

**CENTER FOR SUBSTANCE ABUSE TREATMENT
GRANT PROGRAMS
BI-ANNUAL REPORT**

Reporting Period (month and year): August 1, 2013- Feb. 1, 2014 **Date:** Feb. 26, 2014

Completed by (name, position, telephone): Sheila Leslie, Specialty Courts Manager, (775) 325-6769

I. IDENTIFICATION INFORMATION

Grantee Federal Identification Number: TI025004

CSAT Project Officer's Name: George Samayoa, MD., CAS., Dr. DFC., BCIM

Project Name: Second Judicial District Court Re-Entry Court

Grantee Organization: Second Judicial District Court, Reno, NV

Project Director: Sheila Leslie, Specialty Courts Manager, Second Judicial District Court

Address: 75 Court Street, Reno, NV 89501

Telephone Number: (775) 325-6769 *E-mail Address:* sheila.leslie@washocourts.us

Fax Number: (775) 328-3131

Project Evaluator: Join Together Northern Nevada, Kevin Crowe, Ed.D.

Address: 505 S. Arlington Ave., Ste 110, Reno, NV 89509

Telephone Number: (775) 881-8049 *E-mail Address:* kzcrowe@charter.net

II. CHANGES IN KEY PERSONNEL DURING REPORTING PERIOD

II.A. Changes in project key staff:

We are pleased to report full staffing for this grant (100%). Key project staff include:

1. Project Director	Sheila Leslie	(775) 325-6769	sheila.leslie@washocourts.us
2. Specialty Court Officer	Julie Vann	(775) 325-6641	Julie.Vann@washocourts.us
3. Program Evaluator	Kevin Crowe	(775) 881-8049	kzcrowe@charter.net
4. Clinical Director	Debra Kamka	(775) 786-6880	dkamka@questreno.com

II.B. Identify changes in other staff.

There are no staff changes at this time. Other members of the Re-Entry Court Team provide a multidisciplinary blend of legal, administrative, law enforcement and IT personnel.

II.C. The following information is needed for any staff vacancies during this reporting period.

There are no staff vacancies at this time.

II.D. List any training or professional development activities in which staff has participated.

Fig. 1. Training & Professional Development Activities In Which Project Staff Have Participated		
Training Date/Title	Description of Professional Development Activities	Participating Project Staff
9/25/13. Mandatory Grant Orientation	SAMHSA CSAT webinar	Sheila Leslie and Julie Vann
10/3/13. IDEAS Exchange Webinar	SAMHSA CSAT webinar	Sheila Leslie and Julie Vann
11/8/13. Bridges out of Poverty Day 1	Webinar	Sheila Leslie and Julie Vann
11/15/13. Bridges out of Poverty Day 2	Webinar	Sheila Leslie and Julie Vann
11/21/13. Health Disparities Impact Statement Training	SAMHSA CSAT webinar	Sheila Leslie and Kevin Crowe
11/21/2013. SAMHSA CSAT Behavioral Disparities Reporting	SAMHSA CSAT webinar	Sheila Leslie
12/3/13. CSAT-GPRA Intro to GPRA Data Entry	SAMHSA CSAT webinar	Kevin Crowe
12/12/13. How to Use the SAIS Online Learning Center	SAMHSA CSAT webinar	Julie Vann
12/9/13. Principles of Effective Criminal Justice Response to Challenges & Needs of Drug-Involved Individuals Nat. Judicial College.	Teleconference	Sheila Leslie
12/13/13. CSAT-GPRA Data Entry	SAMHSA CSAT webinar	Julie Vann
12/12/13. Grantee Orientation	SAMHSA CSAT webinar	Julie Vann
12/13/13. Intro. to Follow Up	SAMHSA CSAT webinar	Julie Vann
12/12/13. CSAT-GPRA Reports and Downloading Data	SAMHSA CSAT webinar	Julie Vann
12/16/13. Using Dashboards to Manage Performance	SAMHSA CSAT webinar	Julie Vann
12/17/13. CSAT GPRA Follow up GPRA Techniques	SAMHSA CSAT webinar	Kevin Crowe
1/10/14. Advanced Follow Up Techniques	SAMHSA CSAT webinar	Julie Vann
1/13/14. CSAT-GPRA Best Practices Data Entry Training	SAMHSA CSAT webinar	Kevin Crowe
1/23/14. CSAT-GPRA Adv. Follow up GPRA Techniques	SAMHSA CSAT webinar	Kevin Crowe
2/13/14. MSExcell Level 1	New Horizons Inc. Reno NV	Kevin Crowe
2/21/14. MSExcell Level 2	New Horizons Inc. Reno NV	Kevin Crowe
QUEST COUNSELING SERVICES-TREATMENT STAFF		
9/3/2013 DSM 5 Workshop (3 CEUS)	Classroom. DSM 5 Diagnostic Codes	Gary Smith
09/20/2013 Eating Disorders. (5 CEUS)	Classroom. Medical Complications and Treatment Strategies	Debra Kamka
10/29/2013. Medicaid Training: (16 CEUS)	Classroom. Competency around serving treatment planning, case management and requirements of Medicaid.	Gary Smith
11/7/13-8/13. Advanced Clinical Supervision: (12 CEUS)	Classroom, 2-day. Supervising therapists' clinical work including case conceptualization, treatment inventions, and client care.	Debra Kamka
11/15/2013. Ethics (6 CEUS)	Classroom. Ethics and resolving ethical dilemmas.	Gary Smith

Fig. 1. Training & Professional Development Activities In Which Project Staff Have Participated		
12/4/2013. Confidentiality and HIPPA (6 CEUS)	Classroom. Adhering to client confidentiality and HIPPA requirements	Debra Kamka
1-13/14 to 1/16/14. Multidimensional Family Therapy Recertification Training (22 CEUS)	Classroom/didactic. History of development, research support, clinical theory, operational principles and specific interventions. Didactic presentation and videotape case examples of specific interventions, role-plays, and demonstrations.	Debra Kamka

II.E. Please list any licensing/certification obtained for new services.

No new licensing or certifications were obtained during this reporting period.

III. PROJECT INFORMATION

III.A. Coordination and Collaboration Figure 2 outlines agencies, which the grantee has actively worked with during the reporting period.

Fig. 2. Interagency Coordination & Collaboration		
Name	Location	Type of Service Provided
Quest Counseling	Reno, NV	Counseling services
Ridge House	Reno, NV	Transitional Living
Life Changes	Sparks, NV	Transitional Living
Empowerment Center	Reno, NV	Transitional Living
Criminal Justice Advisory Committee	Reno, NV	Collaboration of Agencies Involved in Local Criminal Justice Efforts
AOC Specialty Courts Users Group	Reno, NV	Shared data collection system
HOPES Clinic	Reno, NV	Health Care
Join Together Northern Nevada	Reno, NV	Substance Abuse Prevention Coalition
Washoe County Dept. of Social Services	Reno, NV	Eligibility Intake for health coverage, food stamps, and other basic needs
NV Dept. of Corrections	Carson City, NV	Coordination of inmates into the community and criminal assessments
NV Behavioral Health Division	Carson City, NV	Behavioral Health and Substance Abuse Services
“Community Conversation” program on Behavioral illness and the criminal justice system	Reno, NV	Community Behavioral Health Coalition
Veterans Administration	Reno, NV	Services for veterans
State Parole and Probation	Reno, NV	Participant supervision, drug testing, and home visits
Job Connect	Reno, NV	Assistance with employment search and developing resumes

III.B. Client Information

1. Annual goal from grant application: 25

How many clients does grantee plan to serve this year (October 1 through September 30): 25

2. During the *past* six months:

- a. How many new clients did grantee plan to serve? 14
- b. How many new clients were actually served? 14
- c. How many intake/admissions were completed? 14
- d. How many clients completed the intake/admissions GPRA assessment but did not receive treatment from project staff? 0
- e. How many clients were discharged from the program before completion (i.e., clients who left the program for any reason without completing their treatment plan) 0
- f. How many clients graduated from the program (i.e., clients who successfully completed the program)? 0

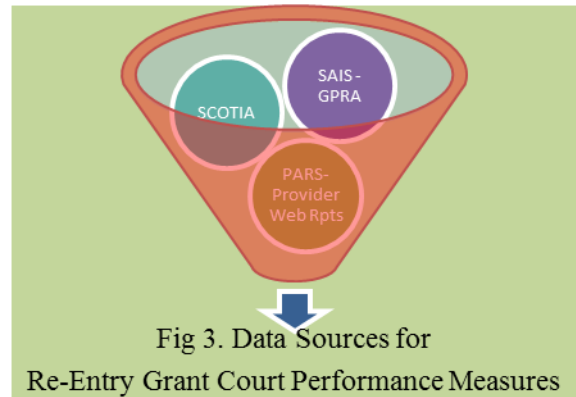
3. During the *next* six months: How many new clients does grantee plan to serve (i.e., what is the goal): 11.

4. Total to be served during three-year grant cycle ending Sept 30, 2016: 75.

5. Additional data grantee may wish to provide (e.g., number of outreach contacts)

Grant performance statistics are harvested from three information systems. These are: SAMHSA’s Substance Abuse Information System (SAIS), Second Judicial District Court’s case management system (SCOTIA), and the Specialty Court Provider Automated Reporting system (SCPARS).

Together these data systems provide a comprehensive array of evaluation information concerning the operation of the grant.



