CA-515 General Board Meeting

July 8, 2026 | 11:45 am – 1:00 pm

Meeting Location In-Person: Placer Public Health Government Building
11434 B Avenue, Auburn, CA 95603 Jeff Brown Rooms 1 and 2
Zoom link: https://us02web.zoom.us/j/85718939253

Board Members:
Suzanne Acrell (Co-chair), Rolande Tellier (Co-chair), Louise Arquilla, Amy Ellis, Rob Oldham, Elizabeth Sorg, Nichole Mulford, Vanessa Aguilera, Beth Gonzales

Agenda Items

1. 11:45 **Call to Order / Roll Call / Welcome Introduction** - Chairperson
2. 11:48 **Approval of Agenda** - Chairperson (Review proposed Agenda. Make revisions/additions, as necessary.)
3. 11:51 **Approval of Meeting Minutes** - Chairperson
4. 11:54 **Placer County's Newest PSH** - 3:00 min Video
5. 11:57 **Public Comment** (Please limit comments to the board to 2 minutes per person)
6. 12:07 **HHAP 6 RFP Update** - Isaiah Rich-Wimmer
7. 12:13 **2026 CoC Competition Update** - Scott Thurmond
8. 12:20 **HMIS New Features** - Tammy Gregerson
9. 12:30 **Aegis/Pinnacle Tribal Initiatives** - Kami Naylor
10. 12:40 **Operations Manager Report** - Kasia Elijah
11. 12:45 **Executive Director Update** - Blanca Castro
12. 12:55 **LoGAC/Jurisdictional Updates -** Roundtable
13. 1:00 **Adjourn Meeting**

Next Meeting: August 12, 2026 (Zoom)

CA-515: Roseville/Rocklin/Placer County CoC
Meeting Location: Video Conference via Zoom
June 10, 2026 | 11:45 a.m.–1:00 p.m.
Meeting Minutes

Welcome and Introductions	Suzanne Acrell called the meeting to order at 11:45 a.m. HRCS Board & Staff: Suzanne Acrell, Rolande Tellier, Louise Arquilla, Dr. Rob Oldham, Elizabeth Sorg, Vanessa Aguilera, Beth Gonzales, Nichole Mulford (joined late), Kasia Elijah, Breana Herndon, Blanca Castro. Absent: Amy Ellis. Additional Attendees: Christina Nicholson (Whole Person Learning), Tammy Gregerson (Connecting Point, HMIS Administrator), Trisha Isom (Roseville Housing Authority), Jamie Gallagher (Placer County), Jennifer Price, Tahirih Kraft (UWCCR), Eric Boswell (Client Services Counselor), Stacy Renegar, Judi Moore, Allison Sikorowski, Donavon Hazen, Jenni G, Anna Acosta (Partnership), Teresa Sundstrom, Megan, Jen Buer, Kyleen Headrick (Placer Co.), Raul Martinez (Placer HHS) joined late. Thurmond Consulting: Scott Thurmond, Isaiah Rich-Wimmer, Pam Bedi, Janet Holm.
Approval of Agenda	A motion was made to approve the agenda. Motion: Rolande Tellier Second: Louise Arquilla *The motion passed.*

	Abstentions: none.
Approval of Meeting Minutes	A motion was made to approve the May meeting minutes. Motion: Rolande Tellier Second: Vanessa Aguilera *The motion passed.* Abstentions: Elizabeth Sorg
Public Comment	● Beth Gonzales spoke: Placer People of Faith Together calls for the creation of a shelter for at least 50 people in South Placer to address the needs of the homeless population. ● Christina Nicholson shared the John Burton Advocates for Youth Policy Update: New Data Show Unsheltered Youth Homelessness Cut in Half Since 2020 in California. The U.S. Department of Housing and Urban Development (HUD) just released new homeless Point-in-Time (PIT) Count data for 2025, showing California has cut unsheltered homelessness among youth up to age 24 by more than half (52%) since 2020, from 9,805 to 4,701. Overall youth homelessness declined 34%, from 13,299 in 2020 to 8,829 in 2025. This data includes unaccompanied youth as well as parenting youth. ● Jennifer Price highlighted resources for ages 18–24. Sierra College was noted for building dorms with permanently endowed beds for at-risk/homeless youth.

	● Louise Arquilla clarified that living in cars counts as literal homelessness. The McKinney-Vento Act includes couch surfing, but the HEARTH (Homeless Emergency Assistance and Rapid Transition Housing) Act's literal homelessness definition does not.
HHAP 6 RFP Process/Trailer Bill Language	Isaiah Rich-Wimmer presented: ● The HHAP 6 RFP has been released to the community and will be added to the HRCS website. ● Minor edits are needed: correcting a Nevada County reference and adding the scoring matrix as an addendum. ● Rolande noted that emergency shelter was the second priority in the survey results but wasn't clearly reflected in the RFP. ● Blanca and Isaiah agreed to update the RFP accordingly. ● A mandatory webinar is scheduled for June 17 (11 a.m. for CA-515 Placer and 1 p.m. for CA-531 Nevada sessions). ● Multi-county organizations are encouraged to attend both. ● A statement of noncompliance for AB 977 was issued by HCD; Placer County's issue relates to HMIS data entry, being addressed internally. HHAP 7 Preview Scott Thurmond presented: ● HHAP 7 is being contemplated with approximately half a million dollars set aside, lower than standard HHAP amounts, with legislative negotiations potentially increasing it.

	● Major focus areas include accountability, regional cooperation, system performance measures, and HMIS participation. ● Eligible uses include homeless prevention, but the emphasis is likely to be on shelter and permanent housing to meet state metrics. ● Lower-performing jurisdictions risk funding reallocation to other CoCs. ● Organizations receiving HHAP 7 funding with existing HMIS projects should notify Tammy so the project can be coded correctly for state visibility.
2026 HUD NOFO	Scott Thurmond provided the report: ● Historically, 90% of funds were renewed with existing projects; this is shifting to only 60% renewed, creating more competition. ● New programs will likely need to focus on Transitional Housing and Supportive Services only, rather than Permanent Supportive Housing. ● Organizations interested in applying should: ○ Register with SAM.gov and keep registration current. ○ Register via e-snaps. ○ Attend the webinar this Friday (June 12) for basics and general info, with a second webinar to follow for deeper preparation.

System Performance Measures (SPM)	Tammy Gregerson gave the presentation: HUD reviews 6 measures; CoCs are compared to their own prior years, not to other CoCs. ● Length of Time Homeless: The number of people in emergency shelters and Transitional Housing has decreased over the last three years, but the length of time they remain homeless has stayed relatively the same. ● Returns to Homelessness: The percentage of people returning to homelessness within six months of being housed has decreased from 11% to 5%. ● Number of Homeless Persons: There was an unduplicated total of 635 individuals in emergency shelters or Transitional Housing, a 24% decrease from the previous reporting period. ● Employment and Income Growth: For CoC-funded programs, more people increased their income upon exiting than in previous years, though the total number of "leavers" remains small. ● First-Time Homelessness: The number of people experiencing homelessness for the first time decreased by over 30%. ● Successful Placements: Street Outreach saw a significant increase in successful placements into Temporary or Permanent Housing. Permanent Supportive Housing maintained a very high success rate for retention or move-on.

Executive Director Update	Blanca Castro provided the report: ● The Connecting Point contract is finalized, and Tammy is back. ● Monthly meetings are now in place with Connecting Point. ● The Thurmond contract is finalized through the end of the year. ● The community data for the point-in-time count is now posted on the website. ● All new Board members are listed on the website with their affiliations. ● The HHAP 6 RFP and HUD NOFO information will be added to the website soon. ● The website redesign has been moved to a later phase of the action plan due to competing priorities earlier in the year. ● Board packets and meeting materials will be uploaded to the website as soon as they are sent in, thanks to a better connection with the website firm. ● Blanca noted the full report is in the meeting packet and invited members to reach out with any questions or requests for additional detail.
Operations Manager Report	Kasia Elijah presented: ● Visiting two organizations in June, including the Elks Lodge in Auburn and planning a trip to the navigation center in Truckee. ● The TAY case conferencing group had its kickoff meeting at the end of May, focusing on 2026 goals, data cleanup, and policies. ● Built for Zero is expanding to cover veterans, TAY, and seniors.

	● The Barrier Buster Challenge flex funds started at approximately $59,000 and are now at approximately $44,000. ● Working with Tammy on bringing CoC committees back online and supporting internal Now/Next/Later committees. ● Data quality meetings with WellSky are ongoing; a cleanup effort kickoff meeting with Tammy is scheduled for next week. ● Plans to recognize providers improving data quality in CoC meetings.
Jurisdictional Updates	None.
Adjournment	The meeting adjourned at 1:00 p.m.

THURMOND CONSULTING COC NEWSLETTER

VOL. 3 ISSUE 7• JULY 2026

Update: What's the Word?

HHAP Round 6 Advances as California Prepares for HHAP Round 7

California continues to advance implementation of the Homeless Housing, Assistance and Prevention (HHAP) Program, with more than $724 million in HHAP Round 6 funding awarded to regional partnerships across the state. HHAP provides flexible funding to cities, counties, and Continuums of Care (CoCs) to support locally identified homelessness solutions. Recent Round 6 awards continue to emphasize regional collaboration, requiring local jurisdictions and CoCs to jointly develop funding strategies and coordinated action plans.

Looking ahead, California's enacted 2026–27 State Budget includes $500 million for HHAP Round 7, reaffirming the State's continued investment in flexible homelessness funding. Initial disbursements are expected to begin as early as September 1, 2026, for jurisdictions that meet statutory requirements, including progress in implementing HHAP Round 6. The budget also signals an increased emphasis on accountability, with future funding tied to measurable outcomes, regional coordination, housing production, and demonstrated progress in addressing homelessness.

Why This Matters to CoCs

- HHAP remains one of California's largest flexible funding sources supporting local homelessness response efforts.
- Regional collaboration between CoCs, counties, and cities continues to be a core expectation for accessing state funding.
- Future HHAP funding will place greater emphasis on accountability, performance measures, and demonstrated progress.
- CoCs should continue strengthening regional partnerships, tracking system performance, and aligning investments with state priorities to remain competitive for future funding opportunities.

SHOW ME THE MONEY

FEDERAL FUNDING

CONTINUUM OF CARE PROGRAM NOTICE OF FUNDING OPPORTUNITY

HUD has released the FY 2026 Continuum of Care (CoC) Competition and Youth Homelessness Demonstration Program (YHDP) Notice of Funding Opportunity (NOFO).

The competition makes federal funding available to support housing and services for individuals and families experiencing homelessness, including renewal and eligible new projects.

Communities should begin reviewing local competition timelines, project performance, and funding priorities to prepare for the FY 2026 application cycle

Applications are due to HUD by **August 26, 2026.**

TECHNICAL ASSISTANCE AND RESOURCES

PATH TA Marketplace

The PATH TA Marketplace offers specialized expertise enabling tailored project design to meet recipients' specific needs, focusing on domains such as Building Data Capacity, Community Support, and Engaging in CalAIM through Medi-Cal Managed Care.

AEGIS

A PINNACLE TREATMENT CENTER NETWORK

Aegis Treatment Centers

A Pinnacle Treatment Center Network

Medication Assisted Treatment

- Patients are prescribed a longer lasting opioid
- Medication assists with physical difficulties associated with opioid withdrawal
- Patients are provided Counseling/Behavioral Therapy

The goal is to reduce cravings and withdrawal symptoms while maintaining opioid tolerance. Maintaining tolerance reduces the risk of death in the event of return to illicit use.

