

# CRIMINAL JUSTICE TREATMENT ACCOUNT

## QUARTERLY PROGRESS REPORT

Please respond to each question and submit to: [HCABHASO@hca.wa.gov](mailto:HCABHASO@hca.wa.gov)

### Report Quarter

- 1<sup>st</sup> State Fiscal Quarter (July 1<sup>st</sup>-Sept 30<sup>th</sup>)       2<sup>nd</sup> State Fiscal Quarter (Oct 1<sup>st</sup>-Dec 31<sup>st</sup>)
- 3<sup>rd</sup> State Fiscal Quarter (Jan 1<sup>st</sup>- March 31<sup>st</sup>)       4<sup>th</sup> State Fiscal Quarter (Apr 1<sup>st</sup>- June 30<sup>th</sup>)

### 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: