

City of San Antonio



**Minutes  
Public Safety Committee**

**2025 – 2029 Council Members**

Dr. Sukh Kaur, Dist. 1, Chair  
Jalen McKee-Rodriguez, Dist. 2 | Teri Castillo, Dist. 5 Misty  
Spears, Dist. 9

The Public Safety Committee convened a regular meeting at the City Hall Council Briefing Room beginning at 2:06 p.m. Executive Assistant to the City Clerk SueAnn Reyes took the Roll Call noting a quorum with the following Committee Members present:

**Tuesday, January 20, 2026**

**2:00 PM**

**Council Briefing Room**

**Members Present:** Dr. Sukh Kaur, *Chair*  
Jalen McKee-Rodriguez, *Member*  
Teri Castillo, *Member*  
Misty Spears, *Member*

**Members Absent:** None

**Approval of Minutes**

**1. Approval of minutes from the December 16, 2025 Public Safety Committee Meeting**

Councilmember Castillo moved to Approve the minutes of the December 16, 2025, Public Safety Committee meeting. Councilmember McKee-Rodriguez seconded the motion. The motion carried by the following vote:

**Aye:** Kaur, Castillo, McKee-Rodriguez  
**Absent:** Spears

**Consent**

**2. Complaint & Administrative Review Board (CARB) Civilian Appointments to fill 7 vacancies. [María Villagómez, Deputy City Manager; William P. McManus, Chief of Police]**

Councilmember Castillo moved to Approve the seven civilian appointment vacancies. Councilmember McKee-Rodriguez seconded the motion. The motion carried by the following vote:

**Aye:** Kaur, Castillo, Spears  
**Abstain:** McKee-Rodriguez

### **Briefing and Possible Action on**

#### **3. San Antonio Police Department Crime Statistics January through December 2025 [María Villagómez, Deputy City Manager; William McManus, Police Chief, Police Department]**

Deputy City Manager, Maria Villagomez gave an overview of the San Antonio Police Department (SAPD) Crime Statistics report from January through December 2025 provided by William McManus, Police Chief.

Chair Kaur submitted a memorandum into the record from City Manager Erik Walsh to the Mayor and City Council to include the San Antonio Police Department (SAPD) Crime Statistics from January 2025 through December 2025. Chair Kaur explained if there were topics of interest for further discussion they could be submitted to be added to an agenda.

### **DISCUSSION**

Councilmember Castillo thanked Chair Kaur and noted that crime had decreased by 17.5%, with motor vehicle theft and robbery accounting for 17% of that reduction. Councilmember Castillo observed that motor vehicle theft had decreased by 25.6% and asked staff what factors contributed to this significant decline. Councilmember Castillo mentioned previous public education campaigns on motor vehicle theft risks and requested input from SAPD on the cause of the decrease.

SAPD Assistant Police Chief, Jesse Salame responded that the reduction was due to multiple efforts, including awareness campaigns, enforcement actions, collaboration with car manufacturers such as Kia Motors to install anti-theft devices, and increased activity by the Auto Theft Task Force. Salame explained that vehicle theft often facilitated other crimes, making its prevention a priority.

Councilmember Castillo referenced a 21.9% increase in arrests and expressed concern about trap houses in Council District 5. Councilmember Castillo requested a heat map showing areas of increased enforcement and asked to receive it offline. Salame agreed to provide the requested information.

Chair Kaur suggested that the next Public Safety Committee meeting include a detailed discussion on drugs and narcotics. Chair Kaur asked whether new windshield-mounted cameras that scan license plates had contributed to the reduction in auto theft. Salame confirmed that the cameras were helpful for identifying stolen vehicles. Chair Kaur noted that tracking more vehicles could lead to increased accountability and serve as a deterrent. Salame explained that policy allowed pursuit if a stolen vehicle was involved in a violent crime and that other methods were used to track individuals before they committed violent acts.

This item was for briefing only

**4. Briefing and Possible Action on Council Consideration Request from Councilmember Teri Castillo (District 5) on City County Ad Hoc Committee for Diversion & Recovery Center.**

[María Villagómez, Deputy City Manager; Maria Vargas-Yates, Director, Integrated Community Safety Office]

Director of the Integrated Community Safety Office, Maria Vargas-Yates presented an overview of the Council Consideration Request (CCR) request (CCR-2025-0035) submitted by Councilmember Teri Castillo on County Ad hoc Committee for Diversion & Recover Center. She recommended that the City partner with the Center for Health Care Services on the RFP for a feasibility study for a potential jail Diversion Center as it aligned with the goals for the CCR. Vargas-Yates also recommended that the item be moved to a B Session to brief the Council on the recommendation and to recommend a creation of a City and County Ad hoc Committee to discuss the establishment of a mental Health and Intellectual Development Disabilities Diversion Center.

Jelynne Jamison, President and Chief Executive Officer of The Center for Health Care Services provided a presentation on the aspects of the RFP for a feasibility study for a potential diversion center in Bexar County.

**PUBLIC COMMENT:**

Susan Yerkes of the Bexar Area Harm Reduction Coalition, Jorge Estevez, and Dr. Abby Lozano, Psychiatrist, University Health System spoke in support of the Item.

**DISCUSSION:**

Councilmember Castillo expressed appreciation to members of the public who provided comments and stakeholders who met with her team to discuss the CCR that she submitted on October 6, 2025 and next steps.

Councilmember Castillo noted that many institutions, such as Riker's Island and the Los Angeles Jail, served as mental health facilities, and in Bexar County, the county jail fulfilled that role. She stated that data showed that over 300 individuals were deemed incompetent to stand trial and await competency restoration.

Councilmember Castillo referenced Maria Vargas's presentation, noting that other cities and counties have implemented similar diversion models. Councilmember Castillo explained that the CCR originated from a constituent services case and her visit to the Harris County Facility, citing frequent constituent inquiries about Intellectual or Development Disability (IDD) testing and medications for incarcerated family members.

Councilmember Castillo expressed gratitude for letters of support from Commissioner Rodriguez, Sheriff Salazar, CHCS, and the University Health System for the City's involvement in the RFP process.

Councilmember Castillo emphasized the importance of continued coordination with stakeholders, including the District Attorney and SAPD, regarding low-level misdemeanors for integration into the RFP. Councilmember Castillo stated that she looked forward to consultant recommendations and ongoing stakeholder engagement. Councilmember Castillo thanked SAPD for its efforts in reducing violent crime and referenced similar reductions in Dallas attributed to jail diversion programs. Councilmember Castillo stressed that fewer offenses resulted in fewer victims and reiterated the goal of connecting individuals to treatment and rehabilitation.

Councilmember Castillo described the CCR as a first step toward city-county coordination and noted that successful implementation would require extensive collaboration. Councilmember Castillo emphasized the need to involve rank-and-file officers in the process and highlighted the importance of inclusivity in the consultant's recommendations. Councilmember Castillo shared that the CCR was prompted by a constituent case involving inadequate care for an incarcerated individual, which revealed systemic gaps during a stakeholder meeting.

Councilmember Castillo expressed support for Vargas-Yates recommendation and underscored that the issue affected all of Bexar County, not just Council District 5. Councilmember Castillo urged councilmembers to consider supporting the concept beyond the \$30,000 study.

Councilmember Castillo concluded by noting that diversion programs are fiscally responsible, citing a cost of \$1,750 per day for jailing versus \$510 per day for a behavioral health diversion center. Councilmember Castillo added that the program could alleviate burdens on SAFFE officers, who are tasked with addressing homelessness in addition to violent crime.

Councilmember Spears stated that the proposed center would provide a comprehensive approach to meeting mental health needs in San Antonio and Bexar County while reducing strain on public safety infrastructure. Councilmember Spears emphasized the benefits of early intervention and reintegration, noting that the center would reduce jail and justice system costs. Councilmember Spears expressed hope that the feasibility study would create a roadmap for a tailored public safety approach addressing diverse community needs, including veterans, domestic violence cases, seniors, and youth. Councilmember Spears stressed the importance of engaging public and private stakeholders. Councilmember Spears concluded by recommending engagement with additional partners as the process moved forward.

Councilmember McKee-Rodriguez expressed support for the recommendation.

