



American Jails—Dramatic Changes in Public Policy

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CHAPTER 2

CHAPTER OBJECTIVES

- Recognize the enormous number of individuals who pass through the jail system in the United States every year.
- Identify changing, evolving, and overtly new elements in public policy that are highlighting and redefining the local jail as a driving element in the criminal justice system in the United States.
- Understand the importance of local jails as a filtering element that can successfully identify and engage several million individuals suffering from mental health difficulties, alcohol and substance abuse addiction, and a growing array of physical health problems that are nowhere better presented and are easily recognizable in jails throughout the United States.

■ Introduction

Corrections as an element of public policy and criminal justice operations has far too long focused almost exclusively on lengthy sentence prisons as the dominant element of the field of corrections. The public, virtually at the drop of a hat, assumes that the discussion is of prisons when sentencing and judicial outcomes are mentioned. Whether it is Internet discussion, global cable television, scores of talk shows, or personal memoirs of past experiences, it is logically assumed that prisons are the focus and drive the adult correctional system in the United States.

Virtually every character of note, policy in less than positive standing, or moment of high drama is considered to be a prison-based behavior. Historically, this trend developed with the literary and public policy debates in the 19th century between the Pennsylvania and New York models for prison architecture and degrees of prisoner isolation/separation in prison operations. This continues right through the recent past where films, literature, personal narratives, and documentary presentations focus on the prison or the “Big House” that so quickly comes to dominate our imagination and understanding of the corrections equation.

Nothing could be further from an accurate portrayal or presentation of correctional reality than the primacy of just prisons, especially when compared to a much larger local jail system, and then of course to the largest component engaging convicted offenders—probation and other forms of community corrections and community-based supervision. The jail is now understood as something infinitely more complex, challenging, and useful in understanding the larger criminal justice system in the United States. There are more than 3,320 local jails or regional justice systems in the United States, which push us and demand our attention on the local public policy process, right down to the town square in virtually every identified community in the United States.

Jails, crosscutting every jurisdiction in this country, are no longer mom-and-pop operations, regardless of their size, capacity, number of bookings/releases, degree of offender sophistication, and urban/rural/Indian geographic location. Common behaviors characterizing both pretrial and sentenced inmate behaviors, which are now increasingly understood through such measures as Level of Service Inventory–Revised™ (LSIR), create opportunities for real—not imagined—evidence-based practices that start to build a new and far more meaningful role for the local jail or county jail or jail setting in one of the unified state systems in this country.

The importance of local jails and the role of local corrections being developed as a function of the national jail system have redefined our understanding of the local lockup. It is now translated and understood to bring the world of criminal behavior, the characteristics of offenders, the combined pathologies that characterize criminal process, and the human and social services challenges that affect, in part, every single community in this country to the forefront. A jail offers an opportunity to dramatically confront criminal behavior from its inception at the adult level through new and evolving public policy priorities such as reentry and return to the community as opposed to some previously generated simplistic axiom known as release to the streets.

■ Jail Population

Nothing in this chapter presents hard data that jails are simply more important than prisons. This would offer as little useful guidance on this topic as past generations have developed in citing prisons as the prevailing critical element of practice. What is now a matter of essential understanding is that jail systems book and release some 15 times the number of individuals as are admitted and then released from prisons throughout the United States after the completion of sentence served. This is new ground, and although initially highlighted in work published by the American Correctional Association (ACA) in 1996, it has taken to early 2012 for the importance of bookings and releases to challenge average daily population (ADP) as the prevailing data element of analysis when discussing incarceration in one form or another.

On a typical given day at present, more than 2.3 million individuals can be found in an incarceration setting in this country. More than 1.6 million can be found in state or federal prisons, whereas approximately 735,000 can be found in county jails or local municipal jail settings. This would suggest that prisons are the dominant location and structure of incarceration, and such an inference would be totally wrong. Bookings and releases—the dominant data element in jail operations—number between 10 and 13 million bookings and are estimated to include more than 9 million individual persons. These numbers dwarf the number of prison admissions by some 10 to 15 times and demonstrate how the landscape of criminal justice–focused behavior could be dramatically affected if greater attention and focus were directed toward local jails in the United States.

Although the average length of stay in a jail is far less than in a state or federal prison, the dominant size and scope of admissions and releases back into local communities characterize both criminal justice outcomes and opportunities to truly affect public safety at the local level. Jails are not some minor afterthought to a media, entertainment, literary, and video focus on prisons, with their dramatic tales of social interaction and institutional violence and disturbances. It is time we started to focus on the potential to truly affect public safety outcomes at the point of reentry, and here local jails offer a unique set of opportunities given their proximity in terms of geography and social interaction to local communities throughout every county and municipal jurisdiction in the United States. See Table 2-1.

Studies of jail population levels and of total bookings and releases and the characteristics of those who enter jails improved dramatically during the first decade of the 21st century. Nowhere has more accurate and dynamic descriptive material been developed than through the U.S. Department of Justice—Bureau of Justice Statistics in an almost unending improvement and the expansion of quality studies and scope of data collection.¹ Some will find it important that jail populations were continuing to decline in some measure since the enormous growth of the previous 20 years. The significance of the tidal wave of individuals entering the system and returning to the community through jail systems remains dominant and, until recently, an almost undocumented and poorly utilized data element in the broader public safety equation. See Figure 2-1.

TABLE 2-1 Estimated Percentages of Local Jail Inmates, by Selected Characteristic and Ratio Estimates, 2011

Characteristic	Estimate	Standard Error
Sex		
Male	87.3%	0.12%
Female	12.7	0.12
Race/origin		
White ^a	44.8	0.43
Black/African American ^a	37.6	0.39
Hispanic/Latino	15.5	0.34
Other ^{a,b}	2.0	0.14
Two or more races ^a	0.2	0.02
Conviction status ^c		
Convicted	39.4	0.42
Unconvicted	60.6	0.42

Detail may not sum to 100% due to rounding.

^aExcludes persons of Hispanic or Latino origin.

^bIncludes American Indians, Alaska Natives, Asians, Native Hawaiians, and other Pacific Islanders.

^cIncludes juveniles who were tried or awaiting trial as adults.

Source: Minton, T.D. (2012). *Jail Inmates at Midyear, 2011 - Statistical Tables*. (Washington, DC: Bureau of Justice Statistics, Table 12).

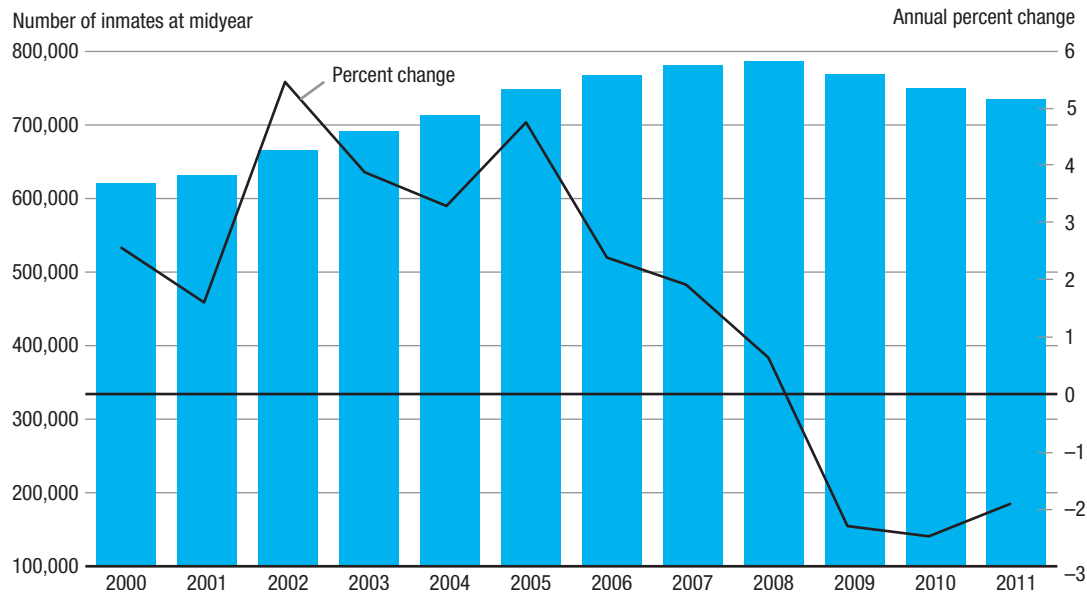


FIGURE 2-1 Inmates confined in local jails at midyear and change in the jail population, 2000–2011

Source: Bureau of Justice Statistics, Annual Survey of Jails and the 2005 Census of Jail Inmates.

Slightly more than 62% of the 10–13 million jail admissions are awaiting disposition of their cases, meaning they have a pretrial status. It then follows that approximately 38% of all those entering jails are serving sentences at the local level and are not being transferred to state prisons. Local jails conduct a heterogeneous slice of criminal justice practice in the United States, and the better we understand who is in jail and what are the driving components of their incarceration (both pretrial and convicted/sentenced), the greater will be our understanding of the enormous focus of opportunity that local jails provide to attack public safety challenges across the board in every jurisdiction in the United States.

Local jails hold less than 50% of the numbers held in state prisons on any given day, but in any given year local jails receive, work with, and release between 10 and 15 times the numbers of individuals engaged by the entire adult state prison system in the United States.

■ Pretrial Process

Because more than 60% of the 10–13 million bookings who enter county jails each year are in pretrial status, this might well be considered the single most important public policy and operational issue in the entire field of jails. It must be remembered and restated over and over again that the vast percentage of individuals who are booked into county jails or local jails or tribal jails or federal detention centers are awaiting some disposition of criminal justice matters and at this point are considered not guilty. It does not mean they have not committed the crime or behaviors that initiated their arrest. It does mean that under the due process guidelines of our criminal justice system, guilt has not been established and every effort must be taken to treat individuals as if this ultimate determination were still in doubt and required formal intervention and ultimate decision making through the pretrial justice system.

It is essential, as we study the jail system and engage in real issues, that pretrial process and pretrial decision making stand out as enormously important, crosscutting every single jail setting in the United States. As we will see, jail populations might not be significantly grounded on the level of crime but rather have a

strong linkage to bail practices, standards of pretrial review in more than 3,000 jurisdictions, and local levels of commitment and support for advancing evidence-based practices regarding pretrial release. Incarceration in a jail is not given—nor is it understood to be required—but very often arrest is equated with incarceration in a local jail, and this myth needs to be exploded, for it does not conform to historic reality, due process pretrial practices, and a growing tension between bail as it exists in the 21st century and other options that are available in support of a least restrictive environment and good public policy decision making.

For the majority of this nation's history, bail (money, property, some combination of money and property, or other tangible financial instruments) has been the traditional means of securing release from a local jail facility after arrest. For several generations, neither was it generally challenged nor were alternatives easily available. At a 1964 conference on pretrial justice, then–Attorney General Robert Kennedy noted in a very direct manner: “What has been demonstrated here is that usually only one factor determines whether a defendant stays in jail before he comes to trial. That factor is not guilt or innocence. It is not the nature of the crime. It is not the character of the defendant. The factor is, simply, money.” The words of the attorney general came at a time when traditional bail and the bondsman organizations began to be considered as a methodology and practice that could be changed and should be changed or altered with other options. Personal wealth and/or resources could never, in our constitutional democracy, be considered valid criteria for a determination of guilt or innocence in any criminal matter.

Jails cannot possibly be understood as an element of the correctional system unless bail, pretrial release criteria, application of data-driven practices, and alternative strategies are deeply considered and understood. Wealthy individuals should have no greater or lesser opportunity for release from pretrial detention based on factors of personal wealth. Ensuring presence in court is the goal of the pretrial system, and although money bail may be a factor, developments for the past generation have demonstrated that evidence-based assessment and supervision programs provide a very useful and positive alternative to money and personal financial capacity.

In the early 1960s, a movement was initiated in New York City known as the Manhattan Bail Project. It was developed by the very respected and creative Vera Institute of Justice. The focus was conducting interviews of pretrial detainees after their arrest, not to determine any matters of guilt but to decide whether they were good risks to return for future court hearings and trial without the need for further pretrial detention. Anyone studying jails or hoping to understand jails and their role in the U.S. criminal justice system must accept and understand that pretrial release decision making can now, after some 50 years of practice, be conducted with significant reliance on ties to the community and past pretrial reporting and other community-based practices as a proper means of providing due process of law and moderating the size of traditional jail populations.

The majority of pretrial detainees can exist quite safely in the community prior to further hearings and the ultimate disposition of their cases. Trials are rare (less than 5% of all dispositions) in our criminal justice system. In most cases, pretrial release awaits either a plea agreement between prosecution and defense or a determination that no criminal act actually occurred. It is a cornerstone of American criminal justice practice that pretrial detention should not be based on personal wealth, and that means that every year improved interview templates and standards of pretrial release community linkage questions can be improved upon and can be found to support public safety and reduced jail population levels.

In many jurisdictions, jail release or the avoidance of jail (regardless of guilt or innocence on the underlying charges) could be accomplished without any bail at all. Release on personal recognizance flows from strong community ties, a history of employment, an existing family structure, no prior history of missing judicial hearings, and following pretrial supervision guidelines that simply did not exist in the past and are still in debate in many jurisdictions across the country. It is not surprising that from the windows of jail cells you can see flashing neon signs for bail in bail bond offices immediately across the street. Neon lights are a marketing tool.

In the same manner, bail bond agencies advertise in telephone books and use creative spelling to be first in the alphabetical listings. What started as the AAA Bond Agency may now extend to the AAAA Bond Agency or the AAAAA Bond Agency seeking to be listed first in local telephone directories, as inmates (newly arrested pretrial detainees) or family members consult the phone directory or web-based Internet listings to find an agency to support bail release for a friend, relative, or loved one. It is not uncommon for bail agencies in a given jurisdiction (supported by large insurance companies) to argue and compete bitterly for special access to recently arrested individuals at intake facilities, which has become an ongoing challenge for local jails across the nation.

Organizations such as the Pretrial Justice Institute (PJI) have established focused advocacy programs to limit the use of money bail because it speaks to the effect of poverty to many and their continued presence in jail, as they await disposition of their cases. PJI has recognized that evidence-based practice developed through years of linking community stability indicators with returning to court can diminish the reliance on money. In 2011, national attention returned to the groundbreaking efforts of former Attorney General Robert Kennedy in seeking to stimulate a renewed national commitment to diminish personal wealth and money as the primary means of deciding who should remain in jail pending final judicial action. Attorney General Eric Holder strongly reiterated the admonition of Robert Kennedy in reminding the nation that jails should not simply be a reservoir for poor people whose financial status might continue to drive decisions regarding pretrial detention.²

The American jail system needs to generate constant and compelling attention to no-money bail options that now exist in an increasing number of jurisdictions to give credence to the goal of removing the jail as a monument to poverty, as opposed to a potentially valuable public safety institution where decisions are made based on data-driven principles and not pure dollar considerations. Guilt or innocence has never been found, ultimately, to be based on wealth in any specific case, but jail population growth over the past 50 years certainly has been fueled in part by reluctance to test the full extent of pretrial interview and data collection methodologies that have fostered and will continue to foster moderation, objectivity, and a nonmonetary focus on jail populations.

■ Health Care as a Core Element of American Jail Operations

It is hard to imagine a healthcare system admitting 10–13 million potential patients in the course of a single year. Yet that is precisely what happens in the jail portion of the adult correctional system in this country. The system is staggering in size and scope because health care has, since the mid-1970s, been a mandatory area of correctional practice with full constitutional supports. In 1976, the U.S. Supreme Court made quality healthcare delivery crystal clear—without debate or exception in a landmark case from a prison system, but with 100% applicability to every jail in the United States.³

Justice Thurgood Marshall, writing in the early days of major judicial intervention in correctional operations, noted that there was no alternative in providing quality health care. Any “deliberate indifference” on the part of correctional administrators to legitimate healthcare needs and the practice of health care would then and for the future be a valid subject of federal litigation. As late as 2011, judicial intervention in correctional health care found face in the state of California when the entire healthcare system for the second largest correctional agency in the country was placed under a receiver given the absence to meet constitutional standards. Justice Marshall told us 40 years earlier that there was no alternative to proper care because prisoners, detainees, inmates, offenders, and any other people incarcerated against their will had to rely on government for their physical safety, the safety of their physical environment, and their physical, medical, and mental health needs.

With more than 3,300 jails operating in the United States and between 10 and 13 million individuals seeking some form of required care, the cost of and attention to healthcare delivery is a mandatory element

of any discussion of American jails. Every incoming jail prisoner or detainee receives some form of medical intervention—initial intake interview, initial medical screening, evaluation, treatment, or community-based referral upon release. These millions of individuals even with a generally youthful median age bring enormous healthcare needs into the jail with them. Many have never had routine and regular healthcare screening and review. For some, mandatory jail-provided healthcare services will be their first introduction to a community standard of care. Healthcare issues including HIV/AIDS,⁴ hepatitis, sexually transmitted diseases (STDs), tuberculosis, physical problems relating to alcohol and substance abuse, heart disease, specialized women's issues, and an evolving practice covering disorders of the aging.

For many inmates, dental care has never existed as an area of proactive treatment. Women often arrive with very little knowledge about family planning and pregnancy issues. Many have been sexually abused and bring with them both the physical and emotional issues of trauma that accompany such predatory behaviors that they were subjected to for extended periods of time.

Because being in jail does not diminish governmental responsibility for healthcare delivery, decisions cannot be made as matters of choice given public disdain or negative feelings regarding the offender behavior or the alleged detainee behavior that brought them into the criminal justice system. Granted, cosmetic or voluntary procedures such as plastic surgery for visual improvement, complicated dental surgery or tooth replacement, or a wide range of other non-mandatory interventions are not required, but other costs are likely the highest and largest non-staff-related budget items in every jail system in the United States. Inmates arrive in conditions that appear almost theatrical or contrived from a film situation.

Jail healthcare staff often is shocked at how individuals can survive after living on the streets, self-medicating with wide ranges of illicit chemical/prescription combinations or the complex rigor of years of alcoholism. Jails cannot look the other way—cannot blame extensive healthcare deficiencies on the absence of a proper healthcare delivery system—they must confront every legitimate healthcare concern that comes through the doors of the jail booking and reception unit regardless of costs and the origin of the malady, disease, or healthcare deficiency.

The Bureau of Justice Statistics has periodically issued special reports on the medical problems of jail inmates.⁵ Prison inmates have often received quality care in local jails prior to conviction and sentencing. Police officers arrive at the jail transporting individuals that have been arrested directly from the streets or from a local police station and often deliver inmates with injuries from the arrest situation. This creates a legal problem, and legislation in most states requires that police receive a medical clearance from a local hospital prior to taking the prisoner to jail for initial intake, booking, and processing. Public comment may strongly suggest that the problem rests with the prisoner, and although that may sound thoughtful as a point of discussion, the mandatory legal requirements demand that the governmental unit provide full care. Disagreements can occur between police officers bringing a prisoner to jail and jail healthcare staff if injuries exist and require community review. This speaks to the complexity of mandatory jail healthcare intervention and, frankly, is not open to debate or discussion. No jail-based booking unit correctional officer or police officer may contradict core constitutional practice concerning the level of health care to be provided to every inmate in every jail setting in the United States.

Major maladies reported upon jail admission have included arthritis, asthma, cancer, diabetes, heart disease and related problems, hypertension, kidney problems, liver issues, paralysis, stroke, hepatitis, HIV/AIDS, STD, tuberculosis, and an expanding list as greater medical diagnoses continue to develop. It might appear that jail inmates are all products of a geriatric setting or were arrested in a senior citizens' residence, but that is far from the truth. The United States has great divisions regarding quality and accessibility of health care based on wealth, employment, military service, education, and other factors relating to access. Jail inmates may not be equally as ill as state prisoners, but they bring every known medical condition into the jail with them, and healthcare delivery requires professional intervention at every level of practice.

■ Behavioral Health/Mental Illness and Substance Abuse Driving Jail Operations

It is striking that if not for issues of serious mental illness and substance abuse, the jails of this country would likely hold less than 50% of their current adult daily population (ADP) of approximately 750,000 and yearly intake numbers of between 10 and 13 million. In no way is it suggested that criminal behavior is dependent on mental illness or alcoholism and substance abuse as a primary driver of activity. Data-driven research would never support such a macro assertion. What is clear is that the jails of the United States are populated with a significant majority of individuals who present records of serious mental illness and extended histories of alcoholism and/or substance abuse. This cannot be minimized; it is very likely, along with poverty, the single most compelling characteristic base of the jail population in the United States.

Going back to the early 1960s, it was always hoped that community treatment efforts would replace the large public mental health facilities that dominated the behavioral health landscape in this country for generations. The development of new medications, community-based treatment modalities, and the introduction of procedural due process requirements dramatically diminished state hospital bed space and placed thousands of individuals on the streets without sufficient care. For numerous environmental reasons that have been well documented in the literature on public policy in this field, jail systems across the country were forced into the role of human service provider of last resort. Economic conditions throughout the United States beginning in the early years of this millennium diminished funding capacity for community-based treatment service. It is clear that the quest for community treatment systems so eagerly anticipated from the early 1960s never came online and forced more persons onto the streets and as a last resort into jails as even minor criminal behavior followed.

This movement to the streets and to jails has been with us for well over 35 years, but only now have improved research capabilities permitted more effective measures of the prevalence of these challenging issues among those in our local jail-based correctional systems. The earliest work conducted by able researchers in the 1980s and 1990s in the Cook County (Illinois) jail system documented severe mental disorders for 6.4% of male inmates and 12.2% of female inmates. Following studies documented a larger and growing number of mentally ill individuals in the jail system. A recent well-regarded study noted a prevalence of serious mental illness among male inmates of approximately 17.5% in two major target county systems. Prevalence among female inmates ranged much higher and was reported at over 30%. The final research outcome of this major study, with appropriate weightings, documented 14.5% for male inmates and 31% for female inmates crosscutting four major county correctional systems.⁶

The conclusions of the study were in some respects challenged, but what is clear is that the jails of this country, for many of the wrong reasons, have become the new mental health hospitals, completely contrary to all of the public policy actions that sought to remove the mentally ill from state hospitals beginning some 50 years ago. It is a challenge to human service methodology and humane public policy process in the United States to have relocated persons with serious mental illness from one negative environment to the criminal justice system and to county jails in particular.

Mental health services in local jails have dramatically improved as a result of mandatory federal constitutional standards concerning healthcare delivery. National standards of care have been voluntarily developed by the National Commission on Correctional Health Care and the ACA. Thirty-six states have standards that, to varying degrees, have further driven improvements in mental health care at the county jail level. Civil rights litigation filed against local jail systems after inmate suicides or documented histories of less than adequate care has pushed jail systems all across this country to improve their services covering the following:

- Intake questioning of detainees by correctional officers
- Intake review by professional healthcare staff members
- Crisis intervention interviews for detainees by licensed mental health professionals at point of jail intake

- Medical and mental health review through more detailed examinations after 14 days of incarceration
- Interface with community service providers as a function of a community standard of care forged between community and jail
- Forensic evaluations that also crosscut general mental health considerations and behaviors
- Individual and group therapy in selected jail environments
- Residential treatment options within specialized jail housing units from minimal treatment through full therapeutic communities
- Screening for community-based release with linkages actually developed and treatment providers identified—from jail to community
- A growing belief that within 10 years, either through court decision or evolving practice, a treatment plan for those with documented mental illness will be required upon leaving a local jail facility

Whether it is because of funding reductions in community-based programs, the closure of state hospitals as poor providers of optimal therapeutic intervention, improvement of crisis intervention teams in the community, or a homeless population with high levels of mental illness, the jail system in the United States is and will continue to be a mental health provider of first, middle, and last resort, however imperfect the venue might be for this critical intervention. It is a serious challenge for the entire jail system in the United States.

