

HARRIS COUNTY SHERIFF'S OFFICE

MANAGEMENT FAILURES:

INADEQUATE MEDICAL CARE AT THE HARRIS COUNTY JAIL

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2014

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Table of Contents

Executive Summary

Introduction.....	3
Problem Statement.....	3
Background of HCSO as Jail Administrator.....	4
Staffing Structure.....	5
Organizational Authorities.....	7
Federal.....	7
State.....	8
County and Local.....	9
Administrative and Management Issues at the Harris County Jail.....	10
Deficiencies of Staff Training Processes.....	11
Reliance on Outdated System of Record-Keeping.....	12
Potential Reform Options.....	13
Option 1: <i>Require medical care training prior to employment at the Harris County Jail....</i>	13
Option 2: <i>Develop a modern technology system to track sick call requests.....</i>	16
Option 3: <i>Develop a chronic care program at the Harris County Jail.....</i>	18
Conclusion.....	20

Bibliography

Appendices

- APPENDIX A: Average Monthly Population of Harris County Jail (Feb 1999-Feb 2009)
- APPENDIX B: Average Monthly Population of Harris County Jail (Aug 2009-Aug 2013)
- APPENDIX C: Harris County Sheriff’s Office Organizational Chart
- APPENDIX D: Harris County Sheriff’s Office (HCSO) Ranking Structure
- APPENDIX E: Table of Average Lengths of Stay by Offense Category
- APPENDIX F: Jail inmate deaths in custody in the U.S., 2000-2010
- APPENDIX G: Percent of Local Inmate Deaths in the U.S., by cause of death, 2000-2011

Executive Summary

Between 2001-2006, 101 inmates died while detained at the Harris County Jail. 72 of those inmates (more than 70 percent) were pre-trial inmates and therefore had not been found guilty of a criminal offense at the time of their death. 34 of these pre-trial inmates died as a result of inadequate or negligible medical care they received during their detention at the Harris County Jail.¹ The number of inmate deaths and reports of other serious medical care violations prompted an investigation by the United States Department of Justice (DOJ) in March of 2008. During the year leading up to the DOJ investigation, 20 additional inmates died while in the custody of the Harris County Sheriff's Office (HCSO). The investigation included two on-site inspections of the jail conducted in July and August 2008. In 2009, the DOJ released a report of its findings from this investigation. In it, the DOJ identified four areas of concern that, if left unaddressed, could prompt the DOJ to file a lawsuit against Harris County. The DOJ found that HCSO failed to provide Harris County detainees with adequate: 1) medical care; 2) mental health care; 3) protection from serious physical harm; and 4) protection from life safety hazards. The DOJ noted in its investigation report that these areas of concern are independent of the overcrowding at the Harris County Jail. It explained that while a large population detained at the jail exacerbates operational deficiencies, the HCSO is responsible for maintaining safe and healthy conditions for its inmates at all average daily population levels.

This agency analysis focuses on the failures of the HCSO to provide adequate medical care to inmates, as identified by the 2008 DOJ investigation and report, and suggests potential reforms for ensuring access by the inmates to adequate care during their incarceration at the jail. This analysis also examines the administrative and management issues contributing to the health consequences on inmates due to inadequate medical care, including deficiencies in staff training and the reliance on an outdated tracking system. The report identifies three potential reform options and analyzes the feasibility of the HCSO implementing them in an effort to address the DOJ's areas of concern related to jail operations. Each of the three reform options proposed in this agency analysis identifies methods for providing more timely access to medical care thereby reducing the number of in-custody deaths related to a delay in necessary medical interventions. These options include implementing: 1) mandatory medical care training prior to employment at

¹ Steve McVicker, "Six years, 101 deaths in Harris County jails," *Houston Chronicle* (February 18, 2007).
<http://www.chron.com/news/houston-texas/article/Six-years-101-deaths-in-Harris-County-jails-1545025.php>

the Harris County jail; 2) a modern, electronic tracking system; and 3) a chronic care program to ensure a continuity of medical care for inmates. Each of the three proposed reform options attempts to appropriately balance the safety of our citizens with the health and safety of inmates.²

Introduction

In 2008, the deaths of several inmates at the Harris County Jail prompted an investigation of jail operations by the United States Department of Justice (DOJ). The DOJ found an “alarming” number of inmates’ deaths caused by inadequate medical care.³ The DOJ indicated during its investigation that while the large population at the jail exacerbated operational deficiencies, the overcrowding does not itself result in unsafe conditions for inmates. Much of the reform effort at the Harris County Jail has focused on reducing the average daily population at the jail rather than ensuring the provision of adequate medical care for inmates at all population levels.

This report will provide a background of the Harris County Sheriff’s Office (HCSO) and its role as the county’s Jail Administrator. Next, the report will explore the pertinent management and administrative issues contributing to inadequate medical care, including deficiencies in staff training and the use of outdated technology to track inmates. Finally, the report will identify and analyze three reform options that HCSO could consider as it seeks to address the DOJ’s concerns over inadequate medical care at the Harris County Jail.

Problem Statement

As the county’s Jail Administrator, the Harris County Sheriff’s Office is entrusted with the responsibility to provide healthy and safe conditions to inmates, who are in the agency’s custody during their detention at the county jail. However, the training processes of new detention officers as well as the use of outdated technology to track inmates’ medical needs

² In January 2014, the National Commission on Correctional Health Care (NCCHC) re-accredited the Harris County Sheriff’s Office for medical treatment of detainees and inmates at the Harris County Jail. Inspectors found the downtown jail to be in compliance with 31 national standards for inmate healthcare. Additionally, the NCCHC awarded the HCSO for the work of deputies securing mental health care for detainees and inmates. This report was drafted in December 2013, before these acknowledgements were released to the public. See: Jeff Balke, “Harris County Regains Accreditation for Healthcare in Jail,” *Houston Press Blogs* (February 6, 2014), http://blogs.houstonpress.com/hairballs/2014/02/harris_count_regains_accredita.php.

³ United States Department of Justice (DOJ) Civil Rights Division. *Letter to The Honorable Ed Emmett*. (June 4, 2009). http://www.justice.gov/crt/about/spl/documents/harris_county_jail_findlet_060409.pdf

expose inmates to inconsistent and inadequate medical care and impede the ability of the HCSO to ensure the physical well-being of inmates, the majority of whom are held pre-trial, before they have been found guilty of an offense. Despite recent efforts by Sheriff Adrian Garcia to improve the quality of medical care provided at the jail, 54 additional inmates died in the three-year period, 2008-2011, after the DOJ's investigation.⁴ The HCSO needs to adjust its approach to providing medical care at the county jail in order to prevent future deaths of inmates.

Background of HCSO as Jail Administrator

The mission of HCSO is to enhance the safety and protect the trust of Harris County residents by enforcing the law with integrity and professionalism.⁵ Sheriff Adrian Garcia, Harris County's current sheriff, was elected to office in 2008, replacing Sheriff Tommy Thompson who served a 14-year tenure. Harris County is a large county with approximately 4.1 million residents,⁶ and the HCSO is the third largest sheriff's office in the country, employing approximately 4,200 officers across ten bureaus.⁷ One of the primary responsibilities of the HCSO is to manage the daily operations of the county jail, which is the primary responsibility of the Detention Bureau.⁸

The Harris County jail system is one of the largest jail systems in the United States, third behind Los Angeles (CA) and Cook (IL) counties. The jail system has four buildings that were constructed between the 1980s and the 1990s, and together they have a capacity of 9,434

⁴ United States Department of Justice (DOJ) Bureau of Justice Statistics (BJS), "Mortality in local jails and state prisons, 2000-2011: Statistical tables" (August 2013). <http://www.bjs.gov/content/pub/pdf/mljisp0011.pdf>. Report shows deaths at Harris County jail between 2008-2011: 24 in 2008, 16 in 2009, 11 in 2010 and 3 in 2011; *See also*: James Pinkerton, "Harris County jails log fewer inmate deaths," *Houston Chronicle* (January 7, 2012). <http://www.chron.com/news/houston-texas/article/Deaths-in-county-detention-decline-2448186.php>: According to Alan Bernstein, public affairs director for the HCSO, "the overwhelming majority of deaths were due to medical conditions that afflicted the inmates before they became inmates." *See also*: Matt Clarke, "U.S. Department of Justice Releases Report on Deaths in Jails," *Prison Legal News* (March 8, 2014). [https://www.prisonlegalnews.org/\(S\(g0zwk0jou1x4vz45tgqzpf45\)\)/displayArticle.aspx?articleid=22841&AspxAutoDetectCookieSupport=1](https://www.prisonlegalnews.org/(S(g0zwk0jou1x4vz45tgqzpf45))/displayArticle.aspx?articleid=22841&AspxAutoDetectCookieSupport=1)

⁵ Official Website of the Harris County Sheriff's Office (HCSO) www.harriscountyso.org

⁶ United States Bureau of the Census. 2010 Census. Retrieved on October 29, 2013.

