TRINITY COUNTY BEHAVIORAL HEALTH SERVICES AND ALCOHOL AND OTHER DRUG SERVICES   
1450 Main St - P.O. Box 1640 - Weaverville, CA 96093 - (530) 623-1362 *+* 154-B Tule Creek Rd - P.O. Box 91 - Hayfork, CA 96041 (530) 628-4111   
Toll Free Crisis Line (888) 624-5820 / Language Line Available / Website: [www.trinitycounty.org](http://www.trinitycounty.org/)   
Facilities are Americans with Disabilities Act (ADA) Compliant

*+* ***Addresses for providers are at one or both locations listed above.*** *+* ***All providers can take new clients and see Medi-Cal Beneficiaries at either location.*** *+*

**Individual Provider List –August 2 0 20**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **PROVIDER INFORMATION** | | | | | | **SPECIAL  POPULATIONS /  CULTURES** | | | **SERVICES** | | | |
| **Name** | | **Title** | **Ethn** | **NPI #** | **CA  License** | **Ethnic, Racial & Culture specific Training** | **Lang** | **Child** | **Adol/  TAY** | **Adult  Older  Adults** | **Indiv  Thera** | **Thera peutic Behav ioral Servic**  **es**  **(TBS)** | **Group** | **Meds** |
|  |  | **MANAGERS** | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Debra Klein | | LMFT, Clinical Dep Director | Cauc | 1164562690 | MFC49753 |  | ENG | X | X | X | X |  | X |  |
| Dow Angspatt | | Triage Manager – LMFT, LPCC | Asian | 1992945489 | MFC46529 | Thai | ENG- THAI |  | X | X | X |  | X |  |
|  |  | **CLINICAL** | | | | | | | | | | | | |
| Mark  Armerding,  M.D. | | Psychiatrist ! Med.  Dir.  *(Contractor)* | Cauc | 1316016587 | A74399 |  | ENG | X | X | X |  |  |  | X |
| Terri Armerding | | RN, Mental Health | Cauc | 1922052414 | 546155 |  | ENG | X | X | X |  |  |  | X |
| James Cudziol | | LMFT, MH Clinician II | Cauc | 1760669717 | 77132 |  | ENG | X | X | X | X |  | X |  |
| Shawna Hanley | | Case Mgr. II | Cauc | 1023403466 | T090417!1 900 |  | ENG | X | X | X | Rehab |  | Rehab |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Jeff Kist | Case Mgr. II /  Rehab. Spclst | Cauc/ Native | 1013269018 | 121755 |  | ENG |  | X | X | Rehab |  | Rehab |  |
| Kathryn Lagorio | MH Clinician, Assoc MFT | Cauc | 1720534308 | IMF103416 /4587 |  | ENG | X | X | X | X |  | X |  |
| Sally Mann | RN, Mental Health | Cauc | 1114043973 | 201228 |  | ENG | X | X | X |  |  |  | X |
| Joe McInerney | LMFT, MH Clinician III | Cauc | 1821141052 | LMFT3864 7 | LGBTQ | ENG | X | X | X | X |  | X |  |
| Kelley Clair Montes | LMFT, MH Clinician | Cauc/ Hispa nic | 1073758991 | AMFT1078 81 |  | ENG | X | X | X | X |  | X |  |
| Justin  Henderson | Case Mgr. I | Cauc | 1649773037 |  |  | ENG |  | X | X | Rehab |  | Rehab |  |
| Linda Kroner | Case Mgr. II | Cauc | 1649773037 |  |  | ENG |  |  | X | Rehab |  | Rehab |  |
|  | **AODS** | | | | | | | | | | | | |
| Sherry  Chandler | Substance Abuse  Spclst III | Cauc | 1215172416 | C7321214 |  | ENG |  | X | X |  |  | X |  |
| Yoni Desmond | Cert. Prevention Spclst-SAS II | Cauc | 1427395953 | C03391071 5 |  | ENG | X | X |  |  |  | Preve  nt |  |
| Eko Myers | Substance Abuse Spclst I | Cauc | 1043683519 | CI2122118 |  | ENG |  |  | X |  |  | X |  |
|  | **PEER PROVIDERS** – **MHSA** | | | | | | | | | | | | |
| Hope Riley | Peer Specialist | Cauc | 1225526643 |  |  | ENG |  | X | X |  |  |  |  |
| Vanessa  Schlegel | Peer Specialist | Cauc | 1962891193 |  |  | ENG |  | X | X |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**“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 Plans’s provider directory.”**

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Toll Free Crisis Line (888) 624-5820 / Website:[**www.remivistainc.org**](http://www.remivistainc.org)

Facilities are Americans with Disabilities Act (ADA) Compliant

***+ Addresses for Remi Vista providers are the TCBHS Weaverville office, or at: 3191 Churn Creek Road, Redding   
+ All providers can take new clients and see Medi-Cal Beneficiaries***

**Individual Provider List – 2 0 1 9**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **PROVIDER INFORMATION** | | | | | **SPECIAL POPULATIONS !  CULTURES** | | | **SERVICES** | | | |
| **Name** | **Title** | **Ethn** | **NPI** | **CA**  **LICENSE** | **Ethnic, Racial  & Culture-  specific  Specialties** | **Lang** | **Children** | **Adolescent ! TAY** | **Adults !  Older  Adult** | **Ind  Ther** | **Therapeutic  Behavioral  Services  (TBS)** | **Group** | **Meds** |
|  |  |  | | | | | | | | | | | |
| **Clinical Director** Stephanie Holmes | LCSW |  | 1144366055 | 24316 |  | Eng |  |  |  |  |  |  |  |
| **Program Manager** Suzette Roberts | MFT | Cauc | 1831236025 | MFC47555 |  | Eng | X | X |  | X | X |  |  |
| Bruce Campbell | MFT | Cauc | 1588727374 | MFC42805 |  | Eng | X | X |  | X | X |  |  |
| Rose Garrett | ASW | Cauc | 1366798878 | ASW62371 |  | Eng | X | X |  |  |  |  |  |
| **MHRS**  **Coordinator** Joanna Barney | BIS | Cauc | 1831236025 |  |  | Eng | X | X |  | Rehab | X | Rehab |  |
| Liz Carney | BIS | Cauc | 1101477987 |  |  | Eng | X | X |  | Rehab | X | Rehab |  |
| Jennifer Keller | MHRS | Cauc | 1578098034 |  |  | Eng | X | X |  | Rehab | X | Rehab |  |
| Travis Lyon | BIS | Cauc | 1699136911 |  |  | Eng | X | X |  | Rehab | X | Rehab |  |
| Natasha Posey | BIS | Cauc | 1780191882 |  |  | Eng | X | X |  | Rehab | X | Rehab |  |