Substance abuse (drugs and alcohol) has historically been both a significant characteristic of persons in jail and a driver of jail populations. Drugs in most forms remain illegal, regardless of debate and discussion to the contrary. Methodologies of engagement, whether they be supply-side enforcement or treatment intervention and education to diminish use, still leave us with an enormous substance abuse population in local jails. New detainees often arrive under the influence, going through withdrawal, suffering serious crisis from drug and alcohol abuse, and presenting serious medical complications and a wide range of other problems. Many of these individuals have been self-medicating while living on the streets and often require immediate crisis intervention and lifesaving transport to medical facilities, given the most challenging of personal healthcare situations.

Drug courts are now in operation in more than 300 counties in the United States, seeking to offer a strict treatment regime as an alternative to serious jail and prison incarceration. Contrary to popular thought, many substance abusers have shown little interest in engaging in the rigor of the very invasive and challenging treatment program to avoid relatively short stays in jail. As sentencing options and lengths of time have expanded over the last decade, greater interest has been shown. Persons selected are not first-time users, but increasingly are veteran offenders who clearly might be on their way back to jail or prison for probation and parole violations, let alone new criminal offenses. Because jails are the primary custodial institution serving the courts, jail staff will become more involved in generating referrals for drug courts. Evidence-based practice documents that treatment does work for many individuals, and it is certainly an option starting at the jail level to the far-too-long-revolving door for alcohol and substance abusers who populate our jails.

■ Programs in Jails/The End of Dead Time/Opening a Positive Environment

The local jail traditionally has been seen as a location to provide security and ensure the presence of an individual in court. This is almost a one-dimensional construct with no implications for any detainee or prisoner self-growth and development. Our own data show that at present, 62% of all jail detainees are pretrial and have been convicted of no crime. A logical question is why it is even suggested that personal growth and development programs should be considered, let alone funded, by local government units. Any suggestion that pretrial prisoners have no personal growth and development needs is full of sound and fury and signifies nothing other than traditional jail reluctance to engage in meaningful programs that will require additional planning and work and coordination.

Of the 10–13 million individuals who pass through local jails in the course of a year, well over 50% leave on some form of pretrial release or bail or cases nol-prossed. That still leaves an enormous population for whom program opportunities should surely outweigh mindless hours of television and table games. There are core considerations that warrant our attention and are increasingly data driven to define their importance:

- Jail prisoners who are involved in some meaningful program will evidence a diminished capacity for violence, misbehavior, gang involvement, or any self-destructive behavior;
- Well-intentioned personal growth and development opportunities can affect behavior over short periods of time and can create a more positive personal climate and openness to challenge traditional offender behavioral outcomes.

Why waste time in jail when it can be used productively for both creating a safer correctional environment and improving skill areas in a nonthreatening manner for a majority of prisoners? Dead time demands our attention, for it contributes nothing to jail operations and often creates an environment more likely to generate violence, inappropriate behavior, and the potential for conflict.⁷ Jails throughout the country are starting to engage well-tested program elements that improve the local environment. They offer the following growth options:

- Clearly contributing to the safety and security of the jail
- Reducing violence and associated costs of jail violence
- Providing rehabilitation and personal growth opportunities in a controlled setting
- In states with county jail “good time” legislation, reducing days in custody through meaningful prisoner program involvement
- Providing positive interactions in an environment not generally associated with personal growth and development
- Preparing inmates for community reentry

A county or local jail drawing on resources (paid and volunteer) in the surrounding community can find national support and program examples for any of the following program initiatives:

- Adult basic education
- GED—General educational development
- Special education (partnering with school districts for youthful offenders under age 21)
- ESOL—English instruction for people who do not speak English as their first language
- Faith community—Religious doctrine and fundamental religious books and documents
- Faith community—Religious services
- Faith community—Clinical pastoral counseling and mentoring
- Substance abuse treatment—Drug and alcohol education, recovery, and focus on reduced criminality
- Substance abuse treatment—Therapeutic communities—turning a cellblock or housing unit into a treatment modality
- Women’s issues—A wide variety of issues tightly targeted to women are available through community colleges, community groups, and highly trained volunteers
- Cognitive behavioral programs—Several templates exist and correctional officers can be trained to work in a treatment modality in a typical jail housing unit
- One-stop job development awareness—Pre- and postrelease job search, interviewing, and resume writing built into IT-based learning—models readily available for use in jails

- Library and reading development—Jails are a perfect location for some form of library and for local literacy programs to conduct one-on-one reading efforts
- Inmate work programs—Institutional work assignments designed to promote positive work ethics and skills, which can be beneficial to inmates upon return to the community
- Health promotion—Public health providers will find an eager audience for a broad range of on-point health-related topics, including healthy sexual behavior practices, STDs, HIV/AIDS prevention, nutrition, aging, issues specific to women's health, smoking cessation, and new topics evolving over time
- Fatherhood and parenting programs—Helping incarcerated fathers develop and maintain healthy relationships with their children and partners to reduce recidivism and break cycles of violence and crime
- Digital skill development—This is the world at present with no other options available other than learning computer-based skills at all levels

The above are simply exemplars of program options that can be conducted in a single program room in the smallest of jails or in large program settings in much larger facilities. Dead time denotes the absence of management resolve to confront traditional practices solely focused on ancient definitions of safety and security. Programs create safer environments in the toughest and most demanding of jail settings. Programs also offer avenues for detainee and offender growth and development.

