

U.S. Department of Justice
National Institute of Justice

131196

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by
New York State Office of
Mental Health

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

Chapter 9

The Palm Beach County, Florida, Forensic Mental Health Services Program: A Comprehensive Community-Based System

Joel A. Dvoskin

The Palm Beach County, Florida, Forensic Mental Health Services Program is designed to be a fully comprehensive, county-based service system for all persons receiving mental health services while involved in the criminal justice system and for those on conditional-release statuses after inpatient care is completed. This program was developed through the lead of a community mental health center, closely collaborating with a public defender's office and a county jail. It was developed during the mid-1980s, quite independently of any of the planning principles that have been articulated in Chapter 7. Nevertheless, its conceptualization and implementation demonstrate how these planning principles can work to produce a truly exemplary program.

The description of this program consists of a component-by-component critique adapted from a consultant's report to the program's operators as to how they could further improve the program's functioning in early 1986. When the description is

Joel A. Dvoskin. New York State Office of Mental Health, Albany, New York.

explicitly linked to the planning principles, as is done in the latter portion of this chapter, this approach provides insights that may facilitate the application of these key principles in a wide variety of other forensic settings, not simply in local jails.

BACKGROUND

In May 1986, the 45th Street Mental Health Center in West Palm Beach, Florida, requested an outside evaluation of the Palm Beach County Forensic Mental Health Services Program, for which the center was the chief administrative unit. The general goal of this program was drawn from *Guidelines for Community Forensic Mental Health Programs*, a document developed by the Florida Department of Health and Rehabilitative Services' Office of State Mental Health Programs. Drawn up in August 1984, these guidelines proposed:

Within each district services for clients involved with the Criminal Justice System should be as comprehensive as those provided to other clients. It will require, however, certain services unique to their circumstances and must in some cases be delivered where the clients are incarcerated. (Florida Department of Health and Rehabilitative Services, 1984, p. 1)

The general orientation of these guidelines, as well as the specific program components described therein, are consistent with the principles articulated throughout this book. The guidelines call for the following:

1. Screening.
2. Pretrial evaluation.
3. Posttrial, presentence investigation.
4. Evaluation that will provide information for probation determination and process.
5. Treatment services (i.e., outpatient services in jail or elsewhere, inpatient services in a receiving facility, day treatment, and residential services).

6. Case management services aimed at linking all of these service elements to a consumer and at coordinating the system to achieve a successful outcome.

During a site visit in May 1986, three things quickly became clear. First, despite years of experience in observing, evaluating, and managing various correctional and criminal justice mental health programs, neither consultant (myself and Dr. Steadman) had ever observed a program that had attempted to address the needs of the community, the client, and the criminal justice and mental health systems so comprehensively as the one in Palm Beach County. Second, it was obvious that this program had made a direct and successful effort at following the Florida Department of Health and Rehabilitative Services guidelines described above. On the negative side, however, there was deep-seated disagreement at that time regarding the political, legal, clinical, and, indeed, moral role of the program. One major disputant in this disagreement appeared to be the public defender's office, which regarded the clients' legal interests as the primary focus of the program, and therefore regarded itself as the appropriate lead agency. The other major disputant was the 45th Street Mental Health Center in West Palm Beach, which managed the program.

OVERVIEW OF PROGRAM

In order to understand the Forensic Mental Health Services Program, it is essential to recognize how mental health services may come into play at the various stages of the criminal justice process. Figure 9.1 depicts these stages, the services provided by the Forensic Mental Health Services Program at each stage, and the various staffs from both the criminal justice and mental health systems who are involved at each stage.

As Figure 9.1 makes clear, it is impossible to adequately evaluate a full community forensic system simply by looking at any one of its service elements (e.g., evaluation) in any one facility (e.g., the jail) rather than its full array of services and

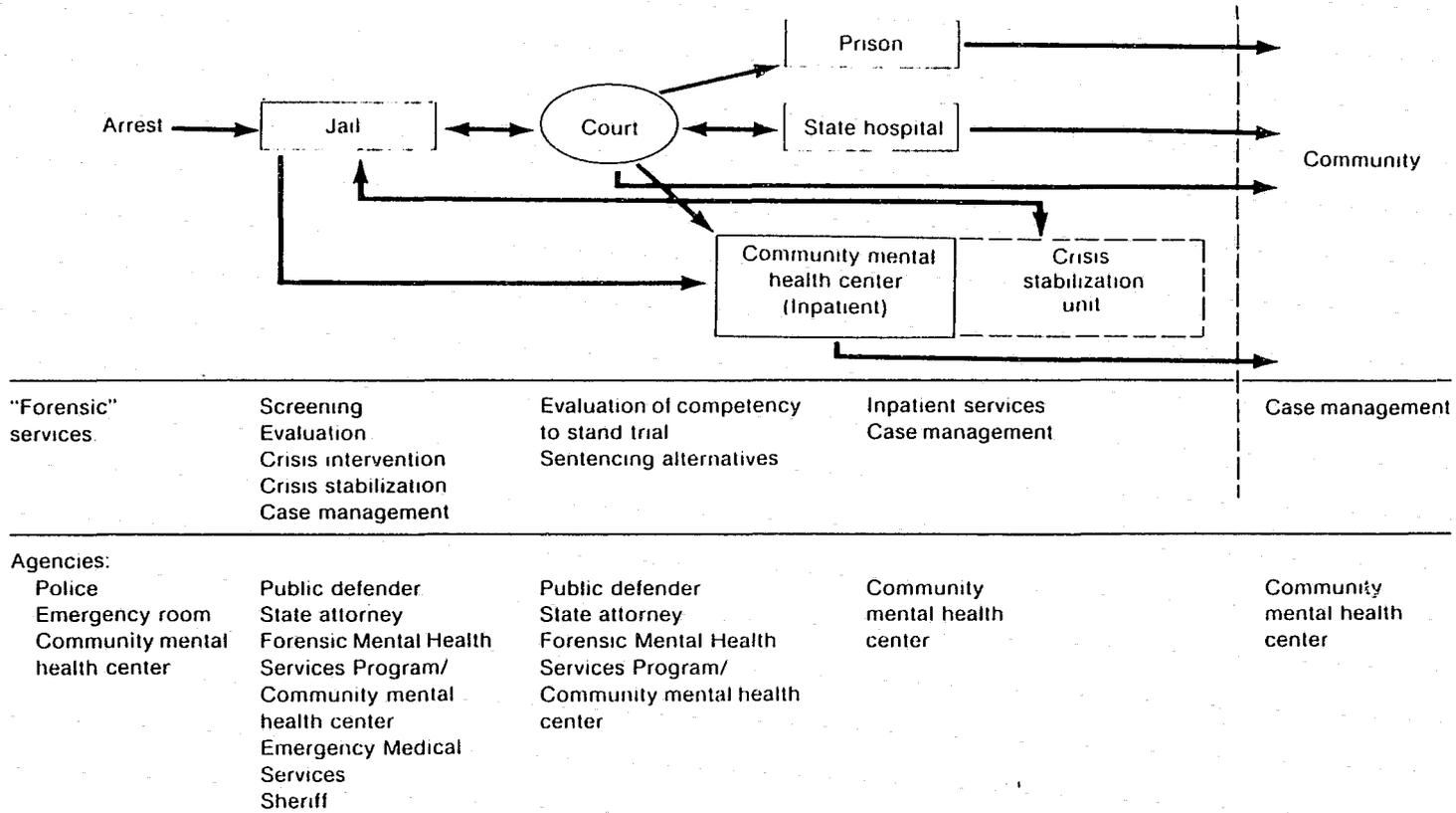


FIGURE 9.1. Schematic model of the Palm Beach County Forensic Mental Health Services Program.

facilities. In reviewing this program, I follow the sequence (from left to right) in Figure 9.1. Before assessing the specific program elements, however, it is first necessary to discuss some generic issues of the program's administration.

Program Administration

Program Management

There was a tendency for the people interviewed on site to understand only the specific program components within which they functioned. Although there were notable exceptions, who had an appreciation of the comprehensiveness and interconnectedness of the entire program, it was more common for service problems to be defined rather idiosyncratically. This failure is especially troubling, since a particularly valuable aspect of the program is its comprehensive and integrated nature.

Figure 9.1 graphically demonstrates that the program's service responsibilities encompass both the jail and the community, plus a number of state institutions (e.g., prisons, civil and forensic state hospitals). Therefore, the locus of management control for the program seems most appropriately to reside with the community mental health center staff, whose normal responsibilities cover all of the settings and services in which forensic mental health clients may find themselves.

In assessing the most appropriate alternative for management of the Palm Beach County program, we considered all of the agencies that had an interest in it. The county criminal justice system, including both the sheriff and the jail administration, were viewed as inappropriate, since their responsibilities end at the point at which the accused is delivered for trial or at the completion of a misdemeanor sentence. It does not extend into other dispositions, such as release into the community.

Similarly, the public defender and the state attorney's office see their responsibilities ending at the point at which the criminal charges are disposed of and all appeals exhausted. The state Department of Health and Rehabilitative Services, while ap-

appropriately involved in the planning of services, is not a direct provider of services for people at the county level; this is the responsibility of county agencies of one type or another. It was therefore concluded that the responsibility for the overall management of this program should be with one or more community mental health centers.

The community mental health center has responsibilities for individuals at every stage depicted in Figure 9.1. Since the jail is a community institution, the center should be responsible for individuals who are in the jail, and particularly for linking people in the jail with community services. The community mental health center also should be responsible for citizens who are at large in the community following court disposition (e.g., through conditions of probation). Other program clients include individuals who have satisfied the claims of the criminal justice system and are at large in the community, but in need of specific services and case management. Inmates in the jail who need inpatient services can be appropriately served by a crisis stabilization unit, which was in the process of being developed in Palm Beach County at the time of our visit. Furthermore, when individuals who have been found incompetent to stand trial or not guilty by reason of insanity are returned to the community, there is no other actor involved in the program who has any legal responsibilities for these individuals until they commit another offense. Again, only a community mental health center has legal and conceptual services responsibilities for these individuals at every stage of the process.

Written Policies and Procedures

Given the numerous program components and the large number of individuals who are processed weekly in each of these components, it is absolutely essential that at every stage of service provision there be written policies and procedures. Such policies and procedures can serve a number of important purposes:

1. They define exactly the persons who are responsible for each service at every stage of the process, what exactly

- they are responsible for doing, and the time frames in which these activities will be accomplished.
2. They permit the kind of accountability that allows for the maintenance of consistently high-quality service.
 3. Adherence to and reliance on written policies and procedures can reduce the potential legal liability experienced by both the agencies and the individuals working within those agencies.
 4. Any interagency effort, such as a comprehensive community forensic system, requires the maintenance of clear and consistent communication. These policies and procedures allow for each of the agencies and individuals involved in the provision of services to understand what has transpired prior to their involvement with the client and what is likely to (or should) occur in the future.
 5. Since some degree of staff turnover is inevitable, written policies and procedures enable the various agencies to train new staff members more efficiently and successfully in their appropriate responsibilities.

Jail Services

I describe the services delivered in the jail in the same order in which an incoming inmate generally receives them. The services available in the jail include mental health screening; several kinds of mental health evaluations; outpatient crisis intervention services; psychiatric inpatient services; and case management.

Screening

Mental health screening should be required for all inmates and should occur shortly after intake. It is aimed at identifying inmates whose mental health status places them at a high risk of physical harm either to themselves or to others. Since the highest risk of suicide in a jail is during the first few hours after intake, it is imperative that this screening take place as quickly as possible.

Screening at this stage is not intended to be a complete psychological evaluation, but must (1) identify those inmates who may need a more extensive psychological evaluation; and (2) identify those individuals who, even before getting an evaluation, need special precautions to protect themselves or others.

Generally, the screening process was sound as of May 1986; in particular, the jail's intake and classification staff had gone to some trouble to research and adopt an excellent suicide risk screening form. There was, however, one exception: There was no standardized procedure to provide the results of all screenings in a timely fashion to all of the potentially interested parties throughout the jail. This is crucial, since it is similarly essential that the responses of those parties to this information be predictable and generally known.

In the Palm Beach County jail, this integrative function was being provided by one person, whose personality, memory, knowledge of the inmates, and high competence masked basic organizational flaws. Since the effective flow of information is a problem that relates to the multitude of providers and is an issue throughout the process, this issue is addressed directly later in this chapter in recommendations about the overall organization of services in jail.

Evaluation

Mental health evaluations are more extensive and detailed work-ups of only those inmates who have been identified in the screening process as potentially presenting serious mental health problems. These evaluations should be timely and responsive to the specific issue(s) raised during the screening. They should be completed by qualified individuals and should clearly state the criteria applied and the conclusions reached. Most of all, they should suggest implementable options for responding to whatever problems are identified.

Because of the limited resources available in any jail, it is important that mental health evaluations be only as extensive as is necessary to answer the questions. For the majority of inmates evaluated, full-scale psychological test batteries are inappropriate. Most of the questions addressed at this stage of criminal

justice processing have to do with treatment or management issues, which can usually be successfully addressed by a skilled psychological interviewer. Of course, the symptoms of a small subset of individuals will present questions that can only be answered by extensive psychological testing. The need for such testing should be identified during the interview process.

The primary purpose of these evaluations must be to assist the jail personnel, as well as the various mental health service providers, in making appropriate management and treatment decisions for each inmate. Certainly, the results of these evaluations may have legal ramifications that can work for or against the legal interests of an inmate. Nonetheless, it is inappropriate for the *primary* purpose of such evaluations to be only to enable a defendant to cut his or her best legal deal.

Crisis Intervention

Crisis intervention is the primary mode of mental health service in any jail, given the length of time most inmates spend there. To be effective, crisis intervention needs to be timely. It needs to focus on the appropriate dispensing and prescription of medications. Rarely will it involve long-term verbal therapies. There will be some jail inmates who do not make bail or who are serving sentences up to 1 year, who will need somewhat longer-term types of services. However, such inmates are a distinct minority, and the general allocation of resources in the jail needs to be focused on relatively short-term crisis intervention services.

Given the complexity of providing these crisis intervention services and the multiple providers in the jail, this was the one aspect of the Palm Beach County program that we did not have adequate time to assess in May 1986. We did observe, however, that there seemed to be inadequate coordination of the various service providers in delivering the services after the screening and evaluation had been conducted.

Inpatient Services

No matter what mental health services exist in any jail, it will occasionally be necessary to place a few inmates for some limited period of time in an inpatient psychiatric setting. Ob-

viously, the legal status of the inmate will require that this setting be secure.

It was reported to us during our site visit that this service was difficult or impossible to obtain for inmates in the Palm Beach County jail. The crisis stabilization unit then being developed under the auspices of the 45th Street Mental Health Center appeared to be capable of addressing this unmet need. In our site visit to the unit and our review of the proposed staffing pattern, we were impressed with the planning for the physical plant, both from a programming and a security standpoint. We were similarly impressed with the staffing pattern as it related to mental health needs. However, the absence of nonpatient-contact security staff to control access to and egress from the building warrants careful review.

Case Management

Case management within the jail has two distinct aspects, internal and external. As noted before, it is imperative that the various service providers, as well as the non-mental-health jail staff, keep track of the various management and treatment decisions that have been made inside the jail for each inmate during the screening, evaluation, and crisis intervention processes. This is one aspect of case management. A second aspect is linking the inmate and his or her specific mental health needs with the services the inmate requires upon leaving the jail. This second function is instrumental in helping to get the mentally ill petty offender out of the jail and into appropriate community treatment—a goal that was espoused by virtually everyone we interviewed.

The staff members currently providing both these internal and external case management services in Palm Beach County had an excellent grasp of these issues. Within the multiple-provider environment of the jail, the individuals providing these services generally seemed to do an effective job at moving information to the people who needed it. On the other hand, we heard of a number of instances in which information got "pigeonholed" in files and did not get into the hands of someone who otherwise would have been instituting services. Ulti-

mately, then, the success of these in-jail case management and diversion efforts depends on the effectiveness of the flow of information.

In 1986, the Forensic Mental Health Services Program had two case managers who effectively carried out the external linking function from their positions and location in the 45th Street Mental Health Center. They accomplished this by spending several hours per week in the jail. Although the job definition and execution of the case management staff were most impressive, there seemed to be additional inmates who could have profited from these services and conceivably could have been released from jail if more case management resources of this type had been available.

General Considerations

This review of jail services has referred repeatedly to the issue of information flow. This issue is fundamental to the effective integration of screening, evaluation, treatment, and diversion from the jail. It appeared to us in 1986 that the effective integration of these services in Palm Beach County was significantly impeded by having multiple providers across these three services. The jail administration and the Forensic Mental Health Service Program managers needed to consider moving the responsibility and resources for the mental health services inside the jail from Emergency Medical Services, an organization providing medical services under a contract with the jail, to the managers of the program.

This observation was based on several factors. First, in order to best utilize the very expensive and limited number of hours of psychiatric service available, it would be advantageous for the psychiatrist to use the jail's psychologist to provide him or her with a summary of the relevant clinical factors regarding each patient. Similarly, the psychologist would, at times, be better able to coordinate the delivery of nonmedication services suggested by the psychiatrist. Second, this change would also be consistent with the opening of the crisis stabilization unit and might facilitate the identification and movement of appropriate patients from the jail to the unit.

We did not suggest a shift in nursing resources from the contract medical service, since the primary duties of the nurses were to continue to be medical in nature. It seemed advisable to continue the practice of using the nurses to provide the mental health screening as part of their intake medical workups, especially during evening and night shifts and during the weekends, when mental health personnel might not be present in the jail. Similarly, the contract medical service's nursing staff should continue to dispense the medications prescribed by the psychiatrist.

Another issue related to the flow of information has been discussed earlier. As long as important mental health information was provided only to the public defender's office, and was viewed by that office as strictly serving the legal interests of its clients, case management staff would continue to have difficulty in connecting inmates to appropriate community services. Ironically, this limitation on information flow could ultimately decrease the chances of such alternative dispositions being worked out. Although the public defender's office did have a strong and effective social worker assisting in dispositions involving mental health issues, it was clear that her best and most effective work could only be accomplished in conjunction with jail and Forensic Mental Health Services Program staff. Evaluations related strictly to legal issues could be accomplished by other state-supported means available to the public defender and need not be made an issue in the proper structuring and operation of the program.

Notwithstanding these recommendations, there are times when the public defender or other defense counsel will feel that it is contrary to a client's best interests to speak with mental health personnel in a nonconfidential setting. In order to avoid conflicts such as these, a simple informed consent procedure for jail mental health evaluations should be developed, preferably with the involvement of both the public defender and the state attorney's office.

A final consideration is that of how to involve program and jail mental health personnel in the routine training of correctional officers. They should be involved, and this training

should focus on how and when to refer inmates for mental health services.

Court Services

Although there are only a few services and functions that are specifically attached to the court, it is impossible to overemphasize the importance of the court as the communication and decision hub of almost all of the services outlined in this chapter. Only evaluations of competency to stand trial and services aimed at providing sentencing alternatives are specifically located in the court, but all other parts of the service delivery system must relate to it.

Evaluations of Competency to Stand Trial

An evaluation of competency to stand trial is a very specific type of evaluation that answers a specific question: namely, whether the accused is psychologically able to participate in the legal process, and ultimately to receive a fair trial. As such, it relates to the court process and not specifically to the jail or community. Both the reimbursement structure and the legal orders for competency evaluations clearly indicate that performing these evaluations is a court-mandated service and falls under the auspices of the court, rather than the jail, the public defender, or the state's attorney. In most jurisdictions, a mechanism exists for both the state and the defense to obtain such evaluations without using the resources of a community forensic mental health program.

Sentencing Alternatives

Many of the people interviewed during our site visit expressed two goals as being foremost in their minds when evaluating the Forensic Mental Health Service Program: "Get 'em [clients] out and keep 'em out." In addressing these goals, the services in support of sentencing alternatives may be the most crucial part

of the system. Unlike the competency evaluations described above, sentencing services relate directly to the Forensic Mental Health Services Program. They are, in fact, a solution for many of the problems identified in the jail and link the services provided inside the jail and ultimately in the community. Obviously, these services relate directly to the issues of information flow discussed above.

In 1986, there was significant room for improvement in this part of the system. Numerous examples of successful intervention were reported, but virtually all parties agreed that there was potential for a significant increase in the number of mentally ill petty offenders who could be successfully diverted. In order for this to happen, it was essential that judges, as well as the public defender and the state's attorney, receive appropriate information in a timely and usable fashion. In our view, it was the responsibility of the program staff serving the jail to insure that such reports were provided in writing and, where appropriate, were communicated by direct contact with the court. During our visit, a number of people reported that some judges felt that their needs were currently not getting met in this regard; that there were few, if any, direct contacts between the court and the people who had the appropriate information; and that in some cases, excellent sentencing recommendations were getting "buried" in file drawers, never being considered during the actual sentencing process.

*Community Treatment as a
Condition of Probation*

The use of community treatment as a condition of probation was a difficult issue in which the public defender's office and the Forensic Mental Health Services case managers appeared to have opposing and entrenched positions. There is no one right answer to this dilemma. Clearly, the public defender must pursue the best legal interests of a client. On the other hand, the use of probation conditions is often an effective tool that can significantly decrease the chances of the client again being returned to incarceration. The best resolution of this dilemma is

at the individual case level. In order to serve both the interests of the client and the interests of the community, the case manager should meet with the actual defense counsel, where advisable, to balance the competing interests on a case-by-case basis.

Community Services

At virtually any point in the criminal justice sequence, an accused person can be returned to the community. Thus, a person with identified mental health needs can arrive in the community with or without legal and treatment conditions imposed by the courts. Similarly, an accused person can return to the community after a stay in the state hospital system on any of several legal statuses. In regard to identifying and providing mental health services, it does not matter very much at which point a person returns to the community. The services required will be the same. Ultimately, the ability of these clients to remain successfully in the community will depend upon the quality of the case management and the availability of the appropriate services in the community.

Case Management

As noted before, the community case management process must begin before the client is actually returned to the community. We noted with enthusiasm that the Forensic Mental Health Services caseworkers were spending several hours a week in the jail, as well as conducting occasional visits to the state inpatient forensic facility at the far end of the state. Typically, community case management services will not be of short duration. This client population typically has had both mental health and legal problems for a number of years, and it is inappropriate to think that these problems will be resolved with several months of case management or therapy. Furthermore, it is inappropriate to assume that the ultimate successful resolution of these cases is that the persons will no longer need mental health services. Many of these people are chronically and seriously

mentally ill, and become engaged in the criminal justice system upon the failure of community mental health and residential services.

Ideally, successfully resolved cases should result in forensic clients becoming involved in the same service delivery system that anyone else in the community would utilize. A core element, therefore, in a comprehensive community-oriented forensic mental health program will be case managers on the forensic staff who are located in community settings and who work toward integrating forensic clients into the generic mental health, social service, and health systems.

Residential Alternatives

Case management alone, however, will not be enough. Although case management is essential for linking the client with services and for managing the predictable failures and regressions that will occur, it will be fruitless in the absence of other substantive mental health services. Particularly important for this population are residential alternatives within which specialized mental health, social, and health services can be delivered. It is also important for case managers to be aware of and skillful in obtaining appropriate entitlements for patients who may have traditionally not had access to such resources.

A glaring deficit in essential community services in Palm Beach County in 1986 was an adequate range of special residential alternatives. Obviously, it will be difficult for forensic clients to succeed in the community without having a place to live. Furthermore, access to mental health services that are generally available to the community at large is often specifically denied to forensic clients.

PLANNING PRINCIPLES

Despite the fact that the Palm Beach County Forensic Mental Health Program was developed independently of the planning principles contained in Chapter 7, it is instructive to look at the

program and its development in light of those planning principles. If the principles are indeed of value, it follows that a well-conceptualized program will at the very least demonstrate attention to the same kinds of issues. Clearly, such is the case in Palm Beach County, and in the Florida Department of Health and Rehabilitative Service's published guidelines.

Principle 1. *The Mentally Disturbed Jail Inmate Must Be Viewed as a Community Issue*

Despite the narrow perspective from which many of the involved parties viewed the Forensic Mental Health Services Program, there was an almost astonishingly broad acceptance of Principle 1 by all concerned. Areas of disagreement centered not on *whether* these clients were the community's problem, but rather on *how* the community was to serve them. An impressive example of this acceptance was the willingness of the jail administration to allow a community mental health center to control an activity inside the jail itself. According to the jail administrator, this willingness came from his understanding that only by connecting his mentally ill inmates to the community and its services could he hope to get help in dealing with them. He described the jail as a consumer of the service as well as a contributor to it.

Even more important evidence of the acceptance of these clients as a community problem was the comprehensive approach taken by the two case managers, whose activities were carried out at the jail, the community mental health center offices, state hospitals, the crisis stabilization unit (soon to be opened at the time of our visit), court offices, and various sites in the community. The details of that service are described below, but the comprehensiveness with which these two case managers viewed their function was a cornerstone of the program's success. As evidence of this success, even the harshest critics of some aspects of the program had nothing but praise for the case management component of it.