Common Opioids:

Chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. (CDC)

- Hydrocodone
- Morphine
- Oxymorphone
- Oxycodone
- Codeine
- Heroin
- Fentanyl
- Hydromorphone

Methadone (MMT)

- Methadone has a stabilizing effect and tricks the brain into thinking it is still receiving the problem opioid without creating a euphoric effect.
- Reduces or eliminates withdrawal symptoms and cravings
- May be a better option for individuals with a long history of intravenous drug use

Buprenorphine (BTP)

- Partially stimulates the opioid receptors and tricks the brain into thinking it is still receiving the problem opioid without creating a euphoric effect.
- Since it’s a partial opiate receptor agonist, providing a built-in "ceiling" effect. Restricting how much the opioid receptors can be activated
- Reduces or eliminates withdrawal symptoms and cravings
- May be a better options for individuals with mild–moderate dependence

Withdrawal Symptoms

- Anxiety & Agitation
- Muscle aches
- Insomnia
- Sweating
- Abdominal cramping
- Diarrhea
- Nausea/vomiting
- Goosebumps
- Cold Sweats

Pregnancy & Treatment

- MAT is not harmful to a developing fetus
- MAT is the safest & most effective treatment for pregnant woman with an opioid dependency
- Detoxing or going "cold turkey" during pregnancy can increase the risk of miscarriages, fetal distress, and premature labor.
- MMT is **SAFE & ENCOURAGED** for breastfeeding mothers.

Goal is to minimize exposure of illicit substances to a fetus and facilitate a stable environment for a healthier development.

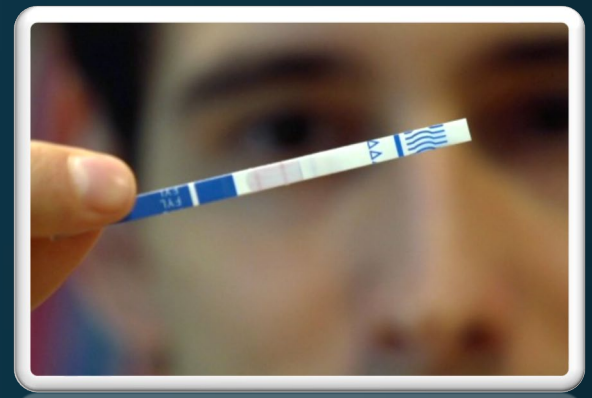
Admission Requirements & Process

- 18+ Years of age for treatment
- Evidence of a current or past opioid use disorder
- Individuals at risk for relapse with history of treatment
- Acknowledgement to regularly attend medication, and counseling sessions
- Acknowledgement that we conduct random monthly drug screening.

Care Coverage

- MEDICARE
- MEDI-CAL
- PRIVATE INSURANCE
- SELF-PAY (Sliding Scale)

State Opioid Response Grant



Goal is to reduce barriers to treatment

- Pays treatment for uninsured or under insured
- Allows treatment for individuals who are undocumented
- Facilitates transportation to our facility through gas cards
- Provides Naloxone, Fentanyl and Xylazine Test strips

Thank you!

SERVICES OVERVIEW

Aegis Treatment Centers is on a mission to make recovery possible by transforming lives, communities and the families we serve with treatment that works. In California, we provide outpatient treatment options to help our patients and their families reclaim their lives and future. Treatment is individualized based on a clinical assessment of each patient's needs.

About Medication-Assisted Treatment

Medication-assisted treatment (MAT) involves the prescription of a longer-acting opioid, such as methadone or buprenorphine, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

Methadone is the most successful medication for the treatment of opioid addiction. The National Institutes of Health confirms that methadone treatment effectively reduces illicit opioid drug use, reduces crime, enhances social productivity, and reduces the spread of viral diseases, such as AIDS and hepatitis.

Buprenorphine (Suboxone) reduces the cravings of addiction to opioids while reducing the discomfort of withdrawal symptoms. Our comprehensive Buprenorphine Program includes medical intervention and treatment for long-term opioid addiction.

Our Focus

We focus on delivering the best possible care by providing treatment that is professional and pleasant, never institutional. To make treatment as accessible as possible, we offer expanded treatment hours at many of our locations.

WE'RE HERE FOR YOU.

If you or someone you know is struggling with opioids or prescription pain killers, our proven, evidence-based treatment methods make a lasting recovery possible.

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Access. Care. Recovery.

Member: NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

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Overview-TF-0124-CA

WHERE THERE IS TREATMENT,
THERE IS HOPE.
CALIFORNIA PROGRAMS

YOU CAN CHANGE YOUR LIFE. **START TODAY.**
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OUR SERVICES

- Medication-assisted treatment with methadone or buprenorphine
- Individual, family and group counseling
- Caseload management
- Keys to Recovery (K2R) support group
- Coordination of medical care and crisis intervention
- Social work services
- Education regarding treatment programs
- Discharge planning and aftercare services
- Telehealth intakes
  (available for buprenorphine patients only)
- Tele-counseling sessions

We accept Medi-Cal, Medicare, Medicare Advantage, Kaiser, Anthem/Blue Cross, Blue Shield and most other health insurance plans, and offer reasonable self-pay rates.

