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LAW OFFICE

Disability Rights California
California's protection & advocacy system

Via Email

July 27, 2026

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Re: DRC's Initial Findings and Recommendations Regarding Butte County Jail's Medication-Assisted Treatment (MAT) and Substance Use Disorder-Related Services

Dear Sheriff Honea, Undersheriff Calkins, and Counsel:

Disability Rights California ("DRC") and its authorized agent, Aaron J. Fischer, have been investigating Butte County's jail and behavioral health systems pursuant to DRC's authority as California's protection and advocacy agency for people with disabilities. DRC's investigation was initiated on August 4, 2025, and has included a two-day site visit in September 2025 and a follow-up one-day site visit in May 2026; interviews and communications with incarcerated individuals and community members; meetings with County leadership and staff; and review of extensive documents and records.

Our investigation is ongoing, and we expect to issue a more comprehensive letter with our findings and recommendations on a range of issues. At this time, we are providing initial findings and recommendations on a critically important aspect of the County's jail operations as they impact people with Substance Use Disorder ("SUD"), a recognized disability under federal and state antidiscrimination law. We include findings regarding the Butte County Jail ("Jail") Medication-Assisted Treatment ("MAT") program, Jail withdrawal protocols, and efforts to prevent overdose deaths.

We are confident that the County's leadership approaches these issues with a sincere desire to meaningfully serve Butte County residents with a SUD. We were impressed with the commitment expressed by County Behavioral Health leadership on the issue of MAT services, and their interest in enhancing coordination and collaboration with Jail staff to enhance the efficacy of such services.

After our fall 2025 site visit, we shared our significant concerns regarding the MAT services available to people detained at the Jail. Considerable work appears to have taken place since that time. Yet there is no doubt that further development is necessary to meet the needs of the Jail's population.

In May 2026, the Butte County Sheriff's Office ("BCSO") and its Jail health care contractor, Wellpath, provided us information about their plans to expand the MAT program beginning October 1, 2026. Based on our review of the proposed staffing and operational plans shared with us, we consider those plans to be essential to meeting the needs of incarcerated individuals at the Jail with SUD-related treatment needs, consistent with the County's legal and constitutional obligations. When paired with effective reentry planning that connects people to housing and community services, the MAT program can help reduce recidivism and future in-custody care demand.[1] We urge the County to fully fund and support expansion of the MAT program.

I. DRC's Investigation

DRC is the protection and advocacy system for the State of California. DRC is charged under state and federal law with investigating and protecting the rights of people with disabilities.[2] For purposes of this investigation, DRC has designated the Law Office of Aaron J. Fischer as its authorized agent. DRC and Mr. Fischer have extensive experience investigating and working with county agencies to address deficiencies in jail and behavioral health systems and to ensure compliance with relevant laws.

In recent years, DRC has conducted investigations of county jail and/or behavioral health systems, including in Alameda, Kern, Los Angeles, Napa, Orange, Sacramento, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Sonoma, and Tulare counties. These investigations have led to important systemic improvements,

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[1] DRC regularly works with counties to identify opportunities to enhance diversion, reentry linkages, and effective community-based services that can safely reduce incarceration rates and improve case outcomes, particularly for people with disabilities. DRC does not support efforts that would expand the Jail system's overall bed capacity.

[2] DRC's authority comes from Welf. & Inst. Code § 4900, *et seq.*; the Protection and Advocacy for Individuals with Mental Illness ("PAIMI") Act, 42 U.S.C. § 10801, *et seq.*; 42 C.F.R. Part 51; Developmental Disabilities Assistance and Bill of Rights ("PADD") Act, 42 U.S.C. § 15041, *et seq.*; 45 C.F.R. Part 1326; the Protection and Advocacy for Individual Rights ("PAIR") Act, 29 U.S.C. § 794e; 34 C.F.R. Part 381.

which we have achieved through constructive engagement with county leadership and staff and, in some cases, through litigation. DRC's public findings and reports can be found on DRC's website.

One component of our investigation has been the County's SUD treatment program available to the Jail population, particularly for people with Opioid Use Disorder ("OUD"). While we were encouraged to see that the Jail has a MAT program, our investigation found MAT services to be restricted in ways that are both clinically and legally inappropriate. We identify our key concerns below.

II. DRC Findings of Concern regarding MAT Services at the Jail

A. MAT Induction Services

The County's policy has been to provide MAT services only to incarcerated people who are already on a verified MAT prescription as of no more than 30 days before their arrival at the Jail. The County does not provide MAT induction services, which would involve initiating MAT for people with OUD based on clinical indication, irrespective of whether they were recently receiving MAT.

By failing to provide MAT induction services, the County fails to adequately treat people with SUD/OUD disabilities who are at high risk of withdrawal, overdose, and relapse. As the National Commission on Correctional Health Care ("NCCHC") guidelines state, "OUD is a chronic condition with alterations in brain function. Relapse rates are high and relapse is often fatal."[3] MAT is the primary evidence-based treatment for OUD, and the medications approved by the FDA for treatment of OUD—buprenorphine, methadone, and naltrexone—are safe and effective.[4] California has recognized the clinical necessity of MAT services and mandates that SUD providers offer MAT services directly to clients or have an effective referral process in place.[5]

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[3] National Commission on Correctional Health Care, *Jail Guidelines For The Medical Treatment Of Substance Use Disorders* (2025) (hereinafter "NCCHC Jail Guidelines 2025") at 15.

[4] Food & Drug Administration, *Information about Medications for Opioid Use Disorder (MOUD)* (Dec. 26, 2024), https://www.fda.gov/drugs/information-drug-class/information-about-medications-opioid-use-disorder-moud.

[5] *See* Cal. Hlth. & Saf. Code § 11832.9, § 11834.28 (California MAT legal requirements for SUD providers); California Department of Health Care Services ("DHCS") Behavioral Health Information Notice ("BHIN") No. 23-054 (DHCS BHIN 23-054) (California guidance for MAT). The U.S. Department of Justice has issued guidance stating that denial of access to medications for OUD, when other medicines are provided, may constitute illegal disability-related discrimination. U.S. Dep't of Justice, *The*

The exclusion of MAT induction services has negatively affected many people at the Jail. DRC met with individuals who reported that they had received MAT services in the community prior to arrest but could not receive MAT at the Jail due to a lapse of participation in their community MAT program. One man had received MAT services until two months prior to arrest. He reported withdrawal and other severe symptoms while at the Jail. A woman reported that she had a long history of OUD and during a recent state prison sentence had received MAT services, with positive effect.[6] After Butte County Jail failed to provide her with MAT, she reported experiencing debilitating withdrawal symptoms for the first weeks of her incarceration and persistent symptoms thereafter.

These and other individuals with OUD are likely clinically appropriate for, and would benefit from, MAT induction services. The NCCHC recommends that "individuals should be assessed by a qualified treatment provider to determine whether MAT is clinically indicated. If indicated, medication for addiction treatment, and the specific medication chosen, should be based on a medical recommendation and an individual's decision, not imposed by facility policy."[7]

Offering MAT induction services would bring Butte County Jail in line with the standard of care in detention facilities. DRC is aware of other California jails where Wellpath is successfully operating MAT induction and continuation programs. In Santa Barbara County, for example, the county and Wellpath have worked to expand the MAT program in the Jail and as of March 2026, 35% of the Jail population were enrolled in MAT, with encouraging outcomes.[8]

Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery, https://www.justice.gov/archives/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans.

