

County Appropriations

Criminal Justice Treatment Account (CJTA) Administration

Engrossed Substitute House Bill 1109; Sec. 215 (18) Chapter 415; Laws of 2019
September 30, 2019



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Legislative Reference

Engrossed Substitute House Bill 1109; Sec. 215 (18)

Chapter 415; Laws of 2019

The Health Care Authority (HCA) is submitting this report as required by [ESHB 1109, section 215 \(18\)](#):

“The criminal justice treatment account-state appropriation is provided solely for treatment and treatment support services for offenders with a substance use disorder pursuant to [RCW 71.24.580](#). The authority must offer counties the option to administer their share of the distributions provided for under [RCW 71.24.580](#) (5) (a). If a county is not interested in administering the funds, the authority shall contract with behavioral health entities to administer these funds consistent with the plans approved by local panels pursuant to [RCW 71.24.580](#) (5)(b). The authority must provide a report to the office of financial management and the appropriate committees of the legislature which identifies the distribution of criminal justice treatment account funds by September 30, 2019.”

Criminal Justice Treatment Account- Background

The Criminal Justice Treatment Account (CJTA) began in 2002 to help those involved in the criminal justice system gain access to substance use disorder treatment. This funding was dedicated to support defendants with a substance use disorder — including those enrolled in a drug court program.

County governments were responsible for administering the distribution of these funds since the funding mechanism was established. However, with the integration of behavioral health services in our state in 2016, funding supervision changed to the Behavioral Health Organizations (BHO) or the Administrative Service Organization (ASO), depending on the region and level of managed care integration. Many BHOs and ASOs began to contract with different providers than the counties used when they oversaw the funds. This change, along with administrative barriers, caused difficulties with some regions and providers. For example, some drug court programs could no longer access the funds, which made it challenging to meet their clients’ needs.



Right of First Refusal

Engrossed Substitute Senate Bill 6032; Sec. 213 (oo); Chapter 299; Laws of 2018

Responses from the County Commissioners in 2018

Under [ESSB 6032; Sec. 213 \(oo\); 2018](#), the Legislature instructed HCA to provide the counties the option to reinstate their funding oversight (i.e. Right of first refusal). In response, HCA sent out a letter to all county commissioners advising them of the intent of the Legislature and asking for written response of the county’s intentions. At that time, 22 Counties reported they would like to continue to have the BHO or ASO continue to administer CJTA appropriations, and 17 Counties chose to administer their CJTA funds through County Government. The 2018 report to the Legislature noted that all of the counties in Integrated Managed Care (IMC) regions at that time (Southwest and North Central regions) elected to take back administrative duties of CJTA funding.

Engrossed Substitute House Bill 1109; Sec. 215 (18); Chapter 415; Laws of 2019

2019 Responses of County Commissioners and Human Services Directors

In 2019 the Legislature, through [ESHB 1109; sec. 215 \(18\); 2019](#), directed HCA to offer the counties the option to administer their share of CJTA appropriations. HCA reached out to all county commissioners and, per the request of the Washington State Association of Counties, the County Human Service directors. Five additional counties chose to coordinate their CJTA appropriations: Lewis, Pacific, Wahkiakum, Klickitat, and Snohomish County. At the same time, Douglas County chose to revert to their previous arrangement with having North Sound ASO administer their share of the CJTA appropriations. Table 1 details the breakdown, by county, of allotted CJTA funds for state fiscal year 2020. It also shows each county’s response regarding administration of CJTA funds. Figure 1 provides a visual representation of where CJTA administration currently resides: BHO, ASO, County since 2018, or County starting July 1st 2019.

Table 1: Fiscal year 2020 CJTA allotment and funding administration preference

Region	Entity	Base	State Drug Court	Total
Greater Columbia	ASO	646,750	-	646,750
- Asotin				
- Columbia				
- Franklin				
- Garfield				
- Kittitas				
- Yakima				
- Whitman				
King	ASO	1,154,320	201,957	1,356,277
North Central	ASO	47,677	-	47,677
- Douglas				