NRS 213.632 sets criteria for who is eligible for the program. All clients come from Nevada Department of Corrections (NDOC), and must be within 2 years of the expected parole date in order to apply. Eligibility for Re-Entry Court is according to statute, and NDOC does not send applicants that do not meet the statutory guidelines. Figure 4 indicates the referral agencies for current Re-Entry clients. These referral agencies are largely NDOC conservation camps (CC). Of these seven referring agencies, Jean CC and Humboldt CC have referred the most clients.

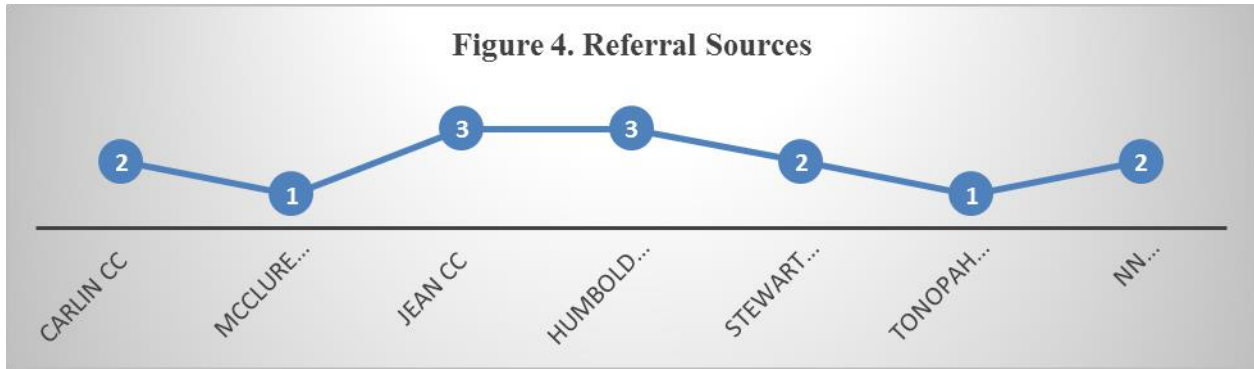
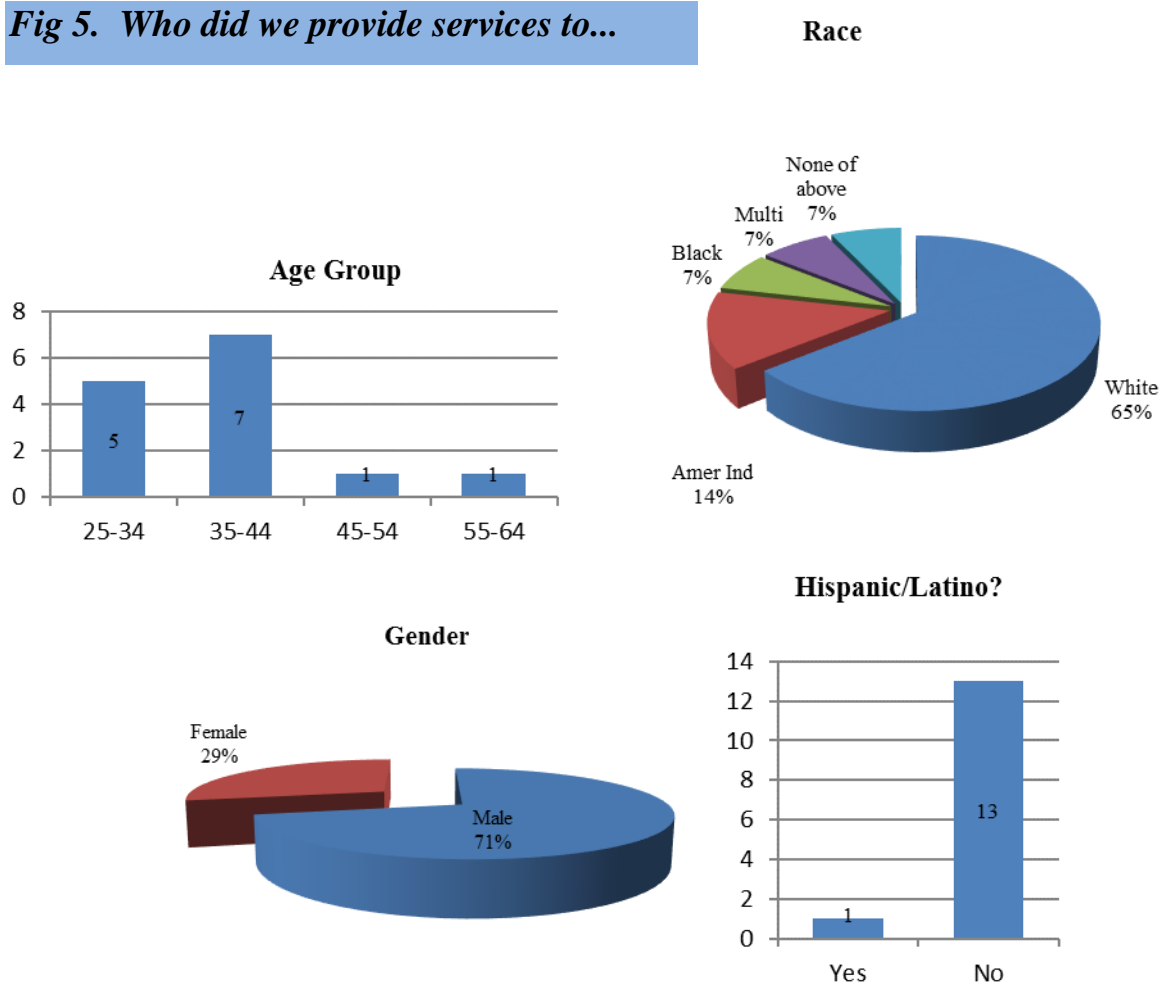
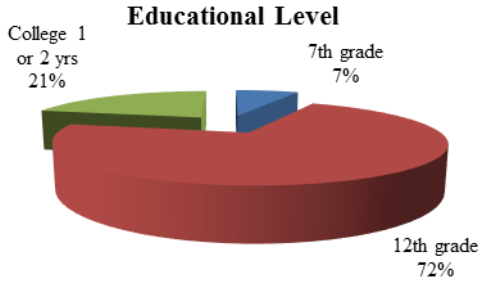


