | | Program Description: Case Management/ Brokerage including Intensive Care Coordination (ICC); Mental Health Services including Intensive Home Based Services (IHBS); Medication Support | | | | |
|--|--|--|---|------------------|--------|--|
| City: Stockton, CA | ~ | (ii ibo), Medication | ι συρροιτ | | | |
| Phone Number: (20 | | Populations serve | ed: Adults | | | |
| ۵ ن | ., | • | ncy: Provides outpatient mental health services f | or children and | adults | |
| | Non-English Languages: Spanish | | | | | |
| | | Office Hours: Mon | day - Friday 8 am- 5 pm | | | |
| | | website: www.telec | arecorp.com | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Bass | Oshalique | 1477811677 | Associate Professional Clinical Counselor | 5490 | Υ | |
| Hoffman | Holli | 1144380940 | Nurse Practitioner | 14724 | Υ | |
| Miles | Jennifer | 1275541641 | Physician | G83528 | Υ | |
| Planas | Melissa | 1679807994 | Licensed Clinical Social Worker | 66499 | Υ | |
| Taylor | Shannan | 1528074770 | Licensed Marriage and Family Therapist | 6081 | Υ | |
| Tran | Tran elecare San Joaquin | 1477084671 | Licensed Vocational Nurse ion: Case Management/ Brokerage including Int | 275938 | Υ | |
| Connect I #39BZ Type of Program: M Address: 4545 Geo D & E28 City: Stockton, CA Phone Number: (20 △ | 1H rgetown Place, Suite 95207 9) 269-5587 | (IHBS); Medication Populations serve Cultural Competer | ncy: Full Services Partnership (FSP) model wher day - Friday 8:30 am- 5 pm | | | |
| Monroy | Aldo | 1700354719 | Associate Clinical Social Worker | 104609 | Y | |
| Russell | David | 1477167666 | Nurse Practitioner | 95015254 | Y | |
| Van Ness | JohnMark | 1679237861 | Associate Professional Clinical Counselor | 13809 | Y | |
| White | Jasmine | 1063110575 | Licensed Vocational Nurse | 712409 | Y | |
| Type of Program: M | elecare San Joaquin IH rgetown Place, Suite | Program Descript Coordination (ICC); | ion: Case Management/ Brokerage including Int ; Mental Health Services including Intensive Hom n Support; Crisis Intervention | ensive Care | ces | |
| Phone Number: (20 | | Populations serve | ed: Adult | | | |
| ا المالة المالية | 2, 200 0001 | • | ncy: Full Services Partnership (FSP) model wher | e staff create a | | |
| Non-English Langu | ages: Spanish. | | nday - Friday 8:30 am - 5:00 pm | 2 2.5 0.00.0 0 | | |
| Cambodian | | website: www.telec | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |

| 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 |
| White | Jasmine | 1063110575 | Licensed Vocational Nurse | 712409 | Υ |
| Counseling Ser Type of Program | : MH Center Street, Suite 3 | | otion: Case Management/ Brokerage including Intel); Mental Health Services including Intensive Hom | | es |
| Phone Number: | (209) 239-5553 | Populations serv | /ed: Children and Youth | | |
| ∆ Ġ . | , | | ency: Comprehensive mental health services for c | hildren, youth, a | and |
| Non-English Lan | unaues. | | onday-Friday 8:00 am- 5:00 pm | ,,,,, | |
| Tion English Lan | guagos. | | ww.valleycommunitycounselingservices.org | | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Amancio | Isabel | 1194868695 | Licensed Marriage and Family Therapist | 39580 | Y |
| Garcia | Odalis | 1669169561 | Associate Marriage and Family Therapist | 141967 | Y |
| Kamran | Muhammad | 1811051337 | Physician | C53847 | Y |
| McCord | David | 1659076156 | Associate Marriage and Family Therapist | 138719 | Y |
| Pena | Adriana | 1295253797 | Associate Marriage and Family Therapist | 97389 | Y |
| Rios | Judybeth | 1346762499 | Associate Professional Clinical Counselor | 8376 | Y |
| Viles-Reed | Teresa | 1386762623 | Psychologist Psychologist | 14848 | Y |
| Based Program Type of Program | mbarcadero Drive, A 95219 (209) 956-4240 | Mental Health Sel Support; Crisis In Populations serv Cultural Compet Stockton, Mantec Office Hours: | ved: Children and Youth ency: Outpatient mental health services provided | HBS); Medicatio | |
| Last Name | First Name | NPI | Type of License | License # | СС |
| Pena | Adriana | 1295253797 | Associate Marriage and Family Therapist | 97389 | Υ |
| Viles-Reed | Teresa | 1386762623 | Psychologist Psychologist | 14848 | Y |
| Program Name: Valley Community Counseling Services (VCCS) (Tracy) Type of Program: MH Address: 19 East 6th Street City: Tracy, CA 95378 | | Coordination (ICC | otion: Case Management/ Brokerage including Intels); Mental Health Services including Intensive Homeon Support; Crisis Intervention | | :es |

| Phone Number: (209) 835-8583 | | Populations served: Children and Youth | | | | |
|---|---|--|--|--|---------------------------------------|--|
| Ł. | | Cultural Competency: Full range specialty mental health services for children and youth | | | | |
| | | in South County area. | | | | |
| Non-English Languages: | | Office Hours: Mo | onday - Friday 8:00 am - 5:00 pm | | | |
| | | | ww.valleycommunitycounselingservices.org | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| Amancio | Isabel | 1194868695 | Licensed Marriage and Family Therapist | 39580 | Υ | |
| Cervantes | Rosemary | 1407299738 | Licensed Marriage and Family Therapist | 127214 | Υ | |
| Garcia | Odalis | 1669169561 | Associate Marriage and Family Therapist | 141967 | Υ | |
| Kamran | Muhammad | 1811051337 | Physician | C53847 | Υ | |
| Rios | Judybeth | 1346762499 | Associate Professional Clinical Counselor | 8376 | Υ | |
| Roy | Reshma | 1073061784 | Associate Clinical Social Worker | 103567 | Υ | |
| Viles-Reed | Teresa | 1386762623 | Psychologist | 14848 | Υ | |
| Program Name | : Victor Community | Program Descrip | otion: Case Management/ Brokerage including Inte | ensive Care | • | |
| (VCSS) #9063 Type of Progran Address: 2495 \ City: Stockton, | n: MH V. March Lane, Suite | (IIIBS); Medicati | on Support; Crisis Intervention | | | |
| Phone Number: | (209) 465-1080 | Populations ser | ved: Children and Youth | | | |
| ∆ ا | , | Cultural Compet | tency: Provides outpatient mental health services in | n-home and in | | |
| Non-English Lar | odnades. | | onday - Friday 8:00 am - 5:00 pm | | | |
| Tion English Lai | igaagoo. | • | onday onday ond and ond pin | | | |
| TYON English Ear | igaagoo. | website: www.vic | | | | |
| | First Name | | | License # | СС | |
| Last Name Anderson | | website: www.vic | tor.org | License # 7588 | CC Y | |
| Last Name Anderson | First Name | website: www.vic | tor.org Type of License | | | |
| Last Name Anderson Avila | First Name Shanae | website: www.vic NPI 1093281941 | Type of License Associate Professional Clinical Counselor | 7588 | Υ | |
| Last Name Anderson Avila Bhangu | First Name Shanae Krystal | website: www.vic NPI 1093281941 1003386442 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker | 7588 113413 | Y | |
| Last Name Anderson Avila Bhangu Chee | First Name Shanae Krystal Simran | website: www.vic NPI 1093281941 1003386442 1740765338 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor | 7588 113413 12381 | Y Y Y | |
| Last Name | First Name Shanae Krystal Simran Christopher | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician | 7588 113413 12381 20A12207 | Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias | First Name Shanae Krystal Simran Christopher Betia | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist | 7588 113413 12381 20A12207 44160 | Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah | First Name Shanae Krystal Simran Christopher Betia Angela | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker | 7588 113413 12381 20A12207 44160 107024 | Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb | First Name Shanae Krystal Simran Christopher Betia Angela Giana | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist | 7588 113413 12381 20A12207 44160 107024 86206 | Y Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb Langham | First Name Shanae Krystal Simran Christopher Betia Angela Giana Yesena | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 1609592930 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor | 7588 113413 12381 20A12207 44160 107024 86206 12985 | Y Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb Langham Lozano | First Name Shanae Krystal Simran Christopher Betia Angela Giana Yesena Kathryn | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 1609592930 1598925901 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Physician | 7588 113413 12381 20A12207 44160 107024 86206 12985 112928 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb Langham Lozano Rodriguez | First Name Shanae Krystal Simran Christopher Betia Angela Giana Yesena Kathryn Sheree | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 1609592930 1598925901 1538523501 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist | 7588 113413 12381 20A12207 44160 107024 86206 12985 112928 125870 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb Langham Lozano Rodriguez Zuckerman Program Name Type of Progran Address:302 Ch | First Name Shanae Krystal Simran Christopher Betia Angela Giana Yesena Kathryn Sheree Maria Michelle :: Victor Community n: MH erry Lane, Suite 101 & | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 1609592930 1598925901 1538523501 1003123241 | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist | 7588 113413 12381 20A12207 44160 107024 86206 12985 112928 125870 5313 84298 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb Langham Lozano Rodriguez Zuckerman Program Name Type of Progran Address:302 Ch | First Name Shanae Krystal Simran Christopher Betia Angela Giana Yesena Kathryn Sheree Maria Michelle Victor Community n: MH Herry Lane, Suite 101 & CA 95337 | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 1609592930 1598925901 1538523501 1003123241 1891948691 Program Descri | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist ption: Case Management/ Brokerage including Ir | 7588 113413 12381 20A12207 44160 107024 86206 12985 112928 125870 5313 84298 | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb Langham Lozano Rodriguez Zuckerman Program Name Type of Progran Address:302 Ch City: Manteca, C | First Name Shanae Krystal Simran Christopher Betia Angela Giana Yesena Kathryn Sheree Maria Michelle :: Victor Community n: MH erry Lane, Suite 101 & | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 1609592930 1598925901 1538523501 1003123241 1891948691 Program Descrip | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist Otion: Case Management/ Brokerage including In | 7588 113413 12381 20A12207 44160 107024 86206 12985 112928 125870 5313 84298 htensive Care | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Last Name Anderson Avila Bhangu Chee Dadkhah Farias Kooger Lamb Langham Lozano Rodriguez Zuckerman Program Name Type of Progran Address:302 Ch | First Name Shanae Krystal Simran Christopher Betia Angela Giana Yesena Kathryn Sheree Maria Michelle Victor Community n: MH herry Lane, Suite 101 & CA 95337 (209) 647-6200 | website: www.vic NPI 1093281941 1003386442 1740765338 1447480173 1083709380 1013457878 1720318132 1609592930 1598925901 1538523501 1003123241 1891948691 Program Descri | Type of License Associate Professional Clinical Counselor Associate Clinical Social Worker Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Clinical Social Worker Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Physician Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist Associate Professional Clinical Counselor Licensed Marriage and Family Therapist ption: Case Management/ Brokerage including Ir | 7588 113413 12381 20A12207 44160 107024 86206 12985 112928 125870 5313 84298 htensive Care | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |

| Last Name | First Name | NPI | Type of License | License # | СС |
|---|---|--|--|------------------|---------|
| Boyle-Day | Coral | 1083140610 | Licensed Marriage and Family Therapist | 141006 | Υ |
| Cuevas | Andrew | 1629578190 | Associate Clinical Social Worker | 92656 | Υ |
| Diaz | Claudia | 1275810442 | Licensed Marriage and Family Therapist | 99791 | Υ |
| Grewal | Gurleen | 1912554163 | Associate Professional Clinical Counselor | 14882 | Υ |
| Lopez | Mike | 1356813182 | Associate Clinical Social Worker | 100731 | Υ |
| Martinez | Kiara | 1669955407 | Associate Clinical Social Worker | 118299 | Υ |
| McNichols | April | 1184361693 | Associate Clinical Social Worker | 117453 | Υ |
| Ramos | Alisia | 1508418666 | Associate Clinical Social Worker | 90719 | Υ |
| Seefeldt | Jacquelyn | 1124250204 | Licensed Marriage and Family Therapist | 115647 | Υ |
| Segale | Kayla | 1114614559 | Associate Professional Clinical Counselor | 15348 | Υ |
| Simpson | Michelle | 1780214478 | Associate Clinical Social Worker | 92259 | Υ |
| - | niatric Hospitals | • | | | |
| Address: 4250 A City: Sacramento Phone Number (| | Populations serv | ved: All Ages | | |
| <u>۵</u> فح. | , | | ency: Interpreter Services available for language of | other than Engli | sh |
| Non-English Lan | quages: | Office Hours: 24 | • | | |
| 3 | 3 - 3 | | | | |
| | | website. www.riei | itageoaksnospitai.com | | |
| Last Name | First Name | NPI | itageoakshospital.com Type of License | License # | СС |
| | First Name Hospital | | Type of License | License # | СС |
| Last Name Out of County | | | | License # | СС |
| Out of County Program Name: Type of Program Address: 8001 B | Hospital BHC Sierra Vista MH ruceville Road | NPI | | | |
| Program Name: Type of Program Address: 8001 B City: Sacramento | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 | NPI | Type of License otion: Children's & Adult General & Specialized M | | |
| Out of County Program Name: Type of Program | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 | Program Descrip | Type of License otion: Children's & Adult General & Specialized M | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramento Phone Number: | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 (916) 423-2000 | Program Descrip | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramento Phone Number: | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 (916) 423-2000 | Program Descrip Populations servicultural Competed Office Hours: 24 | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramento Phone Number: Non-English Lan | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 (916) 423-2000 | Program Descrip Populations servicultural Competed Office Hours: 24 | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of HOURS | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramento Phone Number: | Hospital BHC Sierra Vista MH Bruceville Road CO, CA 95823 (916) 423-2000 Bruguages: First Name | Program Descrip Populations serve Cultural Compete Office Hours: 24 website: www.sie | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of HOURS rravistahospital.com | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramente Phone Number: Non-English Lan | Hospital BHC Sierra Vista MH Bruceville Road CO, CA 95823 (916) 423-2000 Bruguages: First Name | Program Descrip Populations serve Cultural Compete Office Hours: 24 website: www.sie | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of HOURS rravistahospital.com | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramente Phone Number: Last Name Out of County St. Helena Hosp Type of Program Address: 525 Or | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 (916) 423-2000 Bruguages: First Name Hospital Dital Center for MH Begon Street | Program Descrip Populations servicultural Compete Office Hours: 24 website: www.sie | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of HOURS rravistahospital.com | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramento Phone Number: Non-English Lan Last Name Out of County St. Helena Hosp Type of Program Address: 525 Or City: Vallejo, CA | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 (916) 423-2000 Brugges: First Name Hospital Dital Center for MH egon Street 94590 | Program Descrip Populations serve Cultural Compete Office Hours: 24 website: www.sie NPI Program Descrip | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of HOURS rravistahospital.com Type of License otion: Inpatient Hospital | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramente Phone Number: Last Name Out of County St. Helena Hosp Type of Program Address: 525 Or City: Vallejo, CA Phone Number: | Hospital BHC Sierra Vista MH Bruceville Road D, CA 95823 (916) 423-2000 Brugges: First Name Hospital Dital Center for MH egon Street 94590 | Program Descrip Populations serve Cultural Compete Office Hours: 24 website: www.sie NPI Program Descrip Populations serve | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of HOURS rravistahospital.com Type of License otion: Inpatient Hospital | ental Health Se | rvices. |
| Program Name: Type of Program Address: 8001 B City: Sacramento Phone Number: Non-English Lan Last Name Out of County St. Helena Hosp Type of Program Address: 525 Or City: Vallejo, CA | Hospital BHC Sierra Vista Hospital CA 95823 (916) 423-2000 Guages: First Name Hospital Dital Center for Hospital Good Street 94590 (707) 648-2200 | Program Descrip Populations serve Cultural Compete Office Hours: 24 website: www.sie NPI Program Descrip | Type of License otion: Children's & Adult General & Specialized M ved: All Ages ency: Interpreter Services available for language of HOURS rravistahospital.com Type of License otion: Inpatient Hospital ved: All Ages ency: | ental Health Se | rvices. |

