

Fort Bend County Justice and Mental Health Collaboration: Stepping Up

Abstract:

Fort Bend County (FBC) judicial leaders, Sheriff's Office, justice partners, County leadership, Health and Human Services, National Alliance for Mental Illness, and local behavioral health providers have come together to further focus on the unmet needs of people with mental illness and co-occurring mental illness and substance abuse, including opioids (MI/CMISA) in the legal system. Facilitated and led by FBC Behavioral Health Services (lead applicant), the Fort Bend County Criminal Justice Mental Health Initiative (CJMHI), has identified gaps in services and established several justice and behavioral health programs to address the needs of people with MI/CMISA in jail and/or at risk of incarceration, including female offenders.

In 2018, the **FBC Commissioner's Court passed the 'Stepping Up to Reduce the Number of People with Mental Illness in Jail' resolution**. Despite this strong commitment to working together and some progress, FBC does not have a well-developed system to connect needs, services, and outcomes. This fragmented system functions largely reactively with minimal coordination, which likely results in poorer outcomes, duplication of services (that then compete for resources), and gaps between services. Hence, **there is a significant opportunity to intervene by strengthening the current collaborative approaches across FBC to reduce the prevalence of individuals with MI/CMISA in jails and prevent subsequent justice system involvement**. Thus, the FBC CJMHI will focus on improving identification of persons with MI/CMISA, including opioid use, risk of recidivism, criminogenic risk, behavioral health needs as well as resources and streamlining collaboration between FBC justice and behavioral health services with the goal of reducing the number of people with MI/CMISA booked into jail, their average length of stay, connections to treatment, and recidivism rates. FBC seeks Bureau of Justice Assistance support for collaborative planning and implementation phases to improve their comprehensive response to people with MI/CMISA that are involved in the justice system (BJA-2019-15100, **Category 1**).

Founded on FBC's resolution and commitment, FBC Behavioral Health Services, county, and community partners will establish a planning committee to oversee Phase 1 Planning. Phase 2 implementation will be carried out through justice and behavioral health systems with oversight of representatives of the planning committee. Implementation will also incorporate an integration and feedback system with Evaluation Team, comprised of faculty from the University of Houston with extensive expertise in process improvement, service delivery, and program evaluation. This partnership will promote effective implementation, continuous improvement of processes, and service provision strategies.

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Program Narrative

A. Description of the Issue

Mental illnesses (MI) and co-occurring mental illness and substance abuse (CMISA) for individuals involved with the justice system is a significant public safety problem for both the individual and the justice system. Up to 75% of individuals involved with the justice system have discernable mental illnesses, substance use disorders, specifically opioids, and/or behavioral difficulties (Abram et al., 2003; Shuflet et al., 2006; Wasserman et al., 2010), which puts them at risk of ongoing functional impairment and continued justice system involvement (Colwell et al., 2012; Wu et al., 2010; Yampolskaya et al., 2012). Unfortunately, the MI/CMISA needs of justice involved individuals often remain unidentified or assessed and/or under or untreated (Schubert et al., 2011; Yampolskaya et al., 2012), resulting in longer involvement with the justice system, poorer performance measures across the system, and poorer individual outcomes. Moreover, many jurisdictions **lack adequate resources or effective coordination to meaningfully identify, assess, and treat MI/CMISA needs** (Colwell et al., 2012; TMMHPI, 2017) and **lack an integrated data management system (IDMS) that can effectively coordinate care between the justice system and service providers.**

Fort Bend County (the County), Texas was the fastest-growing large county in the United States from 2013-2016. Between 2010 and 2017, the County grew 30.8%, to a population of 764,828 (Census Bureau). Twenty-two percent of households are 'Asset Limited, Income Constrained, and Employed' (ALICE) and an additional eight percent are at or below the federal poverty level. The County is also the most ethnically diverse county in America, with over 100 languages spoken, and the population is split almost equally between the four largest ethnic

groups (The Kinder Institute for Urban Research, 2018). In 2018, the average daily population of the County Jail was 958 individuals. In recent months, the County Jail's percentage of individuals with MI/CMISA has increased from 19% for 2018 to 34% for the first quarter of 2019. Males represent 87.7% of the jail population with MI/CMISA and females represent 12.3%.

County judicial leaders, the Sheriff's Office, criminal justice partners, executive leadership, Health and Humans Services, National Alliance for Mental Illness (NAMI), and local behavioral health providers, including the Local Mental Health Authority, have recently come together to discuss how to address the needs of persons with MI/CMISA in the legal system. This group, known as the *Fort Bend County Criminal Justice Mental Health Initiative* (the Initiative), has identified gaps in services, and initiated the identification of justice and behavioral health programs to meet the needs of people with MI/CMISA in jail (Appendix A: Criminal Justice Mental Health Programs in Fort Bend County). Despite local agreement and some progress, especially through the Texas 1115 Waiver to develop the Crisis Intervention Team and the Recovery and Reintegration program, and the expansion of our magistrate court ordered mental health assessment process, the County does not have a well-developed system to connect needs, risk, services, and outcomes. This fragmented system functions largely reactively with minimal coordination. The results are poorer outcomes, duplication of services that then compete for resources, and gaps in services. Hence, **there is a significant opportunity to mitigate the ongoing negative impacts on justice-involved individuals with MI/CMISA by strengthening the County's current collaborative approaches to reduce the prevalence of individuals with MI/CMISA in jail and prevent subsequent justice system involvement.** The County proposes to build on the Initiative's existing efforts and **improve identification of**

persons with MI/CMISA, their risk of recidivism, and their behavioral health needs. The County's proposal will also focus on identifying resources and streamlining collaboration between the County justice system and behavioral health services. **The goal is to reduce the number of people with MI/CMISA booked into jail, their average length of stay, recidivism rates, and to improve connections to treatment.** Although the justice system predominantly focuses on males, the unique needs of female offenders, especially their histories of physical and sexual victimization, must be addressed. The County's proposal will carefully consider the needs of male and female offenders during the planning and implementation phases, with attention to the assessment and development of gender-responsive services. The County seeks Bureau of Justice Assistance support for collaborative planning and implementation phases to improve their comprehensive response to people with MI/CMISA that are involved in the justice system (BJA-2019-15100, Category 1).

B. Project Design and Implementation

The Fort Bend County Justice and Mental Health Collaboration: Stepping Up (FBC: Stepping Up) will expand on the existing County justice and behavioral health services. In 2018, the Fort Bend County Commissioner's Court passed the 'Stepping Up to Reduce the Number of People with Mental Illness in Jail' Resolution (Appendix B: Fort Bend County Resolution) to demonstrate the County's commitment to this issue.

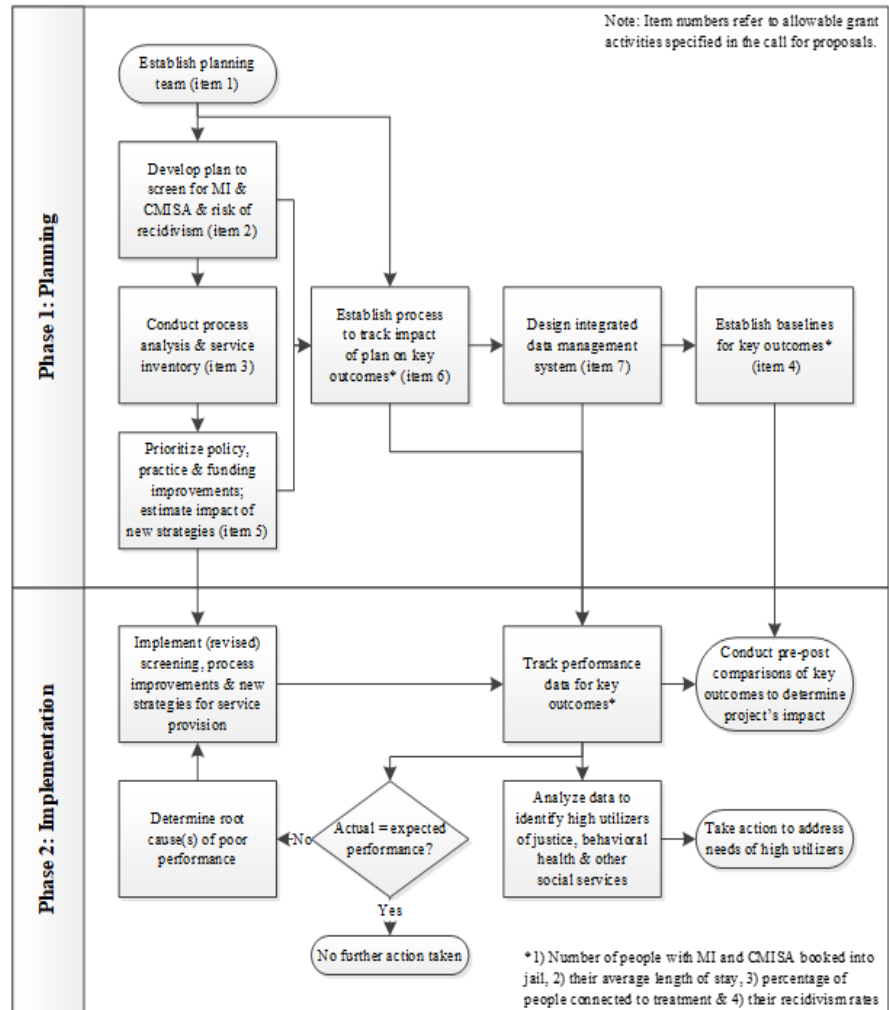


Figure 1. Initiative work flow

Thus far, the County has completed the Stepping Up Assessment Tool (Appendix C: FBC Stepping Up Assessment), established a task force which includes representatives from both justice, behavioral health, and health and human services, and appointed the Director of Behavioral Health Services as the chairperson. Founded on this prior work, this proposal will establish a planning committee to oversee Phase 1 objectives. In Phase 2, implementation will be through the justice and behavioral health systems, services, and programs with oversight from the Planning Committee (Figure 1: Initiative Work Flow). **Phase 1: Planning:** Initially, the

current task force will become a formal planning committee, entitled FBC: Stepping Up. The members will be:

Dr. Almeida, Dr. Gearing, Dr. Kovach, Project Manager, District Judge, County Court at Law Judge, Sheriff's Office, Community Corrections and Supervision, District Attorney's Office, County Attorney's Office, a Commissioners Court representative, Public Defender's Office, Health and Human Services, County Judge's Office, Auditor's Office, Information Technology (IT), Texana Center (LMHA), Fort Bend Regional Council, AccessHealth, and other community stakeholders. The Project Manager will be hired and work closely with the Planning Committee to ensure project implementation and outcomes.

The first task will be to implement timely, evidence-based and sustainable screenings and assessments at booking for risk of recidivism, and MI and CMISA, with special focus on opioids. Currently, MI screenings are conducted at booking, but do not utilize evidence-based instruments; screenings for CMISA do not utilize evidence-based instruments and are not tracked; risk assessments are not fully implemented. The evaluation team will present the Planning Committee with a series of validated MI and CMISA standardized measurement tools for an initial feasibility review and incorporation into the new screening process. The new screening processes will follow the Design for Six Sigma methodology, a structured approach for building quality into the design of service processes (Hasenkamp, 2010; Yang, 2005). This will help identify and prioritize the needs of the involved staff and people assessed through screening processes. This information will be the foundation for developing mechanisms to enhance screening that incorporate and integrate justice and behavioral health information. The County has successfully partnered with the evaluation team on this approach for the Crisis Intervention Team, a joint initiative of the Sheriff's Office and Behavioral Health Services.

To strengthen and coordinate connections, identify gaps, and increase service capacity for individuals with MI/CMISA across justice and behavioral health systems, this project will expand and augment evidence-based services and practices (Appendix D: Project Timeline). The evaluation team will conduct a comprehensive process analysis and inventory of services to determine opportunities for improvement using *failure modes and effects analysis* (FMEA) (Stamatis, 2003), an analytical method established in the quality field. The Planning Committee will identify and prioritize potential process breakdowns and service gaps, using their extensive experience working in justice and behavioral health systems, along with input from established evidence-based research practices and data. They will identify potential process failures, their potential causes and effects, and any existing process controls.

Based on the highest priority process breakdowns or service gaps, the Planning Committee will brainstorm ways to incorporate appropriate evidence-based practices and identify new strategies to systematically and efficiently connect, navigate, and transition individuals with MI/CMISA involved in the justice system to behavioral health and community-based services. To prioritize and select empirically supported practices and strategies to implement, planning committee members will use prioritization matrices and other decision-making tools (Tague, 2005). The Planning Committee will also use research and other available data to estimate the impact of the selected improvement strategies on established outcome measures.

To assess the impact of the initiative, the Planning Committee will develop a comprehensive and systematic process for tracking outcome measures (i.e., the number of people with MI/CMISA booked into jail, length of stay, connections to treatment, and recidivism rates). This process will follow the Design for Six Sigma (DFSS) methodology, and it will inform the

creation of an integrated data management system (IDMS). The Project Manager will be responsible for the overall coordination and implementation of recommendations from the Planning Committee.

C. To improve information sharing across the County justice and behavioral health systems, the Planning Committee will design an IDMS. The IDMS' objective will be to track baseline and ongoing data about people with MI/CMISA at each step in their journey through the justice and behavioral health systems, including the treatment they receive in the community and recidivism. IT staff will play a critical role in planning and coordinating of the comprehensive data collection required to create the IDMS. In addition to accessing information from multiple databases, the Planning Committee will establish policies and protocols to allow multiple agencies to enter and access data without violating professional codes of ethics and privacy laws.

Phase 2: Implementation: Following the BJA's approval of Phase 1: Planning, the Project Manager and key representatives of the Planning Committee, including IT, will oversee project implementation. This will include opioid screening, process improvements, data integration, gender-specific services, and sustainable service provision strategies throughout the County justice and behavioral health systems. Implementation will also incorporate a strong integration and feedback system with evaluators to promote effective implementation and continuous improvement of processes and service provision strategies.

Capabilities and Competencies:

The evaluation team will focus on both process evaluation and outcome evaluation. Through a partnership with the University of Houston, the evaluation team will include three faculty who have an established relationship with the County and extensive evaluation expertise. Dr. Gearing,

the outcomes and process evaluator, has expertise in mental health treatment engagement and adherence strategies for individuals with serious mental illnesses. Dr. Gearing has vast experience researching and evaluating patterns of service delivery, service utilization, and barriers, and enhancing promoters to mental health treatment and services with the focus to engage and maintain clients in treatment and improve outcomes and recovery (Gearing et al., 2014; Gearing et al., 2013; Gearing et al., 2012; Gearing et al., 2015; Schwalbe et al., 2013). Dr. Gearing will provide his expertise to plan, implement, and monitor the evaluation processes on improving outcomes for individuals with MI/CMISA, as well as their families. Dr. Gearing will coordinate with the evaluation team and the County. As the process evaluator, Dr. Kovach will design and improve operational processes within behavioral health care to advise the Planning Committee on how to conduct a process analysis and service inventory and develop process improvements and new service provision strategies. Based on iterative comparisons of actual versus expected performance data collected throughout the implementation phase, Dr. Kovach will directly oversee the continuous improvement of processes and service provision strategies (Kovach et al., 2017; Kovach et al., 2018a; Kovach et al., 2018b; Mitchell et al., 2016). Dr. Barthelemy will monitor the data collection to measure the program outcomes. Dr. Barthelemy has expertise and experience conducting programmatic evaluations for justice-involved programs, tracking program usage, treatment adherence and program fidelity. In addition, he will be responsible for analyzing the outcome data and sharing the results with the team.

D. Plan for Collecting the Data Required for this Solicitation’s Performance Measures

The planning team will develop operational definitions for each performance measure, drafted in Table 1. All data collected will be stored in and accessible through the IDMS.

Table 1. Performance Measures and Operationalization		
Performance Measure	Operationalization	Goal

1. People with MI and CMISA	People administered evidence-based screening (MI, CMISA, opioids, etc.)	100%
	People scoring above screening cut-off	TBD
	People administered full clinical assessments (for people scoring above cut-off)	100%
2. Risk Assessment	People administered Risk Assessment	100%
	People assigned level of risk	100%
3. People connected to treatment	Referrals to community-based behavioral health care providers (for people scoring above cut-off)	100%
	Intake appointments attended (by referred people)	100%
	Programs completed (by referred people)	100%
4. Average length of stay	Average days each person spends in jail	---
5. Recidivism rate	People rearrested/reincarcerated after release from jail	0%