[6] After a pilot, California Department of Corrections and Rehabilitation ("CDCR") began providing MAT continuation and induction services at all California prisons as part of its Integrated Substance Use Disorder Treatment ("ISUDT") Program in 2020. CDCR's statement on the outcomes is notable: "The use of MAT for justice-involved people with OUD saves lives and produces significant cost savings. Research shows MAT during incarceration decreases overdose deaths following release from prison and increases treatment engagement in the community." CDCR & California Correctional Health Care Services ("CCHCS"), *ISUDT Program Outcomes Report* (May 2025) at 4.

[7] NCCHC Jail Guidelines 2025 at 10.

[8] Santa Barbara County Sheriff's Office, *Santa Barbara County Reports Significant Decline in Overdose Deaths*, Mar. 16, 2026, https://www.sbsheriff.org/santa-barbara-county-reports-significant-decline-in-overdose-deaths.

As part of CalAIM's changes to Medi-Cal, DHCS is administrating a new Medicaid Waiver, the Justice-Involved ("JI") Reentry Initiative, which allows eligible incarcerated Californians to enroll in Medi-Cal and receive services in the 90 days before their release. Part of the JI Reentry Initiative's mandate for counties is to implement a comprehensive MAT program—both continuation and induction—at their jails. Butte County's deadline for implementing the JI Reentry Initiative, which includes expanding MAT services to include induction, is October 1, 2026.

When DRC met with BCSO and Wellpath in May 2026, they shared their work readying Butte County Jail for JI Reentry Initiative implementation. They reported an intent for the Jail's MAT program to expand. As of late May 2026, there were 44 individuals enrolled in MAT continuation services. The currently planned MAT expansion will expand the capacity for MAT participation at Butte County Jail to 150 individuals, over 20% of the average daily census.

Jail leadership reported that additional staff will be necessary to implement the JI Reentry Initiative, both to run the expanded MAT program and to meet other program requirements of discharge and reentry planning and care coordination. The proposed staffing plan budgets an increase of 5.7 FTE positions for the expanded MAT program: a nurse practitioner/physician's assistant to assess patients, diagnose SUD, and begin medications (0.6 FTE); a RN MAT Coordinator/Program Manager to coordinate the program (1.0 FTE); two LPN/LVN dosing nurses to administer the medication every day (2.1 FTE); a SUD counselor to provide SUD counseling required under the JI Reentry Initiative (1.0 FTE); and a MAT-specific discharge planner to coordinate continuation of MAT services upon release (1.0 FTE). Each of these positions is necessary to ensure that people appropriate for MAT services can access them. We understand that these positions are separate from additional positions planned to administer the overall JI Reentry Initiative requirements, which include a second SUD Counselor to develop individualized treatment plans and provide counseling to individuals diagnosed with SUD who are not enrolled in the MAT program.

Based on our investigation, we anticipate that once a MAT induction protocol is implemented, a significant number of individuals already incarcerated at the Jail will qualify for inclusion in the MAT program. DRC credits BCSO and Wellpath for developing a plan to expand the MAT program. Expedient county approval of the proposed staffing plan and a well-coordinated hiring plan are essential to meet the October 1, 2026 deadline.

DRC strongly recommends that BCSO take all steps necessary to meet the implementation deadline for the CalAIM JI Reentry Initiative, which includes providing induction services to all patients who meet clinical criteria and wish to participate. Once the expanded MAT program has begun operation, we recommend that BCSO timely reevaluate currently incarcerated individuals to identify all people who have a history of

SUD or OUD, and to determine whether they meet eligibility criteria to enroll in the MAT induction program. Ensuring adequate program capacity will be essential.

Based on experience, we are concerned that the plan for just one MAT program-specific Counselor position will be insufficient to meet program needs. Wellpath has provided us with the job expectations of the MAT Counselor: this person is expected to conduct 3-4 weekly group counseling sessions, provide monthly individual counseling, and participate in multidisciplinary team meetings. These are important components of a MAT program. We are concerned that a single MAT counselor may not be sufficient to serve the Jail's anticipated MAT program participant population. We recommend that BCSO reevaluate staffing ratios, particularly of MAT/SUD counselors, once the comprehensive MAT program is operational.