| Last Name | First Name | NPI | Type of License | License # | CC | |
|---|--|---|--|--|------------------------|--|
| Out of County | Hospital | • | • | · | | |
| Program Name Type of Program Address: 2740 C City: Concord, C | Grant Street | al Program Descri | ption: Inpatient Hospital | | | |
| Phone Number: | | Populations ser | ved: All Anes | | | |
| △ Ġ | (323) 000 0000 | Cultural Compe | <u> </u> | | | |
| Non-English Lar | nguages: | Office Hours: 2 | - | | | |
| . 10 <u></u> | .944900. | | nnmuirhealth.com | | | |
| Last Name | First Name | NPI | Type of License | License # | СС | |
| Out of County | | 1 | . 760 0. 1.0000 | | | |
| out or county | - I I I I I I I I I I I I I I I I I I I | | | | | |
| Psychiatry Type of Program | Folsom Boulevard | Program Descri Inpatient Hospita | ption: Children's & Adult General & Sp l. | ecialized Mental Health Ser | vices. | |
| Phone Number: | | Populations ser | ved: All Ages | | | |
| <u>^</u> | () | | • | language other than Englis | sh | |
| | | Cultural Competency: Interpreter Services available for language other than English Office Hours: 24 HOURS | | | | |
| Non-English Lar | nguages: | 10ffice Hours: 24 | HOURS | | | |
| Non-English Lar | nguages: | | HOURS ttermedicalcenter.org | | | |
| Non-English Lar | First Name | | | License # | СС | |
| Last Name | First Name | website: www.su | ttermedicalcenter.org | License # | CC | |
| | First Name | website: www.su | ttermedicalcenter.org | License # | CC | |
| Last Name Out of County | First Name Hospital : Fremont Hospital n: MH Sundale Drive | website: www.su | ttermedicalcenter.org | | | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 | NPI Program Descri Populations ser | Type of License ption: Children's & Adult General & Sp ved: All Ages | | | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 | Program Descri Populations ser Cultural Compe | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: | | | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 | Program Descri Populations ser Cultural Compe Office Hours: 2 | Type of License Prion: Children's & Adult General & Sp ved: All Ages tency: 24 HOURS | | | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 nguages: | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre | Type of License Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 4 HOURS monthospital.com | ecialized Mental Health Ser | vices. | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: | First Name Hospital : Fremont Hospital n: MH Sundale Drive :A 94538 (510)796-1100 nguages: First Name | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: HOURS monthospital.com Type of License | ecialized Mental Health Ser | vices. | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: \(\text{\text{Last Name}}\) Last Name Aneja | First Name Hospital : Fremont Hospital n: MH Sundale Drive :A 94538 (510)796-1100 nguages: First Name Alka | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 4 HOURS monthospital.com Type of License Physician | ecialized Mental Health Ser License # A112029 | cc Y | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: \(\text{\text{\text{\text{\text{Name}}}}}\) Non-English Lar | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 nguages: First Name Alka Harmohinder | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 4 HOURS monthospital.com Type of License Physician Physician | ecialized Mental Health Ser License # A112029 A81841 | vices. | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: Non-English Lar Last Name Aneja Athwal Boora | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 nguages: First Name Alka Harmohinder Kamaljeet | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 1356587711 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 4 HOURS monthospital.com Type of License Physician Physician Physician Physician | License # A112029 A81841 102846 | CC Y Y | |
| Last Name Out of County Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: △ | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 nguages: First Name Alka Harmohinder | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 1356587711 1255470480 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 24 HOURS monthospital.com Type of License Physician Physician Physician Physician Physician Physician Physician | License # A112029 A81841 102846 A99706 | CC Y Y | |
| Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: Non-English Lar Last Name Aneja Athwal Boora | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 nguages: First Name Alka Harmohinder Kamaljeet | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 1356587711 1255470480 1730267535 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 24 HOURS monthospital.com Type of License Physician | License # A112029 A81841 102846 A99706 G63964 | CC Y Y | |
| Last Name Out of County Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: △ | First Name Hospital : Fremont Hospital n: MH Sundale Drive :A 94538 (510)796-1100 nguages: First Name Alka Harmohinder Kamaljeet Vikas | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 1356587711 1255470480 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 24 HOURS monthospital.com Type of License Physician Physician Physician Physician Physician Physician Physician | License # A112029 A81841 102846 A99706 | CC Y Y N | |
| Last Name Out of County Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: △ | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 nguages: First Name Alka Harmohinder Kamaljeet Vikas Trevor | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 1356587711 1255470480 1730267535 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 24 HOURS monthospital.com Type of License Physician | License # A112029 A81841 102846 A99706 G63964 A153255 A50823 | CC Y Y N Y Y | |
| Last Name Out of County Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: △ | First Name Hospital : Fremont Hospital n: MH Sundale Drive :A 94538 (510)796-1100 nguages: First Name Alka Harmohinder Kamaljeet Vikas Trevor Dyal | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 1356587711 1255470480 1730267535 1225424327 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 24 HOURS monthospital.com Type of License Physician | License # A112029 A81841 102846 A99706 G63964 A153255 | CC Y Y N Y | |
| Last Name Out of County Program Name Type of Program Address: 39001 City: Fremont, C Phone Number: △ L Non-English Lar Last Name Aneja Athwal Boora Duvvuri Fooks Harleen Kahlon | First Name Hospital : Fremont Hospital n: MH Sundale Drive A 94538 (510)796-1100 nguages: First Name Alka Harmohinder Kamaljeet Vikas Trevor Dyal Ravinder | Program Descri Populations ser Cultural Compe Office Hours: 2 website: www.fre NPI 1619031317 1740298256 1356587711 1255470480 1730267535 1225424327 1386741320 | Type of License ption: Children's & Adult General & Sp ved: All Ages tency: 24 HOURS monthospital.com Type of License Physician | License # A112029 A81841 102846 A99706 G63964 A153255 A50823 | CC Y Y N Y Y N N N | |

| 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 USI | E DISORDER SERVI | CES PROVIDER DIR | ECTORY | | |
| Type of Program: Address: 620 N. A City: Stockton, CA Phone Number: (2 | Aurora St. Suite 1 A 95202 209) 468-3720 | Cultural Compet | ved: Adult and Youth, Adult Perinatal tency: Transitional Age Youth, Adolescents | | exual, |
| Non-English Lang | uages: Spanish | | londay, Wednesday and Friday 8:00 am - 5: | 00 pm; Tuesday and | |
| | | website: http://wv | vw.sjcbhs.org/mhs | | |
| Last Name | First Name | NPI | Type of License | License # | CC |
| Bagdonas | Michelle | 1164765137 | SAC II | 179976 | Υ |
| Beas | Sandra | 1821435447 | SAC II | 1710437 | Υ |
| Galiza | Marie | 1326742495 | SAC I | 11857 | Υ |
| Hansen | Mark | 1225465156 | APPC | 7420 | Υ |
| Inzunza | Suzanne | 1205415031 | | | |
| Lewandowski | Carla | 1659078137 | SAC I | 14329 | Υ |
| Lozano | Nia | 1851590996 | Physician | A89255 | |
| Martin | Rebecca | 1447671581 | SAC II - CCAPP | Aii5305031 8 | Y |
| Nguyen | Xuan | 1609159623 | SAC II | 169310 | Y |
| Nguyen | Audii | 1009139023 | SAC II | Aii5370031 | 1 |
| Dollation | Daul | 1579076560 | Drogram Manager CCADD | | Υ |
| Pelletier | Paul | 1578976569 | Program Manager - CCAPP | 8 R06090615 | Y |
| Doborto | Edolico | 1042221671 | SAC II | | \ , |
| Roberts | Edelisa | 1043331671 1639622566 | SAC II | 44 6991 | Y |
| Russell | Stacy | | SAC I | | Y |
| Satake | Irene | 1578151817 | SAC I | 11463 | Y |
| Sosa | Rebecca | 1770133290 | SAC I | 9622 | Y |
| Sumano | Jennie | 1972240794 | SAC I | 13307 | Y |
| Vasquez-Grant | Cory | 1720539158 | Program Supervisor- SUDCC | 7222 | Υ |
| Program Name: | Family lies | Program Descri | ption: Inpatient Treatment Perinatal Compo | onent Assessments | |
| _ | ALID | | | | |
| Type of Program: Address: 7178 S. | | | | | |

| City: French Cam | p. CA 95231 | | | | | | |
|------------------------------|-------------------|------------------------------------|--|-----------------|----|--|--|
| Phone Number: (209) 468-6208 | | Populations ser | ved: Adult and Adult Perinatal | | | | |
| ۵ فح | | | tency: Adults/Older Adult, Veterans, Lesbian, Gay, | Risexual | | | |
| _ | guages: Spanish | Office Hours: 24 | | , Біоолиці, | | | |
| Trion English Early | gaagos. Opariisii | website: http://www.sjcbhs.org/mhs | | | | | |
| Last Name | First Name | NPI Type of License License # CC | | | | | |
| Carriedo | Mayra | 1215450929 | SACI | | Υ | | |
| Cary | Jamie | 1518523794 | SAW | NA | Υ | | |
| Cheatham | Lavern | 1427576545 | SAW | NA | Y | | |
| Eriksen | Brittani | 1518408160 | Cerification | 12012 | Υ | | |
| Facaros | Susan | 1306265038 | SAC II | 1710742 | Υ | | |
| Foreman | Kelly | 1770140600 | SAW | NA | Y | | |
| Gaston | Kenya | 1104430925 | SACI | | Υ | | |
| Garcia | Brittany | 1699394965 | SUDCC | 12372 | Υ | | |
| Garcia Maldona | | 1962183426 | NA | NA | Υ | | |
| Gomez | Rosemary | 1699898676 | SAC II | C17481214 | Υ | | |
| Hamilton | Latressa | 1336821156 | NA | NA | Υ | | |
| Latorraca | Michael | 120530596 | CADC I | Ci34081021 | Υ | | |
| Lozano | Nia | 1851590996 | Physician | A89255 | Υ | | |
| | 1 | | , | 7.00200 | | | |
| Rimmer | Jo | 1316617541 | SAC II | Ci32940521 | Υ | | |
| | | 1010017011 | o, te 11 | Aii0542504 | • | | |
| Shingu | Eric | 1700299153 | CADC II | 18 | Υ | | |
| | Recovery House | | ption: Inpatient Treatment Assessments | 1=5 | | | |
| Type of Program: | _ | | pas in passone resulting to the second in the | | | | |
| Address: 7233 S. | | | | | | | |
| City: French Cam | • | | | | | | |
| Phone Number: (| • | Populations ser | ved: Adult | | | | |
| △ Ġ. | | | tency: Adults/Older Adult, Veterans, Lesbian, Gay, | Bisexual. | | | |
| | | Office Hours: 24 | | | | | |
| INON-English Lang | guages: Spanish | | ww.sjcbhs.org/mhs | | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | | |
| Baker | Ashley | 1225640535 | 7.1 | 100534 | Y | | |
| Berdahl | • | | Associate Marriage and Family Therapist | | | | |
| Berdani | Michelle | 1407070331 | Program Manager, CADTP | 7937 | Υ | | |
| David | Diahand | 1407467400 | CAC II CCAPP | C:2CC01022 | V | | |
| Boyd | Richard | 1407467400 | SAC II, CCAPP | Ci36601022 | Y | | |
| Carey | Albert | 1336825371 | SAW | NA R13828811 | Υ | | |
| Casasa | Dominio | 1710469005 | CACI | | V | | |
| Charles | Dominic | 1710468095 | SAC I | 18 15776 | Y | | |
| Charles | Moises | 1982389649 | SAW, CADTP | | | | |
| Crummett | Tamara | 1811037807 | Program Supervisor, CADTP | 7541 | Y | | |
| Cunningham | Robin | 1154951242 | SAC II, CADTP | 10568 | Υ | | |
| Duor | Molieca | 1174200244 | CAC L CCAPP | R14560001 | V | | |
| Dyer | Melissa | 1174209241 | SAC I, CCAPP | 22 | Υ | | |