The results of the evidence-based screenings performed by behavioral health professionals embedded in the County Jail calculate the percentage of people screened for MI/CMISA and the number of people scoring above the screening cut-off. The results of full clinical assessments and referrals made will also be tracked (see Appendix D: Project Timeline). At booking, every individual with MI/CMISA will be assessed for criminogenic risk. County Jail staff and behavioral health professionals will collect and enter MI/CMISA data, behavioral health needs, criminogenic risk assessment data, release type, and demographic data into the IDMS. Community-based behavioral health care providers will log attendance at intake and other appointments to calculate the percentage of people connected to treatment. Average length of stay will be the average time between people’s booking and release dates, and recidivism will be measured as the percentage of people rearrested or reincarcerated. In addition to criminogenic risk, these final two performance measures will be tracked for all screened individuals, regardless of score, to compare the performance of MI/CMISA individuals to the general population. Data collected for all measures during the planning and implementation phases will be used to establish pre- and post-improvement strategy implementation performance, respectively.

E. Plan for Measuring Program Success to Inform Plan for Sustainment

During Phase 2, the evaluators will make monthly assessments of the success of the improvement strategies implemented through this project by comparing actual versus expected (i.e., goal) performance with the constructs measured in Table 1. For cases in which the expected performance for a measure is not achieved, the evaluation team will use the DFSS methodology, which is an engineering-based, structured problem solving approach (Pepper et al., 2010; Schroeder et al., 2008), along with input from the Planning Committee, to determine the root causes of poor performance. The Planning Committee will also help develop solutions to ameliorate the identified causes and improve the alignment between actual and expected performance; hence, the proposed improvement strategies will change based on actual performance measures throughout the implementation phase. In addition, the evaluation team will perform frequency analyses to identify high utilizers of justice, behavioral health, and other services.

Finally, the evaluation team will assess success annually using pre-post comparisons of performance measures to determine the project's impact. The evaluation team will use the Statistical Package for the Social Sciences (SPSS) to conduct all planned analysis. Data will be cleaned and checked for assumptions of normality. Descriptive statistics, including measures of central tendencies and standard deviations, will be calculated for all performance measures. To assess changes in performance measures, paired t-tests will be performed. To assess between group differences in performance measures pre- and post-strategy implementation, independent t-tests will be performed. A combination of descriptive statistics (e.g., totals, percentages, and averages) and inferential statistics (e.g., bivariate analyses, independent sample t-tests, and linear/logistic regression), involving testing for statistically significant differences in pre-post

measures across outcomes will be conducted. The research design and measures are planned to enable a variety of analytic methods appropriate to survey research including bivariate measures of association, multivariate regression models (i.e., OLS regression, logistic regression).

FBC: Stepping Up is committed to meeting the needs of people with MI/CMISA who come into contact with the justice system. Through data-driven, cross-systems collaboration, Fort Bend County will be able to improve the responses and outcomes for justice-involved individuals with MI/CMISA, and to develop a model that counties nationwide can follow as they begin their own *Stepping-Up* journey.

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Appendix A: Justice Mental Health Programs in Fort Bend County

Program	Population	Services
Crisis Intervention Team	Consumers in mental health crisis	Connect with appropriate services to prevent unnecessary incarceration and emergency room utilization
Recovery and Reintegration	Consumers (18 yr. +) with MI and CMISA at high risk of recidivism	Residential supports, community based supports, specialized therapies, skill development, intensive case management and wraparound supports
MH Collaborative for Justice Involved Individuals	Consumers (18 yr. +) with MI and CMISA at high risk of recidivism that meet criteria for Assertive Community Treatment (ACT) services – Collaborative with Texana Center	ACT services, substance abuse assessments, peer supports, housing supports, employment supports, and wraparound supports.
MH Public Defender’s Department	Consumers (18 yr. +) with MI and CMISA who are indigent	Specialized legal representation and case management services
CSCD – MH Division	Consumers (18 yr. +) MI and CMISA on probation	Intensive supervision and monitoring
Felony Mental Health Court	Consumers (18 yr. +) MI and CMISA	Enhanced services and monitoring
Misdemeanor Mental Health Court	Consumers (18 yr. +) MI and CMISA	Enhanced services and monitoring
TCOOMMI	MI and CMISA on probation (Texana and CSCD partnership)	MH services based on need (provided through Texana) and specialized supervision (through CSCD)
Jail Based Mental Health Services	Adults booked into jail identified as MI and CMISA	Screenings, clinical assessments, psychiatric evaluations, medication management, discharge planning,

Appendix B:


Resolution
Fort Bend County Commissioners Court
Stepping Up to Reduce the Number of People with Mental Illnesses in Jail

- WHEREAS** counties across the nation routinely provide treatment services to the estimated 2 million people with serious mental illnesses booked into county jails each year, and;
- WHEREAS** prevalence rates of serious mental illnesses in jails are three to six times higher than for the general public, and;
- WHEREAS** almost three-quarters of adults with serious mental illnesses in jails have co-occurring substance use disorders, and;
- WHEREAS** adults with mental illnesses tend to stay longer in jail and cost tax payers two to three times more during their incarceration and, upon release, are at a higher risk of recidivism than people without these disorders, and;
- WHEREAS** without the appropriate treatment and services, people with mental illnesses continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families, and;
- WHEREAS** Fort Bend County participates in various programs in our justice system to divert and/or provide services to residents with serious mental illnesses, and;
- WHEREAS** through *Stepping Up, the National Association of Counties*, The Council of State Governments Justice Center, and the American Psychiatric Association Foundation are encouraging public, private, and nonprofit partners to reduce the number of people with mental illnesses in jails.

NOW, THEREFORE, LET IT BE RESOLVED, THAT FORT BEND COUNTY COMMISSIONERS COURT, does hereby encourage all counties to identify, develop and enhance programs that provide measurable outcomes that will ultimately reduce the number of people with mental illnesses in our county jail. We are committed to sharing lessons learned with other counties in Texas and across the country to support a national initiative and encourage all county officials, employees, and residents to develop and participate in programs for the benefit of these individuals.

PASSED AND APPROVED this the 13 day of March, 2018.

FORT BEND COUNTY


Robert E. Hebert, County Judge

ATTEST:


Laura Richard, County Clerk



Appendix C: FBC Stepping Up Assessment

Appendix D: Project Timeline

Project Activities	Responsible Party	Year 1				Year 2			
		1	2	3	4	1	2	3	4
Phase 1: Planning									
1-1 Establish planning team	Dr. Almeida (FBC) + Drs. Gearing & Kovach (UH)	X							
1-2 Develop screening and assessment plan	CJMHI: Stepping Up + Eval-Team UH	X	X						
1-3 Conduct process analysis and service inventory	CJMHI: Stepping Up + PM + Eval-Team UH		X						
1-4 Prioritize policy, practice, and funding improvements and estimate impact of new strategies on four key outcomes	CJMHI: Stepping Up + Eval-Team UH		X						
1-5 Establish process to track impact of plan on key outcomes	CJMHI: Stepping Up + PM + Eval-Team UH	X	X						
1-6 Design integrated data management system	CJMHI: Stepping Up + FBC-IT + Eval-Team UH		X	X					
1-7 Establish baselines for key outcomes	PM + Eval-Team UH			X					
Phase 2: Implementation									
2-1 Obtain approval of plan from BJA	PM			X					
2-2 Implement screening, process improvements, and new strategies for service provision	CJMHI: Stepping Up + PM + Eval-Team UH				X				
2-3 Track performance data for four key outcomes	Eval-Team UH + PM				X	X	X	X	X
2-4 Analyze data to continuously improve processes and service provision strategies	Eval-Team UH + PM + CJMHI: Stepping Up					X	X	X	
2-5 Analyze data to identify high utilizers of services	Eval-Team UH + PM					X	X	X	X
2-6 Determine impact of the plan on key outcomes	CJMHI: Stepping Up + Eval-Team UH + PM								X

Key:

- Fort Bend County Criminal Justice Mental Health Initiative (CJMHI): Stepping Up = CJMHI Stepping Up;
- Fort Bend Information Technology Department = FBC-IT;
- Fort Bend County CJMHI Stepping Up Project Manager = PM;
- Evaluation Team: University of Houston = Eval-Team UH.