

# Provider Bulletin

A quarterly publication for providers. | March 2026



## Helping members navigate changes to Medi-Cal

January marked the start of several Medi-Cal changes that will continue rolling out over the next few years. While most members will not see immediate impacts, updates in January included:

- An enrollment freeze for new members with unsatisfactory immigration status (UIS).
- Asset limits for some individuals – up to \$130,000 for one person and \$65,000 for each additional family member.
- The elimination of dental coverage for members with UIS ages 19 and older who are not pregnant. Emergency dental care will still be covered for everyone, no matter their immigration status. Pregnant people with UIS will continue to receive full dental benefits up to one year after the pregnancy ends.

We recognize these shifts may cause confusion and uncertainty for members. The Alliance is committed to preparing them for these changes and ensuring that they maintain access to care. A cross-collaborative team is implementing a range of outreach strategies, including:

- Texting members who are up for redetermination to remind them to return paperwork on time and ensure that their mailing address on file is current.
- Equipping trusted organizations to help members understand these changes.
- Sponsoring media campaigns on how to maintain coverage.
- Creating multichannel resources that reinforce the importance of timely renewal.

### Alliance Board Meetings

**Wednesday, March 25**

3 p.m. to 5 p.m.

**Wednesday, April 22**

3 p.m. to 5 p.m.

**Wednesday, May 27**

3 p.m. to 5 p.m.

### Whole Child Model Clinical Advisory Committee Meetings

**Thursday, April 16**

Noon to 1 p.m.

### Physicians Advisory Group Meetings

**Thursday, June 4**

Noon to 1:30 p.m.

We've created a Provider Tool Kit with resources to help you assist members. Access it at [www.thealliance.health/redetermination-tool-kit](http://www.thealliance.health/redetermination-tool-kit).

Thank you for your ongoing partnership and your commitment to our communities.



*Michael Schrader*

Michael Schrader, CEO



## The Alliance celebrates 30 years

**This year, the Alliance celebrates 30 years serving our local communities.** Thank you for making our work possible through a shared commitment to healthy people, healthy communities.

We started serving Santa Cruz County in 1996. Over the years, we've expanded to include Mariposa, Merced, Monterey and San Benito counties. We now serve over **434,000 members** with a network of over **14,000 contracted providers**. In 2025, we earned full Health Plan and Health Equity Accreditation from the National Committee for Quality Assurance.

We've been proud to be a trusted ally for our members across three decades, striving to understand our communities' unique needs and offer compassionate and culturally appropriate care for all stages of life and health conditions. **This work would not be possible without strong partnerships with our providers!**

We know that our members' needs go beyond health care. Thanks to the power of community-based collaboration, we've been able to address social determinants of health and meet members where they're at through efforts like:

- Investing \$235 million into our service areas since 2015 through the Medi-Cal Capacity Grant Program. These grants have helped build permanent supportive housing and health care facilities, develop the health care workforce, and strengthen the capacity of community-based organizations to influence health and wellness for Medi-Cal members.
- Conducting multilingual outreach at local events with our Your Health Matters team (last year, we participated in over 150 events!).

We have risen to meet the needs presented by an ever-changing health care landscape, from

adapting to the challenges of the COVID-19 pandemic to maximizing member retention amid upcoming changes to Medicaid.

Innovation-driven initiatives in recent years have included:

- Enhanced Care Management and Community Supports.
- Community health worker and doula benefits.
- Bringing our behavioral health care services in-house for a more seamless member experience.
- Launching our TotalCare (HMO D-SNP) plan.

There is still so much work left to do in our communities. We remain committed to our mission to provide accessible, quality health care and look forward to continuing this important work together for years to come!