| Frederiksen | Michael | 1609419951 | SAC II, CADTP | 10139 RH0005020 | Υ |
|--|--|--|---|---|-----------|
| Graves | Dawn | 1629625348 | SAC II, 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 |
| Lozano | Nia | 1851590996 | Physician | A89255 | |
| Metcalf | Tamara | 1811037807 | Program Supervisor - CADTP | 7541 | Υ |
| | | | | R13720111 | |
| Morales | Michelle | 1902397581 | SAC II, CADTP | 19 | Υ |
| Peterson | Martin | 1073098307 | SAC II, CADTP | 9855 | Υ |
| | | | | | |
| Rambo | Chelsea | 19526830 | Clinician III | LCSW76935 | Υ |
| Ramirez | George | 1215586607 | SAW | 11985 | 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 |
| Young | Michael | 1659778629 | Program Supervisor | 175499 | Υ |
| Program Name: Occurring Treat | : Adolescent Co- tment Program (ACT) | _ | ption: Individual & group counseling, and ed mental health services, a partnership with Me | | |
| Program Name: Occurring Treat Type of Program | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n | the adolescent's | ption: Individual & group counseling, and ed | | |
| Program Name: Occurring Treat Type of Program Address: 1414 N | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 | the adolescent's | ption: Individual & group counseling, and ed mental health services, a partnership with Me | | |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 | the adolescent's d Populations ser | ption: Individual & group counseling, and ed mental health services, a partnership with Me | ntal Health Services a | |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 | the adolescent's Populations ser Cultural Compe | ption: Individual & group counseling, and ed mental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transo | ntal Health Services a | |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 (209)468-2385 | Populations ser Cultural Compe Office Hours: N website: http://ww | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs | ntal Health Services a | |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 (209)468-2385 | Populations ser Cultural Compe Office Hours: N website: http://ww | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transolonday - Friday. 8:00 am-5:00 pm Closed | ntal Health Services a gender Holidays | |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: \(\) Non-English Lan | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 (209)468-2385 nguages: Spanish First Name | Populations ser Cultural Compe Office Hours: N website: http://ww | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs | ntal Health Services a gender Holidays | nd |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 (209)468-2385 nguages: Spanish First Name | Populations ser Cultural Compe Office Hours: N website: http://ww | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs | ntal Health Services a gender Holidays | nd |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lice | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n CA 95202 (209)468-2385 nguages: Spanish First Name | Populations ser Cultural Compe Office Hours: N website: http://wv | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs | gender Holidays License # | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lice | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n (A 95202 (209)468-2385 Inguages: Spanish First Name censed Staff : Prevention Services | Populations ser Cultural Compe Office Hours: N website: http://ww NPI Program Descrip | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs Type of License | gender Holidays License # | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lic Program Name: Type of Program | : Adolescent Co- tment Program (ACT) n: SUD I California Street 2n (A 95202 (209)468-2385 Inguages: Spanish First Name censed Staff : Prevention Services | Populations ser Cultural Compe Office Hours: N website: http://ww NPI Program Descrip | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs Type of License tion: Individual & group counseling, and educemental health services, a partnership with Me | gender Holidays License # | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lic Program Name: Type of Program | Adolescent Co- tment Program (ACT) SUD California Street 2n CA 95202 (209)468-2385 Inguages: Spanish First Name Censed Staff Prevention Services California Street 2n California Street 3n Californ | Populations ser Cultural Compe Office Hours: N website: http://ww NPI Program Descrip the adolescent's | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs Type of License tion: Individual & group counseling, and educemental health services, a partnership with Me | gender Holidays License # | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lic Program Name: Type of Program Address: 620 N. | : Adolescent Co- tment Program (ACT) D: SUD I California Street 2n CA 95202 (209)468-2385 Inguages: Spanish First Name censed Staff : Prevention Services D: SUD Aurora St. Suite 6 CA 95202 | Populations ser Cultural Compe Office Hours: N website: http://ww NPI Program Descrip the adolescent's | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs Type of License tion: Individual & group counseling, and educemental health services, a partnership with Me es Services | gender Holidays License # | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lic Program Name: Type of Program Address: 620 N. City: Stockton, C Phone Number: | : Adolescent Co- tment Program (ACT) D: SUD I California Street 2n CA 95202 (209)468-2385 Inguages: Spanish First Name censed Staff : Prevention Services D: SUD Aurora St. Suite 6 CA 95202 | Populations ser Cultural Compe Office Hours: M website: http://ww NPI Program Descrip the adolescent's Substance Abuse Populations ser | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs Type of License tion: Individual & group counseling, and educemental health services, a partnership with Me es Services | pender Holidays License # cation in conjunction w ntal Health Services a | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lic Program Name: Type of Program Address: 620 N. City: Stockton, C Phone Number: | : Adolescent Co- tment Program (ACT) D: SUD I California Street 2n CA 95202 (209)468-2385 Inguages: Spanish First Name censed Staff : Prevention Services D: SUD Aurora St. Suite 6 CA 95202 | Populations ser Cultural Compe Office Hours: N website: http://ww NPI Program Descrip the adolescent's Substance Abuse Populations ser Cultural Compe | ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs Type of License tion: Individual & group counseling, and educemental health services, a partnership with Me e Services ved: Youth | gender Holidays License # cation in conjunction w ntal Health Services a | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lic Program Name: Type of Program Address: 620 N. City: Stockton, C Phone Number: | Adolescent Cotment Program (ACT) CA 95202 (209)468-2385 Inguages: Spanish First Name Censed Staff Prevention Services CA 95202 (209) 468-2005 | Populations ser Cultural Compe Office Hours: M website: http://ww NPI Program Descrip the adolescent's Substance Abuse Populations ser Cultural Compe Office Hours: M | ption: Individual & group counseling, and edmental health services, a partnership with Me ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed vw.sjcbhs.org/mhs Type of License tion: Individual & group counseling, and educemental health services, a partnership with Me e Services ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transg | gender Holidays License # cation in conjunction w ntal Health Services a | CC |
| Program Name: Occurring Treat Type of Program Address: 1414 N City: Stockton, C Phone Number: Non-English Lan Last Name Referrals to Lic Program Name: Type of Program Address: 620 N. City: Stockton, C Phone Number: | Adolescent Cotment Program (ACT) CA 95202 (209)468-2385 Inguages: Spanish First Name Censed Staff Prevention Services CA 95202 (209) 468-2005 | Populations ser Cultural Compe Office Hours: M website: http://ww NPI Program Descrip the adolescent's Substance Abuse Populations ser Cultural Compe Office Hours: M | ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed www.sjcbhs.org/mhs Type of License tion: Individual & group counseling, and educemental health services, a partnership with Me es Services ved: Youth tency: Youth, Lesbian, Gay, Bisexual, Transglonday - Friday. 8:00 am-5:00 pm Closed Holeans - Friday. | gender Holidays License # cation in conjunction w ntal Health Services a | CC |

Program Name: Redwood Family

Treatment Center

Type of Program: **SUD** Address: 416 Corson Ave 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.

City: Modesto, CA 95350-5408

Populations served: Women 18 & older; Children 0-12 for girls and 0-10 for boys

Cultural Competency: Women's Needs

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

website: www.redwoodfamilycenter.org

Non-English Languages:

| | | website. www.ret | website. www.reuwoodiamilycenter.org | | | |
|-----------|------------|------------------|--|-----------|----|--|
| Last Name | First Name | NPI | Type of License | License # | CC | |
| | | | | R12940003 | | |
| Amador | Delia | 1417455775 | RADT I | 18 | | |
| Berkowitz | Steve | 1205955671 | Licensed Marriage and Family Therapist | 77643 | Υ | |
| | | | | R12882201 | | |
| Carvaeo | Felicia | 1659870368 | RADT I | 18 | | |
| | | | | R14474810 | | |
| Castillo | Krystle | 1225796568 | RADT I | 21 | | |
| | | | | R13515610 | | |
| Cleary | Michelle | 1871102947 | RADT I | 71 | | |
| | | | | R13709511 | | |
| Gaona | April | 1417538299 | RADT I | 9 | | |
| Garcia | Dolores | 1073155396 | RADT I | R13367102 | | |
| Gorman | Michael | 1760585897 | Physician | A68098 | Υ | |
| | | | | A04445051 | | |
| McDowell | Paula | 1528576196 | CADC II | 7 | Υ | |
| Myers | Laura | 1386152593 | CADC I | C12691214 | | |
| Nelson | Beth | 1912548033 | CADC I | C21131214 | Υ | |
| | | | | R14569202 | | |
| Nunez | Veronica | 1235899303 | RADT I | 2 | | |
| | | | | R13399703 | | |
| Prather | Laci | 1154963916 | RADT I | 19 | | |
| | | | | R14657304 | | |
| Tyler | Kayla | 1427793413 | RADT I | 22 | | |
| | | | | R14696605 | | |
| Zapien | Felicia | 1386377844 | RADT I | 22 | | |

NARCOTIC TREATMENT PROGRAMS/MEDICATION ASSISTED TREATMENT

Program Name: Aegis Treatment

Type of Program: **SUD**

Address: 8626 North Lower Sacramento

City: Stockton, CA 95210-3747 Phone Number: (209) 478-2487

Non-English Languages: Spanish

Program Description: Medically Supervised Methadone Maintenance Detoxification (OTP) Outpatient Treatment (OTP) Medication Assisted Treatment