⁷ *See Appendix C: Harris County Sheriff's Office Organizational Chart* that delineates the agency's ten bureaus: Executive, Patrol, Patrol Support Services, Detective, Public Services, Detentions, Field Operations Support, Human Resources, Support Services and Homeland Security; *See also* HCSO, http://www.harriscountyso.org/about_us.aspx

⁸ *Ibid.*

inmates.⁹ The average daily jail population grew substantially from 2005-2009 during Sheriff Thompson's tenure and peaked at nearly 11,500 inmates during Sheriff Garcia's first year in office in September 2009;¹⁰ much of this increase was in the population of pretrial felony detainees, which increased by 52%, from 4,674 to 7,099 from April 2005 to September 2009.¹¹ Since 2009, the average daily jail population decreased to a level below capacity, reaching a low of 8,581 in December 2012. However, between December 2012 and August 2013, the number of inmates detained at the jail increased again to 9,340 inmates, largely due to an increase in pre-trial detainees. The fluctuations in pretrial felony detainees are due, in large part, to changes to low-level drug and DWI felony case filings by the county's District Attorney.¹² Therefore, the majority of inmates at the Harris County Jail have not been found guilty of a criminal offense, yet are exposed to the inadequate conditions identified in the DOJ's 2008 investigation.¹³

Staffing Structure

There are eight ranks that distinguish officers' responsibility and expertise among the HCSO. Detention officers are employed as front-line staff at the jail, and as such, are charged with the care, custody and control of the thousands of inmates at the Harris County Jail.¹⁴ The duties of a detention officer include, but are not limited to, monitoring and documenting jail

⁹ DOJ, *Letter to The Honorable Ed Emmett*.

¹⁰ Office of Criminal Justice Coordination, "Harris County Jail August 2013 Population Report" (August 2013).

¹¹ Barry Mahoney and Elaine Nugent-Borakove. "Harris County Criminal Justice System Improvement Project: Phase 1 Report," The Justice Management Institute (JMI). October 2009, p.12. <http://www.jmijustice.org/resources/caseload-management/harris-county-criminal-justice-system-improvement-project-phase-1-report/view> See *In-text citation*: this calculation is based on analysis of a worksheet produced by the Harris County Office of Budget Management showing monthly average jail populations by inmate category, April 2005 – July 2009. The basic data is generated by the Sheriff's Office and the categories are those used by the Sheriff's Department for statistical purposes. The numbers in the text include both inmates categorized in the worksheet as "Pre-Trial Detainees" and those categorized as "Pretrial State Jail Felons."

¹² House Committee on Corrections, 81st Texas House of Representatives, "Public Testimony," (June 2010). <https://www.tsl.texas.gov/arc/findingaids/recordsfindingaids.html>; see also: Scott Henson, "The end of state jails?" *Grits for Breakfast* (June 20, 2010). <http://gritsforbreakfast.blogspot.com/2010/06/end-of-state-jails.html> "Judge Caprice Cospser of Harris County's Office of Criminal Justice Coordination told the committee substance abuse is the driving factor in jail crowding and court caseloads. Of 51,850 felony cases in Harris County in 2009, she said, 47% of those were state jail felonies. In 2000, she said, Harris County had around 5,900 "less than a gram" state jail felony drug cases. By 2008 that number rose to 11,700. That's far and away the most common felony offense in Harris County, she said; the second highest category of crime had 1,600 offenses that year."

¹³ Mahoney and Nugent-Borakove, "Harris County Criminal Justice System Improvement Project: Phase 1 Report," p.12: The average length of inmate stays in the Harris County Jail, by charge Level can be found in Appendix D; average length of stay fluctuates according to offense. The higher the offense level, the longer inmates are detained at the Harris County Jail.

¹⁴ HCSO, <http://www.hcsjobs.com/DetentionOfficer.aspx>

inmate activities, and controlling and directing inmates while out of jail cell areas.¹⁵ Detention officers are also charged with booking inmates into jail and performing searches of individuals and jail cells to locate weapons or contraband.¹⁶

The position of detention officer is at the bottom of the rank order structure within the HCSO.¹⁷ An assignment to work in the jail is viewed as a stepping-stone to traditional police work or as “exile” for law enforcement officers who could not perform satisfactorily on the street.¹⁸ As a result, jail staff do not hold special professional credentials. HCSO’s current hiring and training processes of detention officers do not prioritize training that is necessary to achieve professional credentials, including adequate medical care. For example, all HCSO applicants who have less than two years full-time law enforcement experience and who are not licensed by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) are hired as Detention Officers. These applicants must serve as a detention officer and complete the HCSO Academy before they can be promoted within the HCSO to cadet or deputy. During their training at the HCSO Academy, newly hired detention officers learn procedures for identifying inmates’ medical needs and addressing them.¹⁹ However, new HCSO employees cannot apply for the Academy until they begin working as a Detention Officer at the Harris County Jail. The lapse in time between their date of hire and their HCSO Academy start date depends on the availability of open space in the Academy’s classes. The HCSO sets the caps on the Academy’s class size.²⁰ Therefore, the training structure of new employees may not ensure detention officers have proper training before they begin working inside the jail and caring for the jail’s inmates. New detention officers receive on-the-job training, but the skills that are taught in the HCSO Academy are critical for new detention officers to immediately provide adequate medical care to inmates.²¹

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ *Ibid.* See Appendix D: HCSO Ranking Officer Structure: Sheriff, Chief Deputy, Major, Captain, Lieutenant, Sergeant Supervisor/Sergeant Investigator, Deputy Investigator, Deputy, Detention Officer/Jailer. See also: HCSO, http://www.harriscountyso.org/about_us.aspx

¹⁸ United States Department of Justice (DOJ), “Jail Standards and Inspection Programs: Resource and Implementation Guide” (2007), p.ix. <https://s3.amazonaws.com/static.nicic.gov/Library/022180.pdf>

¹⁹ Official Website of the Harris County Sheriff’s Office (HCSO) Academy, http://www.harriscountyso.org/HCSO_Academy.aspx.

²⁰ HCSO, www.harriscountyso.org.

²¹ National Commission on Correctional Health Care (NCCHC), “Standards for Correctional Health Services” (2014). <http://www.ncchc.org/standards-for-correctional-health-services>

Organizational Authorities

The Harris County Sheriff's Office undergoes multiple levels of oversight. Professional associations and government at the federal, state and local levels monitor and oversee jail operations through established jail standards and inspection programs.²² These standards and inspection programs include enforcing adequate medical conditions at the jail and are used to report on the Sheriff's performance for the public. Public reports are important for the HCSO because, as an elected official, the Sheriff is accountable to the residents of Harris County. Every four years the residents of Harris County evaluate the Sheriff's performance, and re-elect the incumbent or select a new Sheriff.

Federal

The Department of Justice (DOJ) monitors and inspects the country's prisons and jails, ensuring the conditions at these facilities meet the constitutional rights of inmates at these facilities, as defined by relevant case law.²³ For example, in *Farmer v. U.S.*, the Supreme Court found that detainees have a constitutional right to adequate medical and mental health care, including psychological and psychiatric.²⁴ When the DOJ suspects a facility violated the constitutional rights of inmates by withholding medical care, as delineated in *Farmer*, the Department can conduct an investigation according to what is called "deliberate indifference" standards.²⁵ Therefore, HCSO is accountable to the federal government for ensuring inmates' access to adequate medical care.

The DOJ does not define a minimum standard for the number of inmate deaths at the county jails, but the DOJ collects data on inmate mortality in U.S. jails and reports this information to the public. According to the Bureau of Justice Statistics (BJS), illness was the leading cause of death among local jail inmates between 2000 and 2011.²⁶ Each year, over 80% of the approximately 3,000 jail jurisdictions participating in the Deaths in Custody Reporting

²² United States Department Of Justice (DOJ), "Jail Standards and Inspection Programs," (2007). <https://s3.amazonaws.com/static.nicic.gov/Library/022180.pdf>

²³ *Farmer*, 511 U.S. at 832.

²⁴ *Ibid.*

²⁵ See *Estelle v. Gamble*, 429 U.S. 97, 102 (1976).

<http://caselaw.lp.findlaw.com/scripts/getcase.pl?court=US&vol=429&invol=97>

²⁶ United States Department of Justice (DOJ) Bureau of Justice Statistics (BJS). "Percent of local jail inmate deaths in the U.S., by cause of death, 2000-2011." <http://www.bjs.gov/content/dcrp/tables/dcst07j1.pdf>. See Appendix G: Percent of local jail inmate deaths in the U.S., by cause of death, 2000-2011 that shows illness is the leading cause of death among local jail inmates.

Program report no prisoner deaths, and just over 40% reported no prisoner deaths during the entire 8-year period covered by the report.²⁷

State

The Texas Commission on Jail Standards (TCJS) is responsible for implementing a state policy that all county jail facilities conform to minimum standards of construction maintenance and operation, which include health and structural standards for the custody, care and treatment of inmates.²⁸ TCJS is the regulatory agency for all county jails and privately operated municipal jails in the state. It assists local governments in providing safe, secure and suitable local jail facilities by establishing professional standards for jail operations and conducting on-site inspections of jail facilities, including the adequacy of the jail's provision of inmate medical care.²⁹ However, TCJS is not responsible for appropriating public funds to the HCSO for jail operations. That responsibility is reserved for the Harris County Commissioners Court, which is discussed in greater detail in the next section. Currently, Texas Minimum Jail Standards encompasses over 600 standards.³⁰ The Legislature of the state of Texas developed TCJS in 1975 and it enforces the agency's practices through annual reporting requirements and the Legislature's sunset review process.³¹

However, the Texas Commission on Jail Standards (TCJS) keeps no records or figures on in-custody deaths.³² Instead, Texas requires all law enforcement agencies to file a Custodial Death Report with the state Attorney General's (AG) Office any time an in-custody death occurs, but the AG's office serves only as a repository of the reports.³³ Data on in-custody deaths are collected annually by the DOJ, but there is no state-level regulatory agency investigating the deaths of Harris County jail inmates. 34 of the pre-trial inmates who died while detained at the Harris County jail between 2001-2006 died as a result of inadequate or negligible medical care³⁴:

²⁷ DOJ, *Letter to The Honorable Ed Emmett*. See also: Clarke, "U.S. Department of Justice Releases Report on Deaths in Jails."

²⁸ Official Website of Texas Commission on Jail Standards (TCJS), <http://www.tcjs.state.tx.us/index.php?linkID=110>

²⁹ *Ibid.*

³⁰ Adan Muñoz, "Agency Briefing Interim Charge #4 Prepared for the Texas Senate Committee on Criminal Justice." Texas Commission on Jail Standards (September 2010).

³¹ Texas Commission on Jail Standards (TCJS), "Report to the 81st Legislature" (February 2009). Retrieved from: <http://www.sunset.state.tx.us/81streports/final81st/85.pdf>

³² DOJ, "Percent of local jail inmate deaths in the U.S., by cause of death, 2000-2011." See also: McVicker, "Six years, 101 deaths in Harris County jails."

³³ *Ibid.*

³⁴ *Ibid.*

in 13 cases, relatives or documents question whether inmates received needed medications prior to their deaths; 11 deaths involve infections and illnesses suggesting sanitation problems; and in 10 cases, death reports suggest medical neglect, including the untimely provision of services after inmates requested medical attention and the lack of continuity of care for inmates with chronic medical conditions such as HIV, diabetes and tuberculosis.³⁵ The remaining 67 deaths were recorded as natural causes³⁶; however, the HCSO is the only agency responsible for investigating inmate deaths and determining the cause of death.

County and Local

HCSO is also accountable to local entities, which impact the agency's ability to provide adequate medical conditions at the jail. The Harris County Commissioners Court approves the budgets of elected officials offices, including the HCSO's annual budget for the county jail.³⁷ The Sheriff retains control over the HCSO's respective operations, however the amount of funding available to the Sheriff for operating expenses impacts the HCSO's ability to ensure inmates' access to adequate medical care.³⁸ The HCSO's annual budget for the county jail differentiates among services, however, there are service categories not included under medical care that impacts the HCSO's ability to ensure adequate care. For example, in 2010, the Harris County Commissioners Court enacted a hiring freeze for all county-level positions in response to a countywide budget shortfall for the fiscal year.³⁹ The freeze also resulted in a shortage of nursing staff, forcing the HCSO to hire jail nurses through contract agencies.⁴⁰ The contracted nurses were not directly accountable to the jail's medical staff.⁴¹ The freeze resulted in an increased risk of inmate deaths due to inadequate medical care because the HCSO could not ensure proper inmate to staff ratios, as delineated by the National Commission on Correctional

³⁵ *Ibid.* See also: United States Department of Justice (DOJ) Bureau of Justice Statistics, "Deaths In Custody: Local Jail Deaths, 2000-2007 Statistical Tables," (November 16, 2011); <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=2092>; See also: McVicker, "Six years, 101 deaths in Harris County jails."

³⁶ DOJ, "Percent of local jail inmate deaths in the U.S., by cause of death, 2000-2011." See also: DOJ, "Deaths In Custody, Local Jail Deaths, 2000-2007 Statistical Tables." See also: McVicker, "Six years, 101 deaths in Harris County jails."

³⁷ Official Website of the Harris County Commissioners' Court: www.harriscountytexas.gov

³⁸ *Ibid.*

³⁹ Charles Kuffner, "Interview with Sheriff Adrian Garcia," *Off the Kuff* (February 1, 2012). <http://offthekuff.com/wp/?p=42800>

⁴⁰ Mike Morris, "Harris County to hire more jailers hoping to cut OT costs" *Houston Chronicle* (May 17, 2011). <http://www.chron.com/news/houston-texas/article/Harris-County-to-hire-more-jailers-hoping-to-cut-1621590.php>

⁴¹ *Ibid.*

Health Care's (HCCHC). The increased risk is a problem because cities, counties, and their officers can be held liable for being deliberately indifferent to a known substantial medical need of a person held in jail.⁴²

Additionally, the 130 municipal police departments within Harris County implement local arrest policies by making an arrest or issuing a citation that will initiate a criminal case. The largest police department contributing to the average daily population levels at the jail is the Houston Police Department (HPD).⁴³ Therefore, the law enforcement practices of the municipal police departments are partially responsible for the demographics of the jail's inmates, including their medical needs. For example, the Texas Legislature passed House Bill 2391 in 2007, commonly referred to as the "cite and release" policy.⁴⁴ This policy allows police the option of issuing a citation to people who commit seven misdemeanor crimes.⁴⁵ The policy gives discretion to the police officer to arrest him or her or give them a citation. Under the policy, arresting police officers can also chose to give a citation to people who have a medical need that could be better treated at a local hospital, diverting them from pre-trial detainment at the county jail where the HCSO would be responsible for providing for their medical care. However, as of 2009, shortly after the DOJ's investigation, the Harris County Sheriff declined to implement the "cite and release" policy, which could have reduced the number of inmates who need medical care at the county jail.⁴⁶

Administrative and Management Issues at the Harris County Jail

The DOJ report highlights two management issues within the Detention Bureau of the HCSO that DOJ found contributed directly to the deficiencies in the detention officers' provision of medical care and follow-up treatment: 1) deficiencies in the staff training processes for new detention officer hires at the Harris County jail and 2) a reliance on an outdated system of

⁴² *Gish v. Thomas* (2008).

⁴³ Mahoney and Nugent-Borakove, "Harris County Criminal Justice System Improvement Project: Phase 1 Report," p.57.

⁴⁴ Legislature of the State of Texas. House Bill 2391. Retrieved from: <http://www.capitol.state.tx.us/tlodocs/80R/billtext/pdf/HB02391F.pdf>

⁴⁵ *Ibid*. The seven misdemeanor crimes include Class A and B Possession of Marijuana, Graffiti, Theft of Service, Driving While License Invalid, Criminal Mischief, or Theft and Contraband in a Correctional Facility.

⁴⁶ Scott Henson, "Harris County Sheriff's response to Grits jail building critique." *Grits for Breakfast* (November 23, 2009). <http://gritsforbreakfast.blogspot.com/2009/11/harris-county-sheriffs-response-to.html>

record-keeping for tracking inmates' medical treatment and potential ongoing medical needs. These two management issues place detainees at an unacceptable risk of death or injury.⁴⁷

Not only is inadequate medical care a violation of inmates' civil rights, providing an inadequate level of care to inmates with medical needs is also a public health issue because they will eventually be released back into the community. Inmates are more likely to acquire communicable diseases while incarcerated, including HIV/AIDS and other venereal diseases, Tuberculosis, and Hepatitis C.⁴⁸ The treatment of these communicable diseases is extremely expensive; Hepatitis C treatments alone cost between \$18,000 and \$30,000 per inmate annually.⁴⁹ However, if left untreated, these diseases could be shared with other residents of Harris County when infected inmates are released from the county jail.⁵⁰ The length of stay for pre-trial inmates varies based on an inmate's category of offense. On average, people charged with misdemeanors are detained for a shorter period of time than people charged with felonies.⁵¹ In 2012, the average cost to Harris County taxpayers to incarcerate the entire Harris County jail pre-trial population of inmates, per day was \$26,491 for defendants with misdemeanor charges, \$29,087 for defendants with state jail charges and \$241,369 for defendants with felony charges.⁵²

Deficiencies of Staff Training Processes

The deficiencies in the staff training processes for new detention officers employed at the Harris County jail impede the ability of the HCSO to meet the medical demands of a large jail with a diverse inmate population. The HCSO Academy, the training school for HCSO staff, is certified by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) and abides by its rules. Training certificates are provided to all students who satisfactorily complete Academy courses, and all training is reported to TCLEOSE. During their

⁴⁷ DOJ, *Letter to The Honorable Ed Emmet*.

⁴⁸ Jill Moore, "Public Health Behind Bars: Health Care for Jail Inmates," *Popular Government* (2005) <http://nmhealth.org/phd/dist3/documents/JailNCPHBehindBarsJillMoorePopGov.pdf>. See also: Harris County Public Health & Environmental Services (HCPHES), "Controlling Tuberculosis in Harris County: A Call to Action," (September 2006). <http://www.hcphes.org/tb/TB%20Policy%20Document%208.30%20Print%20Version%20UPDATE90506.pdf>; see also Chad Kinsella, "Corrections Health Care Costs," *The Council of State Governments Trends Alert: Critical information for state decision-makers* (January 2004). <http://www.csg.org/knowledgecenter/docs/TA0401CorrHealth.pdf>

⁴⁹ Kinsella, "Corrections Health Care Costs."

⁵⁰ *Ibid.*

⁵¹ See *Appendix E* for a table of the average lengths of stay by offense category at the Harris County jail.

⁵² Texas Criminal Justice Coalition. "Harris County, Texas: Adult Criminal Justice Data Sheet" (2012). http://countyresources.texascjc.org/sites/default/files/adult_county_data_sheets/TCJC's%20Adult%20Harris%20County%20Data%20Sheet.pdf

training at the HCSO Academy, newly hired detention officers learn procedures for identifying inmates' medical needs and addressing them.⁵³ However, the DOJ found that detention officers were not able to translate the procedures they learned during training sessions into practice at the jail for identifying detainees with medical needs, and the delayed training process suggests a reason for this impasse.⁵⁴ For example, officers did not conduct periodic surveys of the housing units to identify detainees with medical needs, who may be missed by the normal "sick call" process or the screening procedures conducted during detainee booking.⁵⁵ The "sick call" process relies on inmates to fill out a form requesting medical attention when they are feeling ill or when they identify a medical condition. This process relies heavily on self-identification of inmates' needs, but may not identify inmates whose physical health deteriorates during their incarceration at the jail.

Reliance on Outdated System of Record-Keeping

The Harris County jail's outdated, paper-based record-keeping system is the second management issue identified by the DOJ that is impeding the ability of the HCSO from providing the consistent and reliable continuity of care that inmates with medical needs require. Generally accepted standards of correctional medical care require appropriate ongoing treatment and continuity of care.⁵⁶ Current jail procedures require that inmates complete "sick call" forms to request medical care. However, the DOJ found that the jail disposes of all of these forms immediately after medical staff assess the inmate as a method of reducing the amount of paperwork jail staff needs to manage on a daily basis.⁵⁷ Once the forms are destroyed, the jail cannot track detainee requests for medical care in order to determine whether they have been fulfilled. Therefore, inmates have to make a new "sick call" request for each medical visit. The DOJ determined during their investigation that the sick call request procedures have little or no physician oversight.⁵⁸ By destroying the sick call request forms, the staff at the jail interrupt the processes the HCSO implemented to ensure a continuity of care for serious chronically ill

⁵³ HCSO's Academy, http://www.harriscountyso.org/HCSO_Academy.aspx

⁵⁴ DOJ, *Letter to The Honorable Ed Emmet*.

⁵⁵ *Ibid.*

⁵⁶ TCJS, <http://www.tcjs.state.tx.us/>

⁵⁷ DOJ, *Letter to The Honorable Ed Emmet*.

⁵⁸ *Ibid.*

inmates. Detainees with chronic illness need timely and routine care.⁵⁹ Failure to address detainee medical conditions over time can lead to an increased risk in morbidity and mortality.⁶⁰

In addition to the systematic record-keeping problems identified during the DOJ's investigation of the jail's operations include issues with the content of the records, including a lack of compliance with professional record-keeping formats, illegible physician notes, and factually inaccurate documentation.⁶¹ This is a problem because generally accepted standards of correctional medical care require nurses and doctors to have access to the most up-to-date medical records on their patients at all times.⁶²

Potential Reform Options

To help ameliorate these two management issues, the HCSO could consider the following reform options: 1) Require medical care training before before new detention officer hires can begin working in the position 2) develop a modern technology Management Information System (MIS) for tracking sick call requests and follow-up care; and 3) create and implement a chronic care program for inmates who have serious chronic illnesses. This section will describe the proposed reform options in more detail and analyze their feasibility for the HCSO to consider as it seeks to address the medical care of inmates. Each of the three reform options identifies methods for providing more timely access to medical care that may reduce the number of in-custody deaths related to a delay in necessary medical interventions.

Reform Option #1: Require new detention officer hires receive medical care training before they begin working in the position

The HCSO could create and implement a change to its training processes for new detention officers and that requires new detention officers to be trained in generally accepted correctional standards on medical care staff training, as defined by HCCHC, before they are permitted to begin working at the Harris County jail. The purpose of the NCCHC standards is to

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*

⁶¹ *Ibid.*

⁶² TCJS, <http://www.tcjs.state.tx.us/>

ensure detention officers recognize when the need to refer an inmate to a qualified health care professional occurs and to provide emergency care until he or she arrives.⁶³

The HCSO could contract with the University of Texas Medical Branch (UTMB) in Houston, the academic institution that provides medical care inside the Harris County jail and Texas Department of Criminal Justice prisons across the state, to provide training sessions for detention officers on generally accepted correctional medical care. Currently, UTMB trains the medical staff, nurses and doctors, who provide medical care to inmates at the jail, but they do not train the detention officers in correctional medical care. Topics of trainings should include specialized responses to medical needs of inmates; internal self-auditing practices to ensure that staff conduct appropriate medical assessments; and inmates' access to the provision of timely treatment.⁶⁴

Currently, new officers receive this type of training through the HCSO Academy, but they are not required to complete the Academy's training program before they begin working in the jail. New detention officers receive on-the-job training at the Harris County jail, but the skills that are taught in the HCSO Academy are critical for new detention officers to provide adequate medical care to inmates upon their immediate hire.⁶⁵ According to HCCHC, detention officers are a vital part of the process for delivering health care to inmates. For example, detention officers facilitate the workflow for medical staff because detention officers have more ready access to inmates and can alert health staff to inmates with possible health issues.⁶⁶ However, detention officers who are not trained to recognize the symptoms of inmates' medical needs impede the provision of adequate medical care to inmates.

Advantages:

- The proposed reform option could reduce the likelihood of inmate deaths resulting from inadequate medical care at the Harris County jail. Because their eligibility for employment at the Harris County jail is contingent upon their completion of an NCCHC

⁶³ National Commission on Correctional Health Care (NCCHC), "Standard C-04" (2014). <http://www.ncchc.org/Health-Training-for-Correctional-Officers-27-3>

⁶⁴ TCJS, <http://www.tcjs.state.tx.us/>

⁶⁵ NCCHC, "Standard C-04." See also James Pinkerton, "Sheriff fights in-house problem of discipline," *Houston Chronicle* (October 29, 2011). <http://www.chron.com/news/houston-texas/article/Sheriff-fights-in-house-problem-of-discipline-2243242.php>.

⁶⁶ NCCHC, "Standard C-04."

accredited correctional medical training, detention officers will receive the necessary professional credentials before working with inmates.⁶⁷

- The proposed reform option could have the attendant benefit of positively impacting the organizational culture among the Detentions Bureau of the HCSO. Organizational culture is a set of assumptions, values, and beliefs shared by members of an organization.⁶⁸ According to the Department of Justice, effective staff training can improve consistency in operations, promote staff confidence and professionalism, improve morale, and reduce workplace stress, operational problems, and liability.⁶⁹
- The proposed reform option could have the attendant benefit of supporting veteran detention officers by providing continuing education opportunities. Veteran detention officers will learn the newest trends in correctional medical care by working alongside new detention officers who have recently completed the proposed medical care training program. As changes are introduced in long-established policies and practices, practitioners at all levels will need to know the reasons for new approaches, understand what is expected, and develop the skills needed to meet new expectations.⁷⁰ According to the Justice Management Institute, additional staff training on the generally accepted correctional medical standards leads to better health outcomes for inmates detained in county jails.⁷¹

Disadvantages:

- The proposed training program may not improve veteran detention officers' provision of adequate medical care to inmates at the Harris County jail because the proposed training program only serves new detention officers. Veteran detention officers who are accustomed to their daily routine may not be willing to learn new medical care skills from new detention officers, which may prevent new detention officers from translating the skills they learn in training sessions into practice. The HCSO can mitigate this reaction by offering continuing education training sessions for veteran detention officers.

⁶⁷ HCSO, www.harriscountyso.org

⁶⁸ United States Department of Justice (DOJ), "Sheriff's Guide to effective jail populations," (January, 2007), p.14. <https://s3.amazonaws.com/static.nicic.gov/Library/021925.pdf>

⁶⁹ *Ibid*, 30.

⁷⁰ Mahoney and Nugent-Borakove, "Harris County Criminal Justice System Improvement Project: Phase 1 Report," p. 42

⁷¹ *Ibid*.

According to the minimum health standards delineated by NCCHC, detention officers who work with inmates should receive health-related training at least every two years.⁷²

- The DOJ found that the daily provision of medical care by the jail's nursing staff did not adhere to generally accepted correctional medical care standards. Because the HCSO does not have direct oversight of the medical care staff, including nurses and physicians, the proposed chronic care program may not address inmates' deaths that result from the provision of inadequate medical care by nurses and physicians at the Harris County jail.⁷³

Reform Option #2: Develop a modern technology system to track sick call requests

The HCSO could develop an electronic MIS technology system to track sick call requests according to generally accepted correctional medical standards.⁷⁴ Currently, HCSO staff rely on a paper-based system for maintaining the medical records of inmates. In its investigation, the DOJ found that this outdated system for maintaining files results in staff expunging inmates' medical request forms and impedes the ability of the HCSO to provide a continuity of care to inmates with serious chronic medical needs due to errors on paper forms, misplaced patient records, and the challenge updating paper records in a timely manner. The HCSO could modernize the information and communications technology infrastructure needed for tracking healthy conditions for all inmates and reducing the number of in-custody deaths related to the inadequate care highlighted in the DOJ's investigation report.

Advantages:

- The proposed MIS could increase the likelihood that HCSO Detentions Bureau managers overcome barriers to timely access to medical care because inmates' medical records would be stored in one central, electronic location. Detentions Bureau managers could ensure that medical staff are conducting follow-up appointments and inmates are receiving their prescribed medication in a timely manner. According to the Department of Justice, valid, effective classification of inmates is dependent on accurate, timely, and relevant information, as provided by modern MIS technology systems.⁷⁵ Therefore, a jail

⁷² NCCHC, "Standard C-04."

⁷³ See Appendix C: Harris County Sheriff's Office Organizational Chart that shows that the Harris County Sheriff does not have direct oversight of the jail's medical staff.

⁷⁴ TCJS, <http://www.tcjs.state.tx.us/>.

⁷⁵ United States Department of Justice (DOJ) National Institute of Corrections (NIC). "Enhancing prison classification systems" (July, 2004), p.xix. <https://s3.amazonaws.com/static.nicic.gov/Library/019687.pdf>

MIS software has the potential for increasing the quality of medical care provided to inmates.

- The proposed system could reduce duplicative data entries, facilitate timely access to records, enable much more rapid flow of information within and across agencies and institutions, and provide a foundation for analysis of system issues and performance.⁷⁶

The memory space available in modern MIS technology systems and their analytical power offer great potential for improving decision making of detention officers who use the technology system to identify the needs of inmates and provide proper interventions to meet these needs.⁷⁷

- There is a multitude of existing MIS classification systems on the market including the Adult Internal Management System, the Level of Service Inventory, the Client Management Classification, and Megargee's Minnesota Multiphasic Personality Inventory (MMPI), and each have proven to be successful at more adequately tracking inmates' medical records.⁷⁸ By using one of the proven MIS software systems, the HCSO may be able to avoid the time intensive and costly process of building a brand-new MIS software system.

Disadvantages:

- According to the Department of Justice, if jail MIS software and related databases are poorly designed, poorly implemented, or ineffectively used, the quality of classification decisions may be undermined.⁷⁹ Detentions Bureau managers would need to oversee the design and implementation phases of a new MIS software system to ensure inmates' medical needs are not overlooked, but the Bureau may not have the skills, time, or money to undertake the required oversight of the proposed MIS software system.
- Current prison classification systems have been criticized for oversimplification and narrowness of their information coverage and for the use of irrelevant factors for identifying inmates' risks and needs.⁸⁰ The HCSO would need to conduct an audit of inmate files in order to determine the most relevant variables for identifying inmates'

⁷⁶ *Ibid.* p.xxii

⁷⁷ *Ibid.* p.xix

⁷⁸ *Ibid.* p.xxiii

⁷⁹ *Ibid.* p.xix

⁸⁰ *Ibid.* p.xxiii

medical needs using the proposed MIS system, which could be time consuming and difficult to handle the current paper-based inmate records.

- Development of a MIS technology system that suits the unique needs of the large Harris County jail may be difficult and time consuming. There is a multitude of existing MIS classification systems on the market including the Adult Internal Management System, the Level of Service Inventory, the Client Management Classification, and Megargee's Minnesota Multiphasic Personality Inventory (MMPI).⁸¹ Different classification systems have different purposes and require the use of different risk factor variables.

Reform Option #3: Develop a chronic care program at the Harris County Jail based on NCCHC standards of care

The DOJ recommended that the HCSO develop a chronic care program consistent with generally accepted correctional medical standards, as outlined by the National Commission on Correctional Health Care (NCCHC). Chronic illnesses include diabetes, HIV/AIDS, and heart disease, which require continued care and treatment during an inmates' incarceration at the Harris County jail.⁸² This program should include elements that meet professional standards for correctional health care. The execution of these elements are the responsibility of detention officers employed at the Harris County jail and include: a process that will identify detainees who should be enrolled in a chronic care program; a roster of detainees enrolled in the program; a schedule of medical visits for each detainee enrolled in the program; a system for determining which diagnostic tests will be required for each chronic condition; and record-keeping which includes documentation of lab work and medical orders.⁸³

Advantages:

- The goal of the proposed chronic illness program would be to prevent disease progression and complication, and foster improved function for the inmate.⁸⁴ The chronic illness program could increase the likelihood that the jail's medical staff and detention officers could help prevent inmates' chronic illnesses from further deteriorating an inmate's physical health during their incarceration at the jail.

⁸¹ *Ibid.* p.xxiii

⁸² National Commission on Correctional Health Care (NCCHC), "Chronic Disease Services" (September 2008). <http://www.ncchc.org/spotlight-on-the-standards-23-1>

⁸³ TCJS, <http://www.tcjs.state.tx.us/>

⁸⁴ NCCHC, "Chronic Disease Services."

- The proposed program could reduce the number of in-custody deaths related to the quality of medical care provided by staff at the Harris County Jail by focusing on the most critical care needs of inmates. Modeling the proposed program after NCCHC standards could decrease the likelihood of detention officers violating jail policies and procedures established by the HCSO, as identified in previous sections of this agency analysis.⁸⁵
- The proposed chronic care program could draw on already established collaborations and access to community resources. For example, the HCSO already partners with local universities and non-profits to provide medical care to small segments of the entire population of inmates at the Harris County Jail through a Memoranda of Understanding, like the collaboration HCSO has with Healthcare for the Homeless-Houston.⁸⁶ Moreover, partners like Healthcare for the Homeless-Houston can train detention officers to identify the symptoms of the chronic care needs of inmates, according the NCCHC's generally accepted correctional medical care standards. Using existing collaborations could save the HCSO the costs of paying its own staff for providing these services and it could institute knowledge sharing between the HCSO and its partner organizations.

Disadvantages:

- The proposed chronic care program may take time to develop and implement within the Detentions Bureau of the HCSO.⁸⁷ Therefore, the proposed program may not meet the immediate needs delineated in the DOJ investigation report.
- The proposed chronic care program could maintain status quo related to the quality of medical care provided to inmates with serious chronic medical needs.
- Implementing the proposed chronic care program would require jail staff to change their practices related to the identification and tracking of this population of inmates, and some staff may not be able to adjust to the necessary changes in policies and procedures that the jail's provision of medical care.
- The DOJ found that the daily provision of medical care by the jail's nursing staff did not adhere to generally accepted correctional medical care standards. Because the HCSO

⁸⁵ Mahoney and Nugent-Borakove, "Harris County Criminal Justice System Improvement Project: Phase 1 Report," p. 42

⁸⁶ Official Website of Healthcare for the Homeless – Houston www.homeless-healthcare.org

⁸⁷ NCCHC, "Chronic Disease Services."

does not have direct oversight of the medical care staff, including nurses and physicians, the proposed chronic care program may not address inmates' deaths that result from the provision of inadequate medical care by nurses and physicians at the Harris County jail.⁸⁸

Conclusion

The Harris County Sheriff's Office (HCSO) has the capacity to address the areas of concern delineated in the DOJ's 2008 investigation report. The agency should consider implementing the reform options this report offers that could result in more adequate medical care to inmates with serious chronic medical illnesses.

⁸⁸ See Appendix C: Harris County Sheriff's Office Organizational Chart that shows that the Harris County Sheriff does not have direct oversight of the jail's medical staff.

BIBLIOGRAPHY

- Clarke, Matt. "U.S. Department of Justice Releases Report on Deaths in Jails." *Prison Legal News* (March 8, 2014). Retrieved from: [https://www.prisonlegalnews.org/\(S\(g0zwk0jou1x4vz45tgqzpf45\)\)/displayArticle.aspx?articleid=22841&AspxAutoDetectCookieSupport=1](https://www.prisonlegalnews.org/(S(g0zwk0jou1x4vz45tgqzpf45))/displayArticle.aspx?articleid=22841&AspxAutoDetectCookieSupport=1)
- Estelle v. Gamble*, 429 U.S. 97, 102 (1976). Retrieved from: <http://caselaw.lp.findlaw.com/scripts/getcase.pl?court=US&vol=429&invol=97>
- Farmer v. Brennan*, 511 U.S. 825 (1994) (No. 92-7247). Retrieved from: <http://www.law.cornell.edu/supct/html/92-7247.ZS.html>
- Gish v. Thomas*, 516 F.3rd 952 (11th Cir. 2008). Retrieved from: <http://caselaw.findlaw.com/us-11th-circuit/1218597.html>
- Harris County Commissioners' Court, www.harriscountytexas.gov
- Harris County Sheriff's Office, www.harriscountytexas.org
- Harris County Sheriff's Office Academy, http://www.harriscountytexas.org/HCSO_Academy.aspx
- Harris County Public Health & Environmental Services (HCPHES), "Controlling Tuberculosis in Harris County: A Call to Action," (2006). Retrieved from: <http://www.hcphees.org/tb/TB%20Policy%20Document%208.30%20Print%20Version%20UPDATE90506.pdf>
- Healthcare for the Homeless – Houston, www.homeless-healthcare.org
- Henson, Scott. "Harris County Sheriff's response to Grits jail building critique." *Grits for Breakfast* (November 23, 2009). Retrieved from: <http://gritsforbreakfast.blogspot.com/2009/11/harris-county-sheriffs-response-to.html>
- Henson, Scott. "The End of State Jails?" *Grits for Breakfast*. (June 20, 2010). Retrieved from: <http://gritsforbreakfast.blogspot.com/2009/11/harris-county-sheriffs-response-to.html>
- House Committee on Corrections, 81st Texas House of Representatives. "Public Testimony." (2010). Retrieved from: <https://www.tsl.texas.gov/arc/findingsaids/recordsfindingsaids.html>
- Kinsella, Chad. "Corrections Health Care Costs." *The Council of State Governments Trends Alert: Critical Information for State Decision-Makers* (2004). Retrieved from: <http://www.csg.org/knowledgecenter/docs/TA0401CorrHealth.pdf>
- Kuffner, Charles. "Interview with Sheriff Adrian Garcia." *Off the Kuff* (February 1, 2012). Retrieved from: <http://offthekuff.com/wp/?p=42800>

- Legislature of the State of Texas. House Bill 2391. (2007). Retrieved from: <http://www.capitol.state.tx.us/tlodocs/80R/billtext/pdf/HB02391F.pdf>
- Mahoney, Barry & Nugent-Borakove, Elaine. “Harris County Criminal Justice System Improvement Project: Phase 1 Report.” The Justice Management Institute (2009). Retrieved from: <http://www.jmijustice.org/resources/casflow-management/harris-county-criminal-justice-system-improvement-project-phase-1-report/view>
- McVicker, Steve. “Six years, 101 deaths in Harris County jails.” *Houston Chronicle* (February 18, 2007). Retrieved from: <http://www.chron.com/news/houston-texas/article/Six-years101-deaths-in-Harris-County-jails-1545025.php>
- Moore, Jill. “Public Health Behind Bars: Health Care for Jail Inmates” *Popular Government* (2005). Retrieved from: <http://nmhealth.org/phd/dist3/documents/JailNCPHBehindBarsJillMoorePopGov.pdf>
- Morris, Mike. “Harris County to hire more jailers hoping to cut OT costs.” *Houston Chronicle* (May 17, 2011). Retrieved from: <http://www.chron.com/news/houston-texas/article/Harris-County-to-hire-more-jailers-hoping-to-cut-1621590.php>
- Muñoz, Adan. “Agency Briefing Interim Charge #4 Prepared for the Texas Senate Committee on Criminal Justice.” Texas Commission on Jail Standards (2010). Retrieved from: [http://www.texascjc.org/sites/default/files/jc_files/TCJS_Agency_Briefing_on_Detention_Facilities_Best_Practices_\(Sep_2010\).doc](http://www.texascjc.org/sites/default/files/jc_files/TCJS_Agency_Briefing_on_Detention_Facilities_Best_Practices_(Sep_2010).doc)
- National Commission on Correctional Health Care (NCCHC). “Chronic Disease Services,” (2008). Retrieved from: <http://www.ncchc.org/spotlight-on-the-standards-23-1>
- National Commission on Correctional Health Care (NCCHC). “Standards for Correctional Health Services: Standard C-04,” (2014). Retrieved from: <http://www.ncchc.org/standards-for-correctional-health-services>
- Office of Criminal Justice Coordination. “Harris County Jail August 2013 Population Report,” (2013). Retrieved from: http://blog.chron.com/houstonpolitics/wp-content/blogs.dir/1766/files/2013/09/Jail-Population-Presentation-and-Graphs-2013_08.pdf
- Pinkerton, James. “Harris County jails log fewer inmate deaths.” *Houston Chronicle* (January 7, 2012). Retrieved from: <http://www.chron.com/news/houston-texas/article/Deaths-in-county-detention-decline-2448186.php>
- Pinkerton, James. “Sheriff fights in-house problem of discipline.” *Houston Chronicle* (October 29, 2011). Retrieved from: <http://www.chron.com/news/houston-texas/article/Sheriff-fights-in-house-problem-of-discipline-2243242.php>

Senator Rodney Ellis, “Working Together to Improve the Criminal Justice System in Harris County and Statewide.” Submitted Written Testimony to the Texas Commission on Jail Standards (September 3, 2011). *Retrieved from:*
[http://www.texascjc.org/sites/default/files/jc_files/Sen_Ellis_Testimony_to_TCJS_Variance_\(Nov_2011\).pdf](http://www.texascjc.org/sites/default/files/jc_files/Sen_Ellis_Testimony_to_TCJS_Variance_(Nov_2011).pdf)

Texas Commission on Jail Standards (TCJS), <http://www.tcjs.state.tx.us/>

Texas Commission on Jail Standards (TCJS). “Report to the 81st Legislature,” (2009). *Retrieved from:* <http://www.sunset.state.tx.us/81streports/final81st/85.pdf>

Texas Criminal Justice Coalition. “Harris County, Texas: Adult Criminal Justice Data Sheet,” (2012). *Retrieved from:*
http://countyresources.texascjc.org/sites/default/files/adult_county_data_sheets/TCJC's%20Adult%20Harris%20County%20Data%20Sheet.pdf

United States Bureau of the Census. “2010 Census,” (2011). *Retrieved from:*
<http://www.census.gov/2010census/>

United States Department of Justice (DOJ) Bureau of Justice Statistics (BJS). “Percent of local jail inmate deaths in the U.S., by cause of death, 2000-2011,” (2010). *Retrieved from:* <http://www.bjs.gov/content/dcrp/tables/dcst07lj1.pdf>

United States Department of Justice (DOJ) Bureau of Justice Statistics, “Deaths In Custody: Local Jail Deaths, 2000-2007 Statistical Tables,” (2011). *Retrieved from:*
<http://www.bjs.gov/index.cfm?ty=pbdetail&iid=2092>

United States Department of Justice (DOJ) National Institute of Corrections. “Enhancing Prison Classification Systems: The Emerging Role of management Information Systems” (2004). *Retrieved from:* <https://s3.amazonaws.com/static.nicic.gov/Library/019687.pdf>

United States Department of Justice (DOJ). “Jail Standards and Inspection Programs: Resource and Implementation Guide” (2007). *Retrieved from:*
<https://s3.amazonaws.com/static.nicic.gov/Library/022180.pdf>

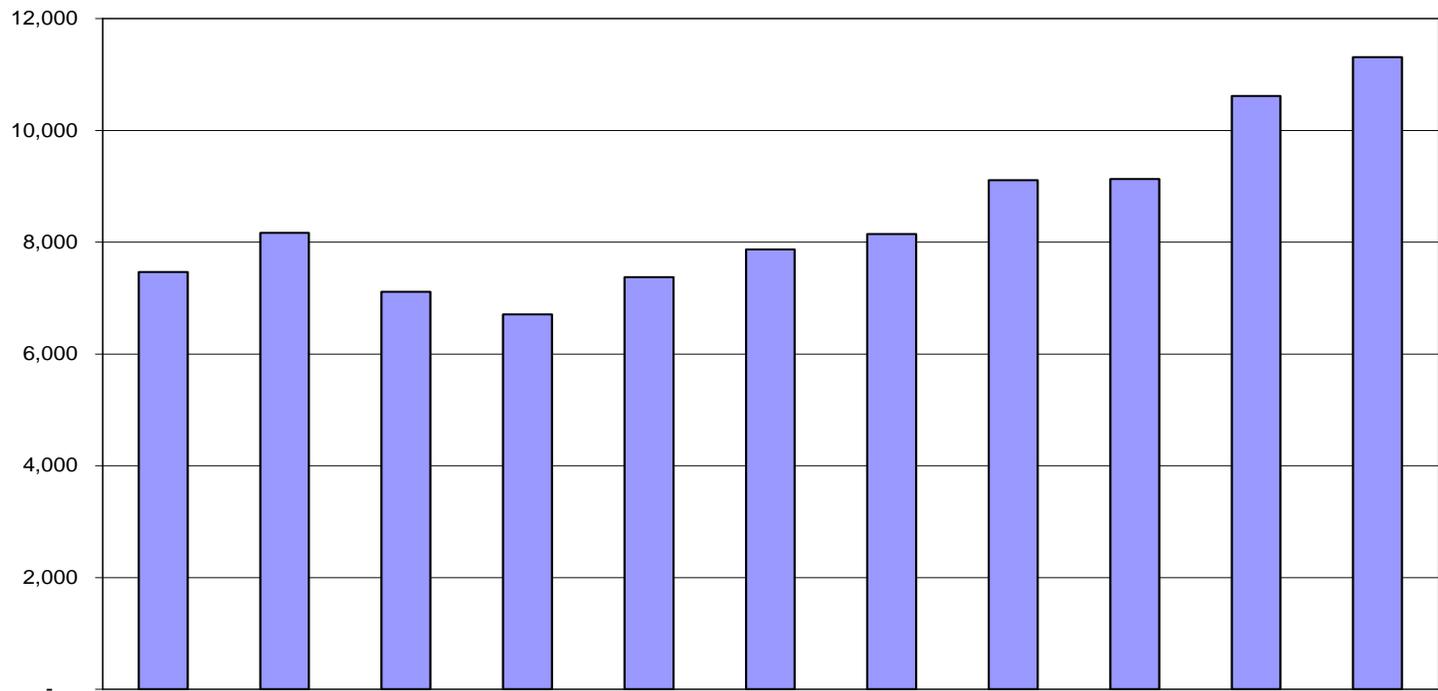
United States Department of Justice (DOJ) Civil Rights Division. Letter to The Honorable Ed Emmett (June 4, 2009). *Retrieved from:*
http://www.justice.gov/crt/about/spl/documents/harris_county_jail_findlet_060409.pdf

United States Department of Justice (DOJ). “Mortality in Local Jails and State Prisons, 2000-2011 – Statistical Tables,” Bureau of Justice Statistics (BJS) (2013). *Retrieved from:* <http://www.bjs.gov/content/pub/pdf/mljsp0011.pdf>

United States Department of Justice (DOJ). “Sheriff’s Guide to effective jail populations,” (January, 2007). *Retrieved from:*
<https://s3.amazonaws.com/static.nicic.gov/Library/021925.pdf>

APPENDIX A: Average Monthly Population of Harris County Jail, Feb 1999 – Feb 2009

