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May 30, 2025

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SUBJECT: Audit Report of San Antonio Police Department & San Antonio Metro Health District Crisis Response Team

Mayor and Council Members:

We are pleased to send you the final report of the San Antonio Police Department & San Antonio Metro Health District Crisis Response Team. This audit began in July 2024 and concluded with an exit meeting with department management in March 2025. Management's verbatim response is included in Appendix C of the report. The San Antonio Police Department and San Antonio Metro Health District management and staff should be commended for their cooperation and assistance during this audit.

The Office of the City Auditor is available to discuss this report with you individually at your convenience.

Respectfully Submitted,

Buddy Vargas, CPA, CIA, CFE
City Auditor
City of San Antonio

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**CITY OF SAN ANTONIO
OFFICE OF THE CITY AUDITOR**

**SAN ANTONIO POLICE DEPARTMENT
SAN ANTONIO METRO HEALTH DISTRICT
AUDIT OF CRISIS RESPONSE TEAM
PROJECT NO. AU24-019
MAY 30, 2025**

**BUDDY VARGAS, CPA, CIA, CFE
CITY AUDITOR**



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Executive Summary

As part of our annual Audit Plan approved by City Council, we conducted an audit of the San Antonio Police Department (SAPD) and the San Antonio Metro Health District (Metro Health), specifically the Crisis Response Team. The audit objective, conclusion, and recommendations follow:

Determine if SAPD and Metro Health Crisis Response Team (CRT) operations are in compliance with policies and procedures and reporting is accurate.

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

However, the audit team identified areas where controls could be improved. Overall, CRT operations are not consistently executed according to policies and procedures. SAPD CRT members and Metro Health CRT members have not completed all required training for this program.

SAPD is not consistently completing a Danger Assessment for Law Enforcement (DA-LE) form for each victim of domestic violence cases to initially assess the level of risk to the victim's safety.

Metro Health is not consistently attempting client outreach within the required time frame and is not properly assessing the client's level of danger. Furthermore, Metro Health is not properly securing tangible goods, and the removal of tangible goods for disbursement to clients is not properly documented on inventory logs. Additionally, Metro Health is not adequately monitoring the performance of the CRT members. Lastly, physical access to safes is inappropriate, and Metro Health is not periodically reviewing user access to case files containing personally identifiable information (PII) and protected health information (PHI).

We provided recommendations to management to strengthen controls and resolve identified issues. SAPD and Metro Health management agreed with the audit findings and have developed positive action plans to address them. Management's verbatim response is in Appendix C on page 15.

Background

The mission of the CRT is to advocate for zero tolerance of Intimate Partner Violence (IPV) and Family Violence (FV) by holding the offender accountable through the judicial process and by referring the victim to Metro Health Crisis Advocates for safety planning, referrals, and other services. The primary responsibility of the CRT is to investigate misdemeanor crimes of IPV and FV. Additional responsibilities include the thorough investigation of these crimes by obtaining arrest warrants and filing cases with the Bexar County District Attorney's Office and Municipal Court. Further, the CRT coordinates with the Special Victims Unit (SVU), Metro Health, and many other agencies and organizations who also serve victims of IPV and FV.

CRT personnel understand the impact a crime of IPV and FV has on the victim and understand approaching these crimes in a victim centered approach manner increases the chances for cooperation. Every victim is treated with the utmost respect and, if applicable, is referred to Metro Health for a risk and needs assessment while providing a connection to appropriate resources regardless of whether an arrest occurs.

When a victim reports domestic violence to SAPD, whether by calling 9-1-1 or by walking into a Police substation, an Officer meets with the victim and creates a police report of the incident. The Officer also completes a Danger Assessment for Law Enforcement (DA-LE) form with the victim. This form is a checklist used as an initial threat assessment, and the score is used to identify the risk level of each victim and the priority for contact. The police report and DA-LE form are both sent to Crisis Advocate Supervisors at the appropriate Police substation. The case is assigned to a CRT Detective, and the victim is referred to Metro Health. The Detective meets with the victim and collects evidence for potential prosecution. As part of the CRT, SAPD focuses on the victim's initial safety and the criminal investigation aspect of each case.

Once referred to Metro Health, the victim becomes a client. 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 to clients. The first level is Crisis Advocacy, which is short-term assistance. This type of support is provided immediately following a reported incident. This involves a Metro Health Crisis Advocate contacting the client and offering assistance by completing a secondary danger assessment, safety planning, providing emergency shelter, providing emergency assistance for basic needs, and offering referrals to external services. The second level is Case Management, which is long-term assistance. This involves a Metro Health Case Manager working with the client and offering assistance by completing empowerment assessments (Movers Assessments), updating the safety plan, aiding in completing applications for benefits/employment/long-term housing, providing transportation service, connecting to food/clothing pantries, assisting with direct enrollment in a legal assistance program, and referring to peer support and education groups.

Assistance for basic needs is provided to clients in the form of tangible goods, such as gift cards, bus passes, taxi vouchers, prepaid phones, doorbell cameras, and other goods. Crisis Advocates and Case Managers record case notes summarizing interactions with clients in secure digital files. As part of the CRT, Metro Health focuses on maintaining the client's safety

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and meeting their emergency needs. During FY 2024, SAPD referred 16,711 new victims of IPV and FV to Metro Health for assistance. Metro Health successfully reached 11,754 clients, with 85% of those clients accepting support services.

SAPD currently operates seven substations throughout the city: Central, Downtown, East, North, Prue, South, and West. The Downtown substation works closely with the Central substation and handles CRT cases for both substations. As a result, CRTs are located at six substations. See Appendix A on page 13 for a map of the service area for each substation.

Audit Scope and Methodology

The audit scope was October 2022 through August 2024. It included all documents and systems used to monitor the operations, trainings, and metrics reported for CRT members.

To gain an understanding of how the CRT operates and assists clients, we interviewed SAPD personnel, Metro Health personnel, and conducted walkthroughs of the processes for assessing the client's danger, providing short-term and long-term assistance, and training requirements for CRT members. The SAPD CRT Standard Operating Procedures and the Metro Health Domestic Violence Standard Operations Procedures were our primary criteria for this audit. We also assessed internal controls relevant to the audit objective. This included a review of the procedures for responding to domestic violence incidents; ordering, storing, and disbursing tangible goods to clients; and maintaining case notes.

In addition, as part of our testing procedures we reviewed domestic violence cases in Mark43¹ to verify the DA-LE form and other supplementary domestic violence documentation were completed by SAPD for cases involving intimate partner violence or family violence. We also reviewed domestic violence case notes maintained by Metro Health to verify clients were properly identified as high-risk, outreach attempts to clients occurred within the required time frames, and the client's level of danger was properly assessed. Moreover, we analyzed the time data for the domestic violence cases in Mark43 and in the case notes maintained by Metro Health to determine if SAPD and Metro Health were responding timely to domestic violence clients.

Additionally, we examined vendor quotes for gift card purchases and inventory logs to determine if they were properly ordered, received, inventoried, and tracked when disbursed. Furthermore, we conducted physical inventories to determine if inventory records were accurate. We also reviewed training records to verify CRT members have received the required training. Lastly, we tested user access to secure files maintained by Metro Health to verify personally identifiable information (PII) and protected health information (PHI) were adequately secured and access was appropriate.

We relied on computer-processed data in Mark43 to validate a DA-LE form was uploaded for each case involving intimate partner violence. Additionally, we relied on Evidence.com² to validate relevant documentation and evidence was uploaded. Our reliance was based on performing direct tests on the data rather than evaluating the system's general and application controls. We do not believe that the absence of testing general and application controls had an effect on the results of our audit.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain

¹ Mark43 is public safety platform used by SAPD as the records management system for police reports and other supplementary documentation, such as DA-LE forms.

² Evidence.com is a cloud-based system utilized by SAPD to manage, review, and share digital evidence.

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sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Audit Results and Recommendations

SAPD has suitable controls for monitoring CRT reporting. We reviewed 24 monthly statistical reviews, which are used to count and track the progress of CRT cases. We determined these reviews were properly completed by CRT Sergeants.

