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School of Public Health

Bexar County Justice Intake & Assessment Annex Evaluation Study

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Study Overview

On September 6, 2016, The Bexar County Commissioners Court approved the construction of the Central Magistration Facility operated by Bexar County. The Justice Intake & Assessment Annex (JIAA) began operating on December 17, 2018. This report focuses on the intake and processing of arrested persons (i.e., detainees) in the JIAA South Tower located at 200 N Comal, San Antonio, TX 78207. The South Tower's primary function is to handle detainees' intake, magistration, and potential bonding of detainees. The JIAA is a 24/7/365 facility operated by the Bexar County Sheriff's Office with support from several Bexar County Departments:

- District Clerk's Office
- District Attorney's Office
- Public Defender's Office
- Pre-trial Services
- Department of Behavioral Health
- University Health Services
- Center for Health Care Services
- Public Defender's Office
- Courts

Based on statistics provided for this report, the JIAA facility processes an average of 135 detainees daily, receiving detainees from 65 law enforcement agencies across Bexar County. Since 2021, the number of daily arrests processed has almost tripled, from 48 to the current average of 135. Although numerous agencies use the JIAA facility to process detainees, most arrests result from the San Antonio Police Department and the Bexar County Sheriff's Office, accounting for 62% and 19% of arrests, respectively.

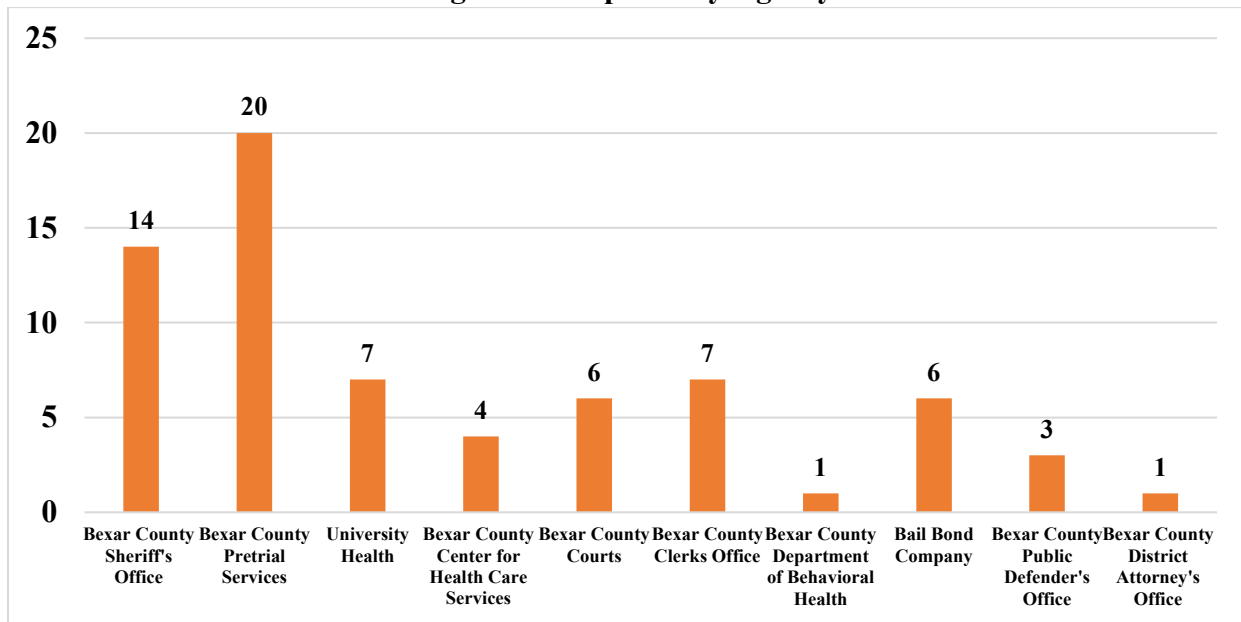
In October 2023, the Bexar County Commissioners contracted with researchers at the San Antonio location of the University of Texas Health Science Center at Houston School of Public Health to evaluate the procedures for processing detainees at the JIAA facility. The evaluation followed a four-part methodology: (1) site visits and observations were conducted throughout the facility during the study period; (2) a survey was distributed, yielding 105 responses from 10 different agencies/units that operate within the JIAA facility between April 30, 2024, and June 28, 2024 (see **Figure 1**). Details of the survey questions and response distribution can be found in the

Appendix. The survey focused on identifying the Strengths, Weaknesses, Opportunities, and Threats (S.W.O.T.) related to JIAA processes and procedures; (3) private semi-structured interviews, lasting approximately 30 to 60 minutes were conducted with key personnel at JIAA to gather detailed feedback on operational strengths and areas for improvement; and (4), site visits and discussions with external organizations were carried out to gather insights on best practices from other Texas counties, including Harris, Hays, Tarrant, and Travis.

Components of the SWOT Analysis:

1. **Strengths:**
 - Internal attributes and resources that support a successful outcome.
2. **Weaknesses:**
 - Internal factors that could hinder or prevent desired outcomes.
3. **Opportunities:**
 - External factors the organization can use to its advantage.
4. **Threats:**
 - External factors that could cause trouble for the organization.

Figure 1: Response by Agency



Note: The total responses by agency type are fewer than the overall survey response total because some respondents did not specify their agency affiliation.

While this report focuses on areas identified for improvement and, at times, can read as critical of procedures, it is also essential to highlight the commendable work and operational performance of the JIAA. Operating as a 24/7/365 facility, the JIAA processes over 100 detainees daily while coordinating with individuals employed across at least 10 county departments. The fact that it functions effectively amidst numerous logistical complexities and resource constraints is an achievement.

The JIAA is also noteworthy for its strides in detainee care and processing innovation. Every detainee receives a medical screening upon entry, prioritizing health needs, while onsite counselors provide mental health evaluations. These measures demonstrate the JIAA's commitment to addressing the multifaceted needs of detainees and make Bexar County stand out compared to similar facilities across the country. The facility's open booking area also prevents overcrowding, which is common in facilities that place detainees together in locked cells. Detainees have access to phone banks, facilitating timely contact with family and legal representation for bond arrangements.

The dedication of JIAA employees is another defining strength. Throughout this evaluation, staff across various roles demonstrated an unwavering commitment to their work, openly sharing insights and providing valuable feedback. Individuals like JIAA Director Tony Casarez exemplified this dedication by ensuring the research team had access to all necessary resources, answering questions about JIAA operational procedures, and aiding in scheduling meetings outside standard business hours. This report would not have been feasible without this support.

Innovation is deeply embedded in the culture of the JIAA. Built over six years ago under pre-COVID-19 conditions and before significant population growth in San Antonio, the facility faces challenges inherent to infrastructure design and size. Nevertheless, the staff's proactive approach to adapting processes and finding creative solutions ensures the continued smooth operation of the facility despite these constraints.

Acknowledgments

UTHealth Houston thanks the dedicated staff at the JIAA and individuals from the Bexar County Office of Criminal Justice Policy, Planning & Programs, the Bexar County Sheriff's Office, and all other agencies operating inside the JIAA. This report would not have been possible without

their commitment and cooperation. While this report critically assesses JIAA operations and provides recommendations focused on enhancing procedures, it is essential to recognize the daily challenging work undertaken by the facility's staff, often in the face of limited resources. Despite demanding schedules, JIAA employees from various units took time to speak with the research team, demonstrating their roles in detail and sharing insights into the complexities of their work. Their transparency and dedication were invaluable to this evaluation. We would also like to acknowledge Tony Casarez, Andrae Motayne, Dr. Norma Greenfield-Laborde, and Leticia Moreno for their crucial role as points of contact in aiding in facilitating access, arranging meetings, and ensuring the research team had the information needed to complete this study. Their support, alongside the efforts of all JIAA staff, was essential to the feasibility of this report.

Limitations

No study is without limitations, and it is important to contextualize the findings and recommendations of this report within its inherent constraints. First, while significant efforts were made to capture a wide range of perspectives from staff across various units operating within the JIAA, gathering input from all employees was not feasible. Additionally, turnover and hiring patterns during the study period introduced further challenges, as some individuals who contributed information may have since left their positions, and others joined the staff after the data collection period had ended. Second, the JIAA is a dynamic and evolving facility, continuously adapting with procedural changes to emerging operational demands. As a result, recommendations provided in this report, while informed by data collected over approximately one year, may be outdated or less relevant as new policies and practices are implemented. Third, the study's evaluation of the dual magistration system was limited by the inability to access or observe the San Antonio Central Magistration facility. Consequently, recommendations were formulated without direct assessments of the San Antonio Central Magistration facility and procedures used by the San Antonio Police Department for processing detainees. Fourth, the JIAA is a 24/7 facility, and efforts were made to observe procedures at varying times and days of the week and communicate with individuals who work across different shifts. Even so, observing the facility at all time points is not feasible, and recommendations are constrained by the data available to the research team. Finally, while this report aims to base its recommendations on data collected during the study, the available data sources were primarily qualitative, including observations, interviews, survey responses, and reviews of existing documentation. Some findings rely on qualitative testimonies or contemporaneous notes from participant discussions, as recording was not always feasible. In these circumstances, we are unable to report relevant statements word-for-word; however, the research team aimed to portray this information accurately.

Chapter 1: Intake and Processing

Chapter 1 Executive Summary

1. **Extended Processing Times:** There are opportunities to reduce processing times, which can last 16 or more hours, with additional wait times introduced by dual magistration at the San Antonio Police Department Magistrate for individuals arrested by SAPD. Areas of processing improvement are identified throughout the chapter.
2. **Systematic Tracking:** The reliance on manual tracking and paper documentation creates inefficiencies, delays, and risks of errors in detainee processing. Investment in technology, such as Radio Frequency Identification (RFID) equipment, offers opportunities to streamline processing and collect meaningful data to track processing across units and identify areas for improvement in the processing of detainees.
3. **Uniform Processing for All Detainees:** Processing procedures do not differentiate between low-level/first-time offenders who are a suitable target population for diversion efforts and/or expedited processing versus serious/violent offenders.
4. **Coordination Across JIAA Units:** Challenges are identified in coordination and communication across multiple agencies operating within the JIAA, which hinder the efficiency of detainee processing. Fostering cross-agency collaboration and communication through a shared mission, interdisciplinary task forces, and leadership-supported initiatives that promote integration, accountability, and teamwork can improve the efficiency of the intake and processing of detainees.

Overview

In 2024, the JIAA processed an average of 135 arrests per day. The average length of stay at JIAA can often take 16 or more hours before a detainee is released on bond or transferred for an extended stay to the Bexar County Jail. However, systematic data to analyze the length of stay and how that varies across characteristics such as offense type, day of the week, time of the day, or other features is not readily available, prohibiting a precise analysis of processing times and a benchmark to determine if processing times are increasing or decreasing over time.

Approximately 62% of detainees arrested by the San Antonio Police Department (SAPD) are held at the San Antonio Police Department Magistrate for an estimated four to six hours before being transferred to JIAA, thus adding substantial time to their overall processing. Every individual

processed through JIAA follows a standard procedure outlined in **Figure 2**. However, as detailed in Chapter 3, the processing procedures differ between arrests made by the SAPD and those made by the Bexar County Sheriff's Office (BCSO) or other non-SAPD agencies.

Considering the large volume of persons processed through the JIAA and the amount of time detainees spend in the facility on average, there are benefits to improving the efficiency of intake and processing of detainees processed through the JIAA:

(1) Reducing the time detainees spend in the JIAA can mitigate overcrowding within the JIAA South Tower, which can lead to increased stress for both detainees and staff, potentially escalating tensions and creating safety concerns;

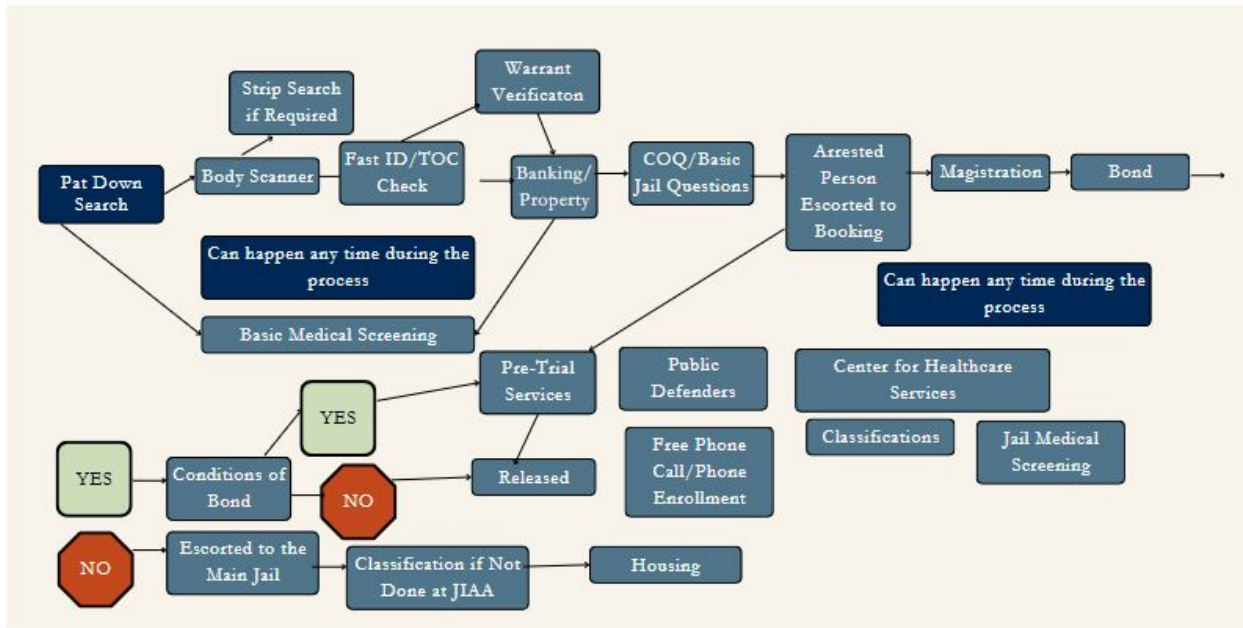
(2) Streamlining processes can also improve resource allocation, allowing JIAA staff to work more efficiently and reduce the likelihood of errors occurring;

(3) Extended processing times are a risk for delays in processing detainees for bond and increasing the likelihood of holding detainees in pre-trial detention. In turn, holding detainees in pre-trial detention may increase the likelihood of recidivism. For example, research from 31,598 detainees processed in three United States counties finds that admitting detainees to jail increases the probability of a new criminal arrest and new violent criminal arrest compared to booking and release of arrested persons (DeMichele et al., 2024; Silver et al., 2024):

"Pre-trial detention increases the odds for someone to miss a court appearance or be arrested by roughly 50% and increases the odds of convictions by 36%. This evidence was supported by a series of supplemental analyses demonstrating that spending more than 1 day and spending more than 3 days in pre-trial detention increased the odds of negative pre-trial outcomes compared to someone who was booked and released from jail. The findings of this study provide evidence that pre-trial detention can be counterproductive to public safety in that it leads to an increased likelihood that detainees will miss court and be arrested for new crimes." (DeMichele et al., 2024: p. 1).

(4) The current processing procedures create challenges in identifying detainees eligible for diversionary options (i.e., mental health and intellectual development disabilities), ultimately increasing the likelihood of prolonged detention for those who may be better served in alternative settings.

Figure 2: JIAA Processing Flow Chart



Texas Jail Standards Require the Following:

Jail phone enrollment within 4 hours of arrival, classified and housed within 48 hours from data entered into Odyssey, and jail medical screening to be completed immediately (not specially defined).

Potential Improvement Area #1: Challenges in Manually Tracking Arrested

A challenge in efficiently processing arrested people through the JIAA is the reliance on manual tracking methods, compounded by the design of the JIAA South Tower, which lacks a sequential flow that would facilitate easy tracking of the services each individual receives and is too small for Bexar County’s growing population and the demand of services and staff within the JIAA facility.

Instead of following a delineated path through the processing, detainees often move non-intuitively between various segments of the building due to the building's design and layout.¹ This disjointed movement makes it difficult for staff to determine where an individual is in the booking process and which services they have already received. The open booking area layout, while offering the benefits of reducing overcrowding in jail cells during processing, also exacerbates this issue, as detainees frequently move around the booking area, further complicating efforts to track their progress and creating challenges for JIAA staff to locate detainees. During the evaluation period, several attempts have been made by JIAA staff to improve the tracking of detainees' movement throughout the JIAA and services received, including using color-coded bracelets to verify the receipt of certain services (i.e., medical evaluation).

The current system's reliance on manual tracking requires staff to physically search for and verbally call out names of detainees to verify their location and status within the facility. This labor-intensive process is time-consuming and prone to errors. The current system cannot quickly determine which services a detainee has or has not received (i.e., mental health assessment, pre-trial interview magistration). Consequently, the lack of accurate, real-time tracking creates inefficiencies, resulting in bottlenecks, miscommunication, the possibility for the intended flow, as detailed in **Figure 2**, to break down, and the potential for detainees to be overlooked for services.

Due to the manual tracking system, it is unclear how long detainees spend being processed through the JIAA overall and how long detainees spend being processed through specific units (i.e., pre-trial interview; medical screening) within the JIAA, as well as how long they wait for processing between stages. The absence of reliable data on the time detainees spend in the facility and how their time is spent makes it difficult to identify bottlenecks and areas for performance improvement to enhance the efficiency of detainee flow through the JIAA.

Additionally, these issues are compounded by the reliance on paper documentation to capture and communicate essential information about detainees as they move through various units. This is particularly the case with certain processing stages, including booking, medical assessments, and mental health screenings. This manual, paper-based approach creates several operational challenges. First, paper documents must be physically transferred between units, which is prone to delays, leading to prolonged processing times and creating inefficiencies for JIAA staff time to physically transport paper to the appropriate location and/or personnel. Second, paper documents

¹ Blueprints of the JIAA South Tower, which could have illustrated the building's layout and its alignment with the processing steps outlined in Figure 2, were unavailable for inclusion in this report.

are at risk of becoming lost, misplaced, or overlooked, leaving no traceable record. This lack of digital backup creates liability concerns and poses risks to the processing of detainees, as critical information can be missed. For instance, detainees with urgent needs, such as mental health concerns, may not receive appropriate attention if their status is not promptly and accurately communicated. The following quote from an interview illustrates the challenge:

"There is a lot of paper that flows through this place, like very physical paper. So, it's very easy to get lost, or somebody forgets to bring something. I think that just from what I've seen, sometimes their booking slip might have had it marked, but they have been here 12-plus hours. And then now we're talking to them, and it's like, well, they've been suicidal all this time. We won't know until we get the physical booking slip."

Recommendation #1: Invest in Tracking Systems for Detainees

Digital tracking systems, such as Radio Frequency Identification (RFID), for both the South Tower and main jail facilities can streamline the tracking process by enabling staff to quickly and accurately scan detainees through various processing stages (Bulman, 2009; Sun, 2022). This system would log each service received and provide real-time updates on each individual's location within the building, enhancing overall monitoring and tracking capabilities throughout the JIAA South Tower and allowing for seamless integration across the Bexar County Jail. Additionally, the RFID system can generate detailed data on the duration detainees spend at each processing stage, allowing for an assessment of bottlenecks and enabling a data-driven strategy to optimize the processing of detainees. Although this system does not fully resolve all challenges associated with tracking detainees through the JIAA or the building's physical layout, it provides an opportunity to enhance overall processing efficiency, gather reliable data on services rendered, and identify areas for further improvement in processing.

Potential Improvement Area #2: Identify and Expedite Processing Low-Level Offenders and First-Time Offenders

The JIAA procedures largely require the same intake and processing for all detainees regardless of offense level or criminal history record. Low- and first-time offenders often present a lower risk of flight or re-offending (Laura and John Arnold Foundation, 2016; United States Sentencing Commission, 2017), making them strong candidates for expedited processing and release under personal recognizance (PR) bonds to reduce overcrowding in both the JIAA South Tower and Bexar County Jail and enable staff to focus greater time on more serious offenders. However, the

current processing system does not adequately differentiate between these detainees and those facing more serious charges.

Recommendation #2: Establish an Expedited Booking and Release Procedure for Low-Level Offenses

Bexar County can establish a program designed to identify and expedite the booking and release of detainees with low-level offenses and first-time offenders. This dedicated processing desk can focus on quickly assessing risk level and eligibility for PR bonds, allowing qualified detainees with low-level offenses and no/minimal criminal history record to be released in an expedited manner.

To achieve this, Bexar County Pretrial Services can implement risk assessment tools that are currently in place early in the intake process (see Appendix for Pretrial Assessment Tool). This can be facilitated by ensuring that personnel for the pretrial unit have space – ideally, a window in the intake area to conduct semi-private risk assessments – and use the pretrial assessment to quickly classify individuals based on their risk level. Next, the JIAA can create an "In-and-Out Desk" to be staffed with personnel trained to promptly assess the eligibility of detainees for PR bonds based on predefined criteria, such as the nature of the offense and prior criminal history, and process qualified individuals for an expedited release. This approach can reduce the time spent on booking procedures for low-risk detainees, allowing quicker processing and release and more resources devoted to higher-risk detainees. Our evaluation determined the current risk assessment tool used by Bexar County Pretrial Services is valid for determining the risk level of detainees.

Potential Improvement Area #3: Personnel from Central Booking Stationed in the Main Jail Rather than the South Tower Slows Releases

A critical part of the release procedure requires verification from central records staff. However, there are no central records personnel stationed in the South Tower. Instead, they are based in the Main Jail, which delays the release process.