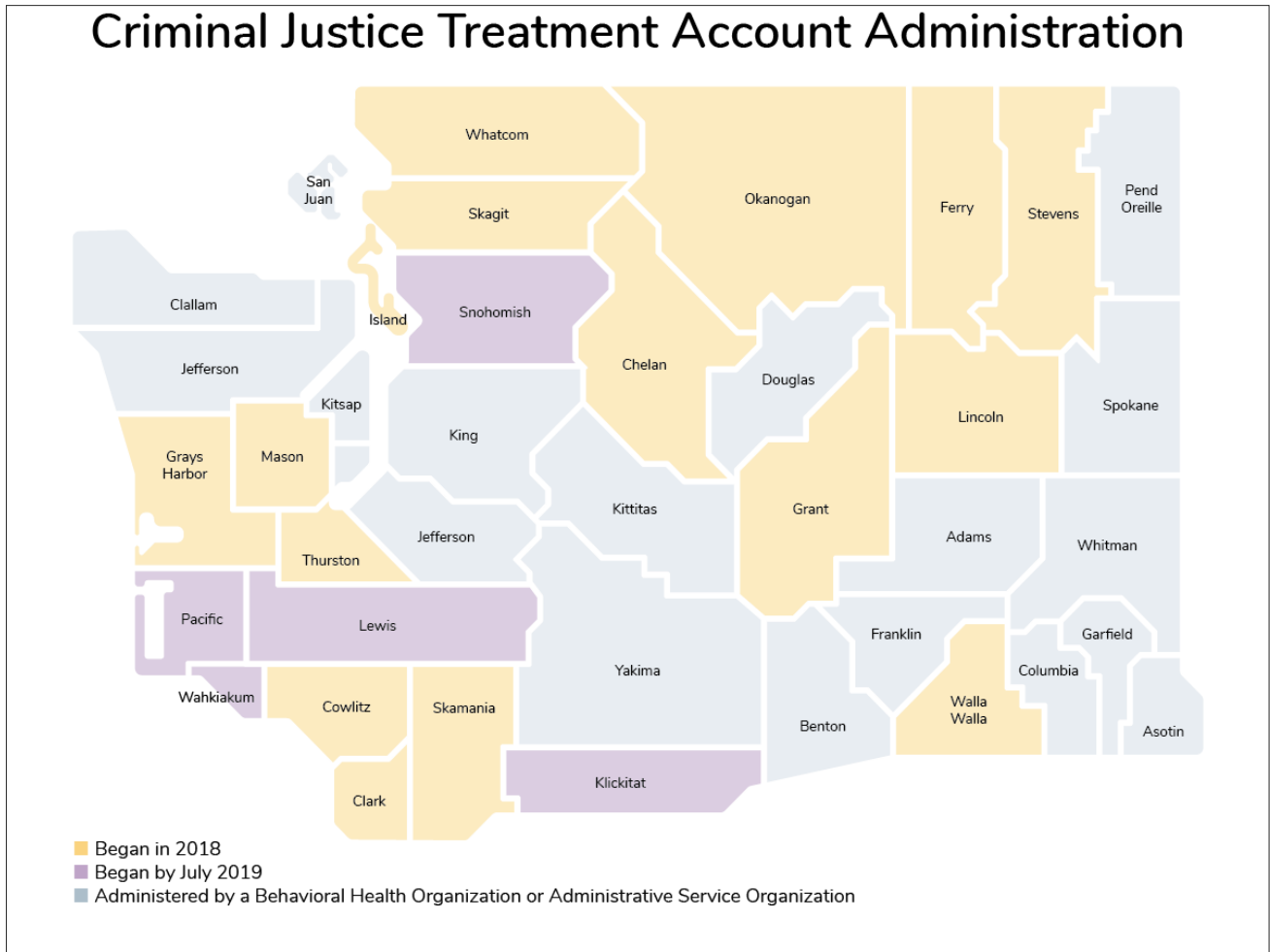
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North Sound - San Juan	ASO	41,910	-	41,910
Pierce	ASO	538,096	194,890	732,986
Salish - Clallam - Jefferson - Kitsap	BHO	261,805	210,879	472,684
Spokane - Adams - Pend Oreille - Spokane	ASO	465,659	127,103	592,762
Chelan	County	68,221	-	68,221
Clark	County	270,600	-	270,600
Cowlitz	County	86,406	134,196	220,602
Grant	County	90,027	-	90,027
Grays Harbor	County	77,610	-	77,610
Island	County	50,705	-	50,705
Klickitat	County	43,979	-	43,979
Lewis	County	68,814	-	68,814
Lincoln	County	41,392	-	41,392
Mason	County	49,130	-	49,130
Okanogan	County	51,222	-	51,222
Pacific	County	44,497	-	44,497
Skagit	County	98,824	86,269	185,093
Skamania	County	41,392	-	41,392
Snohomish	County	425,820	-	425,820
Stevens	County (Includes Ferry)	91,580	-	91,580
Thurston	County	151,621	87,706	239,327
Wahkiakum	County	39,840	-	39,840
Walla Walla	County	51,222	-	51,222
Whatcom	County	174,881	-	174,881
Total		2,017,783	308,171	2,325,954



Figure 1: 2018 and 2019 right of first refusal results



Summary

The CJTA has gone through several state-wide changes over the past several years. From the transition to BHOs in April 2016, to the staggered transition to Integrated Managed Care (IMC) in various regions starting January 1st 2017, the landscape in which the facilitation of non-Medicaid, state funded treatment has created unexpected barriers related to the utilization and expenditure of CJTA funding. The State Legislature has responded to these unexpected pitfalls through the inclusion of the proviso language found in ESSB 6032 and ESHB 1109 which direct the HCA to provide counties the option of re-administering their state appropriations. Since then a total of 21 counties now contract directly with the HCA for purposes of administering their share of the funding. Several counties indicated that they wanted to wait until their region became a managed care region before re-administering their CJTA funds. As of January 1, 2020 the entire State will be under a Managed Care Medicaid system of treatment delivery.

