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** |
| MarkArmerding, 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 |   |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 AbuseSpclst 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)

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***+ 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   | **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 |   |