Recommendation #3: Station Personnel from Central Records in South Tower

To increase the efficiency of the release process, a staff member from Central Records can be assigned to the JIAA South Tower, who will be physically present at the release desk. A South

Tower-based supervisor should supervise this staff member directly to ensure oversight and appropriate coordination of tasks.

Potential Improvement Area #4: Communication with Detainees During Processing

Detainees frequently experience extended wait times and confusion due to the lack of accessible information and clear guidance on expectations during processing. This can result in frustration, inefficiencies, and feeling lost in the system. These challenges not only affect the detainees but also place a burden on JIAA staff across agencies. Staff members are frequently tasked with answering routine processing questions outside their specific responsibilities, diverting their focus from critical duties. Additionally, staff spend time physically searching for detainees and lack a centralized point of contact to assist with locating detainees or addressing their questions.

Recommendation #4a: Enhance Communication Through Clear, Accessible Information

To improve communication with detainees about the processing procedure, the JIAA can develop and implement a clear and accessible guide outlining each stage of the process. This guide should be presented using visually engaging, easy-to-read posters and the facility's existing television screens, which are often underutilized as much blank wall space exists in the facility and televisions are frequently turned off. The information should be displayed in prominent locations and formatted to outline the processing procedures in a step-by-step manner, using fourth-grade reading-level language (Glenn et al., 2022) to ensure accessibility, with accompanying icons or illustrations to enhance understanding. All materials should be available in English and Spanish to accommodate the diverse population the facility serves. This approach can help reduce confusion, keep detainees informed, and improve their processing experience.

Recommendation #4b: Establish an Expediter Position in the JIAA Open-Booking Area

Bexar County can consider creating a staff position as an “expediter” to be stationed in the open-booking area. The expediter would be a civilian-based position whose primary role would be to facilitate the movement of detainees through the intake process, serving as a central point of contact and liaison between detainees and JIAA staff. The primary responsibilities of the expediter will include:

- **Answering Questions:** The expediter will be available to address basic questions from detainees regarding their status, next steps, and general information about the JIAA

processing procedures to help alleviate the burden on JIAA staff across units, allowing them to focus on their core responsibilities.

- **Tracking and Guiding Detainees:** The expeditor will be responsible for tracking the progress of detainees through the JIAA. They will ensure that detainees are promptly guided to the appropriate locations for efficient processing.
- **Facilitating Communication:** Acting as a liaison, the expeditor will facilitate communication between detainees and facility staff. They will ensure that any concerns or issues the detainees raise are promptly communicated to the relevant staff members and addressed promptly.
- **Assisting with Bonded-Out Detainees:** The expeditor works with the release desk and pre-trial office to ensure the timely processing of detainees who have bonded out, ensuring they are moved through the system efficiently and with minimal delay.

Potential Improvement Area #5: Communication Among Units at the JIAA

Effective communication between agencies stationed in the JIAA is essential for the efficient operation of the facility. Personnel from various agencies working within the JIAA report feeling uninformed about policy and procedural changes, leading to confusion, uncertainty, and operational inefficiencies. The lack of established channels for regularly disseminating information exacerbates these issues, leaving key personnel out of the loop on critical operational developments. Illustrative quotes of this issue are provided below:

“One of the biggest weaknesses is communication with the jail staff and the different agencies at the jail. I find sometimes the jail, or an agency can change their policy without informing the other agencies of the change leading to confusion and more time spent in jail for the arrested person.”

"It decreases our morale around here when communication about the process is so poor."

When staff are not fully informed or aware of changes in procedures, it can contribute to a breakdown in collaboration among the various agencies involved in the intake process, reducing overall efficiency and effectiveness. This communication gap also affects the ability of the JIAA to adapt to new policies or respond to emerging issues promptly. For instance, when changes are made to protocols, the lack of clear communication channels can delay their implementation,

causing disruptions in operations and potentially leading to non-compliance with mandated procedures. When staff feel uninformed or unclear about their responsibilities, it can lead to frustration, reduced job satisfaction, and contribute to higher turnover rates. This, in turn, can exacerbate staffing challenges and further strain the facility's ability to manage the high volume of detainees processed daily.

Recommendation #5: Enhance Communication Between Agencies Operating in the JIAA

Creating a JIAA listserv can serve as a centralized communication platform, ensuring that all relevant personnel across agencies receive timely and consistent updates by rapidly disseminating essential information, such as policy changes, procedural updates, and emergency notifications.

Establishing a routine of bi-weekly or monthly stakeholder meetings that include 1-2 representatives from all agencies that work in the JIAA facility. These meetings can bring together key representatives from all agencies and divisions stationed in the South Tower, creating a dedicated forum for discussion, problem-solving, and strategic planning. These meetings can strengthen stakeholder relationships, enhance inter-agency collaboration, and ensure that all parties work towards shared goals by providing regular opportunities for face-to-face interaction. The stakeholder meetings can also serve as a platform for addressing ongoing challenges, sharing insights, and coordinating efforts more effectively.

An anonymous webpage dedicated to public comments and suggestions can gather ideas for process improvement from JIAA staff and/or the public. This platform should be regularly promoted to all employees, encouraging participation, and will be reviewed by JIAA supervisors monthly. This approach aligns with best practices implemented by other large organizations. For example, the Social Security Administration recently received over 16,000 suggestions for process improvements from its employees through the EngageSSA web portal.

Potential Improvement Area #6: Building a Cohesive Team Atmosphere

Operations at the JIAA are divided among multiple agencies, each acting as an independent touchpoint in detainee processing. While these agencies have well-defined internal structures and workflows, a lack of coordination and communication across units contributes to inefficiencies. This fragmentation can lead to delays and undermines the overall effectiveness of detainee processing. To address this, fostering cross-unit collaboration and aligning all agencies toward a shared mission of efficient and effective processing is critical. The current siloed approach, where

units prioritize their own objectives over collective goals, further exacerbates inefficiencies and hinders the system's performance.

Recommendation #6: Fostering Within- and Cross-Agency Collaboration

To address the identified need for enhanced collaboration within and across agencies at the JIAA, we recommend implementing strategies aligned with Team Effectiveness Models (Hackman, 2002) centered around the following five principles.

1. **Compelling Direction:** Establish a unified and clearly defined mission for the JIAA that focuses on the seamless, efficient processing of detainees to reach the most appropriate endpoint for a given case in a timely manner (i.e., release on bond, transfer to the main jail, diversion). This mission should be developed collaboratively, with input from all participating agencies, to ensure alignment and shared ownership. Clearly articulate how each agency's workflows and objectives align with and contribute to this shared mission. Set specific, measurable goals tied to the mission to provide direction, maintain focus, and drive motivation across teams.

2. **Enabling Structure:** Create interdisciplinary task forces or cross-agency working groups to improve coordination and address shared challenges. Define roles, responsibilities, and interdependencies among agencies to minimize redundancies and gaps. Standardize communication and information-sharing protocols to ensure smooth collaboration. Develop shared workflows that reflect a systemic approach rather than siloed efforts, promoting integration and interdependence.

3. **Supportive Context:** Provide resources that enable effective collaboration, such as centralized communication platforms and shared information management systems. Ensure that leadership across agencies visibly supports cross-agency collaboration through strategic guidance, allocating necessary resources, and reinforcing the shared mission. Reward collaborative behaviors through performance metrics, team awards, and public recognition to strengthen a culture of teamwork.

4. **Strong Team Design:** Select team members and leaders for task forces or cross-agency initiatives based on skills, expertise, and ability to work collaboratively. Ensure teams have the right mix of knowledge and resources to execute their responsibilities effectively. Conduct team-building activities to establish trust and rapport among members from different agencies.

5. **Expert Coaching:** Engage neutral, third-party facilitators or coaches to support teams in building collaboration skills, navigating conflicts, and maintaining alignment with the JIAA's shared mission. Provide ongoing training for team leaders and members on effective

communication, problem-solving, and decision-making in an interdisciplinary environment. Periodically evaluate team performance and use feedback to refine structures and practices.

Potential Improvement Area #7: Doors Taking too Long to Open

The JIAA currently operates with a security system in which doors to various areas of the facility are controlled by a Bexar County Sheriff's Office deputy. The deputy monitors live camera feeds to verify that individuals requesting access have the appropriate credentials before unlocking the doors. This setup is critical to maintaining security, preventing unauthorized access, and reducing the risk of detainee escapes.

However, the process can lead to delays in opening doors, causing frustration among employees moving throughout segments of the building and law enforcement officers who are dropping off recently arrested individuals. These delays, while ensuring security, can accumulate over time, leading to inefficiencies and cost resources as employees and officers spend extended periods waiting for access. These challenges can be particularly pronounced when demand for door access is higher during peak hours.

Recommendation #7: Adding Additional Deputy to Assist with Doors at Peak Hours

To address these delays and improve operational efficiency without compromising security, a second deputy can be assigned to assist with door operations during peak hours. To maximize efficiency, consider the following steps:

1. Perform an analysis of access request data to identify the times across shifts when door access demands are highest.
2. Based on the analysis, extend resources to assign a second BCSO deputy to monitor cameras and assist with door operations during identified peak periods.
3. After implementation, monitor the impact of the additional staffing on door opening times, employee satisfaction, and overall operational efficiency.

Chapter 2: Bonding

Chapter 2 Executive Summary

Key Findings:

1. **Electronic Bonding System:** Using a paper-based bonding system contributes to inefficiencies, release delays, and errors risks. Recommendations focus on adopting an electronic bonding system.
2. **Opportunities to Expedite PR Bonding Process:** Pretrial interviews begin late in the processing sequence. Collecting financial information and risk assessment during initial intake can expedite personal recognizance (PR) bond processing, the time to release for PR-eligible detainees, and enhance the magistration process.
3. **Improving Guidance on Phone Access and Usage:** Increasing clear instructions for the booking area phone system can improve the ability of detainees to contact family, legal counsel, or bond agents.

Overview

Upon arriving at the JIAA, detainees may be released back into the community after qualifying for one of four types of bonds: (a) commercial bond, (b) attorney bond, (c) cash bond, or (d) personal recognizance (PR) bond. Among those who received a bond in 2024, 71% secured a commercial bond, 6% an attorney bond, 4% a cash bond, and 19% a PR.

Currently, bonds are processed using a physical paper-based system, which involves manual steps such as the bonder physically traveling to the JIAA to begin the bonding process, filling out forms by hand in person at the JIAA, obtaining signatures, and physically transferring documents throughout the JIAA. However, the current system faces several challenges that delay the bonding process, contributing to extended wait times for detainees eligible for release. These delays are significant because they contribute to an unnecessary increase in the facility's population, with detainees remaining detained for longer periods.

The inefficiencies in the bonding process are particularly concerning as they can exacerbate overcrowding within the JIAA South Tower and, by extension, the Bexar County Jail by delaying release times, contributing to operational challenges, and hindering the timely administration of justice. Additionally, due to obstacles and time delays in obtaining bonds under the current system,

bond-eligible detainees may be ultimately transferred to jail for extended detention, contributing to jail overpopulation and increasing the risk of re-arrest (DeMichele et al., 2024; Silver et al., 2024).

Types of Bonds:

1. Commercial Bond – An agreement between a detainee and a private bond company. There is a fee for this type of bond.
2. Attorney Bond – An agreement between a detainee and a licensed attorney.
3. Cash Bond – A detainee is required to present a cashier's check or money order for the full amount of the bond ordered by the judge.
4. Personal Recognizance (PR) Bond – Release ordered by a judge based on the detainee's charge and past criminal history.

Potential Improvement Area #1: Current Paper-Based Bail System

The current paper-based bail system at the JIAA contributes to inefficiencies, including (a) the labor-intensive process of manually creating and processing bonds, (b) the need to physically search for and transport paper bonds throughout the facility, and (c) the cumbersome process of correcting or updating bonds due to errors or required changes. Common issues arising from this system include misplacing bonds, creating duplicate bonds, disputes among bail bond agencies over duplicated or rejected commercial bonds, and PR bonds accepted while a commercial bond was in transit, contributing to potential conflict between bail bond agencies and Bexar County. In addition, the current bonding process extends the period for detainees to receive commercial, attorney, and cash bonds by requiring an individual (i.e., family members, friends, bail bond agencies, attorneys) to travel to the JIAA facility to begin processing bonds.

Recommendation #1: Transition to an Electronic Bond (e-Bond) System

Implementing an electronic bonding (e-bond) system can offer several benefits:

- **Reduced Processing Time:** By eliminating time-consuming and error-prone paperwork, e-bonds can expedite the bonding process, which should expedite the time for bond-eligible detainees to be released from the JIAA.

- **Minimized Errors:** Using electronic records can reduce the risk of mistakes due to misplaced or incorrect paper documents, leading to greater accuracy and reliability in bond processing and reducing lost time due to searching for misplaced bonds and manually correcting paperwork with errors. E-bond systems also enable a quicker updating or correcting of bonds when errors occur than current paper-based bonds.
- **Enhanced Insight into Operational Efficiency and Bonding Data:** Implementing an e-bond system can enable the JIAA to identify and address inefficiencies within the bonding process by providing real-time data and analytics that are challenging to obtain with the current paper-based system.
- **Cost Savings:** Digitizing bond records can reduce the need for physical storage space and cut costs associated with paper and printing. The streamlined process can also save time by eliminating the need to manually search for paper bonds and process paper bonds and reducing staff time spent processing paper bonds.

Potential Improvement Area #2: PR Bond Interviews Start Too Late, Creating Delays in Bonding

Detainees processed through the JIAA experience extended wait times before being able to see pre-trial officers and start processing PR bonds. The process can be streamlined by enabling pre-trial staff to collect financial information and conduct risk assessments at the point of intake to the JIAA South Tower.

Recommendation #2: Begin the pretrial financial interviews and risk assessments at intake

Pretrial staff can be provided a designated area at the front of the booking area to conduct pretrial financial interviews and risk assessments, which collectively should take 5-10 minutes per detainee. By allowing pre-trial staff to start collecting financial information and conducting risk assessments immediately upon intake, the facility can expedite the assessment process for PR bonds and reduce the time that PR-eligible detainees spend in detention. This process also ensures this crucial information is collected early in the process and is available for magistrates during magistration process and for both district attorneys and public defenders for review. This process can be ideally achieved by creating a window in the intake area where pretrial staff can be stationed as part of the standard intake processing to conduct interviews in a semi-private manner. If a

designated window is not possible, providing pretrial staff with iPads or tablets to collect the information by walking to the intake area and conducting interviews may also be an option.

Potential Improvement Area #3: Identifying Critical Steps Prior to Magistration

The flowchart in Figure 1 provides a path of processing. However, in practice, unexpected events often disrupt the path, and detainees get overlooked due to information not being transmitted between units or agencies moving ahead too quickly in the process. For example, individuals may be pulled for magistration before other units can conduct comprehensive assessments. The lack of coordination among units and the absence of defined timeframes for completing specific steps can result in incomplete evaluations and missed opportunities to collect information valuable for magistration decisions, such as financial statements and risk assessments.

Recommendation #3: Establish a Sequential Workflow for Individual Processing

The JIAA leadership can revisit the workflow for individual processing to establish clear sequential steps with defined time boundaries. This approach can ensure that each unit has adequate protected time to process detainees and collect all necessary information prior to magistration. Key assessments—such as medical and mental health screenings, intake documentation, and pretrial assessments focused on financial and risk evaluations—should be designated as mandatory steps before magistration.

Each unit involved in the intake process should have clearly defined responsibilities and timelines to promote accountability and improve coordination. These units can also be required to collect and compile specific information into a packet that can be reviewed by district attorneys, public defenders, and magistrates during the magistration process. For example, financial statements and risk assessments conducted by Bexar County Pretrial Services should be prioritized for inclusion, as they are critical to magistration decisions.

To facilitate this process, Recommendation #2 above outlines a potential component to a solution: Pretrial Services could establish an intake-area window to initiate pretrial interviews immediately upon detainee arrival. This setup would streamline the collection of financial and risk assessment data, which can then be used in magistration and pretrial release decisions.

The use of actuarial tools, such as pretrial risk assessments, offers an evidence-based framework to support decision-making during magistration. A copy of the current pretrial risk assessment tool is provided in the Appendix. Research indicates that incorporating these tools into the decision-

making process reduces reliance on intuition, increases clarity, and ensures greater consistency in pretrial outcomes. Judges using these assessments can more effectively identify high-risk individuals to protect public safety while minimizing unnecessary detention of low-risk defendants (DeMichele et al., 2021; DeMichele et al., 2024; Laura and John Arnold Foundation, 2016).

To further enhance efficiency and prevent premature magistration, the JIAA can implement a policy prohibiting magistrates from processing detainees until a specified minimum time has elapsed after their arrival. This will allow sufficient time for comprehensive evaluations to be completed and ensure that magistrates have access to all necessary information before making decisions. At the same time, measures should be in place to prevent excessive delays, maintaining a balance between thorough evaluation and timely magistration.

Potential Improvement Area #4: Usage and Guidance for Phone Access in the JIAA Booking Area

The phone system in the booking area can benefit from improved clarity in providing guidance on its operation and purpose. Enhancing the system's usability can help ensure that detainees are able to effectively use the phones to contact family members, legal counsel, or other necessary parties to facilitate the bond process.

Recommendation #4: Enhance Phone Usability and Provide Clear Instructions

- **Provide Clear, Accessible Instructions:** Install easy-to-read instructional signs near each phone, detailing step-by-step instructions on operating the phone system. These instructions should be at a fourth-grade reading level, accompanied by appropriate visual aids, and available in English and Spanish (Glenn et al., 2022). Alongside the instructions should be up-to-date lists of phone numbers (updated monthly) that can assist with bonding, including commercial bond agencies and attorneys. Television screens in the open booking area can also be utilized to display messages encouraging detainees to use phones, providing instructions on how to use phones, and displaying contact information for commercial bond companies and attorneys.
- **Offer Guidance on Permissible Calls:** Staff from the Bexar County Sheriff's Office (or an expediter position if adopted) in the open booking area should regularly (at the top of each hour) communicate with detainees on (1) why phones should be used, (2) what they should be used for, and (3) a brief description of how to use them. Staff should be trained

to assist detainees with difficulty understanding the system, ensuring that everyone can make necessary calls.

Chapter 3: Dual Magistration

Note: As part of this evaluation, the research team attempted to visit the SAPD Magistrate, but the City of San Antonio (CoSA) did not accommodate the requests. Consequently, all identified issues and recommendations were made without the opportunity to observe the CoSA facility and its procedures directly. Recommendations should be interpreted in the context of this limitation.

Chapter 3 Executive Summary

Key Findings:

1. **Inefficiencies of the Dual Magistration System:** The dual magistration system adds hours to detainee processing times, contributes to frustration among detainees and their families, and is an inefficient way to process detainees as it creates multiple duplicative services. It is recommended that the dual magistration be eliminated and a single processing facility for detainees be used. If eliminating dual magistration is not immediately feasible, introduce a virtual magistration system to allow Bexar County magistrates to magistrate detainees remotely while at the CoSA facility to reduce some redundancies.

Overview

The JIAA facility serves 65 agencies (see the Appendix), with the SAPD accounting for the largest share of arrestees, contributing ~62% of individuals processed annually. SAPD follows a distinct process from all the other agencies, which this report refers to as "dual magistration." SAPD arrestees are initially taken to the SAPD's Magistrate Office, located at 401 S. Frio St., where they undergo preliminary processing and magistration by a CoSA judge. Afterward, at scheduled intervals, detainees are transported by SAPD in groups of ~10 (a number negotiated between BCSO and SAPD) to the Bexar County JIAA South Tower for further processing. At the JIAA, they undergo a second magistration by a Bexar County magistrate judge and continue with the normal JIAA processing described in **Figure 2**.

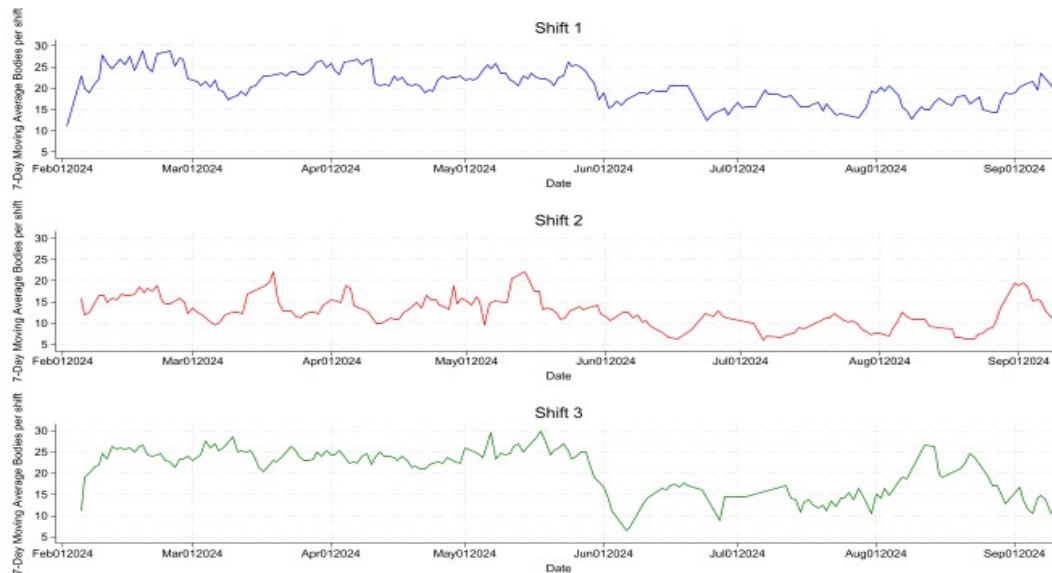
As part of the JIAA evaluation, the research team helped the Bexar County Clerk's Office set up a tracking system of the number of persons transported by SAPD to the JIAA per shift over time. Prior to this, no systematic tracking of SAPD drop-offs to the JIAA was being utilized. The tracking was input by members of the Bexar County Clerk's Office to track the time and amount of detainees transported to the JIAA by SAPD.

Figure 3 illustrates the 7-day rolling average of transports from SAPD to the Bexar County JIAA, broken down by shift. The data reveals that transports are highest during Shift 1 and Shift 3, with the lowest numbers occurring during Shift 2. Transport peaked between February and June 2024, followed by a decline in the summer months. Notably, however, June 3, 2024, was when Bexar County shifted to the Odyssey system by Tyler Technologies, which created technological challenges spanning several weeks and resulted in paper-based tracking. Accordingly, the results of this period may be skewed due to computer system outages during the transition period to Odyssey.

- Shift 1: 6:00 a.m. – 2:00 p.m.
- Shift 2: 2:00 p.m. – 10:00 p.m.
- Shift 3: 10:00 p.m. – 6:00 a.m.

It is important to highlight that no automated system tracks SAPD transports to the JIAA facility. Consequently, the data presented here relies on manual entry by the Bexar County Clerk's Office, which introduces the potential for human error. While SAPD is expected to adhere to agreed-upon transport schedules, this evaluation has identified reports from the BCSO indicating that some SAPD drop-offs have occurred outside the negotiated timeframes, leading to logistical challenges with processing. However, without systematic data documenting the exact times and number of detainees for all SAPD drop-offs, it is not possible to determine how widespread this issue is.

Figure 3: Seven-day moving average of arrested people processed through JIAA



Potential Improvement Area #1: Replace the Dual Magistration System

The dual magistration system presents several significant challenges that contribute to inefficiencies and delays in processing detainees:

1. **Extended Processing Time:** Due to the time spent at the CoSA facility, the dual magistration process is estimated to add several hours to the booking process. The amount of time is often estimated to be six hours on average, although comprehensive data to evaluate the average time added to the processing due to the dual magistration system is unavailable. Regardless, this extended wait time results in a longer than necessary processing period for arrested persons and often results in detainees arriving at the JIAA fatigued and agitated, which creates additional difficulties for personnel during processing. JIAA staff member described the issue as follows:

"The arrested person being at the SAPD facility first before coming to the JIAA adds 5+ more hours to them being in custody. Their loved ones call us angry because the person was arrested hours ago, and they do not realize we just got the paperwork from SAPD, making us rush a little more through the process. Inmates are irritated by the long wait times they have, so they come to the JIAA, causing problems, which in turn causes more Codes to happen."

"SAPD transfers double the magistration processing time. It causes communication errors between the city police department and the county sheriff's office."

- 2. Inefficient Duplication of Services:** The dual registration system, requiring detainees to undergo booking and processing by both the CoSA and Bexar County, results in redundant services that inefficiently use resources and increase taxpayer costs. This duplication leads to inefficiencies, as public employees from both jurisdictions perform similar administrative tasks, causing delays and communication breakdowns between city and county personnel.

"It is double the work for everyone. It is a waste of resources. It is also a complete waste of time as the city magistrate's ruling is overruled by the county judge. It creates unnecessary distress within the arrested that results in altercations with officers in this facility."

- 3. Confusion and Disruption:** The requirement for detainees to undergo booking procedures twice can contribute to confusion and undermine confidence in the justice system. It also increases the burden on JIAA staff, who frequently field questions from confused detainees, diverting attention from other responsibilities and disrupting workflow. Family members often use the JIAA to locate detainees in CoSA custody, further straining staff resources. JIAA staff members expressed:

"We regularly get calls from family and friends asking about arrested people and their status, then complaining about how long they are being held at the JIAA. They don't account for the hours they were sitting in the city wasting time instead of actually working on release."

"They are at the [CoSA] mag way too long before they get here and are given an initial bond amount then another here. This causes confusion and takes up time. Most are frustrated when they get here saying how many hours they have already been at the other location."

"Those that arrive from the SAPD facility have been waiting for many hours (sometimes 5+ hours) and when they arrive here, they can be irritable and disruptive from waiting so long."

"Arrestees are often confused as to their legal situation, arrestees are in custody much longer than they should be as a result, S.A. police officers are not available to answer questions or provide information when magistrates need it."

"They [detainees] don't understand why they're being processed twice."

4. **Backlog and Inefficiency:** Detainees are typically transported from the SAPD facility in groups of 10, which creates an unnatural influx of arrivals at the JIAA, leading to backlogs and inefficiencies in processing. JIAA staff members explained:

"The city drops off arrested people in groups of 10, and we do not have a real intake flow in real-time."

When we receive a transport from the SAPD facility, it can be up to 20 arrested persons within one hour, versus a gradual drop off of individuals. If we received a gradual number of arrested persons, we could intake and manage smaller numbers at a time.

5. **Paperwork Issues:** Often, JIAA personnel experience delays due to missing or incorrect information from SAPD. The arresting SAPD officer is typically unavailable on-site, leading to further processing backlogs, as paperwork corrections cannot be made promptly. JIAA staff members remarked:

"The majority of the time, the paperwork is incorrect. When SAPD leaves, we must wait until they come back to fix it. Which means we, Bexar County Sheriff's Office, cannot book them in. For pre-trial, all our information is wrong to process an application for a PR Bond."

"There are lots of misidentifications made at the city facility and officers have to be called back to fix the mistakes which delays the ap's process and possible release."

"Mistakes made in police reports that have to be fixed, and an officer has to be called back to fix it also causes a delay for the ap [arrested person]."

"It adds multiple hours to the arrest process, it's confusing to the arrested person to appear before two different judges for the same charges. When errors are made on incident reports that need to be corrected, the officers are usually off duty by the time it is discovered at the JIAA/ county and its difficult and time consuming to get an office to correct the report so the charges can be filed."

"Majority of the time paperwork is incorrect. When SAPD leaves we have to wait until they come back to fix it. Which means we BCSO can't book them in. For pretrial all our information is wrong to process application for a PR Bond."

Recommendation #1a: Assemble a Joint County-City Working Group to End the Dual Magistration System

To address the inefficiencies and challenges posed by the dual magistration system, a joint working group should be formed composed of representatives from Bexar County, the CoSA, and neutral third-party members. This working group would be tasked with collaboratively developing a plan to transition to a unified system where all detainees are processed at a single centralized facility, such as the JIAA. The primary goal of the working group would be to ensure that both entities have equal representation in decision-making to balance the operational and governance roles at the JIAA. This collaborative approach is essential to address concerns from the CoSA, which may hesitate to rely exclusively on the county facility due to the potential loss of autonomy over its services and perceived dominance by the Bexar County Sheriff's Office in procedural decision-making at the JIAA.

For instance, on October 11, 2024, the Bexar County Sheriff's Office established a new policy stating, "it is now mandatory that all arrested persons be medically screened before being accepted in the Bexar Count Adult Detention Center (South Tower Building). Due to the life-threatening nature of certain conditions, arrested persons will be rejected if they are going through any detoxification process to include the following medical conditions (Ibarra et al., 2024):

- Detoxing from alcohol
- Detoxing from narcotics (illegal substances and/or prescription drugs)
- Insulin Dependent Diabetics
- Need for Dialysis

In response to the policy, an email from SAPD Deputy Chief Jesse Salame on October 14, 2024, reported by KSTAT (Ibarra et al., 2024), which stated in part, "This new procedure was not properly communicated with SAPD in advance, aside from the email, received Friday evening, and its immediate implementation occurred without further notice."

This exchange is one example of the need for a coordinated strategy and mutual decision-making if a single magistration facility in Bexar County is possible. Given that the overwhelming majority of detainees processed by the JIAA come from either the SAPD or the BCSO, mutual decision-making is critical for fair and effective management of the unified facility. A joint approach would ensure that city and county interests are represented. By transitioning to a single magistration system, both jurisdictions would benefit from streamlined processes, shorter detainee processing times, and reduced confusion for detainees and their families. The city and county as a whole

would also benefit from reduced redundancy, improved resource allocation, and enhanced operational efficiency.

The working group's primary goal should be to develop an agreement between CoSA and Bexar County that clearly defines the roles, responsibilities, and oversight required for a unified magistration process. The working group should also identify the necessary infrastructure, staffing, and procedural changes to implement the new system successfully. To foster trust and collaboration, it is essential to address concerns raised by both CoSA and Bexar County about the use of a joint facility. This includes establishing mechanisms to ensure shared governance and equitable input from both parties in procedural policies and facility operations.

Recommendation #1b: Implement Virtual Magistration for Detainees at the CoSA

While the dual magistration system is still in place, it is recommended that Bexar County and the CoSA collaborate to implement a virtual magistration system. This system would enable Bexar County magistrates to conduct magistration remotely for detainees held at the CoSA facility. By eliminating the need for duplicate magistration, this approach would streamline the process and expedite the transfer of detainees to the Bexar County JIAA.

Chapter 4: Screening and Diversion

Chapter 4 Executive Summary

Key Findings:

1. **Mental Health Screening Tools:** The JIAA should continue efforts to universally screen for mental health. The current 4-item screener is an efficient tool for law enforcement to use prior to the transport of a detainee to the JIAA. Consider supplementing the current 4-item screening instrument with a comprehensive instrument, such as the Brief Jail Mental Health Screen (BJMHS) or the Texas Jail Standards Screening Form for Suicide Medical/Mental/Developmental Impairments, which can be administered during medical assessments.
2. **Investment in a Diversion Facility:** The absence of a dedicated diversion center, including a facility with temporary inpatient beds, limits options for diversion for detainees with mental health conditions, substance use disorders, and intellectual and developmental disabilities (IDD).
3. **Fragmented Mental Health and IDD Services:** The division of mental health and IDD services between separate agencies (University Health and AACOG) creates challenges in addressing co-occurring conditions. Screening and treatment can be consolidated under one agency or better-coordinated services to meet the needs of the detainee population.
4. **Underutilized Satellite Office:** The Satellite Office for warrant clearing operates below capacity due to low public awareness, reducing its potential to alleviate pressure on the JIAA and can be utilized as a point of diversion for low-risk detainees.

Overview

Analysis of JIAA Screening and Diversion Patterns

The JIAA screens all detainees for mental health issues and suicide risk using a standardized four-item questionnaire (detailed in the Appendix), the Texas Commission on Jail Standards Screening Form on Suicide and Medical Mental/Developmental Impairments (detailed in the Appendix), and the Continuity of Care Query (CCQ). The universal screening is an excellent step, although this report identifies potential areas for improvement.