# Welcome, new providers!

## Merced County Primary care

- **Jivitesh Gaurav, MD,** Internal Medicine

## Monterey County Primary care

- **Victor Carrasco, MD,** Family Medicine
- **Charles Gaccione, DO,** Family Medicine
- **Vivian Garcia, MD,** Family Medicine
- **Harry Jang, MD,** Internal Medicine
- **Stephanie Morales, MD,** Family Medicine
- **Rachel Quinn, MD,** Family Medicine
- **Kayla Rasmussen, MD,** Family Medicine
- **Stephanie Seasley, MD,** Family Medicine
- **Ariel Wagner, MD,** Family Medicine

## Referral physician/ specialist

- **Faisal Amin, MD,** Internal Medicine
- **Lee Au, MD,** Surgery
- **Taylor Burch Barnikel, MD,** Family Medicine
- **Richard Berkowitz, MD,** Diagnostic Radiology
- **Alexander Besser, DO,** Neurology
- **Gregory Caputy, MD,** Plastic and Reconstructive Surgery
- **Vincent Covelli, DO,** Infectious Disease
- **Ilja Dejanovic, MD,** Cardiovascular Disease
- **Winnie Feng, DO,** Surgery
- **Natalie Fredricks, MD,** Obstetrics and Gynecology
- **Artineh Hayrapetian, MD,** Diagnostic Radiology
- **Luana Hossain, MD,** Obstetrics and Gynecology
- **Mohamed Kadry-Hassanein, MD,** Internal Medicine
- **Andrew Kelada, MD,** Pulmonary Disease

- **Meghan Kubala, MD,** Surgery
- **Iosif Lelesidis, MD,** Clinical Cardiac Electrophysiology
- **Sharon McBeth, MD,** Emergency Medicine
- **Ujjala Moolani, MD,** Nephrology
- **Manas Rane, MD,** Internal Medicine
- **Hayden Schultz, MD,** Surgery
- **Sienna Titen, MD,** Obstetrics and Gynecology

## Santa Cruz County Primary care

- **Karissa Leclair-Cortez, MD,** Family Medicine
- **Mi Hwa Yoo, MD,** Pediatrics

## Referral physician/ specialist

- **Paul Kim, MD,** Orthopedic Surgery
- **Chim Yang, DO,** Otolaryngology

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## Tell us about your upcoming events!

Did you know that the Alliance attends outreach events to provide our members with information about Medi-Cal updates and member benefits?

Community events are a great way to connect with our members and provide them with information on their health plan. If you plan to host an event and would like to have the Alliance there, let us know!

- **Mariposa and Merced County events:** Email Maria Colomer, Community Engagement Program Coordinator, at [mcolomer@thealliance.health](mailto:mcolomer@thealliance.health).
- **Monterey and San Benito County events:** Email Clarisa Gutierrez, Community Engagement Program Coordinator, at [cgutierrez@thealliance.health](mailto:cgutierrez@thealliance.health).
- **Santa Cruz County events:** Email Ulises Cisneros-Abrego, Community Engagement Specialist, at [ucisneros@thealliance.health](mailto:ucisneros@thealliance.health).

We also participate in pop-up tabling opportunities so we can connect with members in the areas they frequent. To see if a pop-up tabling opportunity may be the right fit for your office, email Gabriela Chavez, Community Engagement Manager, at [gchavez@thealliance.health](mailto:gchavez@thealliance.health).

MAY IS MATERNAL MENTAL HEALTH AWARENESS MONTH

# Perinatal mental health screening: A lifesaving standard of care for providers

Perinatal mental health conditions are among the leading causes of maternal morbidity, contributing to 22% of maternal deaths in the U.S. According to the American Medical Association, 1 out of 5 mothers experiences a mental health condition, yet 75% receive no care.

Communities including American Indian and Alaska Native, Asian American and Pacific Islander, Black and African American, and Hispanic and Latino populations face structural racism and barriers to culturally appropriate services, making disparities in care and treatment access even more pronounced.

## Why screening matters

Early identification through standardized screening and timely referral can save lives. Providers are uniquely positioned to normalize mental health and substance use conversations through an open and non-stigmatizing approach.

Providers can screen for anxiety and depression, which are more common, but birthing individuals may also experience other conditions, such as obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, postpartum psychosis, substance use or suicidal symptoms. Of those that have or develop mental health conditions, 27% enter pregnancy with anxiety or depression, 33% develop symptoms during pregnancy and 40% develop symptoms following childbirth.