Fig 5. Who did we provide services to...





Intakes: Figures 5 and 6 provide information concerning intakes into the ReEntry program. Figure 7 indicates that, as of Feb. 1, 2014, 14 individuals have received an intake. An analysis of GPRA information reveals the intake coverage rate for the Re-Entry Court is 91.9%, *well exceeding the minimum SAMHSA target of 80%*. Figure 6 shows that there is monthly variation in these rates; nonetheless, the project is well on course to achieve annual SAMHSA intake targets.



Fig. 7. GPRA Intakes				
	Client Target To Date	Intakes Received To Date	Intake Coverage Rate To Date	Avg. Rate of All Grantees in This GFA
Feb. 2014	6	14	91.9%	106.0%

Follow-up: Figure 8 indicates the program has not yet begun collecting follow up data. However, since this is our initial biannual report, follow-ups will begin in March 2014, with reporting included in the next biannual report (October 2014).

Fig. 8. GPRA 6-month follow-up				
	6 month follow-ups due	6-month follow-up rec'd	6 month follow-up rate	Avg. Follow-up Rate of all Grantees in This GFA
Feb. 2014	0	0	n/a	75.5%

Client Data, Services, and Outcomes (at time of discharge). Since this is our initial biannual report, we have not yet collected any outcome or discharge statistics.

National Performance Measures: The evaluation design includes reporting seven national measures selected by Second Judicial District Court. These seven measures were derived from 28 measures

developed by the National Center for State Courts¹ (NCSC) for use in specialty court programs nationally (MHCPM)².

Measure 1: In-Program Reoffending

In-program reoffending is defined as an arrest that results in the offender being formally charged (excluding traffic citations other than DUI) and which occurs between admissions and exit. While the date of arrest must fall between the entry date and exit date, the charge date may come after the participant has exited the program. This measure serves as an important measure of offender compliance and the level of supervision received, hence, an indicator for public safety.

Measure 2: Living Arrangement

Tracks the progress of participants toward securing a stable living arrangement. Specifically, the percent of participants who are homeless or not at exit, and by living status at entry. Adequate housing is a prerequisite for treatment effectiveness.

Measure 3: Retention/program completion

Measures client who are admitted during the same time frames, and exit the program by one of the following means: Successful completion, administrative closure, voluntary withdrawal while in compliance, discharge, transfer, and failure/termination. Retention is important because it is critical that participants receive treatment and supervision of long enough duration to effect change.

Measure 4: Total Time in Program

Measures the average length of time between a participant's admission and permanent exit. If this time span is very short, participants may not be receiving enough treatment and care to affect long-term improvement. If it is very long, courts may be devoting too great a share of their resources to difficult cases, denying opportunities to other potential participants.

Measure 5: Participant Level Satisfaction

This measures the perceived fairness of the program by the participant as expressed in a short 5-question discharge survey. Research indicates that the perception of fairness is often more important than the actual outcome of the case, making this measure important in gauging the perception of the participant.