In addition, SAPD has sufficient procedures for completing and maintaining supplementary domestic violence documentation for applicable incidents. We reviewed a sample of 149 domestic violence cases and determined supplementary documentation was properly maintained in Mark43 and Evidence.com.

Lastly, SAPD has adequate controls for categorizing domestic violence cases as a misdemeanor or felony. We reviewed a sample of 150 domestic violence cases in Mark43. We referenced Texas Penal Code - Title 5 and determined the domestic violence cases were appropriately categorized as a misdemeanor or felony.

However, the audit team identified areas in which controls could be improved over CRT training, assessing the client's level of danger, monitoring Metro Health CRT tasks, and maintaining appropriate access to safes and confidential case notes.

A. Training

Not all CRT members have completed all required training for the domestic violence program. We identified instances where SAPD and Metro Health were not consistently executing controls regarding training requirements for CRT members and the proper storage of training documentation. Additionally, the departments do not have a policy that requires the periodic review of training.

Inadequate training of the CRT may cause the CRT program to not function effectively and efficiently, which may negatively impact the assistance provided to domestic violence clients.

A.1 SAPD

We reviewed the training records for a sample of 35 SAPD Patrol Officers to verify Danger Assessment for Law Enforcement (DA-LE) training was completed. SAPD was not able to provide support that 2 Officers (6%) completed DA-LE training.

We also reviewed training records for a total of 55 SAPD CRT members (CRT Detectives and Officers) to verify the Sexual Assault and Family Violence Investigator Course (SAFVIC) training was completed. We determined 2 SAPD CRT members (4%) have not completed the SAFVIC training.

The SAPD Crisis Response Team Standard Operating Procedures (SOP) requires DA-LE training for Patrol Officers and requires SAFVIC training for CRT Detectives and CRT Officers.

A.2 Metro Health

We reviewed the training records for a total of 44 Metro Health CRT members (Crisis Advocates, Supervisors, Case Managers, and CRT Program Manager) to verify Danger Assessment training, Cash Handling training, Criminal Justice Information Services (CJIS) training, and Health Insurance Portability and Accountability Act (HIPAA) trainings were completed. We determined 8 Metro Health CRT members (18%) have not completed Danger Assessment training, and 1 Metro Health CRT member (2%) has not completed Cash Handling training.

Lastly, we reviewed training records for all 99 CRT members (55 SAPD CRT members and 44 Metro Health CRT members) to verify Program Orientation training was completed. We were not able to determine if 8 Metro Health CRT members (8%) completed Program Orientation training due to missing documentation.

The Metro Health Domestic Violence SOP requires Metro Health CRT members complete Danger Assessment, Cash Handling, CJIS, and HIPAA training.

Recommendation

The Police Chief and Metro Health Director ensure existing controls verifying training requirements are met and are executed as intended. Additionally, establish a control for the periodic review of training. Also, ensure current training practices, such as Program Orientation training, are included in the existing standard operating procedures.

B. Initial Danger Assessment

SAPD is not consistently completing a DA-LE form³ for clients of domestic violence cases involving an intimate partner relationship. We reviewed 90 applicable domestic violence cases, and we determined that 7 cases (8%) did not have a DA-LE form uploaded into Mark43. We also reviewed 19 domestic violence cases where the clients were identified as high-risk due to the score of the DA-LE form. We determined that 2 cases had the DA-LE form uploaded after the case was assigned to CRT, and the high-risk clients were not properly prioritized for contact.

SAPD General Manual, Procedure 604 – Family Disturbances/Violence, states that a DA-LE form should be completed for all clients of domestic violence cases that involve an intimate partner relationship.

The department's existing procedure is not designed to ensure that the DA-LE is completed properly and uploaded timely for all applicable domestic violence cases. The client's level of danger may not be properly assessed as the score of the DA-LE form is utilized by CRT members to establish priority in contacting clients.

³ The DA-LE form replaced the previously used Threat Assessment form by SAPD. The DA-LE form was implemented at 3 of the 6 substations in August 2023. The remaining 3 substations began utilizing in August 2024.

Recommendation

The Police Chief modify existing procedures to ensure the required DA-LE form is completed properly and uploaded timely for all applicable domestic violence cases.

C. Monitoring Procedures

Crisis Advocate Supervisors are not consistently monitoring tasks performed by CRT members, which include attempting outreach to clients of applicable domestic violence cases within required time frames, performing a secondary Danger Assessment, and securing, tracking, and disbursing tangible goods, to ensure standard operating procedures are being followed.

C.1 Client Outreach and Assessment

Although clients are assigned to a Crisis Advocate in a timely manner, Metro Health is not attempting outreach to all applicable clients within the required time frame and is not properly assessing the clients' level of danger.

We reviewed 119 applicable cases and determined that the outreach attempts for 12 clients (10%) were not performed according to the program SOP. For 5 of these 12 clients, client outreach was not attempted within the required time frame, which is within a range of 1 – 7 days based on the risk level of the client and the number of attempts made. For 4 clients, the current SOP did not provide clear guidance on time frames for client outreach for all types of cases and whether client contact made by SAPD replaces Metro Health outreach. For the remaining 3 clients, outreach was only attempted once for 1 client, outreach was not attempted for 1 client, and case notes could not be located for 1 client.

Also, we reviewed 45 applicable cases and determined 40 clients (89%) did not have a secondary Danger Assessment Form completed.

The Metro Health Domestic Violence SOP states Crisis Advocates must perform client outreach attempts within specified time frames. Additionally, Crisis Advocates should attempt to complete a secondary Danger Assessment for each client upon first contact.

C.2 Tangible Good Security and Disbursement

While tangible goods provided to clients to meet their emergency needs are properly ordered, received, and inventoried, Metro Health is not properly securing, tracking, and disbursing tangible goods. Tangible goods consist of items such as gift cards, bus passes, taxi vouchers, doorbell cameras, and prepaid phones.

Because the storage of gift cards must be secure to minimize loss, substations are equipped with a safe. However, during site visits to the 6 substations, we determined the Metro Health CRT teams at 2 substations are not consistently securing all gift cards inside their provided safe. Furthermore, per review of safe logs, we determined Metro Health CRT teams at 4 substations

are not consistently utilizing a safe log to track each time the safe is opened to remove a gift card from inventory.

Additionally, we reviewed inventory logs at each of the 6 substations for all tangible goods maintained. We determined the quantities of doorbell cameras and prepaid phones are not tracked on inventory logs at all substations. Moreover, inventory logs lack a witness signature when a tangible good is removed for disbursement to a client.

Metro Health Department Manual, Procedure 8.5 – Tangible Reinforcements, states the storage of tangible goods should be secured in a manner which promotes safety and minimizes loss. Also, Domestic Violence Prevention Operations Manual, Procedure 210 – Tangible Goods Management, states both parties handling the issuance of tangible goods must sign the inventory log.

C.3 CRT Performance

Metro Health is not consistently monitoring the performance of the CRT. Crisis Advocate Supervisors did not complete monthly Caseload Audit Reports, which are used to monitor staff and verify adherence to standard operating procedures when assisting clients. We reviewed reports for 4 months from each of the 6 substations, for a total of 24 reports. We determined 16 Caseload Audit Reports (67%) were not completed.

Per Metro Health Management, Crisis Advocate Supervisors must complete a Caseload Audit Report each month over the work performed at each substation to ensure Crisis Advocates are following standard operating procedures. However, per Metro Health Management, these reports were paused due to vacancies in supervisory and other staff positions.

Metro Health is not executing existing controls intended to monitor the operations of the CRT and to verify adherence to the standard operating procedures of the program. A lack of monitoring of the CRT members may result in the CRT program not working as intended and not providing clients with adequate services.

Recommendation

The Metro Health Director ensure:

- Existing standard operating procedures are revised to:
 - Provide clear guidance on all types of domestic violence cases handled by Metro Health.
 - Provide clear definitions and time frames for outreach attempts to client.
 - Include current applicable monitoring practices, such as the completion of Caseload Audit Reports.
- Existing controls are executed as intended to verify:
 - Client outreach attempts are performed on appropriate cases within the appropriate time frame.
 - Clients' level of danger is properly assessed.

- Tangible goods are adequately secured inside safes, properly tracked on inventory logs, and properly disbursed with two signatures in adherence with established procedures.

D. Inappropriate Access

Physical access to keys that access safes is inappropriate. Additionally, user access to case files containing personally identifiable information (PII) and protected health information (PHI) is inappropriate.

D.1 Key Access

Key access to the safes for Metro Health CRT members is inappropriate. We visited each of the 6 substations and requested the Key Issue Log from each Supervisor. We determined the Metro Health teams are not utilizing COSA Form 2427 to manage and track keys used to secure tangible goods. Also, spare keys are not properly secured.

Administrative Directive 7.11 Physical Security indicates the Department Director is to appoint a lock custodian to manage custody and handling of keys. In addition, it indicates COSA Form 2427 is to be used to manage keys, including spare keys. Lastly, departments must inventory reserve keys during the monthly key and lock audit.

D.2 User Access

Metro Health is not periodically reviewing user access to case notes that contain PII and PHI. Case files stored in Microsoft Teams and SharePoint were found to include users that do not have a legitimate business need. We reviewed 47 users of Microsoft Teams case files and determined 1 user (2%) had inappropriate access. We also reviewed 63 users of SharePoint case files and determined 1 user (2%) had inappropriate access as they were assigned to another Metro Health division. An additional 17 users (27%) were found to no longer be employed with COSA.

Administrative Directive 4.7 Healthcare Data Protection Administrative Authority states that access to PHI and PII should be limited to legitimate business needs and restricted from unauthorized use and disclosure. Per Administrative Directive 7.3a, this applies to all data collected or maintained on a COSA owned and managed network or authorized/contracted cloud platform by or on behalf of COSA in any form.

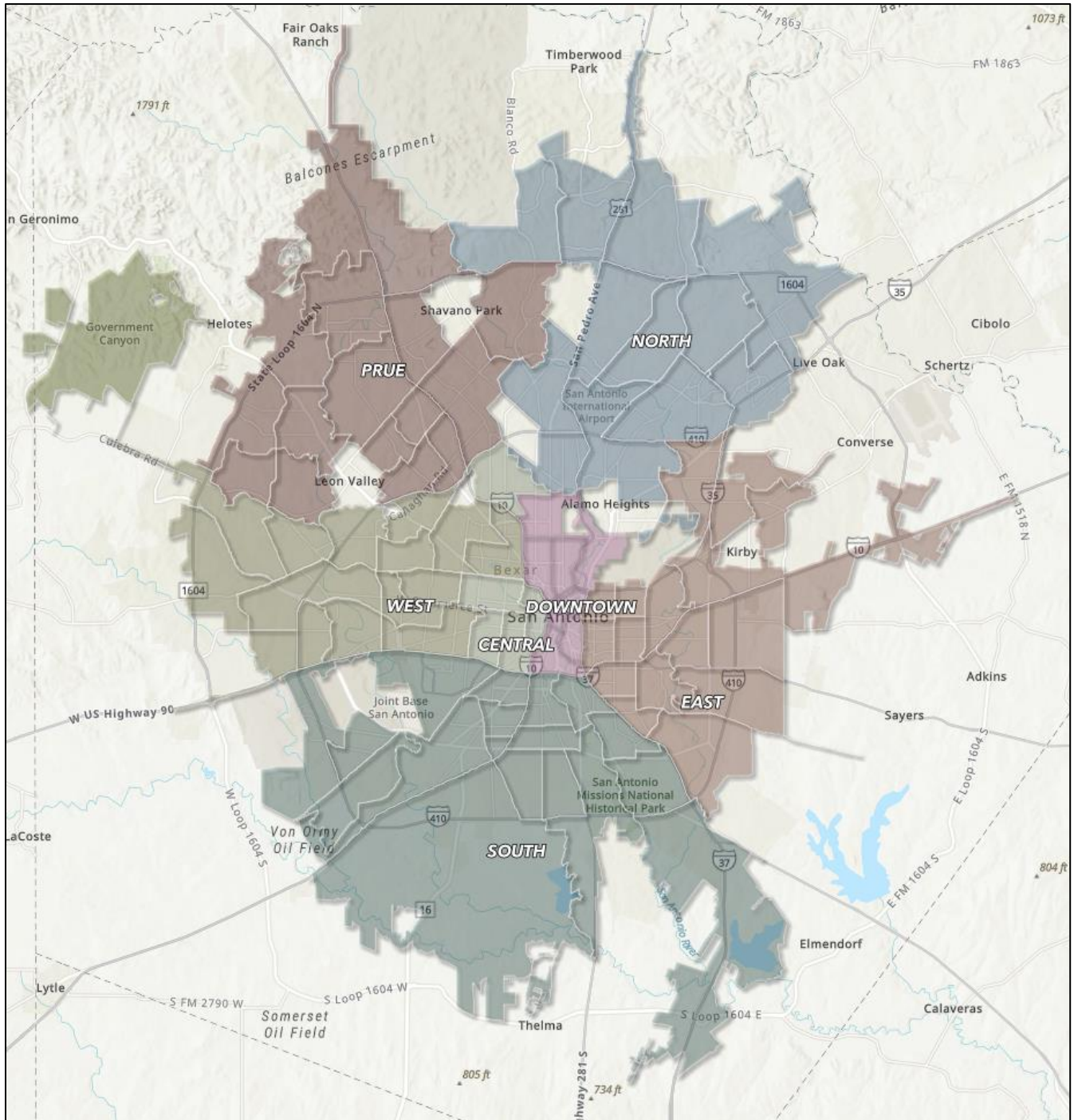
Metro Health does not have controls to ensure keys are properly managed and tracked and to ensure user access to PII and PHI is limited to team members with legitimate business needs.

The insufficient managing and tracking of keys may lead to the misappropriation of tangible goods and a financial loss to the City. Furthermore, inappropriate user access to CRT case files may result in PII and PHI being accessed by unauthorized individuals.

Recommendation

The Metro Health Director develop controls to ensure the proper management of keys and the proper access to PII and PHI are established and executed appropriately.

Appendix A – SAPD Substations



Source: SAPD Website

Appendix B – Staff Acknowledgement

Abigail Estevez, CPA, CIA, CISA, Audit Manager
Michael Gutierrez, CFE, Auditor in Charge
Kaycie Requejo, Auditor

Appendix C – Management Response



CITY OF SAN ANTONIO

SAN ANTONIO TEXAS 78283-3966

May 23, 2025

Buddy Vargas, CPA, CIA, CFE
City Auditor
San Antonio, Texas

RE: Management's Corrective Action Plan for Audit of San Antonio Police Department and San Antonio Metro Health District Crisis Response Team

The San Antonio Police Department (SAPD) and San Antonio Metropolitan Health District (SAMHD) have reviewed the audit report and have developed the Corrective Action Plan below corresponding to the report recommendations.

Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
A.1	SAPD Training The Police Chief ensure existing controls verifying training requirements are met and are executed as intended. Additionally, establish a control for the periodic review of training.	8	Accept	Miles Earwood, Deputy Chief	June 2025
	Action Plan: The standard operating procedure will be revised to include language requiring training to be completed within the first year of assignment to CRT. Additionally, the procedure will be revised to instruct a supervisor to conduct an annual review of training files and maintain documentation of the annual review. The two members identified as lacking the training had undergone different but similar training in the past and have since been enrolled or completed the required training as of the date of this response.				



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Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
A.2	SAMHD Training The SAMHD Director ensure existing controls verifying training requirements are met and are executed as intended. Additionally, establish a control for the periodic review of training. Also, ensure current training practices, such as Onboard training, are included in the existing standard operating procedures.	8	Accept	Morjorie White, Assistant Director	September 2025
Action Plan: Metro Health has updated the current SOP for CRT trainings to include departmental and CRT specific training requirements (e.g., Danger Assessment, Cash Handling, CJIS and HIPAA). Trainings will be provided to staff during the onboarding process, and refreshers will be given at least two times a year or as needed. To monitor the completion of staff trainings, a tracking tool is being developed, and will be monitored by the CRT Supervisors and Domestic Violence Program Manager on a monthly.					
B	Initial Danger Assessment The Police Chief modify existing procedures to ensure the required DA-LE form is completed properly and uploaded timely for all applicable domestic violence cases.	9	Accept	Miles Earwood, Deputy Chief	October 2025
Action Plan: The San Antonio Police Department has begun the process of creating a DA-LE supplement within our current automated field reporting (AFR) software vendor, Mark 43. The inclusion of the DA-LE within Mark 43 will have parameters that will prevent officers from being able to submit the applicable offense report without first completing the DA-LE form. Once completed, the DA-LE form will be automatically uploaded into the record management system (RMS). This process will prevent human error and ensure the DA-LE form will be completed correctly and uploaded immediately. A Mark 43 DA-LE supplement draft has already been created and is being tested. In the interim, the San Antonio Police Department will continue to have supervisors conduct daily and weekly reviews of intimate partner violence reports to ensure a DA-LE is completed and uploaded as required, and any deficiencies will be addressed through training and other corrective measures.					

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Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
C	<p>Monitoring Procedures</p> <p>The Metro Health Director ensure:</p> <ul style="list-style-type: none"> Existing standard operating procedures are revised to: <ul style="list-style-type: none"> Provide clear guidance on all types of domestic violence cases handled by Metro Health. Provide clear definitions and time frames for outreach attempts to client. Include current applicable monitoring practices, such as the completion of Caseload Audit Reports. Existing controls are executed as intended to verify: <ul style="list-style-type: none"> Client outreach attempts are performed on appropriate cases within the appropriate time frame. Clients' level of danger is properly assessed. Tangible goods are adequately secured inside safes, properly tracked on inventory logs, and properly disbursed with two signatures in adherence with established procedures. 	10	Accept	Morjorie White, Assistant Director	September 2025

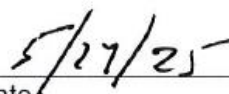
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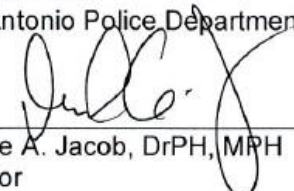
Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
	<p>Action Plan: A revision of the standard operating procedure is underway for the program to further delineate types of cases supported by Metro Health and set outreach time frames for each. Supervisors will be completing a Caseload Audit Report each month to assess the work performed at each substation to ensure Crisis Advocates are following standard operating procedures. The Domestic Violence Program Manager will have monthly check-ins with each supervisor to ensure compliance.</p> <p>Safes should be used in a consistent manner at all locations to store gift cards. Safe logs should document removal of items and all tangible goods should be tracked in the inventory logs. Staff training was conducted in May 2025 to reestablish and implement these standards, and refresher trainings will be provided at least 2x a year or as needed. CRT supervisors will perform monthly audits of all inventory logs to ensure they are accurately being used, have witness signatures, and contains all tangible goods provided to clients. The DV Program Manager will conduct quarterly assessments to ensure compliance and help address staff concerns.</p>				
D	<p>Inappropriate Access</p> <p>The SAMHD Director develop controls to ensure the proper management of keys and the proper access to PII and PHI are established and executed appropriately.</p>	12	Accept	Morjoriee White, Assistant Director	April 2025
	<p>Action Plan: Metro Health will institute COSA Form 2427 for all backup keys to the safes in April 2025. Metro Health previously relied on separation from City employment to eliminate access to applications containing PII and PHI. In December 2024, the Domestic Violence Program changed its process to actively remove access for all separating employees.</p>				

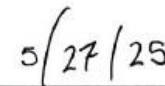
We are committed to addressing the recommendation in the audit report and the plan of action presented above.

Sincerely,


 William P. McManus
 Chief of Police
 San Antonio Police Department

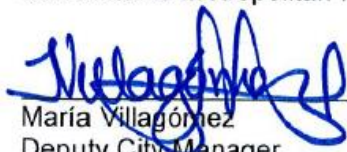

 Date


 Claude A. Jacob, DrPH, MPH
 Director


 Date

Audit of San Antonio Police Department and San Antonio Metro Health District
Crisis Response Team

San Antonio Metropolitan Health District



María Villagómez
Deputy City Manager
City Manager's Office

5/27/2025
Date



Erik Walsh
City Manager
City Manager's Office

5/27/25
Date