5 JAILS AND DETENTION CENTERS

Test Your Knowledge

Test your current knowledge of jails by answering the following questions as true or false. Check your answers on page 386 after reading the chapter.

1. Most jails are operated by states.
2. Jails for juveniles are usually referred to as detention centers.
3. Most inmates of adult jails have been convicted of crimes.
4. The drug war has disproportionately affected the number of people of color and women incarcerated in jails.
5. Jails have become the most likely social institutions to hold people with mental illnesses in the United States.
6. Incarcerated women tend to have fewer medical problems than incarcerated men.
7. Female staff in jails are more likely to be the perpetrators of sexual victimization of male inmates than are male staff.

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AN INMATE WITH A MENTAL ILLNESS IN THE DOÑA ANA COUNTY JAIL, NEW MEXICO

Stephen Slevin, 59, was an inmate for 22 months in the Doña Ana County Jail in Las Cruces, New Mexico ("$15.5 Million Settlement," 2014, p. 20). He was first booked into the jail on charges of driving while intoxicated and receiving or transferring a stolen vehicle in August 2005 (a friend had let him borrow the car to drive across the country). He had a history of suicide attempts and mental illness, so the jail officers in booking placed him in an empty padded cell for 2 days before he was assessed by the mental health unit. He was then eventually sent to solitary confinement, where he had no contact with a judge or medical personnel for the next 18 months. It was noted that upon entering the jail, he had been a well-nourished and healthy man with a mental illness. After the 18 months in solitary confinement and a psychiatric evaluation, however, he smelled; had overgrown nails and hair; was malnourished, at 133 pounds; and "complained of paranoia, hallucinations, bed sores and untreated dental problems" ("$15.5 Million Settlement," 2014, p. 21). Slevin had pulled out his own infected tooth while incarcerated, as no dental care was provided to him. A month after this evaluation, he was again placed in solitary confinement but was finally released in June 2007 when the charges were dismissed. He sued in federal court, alleging a violation of his civil rights and false imprisonment, and a federal jury agreed and awarded him $22 million. When Doña Ana County appealed this decision, a federal judge affirmed the punitive and compensatory damages in the original award. To avoid further appeals by the county, however, Slevin settled with them and their insurer for $15 million dollars in 2013 ("$15.5 Million

INTRODUCTION: THE COMMUNITY INSTITUTION

LO 5.1 Identify the origins of jails and types of jails in operation.

The American jail is a derivative of various modes of holding people for trial that have existed in Western countries for centuries. Whether fashioned from caves, mines, or old houses or as separate buildings, **jails** were developed originally as a primary means of holding the accused for trial, for execution, or in lieu of a fine. As noted in Chapter 2, jails were called gaols in the England of the Middle Ages and were operated by the *shire reeve*, or sheriff, and his minions.

Jails: Local community institutions that hold people who are presumed innocent before trial, convicted people before they are sentenced, convicted minor offenders who are sentenced for terms that are usually less than a year, juveniles (usually in their own detention centers, separated from adults in adult jails, or before transport to juvenile facilities), women (usually separated from men and sometimes in their own jails), and people for the state or federal authorities; they serve to incapacitate, deter, rehabilitate, punish, and reintegrate (depending on the particular jail population being served and the capacity of the given facility).

Jails have been in existence much longer than prisons, and their mission is much more diverse, especially now. These days, jails are usually local and community institutions that

their mission is much more diverse, especially now. These days, jails are usually local and community institutions that hold people who are presumed innocent before trial; they hold convicted offenders before they are sentenced; they hold more minor offenders who are sentenced for terms that are usually less than a year; they hold juveniles (usually in their own detention centers [jails] or separated from adults or before transport to juvenile facilities); they hold women (usually separated from men and sometimes in their own jails); they hold people for the state or federal authorities (there are some exclusively federal jails); and depending on the particular jail population being served and the capacity of any given facility, they serve to incapacitate, deter, rehabilitate, punish, and reintegrate.

Although described as correctional afterthoughts by scholars and despite their multifaceted and critical role in communities, jails have often received short shrift in terms of monetary support and professional regard (Kerle, 1991, 2003, 2011; Thompson & Mays, 1991; Zupan, 1991). The vast majority of jails are operated by county sheriffs, whose primary focus has been law enforcement rather than corrections. As a result, jail facilities have often been neglected, resulting in dilapidated structures, and jail staffs have had less training and pay than probation and parole officers in communities or correctional staffs working at the state or federal level in prisons. Jail staffs also often receive less pay and training than deputy sheriffs working in the same organization (sheriff's office) as the jail. Research indicates that many in the general public may even view jails as more punitive than prisons (see, e.g., May, Applegate, Ruddell, & Wood, 2014). The late comic Rodney Dangerfield's perennial lament "[They] don't get no respect" surely applies to jails more than perhaps any other social institution.

In this chapter, we discuss how this forgotten social institution fulfills a vital community role—one that includes all of the functions described in the preceding paragraph as well as serving as a repository for people who are only nominally criminal and have nowhere else to go (e.g., people experiencing homelessness or people with mental illnesses). The role of jails also includes the holding of some state or federal inmates, as prisons are too full. In some larger counties, the holding of longer-term sentenced inmates or those who have numerous physical, mental, and substance abuse problems—not to mention educational deficits—has led to more programming and treatment in jails. Part and parcel of this interest in treatment is the emergence of community reentry programs, as will also be discussed in the chapter on parole (see Chapter 9), as a means of preventing crime and addressing the multifaceted needs of former jail inmates. In this chapter, these emerging trends will be explored, as will the challenges jails face, but first, we will discuss the types of institutions that constitute jails.

Jail Types

The typical jail is operated by the sheriff of a county. However, some cities, states, and the federal government operate jails, and sometimes, multiple jurisdictions combine resources to administer a jail that serves a region. Some counties have hired jail administrators to oversee the operation of the jail, taking it out of the hands of the local sheriff. Jails for adults are sometimes called detention centers, and jails for juveniles are almost always referred to as detention centers. Some Native American tribes have their own jails, and many police departments have short-term lockup facilities to hold suspects or those accused of crimes. Currently, there are about 2,850 jails in the United States, and 79 jails are operated by Native American tribes (Minton, 2014, 2015; Minton & Golinelli, 2014;

willing to do this, as they are paid a fee that often exceeds the cost of holding inmates, which makes holding inmates for other jurisdictions a moneymaking enterprise.

Most jails are composed of one or two buildings in close proximity to each other. They are usually operated somewhat close to a city or town center, except when located on reservations or at military facilities. Larger jail jurisdictions (more than 1,000 inmates) will often operate more than one jail. Some states, usually smaller ones, have combined jail or prison systems (i.e., Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont; Zeng, 2020, p. 10).

Many jails have adopted technological changes that have greatly enhanced their ability to supervise and control inmates. The use of cameras, voice-operated and visual-check-operated doors by a control center, electronic fingerprint machines, and even video arraignments and visiting are revolutionizing the jail experience. Certainly, these changes are making facilities more secure, but also, in the case of video visiting, they may make it easier to maintain contact with the outside.

Photo 5.1 Travis County Jail.

JAIL INMATES AND THEIR PROCESSING

LO 5.2 Explain how jails process individuals.

Jails operate 7 days a week, 24 hours a day, as crime does not take a holiday. They hold all kinds of inmates, from the

serious convicted offender awaiting transport to a state or federal prisoner, down to the accused misdemeanant who cannot make bail. About 66% of jail inmates have not been convicted of crimes for which they are being held; they are awaiting court action (Zeng, 2020, p. 1). Jails receive inmates from local, state, federal, and tribal police officers. In 2018, they processed 10.7 million inmates (down from a peak of 13.6 million in 2008), with most inmates in and out within a few days or a week, some within hours, though others might be held for more than a year, particularly if they are sentenced state or federal inmates (Minton, 2010; Minton & Golinelli, 2014, p. 4; Zeng, 2020, p. 1). In 2018, the average length of stay for inmates of jails was 25 days, but this varied widely from 11.2 days for small jails (49 or fewer inmates) to 34.2 days for the largest jails (2,500 or more inmates; Zeng, 2018, p. 6; 2020, p. 1). The average likely differs so much because the larger jails are more likely to be holding state and federal inmates for trial or for part of their sentences to jail or prison. Those sentenced are more likely to spend longer periods of time in the jails.

Because of their complicated and diverse role and as a means of keeping track of the inmates they are responsible for holding, jails will often follow a set procedure that is prescribed by tradition, law, and practice. The first part of the typical processing of an inmate at a county or city jail is the delivery of the arrestee to the facility by a law enforcement officer. Many arrestees may be stressed, upset, mentally disturbed, or intoxicated. In the latter case, the officer may choose to administer a Breathalyzer test at the jail. If the arrestee is injured, or in need of a blood test to determine drug intoxication, or obviously ill (especially in the era of COVID-19), the jail's booking staff may require that the arrestee be taken by law enforcement to the hospital to be checked out or tested before they are admitted to the jail.

If the arrestee is not injured, the law enforcement officer will fill out the paperwork for admittance of the arrestee to the facility. Usually, the arrestee is still with the officer when this is occurring and often still in handcuffs. Once the required paperwork and processing are completed, the jail will accept the arrestee, search them, and begin its own paperwork for admitting the arrestee. At this juncture and depending on the alleged offense, the arrestee may be allowed to contact family and friends or a bail bondsman. The arrestee might be released directly into the community if the alleged offense is minor (termed released on recognizance or ROR). However, if the alleged offense is serious enough, the arrestee will need to await arraignment by a judge to determine bail and, in the interim, might be booked into the jail.

During the booking process, jails will often strip-search—though not always—arrestees (now inmates), take their property, and issue clothing and other essentials. If the new inmate is intoxicated or belligerent, booking staff may place them in a special holding cell. In the latter case, this might involve a padded room or a restraint chair. Once the inmate is sober and calm, they are then classified and moved to a more permanent housing area in the jail. Larger jails often keep new inmates in a separate area or cell before they place them in a general housing unit so they can be observed and classified (on the basis of the inmate's alleged offense, alleged criminal coconspirators, criminal history, gang involvements, health, treatment and other needs, etc.). In response to the COVID-19 pandemic, some jails (with local judicial approval) have increased their ROR orders, relaxed bail requirements, or quarantined all new inmates for a period of 14 days in designated living units (Sokol, 2020).

Photo 5.2 A double-bunk jail cell. The pink interior paint is

TRENDS IN JAIL POPULATIONS

LO 5.3 Assess how jails affect and are affected by overcrowding, race, gender, age, and special needs of their inmates.

Today jails must address the challenges of overcrowding, race, gender, age, and special needs of inmates within their populations. Here we will discuss the impacts of these trends.

Overcrowding

As indicated in other sections of this book, jails have to deal with the same kinds of overcrowding issues that have afflicted prisons. **Overcrowding** occurs when the number of inmates exceeds the physical capacity (i.e., the beds and space) available. Over the past several decades, the number of jail beds needed by jurisdictions has increased, and they were often filled almost as soon as they were built (see Table 5.1; Zeng, 2020). However, since 2008 there has been an unprecedented decrease in the number of jail inmates. As of 2018 (the latest data available at the time of this writing), on average, jails were operating at 81% of their capacity, and the highest capacity for the past decade was achieved in 2006 and 2007, when jails were operating at 96% (Zeng, 2020, p. 1). Clearly, 81% of capacity is better than 96% of capacity and better than in past years, when jails of the 1980s and 1990s were operating at well over their rated capacity (Cox & Osterhoff, 1991; Gilliard & Beck, 1997; Klofas, 1991). Also, and notably, even an average of 81% for 2018 means that half of the jails in the United States were operating at over that average.

Overcrowding: A phenomenon that occurs when the number of inmates exceeds the physical capacity (the beds and space) available.

Table 5.1 Jail Capacity, Midyear Population, and Percentage of Capacity Occupied in Local Jails, 2005–2018

Year	Jail capacity[a]	Midyear population[b]	Percent of capacity occupied[c]
2005	787,000†	747,500	95.0%†
2006	795,000†	765,800†	96.3†
2007	810,500†	780,200†	96.3†
2008	828,700†	785,500†	94.8†
2009	894,900†	767,400†	90.3†
2010	857,900†	748,700	87.3†
2011	870,900†	735,600	84.5†
2012	877,400†	744,500	84.9†

Moreover, the percentages of capacity can be misleading when one considers overcrowding. Certain sections of jails are designated for specific types of inmates that cannot or do not mix well (e.g., men and women but also juveniles, arrestees, inmates with medical problems, gang members or, in 2020, quarantined new inmates to prevent the spread of coronavirus). The percentage capacity may indicate that the jail is not completely full, but any given section might be overwhelmed with such inmates.