Populations served: Adult and Adult Perinatal

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

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

| | | website: https://pinnacletreatment.com/locations/stockton.com | | | | |
|--|---|--|---|---|-----------------------|--|
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Camacho | Nancy | 1679024632 | CADC-CAS | C14831214 | Υ | |
| Estrada | Michael | 1588826960 | CADTP | 5919 | Y | |
| Franck | Elizabeth | 1912978263 | Physician Assistant | G48570 | ı | |
| Gallbreath | Clare | 1912976203 | Licensed Vocational Nurse | | Υ | |
| Galibreath | Clare | | Licensed vocational Nurse | 128398 SUDCC | Y | |
| Gonzales | Esperanza | 1003421314 | CAS | 9963 | Υ | |
| Hamilton | Robert | 1659791101 | Physician | A154190 | Y | |
| Herrera | Moraiah Jasmin | 1619686425 | Psychiatric Technician | 42383 | Y | |
| Oakes | Marya | 1912978263 | Family Nurse Practitioner | NPF15701 | Y | |
| Salas | Graciela | 1417602038 | Psychiatric Technician | 42180 | Y | |
| Salas | Graciela | 1417002038 | FSychiatric rechilician | 42160 | ı | |
| Williams | Ted | 1194954123 | CAS | SUDCC6303 | Υ | |
| Program Name: 5 | th Street Medical | Program Descri | ption: Medically Supervised Methadone I | Maintenance Detoxificati | ion | |
| Type of Program: § | | | Treatment (OTP) Medication Assisted Treatment | | | |
| Address: 1839 S. E | | | , | | | |
| City: Stockton, CA | | | | | | |
| Phone Number: (20 | | Populations ser | ved: Adult and Adult Perinatal | | | |
| ر المالة الم | 30, 100 00.2 | | tency: Adults/Older Adult, Veterans, Lesbi | an Gay Bisexual | | |
| Non-English Langu | lages: Spanish | | onday - Friday 5am - 1pm Saturday, Sund | | 11am | |
| Trion English Langu | lagos. Opamism | | innacletreatment.com/location/california/sto | | | |
| Last Name | First Name | NPI | Type of License | License # | CC | |
| Last Name | I II St Ivallie | INFI | Type of License | CiCA02261 | CC | |
| Beck | Victoria | 1730470295 | CADCI | 119 | Υ | |
| Carter-Campbell | Jeannette | 1740480342 | Nurse Practitioner | 7506 | Y | |
| Fox | Michael | 1212069758 | Physician | G53561 | Y | |
| T OX | TVII CITACI | 1212003730 | i iiysiciaii | C03545091 | | |
| Galli | Andrew | 1740647361 | CADC | | | |
| | , u. | _, | | 15 | Υ | |
| | | | | 5 R14266804 | Υ | |
| Gilbreath | Michelle | 1639750813 | | R14266804 | | |
| Gilbreath Gonzalez | Michelle Sarah | 1639750813 | RADT | R14266804 21 | Υ | |
| Gonzalez | Sarah | 1063700540 | RADT SUDCC | R14266804 21 7226 | Y | |
| Gonzalez Hamilton | Sarah Robert | 1063700540 1386693547 | RADT SUDCC Physician | R14266804 21 7226 G48570 | Y Y Y | |
| Gonzalez | Sarah | 1063700540 | RADT SUDCC | R14266804 21 7226 G48570 95012302 | Y | |
| Gonzalez Hamilton Johnson | Sarah Robert P. Curly | 1063700540 1386693547 1235770165 | RADT SUDCC Physician Nurse Practitioner | R14266804 21 7226 G48570 95012302 R12901402 | Y Y Y | |
| Gonzalez Hamilton Johnson Jones | Sarah Robert P. Curly Kent | 1063700540 1386693547 1235770165 1588129993 | RADT SUDCC Physician Nurse Practitioner RADT | R14266804 21 7226 G48570 95012302 R12901402 18 | Y Y Y Y | |
| Gonzalez Hamilton Johnson | Sarah Robert P. Curly | 1063700540 1386693547 1235770165 | RADT SUDCC Physician Nurse Practitioner | R14266804 21 7226 G48570 95012302 R12901402 18 183039 | Y Y Y | |
| Gonzalez Hamilton Johnson Jones Lu | Sarah Robert P. Curly Kent Divina | 1063700540 1386693547 1235770165 1588129993 1316001381 | RADT SUDCC Physician Nurse Practitioner RADT Licensed Vocational Nurse | R14266804 21 7226 G48570 95012302 R12901402 18 183039 R14272704 | Y Y Y Y | |
| Gonzalez Hamilton Johnson Jones Lu Negrete | Sarah Robert P. Curly Kent Divina Dolores | 1063700540 1386693547 1235770165 1588129993 1316001381 1447832464 | RADT SUDCC Physician Nurse Practitioner RADT Licensed Vocational Nurse RADT | R14266804 21 7226 G48570 95012302 R12901402 18 183039 R14272704 21 | Y Y Y Y Y | |
| Gonzalez Hamilton Johnson Jones Lu Negrete Nguyen | Sarah Robert P. Curly Kent Divina Dolores Linda | 1063700540 1386693547 1235770165 1588129993 1316001381 1447832464 1558886507 | RADT SUDCC Physician Nurse Practitioner RADT Licensed Vocational Nurse RADT SUDRC | R14266804 21 7226 G48570 95012302 R12901402 18 183039 R14272704 21 8051 | Y Y Y Y Y | |
| Gonzalez Hamilton Johnson Jones Lu Negrete | Sarah Robert P. Curly Kent Divina Dolores | 1063700540 1386693547 1235770165 1588129993 1316001381 1447832464 | RADT SUDCC Physician Nurse Practitioner RADT Licensed Vocational Nurse RADT | R14266804 21 7226 G48570 95012302 R12901402 18 183039 R14272704 21 | Y Y Y Y Y | |

| Rochelle | 1447748520 | SUDRC | 7706 | Υ |
|--|---|---|--|---|
| Brian | 1659791101 | Physician | A154190 | Υ |
| Melissa | 1033686506 | Registered Nurse | 541037 | Υ |
| Ginned | 1942363585 | SUDCCII | 6030 | Υ |
| Trisha | 141749339 | CADTP | 6480 | Υ |
| n: SUD Horth California St, CA 95210-3747 | | | aintenance Detoxification | on |
| (209) 463-0870 | | | an Gay Ricovual | |
| augage: Chanich | | | | 110m |
| iguages. Spanisn | | <u> </u> | <u> </u> | Halli |
| Eirst Namo | | | | СС |
| | | | | |
| | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | | Υ |
| | | · · | | Υ |
| Leigh | 1790741197 | Nurse Practitioner | 5493 | |
| Elizabeth | 1912978263 | Physician Assistant | G48570 | Υ |
| Ruth | 1073195152 | Registered Counselor | | Y |
| | | | | Y |
| · · · · · · · · · · · · · · · · · · · | | · · | | Y |
| ivia y i a | 1312370200 | Transcriberer. | | |
| Juan | 1437435047 | Registered Counselor | 0 | Υ |
| Cynthia | 1295886893 | Certified Counselor | 11025 | Υ |
| Gursimran | 1215505649 | Registered Counselor | 11997 | Y |
| | 1033382221 | | 3587 | Υ |
| Brian | 1659791101 | Physician | A154190 | Υ |
| 5242 | В | | I aintenance Detoxificatio | n |
| (209)224-8490 | Populations ser | ved: Adult and Adult Perinatal | | |
| | Cultural Compe | tency: Adults/Older Adult, Veterans, Lesbia | an, Gay, Bisexual, | |
| guages: Spanish | | , , | · · · · · · · · · · · · · · · · · · · | - 12 |
| T . | | | | |
| | | | | СС |
| John | 1407192297 | Licensed Vocational Nurse | 260740 | Υ |
| Julie | 1548927544 | Licensed Psychiatric Technician | 42133 | Υ |
| | Brian Melissa Ginned Trisha Aegis Treatment : SUD orth California St, A 95210-3747 (209) 463-0870 guages: Spanish First Name Jessica Jacqueline Donna Leigh Elizabeth Ruth Ashley Mayra Juan Cynthia Gursimran Jennell Brian Jennell Brian Aegis Treatment SUD uth Ham Lane, Suite (242) (209)224-8490 guages: Spanish | Brian | Brian 1659791101 Physician Melissa 1033686506 Registered Nurse Ginned 1942363585 SUDCII Trisha 141749339 CADTP | Brian 1659791101 Physician A154190 Melissa 1033686506 Registered Nurse 541037 541037 541037 541037 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 541037 5480 5480 5480 541037 5480 |

| Franck | Elizabeth | 1598343287 | Physician Assistant | 59386 | Υ | |
|--|---------------------------|--|--|------------|----|--|
| Liizabetii | | | , | A05132081 | • | |
| Galvez | John | 1487032322 | Certified Alcohol and Drug Technician | 9 | Υ | |
| Garrez | 301111 | 1107002022 | Certified y fice fire and Drug recommend. | | • | |
| Garcia | Abel | 1851840664 | Registered Alcohol and Drug Technician | Ci25700618 | Υ | |
| Garcia Mark | | 1962102079 | Registered Alcohol and Drug Technician | 15103 | Υ | |
| | - | | | R15031403 | | |
| Hansen-Ramirez | Laura | 265133524 | Registered Alcohol and Drug Technician | 23 | Υ | |
| Johnson | | | Licensed Vocational Nurse | VN710544 | Υ | |
| Orellana | Katherine | 1053410878 | Licensed Psychiatric Technician | 41913 | Υ | |
| Patron | Nicolette | 1659039758 | Certified Alcohol and Drug Technician | 12629 | Υ | |
| Perez | Chris | 1184194169 | Certified Alcohol and Drug Technician | 207544 II | Υ | |
| Preap | Jennifer | 1043866627 | Registered Alcohol and Drug Technician | 9798 | Υ | |
| Smart | Denise | 1730289083 | Physician | A39072 | Υ | |
| Talleur | Brian | 1659791101 | Physician | A154190 | Υ | |
| Trunnell | Kathryn | 1093032559 | Certified Alcohol and Drug Technician | 6541 | Υ | |
| Truong | Maria | 1124646815 | Licensed Psychiatric Technician | 42019 | Υ | |
| Tun | Suehei | 1548673999 | Registered Alcohol and Drug Technician | 7228 | Υ | |
| Vang | Down | 1336654672 | Registered Alcohol and Drug Technician | 12547 | Υ | |
| | Mary | | | R15100006 | | |
| Vargas | | 1316720485 | Registered Alcohol and Drug Technician | 23 | Υ | |
| White | Kimberly | 1649459546 | Certified Alcohol and Drug Technician | 6413 | Υ | |
| Type of Program: S Address: 955 Cente City: Manteca, CA 9 Phone Number: (20 | er Street Suites 95337 | Populations serve | reatment (OTP) Medication Assisted Treatment ed: Adult and Adult Perinatal | Risevual | | |
| Non-English Languages: Spanish Last Name First Name | | Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, Office Hours: Monday - Friday 5:30am - 1pm Saturday, Sunday, Holidays 8am - 11 am | | | | |
| | | website: https://aegistreatmentcenters.com/clinic/aegis-manteca-california/ | | | | |
| | | NPI | Type of License | License # | СС | |
| Falcon | Christina | 1154898393 | Licensed Vocational Nurse | 175628 | Υ | |
| Fox | Michael | 1212069758 | Physician | G53561 | Υ | |
| Hamilton | Robert | 1386693547 | Physician | G48570 | Υ | |
| Jane Davis | Mary | 1861822744 | Licensed Vocational Nurse | 72342 | Υ | |
| Mohr | Rebecca | 1154898302 | Licensed Psychiatric Technician | 26531 | Υ | |
| Oakes | Marya | 1912978263 | Nurse Practitioner | 15701 | Υ | |
| Rowe | Michelle | 1013199843 | Physician | 20A9607 | Υ | |
| Southmayd | Robert | 1982700969 | Physician | 20A5298 | Υ | |
| Whitworth | Melissa | 1033686506 | Licensed Vocational Nurse | 541037 | Υ | |
| Program Name: Mo | | | ion: Medically Supervised Methadone Maintenand | | 1 | |
| Type of Program St Address: 1111 N. E City: Stockton, CA 9 | JD I Dorado St. | | reatment (OTP) Medication Assisted Treatment | | | |

| Phone Number: | (209) 938-0228 | Populations serv | ved: Adult and Adult Perinatal | | | | | | | | | | |
|---|-------------------------|--|---|---------------------------------|-------|--|--|-----------|------------|------------|---------------------|-----------|----|
| ∩ 上 Non-English Languages: Spanish | | Cultural Competency: Adults/Older Adult, Veterans, Lesbian, Gay, Bisexual, Office Hours: Monday - Friday 5am - 1pm Saturday, Sunday, and Holidays 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 | | | | | | | | |
| коим | SAVAN | 1215067228 | CADTP | 6568 | Υ | | | | | | | | |
| | | | | R14460510 | | | | | | | | | |
| LABASS | SHELLY | 1295489029 | ССАРР | 21 | Υ | | | | | | | | |
| LENADADO | JERRI | 1477616910 | LICENSED VOCATIONAL NURSE | 170115 | Y | | | | | | | | |
| LO | LAWRENCE | 1770122384 | REGISTERED COUNSELOR | 10180 | Y | | | | | | | | |
| PENA | ANNA | 1972667236 | CADTP | 6197 | Y | | | | | | | | |
| SCOTT | MELISSA | 1093474512 | CCAPP | 132186 | Y | | | | | | | | |
| SCOTT | WILLIAM | 1710639398 | CCAPP | 132070 | Y | | | | | | | | |
| WILLIAMS | JAY FRANK | 1760049043 | CERTIFIED COUNSELOR | 2014156 | Y | | | | | | | | |
| WILLIAMS | TRISHA | 1417493339 | CADTP | 6480 | Y | | | | | | | | |
| WILLIAMSON | ERNEST | 1649782954 | CADTP | 6388 | Y | | | | | | | | |
| Program Name | | | otion: Intensive Outpatient and Outpatient se | | | | | | | | | | |
| Type of Program | | ASAM level II.1 | The interior of outpations and outpations of | 71 11000. 7 (07 (11) 10 101 1 0 | ····· | | | | | | | | |
| • • | paans Dr. STE C, D, and | | | | | | | | | | | | |
| City: Galt, CA 9 | | | | | | | | | | | | | |
| • | | Populations served: Adults 18 years of age and older | | | | | | | | | | | |
| Phone Number: (209) 744-9909 Ch. Non-English Languages: Spanish, Farsi | | Cultural Competency: All required in addition to Veterans, LGBT, Older Adults | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | Last Name | First Name | NPI | Type of License | License # | СС |
| Last Hame | Thist Nume | | Type of License | R15262409 | | | | | | | | | |
| Anicas | Ricky | 12157714092 | RADT | 23 | Υ | | | | | | | | |
| | | 12137711032 | ואסו | R15309810 | ' | | | | | | | | |
| Blake | Aledria | 1447022314 | RADT | 23 | Υ | | | | | | | | |
| | | 1447022314 | RADI | R15065405 | ' | | | | | | | | |
| Brown | Vanessa | 1042000012 | DADT | | V | | | | | | | | |
| | | 1043900913 | RADT | 23 P147F1007 | Υ | | | | | | | | |
| Cookonsala | luinia a | 1427702000 | DADT | R14751007 | v | | | | | | | | |
| Castaneda | Iririan | 1427783000 | RADT | 22 | Υ | | | | | | | | |
| Cabb | Dobt | 1 477200754 | DADT | R14750807 | V | | | | | | | | |
| Cobb | Robert | 1477288751 | RADT | 22 | Υ | | | | | | | | |
| Cross | l/ o m clure | 1022775044 | CARCI | 0:27240422 | V | | | | | | | | |
| Cross | Kendra | 1932775814 | CADC1 | Ci37340123 | Υ | | | | | | | | |