Chart 1. Average Monthly Population of Harris County Jail, Feb 1999 – Feb 2009

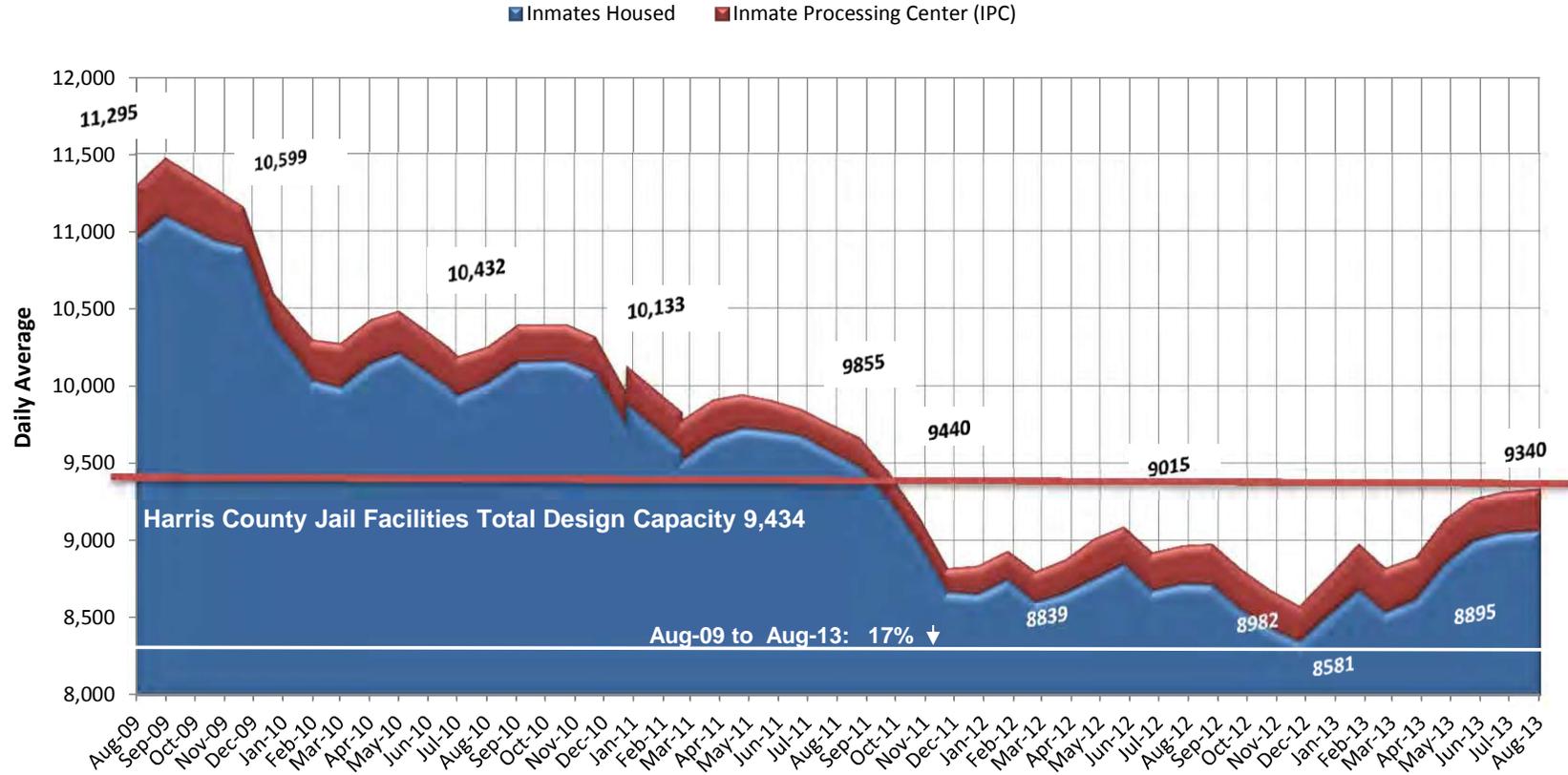


	Feb-99	Feb-00	Feb-01	Feb-02	Feb-03	Feb-04	Feb-05	Feb-06	Feb-07	Feb-08	Feb-09
Increase	7,463	8,160	7,105	6,704	7,370	7,862	8,142	9,106	9,129	10,611	11,303

Data retrieved from JMI, "Harris County Jail Harris County Phase 1 Report," (Oct 2009), p.5.

APPENDIX B: Average Monthly Population of Harris County Jail, Aug 2009 – Aug 2013

Total In Custody



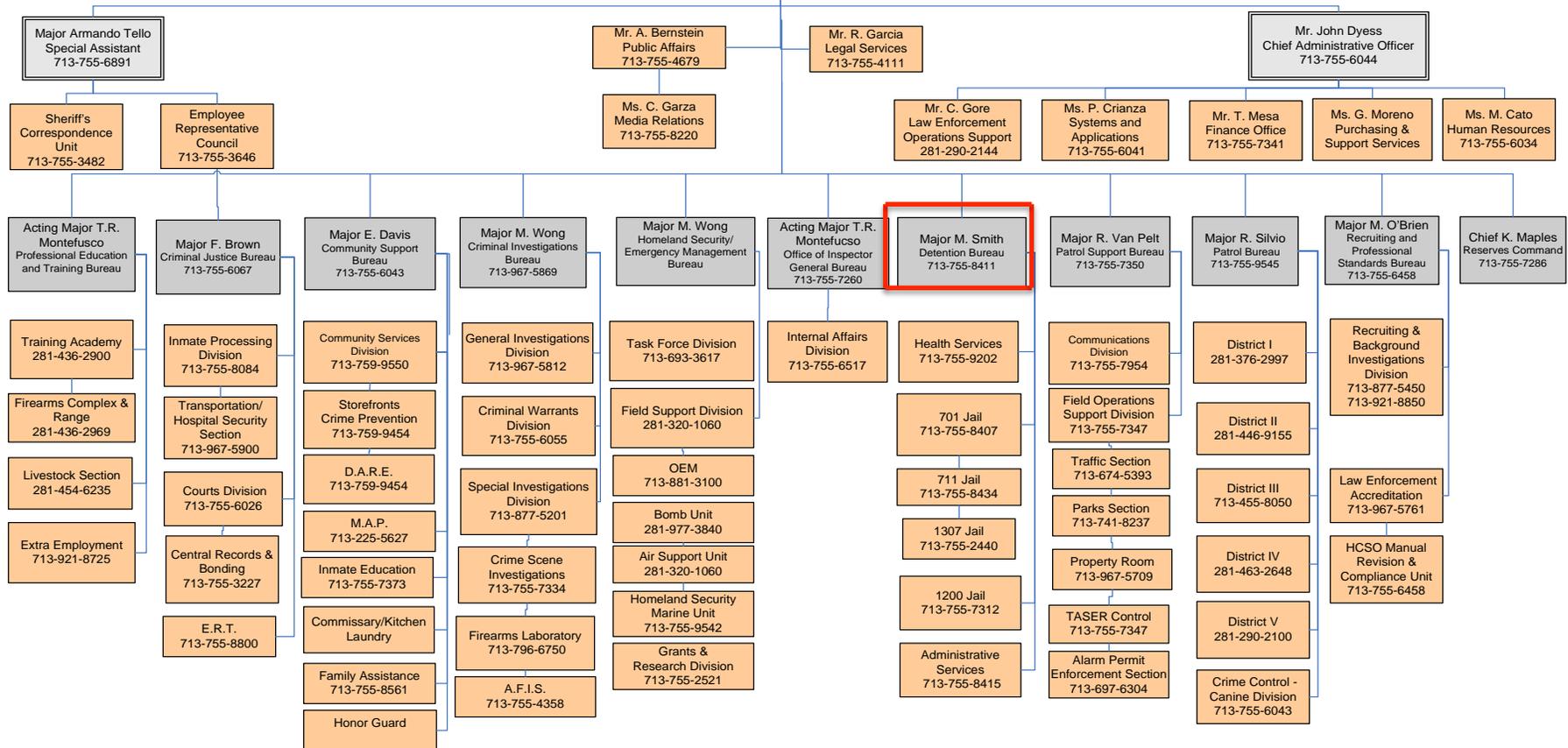
Data retrieved from Harris County Office of Criminal Justice Coordination "Jail Population Report," August 2013.