Such overcrowding limits the ability of the jail to fulfill its multifaceted mission: Less programming can be provided, health and maintenance systems are overtaxed, and staff are stressed by the increased demands on their time and the inability to meet all inmate needs. From the inmates' perspective, their health, security, and privacy are more likely to be threatened when the numbers of inmates in their living units increase, and the amount of space—and possibly, the number of staff—does not. The jail staff also lose their ability to effectively classify and sometimes control inmates; they may be unable to keep the offenders convicted of serious crimes away from the presumed-innocent unconvicted or more minor-offending inmates. Judges and jail managers will struggle over how to keep the jail population down to acceptable limits, and as a result, even serious offenders may be let loose into communities as a means of reducing the crowding. Therefore, though the get-tough laws in many states were passed with the explicit intent of incarcerating more people for longer, their actual unintended effect in some jails may be to incarcerate serious offenders less (as there is no room) and all offenders in less safe and less secure facilities.

Although suits by jail inmates are usually not successful, some are. Welsh (1995) found, in his study of lawsuits involving California jails, that the issue courts gave greatest credence to

clearly quantifiable (the rated capacity is clear, and the inmate count is obvious), but it is likely that it was regarded as so important by courts because it can lead to a number of other seemingly intractable problems, such as those just mentioned.

Photo 5.3 Inmates in the reception housing area of a California state prison. California, like many states, has suffered from severe overcrowding in recent decades.

California Department of Corrections and Rehabilitation

Race, Ethnicity, Gender, and Juveniles

As indicated from the data supplied in Table 5.2, most jail inmates are adult racial-ethnic minority (African American, Latinx, and other minority group) men, though the number of white people represents the largest racial grouping of the men, and the number of white people as a proportion of the total men has increased markedly, particularly since 2010. The number of African American and Latinx inmates decreased over the decade from 2008 to 2018, by 21.3% and 14.9%, respectively, with an increase of 10.6% of white inmates over the same period (Zeng, 2020, p. 5). Despite these relatively recent decreases in incarceration in jails for African Americans, they still were incarcerated at a rate 3.2 times that of white people (down from 5.6 times in 2000), while Latinx inmates, who as of 2005 had a 1.6 times higher incarceration rate than white people, had a lower one than whites (182 vs. 187 per 100,000) by 2018 (Zeng, 2018, p. 3; Zeng, 2020, p. 4).

Table 5.2 Number of Confined Inmates in Local Jails, by Characteristics, 2005, 2008, 2010, and 2015–2018

Characteristic	2005	2008	2010	2015[a]
Total	747,500	785,500†	748,700	727,400
Sex				
Male	653,000†	685,900†	656,400†	623,600
Female	94,600†	99,700†	92,400†	103,800†
Adults	740,800	777,800†	741,200	723,800
Male	646,800†	678,700†	649,300†	620,300
Female	94,000†	99,200†	91,900†	103,500†
Juveniles[b]	6,800†	7,700†	7,600†	3,600
Held as	5,800†	6,400†	5,600†	3,200†

People Living in Poverty and People with Mental Illnesses

The late corrections scholar John Irwin (1985) once referred to the types of people who are managed in jails as the "rabble," by which he meant "disorganized and disorderly, the lowest class of people" (p. 2). These were not just the undereducated, the under- or unemployed, or even people living in poverty or with mental illness. He meant to include all those descriptors as they related to the state of being disorganized and disorderly and as those designations might lead to permanent residence in a lower class, but he also meant that jail inmates tend to be "detached" and of "disrepute" in the sense that they offend others by committing mostly minor crimes in public places.

Mental Illness, Homelessness, Substance Abuse, and Poverty

Certainly, the fact of being homeless puts a person at a greater risk for negative contact with the police; lacking a home, private matters are more likely to be subject to public viewing in public spaces, and this disturbs or offends some community members, which leads to police involvement. Those with mental illnesses are more likely to be homeless, as they are unable to manage the daily challenges that employment and keeping a roof over one's head and food in one's mouth require (McNiel, Binder, & Robinson, 2005; Severson, 2004).

Jails in the United States are full of people with mental illnesses, people experiencing homelessness, and people living in poverty. Data from two studies by BJS researchers, the first based on a survey of jail inmates in 2011 and 2012,

indicate that about 26% of jail inmates reported "experiences that met the threshold for serious psychological distress (SPD) in the 30 days prior to a survey" and "44% of jail inmates had been told in the past by a mental health professional that they had a mental disorder" (Bronson & Berzofsky, 2017, p. 1). In contrast, about 10.6% of the U.S. population has symptoms of a mental illness (see Figure 5.1) (Beck, Berzofsky, Caspar, & Krebs, 2013, p. 25).

Description

Figure 5.1 Mental Health Status of Prisoners and Jail Inmates, by Type of Mental Health Indicator, 2011–2012

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

[a]Includes inmates with a score of 13 or more on the Kessler 6 (K6) nonspecific psychological distress scale.

[b]Includes inmates who reported they had ever been told by a mental health professional they had a mental disorder.

[c]Includes inmates with a score of 7 or less on the K6 and who had never been told by a mental health professional they had a mental disorder.

Source: Bronson and Berzofsky (2017).

Among the 44% of jail inmates who had been told that they have mental health problems, diagnoses included major

have mental health problems, diagnoses included major depressive disorder (30.6%), bipolar disorder (24.9%), anxiety disorder (18.4%), posttraumatic stress disorder (15.9%), personality disorder (13.5%), and schizophrenia or other psychotic disorder (11.7%) (see Table 5.3) (Bronson & Berzofsky, 2017, p. 3). Moreover, for virtually every manifestation of mental illness, more jail inmates than state or federal prisoners were likely to exhibit symptoms (Bronson & Berzofsky, 2017; James & Glaze, 2006).

Table 5.3 Prevalence of Mental Health Indicators Among Prisoners and Jail Inmates, by Type Indicator, 2011–2012

Mental health indicator	**Prisoners***	**Jail inmates**
No indication of a mental health problem[a]	49.9%	36.0%**
Current indicator of a mental health problem[b]		
Serious psychological distress[c]	14.5%	26.4%**
History of a mental health problem		
Ever told by mental health professional they had mental disorder	36.9%	44.3%**

A whole host of problems has been found to be associated with mental illness, including homelessness, greater criminal engagement, prior abuse, and substance use (McNiel et al., 2005). Among the findings from the BJS study of jails by James and Glaze (2006, pp. 1–2) was that those with mental illnesses were almost twice as likely to be homeless as those jail inmates without mental illness designations (17%, as opposed to 9%). More inmates with mental health problems had prior incarcerations than those without such problems (one quarter, as opposed to one fifth). About 3 times as many jail inmates with mental health problems had histories of physical or sexual abuse than those without such problems (24%, as opposed to 8%). Almost three quarters of the inmates with mental health problems were dependent on or abused alcohol or illegal substances (74%, as opposed to 53% of those without mental health problems). In short, mental illness, along with poverty, was entangled in a whole array of societal issues for jail inmates.

Further evidence for this supposition was found by McNiel et al. (2005) in their study in San Francisco County. They found that mental illness, substance abuse, and jail incarceration were inextricably connected as life events. Those who were homeless and had mental illnesses were also more likely to have substance abuse problems, and it was also likely for this population that jail incarcerations were part of their existence as well.

Perspective From a Practitioner:

Brian Cole, County Corrections Director

Position: Corrections director

Position: Corrections director

Location: Shawnee County Department of Corrections, Kansas

Education: BA in criminal justice and BA in psychology, Washburn University, 1989

What are the primary duties and responsibilities of a director of a county department of corrections?

Under administrative direction of the Board of County Commissioners, this position administers the adult and juvenile detention programs of Shawnee County, Kansas; ensures that offenders placed in custody are housed in a safe, secure manner and that offenders receive appropriately fair and humane treatment by staff; monitors the overall security of the centers and regularly tours the facilities to ensure that the highest security standards are maintained; proactively seeks to improve offender processes to enhance the security and efficiency of the agency; creates and expects a staff culture of integrity in the reporting of misconduct by other staff and offenders; and visits offender living units and speaks with offenders to gain sense of morale of offenders and to monitor operations.

This position oversees programs to ensure compliance with federal, state, and local laws, regulations, and accrediting entity standards; plans and coordinates the annual budget, staffing, and program needs for the department; and ensures that expenditures are within budget parameters and proactively seeks and implements methods by which the department can save funds.

units, and transgender men are placed in female housing units. Transgender inmates have the right to be treated with dignity and respect and be free from harm and harassment.

A key federal court opinion out of the First Circuit Court of Appeals shed light on an issue that all correctional managers must be aware of. Increasingly, correctional managers must take the proactive steps to create and implement policy that begins with the early identification of transgender inmates, completion of medical and mental health evaluations and treatment (including gender reassignment surgery), proper housing, programs, and clear protocols for routine interactions, such as showering and pat-downs. As with every category of individual liberties, it is incumbent upon correctional leadership to identify and address inmates' rights, as framed by legislative, executive, and judicial decisions.

Mental Illness and Victimization

Moreover, in the BJS National Inmate Survey—conducted in state and federal prisons, jails, U.S. Immigration and Customs Enforcement (ICE) detention centers, and military and facilities on Native American reservations and focused primarily on sexual victimization—the researchers found that those who have mental illnesses are much more likely to be sexually victimized while incarcerated than inmates who are not (Beck et al., 2013). Among their important findings were the conclusions that inmates with serious psychological distress reported high rates of inmate-on-inmate and staff sexual victimization in 2011 and 2012 (Beck et al., 2013, pp. 6–8):

A whole host of problems has been found to be associated with mental illness, including homelessness, greater criminal engagement, prior abuse, and substance use (McNiel et al., 2005). Among the findings from the BJS study of jails by James and Glaze (2006, pp. 1–2) was that those with mental illnesses were almost twice as likely to be homeless as those jail inmates without mental illness designations (17%, as opposed to 9%). More inmates with mental health problems had prior incarcerations than those without such problems (one quarter, as opposed to one fifth). About 3 times as many jail inmates with mental health problems had histories of physical or sexual abuse than those without such problems (24%, as opposed to 8%). Almost three quarters of the inmates with mental health problems were dependent on or abused alcohol or illegal substances (74%, as opposed to 53% of those without mental health problems). In short, mental illness, along with poverty, was entangled in a whole array of societal issues for jail inmates.

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This position also proactively recommends changes to the physical plant that will provide enhanced efficiency and security; creates future projections for physical plant expansion; develops and maintains positive working relationships with employees of other county agencies, other law enforcement agencies, colleges and universities, and other agencies and organizations as appropriate; delegates an appropriate amount of work to staff to encourage their professional growth and seeks opportunities for professional self-growth; and seeks and completes public speaking engagements to promote positive community relations. The person holding this position is expected to respond to media requests, as appropriate, and attend community functions as a representative of the department.

What characteristics make a good director of a county department of corrections?

- Integrity
- Leadership
- Flexibility
- Initiative
- Sense of humor
- Compassion for staff
- Proactive
- Confidence
- Public speaking skills

- Good written and verbal communication skills

What is a typical day like for a director of a county department of corrections?

A typical day for me would be one that starts with meeting with staff and determining the priorities of the day. In corrections, you never have a "clean desk." As one project ends, you always are starting a new one. On a daily basis, I speak with my executive team to get a brief update on projects, personnel, budget, special-needs inmates, and physical plant issues. I also meet with our mental health team leader daily to review high-risk inmate statuses. Each day, I spend time researching current events and legal trends, trying to stay as proactive as possible to avoid complacency and litigation. I speak with inmates on a daily basis and answer requests. I spend time meeting with the public to ensure our agency is meeting and exceeding citizen expectations, and I provide feedback to our commissioners.

What is your advice to someone either wishing to study or now studying criminal justice to become a practitioner in this career field?

Working in the field of corrections takes committed people. On a daily basis, you work with incarcerated individuals who have made (in some cases) some very bad life decisions. You have to be one who can separate emotion from your job and understand that you are managing people and managing problems. You have to have an appreciation for the environment you are working within. This is a stressful but very rewarding job. Corrections can be a career, not just another job. You make decisions each day that could

community. You cannot take shortcuts. Learn as much as you can about your agency, the philosophy, and the culture that the leader of the organization has put in place. You have a great opportunity to help others, work as a team, and truly better your community.

What are the biggest challenges facing corrections?

Inmates With Mental Illnesses

Jails are becoming community mental health facilities for the mentally ill. With this being a trend in some parts of the country, a citizen has a better chance of receiving treatment in a jail than in his or her community. As directors, we must educate our staff to meet this challenge. One way is through crisis intervention team (CIT) training.

It is a fact that some people with mental illnesses will end up in jail. In some instances, this may be the safest and best option for them. However, inmates in jail go into crisis, and correctional staff must be able to handle these emergency situations. Through CIT training, our staff has been able to identify crisis situations; defuse these situations; communicate with the inmates in crisis; and, most of the time, see the incidents to a positive resolution that does not result in harm to the inmate or staff. The end result is officer and inmate safety, and then, we will refer the inmate to mental health services for treatment. We have CIT training available two times a year for all staff.

Transgender Inmates

Historically, correctional institutions have classified inmates by their genitalia, not by their gender identity.

units, and transgender men are placed in female housing units. Transgender inmates have the right to be treated with dignity and respect and be free from harm and harassment.

A key federal court opinion out of the First Circuit Court of Appeals shed light on an issue that all correctional managers must be aware of. Increasingly, correctional managers must take the proactive steps to create and implement policy that begins with the early identification of transgender inmates, completion of medical and mental health evaluations and treatment (including gender reassignment surgery), proper housing, programs, and clear protocols for routine interactions, such as showering and pat-downs. As with every category of individual liberties, it is incumbent upon correctional leadership to identify and address inmates' rights, as framed by legislative, executive, and judicial decisions.

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- Among state and federal prison inmates, an estimated 6.3% of those identified with serious psychological distress reported that they were sexually victimized by other inmates. In comparison, among prisoners with no indications of mental illness, 0.7% reported being victimized by other inmates.

- Similar differences were reported by jail inmates. An estimated 3.6% of those identified with serious psychological distress reported inmate-on-inmate sexual victimization, compared with 0.7% of inmates with no indications of mental illness.

- Rates of serious psychological distress in prisons (14.7%) and jails (26.3%) were substantially higher than the rate (3.0%) in the U.S. noninstitutional population age 18 or older.

- For each of the measured demographic subgroups, inmates with serious psychological distress reported higher rates of inmate-on-inmate sexual victimization than inmates without mental health problems.

- Among inmates with serious psychological distress, non-heterosexual inmates reported the highest rates of inmate-on-inmate sexual victimization (21.0% of prison inmates and 14.7% of jail inmates).

What we might learn from these findings is that jails hold more inmates with psychological problems than do prisons, and as with prisons, this mental illness makes them more vulnerable to sexual abuse. These data tell us that the likelihood of abuse is also heightened if the inmate is LGBTQ+ and has serious psychological problems.

Mental Illness and Solitary Confinement

Mental illness also makes jail inmates more likely candidates for the use of solitary confinement and targets of other violent inmates. In a study of the Rikers Island 10-jail complex by New York City, city health officials noted that a disproportionate number of inmates have mental health diagnoses (Pearson, 2015). It was reported that the health care workers, who are employed by the city but are bound by medical ethics, are reticent to approve solitary confinement for such inmates, as they know it can exacerbate their already precarious mental health status. Yet people with mental illnesses in this jail are more likely to be placed in solitary because of their behavior problems or as protection. In an earlier study of the Rikers Island jail complex by the U.S. Department of Justice (DOJ) and by the *New York Times*, it was found that a culture of violence was predominant in these jails (particularly those for juveniles) and that too often, the target of this violence was the adult and juvenile inmates with mental illnesses (Hays, 2017; Seabrook, 2014).

Calls for Reform in the Care of People with Mental Illnesses

The abuse of and poor conditions for people with mental illnesses are not a problem reserved for the Rikers Island jail inmates. As Andrew Cohen (2013) documented in an article in the *Atlantic*, a number of reports emanating from the Justice Department, the American Civil Liberties Union, and a federal judicial decision indicate the abuse is widespread and exists in both jails and prisons. "Prison [and jail] officials have failed to provide a constitutional level of care in virtually every respect, from providing medication and treatment to protecting the men from committing suicide" (Cohen, 2013, p. 1). In fact, the

initiative to help counties address this issue in their jails (Council of State Governments Justice Center, 2015). Remedies, embodied in what is termed an *evidence-based Stepping Up Program*, will focus on diversion from jail to other services and the provision of treatment and better care for those who have mental illnesses.

