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# Jails vs. Prisons

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For nearly 20 years now, I have worked in a correctional environment. During that time, my career has led me down two paths of corrections: jails and prisons. Most people who look at our profession from an outsider's perspective — legislators, the media, local elected officials and the public — do not distinguish between these institutions. Although the end goal is similar, the road leading to that goal is extremely different.

A variety of disciplines fall under the corrections umbrella including incarceration, probation, community corrections and parole. Ultimately, all these areas are responsible for the supervision of individuals within the criminal justice system. And, as members of the American Correctional Association, we all work together to improve our specific discipline by sharing ideas and communicating our experiences. However, I think we would all agree, the two centerpieces of corrections have been, and will always be, the management of jails and prisons.

The comparison of jails and prisons should begin with definitions. Jail is a place for the confinement of persons in lawful detention. Prison is a place where persons convicted are confined. These definitions indicate that jails are largely filled with individuals awaiting trial, and prisons, predominantly, are for convicted felons. Several years ago, while attending the National Institute of Corrections' (NIC) Large Jails Network training, I learned a fascinating formula for comparing the operation of jails and prisons. NIC shared that on average a 1,000-bed jail turns over its beds 36 times in one year, totaling a population of 36,000. Similarly, a 1,000-bed prison, again on average, only turns over 750

beds annually, totaling a population of 1,750. This gives a clear understanding that jails are often dealing with higher volume and far more turnover.

Many times, I use the analogy of comparing jails and prisons to emergency rooms and nursing homes. They both serve a significant purpose in maintaining the safety and well-being of a person, but in two very different ways. As in an emergency room, the initial admittance into jail, especially the first 72 hours, is critical. The transition from the street to jail is far more dramatic, and sometimes volatile, in comparison to the transition from jail to prison. Therefore, although the staff in reception areas of jails and prisons deal with similar processes, the emotional and physical health of those admitted into jail, in most cases, are extremely different from those being transferred to prison. Immediately upon reception of an inmate, jail staff must gather information concerning an arrestee's physical health, mental health, criminal history, previous institutional history and potential incompatibles (inmates who cannot be housed together, e.g., rival gang members, co-defendants, etc.). Additionally, jail intake staff deal with many unknown variables such as possible drug ingestion prior to entering jail, high risk of suicide and mental instability, as well as exposure to diseases such as tuberculosis. As in a nursing home, the person is generally stable when entering a prison and the intake process can take several weeks.

Although offering a wide variety of programs for offenders should be a goal for us all, the means by which this is administered may vary tremendously. Due to short sentences, jails are releasing offenders back into the community on a

daily basis, where prisons manage inmates for longer periods of time. Both jails and prisons should strive to provide as much programming opportunities as possible to reduce the likelihood of a person returning to our institutions. The obstacle facing many jail administrators is assisting offenders with serious addiction problems when they are serving relatively short sentences. Jails are challenged to be innovative and flexible in the world of recovery to reach a common goal.

In more recent years, corrections professionals have coined the term "reentry." As last year's chair of ACA's Program Planning Committee, and someone focused on what I consider arresting the problem, I was pleased to hear great interest from my colleagues in the area of reentry. The Program Planning Committee offered a workshop series at ACA's 135th Congress of Correction last August in Baltimore titled "Reentry Begins at Entry." This title was conceived with the idea that regardless of whether you work in a jail or a prison, in corrections, we all have a common goal of helping individuals reenter society as productive citizens. Understanding this process begins the minute an offender enters a facility. Although jails and prisons are different and each face unique problems, everyone in corrections works toward this common goal — along with the safety and security of our staff, inmates and institutions. We must continue to share information, learn from experiences, build knowledge, and seek excellent training to stay ahead of this ever-changing population we all share. ♦