■ Life After Lockup—Jail Detainees and Prisoners Returning Home

For a period of some 30 years, criminal justice and public safety rhetoric was largely focused on enforcement, incarceration, longer sentences, and building and filling jails and prisons. That is not a political comment—it is data driven—for a generation has observed public policy moving toward tough responses to crime and a dramatic focus toward incarceration. Some will agree and some will not, but that is an introduction, not the real issue before us. What virtually everyone will accept is that the focus was on removing people from the streets for longer periods of incarceration, and very little focus, and very little creativity, was dispatched toward reentry and return to the community.

In the last decade, the phrase “offender reentry” reentered the correctional lexicon.⁸ It was less a matter of political persuasion than the recognition that enormous numbers of prisoners were returning and would be returning to the community. Twenty-plus years of unabated jail construction, prison construction, and enhanced duration of sentencing penalties would begin to see offenders being released and returning to the community, regardless of whether they were prepared to assume roles in society with some diminished capacity to commit crime. A one-dimensional public policy focus can continue only so long. The focus of “get tough, longer sentences and more prisons” would in part run its course as costs became impossible to sustain in light of competing educational, military, healthcare, and child development priorities.

Led by Jeremy Travis, then of the Urban Institute, reentry as a public attention option received a superior dose of public policy attention. Travis would likely argue that many others were involved, but there is no question that his work on offender reentry at the state prison level pushed the conscience of a broad policy community that recognized that offenders were coming home.⁹ Jeremy Travis set many thinking or at least realizing that a tidal wave of offenders was going to leave incarceration and go directly back to the communities from which they came. This was a significant challenge.

In 2002, one of those unique moments and gatherings took place in Branson, Missouri, that was to have significant implications for reentry considerations and future programming at the level of county jails and local jails. Called by the National Association of Counties—Justice and Public Safety Steering Committee, the issue of reentry at the jail level crystallized during a presentation by a scholar and public policy analyst who had worked with Travis on state prison reentry considerations. National AIDS Control Organisation elected officials from around the country realized that the jails in their jurisdictions were returning between 10 and 13 million individuals to

local communities and that it was unconscionable that reentry would be excluded from local jail consideration simply because corrections had been so long defined in an almost purely prison context. At a quiet meeting in more rural Missouri, an idea was developed that jails counted and should be part of the reentry equation.

The Urban Institute, this time under the direction of Amy Solomon, accepted the challenge and developed a program in concert with the John Jay College of Criminal Justice, the Montgomery County (Maryland) Department of Correction and Rehabilitation, and the Bureau of Justice Assistance. By mid-2008, offender reentry and detainee reentry at the jail level were established as data-driven elements of serious public policy. National meetings were held, and descriptive analytical and training materials were developed to focus on reentry from jail to the community all across the United States.¹⁰ Since 2007, the Bureau of Justice Statistics had meaningfully inferred and documented that well over 10 million individuals were leaving county jails and that their success would be flat, negative, and contrary to public safety priorities if they were simply walked to the jail door and released.

Work completed by the Urban Institute highlighted the size of the returning jail population and the enormous complexity of the characteristics and issues that challenged any hope of successful return. The jail portion of the corrections profession was urged to accept, consider, and develop strategies to confront the following barriers and challenges to return to the community:

- Employment and education
- Substance abuse
- Mental health
- Physical health
- Housing
- Chronic offenders
- Specialized issues affecting women upon their release

It may appear that these are the same issues challenging offenders leaving state prisons, but jails had never even been part of the equation. It was an issue essentially swept away or never given proper consideration until vast numbers leaving jails, and some good public policy discussion, forced the issue onto the mantle of public policy and public safety. Jails were not mom-and-pop institutions, but were a public safety core element that affected public safety in every single community in the United States.

Persons leaving local jails often could not cash a check with the funds they had brought with them at the time of arrest, for they had no identification that would be accepted in the community. Waves of departing jail detainees and offenders had lost mental health and physical health benefits as a function of jail placement (whether guilty or not guilty) and could find no apparent way to reassert their needs and receive help and medications that were provided appropriately while incarcerated, but were not available upon release.

Many leaving local jails had neither social security cards nor any frame of reference to past history that would facilitate workforce development and seeking a job upon release. Housing options were severely limited, as even the most minor of offenders coming out of local jails were denied access to Section 8 housing options as a result of their criminal behavior and jail incarceration. Hundreds of professions were closed to jail-based offenders because of strict though ancient prohibitions closing off work to many who would otherwise be employable. Thousands of individual barriers existed across all 50 states, limiting the capacity of individuals to gear-up their personal situations to have a great opportunity for postrelease success.