DRC also recommends that MAT program personnel work closely with community partners, including Butte County Behavioral Health and community MAT and behavioral healthcare providers, to identify community-based MAT programs and to ensure timely linkages and continuity of care for individuals when entering and discharging from the Jail.

Peer support services are an important evidence-based component of SUD treatment.[9] The CalAIM JI Reentry Initiative specifically includes peer support as a pre-release covered Behavioral Health Clinical Consultation Service.[10] DRC encourages MAT program personnel and behavioral healthcare providers to implement peer support services to incarcerated individuals at the Jail.

Finally, we understand that if a clinical need is identified, an individual evaluated for the MAT program will also be referred to mental health for evaluation. We encourage Jail and Wellpath staff to continue to prioritize timely mental health care for those in the MAT program.

B. Voluntary Long-Acting Injectables as an Alternative Form of MAT Treatment

Through our investigation, we learned that people in the Jail's current MAT program have been discontinued based on suspected diversion of the oral medication. It is our understanding that Sublocade and Brixadi (long-acting injectable buprenorphine

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[9] Vanessa Finisse, *Peer Recovery Support Services in Substance Use Treatment: Evidence Roundup*, Center for Health Care Strategies, Jan. 2026, https://www.chcs.org/resource/peer-recovery-support-services-in-substance-use-treatment/.

[10] DHCS, *Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative* 76-77 (Oct. 20, 2023), https://www.dhcs.ca.gov/wp-content/uploads/2025/10/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf.

medications) will be available at the Jail once the MAT program is expanded. We encourage that the Jail offer these long-acting injectable medications ("LAI") as an alternative to discontinuing MAT patients suspected of diversion. Other county jails, including Sacramento County Jail and Santa Barbara County Jail, provide LAIs where persistent diversion concerns are identified.

Butte County Behavioral Health ("BCBH") reports that it already has protocols for providing LAIs to people with SUD/OUD and psychiatric treatment needs, to positive effect. We urge Jail and Wellpath leadership to align their medication options with BCBH, with cross-agency coordination to strengthen implementation and outcomes.

DRC also encourages the Jail's discharge planning services team to work alongside MAT providers to offer a LAI prior to release from the Jail. This is an established strategy to strengthen continuity of care for people as they discharge from the Jail and establish (or re-establish) service connections in the community. Discharge planning staff's role in enrolling individuals in Medi-Cal prior to release will further facilitate better continuity of care.

C. Provision of Withdrawal Medication and Protocols at the Jail

According to Wellpath policy at the Jail, when an individual is identified at intake as at risk of withdrawal from alcohol or substance use, Wellpath implements medically supervised withdrawal treatment and places the individual on a withdrawal protocol, which involves observation, supervision, clinical assessment of withdrawal symptoms, and the individual being offered electrolyte replacements at every encounter.

DRC is concerned that in practice, the Jail's withdrawal protocol fails to adequately treat and prevent withdrawal symptoms. Wellpath policy provides that, while "every effort shall be made" to initiate medication for individuals experiencing alcohol and/or benzodiazepine withdrawal within four hours of risk identification, individuals experiencing opioid withdrawal are referred for medication (buprenorphine) only when they demonstrate several withdrawal symptoms. Since the Jail requires documentation of symptoms in order to start medication for opioid withdrawal, careful observation and prompt documentation of opioid withdrawal symptoms is particularly important.

Based on our investigation, while we understand that nurses have been trained to monitor withdrawal symptoms, it is unclear whether the withdrawal symptoms of individuals in the withdrawal protocol are reliably documented so that those patients who are clinically indicated for buprenorphine receive it. We spoke to two incarcerated people with a history of OUD who reported opioid use during their intake screening but received medication for alcohol withdrawal only. Both reported experiencing serious withdrawal symptoms. To be sure, the treatment for alcohol withdrawal—benzodiazepine—is not the standard of care for opioid withdrawal. Polysubstance usage is common, and individuals should be treated for the withdrawal symptoms of all substances causing their withdrawal symptoms.