As displayed in **Table 1**, in Fiscal Year 2024, the JIAA conducted a total of 18,987 assessments, including 15,692 full assessments and 3,295 suicide assessments. Of these, 481 diversion requests

were made, representing only 2.5% of all assessments. Among requested diversions, 278 were granted, equating to 1.5% of all assessments and 57.8% of diversion requests. Notably, 116 of these diversions (41.7%) were emergency detentions. Fewer diversions were directed to the Center for Health Care Services (CHCS) (116, or 37.8% of all diversions), continuing services (42, or 15.1%), or for substance use (15, or 5.4%).

Table 1: Fiscal year-over-year data on Bexar County diversions

Justice Intake & Assessment Annex		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY TOTAL
Assessments	Total Assessments	1618	1502	1380	1469	1603	1753	1692	1738	1449	1579	1646	1558	18987
	Suicide Assessments	284	257	232	240	259	271	296	317	296	291	295	257	3295
	Full Assessments	1334	1245	1148	1229	1344	1482	1396	1421	1153	1288	1351	1301	15692
	Diversions Requested	31	54	53	40	42	37	32	52	16	49	35	40	481
Diversions	Total Diversions	18	33	30	20	25	24	20	29	7	24	27	21	278
	Mental Health	18	31	27	18	24	24	20	28	7	19	27	20	263
	Emergency Detention	13	5	6	13	6	9	12	16	5	4	16	11	116
	CHCS	3	13	17	5	14	8	6	8	1	12	10	8	105
	Continuing Service	2	13	4	0	4	7	2	4	1	3	1	1	42
	Substance Use	0	2	3	2	1	0	0	1	0	5	0	1	15
	CHCS	0	2	3	2	1	0	0	1	0	5	0	1	15
	Continuing Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Referrals	16.22 Orders (UHS-Jail)	54	51	115	95	99	71	61	92	59	56	72	58	883

Note: Definitions of diversion types are the following:

- a. *Emergency Detention* - Based on a Judge's Order for Emergency Detention, detainees are processed out of JIAA to a local hospital based on evidence of mental illness or chemical dependency that results in them currently being a danger to themselves or others.
- b. *Released to CHCS* - Mental Health PR bond releases that include Center for Health Care Services (CHCS) treatment as a condition on bond.
- c. *Continuing Services* - Mental Health PR bond releases that agree to continue their current self-reported mental health or substance use treatment services.

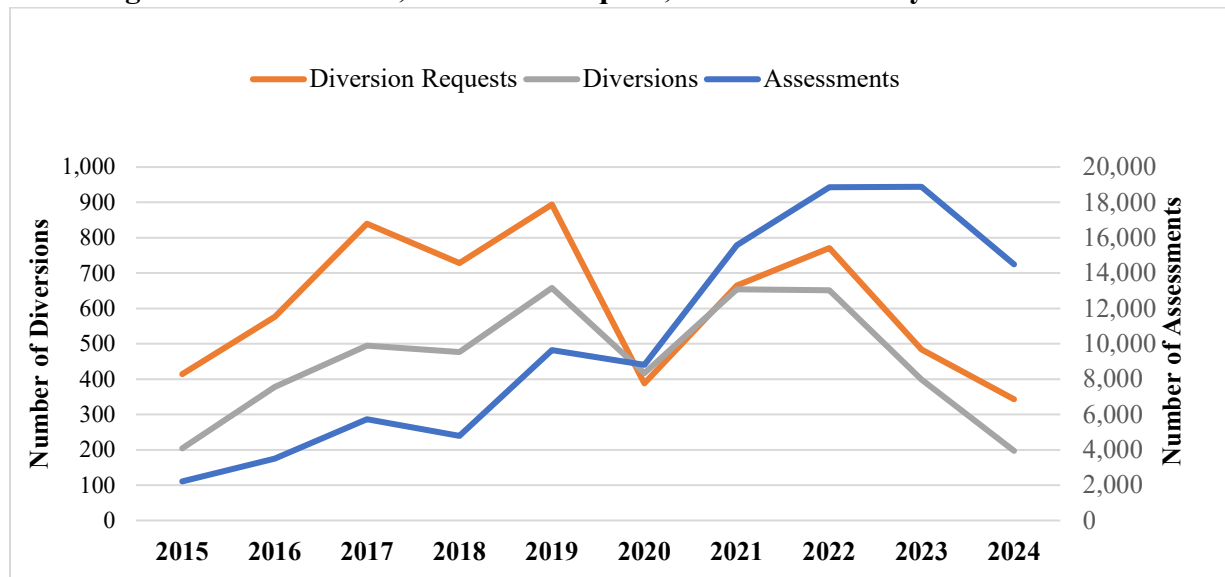
The total number of assessments conducted each month in FY 2024 showed minimal variation, ranging from 1,449 in June (the lowest) to 1,738 in May (the highest). However, diversions exhibited greater fluctuation. June 2024 saw a sharp decline, with only 16 diversions requested and 7 granted, compared to 3-5 times more diversions requested in granted in other months. The low figures for June are likely due to the implementation of the Odyssey system from Tyler Technologies which shut down the computer tracking system for several weeks and resulted in a shift to paper-based tracking during the transition period. Removing this outlier month shows that diversions did not substantially vary greatly by month.

- Diversions requested correlated negatively with the number of suicide assessments ($r = -0.33$) but not with full assessments ($r = 0.03$).²
- Diversions granted correlated negatively with suicide assessments ($r = -0.24$) but positively with full assessments ($r = 0.22$).

These trends suggest that suicide screenings do not substantially contribute to diversions. Individuals flagged for suicidality may be placed on suicide watch in the main jail rather than being diverted.

The total number of assessments, diversion requests, and diversions granted for Fiscal Years 2015–2024 are presented in **Figure 4**. Notably, the number of assessments rose significantly between FY 2020 and FY 2021, increasing from 8,812 to 15,581. Since FY 2021, the number of assessments has remained consistently high. However, diversion levels in FY 2023 and FY 2024 are below historical averages. Furthermore, the ratio of diversions granted to diversion requests in FY 2024 is lower compared to previous years.

Figure 4: Assessments, Diversion Request, and Diversions by Year 2015-2024



² The bivariate correlation coefficient, commonly denoted as "r," quantifies the strength and direction of a linear relationship between two variables. Its values range from -1, indicating a perfect negative correlation, to +1, representing a perfect positive correlation, with 0 meaning no linear relationship exists between the variables. A positive "r" value implies that as one variable increases, the other is likely to increase as well, whereas a negative "r" value suggests that an increase in one variable corresponds to a decrease in the other.

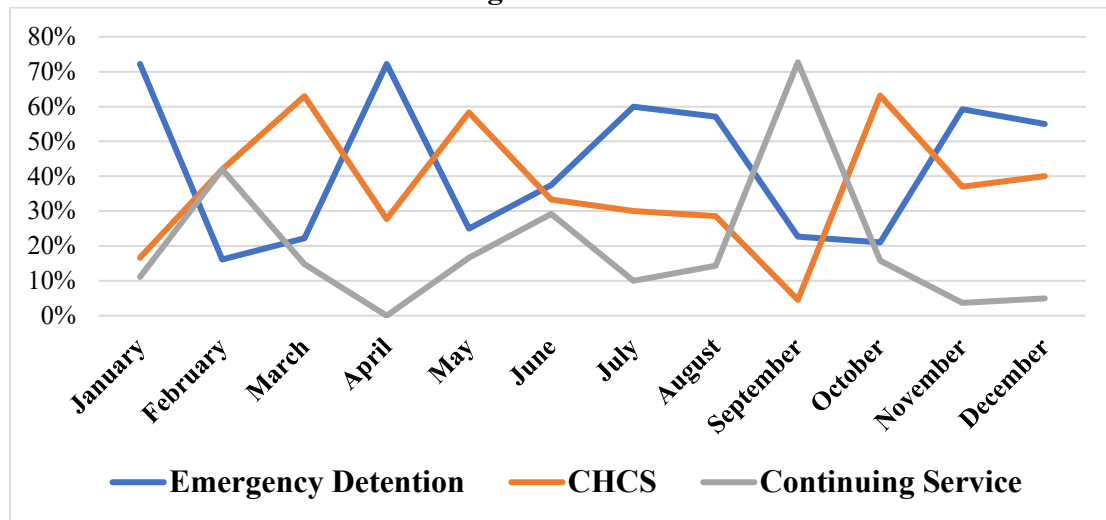
Correlations Between Diversion Types

As illustrated in **Figure 5**,³ there is a negative correlation between emergency detentions and other diversion types in FY 2024. Specifically:

- Emergency detentions and CHCS diversions: $r = -0.38$
- Emergency detentions and continuing services: $r = -0.59$
- Emergency detentions and substance use: $r = -0.51$

These patterns suggest a potential trade-off in handling diversion cases, with monthly patterns indicating that higher rates of emergency detentions may correspond to fewer diversions to other services. There is no month when both emergency detention and CHCS referrals substantially increase together compared to the prior month.

Figure 5: Percentage of Monthly Diversions to Emergency Detention, CHCS, and Continuing Services in FY 2024



³ Because of the infrequent number of substance use diversions these are omitted from Figure 5.

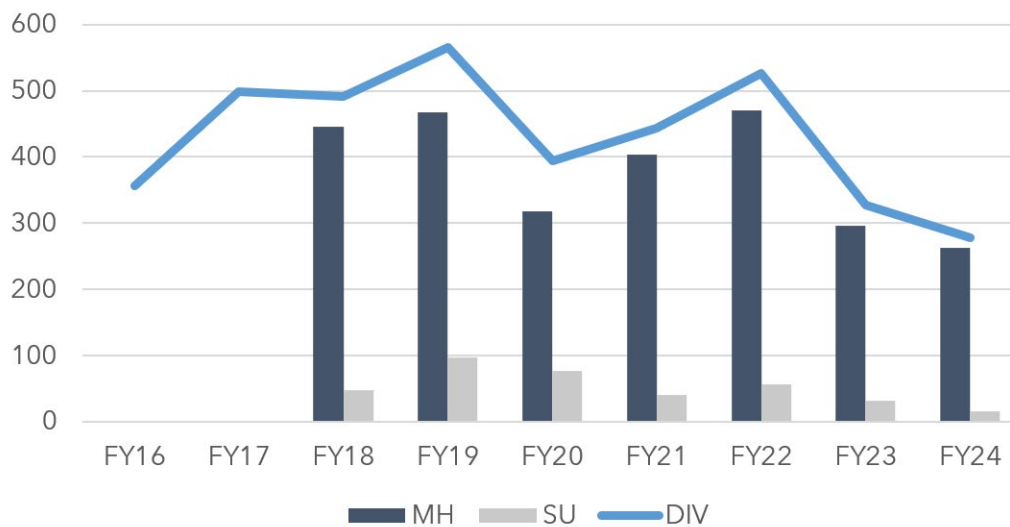
Fiscal Year Trends in Diversions

Table 2 and **Figure 6** displays the total number of diversions by fiscal year, showing substantial variation from FY 2018 to FY 2024:

- **FY 2018 to FY 2019:** Increased from 492 to 565 (**percent change: 14.84%**).
- **FY 2019 to FY 2020:** Declined to 394 (**percent change: -30.27%**).
- **FY 2020 to FY 2021:** Increased to 443 (**percent change: 12.44%**).
- **FY 2021 to FY 2022:** Increased further to 526 (**percent change: 18.74%**).
- **FY 2022 to FY 2023:** Declined sharply to 328 (**percent change: -37.64%**).
- **FY 2023 to FY 2024:** Declined further to 278 (**percent change: -15.24%**).