Chair Kaur asked clarifying questions about the diversion center process, assessment responsibilities, and the pivot in contracted services. Jamison explained that law enforcement conducts initial screenings, followed by further assessments at the center, and noted that University Health now provides mental health assessments. Jamison stated that Bexar County requested the change in services and that University Health serves as the mental health and physical health provider. Chair Kaur inquired about psychiatric hospital needs, and Jamison indicated that collaboration among the city,

county, and University Health would be required to address inpatient capacity. Chair Kaur suggested the ad hoc committee discuss long-term support options, including hospital needs

Chair Kaur requested clarification on cost differences between jailing and diversion centers, and staff explained that jail costs are higher due to security requirements and capacity. Chair Kaur reiterated the importance of including housing and long-term solutions in future discussions and requested additional data for forecasting potential savings.

Councilmember Castillo added that aftercare and housing components should be included in the plan and suggested that Marc Carmona serve on the ad hoc committee due to his experience with providers and housing initiatives. Chair Kaur agreed and proposed adding aftercare considerations to the RFP. Jamison confirmed that discussions with partners regarding aftercare needs and agreed to strengthen RFP language if necessary. Chair Kaur requested additional data for the B session presentation, including outcomes from Harris County and other jurisdictions, and suggested incorporating cost comparisons and long-term savings projections related to homelessness and encampment cleanups.

Councilmember Castillo moved to Continue the Item to a B Session for February 11, 2026. Councilmember McKee-Rodriguez seconded the motion. The motion carried by the following vote:

**Aye:** Kaur, McKee-Rodriguez, Castillo, Spears

**5. Update on the San Antonio Community Outreach and Resiliency Effort (SA-CORE) program** [Justina Tate, Interim Assistant City Manager; Claude A. Jacob, Health, Director]

Jessie Higgins, Chief Mental Health Officer gave an overview of the San Antonio Community outreach and Resiliency Effort (SA-CORE) program focusing on first responder training in the intersection of older adults and mental health.

**DISCUSSION:**

Councilmember Spears asked how many additional SA CORE teams would be needed to meet overall demand or if three teams were sufficient. Higgins responded that geographic distribution and response times were key considerations and that expansion decisions would depend on data from the 911 call center integration. Higgins explained that only 27% of calls occur overnight and emphasized the importance of improving call triage before adding teams.

Councilmember Spears asked whether outcomes such as repeat calls or avoided detentions were being tracked. Higgins stated that repeat calls were tracked by address and phone number but noted challenges in identifying individuals due to 911 call data limitations. Councilmember Spears asked about estimated costs for piloting the initiative. Higgins replied that cost analysis was underway and that models from Houston and Austin were being reviewed, with efforts focused on minimizing pilot costs by leveraging existing positions and facilities.

Councilmember Spears highlighted the importance of addressing isolation and physical health issues among older adults and expressed appreciation for the focus on senior needs. Higgins acknowledged the concern and emphasized that older adults should be encouraged to seek treatment and community services.

Councilmember Castillo expressed support for implementing a mental health option for 911. She asked when implementation could be expected. Villa Gomez stated that discussions had just begun and committed to providing updates. Councilmember Castillo requested details on the envisioned pilot program for low-acuity mental health calls. Eric Epely, Executive Director of the Southwest Texas Regional Advisory Council for Trauma (STRAC) explained that several models were under consideration. Epely noted challenges in staffing licensed clinicians and described efforts to integrate mental health professionals into dispatch operations. Councilmember Castillo asked whether clinicians were contracted and if discussions had occurred with the UT School of Nursing. Epely confirmed clinicians were contracted through the Center for Healthcare Services and that a specialized crisis response clinician track had been developed.

Councilmember Castillo asked whether SAPD tracked instances when SA CORE was unavailable for calls. Jessie Salame, Assistant Police Chief stated that such tracking was not currently in place. Councilmember Castillo suggested tracking this data to inform funding decisions and shared a constituent experience where the absence of SA CORE impacted the outcome. Councilmember Castillo asked how suicide-related calls were coded and handled when SA CORE was unavailable. Salame explained that such calls were dispatched as suicide in progress, with the closest available units responding immediately, and additional resources such as SA CORE or hostage negotiators deployed as needed.

Chair Kaur asked for clarification on data related to mental health calls addressed by patrol. Higgins explained that calls are categorized by acuity and that patrol responds when SA CORE is unavailable or when calls are emergent. Chair Kaur requested comparative data for SA CORE, mental health units, and patrol responses, including call types and outcomes, to support budget discussions. Chair Kaur emphasized the importance of allocating resources to SA CORE to free SAPD for other areas.

Councilmember Castillo highlighted a recent meeting with University Health regarding an increase in individuals with dementia at the county jail and noted the overlap with diversion center efforts. Councilmember Castillo shared a constituent case involving early-onset dementia and emphasized the need for coordinated housing and mental health support. Councilmember Castillo expressed appreciation for efforts to address senior needs.

### **Executive Session**

Executive Session was not held.

### **Consideration of items for future meetings**

### **Adjournment**

There being no further discussion, the meeting was adjourned at 3:59 p.m.

Approved



*Dr. Sukh Kaur, Chair*



*Debbie Racca-Sittre, City Clerk*

# CCR - Centralized Center for Diversion and Recovery

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PUBLIC SAFETY COMMITTEE  
JANUARY 20, 2026

Presented by: Maria Vargas-Yates, Director  
Integrated Community Safety Office



# Council Consideration Request

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## Background

- Submitted October 6, 2025 by Council District 5
- Heard by Governance Committee in December 2025

## Request

- Begin the conversation on a potential Mental Health and Intellectual Developmental Disabilities Diversion Center.
- Identify the necessary infrastructure, staffing, and procedural changes to implement the new system successfully.
- Review the recommendations from Dr. Alexander Testa's Bexar County Justice Intake & Assessment Annex Evaluation Study.
- Create a joint City and County Ad Hoc Committee to establish a Centralized System for Diversion and Recovery.

# Types of Centers

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## WHAT IS A DIVERSION CENTER?

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Serves as a direct alternative to incarceration for individuals with mental health conditions or Intellectual and Developmental Disabilities (IDD) where clinical needs are the focus instead of criminal processing.

### Common Features

- **24/7 Intake:** Accepts individuals from law enforcement at any time
- **Clinical Screening:** On-site assessments to identify mental health or IDD needs immediately
- **Legal Collaboration:** Facilitates consultations with the District Attorney's Office
- **Stabilization:** Provides streamlined process for stabilization to prevent recidivism

## WHAT IS A RECOVERY CENTER?

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Focuses on long-term restoration and rehabilitation by providing a centralized system of care that addresses the root causes of instability through on-site medical interventions and extended aftercare services.