## Best practices for providers

- Adopt a nonjudgmental, compassionate approach to minimize stigma, build trust and ensure prompt identification.
  - Screen at least once during pregnancy and within six weeks postpartum. Complete additional screenings as clinically indicated, per AB 1936. Visit [www.thealliance.health/AB1936](http://www.thealliance.health/AB1936) to learn more.
- Use validated screening tools for the perinatal population.
  - Visit [www.thealliance.health/perinatal-mental-health-screening](http://www.thealliance.health/perinatal-mental-health-screening).



- Act promptly on positive screens by giving immediate referrals.
  - Visit [www.thealliance.health/behavioral-health-referral-form](http://www.thealliance.health/behavioral-health-referral-form) or call the Alliance Care Management line at **800-700-3874, ext. 5512**.
- Establish referral pathways and collaborate with mental health professionals.
- Document screenings and follow-ups.
- Learn more from the Maternal Mental Health Leadership Alliance at [www.thealliance.health/maternal-mental-health-factsheet](http://www.thealliance.health/maternal-mental-health-factsheet).

## Connect members to support

Providers can refer members to the following resources for additional support:



» **Impact:** Providers can play a lifesaving role by prioritizing perinatal mental health. Doing so can help reduce maternal mortality and improve outcomes for birthing individuals and their families.

- Member Services. Call **800-700-3874** or visit the Provider Directory at **[www.thealliance.health/provider-directory](http://www.thealliance.health/provider-directory)** to locate a behavioral health provider.
- 988 Suicide and Crisis Lifeline. Visit **[www.988lifeline.org](http://www.988lifeline.org)** or dial **988**.
- National Maternal Mental Health Hotline. Visit **[www.thealliance.health/maternal-mental-health-hotline](http://www.thealliance.health/maternal-mental-health-hotline)** or call **833-TLC-MAMA (833-852-6262)**.
- Postpartum Support International. Visit **[www.postpartum.net](http://www.postpartum.net)** or text **HELP** to **800-944-4773**.

## Population Health Needs Assessment

The Alliance conducts an annual comprehensive Health Education and Cultural and Linguistic Population Health Needs Assessment (PNA) that focuses on:

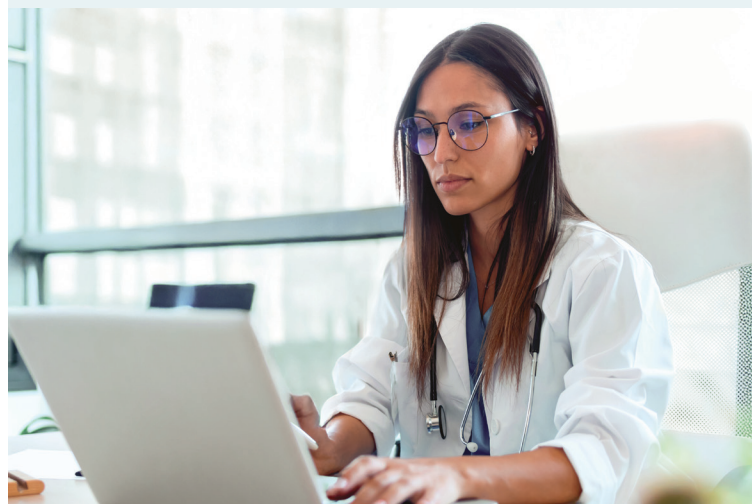
- Health disparities.
- Member health status and behaviors.
- Member health education and cultural and linguistic needs.

The PNA helps us identify gaps in services. The data collected from the assessment is used to update the Alliance’s population health management activities and resources to address member needs. The Alliance also uses the PNA to guide activities that address health care disparities. The primary goals of the assessment are to improve health outcomes and meet the needs of Medi-Cal members.

The PNA also focuses on the unique needs of:

- Seniors and persons with disabilities.
- Members who have children with special health care needs.
- Members with limited English proficiency.
- Members from diverse cultural and ethnic backgrounds.

