

Boundary Spanners:

A Key Component for the Effective Interactions of the Justice and Mental Health Systems*

Henry J. Steadman

Rarely are issues at the interface of the justice and mental health systems framed in system terms. Just how useful this perspective can be is demonstrated by the concept of *boundary spanners*. This term has been in the organizational literature for 20 years to define positions that link two or more systems whose goals and expectations are at least partially conflicting. Boundary spanning positions are illustrated here by examples from a jail diversion program in Multnomah County Jail (Portland, Oregon), a community forensic program in Palm Beach County (Florida), and the Oregon Psychiatric Security Review Board which monitors persons acquitted by reason of insanity. To date, almost no research on boundary spanning positions in criminal justice-mental health system interactions has been conducted. This article concludes that a vigorous pursuit of such an agenda should be initiated because this concept, as part of a systems approach to justice-mental health problems, is highly promising.

As the article in this issue by Keilitz and Roesch (1992) discussed, rarely are issues at the interface of the justice and mental health systems framed in system terms. Much more frequently the focus is on legal rights (Bloom, Williams, Godard, & Faulkner, 1988; Miller, Bernstein, VanRybroeck, & Maier, 1989; Peters, Miller, Schmidt, & Meeter, 1987), clinical assessment (Abram, 1990; Bloom et al., 1988; Eisner, 1989; Heilbrun & McClaren, 1988; Miller & Germain, 1988), or treatment and management issues (Golding, Eaves, & Kowaz, 1989; Kiersch, 1990; Siegel & Elwork, 1990). As this article will attempt to demonstrate with the concept of boundary spanners, a systems perspective can greatly assist in both the identification and solution of key justice-mental health interaction issues.

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The utility of the concept of boundary spanners, which has been in the organizational literature for more than two decades (Aldrich, 1971; Aldrich & Herker, 1977), for understanding interactions between these two systems emerged in a highly inductive manner for me. It developed mainly from a series of 43 site visits that we conducted a few years ago in a study of the effectiveness of jail mental health programs (Steadman, McCarty, & Morrissey, 1989). Secondarily, it developed from a set of consultations that I conducted with Dr. Joel Dvoskin on the operation of the Palm Beach County (Florida) Forensic Mental Health Services (Dvoskin, 1989).

In those projects, as we reflected on what factors seemed to be associated with more effective programs, we began to see one consistent factor that had not been included in our original set of variables. Whether we were examining jail diversion programs, screening and evaluation procedures upon booking, jail crisis intervention programs, or case management services, one factor kept appearing among the better programs—there always was a core position that directly managed the interactions between the correctional, mental health, and judicial staff. These positions tended to have strong similarities, even if their particular job titles, positions in their organizational charts, and their incumbents' training and experiences did not. What all of the incumbents of these positions did one way or another was to interact on a daily basis with the mental health and corrections staff at the jail and the judicial staff in the courts. The incumbents had carved out niches in their organizations that depended upon a special set of skills they had acquired to smoothly, albeit carefully, crosswalk the three, often competing, systems of corrections, mental health, and the courts. These positions amounted to what the organizational literature had termed *boundary spanners*.

The concept of boundary spanners is a logical adjunct to the tenet that all organizations have boundaries (Aldrich & Herker, 1977; Dinges & Maynard, 1983; Miles, 1980). Even though the idea that organizations have boundaries is almost a truism, the boundaries often are ambiguous. For example, in a jail, a community mental health center may be the contractor that provides both mental health assessments of inmates and in-jail treatment while another contractor provides health services. The psychiatrist who prescribes for the CMHC psychologist's patients may be employed by the health contractor and have no organizational ties with the CMHC staff who do the evaluations. Then there is the sheriff's department which is in charge of the overall security and management of the jail. What is the organization here? Is it the jail as defined by its perimeter security, the sheriff's department that runs the jail, the jail plus outside contractors, or the county health services?

All organizations have boundaries, but they are often hard to discern, and any organization exists in the environments of other organizations (Hannan & Freeman, 1989). Just as individuals interact with one another, so, too, do organizations interact with one another. Within the set of interacting organizations, persons filling boundary-spanning roles are key elements to effective interactions. In fact, Shrum (1990) actually conceptualizes interorganizational relations "as a product of interactions between individual representatives of organizations acting as boundary spanners" (p. 497).

The concept of boundary spanners assumes special relevance to justice-mental health issues, when the essential processual nature of the justice system is fully recognized. The type, complexity, and difficulties of justice-mental health interaction issues vary greatly depending upon the point in the system where the client is. At the earliest stages, mental health concerns are dealt with by law enforcement (e.g., police on the street making decisions whether to pick someone up, whether to bring them to the admission unit at the state hospital, whether to bring them to the jail and book them, or whether to simply drive them around for some time and drop them off). Later, issues focus on arraignment and bail. If the person is presumed to be mentally ill will he or she ever be allowed to make bail? Does the presumption of mental illness dictate that the person may end up being detained in jail even if the charge and the prior record would otherwise dictate that they should be discharged on their own recognizance? Next, issues might relate to fitness to proceed with trial, enforced medication while awaiting trial, or how to link an inmate completing a short sentence with community-based mental health services. Depending upon the point in the system, an entirely different set of justice-mental health questions arises concerning legal principles, clinical issues, and social relationships.

This article will elaborate on these ideas by further defining the concept of boundary spanners, highlighting some key examples of how these positions have emerged for distinct purposes in three U.S. jurisdictions, how these positions can be developed and financed, and why more research needs to be done on these positions to maximize their use in solving the problems of the mental health and justice systems interactions.

Defining Boundary Spanners

Boundary spanners are positions that “link two or more systems whose goals and expectations are likely to be at least partially conflicting” (Miles, 1980, p. 62). At each organizational boundary there is a person whose role it is both to interact with the other people inside their own organization and to negotiate system interchanges with another organization. The interchanges may be raw materials, information, or products. A key “product” exchanged across systems in justice and mental health systems interactions are suspected, or actual, mentally ill detainees. Their transfer may be from a general hospital emergency room to a jail, from an inpatient jail medical unit to a state or county mental health facility, from jail into a community-based mental health program via probation or parole, or the like. Whatever two organizations in the mental health and criminal justice systems may be the focus, there are positions at their boundaries whose incumbents must regularly negotiate exchanges of many types between the two organizations.

A common model of exchanges between two organizations involves one person in each organization conducting the exchanges (Model A, Figure 1). What I think is a more realistic model, where there is a multiplicity of people in each organization, is reflected by Model C in Figure 1. In Model C, many people in one organization are trying to develop exchanges with many people in the other organization, as well as within their own organization. As one moves from Model A

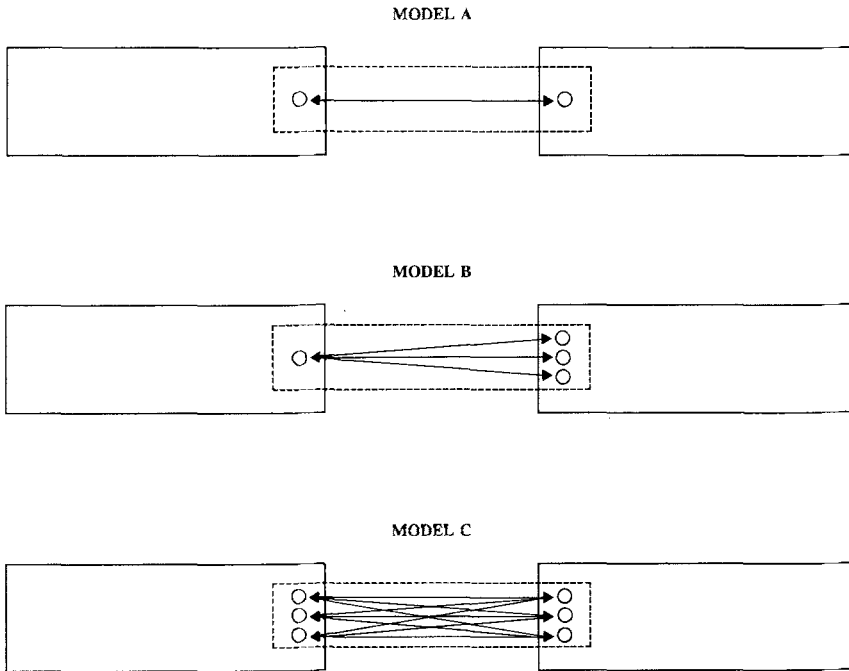


Fig. 1. Models of boundary-spanning positions with increasing numbers of positions involved.

through Model B to Model C, the number of points of possible conflict increases geometrically, from one to three to nine, as the number of people in each organization is arithmetically increased from one to two to three. When the actual number of organizations involved in the actual resolution of cases involving mental disorder in the justice system are added, each with their own set of boundary spanners, the complexities of justice-mental health system interactions become readily apparent.

Boundary spanning relationships are not totally unstructured. There usually are formal rules and regulations and/or laws that constrain them. In justice-mental health settings, law may be more relevant than is typical in the interactions between other organizations. Statutes can severely restrict what can and cannot be done (e.g., how long someone can be retained involuntarily as mentally disordered before transfer or reevaluation must occur). In fact, in justice-mental health interactions the doctrine of the separation of power between the judicial and executive branches of government can mitigate against the effective performance of boundary spanners. That doctrine demands that each branch have very discrete boundaries that clearly demarcate its functions and spans of unquestioned control.

However, an insightful idea about why the doctrine of the separation of power need not ultimately compromise the effectiveness of boundary spanners in the judicial and mental health systems is found in the *Trial Court Performance Standards* promulgated by the Commission on Trial Court Performance Standards (1990). The Standards are blunt in stating that "trial courts must establish their

legal and organizational boundaries” (p. 17). Yet, relying on the concept of comity, Standard 4.1 asserts that “the court’s independent status, however, must be achieved without avoidable damage to the reciprocal relationships that must be maintained with others. Trial courts are necessarily dependent upon the cooperation of other components of the justice system over which they have little or no direct authority” (p. 18). Thus, both in practice and in administrative theory there is considerable support for the concept of boundary spanners.

Criminal Justice Processing

What are the dominant problems apparent in justice and mental health interactions? What are the most pressing conflicts? As mentioned above, the answers to these questions depend entirely on the point in the criminal justice system in question. As depicted in Figure 2, all criminal justice processing starts at the same place—arrest.

The initial set of issues relating to suspected mentally ill persons involves law enforcement referral decisions (cf. Teplin, in press). Once arrested, a detainee may spend only a couple hours in a lock-up or may spend their entire pretrial time in jail. Regardless, a defendant cannot get any place from the jail without going through the court. Once a person has been criminally charged, the case cannot be terminated until the court has acted. While mental health cases make up only a small percentage of the total court caseload, they are among the most vexing. The jail cannot release on bail, for example, until the court has been involved. If jail mental health staff recommend outpatient treatment to make a defendant fit to

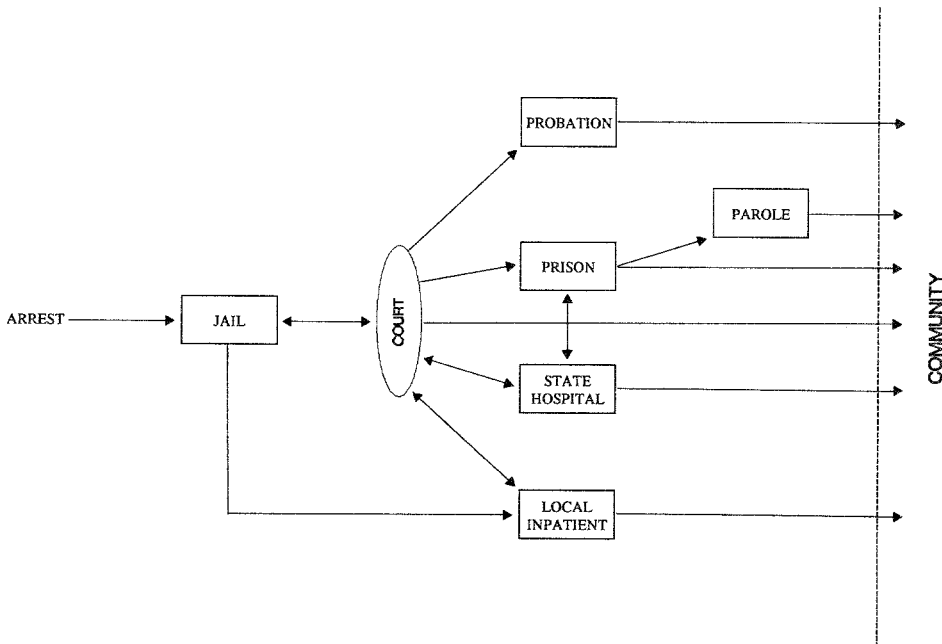


Fig. 2. Schematic model of criminal justice-mental health system interactions.

stand trial, the court has to approve the release. In most jurisdictions, a detainee cannot go to a state hospital, except through a court order. If outpatient treatment from a local mental health facility is sought, usually criminal charges first must be disposed of. Probation may then come into play, as a mechanism of getting a detainee into the community. These are just a few examples to demonstrate how specific justice–mental health issues depend upon where in the criminal justice system process a person is.

Illustrative Models

Three programs will be described in this section that illustrate the significance of the boundary spanning role. The first is a jail diversion program in the Multnomah County Jail in Portland, Oregon. The second is the Community Forensic Program in Palm Beach County, Florida, and the third is the Oregon Psychiatric Security Review Board model for monitoring persons acquitted by reason of insanity.

The Multnomah County Jail Diversion Program

Figure 3 is a schematic representation of the jail diversion program in the Multnomah County Jail in Portland, Oregon. It is based on my one-day site visit there and Jemelka's (1990) description. The core of the diversion program is an organization, which I have never seen in any other jurisdiction, called the County Department of Justice Services Recognizance Office. It is a one-person office.

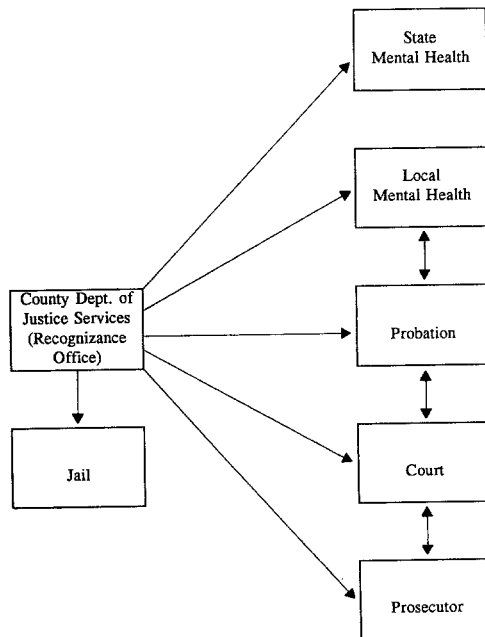


Fig. 3. Multnomah county jail diversion program.

The incumbent is a social worker with the authority to dispose of charges for mentally disordered, nonviolent misdemeanants. Her first step is to identify from all jail detainees with misdemeanor charges those who are mentally ill. To do this, she approaches jail staff to identify which detainees they think meet the criteria for diversion based on the regular screening process done by the intake correction officers and the mental health evaluations done by the nursing staff. When detainees are referred by jail staff, the social worker interviews them, reviews their records, checks their charges, and develops some program options. With these options, she meets with them to propose her treatment plan and to determine their willingness to participate in it, if the prosecutor and court were to accept her plan. She regularly works with the court, county probation, local mental health agencies, the prosecutor's office, and the state mental health department to develop and advocate for the adoption of her treatment arrangements.

Multnomah County created this program to divert persons from the jail by getting them into community-based programs and, secondarily, into the state mental hospital. At the core of the program is this one-person office created specifically to work between all the other key agencies involved in diverting mentally ill jail detainees and, then, treating them in the community. Before this program, the prosecutor and the jail did not have a history of working well together on these types of cases. Also, the local mental health center and the jail had a hard time collaborating when a potential placement had any outstanding charges. To remedy these deficits, they created this boundary spanning position for someone who could interface with all of the agencies, and they hired someone who understands the constraints with which all parts of the systems are faced, but who was not so intimidated as to be unable to overcome them.

The Palm Beach County Forensic Mental Health Program

The purpose of the Palm Beach County Forensic Mental Health Program in 1986, when we examined it, was not diversion per se. It intended to be a comprehensive program for mentally ill persons who come in contact with the criminal justice system. Here they have a tripartite arrangement: the sheriff's office runs the jail, a community mental health center contractor provides the evaluation and case management services, and a medical service provides the psychiatric services as an independent contractor.

In the jail, there is a position called *mental health coordinator*. The incumbent works for the sheriff's department rather than for the community mental health center or the health services contractor. Before the two contractors provided mental health services to the jail, the sheriff's department had been responsible for providing its own mental health services. When the contractors were hired, most other staff who had been paid out of the sheriff's budget to do mental health tasks were reassigned. However, one woman with a social work background kept her title and continued to do both internal and external mental health case management. She did so in a most unassuming and highly effective manner, even though she was a correctional employee—the sole one who had any direct mental health responsibilities.

Case management in the jail context usually is associated with getting people out of jail by linking them with community resources. When effective, such linkage results in continuity between assessed mental health problems, crisis treatment in the jail, and treatment in the community (cf. Steadman et al., 1989). This would be external case management (i.e., working with agencies outside the jail to move mentally ill jail detainees out of the jail). However, according to the Palm Beach County Mental Health Coordinator, the single most important thing she does is *internal* case management—that is, facilitating the proper housing of inmates and movement of paperwork within the jail, rather than linking jail treatment to community treatment upon release. Before she assumed these responsibilities, mental health evaluation reports frequently sat in files for 30 to 60 days until a detainee's scheduled court appearance. No one did anything with the reports until an appearance was due. Now, immediately after completion of an evaluation, the mental health coordinator brings the report to the attention of the public defender in order to move detainees with minor charges quickly out of the jail. Often, this means that as part of a "deal" she must get the defendant admitted to community-based mental health services. She manages both the flow of information within the jail and the disposition of cases.

Every morning she goes into the holding cells where alleged mentally ill persons are detained and identifies those who should be there and those who should not. She checks to see if there are any beds available at the Crisis Stabilization Unit, a 12-bed unit which the county and the community mental health center run off site. If she feels that someone in the holding cell does not belong there because of mental disorder, she sees if there is an available bed in a more appropriate housing unit somewhere else in the jail. She gets the evaluation report and arranges to have the individual moved either elsewhere in the jail or out of it. Community mental health staff do their evaluations in a timely fashion and the contracted health services staff dispense medications, but no one other than the mental health coordinator really manages mental health cases inside the jail.

The Palm Beach County mental health coordinator's work with the courts is very similar to the work of the Multnomah County Recognizance Office social worker, who reported that she spent as much time in judges' chambers regularly talking about the mental health cases with judges as she did inside the jail. Neither of these two boundary spanners wait for defense attorneys or prosecutors to initiate action in regard to mental health reports. They negotiate cases, getting people out of jail by dealing directly with the court. Internal case management, moving the paper and cases around to the right places, can be a very significant part of boundary spanning activities in jail mental health programs.

Oregon's Psychiatric Security Review Board

In the organizational literature, *boundary spanner* refers to both the positions in organizations and the individuals holding these positions. In fact, entire organizations can sometimes be considered boundary spanners in justice-mental health interactions. An example of this is the Oregon Psychiatric Security Review Board (Bloom et al., 1982; Rogers & Bloom, 1982). In Oregon, when defendants

are found guilty except for insanity, they come before the Psychiatric Security Review Board (PSRB), a five-member board made up of a psychiatrist, a lawyer, a psychologist, a nurse, and a member of the public. The PSRB makes most of the subsequent decisions about the hospitalization and release of the persons found guilty except for insanity in Oregon.

As seen in Figure 4, nonviolent misdemeanants do not go before the PSRB. If they are not mentally ill at the time of disposition or if they are mentally ill but not dangerous or in need of treatment, they are immediately released to the community with no strings attached. If the nonviolent misdemeanants are found either mentally ill and dangerous, or in need of care, they will be admitted to a civil hospital. In about 15% of the cases involving nonviolent misdemeanors, the court does make an order of conditions when directly releasing the defendants to the community. The PSRB then becomes responsible for supervising those cases in the community.

The great majority of Oregon’s insanity acquittals come before the PSRB. It first decides whether the acquittee should be released to the community without hospitalization via an order of conditions or admitted to a maximum security mental hospital. Once committed for treatment, acquittees can be released from the maximum security hospital in one of two ways. They can “max out;” that is, they fulfill their specified sentences and are released to the community. If they

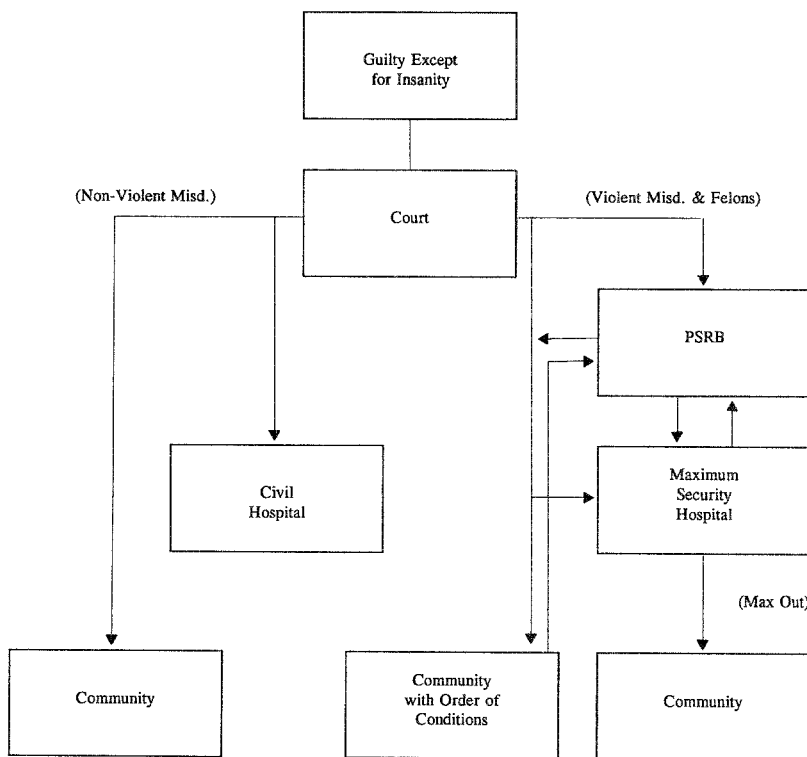


Fig. 4. Oregon psychiatric security review board system.

meet civil commitment criteria upon “maxing out,” they are civilly committed to a hospital. Others may be released before maxing out. The PSRB periodically reviews the cases of acquirtees while they are still in the maximum security hospital. When it is deemed appropriate, the PSRB develops an order of conditions and releases them to the community.

The PSRB also manages money that is set aside for community mental health centers to provide treatment for insanity acquirtees. The Office of Mental Health in Oregon allocates to each community mental health center (CMHC) a certain amount of money for PSRB supervised cases. If the CMHC does not exhaust the allocation within the year, it cannot spend the money any other way, and the money goes back to the state.

The PSRB is, in effect, an agency whose positions span boundaries between the court system, the state forensic system, and the network of the community mental health system. It is precisely because the PSRB has the statutory authority to manage the justice–mental health interactions around insanity acquirtees that it has been effective at minimizing organizational conflict.

Creation and Maintenance of Boundary Spanners

How can boundary spanners be created and maintained? First, it is essential to recognize that there is no one best way to do it. In a jail, for example, it does not matter whether boundary spanners work for the sheriff, a community mental health center, or as independent mental health contractors. Location choice depends upon local politics, history, economics, and personalities. In some counties, for instance, the *correctional* lobby is the powerhouse: when it goes to the county legislature, it gets money for positions; when mental health goes, it gets little. In another county, it may be the reverse. If a boundary spanner position is developed, the particular source of the revenue for it and its organizational niche are much less significant than is a clear conceptualization of what its functions are, the selection of the right incumbent, and the securing of money from any source to fund it.