DRC recommends that Jail and Wellpath leadership closely monitor and audit usage of medication pursuant to withdrawal protocols, to ensure that individuals experiencing opioid withdrawal symptoms are receiving medication as clinically indicated. In addition, DRC urges Jail and Wellpath leadership to examine and audit withdrawal screening and assessment protocols (*e.g.*, timeliness, location, and adequacy), and to ensure that providers are conducting appropriate in-person assessments when indicated, including for complex patients with additional mental health or medical needs.

Relatedly, individuals on withdrawal protocols should not be placed in the Jail's restrictive housing units, which are distinctively dangerous settings, especially for at-risk individuals requiring regular observation and care.[11]

D. Preventing Drug Overdose Deaths

Butte County Jail has secured and utilized funding to address the risk of drug overdoses among the incarcerated population through use of naloxone (also known as Narcan), an opioid agonist that is easily administered to reverse the effects of opioid overdose. Jail staff carry and have access to naloxone. They report that staff have deployed naloxone in several dozen suspected overdose cases. This effort is essential, saves lives, and is to be commended.

Butte County Jail also provides naloxone to individuals upon release by having it available at the counter in the discharge area. We are glad to see that the Jail has taken this step, which is consistent with NCCHC guidance. [12]

Several jail systems have committed to provide the incarcerated population with direct access to this lifesaving medication.[13] Butte County should seriously consider placing naloxone kits in the Jail's housing units where incarcerated people can access them, particularly in units that lack direct supervision due to physical plant challenges.

III. Conclusion

DRC is heartened to hear about BCSO's and Wellpath's plans for implementation of the CalAIM JI Reentry Initiative, including as to SUD/OUD treatment and MAT services. These services will save lives, reduce recidivism, and help people succeed upon

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[11] DRC will provide more detailed findings related to the Jail's restrictive housing practices by separate letter.

[12] NCCHC Jail Guidelines 2025 at 20.

[13] San Diego County Sheriff's Office, https://www.sdsheriff.gov/Home/Components/News/News/1321/, June 16, 2022; Los Angeles County Sheriff's Department, https://lasd.org/sheriffs-naloxone-custody-pilot-project-saves-inmates-from-overdose/, May 27, 2021.

re-entry, a particularly high-risk time for people with SUD.[14] Successful implementation will require sufficient healthcare staffing and operational resources.

DRC strongly recommends that the County authorize and fully implement the staffing and operations proposal for MAT treatment without delay, and that the County and Wellpath fast-track hiring positions to ensure successful rollout, such that all individuals with a clinical need for MAT treatment are enrolled and receive care.

We further encourage the County to continue its work to improve substance use-related treatment protocols, and to expand life-saving overdose prevention efforts.

We look forward to hearing from the County and Wellpath regarding next steps in implementation on these topics and request an update by September 10, 2026. If you have questions or would like to discuss, please reach out at coty.meibeyer@disabilityrightsca.org.

Sincerely,

Coty Meibeyer
Senior Attorney, Disability Rights California

Sarah Gregory
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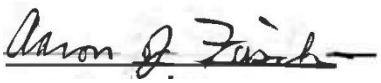

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Cc: Captain Brian Meyer, Butte County Sheriff's Office
Lieutenant Jarrod Agurkis, Butte County Sheriff's Office
Katherine Tebrock, Wellpath Associate General Counsel
Tarah Foster, Wellpath Health Services Administrator at Butte County Jail

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[14] U.S. Department of Justice, Bureau of Justice Assistance & National Institute of Corrections, *Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals* 19 (Jun. 2023) ("Reentering the community is a challenging time for individuals, especially for those with SUD. Research shows that risk of overdose in the 2 weeks following release from incarceration is extremely high.").