Measure 6: Participant Preparation for Transition

This measure provides an assessment of whether participants are prepared for their transition by ensuring that needed treatment and services will remain available and accessible after their court supervision concludes. It reports the percent of correct responses by the participant identifying sources of assistance (e.g., for medication or Behavioral health symptoms) to be used after exiting the program.

Measure 7: Post Program Recidivism

This measure reports the percentage of participants who reoffended within two years after exiting. This is an important measure of the lasting outcomes of the program as well as public safety. It captures longer-term outcomes, as compared to Measure 1 "In-Program Reoffending", and is thus reflective of the effectiveness of the program.

¹ October 2010. Research Division, National Center for State Courts, Williamsburg, VA

² Waters, N., & Cheesman, F. (2010). *Mental Health Performance Measures: Implementation & Users Guide*. Williamsburg, VA: National Center for State Courts.

Evidence Based Practices (EBP): In addition to court compliance and program activities, the evaluation design is able to measure the provision of therapeutic services provided to Re-Entry Court clients using a custom application referred to as the Specialty Court Provider Automated Reporting System (SCPARS). SCPARS data confirms the Re-Entry Court has begun delivering evidence-based treatment to every client in the program.

SCPARS is designed to automate the monthly treatment reporting by providers of behavioral health and substance abuse treatment services and use of evidence based practices. Figure 9 provides initial statistics regarding the provision of treatment services.

Using SCPARS data since the beginning of the program (September 2013), Figure 9 shows a single treatment provider who provided a total of 298 therapy sessions, which were almost evenly split between individual (N=162 sessions or 54%) and group sessions (N=134 sessions or 45%). Each of the 14 active clients in treatment at the time of this report received an average of 21 sessions each.

Treatment included use of three evidence-based practices: Cognitive Behavioral Therapy (CBT), Motivational Interviewing Therapy (MI), and Eye Movement Desensitization Reprocessing (EMDP).

Fig. 9 Re-Entry Court Treatment Services	
	Feb 2014
# sessions	298
# of clients	14
# of clinicians	3
Average # sessions per client	21.0
Average # sessions per clinician	99.0
Average # clients per clinician	4

Figure 11 indicates that Cognitive Behavioral Therapy was the predominant evidence-based therapy used; offered in 49% of the sessions (N=146); Motivational interviewing was also widely used; in 48% of the sessions (N=142). Use of the third evidence-based practice, Eye Movement Desensitization Reprocessing Contingency Management was much less, 2.3% of all sessions (N=7).

SCPARS is unique in that it is completed by the treating clinician at the time of service delivery, and therefore allows for very accurate measurement of the provision of evidence-based practices. The SCPARS data can account for consistent use of the grant-funded evidence based practices with each Re-Entry Court client.

Figure 10. Re-Entry Court Treatment Provided Since Start of Grant (Aug. 2013)

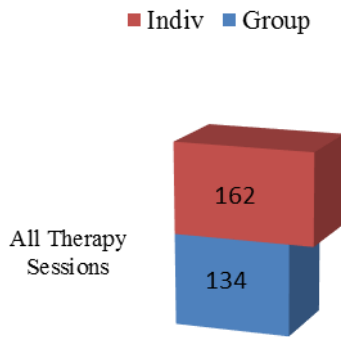
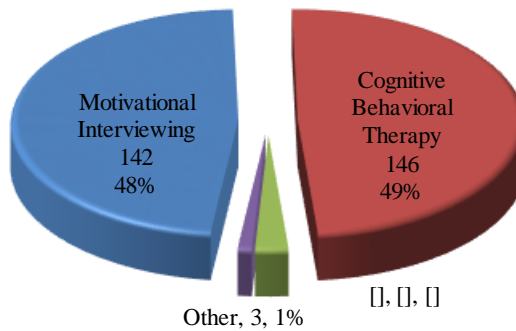


Figure 11. What Evidence Based Practices (EBP) Are Used With Re-Entry Clients?



III.C. Project Narrative

The Second Judicial District Court has been operating Specialty Courts since 1995, including the nation’s first Family Drug Court and a large Behavioral Health Court selected as a national learning site. Other Specialty Courts currently in operation in the Second Judicial District include a large Adult Drug Court, a Drug/Alcohol Diversion Court, a Felony DUI Court, a Veterans Court, a Family Mental Health Court, and a Juvenile Drug Court. The nationally recognized Model Components form the framework for each Specialty Court in the Second Judicial District.

SAMHSA funding via this grant has allowed for the expansion and enhancement of the Re-Entry Court of the Second Judicial District Court to treat 25 clients per year over three years for a total of 75 clients. This has more than doubled the current enrollment, (from 10 to 25) of participants who are on early release or parole status from the Nevada Department of Corrections.

The Re-Entry Grant Project is operational under the direction of Sheila Leslie, Specialty Courts Manager, who is assisted by the Specialty Courts Officer, Julie Vann.