How these types of positions can be created and maintained is important. Because these positions are at the nexus of multiple organizations, they tend to be high-stress positions (Dinges & Maynard, 1983). Burn-out is common. These are very difficult positions because they are buffeted by organizations whose purposes may conflict (cf. Shrum, 1990). In creating these positions and finding the right people to fill them, it is essential to select people who understand both the justice and mental health systems. In most organizations within these systems, there are some very savvy people—usually several levels down in the organization—who have been around a number of years and know the nuts and bolts of both systems and their interface points. Everybody in both systems respects these people. They can be found in any organization. They are the kinds of people who make excellent boundary spanners because they know both the informal and formal norms of the relevant organizations, as well as their internal operations and politics.

Boundary spanning positions cannot function well unless they have credibil-

ity from both sides. Unless both sides respect the incumbent's knowledge, they will fail. When one understands, for example, why a correction officer would like to get a person out of general population and into special housing, and the correction officer recognizes that the boundary spanner understands, even if that alternative ultimately is deemed inappropriate, the interpersonal relationships that are so important will be maintained for the longer run.

In addition to other requirements, boundary spanners must receive a reasonable salary. Their special knowledge and credibility come from years of experience usually combined with a good personality, but not necessarily professional degrees. A job title and pay grade commensurate with the sophisticated job they are expected to do, rather than simply their professional degrees is essential.

In general, boundary spanning positions are not necessarily the best positions into which to recruit people to an organization. There is a need to have someone who has been operating in the system for a long time and getting along with both sides for credibility to be achieved. These positions are great opportunities to take someone who has a lot of skills and talent, but without the usual degrees, and promote them. These positions should be created in organizations and organizations should nurture people for the positions.

Conclusion

I continue to be persuaded that the concept of boundary spanners offers considerable insight into many underlying problems in justice–mental health interactions. The presence of these positions is one important reason why some systems work well. Many justice–mental health problems exist because there are no boundary spanners at key nexuses of the two systems. Systematic observation and analysis of boundary spanning positions in mental health–criminal justice interactions hold promise for a better understanding of why these systems often conflict and how problems may be solved.

It is important that researchers examine the different ways in which boundary spanners operate and how various characteristics of their positions and their incumbents may be associated with more effective justice–mental health interactions. This need is not a new observation. Nearly 15 years ago, Aldrich and Herker (1977) noted that “more empirical studies are needed of how personnel in boundary spanning units or roles carry out their duties, and in particular how such role performance varies under different environmental conditions and over time. . . . The cumulation of such studies would enable us to understand the process by which boundary spanning roles are generated, elaborated, and used by their incumbents” (p. 228). Research targeted to justice–mental health settings on where these positions are, who their incumbents are, and under what conditions they are more or less effective has yet to be initiated. Are there some better or worse ways to establish and manage boundary spanning between these two systems? How are these people effectively insulated so that they can do their job without feeling that, if they make a bad decision, their funding is going to be cut off by the offended side?

My discussion of boundary spanners is not meant to be reminiscent of some

of the literature that has emerged over the past few years in the area of homelessness and mental illness. The panacea favored for mentally ill homeless persons often seems to have been case management. In fact, little has been demonstrated empirically about what kinds of case management works for whom under what circumstances (National Resource Center, 1990; Rog, Andranovich, & Rosenblum, 1987; Ridgway, 1986). Case management for homeless mentally ill persons is an example of an approach that may well be beneficial under certain circumstances, but which was advocated almost universally before it was known under what conditions it worked.

I do not intend a similar tack here by suggesting that boundary spanners are the answer to all of the problems of justice–mental health interactions. However, I do think that they may be a major part of the solution. Unfortunately, until some clear conceptualization of these positions occurs and some systematic research is begun in a variety of settings, we are left to rely on the types of case studies reported here. Such case studies are valuable for generating ideas and testable hypotheses. They can be valuable first steps, but they are inadequate for assessing what we might wish to recommend when, as researchers, clinicians, or teachers, we are asked by judges, jail administrators, state commissions, or mental health administrators how they can solve specific justice–mental health problems. Clearly this article, and the one by Keilitz and Roesch (1992), would suggest that answers might be better formulated if they were framed in systemic terms. Using the concept of boundary spanners is one way of doing this. However, if the concept of boundary spanners is to be as useful as it can be, a vigorous research agenda on it needs to be developed. Ultimately, that is the goal of this article.

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