Providers can access a copy of the most recent PNA on our Cultural and Linguistic Services webpage at **[www.thealliance.health/cultural-and-linguistic-services](http://www.thealliance.health/cultural-and-linguistic-services)**. If you have questions about the PNA, please call the Alliance Health Education Line at **800-700-3874, ext. 5580**.



## The importance of screening for ACEs

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood that can affect individuals for years and impact lifelong health. Providers should administer ACEs screenings and refer members for treatment as needed. Providers can earn \$29 per ACEs screening of patients.

### Health consequences of ACEs

ACEs are linked to increased risk of chronic health conditions like mental illness, asthma, diabetes and heart disease.

### Screening tools and required trainings

Age-appropriate screening tools are available at [www.thealliance.health/screening-tools](http://www.thealliance.health/screening-tools).

Screening frequencies:

- Children from birth through age 20 should be screened annually.
- Adults ages 21 and older should be screened once in a lifetime.

Early childhood screenings can be completed by the parent or caregiver.

Providers must take the Becoming ACEs Aware in California training and complete the attestation form to get reimbursed. Complete the training at [www.thealliance.health/aces-training](http://www.thealliance.health/aces-training).

### Required billing codes

HCPCS code	Description	Reimbursement
G9919	Score four or greater (high risk), results are positive.	\$29
G9920	Score from zero to three (low risk), results are negative.	\$29







Federally qualified health centers are eligible for payment but will need to bill using the appropriate code on a separate claim.



## Health education and disease management programs

Providers can refer members who would like additional support in managing their health to the Alliance’s health education and disease management programs.

The following Alliance programs support members in their journey to health and wellness:

-  **Healthy Moms and Healthy Babies:** for members who are pregnant or recently had a baby.
-  **Healthier Living Program:** for adult members living with a chronic condition(s).
-  **Live Better with Diabetes:** for adult members diagnosed with diabetes or prediabetes.
-  **Adult Weight Management:** for adult members who are interested in reaching a healthy weight.
-  **Healthy Weight for Life:** for parents of pediatric members between the ages of 2 and 18 who are interested in learning how to help their child eat healthy and be more active.
-  **Tobacco Cessation Support Program:** for adult members who want to stop smoking and/or using tobacco products.

To refer a member to any of the Alliance programs, please use the Health Programs Referral Form located on the Alliance website at [www.thealliance.health/health-programs-referral-form](http://www.thealliance.health/health-programs-referral-form).

# Best practices: Prevent and screen for colorectal cancer

March is Colorectal Cancer Awareness Month. According to the American Cancer Society, colorectal cancer is the third most common cancer found in men and women in the U.S. The good news is that it is highly preventable with screening.

Alliance members can get screened for colorectal cancer at no cost to them. Here are ways to help support patients to prevent and screen for colorectal cancer.

## Emphasize modifiable lifestyle risk factors

The American Cancer Society shares a few ways that patients can lower their risk of colorectal cancer:

- Maintain a healthy body weight.
- Participate in regular, moderate to vigorous physical activity.
- Eat well. Overall, diets high in vegetables, fruits and whole grains and low in red and processed meats probably lower colorectal cancer risk. Many studies have found a link between red or processed meats and increased colorectal cancer risk.
- Limit alcohol intake. It's recommended to have no more than one drink per day for women or two drinks per day for men. Several studies found a higher risk of colorectal cancer with increased alcohol intake.
- Quit smoking. Long-term smoking is linked to an increased risk of colorectal cancer.



**Tip:** There is a report in the Alliance Provider Portal ([www.thealliance.health/provider-portal](http://www.thealliance.health/provider-portal)) that helps practices identify and reach patients due for colorectal cancer screening.

## Talk to patients about their preferences

A 2025 literature review in the Journal of the American Board of Family Medicine surfaced four themes about shared decision-making in colorectal cancer screenings:

- Patients appreciate knowing details about each test.
- Patients value screening recommendations from a trusted clinician.
- It is important to acknowledge patients' emotions around screening.

- External factors such as culture, family and socioeconomic status can influence screening decisions.