This grant is now 100% staffed and staff are rapidly increasing monthly client referrals. Program evaluation is now in place, with increased grant resources utilized for grant evaluation and use of an independent professional evaluator. All GPRA assessments are tracked and monitored for timely administration.

Since this is the project’s initial report, at this time there is no available 6-month follow up data. Planning is underway so that future reports will include follow up data as it begins to become available, in March 2014. Longer term discharge data collection planning is also underway, so that we will measure a cohort of individuals who have completed the program after 12 months.

The Referral Process: This begins when the client contacts their caseworker while in the prison system (usually a conservation camp) to apply for the program. The Department of Corrections initially screens applicants to make sure they qualify for the program according to NRS 213.62. Anyone who qualifies is referred to the Re-Entry Court team. Team members review the application and submit recommendations

to the Specialty Courts Officer. She then summarizes all recommendations into a memo with the application for the judge to review. The judge makes the final decision to accept or decline the inmate.

Clinical Screening and Assessment: Quest Counseling assesses clients for co-occurring disorders by providing a comprehensive evaluation. Consent forms are collected as part of client intake. Demographic information is acquired after the client completes two pencil and paper screening tools, the Substance Abuse Subtle Screening Inventory (SASSI), which is available in English and Spanish, and a Behavioral Health Questionnaire. The answers are then scored and interpreted. While the client is completing this paperwork, the counselor may interview other persons involved in the case, such as family members, the parole and probation officer, social worker and so on.

Next, the client is interviewed regarding his/her educational and/or employment history; emotional/behavioral concerns; substance abuse history and issues associated with his family/living situation. Once the initial data is gathered, staff analyze the responses based on the American Society of Addiction Medicine Patient Placement Criteria 2nd Edition Revised (ASAM PPC-2R) in six dimensions: acute intoxication and/or withdrawal potential; biomedical conditions and complications; emotional, behavioral or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and recovery environment. A diagnosis is then generated from the ASAM information and using the DSM-IV-TR.

The result of this analysis helps determine a recommended level of care and number of hours of services per week. Clients are always placed in the least restrictive level of care. If the client is successful in treatment, the hours and intensity of service are reduced. Conversely, if the client fails to meet treatment goals, the level of treatment is increased.

Each client accepted into treatment receives at least one hour of individual therapy per week in addition to however many hours of group is deemed appropriate because of the assessment. Clients may have scheduled appointments with a psychiatrist and may meet with a psychologist either in group or individually.

Treatment Services: The Second Judicial District Court provides on-going supervision of the participants including regular weekly court reviews, face-to-face check-ins, and random drug and alcohol testing. The Court has subcontracted with a licensed treatment provider in Reno, Quest Counseling Services. Quest provides clinical assessments, and use of the grant-specified evidence based practices.

Each of the 75 participants to be served over the three-year grant cycle will receive services including screening and access to psychological and psychiatric services. The Re-Entry grant budget includes resources to provide a treatment fund, which can provide financial assistance to participants who need specialized treatment based on assessments and their individualized treatment plan, but are uninsured or underinsured. It is estimated that 20% of the caseload (5 people) will be in need of this service; so far, no one has needed it. Participants who have access to public or private insurance are required to fully utilize these financial resources before accessing the Treatment Fund.

All clients live at a transitional living placement for a minimum of the first 3 months they are in Re-entry Court. During this time they have a safe, sober environment to live in where they are learning life skills such as finding and maintaining employment, learning to manage money, and looking for permanent housing options. The grant funds the first two weeks of transitional living. There are three providers for transitional living. All 14 clients have used these services, with 9 using grant funds.

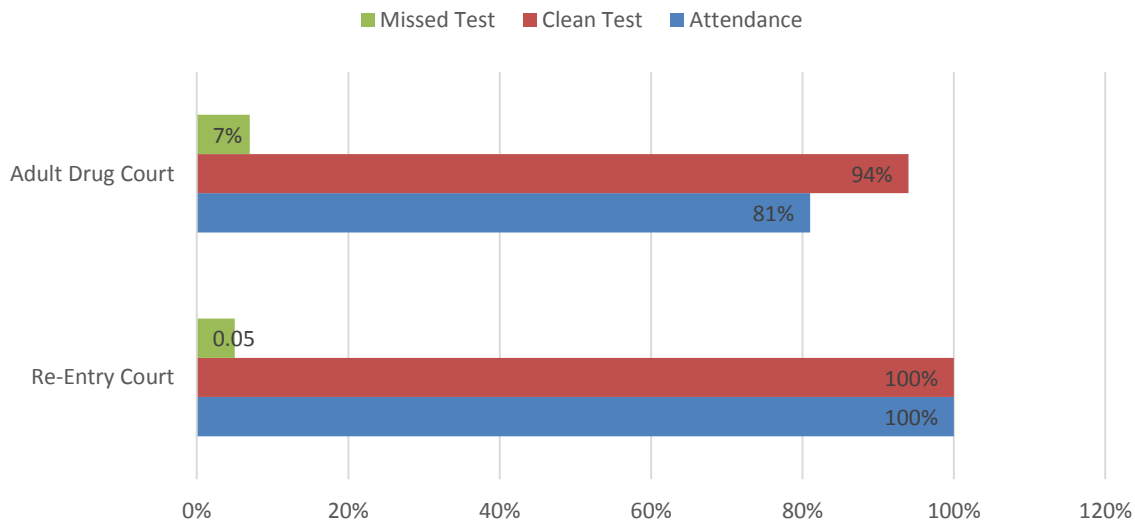
Aftercare: Throughout treatment, Quest assists each client to link with community resources and supports. Quest encourages individuals to find various pro-social activities and support groups that may

be helpful in developing a healthy lifestyle. In addition, all clients are encouraged to call Quest if they need any help or additional services at any time.

Project Successes and Startup.

- *Began outpatient behavioral health treatment with Quest Counseling Services.* Staff have worked aggressively to complete a formal MOU, and have begun program referrals. Quest has also provided timely psychiatric consultations and psychotropic medications.
- *Developed and implemented a series of regular grant staff meetings* to share the program indicators and monitor grant program operations.
- *Improved knowledge transfer.* As part of efforts to increase awareness of this project, staff are working to update their websites to include grant specific information, such as program descriptions, referral processes, frequently asked questions (FAQ), glossaries, and contact information.
- *Developed and fully implemented a new Specialty Court Provider Automated Reporting System (SCPARS).* This is a web-based client record system for substance abuse and Behavioral health treatment providers providing services to the Court. A defined set of reports have been created. After initial meetings with Court IT personnel, the grant evaluation staff confirmed hardware and software, hosted and piloted the application, and provided remote access.
- *No positive drug tests to date.* There have been 169 drug tests administered so far among the 14 clients; an average of 12 per client. They are a mixture of urine and oral swab tests, and are administered by Specialty Court and Parole & Probation personnel. Figure 12 below provides a comparison of clients in the Adult Drug Court to clients in the Re-Entry program. This suggests Re-Entry clients may be more likely to attend court, and have better testing results.

**Fig. 12. Attendance and Compliance
Adult Drug Court & Re-Entry Court**



- Among the 14 clients, there have been a total of 118 court review sessions, with no misses. Overall,

Re-Entry Court client compliance is higher when compared with other Second Judicial Specialty Courts.

Knowledge dissemination: Staff are planning updates to provide not only SAMHSA grant related statistics, but also Re-Entry Court contact and referral information, and FAQs. The treatment provider webpages are being updated as well. We plan to update all webpages at least biannually. These websites include:

- Court: <http://www.washoecourts.com/index.cfm?page=specialty#>
- Evaluation Contractor: <http://www.jtnn.org/about/program-evaluation-services/>
- Treatment provider <http://questreno.com/>

In addition, staff are available upon request for outreach and information sharing. Close contact has been maintained by Project Director with NDOC as well as with behavioral health and social service agencies. Figure 1 suggests personnel are actively engaged in staff and provider trainings.

The monthly provision of data by the evaluation staff and tracking the GPRA system are providing consistent and effective project communications. In addition, clinical staff meet weekly with the court staff, and both client and program evaluation information is shared and acted upon. The grant evaluator is undertaking a **formative evaluative process**. This evaluation plan puts in place a continuous feedback loop that provides for ongoing grant program adjustments based upon data-driven decisions. Program feedback process is linked directly with overall court administration, and provides for timely, efficient decisions to be made.

Decisions regarding client care and program administration are made by the Project Director, after consultation with the judges and staff. The Project Director is supervised by the Assistant Court Administrator and they meet bi-monthly to assure the court administration receives data and information concerning this grant.

Figure 13 describes startup issues and current project challenges and strategies implemented for overcoming them.

Fig 13. Current Start Up Challenges & Strategies For Overcoming Them	
Challenges Encountered	Strategies for Overcoming These Challenges
1. Insufficient transitional housing for female inmates.	Strategies include recruitment of two additional transitional housing providers (Empowerment Center and Life Changes) to provide initial transitional housing to female participants.
2. Transition to new mandated Drug Court Case Management System (DCCM ³) as required by the Nevada Administrative Office of the Court (AOC). DCCM is expected to become operational July 1, 2014. This system will replace the existing SCOTIA system. Currently, there are approximately 40 users across all specialty courts, with 8 users in the Re-Entry Court.	The Re-Entry staff are actively involved in planning and technical support offered by AOC as part of the system rollout. Strategies include system installation, pilot testing, staff training, and use of reporting functions.

