



City of San Antonio

Agenda Memorandum

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Agenda Item Number: 5

Agenda Date: June 10, 2025

In Control: Audit Committee

DEPARTMENT: Office of the City Auditor

DEPARTMENT HEAD: Baltazar Vargas

COUNCIL DISTRICTS IMPACTED: Citywide

SUBJECT:

Acceptance of the Office of the City Auditor Report AU24-019 Audit of SAPD and Metro Health Crisis Response Team

SUMMARY:

Determine if the San Antonio Police Department (SAPD) and the San Antonio Metro Health District (Metro Health) Crisis Response Team (CRT) operations are in compliance with policies and procedures and reporting is accurate.

BACKGROUND INFORMATION:

Background

The mission of the CRT is to advocate for zero tolerance of intimate partner violence and family violence. When a victim reports domestic violence to SAPD, an Officer meets with the victim and creates a police report. The Officer also completes a Danger Assessment for Law Enforcement

(DA-LE) form with the victim. This is used as an initial threat assessment, and the score is used to identify the risk level of each victim. The case is assigned to a CRT Detective, and the victim is referred to Metro Health.

Metro Health utilizes the scores of the DA-LE forms to prioritize the order in which clients are contacted. Two different levels of assistance are provided. The first level is Crisis Advocacy, which is short-term assistance provided immediately following a reported incident. This involves a Crisis Advocate contacting the client and completing a secondary danger assessment, safety planning, providing emergency shelter, providing basic needs, and offering referrals to external services. The second level is Case Management, which is long-term assistance. This involves a Case Manager working with the client and completing empowerment assessments, updating the safety plan, aiding in completing applications for benefits/employment/ housing, connecting to food/clothing pantries, assisting with direct enrollment in a legal assistance program, and referrals to peer support groups. Assistance for basic needs is provided to clients in the form of tangible goods, such as gift cards, bus passes, prepaid phones, and doorbell cameras.

During FY 2024, SAPD referred 16,711 victims to Metro Health for assistance. Metro Health successfully reached 11,754 clients, with 85% of those clients accepting support services.

Scope & Methodology

The audit scope was October 2022 through August 2024. We reviewed cases in Mark43 to verify DA-LE forms and other supplementary documentation were completed. We reviewed case notes to verify outreach attempts occurred within the required time frames and the client's level of danger was assessed. We analyzed the time data for the cases to determine if SAPD and Metro Health were responding timely. We examined inventory logs to determine if gift cards were properly received, stored, and tracked when disbursed. We conducted physical inventories to determine if inventory records were accurate. We reviewed training records to verify CRT members received the required training. Lastly, we tested user access to files to verify personally identifiable information (PII) and personal health information (PHI) were secured, and access was appropriate.

Conclusions

CRT reporting by SAPD and Metro Health is accurate. SAPD has sufficient procedures for verifying supplementary documentation is properly maintained. Domestic violence cases are also appropriately categorized as a misdemeanor or felony.

However, controls could be improved to ensure CRT operations are executed according to policies and procedures. Not all CRT members have completed required training for this program. SAPD is not consistently completing a DA-LE form for each victim.

Metro Health is not consistently attempting client outreach within the required time frame and is not properly assessing the client's level of danger. Metro Health is not properly securing and disbursing tangible goods. Metro Health is not adequately monitoring the performance of the CRT members. Physical access to safes is inappropriate, and Metro Health is not periodically reviewing

user access to files containing PII and PHI.

Management agreed with the recommendations and developed a corrective action plan.

ISSUE:

This item is presented for acceptance by the Audit Committee.

FISCAL IMPACT:

N/A

ALTERNATIVES:

N/A

RECOMMENDATION:

Staff recommends approval of this audit report.