



February 18, 2026

The Honorable Dawn Addis
Chair, Assembly Budget Subcommittee No. 1
Via Email

The Honorable Caroline Menjivar
Chair, Senate Budget Subcommittee No. 3
Via Email

Dear Chair Wicks and Chair Menjivar,

The California Coalition for Behavioral Health (CCBH) requests your attention regarding the CalAIM Justice-Involved Reentry Initiative’s medications for addiction treatment (MAT) requirements in correctional settings. We urge clearer oversight and guidance to ensure access to all FDA-approved medications for substance use disorders, including alcohol use disorder (AUD), and to ensure consistent implementation by counties and correctional facilities statewide.

CCBH joins with the California Association of Alcohol and Drug Program Executives, the California Access Coalition and the California Chronic Care Coalition (their February 5th, 2026 letter is attached) to seek your assistance in **ensuring that state guidance and readiness criteria clearly require comprehensive access to all FDA-approved medications for substance use disorders (SUDs), including alcohol use disorder (AUD), and that counties and correctional facilities implement these standards consistently across California.**

As Budget Subcommittee Chairs with oversight of DHCS, we request that you ask the Department to:

- Provide clear, written clarification to counties, CDCR, and other correctional partners, instructing that facility readiness assessments and pre-release service implementation must encompass access to all FDA-approved medications for SUD, including all FDA-approved medications for AUD, when clinically indicated.
- Revise the Justice-Involved Readiness Assessment and any related materials to remove or reframe the “at least one agonist” clause so it cannot be interpreted as setting a requirement for only one agonist medication, and instead explicitly affirm that the expectation is comprehensive MAT availability across opioid use disorder (OUD), AUD, and other SUDs.
- Communicate these clarifications broadly—through updated templates, guidance, and technical assistance—to support uniform understanding and compliance across all participating counties and facilities.

The California Coalition for Behavioral Health (CCBH) is a diverse, broad-based coalition of statewide associations and organizations who seek to improve the delivery of mental health services and substance use services in California, with a focus on creating better access to care and assuring parity in the delivery of behavioral health services, on par with other health care services.

Sincerely,

Theresa Comstock, President
CA Coalition for Behavioral Health (CCBH)
Email: ccbh@cabehavioralhealth.org

cc: Min Lee, Legislative Analyst's Office
Jason Constantouros, Legislative Analyst's Office
Will Owens, Legislative Analyst's Office
Le Ondra Clark Harvey, Ph.D., California Access Coalition
Robb Layne, California Association of Alcohol and Drug Program Executives
Liz Helms, California Chronic Care Coalition
Paula Wilhelm, California Department of Health Care Services

Attachment: February 5, 2026 Letter to Budget Subcommittee Chairs Addis and Menjivar from the California Association of Alcohol and Drug Program Executives, the California Access Coalition and the California Chronic Care Coalition



CALIFORNIA
ACCESS COALITION
ADVOCATING FOR ACCESS TO BEHAVIORAL HEALTH TREATMENT

February 5, 2026

The Honorable Dawn Addis
Chair, Assembly Budget Subcommittee No. 1
1021 O St., Suite 4120
Sacramento, CA 95814

The Honorable Caroline Menjivar
Chair, Senate Budget Subcommittee No. 3
1021 O St., Suite 6630
Sacramento, CA 95814

RE: Substance Use Disorder Screening and Treatment in CalAIM Justice-Involved Initiative

Dear Chair Addis and Chair Menjivar:

On behalf of the California Access Coalition, the California Association of Alcohol and Drug Program Executives (CAADPE), and the California Chronic Care Coalition, this letter urges stronger oversight and clarification of the CalAIM Justice-Involved Reentry Initiative's medications for addiction treatment (MAT) requirements in correctional settings. Specifically, the undersigned organizations seek your assistance in ensuring that state guidance and readiness criteria clearly require comprehensive access to all FDA-approved medications for substance use disorders, including alcohol use disorder (AUD), and that counties and correctional facilities implement these standards consistently across California.

The CalAIM Justice-Involved Reentry Initiative is designed to ensure that justice-involved individuals have access to all FDA-approved medications for the treatment of substance use disorders, including all approved medications for AUD, as reflected in the federal waiver special terms and conditions and the state Policy and Operations Guide. However, current correctional facility readiness materials describe a minimum standard of access to "at least one agonist medication (i.e., methadone or buprenorphine) for MOUD," language that can be misread as limiting the requirement to a single opioid agonist option and does not make clear the expectation of full access to all clinically appropriate MAT, especially for AUD.

This ambiguity risks counties and correctional facilities interpreting the readiness requirement narrowly, resulting in uneven screening for AUD and inconsistent access to the full range of FDA-approved MAT for both opioid use disorder and AUD across facilities. Such a narrow

reading is not only inconsistent with the waiver and guidance but also undermines the core goals of CalAIM to improve outcomes, reduce recidivism, and address long-standing inequities in behavioral health treatment for justice-involved populations.

We strongly support the concepts raised by legislators who have questioned whether: (1) all eligible justice-involved individuals are being appropriately screened for AUD; and (2) all individuals with AUD, when clinically indicated, have access to all FDA-approved medications for AUD. From a clinical and public health perspective, the answer to both questions should clearly be “yes,” and any implementation or interpretive barriers that prevent this level of access should be promptly identified and resolved.

CAADPE has consistently prioritized timely, equitable access to the full continuum of SUD services, including MAT, and has opposed policies that narrow or delay access to evidence-based care. The California Chronic Care Coalition has long advocated for better care for people with complex, chronic conditions, including co-occurring behavioral health conditions, and supports stronger expectations around consistent screening and treatment for AUD and other SUDs in all care settings, including correctional facilities. The California Access Coalition similarly supports full implementation of CalAIM’s justice-involved provisions to ensure that formulary, workflow, and contracting decisions do not undercut state commitments to comprehensive MAT.

To promote implementation fidelity and ensure that practice on the ground matches the intent of the waiver and state guidance, we respectfully request that you, as Budget Subcommittee Chairs with oversight of DHCS, ask the Department to:

- Provide clear, written clarification to counties, CDCR, and other correctional partners that facility readiness assessments and pre-release service implementation must encompass access to all FDA-approved medications for SUD, including all FDA-approved medications for AUD, when clinically indicated.
- Revise the Justice-Involved Readiness Assessment and any related materials to remove or reframe the “at a minimum” clause so it cannot be interpreted as setting a ceiling of one agonist medication, and instead explicitly affirm that the expectation is comprehensive MAT availability across OUD, AUD, and other SUDs.
- Communicate these clarifications broadly—through updated templates, guidance, and technical assistance—to support uniform understanding and compliance across all participating counties and facilities.

Clarifying these issues will improve consistency in screening and treatment for AUD and other SUDs, reduce avoidable gaps in care at reentry, and advance the Legislature’s and Administration’s shared goals around equity, reduced recidivism, and better health outcomes for justice-involved Californians. Given your Subcommittees’ central oversight role, your engagement can help ensure that DHCS’s written standards and operational practices fully reflect the Legislature’s intent that justice-involved individuals have meaningful access to all appropriate FDA-approved MAT options.

The California Access Coalition, CAADPE, and the California Chronic Care Coalition would welcome the opportunity to brief your offices and Committee staff, and assist in any follow-up with DHCS necessary to resolve these concerns in a timely manner.

Thank you for your attention to this important matter and for your ongoing commitment to improving health care for justice-involved Californians with substance use disorders.

Sincerely,

Le Ondra Clark Harvey, Ph.D.
Executive Director
California Access Coalition

Robb Layne
Executive Director
California Association of Alcohol and Drug Program Executives

Liz Helms
President & CEO
California Chronic Care Coalition

CC: Assembly Budget Committee
Senate Budget Committee
Office of Governor Newsom
Department of Finance
Legislative Analyst's Office