YOU CAN CHANGE YOUR LIFE. **START TODAY.**
aegistreatmentcenters.com

CALIFORNIA LOCATIONS

Aegis Treatment Centers Atascadero
6500 Morro Rd., #D | Atascadero | CA | 93422 | P 805-461-5212

Aegis Treatment Centers Auburn
13630 Bowman Rd. | Auburn | CA | 95603 | P 530-271-9858

Aegis Treatment Centers Bakersfield 21st St
1018 21st St. | Bakersfield | CA | 93301 | P 661-861-9967

Aegis Treatment Centers Bakersfield Columbus St
501 W. Columbus St. | Bakersfield | CA | 93301 | P 661-328-0245

Aegis Treatment Centers Bakersfield Truxtun
6001 Truxtun Ave. | Suite 100 & 110 | Bakersfield | CA | 93309 | P 661-218-2108

Aegis Treatment Centers Banning
2781 West Ramsey St., Suites 3 & 4 | Banning | CA | 92220 | P 951-417-6612

Aegis Treatment Centers Barstow
222 East Main St., Suites 102 & 103 | Barstow | CA | 92311 | P 760-956-2462

Aegis Treatment Centers Ceres
1768 Mitchell Ave., Suite 301 | Ceres | CA | 95307 | P 209-353-4838

Aegis Treatment Centers Chico
590 Rio Lindo Ave. | Chico | CA | 95926 | P 530-345-3491

Aegis Treatment Centers Delano
1019 Jefferson St. | Delano | CA | 93215 | P 661-721-0463

Aegis Treatment Centers El Monte
11041 E. Valley Blvd. | El Monte | CA | 91731 | P 626-442-4177

Aegis Treatment Centers Eureka
2107 1st St. | Eureka | CA | 95501 | P 707-273-6395

Aegis Treatment Centers Fresno
3707 E. Shields Ave. | Fresno | CA | 93726 | P 559-229-9040

Aegis Treatment Centers Grass Valley
109 Margaret Lane | Grass Valley | CA | 95945 | P 530-863-8798

Aegis Treatment Centers Hesperia
11776 Mariposa Rd., # 103 | Hesperia | CA | 92345 | P 760-956-2462

Aegis Treatment Centers Inglewood
614 W. Manchester Blvd., #104 | Inglewood | CA | 90301 | P 310-412-0879

Aegis Treatment Centers La Mirada
14240 E. Imperial Hwy. | La Mirada | CA | 90638 | P 562-946-1587

Aegis Treatment Centers Lodi
541 S. Ham Lane, Suite A & B | Lodi | CA | 95242 | P 209-224-8940

Aegis Treatment Centers Los Banos
745 West J St., Suite A | Los Banos | CA | 93635 | P 209-725-1060

Aegis Treatment Centers Madera
300 E Almond Ave., Suite 100 | Madera | CA | 92311 | P 559-229-9040

Aegis Treatment Centers Manteca
955 W. Center St., Suites 12A & 14 | Manteca | CA | 95337 | P 209-239-9600

Aegis Treatment Centers Marysville
201 D St., Suite G | Marysville | CA | 95901 | P 530-742-7747

Aegis Treatment Centers Merced
1343 W. Main St., Suites A & B | Merced | CA | 95340 | P 209-725-1060

Aegis Treatment Centers Modesto
1235 McHenry Ave., Suites A & B | Modesto | CA | 95350 | P 209-527-4597

Aegis Treatment Centers Ontario
125 West "F" St., Suite 101 | Ontario | CA | 91762 | P 909-986-4550

Aegis Treatment Centers Oxnard
2055 Saviers Rd., Suite #A | Oxnard | CA | 93033 | P 805-483-2253

Aegis Treatment Centers Pasadena
1450 N. Lake Ave., # 150 | Pasadena | CA | 91104 | P 626-794-1161

Aegis Treatment Centers Placerville
6390 Runnymeade Dr., Suite B | Placerville | CA | 95667 | P 530-291-5345

Aegis Treatment Centers Pomona
1050 N. Garey Ave. | Pomona | CA | 91767 | P 909-623-6391

Aegis Treatment Centers Redding
1147 Hartnell Ave. | Redding | CA | 96002 | P 530-222-7213

Aegis Treatment Centers Redlands
1889 W. Redlands Blvd., Bldg. #9 | Redlands | CA | 92373 | P 909-501-5167

Aegis Treatment Centers Ridgecrest
1111 W. Inyokern Rd., Suite B | Ridgecrest | CA | 93555 | P 760-301-6945

Aegis Treatment Centers Roseville
1133 Coloma Way, #C | Roseville | CA | 95661 | P 916-774-6647

Aegis Treatment Centers San Luis Obispo
1551 Bishop St., Suite 520 | San Luis Obispo | CA | 93401 | P 805-461-5212

Aegis Treatment Centers Santa Barbara
4129 State St. | Santa Barbara | CA | 93110 | P 805-964-4795

Aegis Treatment Centers Santa Maria
115 E. Fesler St. | Santa Maria | CA | 93454 | P 805-922-6597

Aegis Treatment Centers Santa Paula
625 E. Main St. | Santa Paula | CA | 93060 | P 805-525-4669

Aegis Treatment Centers Simi Valley
660 E. Los Angeles Ave., Suite B2 | Simi Valley | CA | 93065 | P 805-522-1844

Aegis Treatment Centers Sonora
691 Pauline Court | Sonora | CA | 91303 | P 209-527-4597

Aegis Treatment Centers Stockton Lower Sacramento Rd.
8626 Lower Sacramento Rd., Suite #41 | Stockton | CA | 95210 | P 209-478-2487

Aegis Treatment Centers Stockton 5th St.
1839 S. El Dorado St. | Stockton | CA | 95206 | P 209-463-0872

Aegis Treatment Centers Stockton California St.
1947 N. California St., Suite B & C | Stockton | CA | 95204 | P 209-463-0870

Aegis Treatment Centers Tracy
1450 Bessie Ave., Suite B | Tracy | CA | 95376 | P 209-597-3090

Aegis Treatment Centers Turlock
1651 Lander Ave., Suite 1651 | Turlock | CA | 95380 | P 209-353-4838

Aegis Treatment Centers Ventura
5225 Telegraph Rd. | Ventura | CA | 93003 | P 805-765-6495

Aegis Treatment Centers West Covina
1825 E. Thelborn St. | West Covina | CA | 91791 | P 626-915-3844

Aegis Treatment Centers Wilmington
1322 N. Avalon Blvd. | Wilmington | CA | 90744 | P 310-513-1300

Common Misconceptions

Continued...

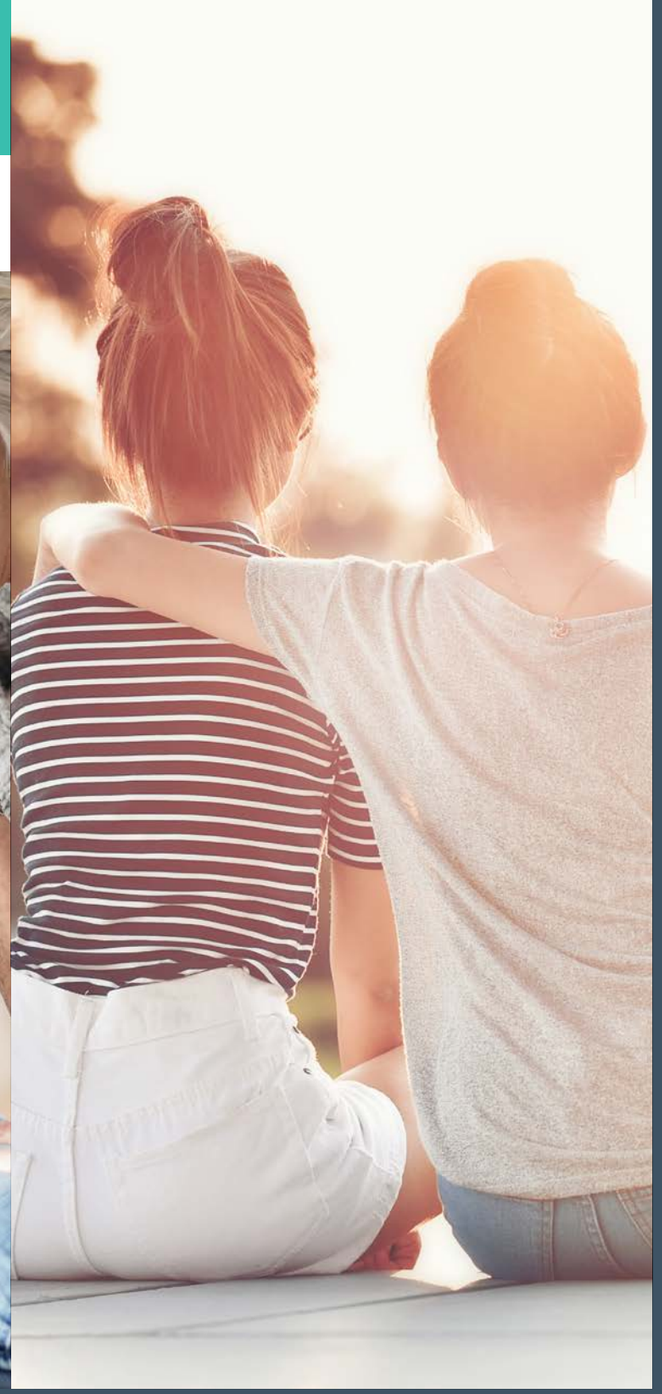
In short, medication can make recovery possible for people for whom recovery was previously almost impossible.

That's what we'll tell you if you come to us and say,

"Doc, I don't want to use drugs to get off drugs."

We'll never make you do anything. If you don't want to use medication, we honor your choice and respect your wishes. We won't (we can't) make you take it. We will, however, offer you the evidence we presented above, and give you the treatment you'll accept when you're ready to accept it.

A common misconception about methadone and buprenorphine (Suboxone®) is that it is harder to stop using than heroin. As you walk your path of recovery, if a time comes when you feel ready to gradually reduce the amount of medication you are taking, your counselor and our medical professionals will work with you to put a plan in place that makes the taper safe and comfortable to avoid withdrawal and minimize the potential for relapse.



AEGIS

A PINNACLE TREATMENT CENTER NETWORK

About Aegis Treatment Centers

Aegis was acquired by Pinnacle Treatment Centers in 2020.

All Aegis opioid addiction treatment locations provide medication-assisted treatment (MAT), which involves the prescription of a longer-acting opioid, such as methadone or buprenorphine, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

Founded in 1998, Aegis Treatment Centers provides treatment for substance use disorder through its 38+ Opioid Treatment Program (OTP) and Med Unit locations throughout California. With more than 20 years of expertise in treating opiate addiction, Aegis has shaped its model of delivering care by combining medication-assisted treatment with:

- Caseload Management, Coordination of Medical Care and Crisis Intervention
- Individual, Family and Group Counseling
- Keys To Recovery (K2R) Support Group
- Social Work Services
- Educational Programs
- Discharge Planning and Aftercare Services

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THERE IS HOPE.

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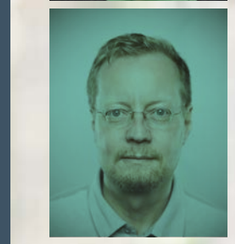
Overview BF-0522-MAT-CA

Medication-Assisted Treatment (MAT)



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What is MAT?

Medication mitigates the cravings and physical symptoms of opioid withdrawal – that's the first step. Our programs provide maintenance and medically supervised withdrawal that allow you to begin your recovery journey. The long-term goal for treatment is abstinence from illicit drugs, but don't be intimidated by that word: using medication to treat opioid addiction is an important step along the way.

Medications such as methadone, buprenorphine (Suboxone®), and naltrexone (Vivitrol®) can make the difference. The course of treatment you choose depends on your experience and your current goals for treatment. We respect any choice you make, and we'll listen, learn, and collaborate with you to create the best possible plan for you.

10 Facts about Medication-Assisted Treatment (MAT)

1. Is a scientifically proven effective treatment for substance use disorders.
2. Is most often offered in conjunction with counseling and behavioral therapy.
3. Is especially effective for people with opioid use disorders.
4. Increases time in treatment.
5. Decreases illicit opioid use in people with opioid use disorders.
6. Decreases criminal behavior in individuals with substance use disorders.
7. Increases ability to seek, gain, and maintain employment.
8. Can reduce the need for detox services for people struggling with heroin use.
9. Is highly regulated at the local, state, and federal levels.
10. Improves patient survival by reducing overdose risk.

Source: National Institutes of Health (NIH), The substance Abuse and Mental Health Services Administration (SAMHSA)

Common Misconceptions

Medication-assisted treatment for substance use disorders carries an abundance of unwarranted negative baggage. What's surprising is that people struggling with substance use disorders encounter the most strident resistance to this type of treatment from other individuals in recovery who advocate a type of abstinence that prohibits the use of medication in recovery. It's unfortunate, because this point of view is based on misinformation and a lack of understanding about what medication-assisted treatment really is.

We want to make something perfectly clear right away:

Using the best available medication to treat a substance use disorder is not – we repeat – NOT the same thing as using drugs to get high.

If we could broadcast this message to every person impacted by opioid addiction and overcome these dangerous misconceptions, we would. The stigma against medication-assisted treatment is a barrier that we're committed to removing.

Members of our clinical staff say that one of the most important things about MAT – in addition to saving lives and mitigating the extremely uncomfortable symptoms of withdraw – is that it gets people feeling well enough to engage in therapy.

That's a big deal.

When you use drugs – particularly opioids – for an extended period of time, your brain undergoes drastic changes. When you remove drugs from your system, your brain overreacts. It floods the body with stress hormones. You feel sick. You become agitated, unhappy, and it's difficult to carry out the most basic activities in life. Medication can normalize the brain functioning and reduce levels of circulating stress hormones thereby enabling you to participate in regular daily activities. You can go to work, take care of your kids, and be an active spouse or partner – and you can start participating in recovery activities.

Continued on next page...

Methadone

Methadone, a synthetic opioid, is the medication for opioid addiction that we have the longest experience with. The opioid dependent patient takes a daily dose of methadone as a liquid or pill.

The initial goal of methadone treatment is to ease withdrawal symptoms that occur when you stop taking opiates. The discomfort of withdrawal is one of the primary reasons people struggling with opioid addiction stay addicted: they can't make it through withdrawal.

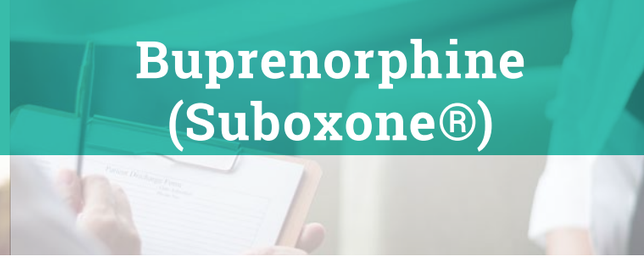
Methadone helps you through the worst parts of withdrawal so you can begin the real journey: recovery.

Methadone does not cure addiction.

Methadone is one part of a successful individual treatment plan. Total recovery and sustainable abstinence from opioids require physical health, mental health, positive coping skills, and the ability to restore and/or develop healthy relationships.

Your individualized treatment plan for opioid addiction addresses the whole you: mind, body, and spirit.

Methadone helps to normalize the part of the brain damaged by addiction to opioids to improve participation in recovery activities like group and individual counseling and development of a network of support.



Buprenorphine (Suboxone®)

Like methadone, buprenorphine (Suboxone®) works to reduce the strong cravings of addiction and reduce the discomfort of withdrawal symptoms. Unlike methadone, however, buprenorphine (Suboxone®) can be prescribed in a doctor's office rather than in a clinic. Buprenorphine (Suboxone®) occupies the same parts of the brain that drugs of addiction occupy.

Can buprenorphine (Suboxone®) be abused to get high?

Like many other medications, when taken improperly buprenorphine (Suboxone®) can be abused. When prescribed, administered and taken appropriately, there should be no euphoric effects. When a patient is being inducted on buprenorphine (Suboxone®), the prescribing doctor is working toward establishing a stable, therapeutic dose, which may cause some drowsiness which can be interpreted as an opiate high. Detoxification from other drugs during the buprenorphine (Suboxone®) induction may also cause drowsiness. In a residential or inpatient treatment setting, the structured environment (set times to go to bed and wake up, daily schedule of emotionally charged therapeutic activities, etc.) may also influence patients' energy levels.

What happens when patients want to stop taking buprenorphine (Suboxone®)?

When and if the time comes to titrate from buprenorphine (Suboxone®), our doctors facilitate this process in a slow, deliberate way that ensures patient safety and comfort while keeping with medical protocol.

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MEDICATION-ASSISTED TREATMENT (MAT) DURING PREGNANCY

Treatment of opioid use disorders often uses medication such as methadone and buprenorphine for pregnant women and new mothers. Methadone has been used for over 40 years, while buprenorphine is a newer drug. Both substantially improve the outcome for the infant, and can stabilize pregnant women while they receive appropriate counseling and healthcare.

Both drugs are safer than street drugs, which are sometimes cut with low-quality ingredients such as sugar or caffeine. MAT also eliminates the risk of HIV due to shared needles.

Research indicates that mothers in methadone programs – including those with severe addiction – remain in treatment longer. Evidence also shows that unborn babies exposed to buprenorphine display fewer withdrawal symptoms at birth than babies exposed to other opioids, such as heroin or Fentanyl.

NO COLD TURKEY FOR PREGNANT WOMEN: MAT IS GOLD STANDARD

It may seem like a good idea for pregnant women to stop using opioids cold turkey. But this is, without question, a bad idea. Completely stopping all at once may present serious problems for mother and child. Attempting a self-taper – i.e. gradually reducing the amount of drug without a doctor's advice – may seem to make sense too, but unfortunately, it's not: tapering is associated with high rates of relapse.

Research over the last few decades indicates that medication-assisted treatment is the safest and most effective treatment for pregnant women with an opioid use disorder. Therefore, pregnant women seeking help for an opioid use disorder should find a treatment center that specializes in issues unique to pregnant women and offers MAT programs: these programs may be more difficult to find, but they are exactly what these women need to stabilize their addiction, get on the road to health, and create a healthy environment for their children.

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Change your life today, call now:
800-782-1520 or visit aegistreatmentcenters.com

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OPIOID ADDICTION DURING PREGNANCY

The opioid crisis has been building in the U.S. for twenty years. Although federal, state, and local lawmakers are taking steps to combat the rising epidemic of opioid addiction and overdose deaths, it shows no sign of letting up. According to data provided by the National Institute on Drug Abuse (NIDA), more than 130 people die from opioid overdoses every single day.

The effect on children and families, including pregnant women, is staggering. This report from The Center for Disease Control (CDC) shows that the number of pregnant women addicted to opioid drugs has quadrupled between 1999 and 2014, resulting in a long list of devastating consequences.

The good news is that treatment can significantly reduce the risk opioid use disorders pose to mother and child. With high-quality treatment and compassionate care, many new mothers are able to deliver healthy babies. And they can stay clean after giving birth.

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Opioid Addiction DURING PREGNANCY

MEDICATION-ASSISTED TREATMENT (MAT) CREATES A LIFETIME OF CHANGE

YOU CAN CHANGE YOUR LIFE. **START TODAY.**
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EXACTLY WHAT ARE OPIOID DRUGS?

Prescription opioid drugs include strong painkillers that a doctor prescribes for chronic pain, or for pain after an injury or surgery. Commonly prescribed opioids include hydrocodone (Vicodin), oxycodone (OxyContin), tramadol, morphine or codeine.

Prescription painkillers are generally safe when used as prescribed. However, serious problems arise when people use their drugs in ways other than prescribed, or when they use the drugs to get high. People often purchased prescription painkillers illegally or steal them from friends or family members.

Heroin is an illegal opioid drug. It's highly addictive and presents a significant risk of fatal overdose. Heroin is particularly dangerous when combined with alcohol or other drugs.

Fentanyl is an extremely powerful opioid medication prescribed by physicians to relieve severe pain, such as the pain experienced by people with advanced cancer. Fentanyl is 50 to 100 times more potent than morphine, and presents a very high risk of overdose.

Drugs made in clandestine, black-market labs cause most overdose deaths. Fentanyl is often laced with cocaine or heroin. This means buyers have no way of knowing the potency or exact contents of the drugs they're ingesting.

RISKS OF OPIOID USE DURING PREGNANCY

Using drugs during pregnancy is akin to playing Russian roulette: it's impossible to predict how the use of opioids during pregnancy will affect a developing baby. Problems may be relatively minor or extremely severe, depending on a number of factors. Genetics play a part, but the primary factors are how often, how much, and how long the pregnant mother has been using opioids.

The unborn child is affected when opioid drugs cross from the placenta to the baby. The risks to the child are the same whether the drug is legally prescribed or illegally purchased on the street. Risks to the developing baby may include the following:

- Fetal convulsions
- Birth defects
- Malnutrition
- Low birth weight
- Stunted growth
- Increased risk of Sudden Infant Death Syndrome (SIDS)
- Respiratory problems
- Withdrawal symptoms such as diarrhea, tremors, fever, difficulty feeding, irritability or seizures.

Pregnant women who use opioid drugs during pregnancy are at higher risk of miscarriage. Additionally, death from overdose may occur if the mother returns to use of drugs following the birth. This sometimes occurs if the mother is struggling with post-partum depression or the typical stress that goes along with being a new mother.

WHY MANY WOMEN DON'T SEEK TREATMENT: STIGMA AND STEREOTYPES

It's essential that pregnant women with an opioid use disorder seek help as soon as possible to reduce the risk of serious complications to both mother and child.

The problem, however, is that many pregnant women who need help with substance use disorders receive poor treatment from medical professionals. All too often, pregnant women and new mothers are subject to discrimination and stigma.

As a result, many are reluctant to seek treatment when they need it the most. They shy away from treatment due to guilt, shame, and fear that their child will be taken away from them.

Eighteen states classify drug use by pregnant women as a form of child abuse. Three states consider it grounds for involuntary hospitalization. This de facto legal milieu makes it far less likely a pregnant woman will ask for help. Unfortunately, only four states have laws protecting pregnant women from this type of discrimination.

SPECIALIZED TREATMENT FOR PREGNANT WOMEN

Punishment isn't an effective way to help pregnant women who have a chronic, relapsing disease. Most pregnant women understand the risks associated with the use of opioids during pregnancy. And most want to stop.

Research indicates that mothers who remain with their children are more likely to complete treatment successfully. Pregnant women need confidential treatment that is safe, supportive, compassionate, and nonjudgmental – but that treatment isn't always easy to find.

Specialized treatment will also help women address underlying problems such as depression or anxiety, or PTSD due to emotional, physical, or sexual abuse during childhood or as an adult.

