

CRIMINAL JUSTICE TREATMENT ACCOUNT

QUARTERLY PROGRESS REPORT

Please respond to each question and submit to: HCABHASO@hca.wa.gov

Report Quarter

☐ 1st State Fiscal Quarter (July 1st-Sept 30th)

☐ 2nd State Fiscal Quarter (Oct 1st-Dec 31st)

☐ 3rd State Fiscal Quarter (Jan 1st- March 31st)

☐ 4th State Fiscal Quarter (Apr 1st- June 30th)

Name of Region completing Report:

Please enter your status for each item. If item is incomplete please list your plan of correction (POC) including actions to be taken and target date for completion.

1. If there are projected underspent CJTA funds for the current State Fiscal Year write the dollar amount here:
2. Contractor ensured all CJTA-funded services were reported through Provider 1 Operating System and Supplemental Transaction?
☐ Yes ☐ No
If no, please enter POC.
3. Contractor has made attempts to expand access to Recovery Support Services for the intended population?
☐ Yes ☐ No
If no, please enter POC.
4. Does the Contractor use CJTA funding to provide services for individuals in a Therapeutic Court Program?
☐ Yes ☐ No
If Yes, please indicate the number of individuals who were admitted into the program during this quarter who are receiving medication assisted treatment or medications for opioid use disorder:

If Yes, please indicate what medications the individuals admitted into the program during this quarter are receiving (e.g. Buprenorphine, Methadone, Naltrexone):

5. Is there any indication that the Therapeutic Court programs benefitting from CJTA are denying access to, or requiring titration from, any medications for opioid use disorder?

☐ Yes ☐ No

Please enter any additional comments here:

6. Is CJTA funding used in the local, county, city, or tribal jail?

☐ Yes ☐ No

If Yes, please indicate any barriers to providing treatment services and transitioning individuals into the community:

7. List any other significant accomplishments:

8. List any training or technical assistance needs:

9. Summarize any barrier(s) encountered and plans to overcome the barrier(s) with timeline:

10. Please include any other comments you would like to convey to the HCA Contract Manager:

Completed By:

Date: