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Document Scope: (applies to Policy & Procedure only)

- ☐ The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
 - ☐ The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
 - ☒ The requirements herein apply to both GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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PURPOSE: Greater Columbia Behavioral Health, LLC BH-ASO's (GCBH BH-ASO) manages the Criminal Justice Treatment Account (CJTA) funds for eight of its nine counties; Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Whitman and Yakima in compliance with RCW 71.24.580 and HCA BH-ASO Contract Requirements. GCBH BH-ASO and its Network Providers receiving CJTA funds shall be responsible for Treatment and Recovery Support Services using specific eligibility and funding requirements for CJTA in accordance with RCW 71.24A and RCW 2.30.0303. Services provided through CJTA appropriations must be clearly documented and reported including any required state supplemental data.

DEFINITIONS

- I. Criminal Justice Treatment Account (CJTA): Funds received, through a designated account in the State Treasury, for expenditure on:
 - a. SUD treatment and treatment support services for offenders with an addition of a SUD that, if not treated would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State;
 - b. The provision of drug and alcohol treatment services and treatment support services for non-violent offenders within a drug court program.
- II. Treatment: Services that are critical to an individual's successful completion of their substance use disorder (SUD) treatment program, including but not limited to, the recovery support and other programmatic elements outlined in RCW 2.30.030 authorizing therapeutic courts; and
- III. Treatment Support: Includes transportation to or from inpatient or outpatient treatment services when no viable alternative exists, and childcare services that are necessary to ensure a participant's ability to attend outpatient treatment sessions.

POLICY

1. CJTA funds may be expended solely for:
 - 1.1. Substance Use Disorder (SUD) treatment and treatment support services for offenders with a SUD that, if not treated, would result in addiction, against whom charges are filed by a prosecuting attorney in Washington state;
 - 1.2. The provision of SUD treatment services and treatment support services for nonviolent offenders within a drug court program; and
 - 1.3. The administrative and overhead costs associated with the operation of a drug court. Amounts provided in this subsection must be used for treatment and recovery support services for criminally involved offenders and authorization of these services shall not be subject to determinations of medical necessity.
2. GCBH BH-ASO and Network Provider(s) must coordinate with the local legislative authority for the county or counties in its Regional Service Area (RSA) in order to facilitate the planning requirement as described in RCW 71.24.580. The county alcohol and drug coordinator, county prosecutor, county sheriff, county superior court, a substance abuse treatment provider appointed by the county legislative authority, a member of the criminal defense bar appointed by the county legislative authority, and, in counties with a drug court, a representative of the drug court shall jointly submit a plan, approved by the county legislative authority or authorities, to the state panel for disposition of all the funds provided from the CJTA within that county. The funds shall be used solely to provide approved alcohol and substance abuse treatment pursuant to RCW 71.24.560 and treatment support services.
3. A CJTA plan must be developed to:
 - 3.1. Describe in detail how SUD treatment and support services will be delivered within the region;
 - 3.2. Address the CJTA Account Match Requirement for Therapeutic Courts;
 - 3.3. Include details on special projects such as best practices/treatment strategies, significant underserved population(s), or regional endeavors, including the following:
 - 3.3.1. Describe the project and how it will be consistent with the strategic plan;
 - 3.3.2. Describe how the project will enhance treatment services for offenders;
 - 3.3.3. Indicate the number of offenders who were served using innovative funds; and
 - 3.3.4. Detail the original goals and objectives of the project.