The Second Chance Act, formally passed in 2008 and signed into law by then-President George W. Bush, provided strong bully pulpit leadership to find means to assist those leaving jail and prison to overcome barriers that had been reinforced so firmly during a period of much tougher attitudes toward criminal justice and its outcomes. County and local jails were included in the language of the Second Chance Act rather than being left along the roadside as had happened so often in the past regarding the jail component of the criminal

justice and public safety process. The exceptional work of the Urban Institute and the “Life After Lockup” project identified barriers, strategies, and best practices to engage the millions returning to the community from local jails.

Jails gained enormous traction with the formation of the Federal Interagency Reentry Council, established in January 2011 by Attorney General Eric Holder with driving encouragement by Assistant Attorney General Laurie Robinson, Office of Justice Programs, U.S. Department of Justice. This effort has brought more than 19 cabinet-level agencies and offices to directly confront and engage the following offender issues:

- To identify research and evidence-based practices, policies, and programs that advance the Reentry Council’s mission related to prisoner reentry and community safety.
- To identify federal policy opportunities and barriers to improve outcomes for the reentry population.
- To promote federal statutory, policy, and practice changes that focus on reducing crime and improving the well-being of formerly incarcerated individuals, their families, and communities.
- To identify and support initiatives in the areas of education, employment, health, housing, faith, drug treatment, and family and community well-being that can contribute to successful outcomes for formerly incarcerated individuals.
- To leverage resources across agencies that support this population in becoming productive citizens and reducing recidivism and victimization.
- To coordinate messaging and communications about prisoner reentry and the administration’s response to it.¹¹

Each element was an effort to directly confront the rigor and complexity of providing those returning to the community with a best chance to be successful. The jail system was right in the middle of this new and evolving development. Local correctional systems based in jails could no longer just open the door and send detainees and offenders out to the street with nothing of substance to support their return home. Part of the total public safety equation included reentry planning and development of improved means to confront those issues that brought individuals into the criminal justice system. Jails have a unique role to play, for they exist amid local communities where millions of persons will be returned. Looking elsewhere or assuming that others will carry on the work is no longer acceptable. Jails have a solid reentry responsibility and a growing body of technical assistance and support to conduct that new mission.

■ Conclusion

Jails are now recognized as a changing and dynamic element of the corrections and criminal justice process. Jails house sentenced populations right in the middle of every jurisdiction in the United States. Pretrial jails populations drive national jail population levels and clearly improved process can dramatically alter years of traditional case disposition process. Bail as a matter of pretrial release is under serious review as data-driven and evidence-based practices of risk assessment offer improved decisions without the introduction of personal wealth. This is creating fascinating changes in the entire methodology of corrections at the local level and a maturity in policy and process development.¹²

Our society still has miles to travel to find a more appropriate mental health provider of last resort than local jails. Treatment can be so difficult to engage in the free community and so easily engaged in the criminal justice system. This aspect of jail operations and human service public policy considerations must change; treatment in jail should be a last resort, not a standard aspect of the treatment equation. Jails are located generally right in the midst of most political jurisdictions in this country, and they have the potential to seriously expand discussion of those issues that contribute to criminal behavior and the absence of positive outcomes given past practices that have not contributed to improved situations. Jails have become a key element in criminal justice systems in every community in the United States.

Chapter Resources

DISCUSSION QUESTIONS

1. Why have jails historically been accorded a minor role in discussions of corrections, and how is that changing?
2. Are jail population levels a function of static forces such as the rate and level of crime, or are there means to influence population levels as a matter of policy and criminal justice process?
3. How do the existence of personal growth and development programs influence the safety of staff and inmates in jails?
4. Why have jails seen a significant growth in the number of mentally ill detainees and offenders entering the criminal justice system?
5. Why does offender reentry make sense as a matter of public policy in jails throughout the nation?

ONLINE RESOURCES

- American Correctional Association, <http://www.aca.org/>
- American Jail Association, <http://www.aja.org/>
- Bureau of Justice Statistics (BJS)—U.S. Department of Justice, <http://www.bjs.gov/>
- Consensus Project (Mental Illness and Criminal Justice), <http://www.consensusproject.org/>
- Council of State Government Justice Center, <http://www.justicecenter.csg/>
- Montgomery County (MD) Department of Correction and Rehabilitation, <http://www.montgomerycountymd.gov/doctmpl.asp?url=/content/doccr/index.asp>
- National Institute of Corrections, <http://www.nicic.gov/>
- National Reentry Resource Center and Federal Interagency Reentry Council, <http://www.nationalreentryresourcecenter.org/reentry-council>
- Office of Justice Policy—U.S. Department of Justice, <http://www.ojp.usdoj.gov/>
- Pretrial Justice Institute (PJI), <http://www.pretrial.org/>

NOTES

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12. Mauer, M., & Epstein, K. (Eds.). (2012). *To build a better criminal justice system: 25 experts envision the next 25 years of reform*. Washington, DC: The Sentencing Project.