In Focus 5.1:

An Account of Suicide, Mental Health, and the Need for Increased Mental Health Services

Jack committed suicide in the fall of 2018, shortly after his release as a parolee in Longview, Washington. Jack was born and grew up in the Vancouver area (close to Longview) in a family in which his father died young, and his mother struggled to raise three kids alone and to make ends meet with jobs that took her away from home. The family was working class or poor, and the neighborhood and its schools reflected this fact. Jack got involved in trouble early, including delinquency, substance abuse, and truancy as well as dropping out of high school and getting into trouble with the law, which resulted in multiple placements in detention facilities as a child. After a time, he was on the radar for the Vancouver Police Department as both a juvenile and an adult and became the "usual suspect" for them, sometimes deservedly so and sometimes not. His cousin wrote that he "certainly suffered from oppositional defiance disorder, which was linked to early trauma."

As an adult, he struggled because of a lack of

education and opportunity. He turned to drugs, theft, and the manufacturing of narcotics. From an early age, he spent a lot of time on the streets and was involved with countless assaults, as both an offender and a victim. It was always so shocking what the streets brought out of him because he was an extremely kind, charismatic, and lovable person.

Jack was in and out, mostly in, state and federal prisons during his adult life. For the past decade, he was in Washington state prisons (most recently on work release) and received "excellent vocational and educational programming," earning an associate's degree while incarcerated with plans to earn a BA when released and to become a substance abuse counselor so that he could use his knowledge and experience to help others. His cousin explained it this way:

> The facilities which he was housed in were all over and often far from home. I am guessing that he was probably screened for psychiatric or mental health issues at some point, but I doubt he received such services. Probably because he was ashamed of his past and depressed over it (I strongly sensed this by reading between the lines) and too embarrassed to make himself vulnerable by sharing his feelings with a professional whom he probably didn't trust because they were agents of the state. In this scenario it seemed that he faked being of sound mental health and kept hidden what he was dealing with. To the best of my knowledge he was well behaved

while incarcerated and his charisma earned him a great deal of respect from other inmates and staff.

It was difficult for family to contact Jack to offer support while he was in work release. The phone, as with all phones in correctional facilities, had high fees attached to it that made it prohibitively expensive for inmates without financial means and their families living in poverty to remain in contact and to maintain bonds and communication. The work release did help Jack secure a good job, and he was able to get his own apartment. But he took his own life within weeks of release. "No one in my family was aware of his mental state as he [appeared to be] extremely optimistic and kept it hidden." His family did not think he was using drugs or drinking alcohol while released. However, he was released into a community that struggles with substance abuse and one that was familiar to him as it was his old stomping grounds for crime and contained his substance abuse network.

His family suspected that this placement, with its heightened temptations for drug use and crime, along with his mental state, may have led to his suicide. It would have been hard for him to resist the "strong bonds with the local criminogenic community, which was presumably reaching out to him (perhaps through Facebook)," and which was "in conflict with his pro-social aspirations." Jack's cousin argued that the suicide was not inevitable. If he had been allowed more social support from his family while incarcerated (via phone calls and visits) and if he had been given adequate psychological treatment, Jack might be alive today.

Juvenile Inmates

Incarcerated youth have their own set of potentially debilitating health problems that also present an immediate health risk to communities. In a study of adolescents in a juvenile detention center in Chicago, about 5% of the teens had contracted gonorrhea, and almost 15% had chlamydia (Broussard et al., 2002, p. 8). Girls were more than 3 times as likely to have one of these diseases as were boys in this study.

The Right to Medical Care

According to the 1976 Supreme Court case *Estelle v. Gamble*, inmates have a constitutional right to reasonable medical care. The court held that to be *deliberately indifferent* to the medical needs of inmates would violate the Eighth Amendment prohibition against cruel and unusual punishment. The Patient Protection and Affordable Care Act of 2010 (ACA; commonly referred to as Obamacare) also requires that jails provide medical and mental health care within their facilities (Tally, 2015). Needless to say, treating such problems while providing care that meets this mandate requires that a jail of any size have budgetary coverage for the salaries of nurses; a contract with a local doctor, mental health provider, and dentist; and an arrangement with local hospitals. Moreover, regular staff need basic training in cardiopulmonary resuscitation and other medical knowledge (e.g., to know when someone is exhibiting the symptoms of a heart attack or stroke or the symptoms of mental illness) so that when problems arise, staff recognize how serious they might be and know how to address them or whom to call (Kerle, 2011; Rigby, 2007).