APPENDIX C: Harris County Sheriff's Office Organizational Chart



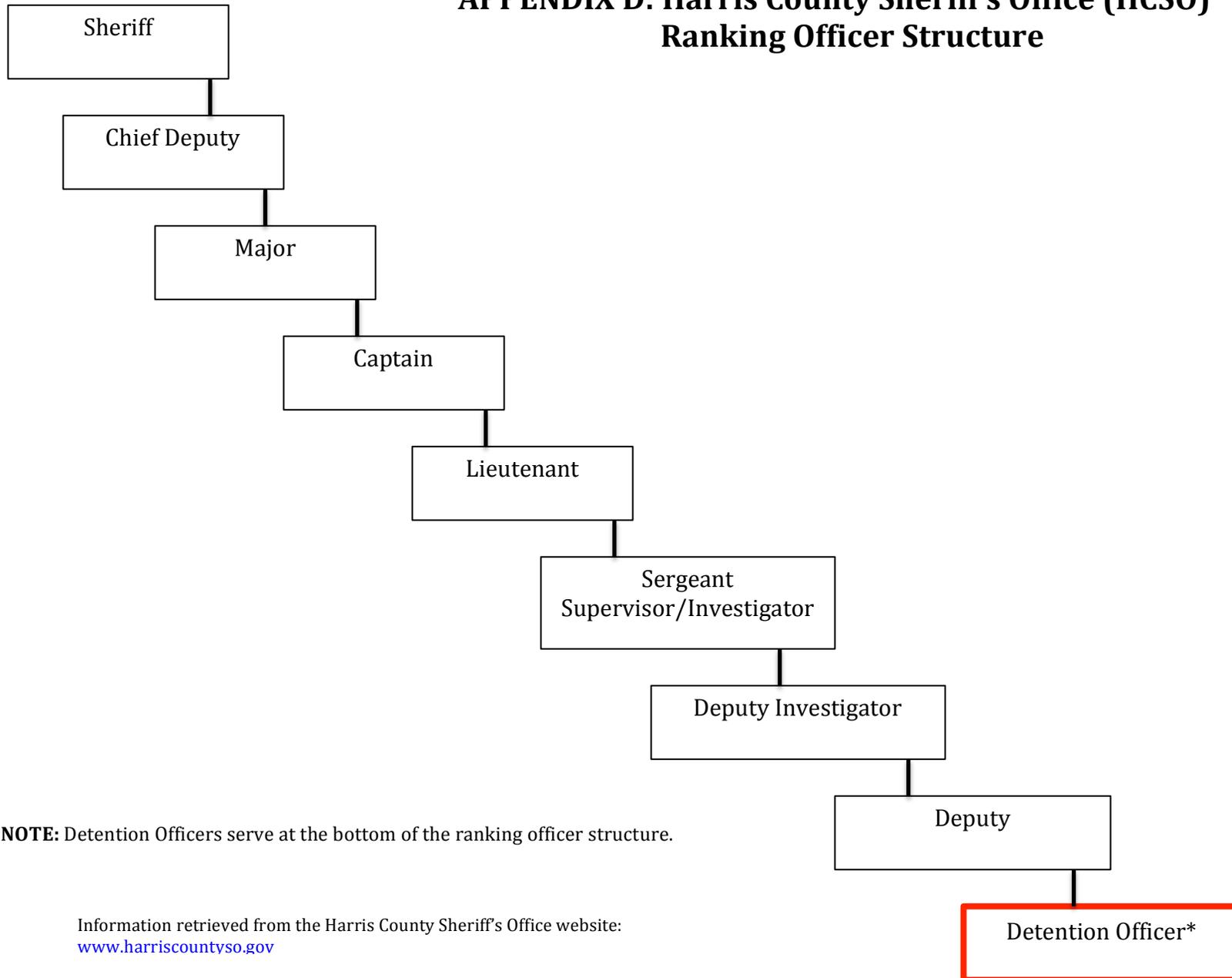
Sheriff Adrian Garcia

Harris County Sheriff's Office
Organizational Chart | April 14, 2011



Retrieved from Harris County Sheriff's Office Website

APPENDIX D: Harris County Sheriff's Office (HCSO) Ranking Officer Structure



Information retrieved from the Harris County Sheriff's Office website:
www.harriscountvso.gov

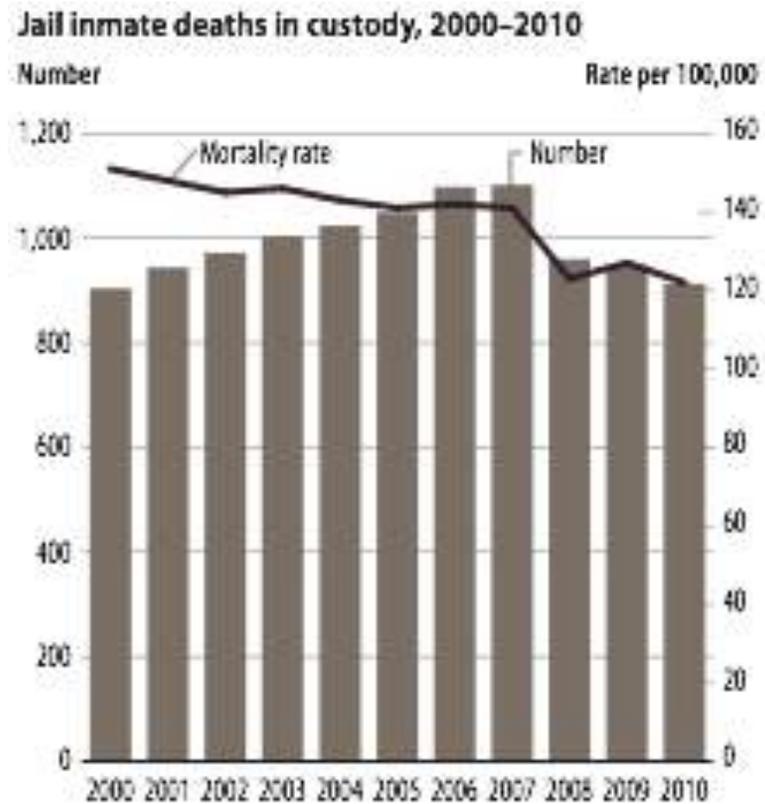
APPENDIX E: Table of Average Lengths of Stay by Offense Category

**TABLE 2. LENGTH OF INMATE STAYS IN THE HARRIS COUNTY JAIL,
BY CHARGE LEVEL⁵**

OFFENSE CATEGORY	0-2 Days	3-30 Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181-270 Days	271-365 Days	366-540 Days	541- 730 Days	Over 731 Days	TOTAL
A Misdemeanor	98	358	171	122	109	112	15	3	0	1	1	990
B Misdemeanor	130	347	110	65	17	30	5	0	3	0	0	707
C Misdemeanor	47	61	13	10	2	3	2	0	0	0	0	138
Misd – Unclassified	4	27	12	8	6	3	2	0	0	0	0	62
Capital Felony	2	19	6	5	6	15	25	13	39	18	20	168
Felony – 1st Degree	14	156	148	138	104	205	200	132	155	85	46	1,383
Felony – 2d Degree	45	536	430	354	285	456	378	206	159	72	28	2,949
Felony – 3d Degree	43	386	350	229	166	233	147	52	55	10	15	1,686
State Jail Felony	81	879	651	449	273	240	40	17	10	0	0	2,640
Felony (No Details)	25	267	224	84	54	61	26	13	9	3	0	766
TOTAL	489	3036	2115	1464	1022	1358	840	436	430	189	110	11,489

Source: Justice Management Institute (JMI) Report, 2009

APPENDIX F: Jail inmate deaths in custody in the U.S., 2000-2010



Source: Bureau of Justice Statistics, Deaths in Custody Reporting Program, 2001-2010.

APPENDIX G: Percent of local jail inmate deaths in the U.S., by cause of death, 2000-2011

Percent of local jail inmate deaths, by cause of death, 2000–2011

Cause of death	2000	2001	2002	2003	2004	2005	2006	2007	2008 ^a	2009	2010	2011
All causes	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
→ Illness	57.1%	51.5%	52.4%	51.1%	51.8%	47.9%	55.2%	55.3%	46.5%	51.1%	52.0%	47.7%
Heart disease	21.9	22.8	22.8	24.0	22.2	19.3	22.5	21.0	19.3	20.8	26.1	26.0
AIDS-related	6.3	6.3	5.4	5.5	5.1	3.8	4.9	3.9	3.3	2.8	2.8	1.5
Cancer	3.4	2.7	4.0	3.4	2.8	3.5	3.6	3.8	2.6	4.9	3.7	3.4
Liver disease	2.7	2.9	2.6	3.1	3.1	3.1	2.3	3.5	3.7	3.2	3.2	1.6
Respiratory disease	3.4	1.9	2.3	2.1	3.4	2.0	2.5	4.4	3.3	3.2	2.0	2.1
All other ^b	19.4	15.0	15.4	13.1	15.1	16.2	19.5	18.6	14.2	16.2	14.2	13.1
Suicide	32.0%	33.2%	32.4%	29.5%	29.3%	27.4%	25.4%	25.8%	23.8%	31.7%	33.2%	35.0%
Drug/alcohol intoxication	4.1%	6.2%	5.6%	8.9%	7.4%	7.9%	8.0%	7.2%	4.5%	6.7%	5.9%	8.2%
Accident	2.8%	3.8%	3.5%	2.8%	3.2%	2.3%	3.0%	1.6%	1.6%	2.7%	2.5%	3.1%
Homicide ^c	1.9%	2.0%	1.9%	1.5%	2.4%	2.1%	3.3%	1.8%	1.7%	2.0%	2.2%	2.4%
Other/unknown	1.9%	2.5%	3.6%	5.2%	4.9%	10.5%	4.8%	6.5%	0.8%	2.5%	1.4%	2.5%
Missing	0.3%	0.7%	0.7%	1.0%	0.9%	1.8%	0.4%	1.8%	21.2%	3.3%	2.8%	1.1%

Note: Cause-of-death rankings may differ from previously published 2000–2010 estimates because cause of death was ranked on all deaths from 2000 to 2011, which resulted in small changes within some categories.

^aIn 2008, a high number of cases were missing cause-of-death information. These cases were classified as other/unknown. See *Methodology* for more information.

^bIncludes other specified illnesses, such as cerebrovascular disease, influenza, cirrhosis, and other nonleading natural causes of death, as well as unspecified illnesses. See *Methodology* for details on illness classifications.

^cIncludes homicides committed by other inmates, homicides incidental to the staff use of force, and homicides resulting from assaults sustained prior to incarceration. See *Methodology* for more information.

Source: Bureau of Justice Statistics, Deaths in Custody Reporting Program, 2000–2011.