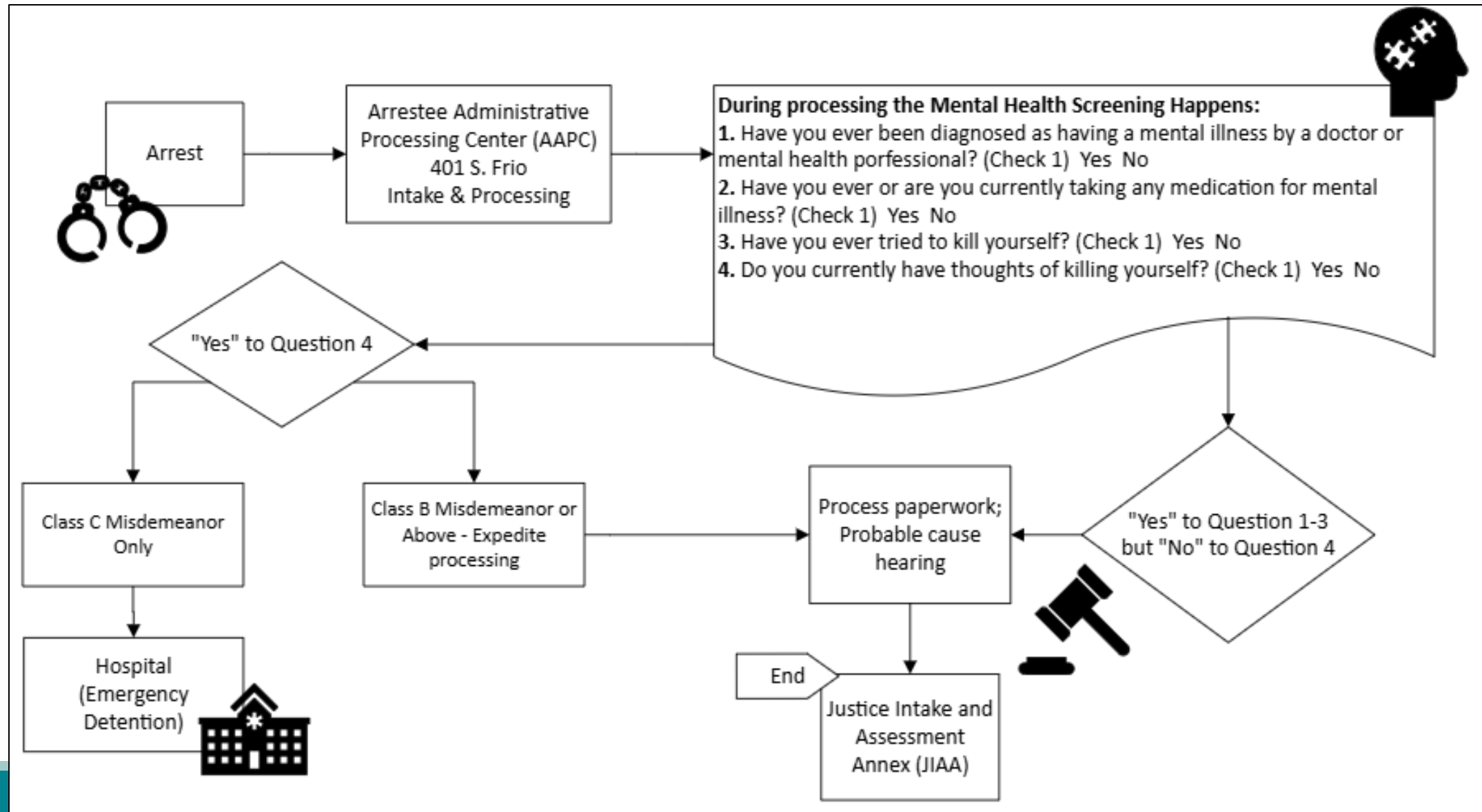
### Common Features

- **Comprehensive On-Site Care:** Includes medication management, psychiatric care, substance use disorder interventions, and rehabilitation services.
- **Aftercare & Reentry:** Ensures continuity of care through community-based case management and permanent supportive housing.
- **Peer Support:** Utilizes individuals with lived experience to assist in the stabilization and recovery process.

# Types of Diversion

	Pre-Arrest   Pre-Booking	Post-Arrest   Post-Booking
<b>Concept</b>	Diversion/Deflection	Adjudication
<b>Mechanism</b>	<b>Police Drop-Off:</b> Either directly from the field by officer or transferred from Magistrate before an arrest or charges are filed.	<b>Judicial Order:</b> Treatment ordered after individual has been booked and charged.
<b>Format</b>	A physical location where treatment begins immediately.	A legal process that takes place over the course of weeks or months.
<b>Legal Status</b>	Charges suspended or never filed. No arrest record is created.	Charges pending until program/treatment completion.
<b>San Antonio Examples</b>	<ul style="list-style-type: none"> <li>• <b>Cite &amp; Release, SAPD &amp; Bexar County DA</b> – person appears before court at a later date instead of being arrested.</li> <li>• <b>Public Sobering Unit, CHCS</b> – law enforcement drop-off for public intoxication; released without criminal charges.</li> <li>• <b>Crisis Care Center, CHCS</b> – emergency walk-in or police drop-off for psychiatric crisis; stabilization and connection to treatment instead of jail for ‘disturbance’ calls.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Pre-Trial Diversion, Bexar County DA</b> – Mental Health, Youth, and first-time offender (usually non-violent); case dropped if program complete.</li> <li>• <b>Specialty Courts, Bexar County</b> – 14 courts where judge supervises treatment as a condition of probation or dismissal.</li> </ul>

# Current SAPD Arrest Process



# SAPD Policy: Mentally Ill Persons

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- **Warrantless Emergency Detention:** With supervisor approval, officers may detain a person with mental illness **in lieu of arrest** for **misdemeanors** (*excluding DWI and Family Violence*).

- **DWI & Family Violence:** Individuals **must be booked** on the appropriate charge.

- **Misdemeanor (Non-DWI / Non-FV):**

- Supervisor approval required
- Officer may “SP” the individual
- Victim notified of option to pursue charges through follow-up unit

- **Booking & Mental Health Screening:**

- Central Magistrate, nurse, and mental health screener notified immediately
- Magistrate determines assessment needs (Texas CCP 16.22)

- **Bond & Special Conditions:**

- Conditions set per Texas CCP 17.032
- May include:
  - Special Needs Unit / CHCS treatment & follow-up
  - Substance abuse treatment
  - Drug and alcohol testing

# Current Texas County Efforts – Pre-Arrest Diversion

	DALLAS	HARRIS	TARRANT	TRAVIS
NAME	Dallas Deflects	Judge Ed Emmett Mental Health Diversion Center	Mental Health Jail Diversion Center	Therapeutic Diversion Program (pilot)
ESTABLISHED	2022	2018	2022	2024 (pilot)
Facility Type	<b>Retrofit:</b> Renovated a wing within existing non-profit facility.	<b>Retrofit:</b> Renovated an existing commercial building.	<b>Retrofit:</b> Remodeled an existing 2-story building.	<b>Retrofit:</b> Repurposed a crisis respite center.
OPERATOR	Homeward Bound, Inc (non-profit)	The Harris Center for Mental Health and IDD*	My Health My Resources (MHMR) of Tarrant County*	Integral Care*
GOVERNANCE	<b>Public-Private Partnership:</b> Collaboration between DA, Parkland Hospital, and Homeward Bound.	<b>Joint Oversight Committee:</b> Comprised of DA, Sheriff, Judges, & The Harris Center. Policies set jointly.	<b>Advisory Committee:</b> County Commissioners, DA, Sheriff, and MHMR. Makes recommendations to County Commissioners Court.	<b>Joint Oversight Committee:</b> Shared governance between City, County, & Central Health. Policies set jointly.
FUNDING	<b>Multiple:</b> Pooled funding from City ARPA funds, County General Fund, Grants, Hospital District, Private Donors.	<b>50/50 State Match &amp; Philanthropy:</b> State allocation matched by County General Fund and Housing Authority vouchers. Harris Center (501c3) raises private funds.	<b>County &amp; Grants:</b> County ARPA funds and State/Federal grants.	<b>Multiple:</b> \$23 million pilot funded jointly by City of Austin, Travis County, and Central Health.

\*local mental health authority; example, CHCS for Bexar County

# Harris County Reported Outcomes

Total Clients Served <sup>1</sup>	FY2024	FY2023	FY2022	FY2021	FY2020	FY2019	FY2018	FY2017	FY2016
Mental Health	55,133	57,416	56,114	70,010	41,633	40,739	37,421	35,266	33,716
Intellectual Developmental Disability (IDD)	17,350	21,304	15,397	23,315	20,882	21,240	21,437	19,954	18,680
<b>TOTAL</b>	<b>72,483</b>	<b>78,720</b>	<b>75,511</b>	<b>93,325</b>	<b>62,515</b>	<b>61,979</b>	<b>58,858</b>	<b>55,220</b>	<b>52,396</b>

Program Year <sup>2</sup>	Jail Bookings per Month	Psychiatric Emergencies per Month
1 <sup>st</sup>	Avg. Reduction: 2.52	Avg. Reduction: 1.47
2 <sup>nd</sup>	Avg. Reduction: 2.14	Avg. Reduction: 1.91

- Size of jail booking reductions largest amongst Black participants, male participants, and homeless participants.<sup>2</sup>
- Size of psychiatric emergency incident reductions largest amongst people who were homeless at the time of participation.<sup>2</sup>

<sup>1</sup>Annual Comprehensive Financial Report for Fiscal Years Ended August 31, 2024 and 2023; Includes all Harris Center services: outpatient clinics, schools, and jail, with law enforcement in the field, healthcare settings, and remote–telephone and telehealth.  
<sup>2</sup>Evaluation of the Judge Ed Emmett Mental Health Diversion Center (2020)

# Harris County Reported Outcomes<sup>1</sup>

- From 2018 to August 2023, **8,835 individuals diverted** to Respite, Rehab, and Reentry Center instead of Harris County Jail.
- **For every \$1 spent on jail diversion**, Harris County reportedly **avoided spending \$5.54** on criminal justice costs.
- Individuals diverted with 5 or more bookings were **3.1 times less likely to be booked into jail** on a new offense when compared to non-diverted comparison group.
- **89%** of offenses comprised of **Criminal Trespass**.
- **46.5%** of individuals **diagnosed with schizophrenia spectrum disorder**.
- **77%** of individuals were **homeless**.
- Size of jail booking reductions largest amongst Black participants, male participants, and homeless participants.<sup>2</sup>
- Size of psychiatric emergency incident reductions largest amongst people who were homeless at the time of participation.<sup>2</sup>

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<sup>1</sup>The Judge Ed Emmett Mental Health Diversion Center: Five Years of Transforming Lives, August 2023;

<sup>2</sup>Evaluation of the Judge Ed Emmett Mental Health Diversion Center (2020)

# **Bexar County Justice Intake & Assessment Annex (JIAA) Evaluation**

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In 2024\*, UT Health Houston School of Public Health conducted a study on the JIAA facility. In line with the CCR's request, the following are recommendations relevant for review:

- **Invest in a Dedicated Diversion Center**

- Construct a specialized Mental Health and IDD Diversion Center modeled after the Harris County Judge Ed Emmett Center as a direct alternative to incarceration, accepting drop-offs from all law enforcement agencies 24/7.

- **Unify Mental Health & IDD Services**

- Consolidate Mental Health and Intellectual/Developmental Disability (IDD) services under a single division to prevent fragmented care.

- **Implement Medical-Based Screening at Intake**

- Shift the administration of mental health screenings from law enforcement to medical personnel (University Health) during the initial intake.
- This increases the likelihood of accurate self-disclosure and ensures candidates for diversion are identified immediately upon arrival.

# Recommendation

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- Staff recommends partnering with CHCS on the Request for Proposal (RFP) for a Feasibility Study for a potential Bexar County Jail Diversion Center as it aligns significantly with the CCR for a Centralized Center for Diversion and Recovery.
- Move item to City Council B Session (April 1<sup>st</sup>) to brief Council on CCR, RFP and recommendation to create a City and County Ad Hoc Committee to discuss establishment of a Mental Health and Intellectual Disability Diversion Center.

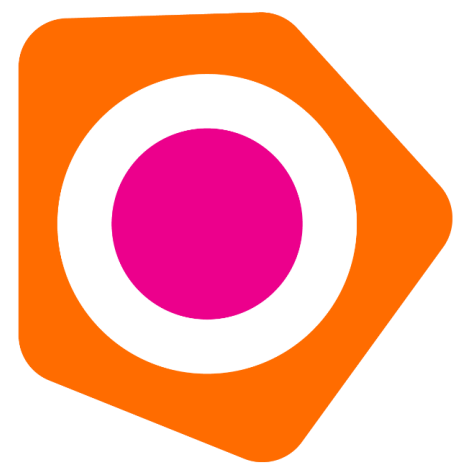
# CCR - Centralized Center for Diversion and Recovery

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PUBLIC SAFETY COMMITTEE  
JANUARY 20, 2026

Presented by: Maria Vargas-Yates, Director  
Integrated Community Safety Office





**the  
center**  
for health care services

# COMMUNITY INITIATIVES

CoSA City Council Public Safety Committee

January 20, 2026

# Current Landscape

- In 2024, an average of 550 inmates were being treated for mental health needs, according to University Health.
- Between August 2024 and August 2025, a monthly average of 152 Bexar County defendants were on a waitlist for a bed in a state forensic psychiatric hospital.
- Currently, there are 300 individuals deemed incompetent to stand trial and awaiting competency restoration.
- CHCS currently provides Jail-Based Competency Restoration to 80 inmates (70 males and 10 females) in an effort to reduce the jail population
- The Bexar County Jail is at capacity, and the county spends millions of dollars annually to house inmates at facilities outside of the County
- The Bexar County Jail is the largest de facto hospital for mental illness.



Data Sources:  
University Health, TPR, San Antonio Report



# Current Landscape Continued

- From 2011 – 2025, CHCS provided assessment services and received referrals for diversion from Bexar County Jail Intake Assessment Annex (JIAA).
- In FY2025, CHCS recommended 486 diversions:
  - 285 individuals were assessed for mental health/SUD disorders
    - 117 ED to Jail
    - 82 referred to CHCS
- In FY 2024, CHCS recommended 480 diversions
  - 279 individuals were assessed for mental health/SUD disorders
    - 142 ED to jail
    - 96 referred to CHCS
- Remaining were released to continuing services
- Since October 1, 2025, CHCS is no longer providing any services at JIAA nor are we taking referrals from the jail.



# Mental Health Ecosystem Gaps

## **JIAA Assessment by UTHSC Houston**

- In October 2023, Bexar County contracted with researchers at UT Health Science Center at Houston School of Public Health to evaluate the procedures for processing detainees at the JIAA facility.
- The assessment concluded that significant improvements to overall processes were needed.
- As a result of the recommendations and considering the various improvements needed in the JIAA facility, CHCS made the decision to discontinue contracted services at the JIAA.

## **Meadows Mental Health Policy Institute – University Health Assessment on Detention and Civil Behavioral Health**

- In 2022, University Health contracted The Meadows Mental Health Policy Institute to assess the behavioral health services provided in the Bexar County jail.
- The study found that Bexar County's psychiatric bed capacity was insufficient to meet demand for inpatient behavioral health services.
- The study found that by 2030, the county will need nearly 300 beds.
- The study also found that a shortage of providers in surrounding rural areas forces families to seek care in Bexar County.



# Diversion Center

# RFP Scope of Services

- On December 9, 2025, CHCS Board of Directors approved the solicitation for a Feasibility Study for a Jail Diversion Center in Bexar County.
- A feasibility study will evaluate the need, appropriateness, operational requirements, financial impact and stakeholder participation to establish.
- Community Stakeholders may include, but are not limited to: SAPD, BCSO, Commissioners Court, CoSA and County Magistrate.
- An RFP was posted on December 17, 2025, and closes on January 30, 2026.



# What is a Diversion Center?

- Serves as an alternative to jail.
- Functions as a residential therapeutic drop-off site for adults who encounter law enforcement.
- Admits individuals with low-level misdemeanors who have behavioral health needs, i.e. criminal trespass, minor drug possession, vandalism, DWI (first offense) etc.
- Promotes quality services utilizing a person-centered and trauma-informed approach to care.
- Focuses on stabilization, psychosocial services, prevention of relapse, and recovery.

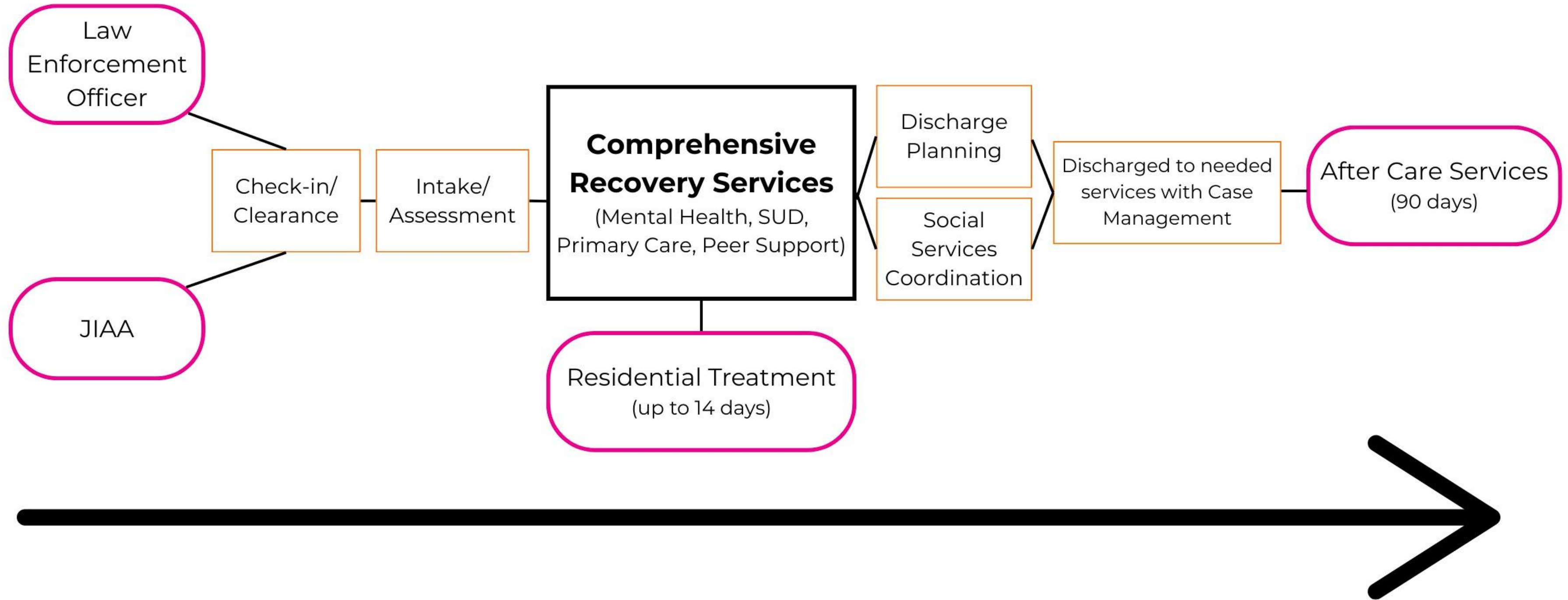


# Diversion Center Goals

- Minimizes law enforcement time with individuals experiencing a behavioral health crisis.
- Stabilizes individuals
- Provides a short-term residential treatment program, with stays of up to 14 days for eligible individuals.
- Reduces overcrowding in the jail.
- Reduces unnecessary Emergency Room visits.
- Collaboration includes all law enforcement, the District Attorney, the District Clerk and Law Enforcement.
- Contributes to better health outcomes, reduces overall community health care costs, and extends life expectancy.



# Diversion Center Model



# Patient Outcomes

- Reduces Recidivism rates of encounters with law enforcement
- Teaches skills that empower individuals to become self-sufficient and productive members of society
- Educates individuals about diagnosis and how to manage symptoms
- Addresses Social Determinants of Health (ID Recovery, Food Insecurity, Housing & Transportation barriers)
- Helps to manage jail overcrowding



# Cost Analysis

- Daily cost to house/treat one mental health detainee at Bexar County Jail is \$1750/day
- Daily cost to treat one mental health consumer diverted from jail is \$510/day
- Jail Diversion Center saves \$1240/day per individual
- Approximately 2000 diversion assessments are conducted per month at Bexar County Jail



# Deliverables from Study/Plan

- Ideal location for a Diversion Center?
- How do we make the Diversion Center attractive to law enforcement?
- Low-level offenses to consider?
- Number of beds



# Psychiatric Hospital

# Community Need for Psychiatric Hospital

Table 1. Projected Need for Civil Beds - Bexar County<sup>ii</sup>

	BED COUNT 2020	IMMEDIATE NEED BY 2025	ADDITIONAL NEED BY 2030	ADDITIONAL NEED BY 2040	ADDITIONAL NEED BY 2050
ADULT	546	635 (+89)	695 (+149)	821 (+275)	954 (+408)
CHILD/ADOLESCENT	188	247 (+59)	266 (+78)	292 (+104)	327 (+139)
TOTAL NUMBER OF BEDS	734	882	961	1,113	1,281
TOTAL ADDITIONAL BEDS	N/A	+148	+227	+379	+547

- In 2023, UH/CHCS/STRAC requested funding for a new psychiatric hospital at a Senate Finance Committee Hearing.
- The Senate Finance Committee stated this was a ‘community problem’ to be solved at the local level.
- In 2024, University Health commissioned The Meadows Mental Health Policy Institute (MMHPI) to conduct a study on Detention and Civil Behavioral Health Needs in Bexar County.
- MMHPI determined that Bexar County lacked sufficient capacity for inpatient care.



# The State of Mental Health in Bexar County

- As Bexar County grows, the demand for inpatient behavioral health treatment is outpacing available resources, including growth among uninsured, Medicaid, and other vulnerable populations.
- Insufficient psychiatric bed capacity creates a costly cycle of recidivism as “super-utilizers” repeatedly cycle through and overwhelm hospitals, jails, and emergency systems.

**1 in 4**  
adults

in Bexar County  
has a mental  
health condition

**1 in 5**  
adults

in Bexar County  
lives with a serious  
mental illness

**More**  
than **half**

of those individuals live  
below 200% of the federal  
poverty level and /or ALICE



**Safety-net population**  
**400,000+**  
residents

14% increase in prev. 4 years



**Medicaid population**  
**~180,000**  
residents

15% decrease



# The State of Mental Health in Bexar County

- The State of Texas provides \$14 million in funding to CHCS for 52 inpatient psychiatric beds for a population of over 2 million in Bexar County.
- The San Antonio State Hospital (SASH) has 45 inpatient civil beds (15% of the total bed capacity) which serve SASH's 54-county catchment area – a population of 3.7 million Texans.
- Hospital Closures have impacted our civil bed capacity:
  - SASH closed its Children/Adolescent Unit (40 beds) in 2019
  - Nix Hospital System closed its facility (164 beds) in 2019
  - Texas Vista Medical Center closed its facility (50 beds) in 2023





**THANK YOU**



# San Antonio Community Outreach and Resiliency Effort (SA-CORE)

Public Safety Committee | January 20, 2026

Presented by Jessie Higgins, Chief Mental Health Officer

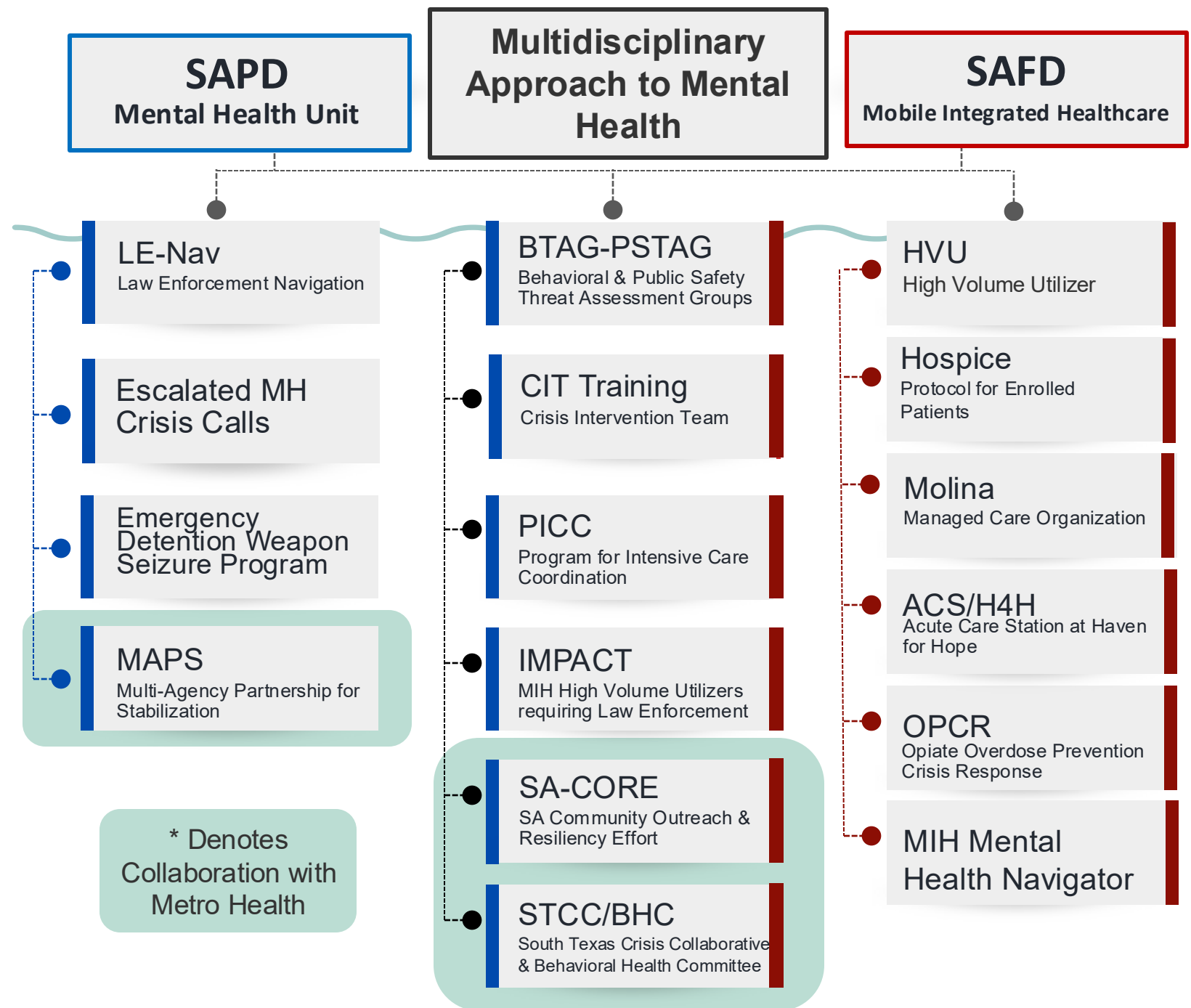


# Agenda

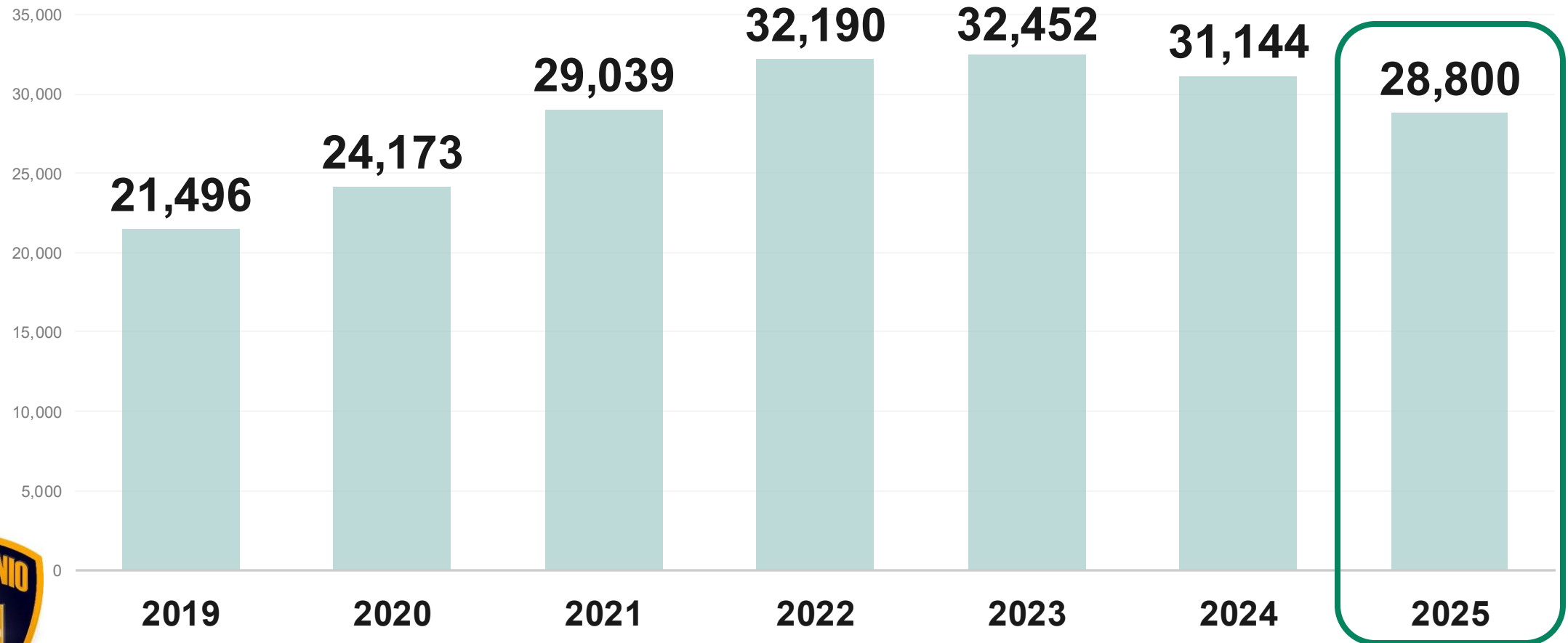
- 911 Mental Health Calls**
- Overview of FY25 SA-CORE Outcomes**
- Older Adult Mental Health**

# Public Safety Mental Health Programs

- City Departments (Fire, Metro Health, and Police) partner with community organizations including The Center for Health Care Services, STRAC, and others



# SAPD Mental Health 911 Calls



# SAPD Mental Health 911 Calls to Response

28,800\* calls



SAPD 911 receives call with a mental health nexus

54%\* answered by Patrol or other Unit



SAPD Dispatch sends Patrol

34%\* answered by MHU or SA-CORE



SAPD Dispatch adds available MHU or SA-CORE Team

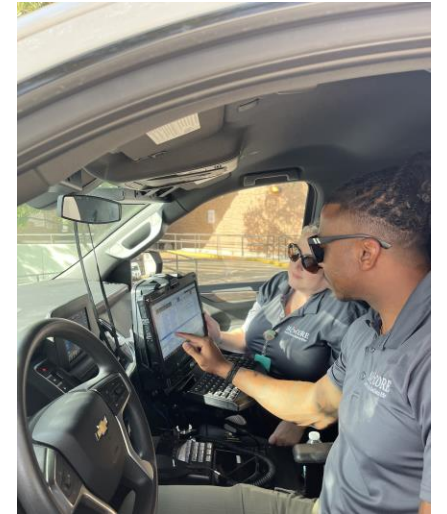
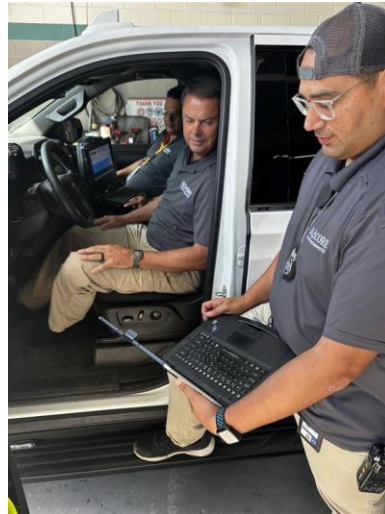
12%\* cancelled or duplicated calls

# “Mental Health Nexus”

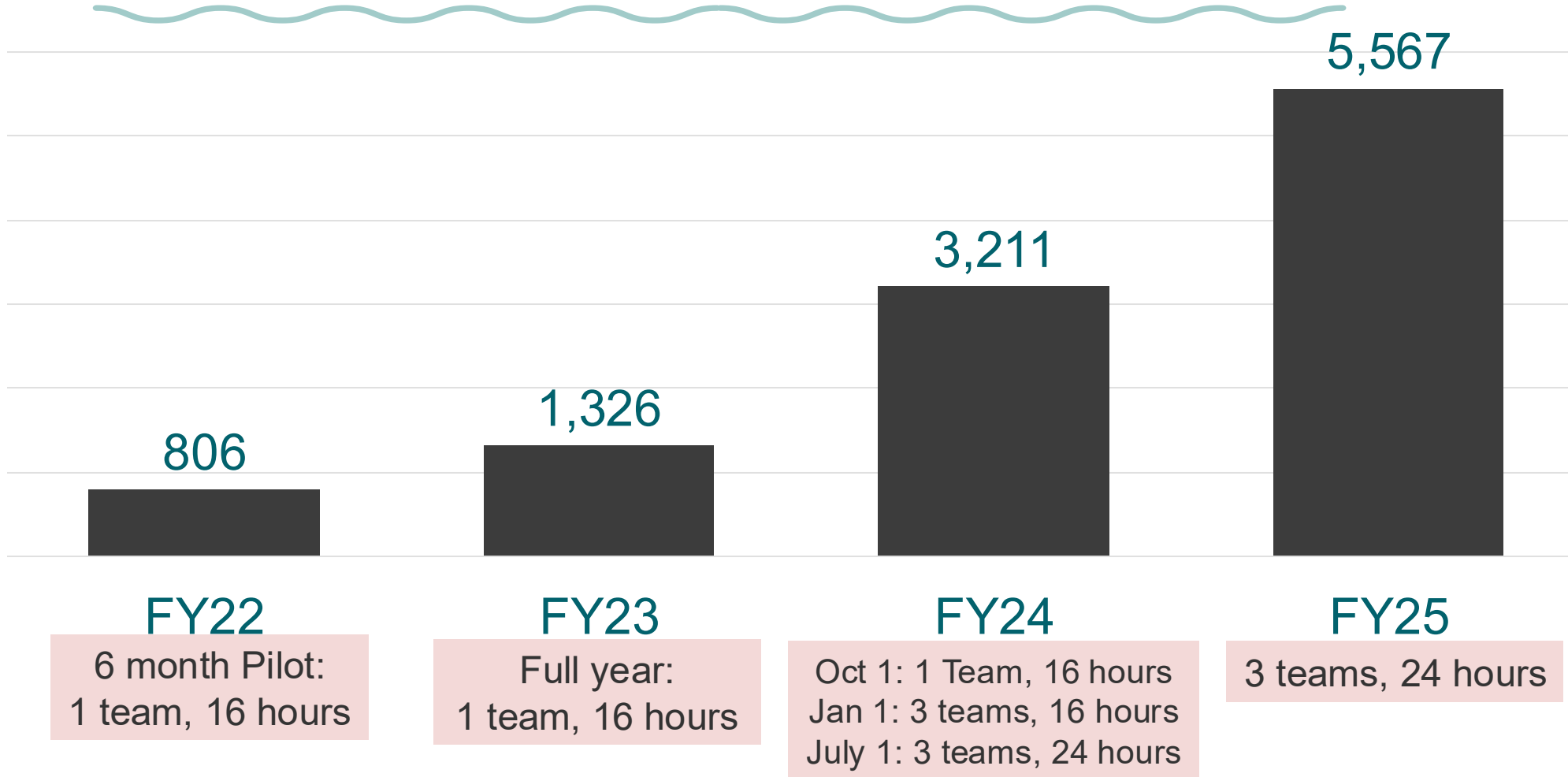
Details of diagnosis, symptoms, or medication

“Crisis”

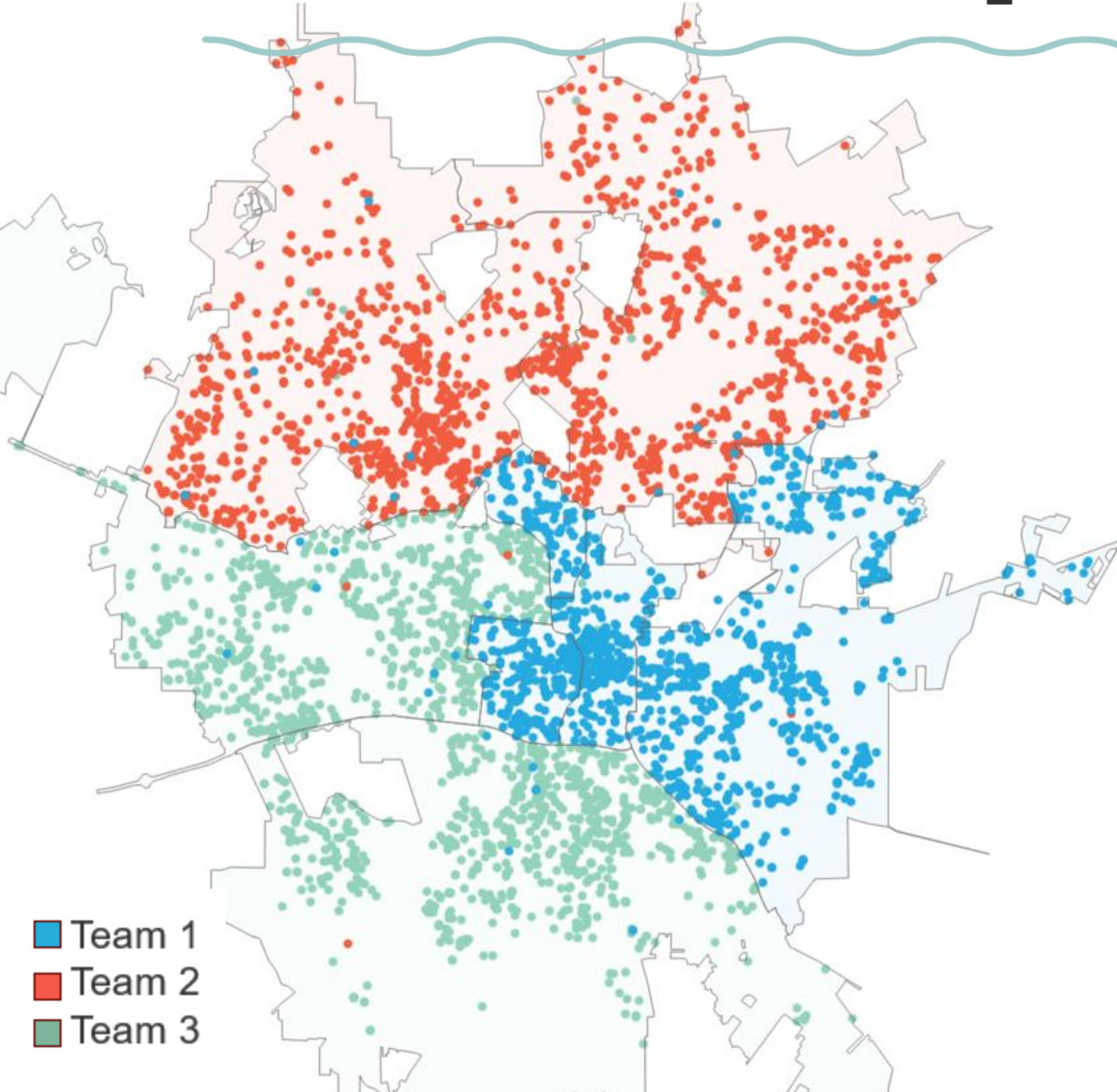
Asking for mental health officer/unit, SA-CORE Team