4. Effective October 1, 2021, completed Biennial CJTA plans must be submitted to the HCA every two years by October 31st for review and approval. Once approved, GCBH BH-ASO and Network Provider(s) will implement the plan as written.
 - 4.1. Subsequent plans will be submitted on a biennial basis.
5. CJTA Funding Guidelines:
 - 5.1. In accordance with RCW 2.30.040, if CJTA funds provided support for, or associated services by a Therapeutic Court, then the county is required to provide a dollar-for-dollar participation match for services to Individuals who are receiving services under the supervision of a Therapeutic Court.
 - 5.2. No more than ten percent (10%) of the total CJTA funds may be used for the following treatment support services combined:
 - 5.2.1. Transportation; and/or
 - 5.2.2. Child Care Services.
 - 5.3. The HCA retains the right to request progress reports or updates on innovative projects funded under this subsection. At a minimum, thirty percent (30%) of the CJTA funds for special projects must meet any or all of the following conditions:
 - 5.3.1. An acknowledged best practice (or treatment strategy) that can be documented in published research;
 - 5.3.2. An approach utilizing either traditional or best practice approaches to treat significant underserved and marginalized population(s) and populations who are disproportionately affected by involvement in the criminal justice system;
 - 5.3.3. A regional project conducted in partnership with at least one other entity serving the service area; and
 - 5.3.4. Services eligible to be provided through CJTA funds are identified in applicable contracted providers CJTA contract exhibit.
6. CJTA Allowable Expenditures:
 - 6.1. Services that can be provided using CJTA Funds are:
 - 6.1.1. Brief Intervention (any level, assessment not required)
 - 6.1.2. Acute Withdrawal Management (ASAM Level 3.2 WM)
 - 6.1.3. Sub-Acute Withdrawal Management (ASAM Level 3.2WM)
 - 6.1.4. Outpatient Treatment (ASAM Level 1)
 - 6.1.5. Intensive Outpatient Treatment (ASAM Level 2.1);
 - 6.1.6. Opioid Treatment Program (ASAM Level 1);

- 6.1.7. Case Management (ASAM Level 1.2);
- 6.1.8. Intensive Inpatient Residential Treatment (ASAM Level 3.5);
- 6.1.9. Long-term Care Residential Treatment (ASAM Level 3.3);
- 6.1.10. Recovery House Residential Treatment (ASDAM Level 3.1);
- 6.1.11. Assessment (to include Assessments done while in jail);
- 6.1.12. Interim Services;
- 6.1.13. Community Outreach;
- 6.1.14. Involuntary Commitment Investigations and Treatment;
- 6.1.15. Room and Board (Residential Treatment Only)
- 6.1.16. Transportation;
- 6.1.17. Childcare Services;
- 6.1.18. Urinalysis;
- 6.1.19. Treatment in the Jail:
 - 6.1.19.1. CJTA funding used for this purpose may not supplant any locally funded programs within a city, county or tribal jail.
 - 6.1.19.2. GCBH BH-ASO and Network Provider(s) may not use more than thirty percent (30%) of their total annual allocation for providing treatment services in jail:
 - 6.1.19.2.1. GCBH BH-ASO and Network Provider(s) may request an exception to this funding limit within the biennial CJTA strategic plan submitted to the HCA.
 - 6.1.19.2.2. SUD treatment service provided in jail may include, but is not necessarily limited to the following:
 - 6.1.19.2.3. Engaging Individuals in SUD treatment;
 - 6.1.19.2.4. Referral to SUD services;
 - 6.1.19.2.5. Coordinating care;
 - 6.1.19.2.6. Continuity of care;
 - 6.1.19.2.7. Transition planning;
 - 6.1.19.2.8. Administration of Medications for the treatment of SUDs, including Opioid Use Disorder, to include the following:
 - 6.1.19.2.8.1. Screening for medications for SUDs;
 - 6.1.19.2.8.2. Costs of medications for SUDs;
 - 6.1.19.2.8.3. Administration of medications for SUDs.
 - 6.1.19.2.8.4. Employment services and job training;

- 6.1.19.2.8.5. Relapse prevention;
 - 6.1.19.2.9. Family/marriage education;
 - 6.1.19.2.10. Peer-to-peer services, mentoring and coaching;
 - 6.1.19.2.11. Self-help and support groups;
 - 6.1.19.2.12. Housing support services (rent and/or deposits);
 - 6.1.19.2.13. Life skills;
 - 6.1.19.2.14. Spiritual and faith-based support
 - 6.1.19.2.15. Education; and
 - 6.1.19.2.16. Parent education and child development.
7. GCBH BH-ASO and Network Provider(s) will submit a quarterly CJTA Quarterly Progress Report within forty-five (45) calendar days of the state fiscal quarter end using the HCA reporting template, CJTA Quarterly Progress Report. The CJTA Quarterly Progress Report must include the following program elements:
- 7.1. Number of Individuals served under CJTA funding for that time-period;
 - 7.2. Barriers to providing services to the criminal justice population;
 - 7.3. Strategies to overcome the identified barriers;
 - 7.4. Training and technical assistance needs;
 - 7.5. Success stories or narratives from Individuals receiving CJTA services; and
 - 7.6. If a Therapeutic Court provides CJTA funded services: the number of admissions of Individuals into the program who were either already on medications for opioid use disorder, referred to a prescriber of medications for opioid use disorder, or were provided information regarding medications for opioid use disorder.
8. Medications for Opioid Use Disorder in Therapeutic Courts
- 8.1. Per RCW 71.24.580, "If a region or county uses Criminal Justice Treatment Account funds to support a therapeutic court, the therapeutic court must allow the use of all medications approved by the Federal Food and Drug Administration (FDA) for the treatment of opioid use disorder as deemed medically appropriate for a participant by a medical professional. If appropriate medication-assisted treatment resources are not available or accessible within the jurisdiction, the HCA's designee for assistance must assist the court with acquiring the resource."
 - 8.2. GCBH BH-ASO and Network Provider(s), under the provisions of the HCA BH-ASO contractual agreement, will abide by the following guidelines related to CJTA and Therapeutic Courts:
 - 8.2.1. GCBH BH-ASO and Network Provider(s) will only subcontract with