Substance use diversions peaked at 97 in FY 2019 but have declined steadily, dropping to 32 in FY 2023 (**percent change: -67.01%**) and just 15 in FY 2024 (**percent change: -53.12%**).

Figure 6: Diversions by Year (FY 2016-FY 2024)



Abbreviations: MH = Mental Health; SU = Substance Use; DIV = Total Diversions

Table 2: Number of Diversions by Year FY 2015 – FY 2024

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
FY16 TOTAL DIVERSIONS	38	24	27	33	32	35	37	33	23	20	26	28	356
FY17 TOTAL DIVERSIONS	40	36	35	40	34	53	29	39	49	47	56	41	499
FY18 TOTAL DIVERSIONS	46	28	33	51	52	63	41	28	39	30	41	40	492
Mental Health	43	22	28	43	49	59	38	23	34	28	39	39	445
Substance Abuse	3	6	5	8	3	4	3	5	5	2	2	1	47
FY19 TOTAL DIVERSIONS	47	23	22	37	40	33	47	73	51	47	73	72	565
Mental Health	42	18	17	35	32	29	38	60	41	46	62	48	468
Substance Abuse	5	5	5	2	8	4	9	13	10	1	11	24	97
FY20 TOTAL DIVERSIONS	58	47	39	66	43	40	13	21	15	20	15	17	394
Mental Health	43	40	28	55	35	27	9	18	12	20	15	16	318
Substance Abuse	15	7	11	11	8	13	4	3	3	0	0	1	76
FY21 TOTAL DIVERSIONS	16	14	17	30	31	25	25	56	48	54	54	73	443
Mental Health	15	12	13	28	30	24	21	54	44	52	47	63	403
Substance Abuse	1	2	4	2	1	1	4	2	4	2	7	10	40
FY22 TOTAL DIVERSIONS	49	40	30	38	30	31	51	47	52	50	62	46	526
Mental Health	41	33	27	35	30	26	46	45	48	43	54	42	470
Substance Abuse	8	7	3	3	0	5	5	2	4	7	8	4	56
FY23 TOTAL DIVERSIONS	44	35	36	32	34	36	23	17	14	26	17	14	328
Mental Health	35	30	34	28	32	33	22	17	11	25	16	13	296
Substance Abuse	30	5	2	4	2	3	1	0	3	1	1	1	32
FY24 TOTAL DIVERSIONS	39	20	46	34	20	29	31	22	33	8	27	28	328
Mental Health	18	31	27	18	24	24	20	28	7	19	27	20	278
Substance Abuse	9	2	13	4	0	4	7	2	4	1	3	1	50

Recommendations to Improve Data Collection for Diversion Services

There are several opportunities to enhance data collection on assessment and diversion services to gain a clearer understanding of their operations and provide the necessary insights to improve future services. The following outline specific steps to address current gaps and limitations:

1. Clarifying the Base Rate for Assessments

While the diversion report provides data on the number of assessments conducted, including suicide assessments, full assessments, and total assessments (full assessments + suicide assessments), it does not include a base rate of individuals eligible for assessments on a month-to-month basis. Without this information, it is difficult to determine whether fluctuations in the number of assessments performed are due to operational factors or variations in the number of eligible individuals. To better conceptualize this base rate, two additional data points should be

included in standard diversion reports compiled by the Bexar County Department of Behavioral Health:

- **The total number of individuals processed in the JIAA each month:** This would provide an overall count of individuals eligible for assessments and help identify whether fluctuations in the number of individuals processed in the JIAA South Tower correlate with changes in assessment activity. However, this metric is imperfect because not all individuals processed at the JIAA are eligible for assessment and/or diversion.
- **The total number of individuals flagged for follow-up assessment:** This data could include those flagged through (a) positive screens on the 4-item screener administered by law enforcement, (b) CCQ screening, (c) Texas Jail Standards Questionnaire, or (d) referrals from JIAA staff for a full assessment or suicide assessment. This metric would allow a more precise comparison of the number of individuals flagged for assessment versus those who ultimately receive assessments. Additionally, it would enable an analysis of potential gaps, such as individuals flagged for assessments but missed in subsequent screenings.

2. Tracking Individual-Level Assessment Data

Currently, the report focuses on the number of assessments performed but does not distinguish between the number of individuals assessed and those receiving multiple assessments. This limits understanding the patterns of assessment and diversion at the individual level. To address this, the report should include:

- **The number of individuals assessed,** as opposed to the number of assessments performed.
- **A detailed breakdown of assessment types,** identifying individuals who received (a) only a full assessment, (b) only a suicide assessment, and (c) full *and* suicide assessments.

By providing this more granular data, the report would enable a deeper understanding of the relationship between assessment types and their outcomes, which is critical for refining assessment procedures and improving diversion services.

3. **Analyzing Relationships Between Assessments and Diversions**

In FY 2.5% of total assessments resulted in a diversion recommendation, and fewer led to an actual diversion. However, a comprehensive analysis of the relationship between assessments and diversions is hindered by current data limitations:

- **Assessments are reported at the level of assessments performed, not individuals assessed.** This makes it unclear whether all individuals who received a diversion recommendation or actual diversion also underwent an assessment. For instance, individuals deemed medically unstable in emergency detention may receive a diversion without an assessment.
- **Diversion eligibility is not addressed:** Many individuals assessed may not receive diversion recommendations or diversions due to ineligibility based on their offense or prior criminal history. Future reports should examine how many diversion-eligible and non-eligible individuals receive assessments to address these issues. Tracking what happens to individuals who receive full or suicide assessments but are not eligible for diversion due to criminal offense records would also be valuable for identifying the need for services for more severe offenders who will remain detained in jail.

4. **Identifying Barriers to Diversions**

To improve the effectiveness of diversion services, it is crucial to understand why some individuals do not receive recommended or granted diversions. Possible reasons include:

- Lack of PR eligibility for certain individuals.
- Residency outside Bexar County, which may disqualify individuals from local programs.
- Refusal to participate in diversion programs.
- Absence of a suitable diversion program that meets the specific needs of the individual.

Collecting detailed data on these barriers can help identify gaps in existing services and inform investments in programs that address unmet needs.

5. **Addressing Low Substance Use Diversions**

Despite the high prevalence of substance use among arrested populations, the report shows both a low and a declining rate of substance use diversions over time. This pattern may be due to several factors:

- Ineligibility for diversion based on offense level.
- Refusal by individuals to participate in substance use treatment programs.
- Limits of a substance use-specific screener may result in under-detection of these needs.
- Insufficient availability of community-based substance use diversion programs.

Future efforts can focus on identifying the reasons behind these low rates and addressing gaps in screening, eligibility, and program availability to enhance services for individuals with substance use problems.

6. Expanding Data on IDD Diversions

Data on IDD assessments conducted at the JIAA South Tower versus the main jail are currently unavailable. Collecting data specific to IDD assessments at the South Tower would provide critical insights into how many individuals are screened and diverted for IDD before entering the main jail. This information is essential for improving the mental health and IDD screening processes discussed in this report. **Figure 3** displays data from the Bexar County Diversion Report for FY 2024, showing 85 IDD diversions in FY 2024 out of 2,344 total IDD Screenings (3.6% of total screenings resulting in diversion).

Figure 3: Number of IDD Screenings and Diversions in FY 2024

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY TOTAL
IDD	IDD Screenings	142	284	69	189	227	127	221	295	200	264	183	143	2344
Jail Liaison	IDD Diversions	7	9	9	3	8	3	10	10	4	9	7	6	85

7. Evaluating Assessor Performance

The current data collection system does not enable an evaluation of individual assessors, such as those working for CHCS. This limitation prevents analysis of potential behavioral patterns across assessors, which may affect the number of assessments performed, diversion recommendations made, and diversions granted. Incorporating assessor-level data would allow for identifying trends between assessors and within assessors over time on the number of assessments performed and assessment outcomes, and inform the implementation of targeted training or process improvements that would help ensure that diversion assessments and recommendations are being performed adequately and in line with their stated intentions.

Such information would also be valuable to determine staffing levels. For instance, **Table 4** illustrates the monthly staffing levels for CHCS in the JIAA, showing an estimated shortfall of 5-7 clinicians per month. However, as discussed in this chapter, the lack of more detailed data limits the ability to accurately determine the optimal number of clinicians needed.

Table 4: Number of CHCS Clinicians per Month

FY 24 CHCS JIAA Monthly Staffing Schedule		23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	24-May	24-Jun	24-Jul	24-Aug	24-Sep
		[Redacted]											
Contract Staffing Requirements	Staff	11	11	11	11	11	11	11	11	11	11	11	11
	Supervisors	3	3	3	3	3	3	3	3	3	3	3	3
	Required contract staffing total	13	13	13	13	13	13	13	13	13	13	13	13
Actual Staffing Total	Staff	7	7	6	6	6	8	8	8	7	6	6	5
	Supervisors	1	1	1	1	1	1	1	1	2	2	2	2
	Actual Staffing Total	8	8	7	7	7	9	9	9	9	8	8	7
Staffing Shortfall	Staff	4	4	5	5	5	3	3	3	4	5	5	6
	Supervisors	2	2	2	2	2	2	2	2	1	1	1	1
	Staffing Shortfall	6	6	7	7	7	5	5	5	5	6	6	7

Note: A black box has been added to protect the anonymity of CHCS staff names.

8. Tracking Post-Diversion Outcomes

The diversion report lacks information on what happens after a diversion is granted. Data should be collected on:

- Services received following diversion.
- Duration of program participation.
- Case disposition outcomes for diverted individuals.
- Recidivism rates, including rearrests or reincarcerations.

Tracking these outcomes would provide valuable insights into whether diversions are achieving their intended goals, such as connecting individuals to treatment, reducing recidivism, and meeting detainees' needs.

9. Understanding Diversion Pathway Utilization

Diversion pathways should align with individuals' needs. However, the negative correlation between emergency detention rates and other forms of diversion suggests

potential misalignments or gaps in service use. For example, high emergency detention rates might reduce the use of CHCS or continuing services diversions due to capturing high-risk individuals early in the screening process at the medical assessment stage. Alternatively, emergency detention may be used for individuals who should be diverted or are either missed or deemed ineligible for CHCS or continuing services diversions. A case-by-case analysis and comprehensive audit are needed to clarify these patterns and ensure the optimization of diversion services.