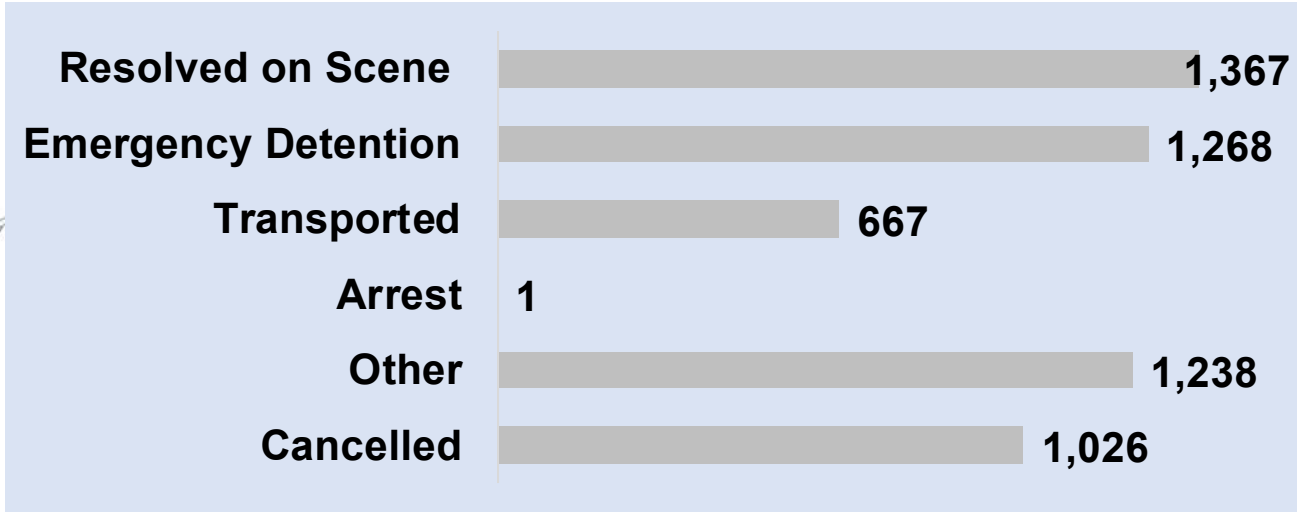
# SA-CORE Total Responses



# SA-CORE Responses - FY25

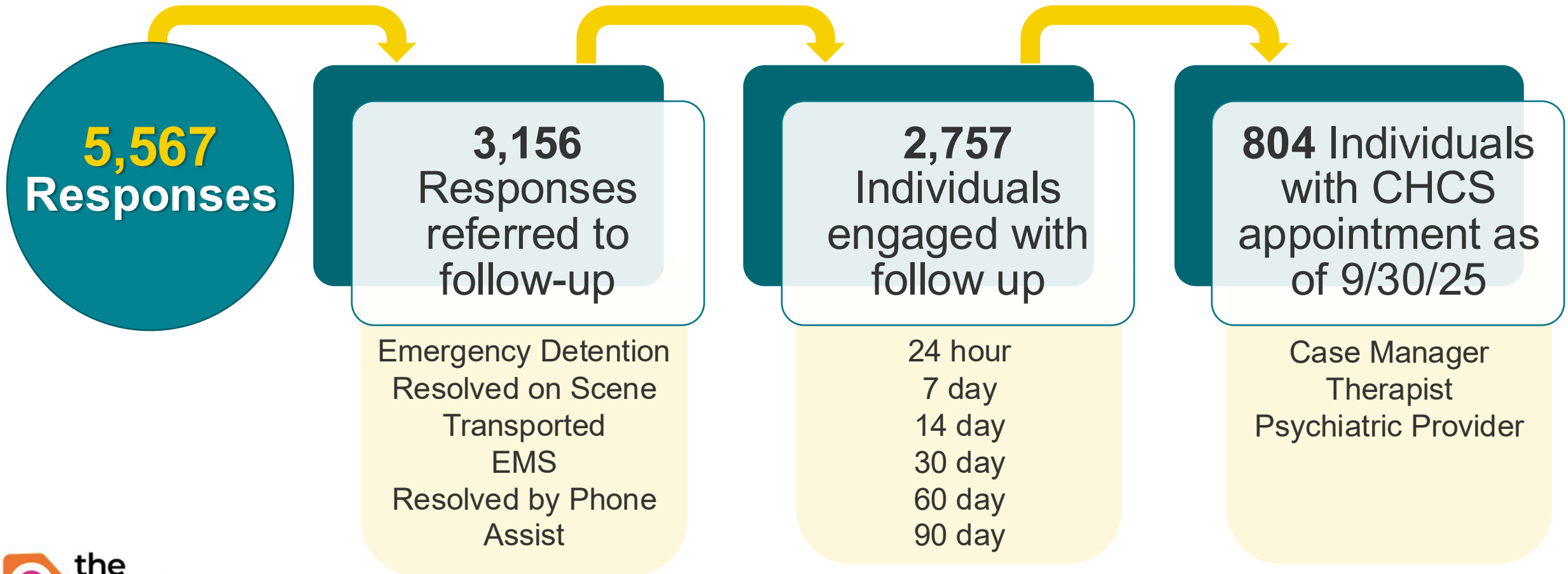


**5,567**  
Responses for  
Teams 1, 2, & 3



Transported- Behavioral Hospital, Outpatient Clinic, Social Needs, EMS Transport  
Other - Assists, Resolved by Phone, Unable to locate individual, Cancelled in route

# Clinician Follow-Up - FY25



# Continuing the Work

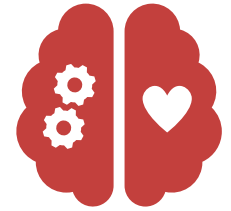
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- “Mental Health” option for 911
  - Continuing to expand access to mental health services to those in crisis
  - Exploring a pilot to answer and address low-acuity mental health 911 calls that may not need emergency response
  - Leveraging existing technological resources
  - Focusing on collaborative models



# Issues that Affect Older Adults' Mental Health

- Life changes
- Chronic conditions and serious illnesses
- Losing loved ones
- End of life planning and family stress
- Social isolation and loneliness
- Depression and anxiety
- History of mental health diagnosis



# Underlying Physical Health Indicators that can Present as Mental Health



- Intoxication or medication side effects
- Infections
- Liver or kidney failure
- Diabetic ketoacidosis (DKA)
- Hypoglycemia or dehydration
- Dementia



***If first responders identify evidence of abuse, neglect, or exploitation of any child, older adult, or person with disabilities, protocols are followed to include reporting to the Department of Family Protective Services and/or criminal investigation.***

# Resources for Older Adults

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- Senior Centers
- WellCare Caregiver SOS Programs
- Financial Counselors and Benefits Navigators at Bexar County's Senior Justice Assessment Center
- San Antonio Oasis Silver Connect Chat Line:
  - (210) 756-5551
  - Monday–Friday, 5pm-9pm
  - Saturday–Sunday, 9am-9pm
- Meals on Wheels Friendly Visitor Program
- SACRD.org - mental health portal





# San Antonio Community Outreach and Resiliency Effort (SA-CORE)

Public Safety Committee | January 20, 2026

Presented by Jessie Higgins, Chief Mental Health Officer

# Objectives of SA-CORE

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## Respond

Respond to 911 mental health call to assist person experiencing behavioral health crisis using the least restrictive approach with clinical team at the forefront



## Reduce

Reduce unnecessary arrests by routing person to correct level of care



## Increase

Increase access to outpatient services

# Composition of the Team



Team made up of three members

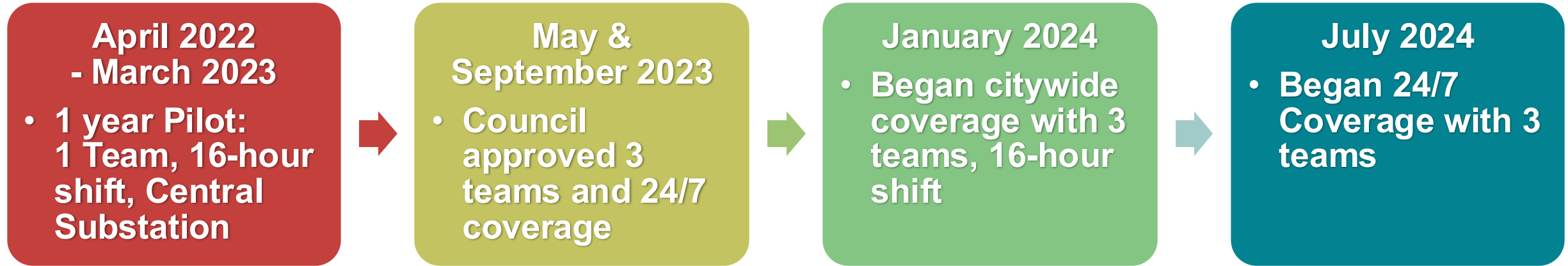
- CHCS Mental Health Clinician
- SAFD Mobile Integrated Healthcare Paramedic
- SAPD Mental Health Unit Officer

Clinicians follow up with individuals after first contact



**METROPOLITAN HEALTH DISTRICT**

# SA-CORE Timeline



# COSA First Responder Older Adults Training

## SAFD-EMS Paramedics:

- Falls & Lift Assist, Law Enforcement Navigation and Arrests
- Mental Health, Patients with Special Challenges
- Geriatric Trauma, Homeless and MIH Programs, Mental/Psychiatric Emergencies
- Lift Assist Checklist
- Geriatric Population, MIH Hospice
- Domestic Violence, Human Trafficking, Child Abuse, MIH TTOR-MAT, Hospice, Psych

## SAPD Officers:

- Cadet Crisis Intervention Training & Crisis Intervention Training 1850 – mental health, cognitive disorders, aggression
- Training Academy – abuse, neglect, and exploitation
- In-Service – review of cognitive disorders
- Crisis Intervention Training 2.0 – additional 40 hours of CIT
- Crisis Intervention Training for Call Takers/Dispatchers – mental health