Therapeutic Courts that have policy and procedures allowing Participants at any point in their course of treatment to seek FDA-approved medication for any SUD, and ensuring the agency will provide or facilitate the induction of any prescribed FDA approved medications for any SUD.

- 8.2.2. GCBH BH-ASO and Network Provider(s) will only subcontract with Therapeutic Court programs that work with licensed SUD behavioral health treatment agencies that have policy and procedures in place ensuring they will not deny services to Individuals who are prescribed any of the FDA approved medications to treat all SUDs.
- 8.2.3. GCBH BH-ASO and Network Provider(s) not subcontract with a Therapeutic Court program that is known to have policies and procedures in place that mandate titration of any prescribed FDA approved medications to treat any SUD, as a condition of participants being admitted into the program, continuing in the program, or graduating from the program, with the understanding that decisions concerning medication adjustment are made solely between the participant and their prescribing provider.
- 8.2.4. GCBH BH-ASO and Network Provider(s) must notify the HCA if it discovers that a CJTA funded Therapeutic Court program is practicing any of the following:
 - 8.2.4.1. Requiring discontinuation, titration, or alteration of their medication regimen as a precluding factor in admittance into a Therapeutic Court program;
 - 8.2.4.2. Requiring participants already in the program to discontinue medication regimen in order to comply with program requirements;
 - 8.2.4.3. Requiring discontinuation, titration, or alteration of their medication regimen as a necessary component of meeting program requirements for graduation from a Therapeutic Court program.
 - 8.2.4.4. All decisions regarding an Individual's amenability and appropriateness for medications will be made by the Individual in concert with a medical professional.

PROCEDURE

- A. For counties for which GCBH BH-ASO and Network Provider(s) receives CJTA funds, GCBH BH-ASO and Network Provider(s) shall implement any CJTA plans developed by the local CJTA Panel and approved by the CJTA Panel established in RCW 71.24.580(5)(b).
- B. GCBH BH-ASO RSA Counties' CJTA Panels shall provide GCBH BH-ASO

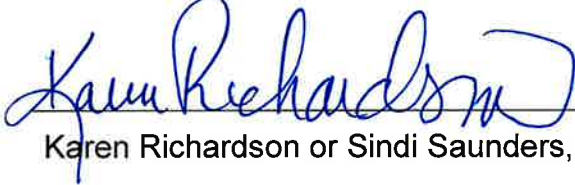
information on each county panel's determination for distribution of the additional CJTA funds.

- C. GCBH BH-ASO is responsible to develop the regional CJTA Plan for the Greater Columbia Behavioral Health Regional Service Area (RSA), which will be submitted to the HCA CJTA Panels for review and approval.
- D. GCBH BH-ASO requires contracted CJTA providers to submit CJTA Progress Report as required in current contracts. GCBH BH-ASO accumulates information and elements from each contracted provider's report into one regional CJTA Progress Report, which will be submitted to the HCA on a quarterly basis within forty-five (45) calendar days of the state fiscal quarter end, using the HCA reporting template and include required program elements.
- E. GCBH BH-ASO will notify the HCA if it discovers that a CJTA funded Therapeutic program is practicing any of the items identified in subsection 8.2.4 of this policy.

MONITORING

This policy will be monitored through GCBH BH-ASO report submissions to the state in compliance with contract requirements.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date