Help should be available for financial, legal, or relationship problems, and mothers should have an opportunity to learn healthier ways to cope with stress.

If pregnant women or new mothers are using opioids for chronic pain, they should receive advice on alternate ways to manage pain, such as exercise, physical therapy, or acupuncture.

We're bringing addiction recovery to you!

Help is closer than ever. Our Mobile Medication vehicle brings safe and convenient addiction medicine to your community, so you can get the support you need, close to home.

Our Services:

Methadone & Suboxone
Telehealth Counseling
Recovery Support
Connections to Social Services

Substances We Treat For:

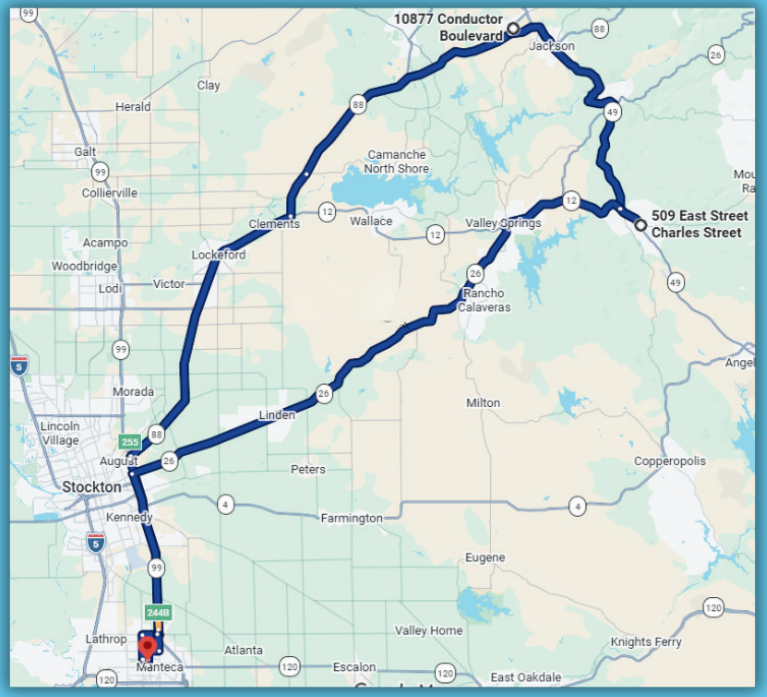
Heroin | Fentanyl | 7OH
Prescription Pain Pills | More

Walk-Ins Welcome
No Appointment Needed!
Medi-Cal Accepted

***Walk-In Admissions**

Arrive at the start of the time slot
No use for 12 hours prior, 4 days prior for Suboxone

Route & Schedule



1. Monday - Friday | Amador County Health & Human Services (HHS) | **6:50am-9:10am**
2. Monday - Friday | Calaveras County Health & Human Services (HHS) | **10:20am-12:40pm**

Call **(833) 958-HOPE**
Or book an appointment today!

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Support for Healing, Recovery, and Whole Person Wellness

Treatment for Fentanyl, Heroin, Prescription Opioids, and more.

Healing happens in community.

Aegis Treatment Centers offers confidential, judgment-free treatment - medication, counseling, and ongoing support - that honors your journey, your family, and your culture.

We're here when you're ready.

Our Services

- Medication supported treatment for opioid use (including methadone and suboxone)
- Individual and group counseling
- Evidence based therapies
- Ongoing care focused on long term wellness

Medi-Cal, Medicare, and Commercial Plans Accepted

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Date July 8, 2026

To: Placer CoC CA-515 Board Members

From: Blanca Castro, HRCS Executive Director

Subject: HRCS Executive Director Monthly Report for Month of June 2026

Accomplishments

- Convened the HHAP-6 Rating and Ranking Committee Members to prepare for scoring proposals.
  HRCS 2026-27 Budget provided 3-year look and presentation to HRCS Board at June 25 meeting. – Voting Meeting scheduled for July 8.
  Hired new accounting firm, and agreement signed -Quist Group
- Co-presented at the HUD Governance Structure Fundamentals Workshop on June 25 – HRCS and CoC 515/531 Structure (Alissa Navo and Elizabeth Sorg)
- Placer HHS MOU with HRCS Approved by HRCS Board on June 25
- Completed follow-up and successfully reduced the outstanding aging Accounts Receivable invoices from HMIS Licenses
- Completed Limited Financial Review Submission to HUD for 2023 Planning Grant
- Presented PIT 2026 Count Data at the LoGAC June meeting.

- **Upcoming Priorities (Next 30–60 Days)**
- Convene the Data Evaluation Committee and FoCES Committee (combine and rename)
- 2026 Now, Next and Later Priority Goals
- Develop Action Plan for Placer CoC Charter Revisions for Board Review and Approval
- Begin RFP process for CoC Coordinator vendor
- Researching how HRCS can pay for HMIS Licenses by connecting with other CoCs who pay for the licenses instead of asking Providers to do this.
- AB-977 Reporting to HCD – Working with Connecting Point, Thurmond and Placer and Nevada CoC members to develop process and procedures.
- Implementation and Roll-Out for Revised Vulnerability Index

HRCS Website Redesign and Modernization Project

- Due to the priorities with updating Vendor contracts, the redesign of the HRCS website is currently on the “Later” portion of the 2026 Now, Next and Later Action Plans.

- Executive Director will convene a workgroup to help with the development of the RFQ and selection of a vendor to redesign the HRCS website. We currently have one board member from Placer and one from Nevada CoC who volunteered for this project.

Training and Professional Development

Completed the HUD CoC Governance Fundamentals 6-week intensive workshop. This was the first time this workshop was offered by HUD. I will work with my co-participant Elizabeth Sorg to develop a proposed action plan for updating and strengthening the Placer CoC Charter.