## Remove structural barriers for screenings

This can look like:

- Extending clinic hours.
- Providing stool tests outside of traditional medical visits.
- Connecting patients with transportation for their appointment. Alliance members may be able to get transportation services at no cost to them.

**As part of our Care-Based Incentive Program, providers can earn financial incentives for the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer. Learn more at [www.thealliance.health/crcscreening](http://www.thealliance.health/crcscreening).**



## Know the difference between ECM and CICM

Enhanced Care Management (ECM) and California Integrated Care Management (CICM) are two care management approaches under CalAIM. Understanding which program applies to a given patient ensures proper referral and coordination and avoids duplicating services.

### ECM program

ECM is a Medi-Cal benefit designed for individuals with the most complex medical, behavioral and social needs.

Under ECM, eligible members are assigned a single care manager who coordinates a comprehensive, whole-person care plan, which includes:

- Physical and behavioral health.
- Long-term services and supports.

- Oral care.
- Social needs.

This care is primarily delivered through in-person, community-based services. Learn more at [www.thealliance.health/ecm-cs-provider-information](http://www.thealliance.health/ecm-cs-provider-information).

### CICM program

CICM is for members of dual-eligible plans (D-SNPs) within Medi-Cal managed care. It's the program under which D-SNP beneficiaries receive integrated care coordination, especially when ECM would otherwise apply.

In practice, CICM effectively replaces ECM-like care management for D-SNP members, helping avoid parallel care management efforts. Learn more at [www.thealliance.health/cicm-providers](http://www.thealliance.health/cicm-providers).

## The Alliance offers no-cost language assistance services

The Alliance is committed to ensuring that our members have access to culturally and linguistically appropriate care. We offer a variety of language assistance services that our provider network can utilize, including the following.

### Telephonic interpreting services

Alliance providers may directly access a qualified telephonic interpreter 24 hours a day, 7 days a week. Please see our quick reference guide for instructions on how to utilize this service at [www.thealliance.health/interpreter-services-provider-quick-reference-guide](http://www.thealliance.health/interpreter-services-provider-quick-reference-guide).

### Face-to-face and virtual remote interpreting services

Providers may request an interpreter for a member's appointment by submitting a request form by fax to **831-430-5850**. The form is available on our website at [www.thealliance.health/interpreter-request-form](http://www.thealliance.health/interpreter-request-form). Prior approval is required.

### Interpreter services for hearing-impaired members

Providers may also use the Hearing or Speech Assistance Line at **800-735-2922** (English) or **800-855-3000** (Spanish) to communicate with a hearing-impaired member via phone.

### Training and support available

Providers may request training support with language assistance services. Call the Health Education Line at **800-700-3874, ext. 5580**, or email [listcl@thealliance.health](mailto:listcl@thealliance.health) for additional information.

Using an untrained interpreter may result in miscommunication of medical information, compromising quality of care. For this reason, the Alliance discourages providers from using family members or any unqualified personnel as interpreters.



## Risk adjustment improves quality of care for members

### What is risk adjustment?

Risk adjustment is a reimbursement model that funds health plans based on patient health risks.

The Centers for Medicare & Medicaid Services (CMS) created this payment model to ensure that patients with complex health conditions have equitable access to necessary resources and care. The model:

- Identifies patient needs based on their risk profiles, helping providers to develop care plans.
- Assigns each enrollee a risk score based on their health status and other factors. A higher risk score indicates a higher likelihood of needing more health care services.
- Uses certain ICD-10 diagnosis codes reported by clinicians to calculate risk-adjusted reimbursements.

### How do providers support risk adjustment?

Providers can support risk adjustment by identifying and addressing risk-related care gaps and documenting them accurately in each patient's medical record. This way, an Alliance member's health status is correctly documented.

### Incentives for providers

The Alliance Risk Adjustment Coding & Documentation Accuracy Incentive Program is designed to support providers with addressing chronic conditions and improving health care outcomes for Alliance members. The program

helps ensure patients are scheduled annually for a comprehensive visit and supports providers with managing chronic health conditions.