³ Advanced Computer Systems, 101 Market Place, Montgomery, AL 36117. Phone (334) 262-6882 Email:GovSales@ACTInnovations.com

IV. Additional information that grantee would like GPO to know about project.

Figures 14-16 outline access statistics and key programmatic adjustments as identified in the **Behavioral Health Disparities Impact Statement (BHDI)** submitted by the grantee in January 2104. The BHDI outlines the projected populations to be served by this grant, as well as specific actions Second Judicial District Court intends to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards. We will continue to monitor these activities as part of the biannual grant evaluation and reporting process. As shown in Figure 14 below, the Re-Entry Program is designed to serve 75 inmates, without preference for age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender.

Fig. 14 Access to Services	Total	FY1	FY2	FY3
Direct Services: Number to be served	75	25	25	25
By race/ethnicity (GPRA categories)				
African American (10%)	8	2	2	4
American Indian/Alaska Native (5%)	4	1	1	2
Asian (2%)	2	0	1	1
Caucasian (61%)	43	14	14	15
Non-White Hispanic (15%)	12	4	4	4
Native Hawaiian/other Pac islanders (2%)	2	0	1	1
Two or more races (5%)	4	1	1	2
By Gender (GPRA categories)				
Female (22%)	17	5	5	5
Male (76%)	58	19	19	20
Transgender (less than 1%)	1	0	0	1
Other (less than 1%)	1	0	0	1
Refused (0%)	0	0	0	0
By Sexual orientation/identity (GPRA categories)				
Lesbian	Data not available in GPRA			
Gay	Data not available in GPRA			
Bisexual	Data not available in GPRA			

Figure 15 below outlines, at a glance, the status of efforts undertaken by Second Judicial District to assure use of data for outcomes regarding race, ethnicity, and LGBT status.

Fig 15.

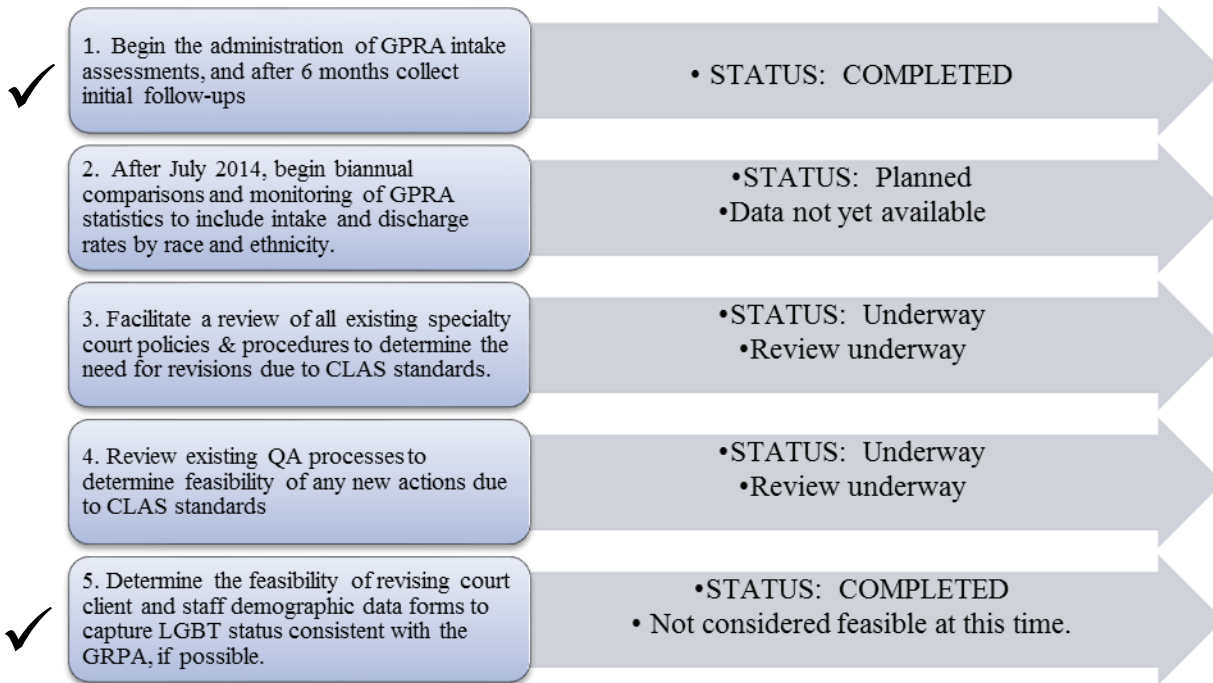


Figure 16 below outlines how the Second Judicial District Court intends to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards

Fig.16