| | | | | R14726506 | | | |
|---|---|--|---|---|------------------|--|--|
| Cross | Tanisha | 1679204291 | RADT | 22 | Υ | | |
| C1 033 | Tarrisria | 1073204231 | | SUDCC 2- | • | | |
| Delong | Tammi | 1972150514 | Certified CADPT II Clinical Supervisor | CS-6085 | Υ | | |
| Belong | Tannin | 1372130314 | certified extern in clinical supervisor | R14750907 | | | |
| Fechner | Christina | 1346975927 | RADT | 22 | Υ | | |
| Gaylor | Joseph | 1528721248 | RADT | R151070062 | Υ | | |
| Harnden | Christopher | 1689441297 | RADT | R153877122 | Υ | | |
| Huihui-Barker | Stephanie | 166598652 | SUDRC II | 14939 | Υ | | |
| | | | | R14385207 | | | |
| Maxey | Heather | 1104498658 | RADT | 21 | Υ | | |
| | | | | R15071205 | | | |
| Perkins | Nathen | 1770273641 | RADT | 23 | Υ | | |
| Towns | Mark | 1811183643 | Physician/Addiction Specialist | A100676 | Υ | | |
| Ulm | Mathew | 1013402015 | CCAPPII | Ci31561220 | Υ | | |
| Woodworth | Julia | 1699550889 | RADT | R151032062 | Υ | | |
| Address: 3128 E Anita Street City: Stockton, CA 95205-3905 Phone Number: (209)451-0315 立ち Non-English Languages: | | Populations served: Adult Male Non-Perinatal Cultural Competency: Veterans, Adults, Older Adults, Gay, Transgender Office Hours: 24 Hours | | | | | |
| Phone Number: | (209)451-0315 | Cultural Competer Office Hours: 24 | tency: Veterans, Adults, Older Adults, Gay, Trans | sgender | | | |
| Phone Number: | (209)451-0315 iguages: | Cultural Compete Office Hours: 24 website: none | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours | | | | |
| Phone Number: | (209)451-0315 | Cultural Competer Office Hours: 24 | tency: Veterans, Adults, Older Adults, Gay, Trans | License # | СС | | |
| Phone Number: O & Non-English Lan Last Name | (209)451-0315 guages: First Name | Cultural Compete Office Hours: 24 website: none NPI | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License | License # C05951111 | | | |
| Phone Number: O Non-English Lan Last Name Campbell | (209)451-0315 guages: First Name Ernest | Cultural Competer Office Hours: 24 website: none NPI 1124390109 | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I | License # C05951111 | Y | | |
| Phone Number: O Non-English Lan Last Name Campbell Duvdevany | (209)451-0315 guages: First Name Ernest Neta | Cultural Competed Office Hours: 24 website: none NPI 1124390109 1598180341 | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician | License # C05951111 8 C137556 | Y N | | |
| Phone Number: O Non-English Lan Last Name Campbell | (209)451-0315 guages: First Name Ernest | Cultural Competer Office Hours: 24 website: none NPI 1124390109 | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I | License # C05951111 | Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: | First Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road CA 95205 | Cultural Competed Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II Ption: Residential and outpatient | License # C05951111 8 C137556 5919 | Y N Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: | First Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road CA 95205 (209)850-6500 | Cultural Competed Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II ption: Residential and outpatient ved: Adult male and female clients tency: | License # C05951111 8 C137556 5919 | Y N Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: | First Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road CA 95205 (209)850-6500 | Cultural Competer Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II Ption: Residential and outpatient ved: Adult male and female clients tency: onday - Friday 8:00 am - 5:00 pm | License # C05951111 8 C137556 5919 | Y N Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: Non-English Lan | First Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road CA 95205 (209)850-6500 | Cultural Competer Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II ption: Residential and outpatient ved: Adult male and female clients tency: onday - Friday 8:00 am - 5:00 pm wdirectionsstockton.org | License # C05951111 8 C137556 5919 C19391214 | Y N Y Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: Non-English Lan Last Name | First Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road CA 95205 (209)850-6500 | Cultural Competer Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II Ption: Residential and outpatient ved: Adult male and female clients tency: onday - Friday 8:00 am - 5:00 pm | License # C05951111 8 C137556 5919 C19391214 License # | Y N Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: Non-English Lan | riguages: First Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road CA 95205 (209)850-6500 riguages: First Name | Cultural Competer Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II Ption: Residential and outpatient ved: Adult male and female clients tency: onday - Friday 8:00 am - 5:00 pm wdirectionsstockton.org Type of License | License # C05951111 8 C137556 5919 C19391214 | Y N Y Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: Check Company Non-English Lan Last Name Apilado | rist Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road A 95205 (209)850-6500 riguages: First Name Jamie Dale | Cultural Competer Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri Populations ser Cultural Competer Office Hours: Move Website: www.neter NPI 1356059901 | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II Ption: Residential and outpatient ved: Adult male and female clients tency: onday - Friday 8:00 am - 5:00 pm wdirectionsstockton.org Type of License CADTP- Case Worker Executive Director | License # C05951111 8 C137556 5919 C19391214 License # | Y N Y Y | | |
| Phone Number: Non-English Lan Last Name Campbell Duvdevany Estrada Hatten Program Name: Type of Program Address: 1981 C City: Stockton, C Phone Number: Non-English Lan Last Name Apilado Benner | rist Name Ernest Neta Michael Stephanie New Directions SUD Cherokee Road CA 95205 (209)850-6500 riguages: First Name Jamie | Cultural Competer Office Hours: 24 website: none NPI 1124390109 1598180341 1275517617 1730471384 Program Descri | tency: Veterans, Adults, Older Adults, Gay, Trans 4 Hours Type of License SAC I Physician SAC I SAC II Ption: Residential and outpatient ved: Adult male and female clients tency: onday - Friday 8:00 am - 5:00 pm wdirectionsstockton.org Type of License CADTP- Case Worker | License # C05951111 8 C137556 5919 C19391214 License # 13974 | Y N Y Y | | |

| Dudvdevany | Neta | 1598180341 | Physician | C137556 | Υ |
|------------|----------|-------------|-----------------------|------------|---|
| Field | Susan | 1811183643 | SUD Counselor | 12228 | Υ |
| Gibson | James | 1841908183 | CADTP -Case Worker | 12191 | Υ |
| Gorrell | Roxanne | 1467165761 | CADTP- Case Worker | 14155 | Υ |
| Harmon | Brandie | 1295317956 | Counselor | 7675 | Υ |
| Harper | Greta | 1265140511 | CADTP -Case Worker | 14224 | Υ |
| Houser | Kimberly | 16893822566 | CADTP - Case Worker | 13976 | Υ |
| Ibea | Raquel | 1255054276 | Case Worker | 13037 | Υ |
| Jazulin | Steve | | Program Director | | N |
| Jenkins | Katie | 1043911894 | CADTP | 14739 | Υ |
| 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 |
| | | | | Aii0632801 | |
| Mero | Kathy | 1316069495 | Counselor | 22 | Υ |
| Newton | Deborah | 1063086197 | SUD Counselor | 9469 | Υ |
| 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 |
| Vega | Jocelyn | 1386357739 | CADTP - Case Worker | 14271 | Υ |
| Ybanez | Elodia | | Case Worker | | N |