Visit [www.thealliance.health/risk-adjustment-incentive](http://www.thealliance.health/risk-adjustment-incentive) to learn more about the program. We also have trainings and webinars about the program available for your review at [www.thealliance.health/risk-adjustment-101](http://www.thealliance.health/risk-adjustment-101).

### Introducing Cozeva: Point-of-care solutions for better patient outcomes

The Alliance has selected Cozeva as its point-of-care solution system to help share information with CMS and support risk adjustment. The Alliance is in the process of working with a subset of providers to implement Cozeva.

For all other providers, if you have questions about Cozeva implementation or want to know more about this program, please reach out to your designated Provider Relations Representative.

### What does Cozeva do?

With Cozeva, providers can involve patients in their care through better communication about health risks and personalized care strategies. This system helps providers deliver high-quality care by displaying potential conditions a patient may have. To learn more about Cozeva, visit [www.thealliance.health/risk-adjustment](http://www.thealliance.health/risk-adjustment).



## Concurrent use of opioids with other CNS depressants: Safe prescribing considerations

Prescribing opioids concurrently with other central nervous system (CNS) depressants significantly increases risk of overdose and respiratory depression. The U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) caution against combining opioids with benzodiazepines, sedative hypnotics or antipsychotics because their addictive, depressant effects can be dangerous, particularly in patients with comorbid psychiatric or chronic pain conditions.

### Antipsychotics

FDA issued a boxed warning for co-prescription of antipsychotics with opioids. Patients with severe mental illness are approximately 2.5 times more likely to receive opioids for chronic pain, making targeted risk mitigation for this population especially important.

A study using data from 2004 to 2017 found that concurrent use of any antipsychotic with opioids nearly doubled the risk of overdose versus using

opioids alone. Sedating antipsychotics increased overdose risk almost threefold. Nonsedating antipsychotics increased it by 71%. Although this was an observational study only, it highlights clinically meaningful risk differentials that should inform prescribing decisions.<sup>1</sup>

### Benzodiazepines

Benzodiazepines are frequently prescribed alongside opioids. One study found this combination in about 80% of patients on opioid therapy. A 2016 cohort study showed patients taking both opioids and benzodiazepines had nearly 10 times the risk of death from overdose compared to those using opioids alone. This underscores how strongly these medications can compound respiratory depressant effects.<sup>2</sup>

### Z-drugs

Z-drugs are often used for insomnia. A cohort analysis found that co-use of opioids with Z-drugs resulted in nearly a fourfold increased overdose risk



## Medi-Cal Rx drug utilization review (DUR) articles

Please review the following Medi-Cal Rx DUR articles published since January 2025:

1. Mail-Back Envelopes for Opioids Now Available.
2. Xylazine in Illicit Drugs Increases Dangers Associated With Overdose.
3. Menopausal Hormone Therapy for Bothersome Vasomotor Symptoms.
4. Pharmacists Furnishing of Nicotine Replacement Therapy Products.
5. Measles Vaccination Prevents Outbreaks, Protects Californians.
6. 2024 Immunization Update: COVID-19, Influenza, RSV, Pneumococcal, Polio, Meningococcal, Hib, HepB and Mpox.

These resources are linked on the Alliance’s Additional Pharmacy Information webpage. Visit [www.thealliance.health/pharmacydur](http://www.thealliance.health/pharmacydur).



## Alliance’s physician-administered drugs list and procedures

The Alliance’s physician-administered drug list, restrictions, prior authorization criteria, policies and their updates are available in the Pharmacy area of our website at [www.thealliance.health/pad](http://www.thealliance.health/pad). If you would like to request physical copies, please call the Pharmacy Department at **831-430-5507**.

before adjustment and more than double the risk after adjustment, demonstrating that even non-benzodiazepine sedatives raise safety concerns when combined with opioids.<sup>3</sup>

### Clinical recommendations

- Co-prescribe naloxone. Educate patients and caregivers on overdose response.
- Reserve concurrent prescribing of opioids with antipsychotics, benzodiazepines or sedatives for cases where alternatives are inadequate.
- Implement tapering strategies where feasible to reduce polypharmacy.
- Use nonpharmacologic therapies such as CBT-I and behavioral pain management.

<sup>1</sup>Szmulewicz AG, Bateman BT, Levin R, Huybrechts KF. “Risk of Overdose Associated With Co-prescription of Antipsychotics and Opioids: A Population-Based Cohort Study.” *Schizophr Bull.* 2022;48(2):405-413.

<sup>2</sup>Dasgupta N, Funk MJ, Proescholdbell S, Hirsch A, Ribisl KM, Marshall S. “Cohort Study of the Impact of High-Dose Opioid Analgesics on Overdose Mortality.” *Pain Med.* 2016;17(1):85-98.

<sup>3</sup>Szmulewicz AG, et al. “The Risk of Overdose With Concomitant Use of Z-Drugs and Prescription Opioids: A Population-Based Cohort Study.” *Am J Psychiatry.* 2021;178(7):643–650.

## Important phone numbers

Provider Services . . . . .	<b>831-430-5504</b>
Claims. . . . .	<b>831-430-5503</b>
Authorizations . . . . .	<b>831-430-5506</b>
Status (non-pharmacy) . . . . .	<b>831-430-5511</b>
Member Services. . . . .	<b>831-430-5505</b>
Web and EDI . . . . .	<b>831-430-5510</b>
Cultural & Linguistic Services. . . . .	<b>831-430-5580</b>
Health Education Line. . . . .	<b>831-430-5580</b>

Partnering with local doctors and specialists to ensure that Alliance members get access to the right care, at the right time.



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# Welcome, new providers!

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## Merced County

### Behavioral health

- **Mary Bartels, MD**, Psychiatry
- **Gillian Gong, BCBA**
- **Dominic Gonzalez-Ramos, BCBA**
- **Jordan Ingersoll, BCBA**
- **Sharon Jones, LMFT**
- **Eva Lomeli, LCSW**
- **Alexis Lopez, BCBA**
- **Joseph Vallejos, BCBA**
- **Susan Vang, LCSW**
- **Veronica Watson, LMFT**
- **Kerstyn Wilson, BCBA**
- **Jillian Yelinek, BCBA**

## Monterey County

### Behavioral health

- **Rachel Angeley, BCBA**
- **Alexis Arias, BCBA**
- **Vagik Babakhanian, BCBA**
- **Stephanie Bouc, PhD**
- **Anjanette Brannon, LMFT**
- **Helen Bryant, LCSW**
- **Courtney Ford, BCBA**
- **Genesis Gomez, BCBA**

- **Ofelia Gonzalez-Gomez, LCSW**
- **Lauren Grawert, MD, Psychiatry**
- **Segen Isaac, BCBA**
- **Jennifer Lewis, LCSW**
- **Karina Madrigal, BCBA**
- **Rosa Sanchez Martinez, BCBA**
- **Chinh Nguyen, LCSW**
- **Lorraine Romano, BCBA**
- **Cristal Santana, LMFT**
- **Jessica Spells, BCBA**
- **Selia Torres, BCBA**
- **Lizeth Toscano, LCSW**
- **Martha Tovar, LMFT**
- **Stephen Watson, BCBA**

## Santa Cruz County

### Behavioral health

- **Robert Bartee, PhD, Psychology**
- **Mary Cahill, LMFT**
- **Craig Clark, LMFT**
- **Daniel Dailey, LMFT**
- **Kelley Herrin, LMFT**
- **Barbara Oberg, LMFT**
- **Erica Prindle, LCSW**

## New ECM/CS providers

- **CommuniT.** ECM/CS housing services, respite services, personal care and homemaker services. All counties.
- **Court-Appointed Special Advocates of San Benito (CASA).** ECM. San Benito County.
- **Esteem Health.** ECM. Monterey County.
- **Fresh Start Recovery Homes.** CS recuperative care, short-term post-hospitalization services. Mariposa and Merced counties.
- **Loving Solutions.** ECM. Merced, Monterey and San Benito counties.

## Holiday office closures

- **Monday, May 25** (Memorial Day)
- **Friday, June 19** (Juneteenth)