Principle 2. *The Jail Is and Should Remain Primarily a Correctional Facility*

Again, the Palm Beach County program got high marks in following Principle 2, although the crisis stabilization component of the program had not been fully implemented at the time of our site visit. There was almost universal acknowledgment that the handling of the most psychotic inmates in the jail was inappropriate—a belief that was in large part intensified by some unfortunate design aspects of the jail. Despite being a relatively new building, the living areas provided very poor observation into the individual cells in which the most psychotic inmates would need to live. Narrow hallways created safety hazards to officers needing to look into these cells.

It will be interesting to see how the new crisis stabilization unit evolves. Clearly, it should enable the program to divert some very psychotic inmates charged with misdemeanors from jail. Less clear is the role to be played in treating equally psychotic inmates who are charged with serious felonies and for whom diversion may be worrisome, both to the criminal justice system and to the community. It is also likely that an aggressive strategy of brief hospitalization will prove beneficial to many such inmates, providing quick stabilization and a return to the criminal justice process. Those inmates with psychoses that are unresponsive to such stabilization will probably continue to be judged incompetent to stand trial and hospitalized in state hospital forensic settings.

Principle 3. *Serious Mental Health Needs among Inmates Require Limited But High-Quality Professional Services in Every Jail*

Principle 3 alludes to the area in which the Forensic Mental Health Services Program had both acknowledged its limitations and was searching for significant help. At the time of our site visit, the screening and evaluation components of the program

also provided a significant amount of support to mentally ill inmates in the jail. Psychiatric services of a more medical nature, especially psychotropic medication, were provided by Emergency Medical Services (EMS), the medical services provider that was operating under contract with the jail. These were predictably subject to the problems commonly experienced in jail medical services. As noted above, we suggested some very specific areas in which efficiency could be increased. More important, however, is the more general issue of the role and priority of psychiatric services in the constellation of medical services available in jail.

One clear help in this regard would have been to turn over psychiatric services (i.e., the contracted psychiatrist) to the program administratively. Although the nursing services might continue necessarily to serve two masters, the psychiatrist would not. The practical result would be a better use of psychiatric time, since the communication between the existing screening agents and the psychiatrist would undoubtedly improve. Despite the problems with this aspect of the service delivery system, this function is central to the Palm Beach County program.

Principle 4. *Correctional Administrators Should Concentrate on Developing Mental Health Services in the Areas of Identification, Crisis Intervention, and Case Management at Release*

Clearly, Principle 4 best captures the need for comprehensiveness in conceptualizing a program and is among the most impressive aspects of the Palm Beach County program. Of the three, the program has demonstrated the last, case management, to have the most potential to serve both the offender and the community. As noted above, the case managers reported an astonishing reduction, nearly to zero, in the rearrest rate of their caseload. Although these were generally not seriously violent offenders, they nevertheless tended to have been arrested repeatedly, at great cost to the public budget, to police and correctional resources, to public safety, and most of all to their own lives and families.

Principle 5. *There Is No One Best Way to Organize a Jail Mental Health Program*

Although Principle 5 may have been identified as prospective, global advice to jail administrators contemplating the addition of mental health services, it has equal value to an existing program, even a very good one. Good jail mental health services are in their infancy. It is clearly not acceptable management to dismiss lightly organizational squabbles such as the one described in this chapter. As an important consumer of services of the Palm Beach County program, the public defender's needs had to be addressed. The search for creative, innovative, and flexible approaches to the clinical, political, and budgetary dilemmas involved in jail mental health can never end. The challenge to programs such as this one is simply to be willing to consider alternate structures when external conditions, systems needs, or key actors may require it, even when what is in place is exemplary and may have worked quite effectively in the past.

The Forensic Mental Health Services Program of Palm Beach County, Florida, is at the cutting edge of forensic services in the United States. In concept, it reflects the vision of the Florida Department of Health and Rehabilitation Services (1984) *Guidelines for Community Forensic Mental Health Programs*. In execution, it represents the rare integration of often competing community, county, and state interest groups. Finally, it also demonstrates how the broad planning principles that emerged from this book's study of 43 jails fit the broader context of community forensic mental health programs.