Potential Improvement Area #1: Enhancing Mental Health Diversion Screening

The current mental health screening process for detainees includes a four-item questionnaire (provided in the Appendix) designed to identify individuals with a history of mental illness or immediate suicidal ideation. This tool is an efficient and highly valuable resource for law enforcement in the field, as it is brief, easy to administer, and provides critical information to convey to JIAA staff upon detainee arrival. Upon arrival at the JIAA, a deputy also administers a more detailed assessment using the Texas Commission on Jail Standards Screening Form for Suicide and Medical/Mental/Developmental Impairments (provided in the Appendix), which captures a broader range of mental health and developmental concerns that may warrant further evaluation or diversionary services.

Together, these tools provide a solid framework for identifying individuals with mental health and/or intellectual and developmental disability (IDD) needs who may qualify for diversionary services or specialized care while being processed at the JIAA or after transfer to the Bexar County Jail. However, there are opportunities to further enhance these procedures by shifting the administration of the Texas Commission on Jail Standards Screening Form to medical personnel or supplementing it with an additional screener during the medical intake process conducted by University Health.

Currently, much of the initial mental health screening process is conducted by law enforcement personnel, which may have some limitations. Detainees may hesitate to disclose sensitive mental health or IDD-related information to law enforcement due to concerns about legal implications. Additionally, law enforcement officers may not have the specialized training required to fully identify complex mental health or developmental needs, potentially leading to missed opportunities for diversion and care. Since law enforcement does not manage supplemental mental health and IDD care, this requires an additional layer of information transfer between agencies, which can increase processing time, reduce efficiency, and risk critical information not being

accurately communicated to the agencies responsible for providing medical, mental health, and IDD services.

Recommendation #1: Leverage Medical Personnel to Conduct Mental Health and IDD Assessments

Integrate mental health and IDD screening into the initial medical intake conducted by University Health. This could involve medical personnel administering the Texas Commission on Jail Standards Screening Form for Suicide and Medical/Mental/Developmental Impairments, which is already part of the intake process, or supplementing it with an additional validated tool, such as the Brief Jail Mental Health Screen (BJMHS).

Shifting the administration of the Texas Commission on Jail Standards Screening Form to medical personnel offers several advantages. Detainees may feel more comfortable disclosing information about mental health, substance use, or developmental impairments to medical professionals rather than law enforcement, particularly during the initial period following arrest. Importantly, since the form is already part of the intake process, this adjustment would not introduce substantial delays in processing. However, it may lengthen the medical intake procedure and require additional resources for University Health personnel. Consolidating mental health and IDD screening under a single entity, such as University Health, aligns with the recommendation in “Potential Area for Improvement #2” below of this chapter to centralize mental health and IDD care, along with diversionary practices under a unified organization like University Health.

If the full Texas Commission on Jail Standards Screening Form is determined to be too time-intensive for medical personnel to administer during intake, shorter alternatives such as the BJMHS could be considered. The BJMHS is an eight-question tool validated for use in jail settings, offering a quick and effective method to identify serious mental health conditions like schizophrenia, bipolar disorder, and major depression. It can be completed in under three minutes and is designed for clinical and non-clinical staff use. To address the high suicide risk among detainees during the intake period, it is recommended that a specific question assessing suicide risk be included in any alternative screening tool (see the Appendix).

Finally, it is crucial to emphasize that while screening assessments provide an excellent opportunity to identify needs and connect individuals to appropriate resources, it is equally important to ensure that individuals who screen positive for mental health concerns are consistently

linked to diversionary resources, mental health dockets, or other supportive services. Without these connections, screening can inadvertently lead to negative consequences. For example, research on jail-based mental health screening highlights that when such assessments are not tied to appropriate services, individuals with higher mental health needs scores may face more severe outcomes, including prolonged incarceration. Studies have found that worse scores on mental health assessments are associated with longer jail stays, higher rates of suicide attempts, and increased recidivism (Cunningham et al., 2024).

Potential Improvement Area #2: Fragmented Mental Health and IDD Assessment and Treatment Processes

Currently, the assessment and treatment of detainees with mental health conditions and IDD at the JIAA are managed by two separate agencies: the CHCS for mental health and the AACOG for IDD. This division of responsibilities presents challenges due to the considerable overlap between these conditions (Lineberry et al., 2023; Ricciardi, 2013). For example, while approximately 21% of adults in the United States have a diagnosable mental health condition (National Alliance on Mental Illness, 2022), studies estimate that among individuals with IDD, the prevalence of co-occurring mental health conditions is significantly higher, ranging from 33.6% (Mazza et al., 2020) to 44.8% (Scott & Haverkamp, 2014), with some studies finding the overlap as high as 59% (Reichard et al., 2019). While these estimates are taken from general population studies – rather than statistics of arrested persons – there are reasons to believe there is a significant number of persons with both mental health and IDD issues presenting to the JIAA.

Given this high degree of overlap between IDD and mental health disorders, establishing a unified system under a single agency, allowing for streamlined, holistic assessment and treatment of mental health and IDD, can be considered. This integration could enhance care coordination, improve outcomes for detainees with complex needs, and help avoid gaps in services for those with co-occurring conditions.

Recommendation #2: Integrate Mental Health and IDD Services Under a Unified Division

The management of mental health and IDD services can be integrated into a single division. Additionally, mental health and IDD screenings should occur universally and immediately upon intake, either during or immediately after the physical medical screening that is conducted by University Health, Bexar County's public health system. By streamlining the assessment process,

detainees with co-occurring mental health and IDD needs can receive prompt, coordinated care, reducing the risk of their conditions worsening during their time at the facility.

Additionally, detainees should be reassessed after a specified period (as determined with input from medical professionals), particularly those experiencing prolonged processing times at the JIAA. Regular reassessments are critical to identify any deterioration in mental health or IDD-related conditions, allowing for timely intervention and adjustment of treatment plans as needed.

Potential Improvement Area #3: Improved Substance Use Screening

The current assessments for screening and diversion efforts prioritize detecting mental health issues and suicidality. While these areas are critical, there is minimal screening of substance use disorders, which represents a significant gap, particularly given its relevance to diversionary efforts. Enhanced substance use screening is essential for identifying low-risk, non-violent offenders who may benefit more from substance use treatment or diversion into a drug specialty court rather than incarceration. These alternatives have been shown to be more effective and cost-efficient, reducing recidivism and addressing the underlying issues contributing to criminal behavior (Lindquist-Grantz et al., 2021; Warner & Kramer, 2009; Zarkin et al., 2015).

Recommendation #3: Adaptation of a Substance Use Screener

Enhancing the detection of substance use needs can be achieved by integrating a substance use screener into the intake process. To encourage accurate disclosure, it is recommended that the screener be administered by civilian staff, such as healthcare professionals or pre-trial assessment teams, rather than law enforcement personnel. Potential tools include the following:

The Tobacco, Alcohol, Prescription medication, and other Substance Use (TAPS) Tool

The TAPS Tool has two components and is clinically validated (McNelly et al, 2016). The first component (TAPS-1) is a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs. If an individual screens positive on TAPS-1 (i.e., reports other than “never”), this triggers the use of a more in-depth second component (TAPS-2) to identify the specific substance(s) use and risk level, ranging in severity from “problem use” to more severe substance use disorder (SUD). The TAPS questionnaire is provided in the Appendix.

These tools can be used by the patient (self-administered) online or administered as an interview by a health professional. Upon completion, the tool will automatically generate a risk level for

each substance class. Implications of the score, along with suggested clinician actions and additional resources, will be provided.

TAPS Scoring

The TAPS tool starts with questions about the frequency of use of tobacco, alcohol, and other substances in the past 12 months. Endorsement of any substance use during the initial screening phase (TAPS-1) prompts a few additional questions regarding use-related behaviors through a brief assessment (TAPS-2). Scores on these questions generate a risk level per substance endorsed based on a range of possible scores per substance.

TAPS Score	Risk Category
0	No Use in the Past 3 Months
1	Problem Use
2+	Higher Risk

For identifying DSM-5 SUD at the recommended cutoff of 2+, the TAPS Tool has adequate sensitivity (>70%) only for tobacco, alcohol, and marijuana. Further assessment should be conducted for patients with a score of 1+ for other substances. This assessment is a high priority for patients with a TAPS score of 2+, given its high positive predictive value for most substance classes.

Drug Abuse Screening Test (DAST-10)

This 10-item screener is brief, easy to administer, and provides a simple scoring system to classify individuals into the following categories:

- No problems reported
- Low level
- Moderate level
- Substantial level
- Severe level

The DAST-10 recommends further, more intensive assessment for individuals with substantial or severe scores. Its implementation could significantly improve the ability to identify substance use issues and tailor diversion efforts to meet individual needs effectively (Skinner, 1982; Yudko et al., 2007).

The inclusion of a validated screener like the DAST-10 would align with evidence-based practices and ensure that individuals with substance use challenges are identified and offered appropriate alternatives, ultimately contributing to better outcomes for both individuals and the community. Detailed items of the DAST-10 are provided in the Appendix.

Further details on potential substance use screeners can be found at:

- https://ntcrc.org/wp-content/uploads/2022/01/Examples_of_Screening_and_Assessment_Tools_for_SUD.pdf
- <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

Potential Improvement Area #4: Diversion Facility for Mental Health and/or IDD.

Bexar County currently does not have the infrastructure to effectively divert detainees with mental health conditions and/or IDD to appropriate treatment facilities. All detainees passing through the JIAA are screened for mental health, with positive screens referred to CHCS for further assessment in the case of mental health conditions or Alamo Area Council of Governments (ACOGG) in the case of intellectual developmental disability (IDD). However, even when these screenings identify mental health or IDD issues, there are limited options to divert detainees from the JIAA to more appropriate treatment facilities, including those that have beds for inpatient stays. The lack of resources and infrastructure to manage these cases often results in detainees remaining in the JIAA or being incarcerated in Bexar County Jail, even though a mental health or IDD intervention would be more suitable. Without the ability to remove and transfer these detainees to specialized care in a timely manner, the criminal legal system is left to manage cases that health professionals may better serve.

In the case of IDD, staffing for detainees with IDD at the JIAA facility is critically limited, with only one (1) trained specialist available on weekdays. However, as of October 2024, AACOG was provided with American Rescue Plan Act (ARPA) funding to provide two full-time AACOG Jail Liaisons at the JIAA with the following hours: 2:00pm – 11:00pm Monday to Friday, and 7:00am – 7:00pm Saturday and Sunday. Because of the timing of these hires after this report's completion, the current study cannot evaluate if the expanded capacity of AACOG Jail Liaisons addresses the gaps identified in this report.

Although AACOG provides IDD services, the specialist is responsible for screening up to 200 detainees each month (see **Table 3**). Currently, there are no designated facilities or "beds" for detainees with IDD who need to be diverted from jail. In cases where an individual lacks family support, AACOG must secure crisis placement, often in group homes. State-supported living centers, managed by the Texas Health and Human Services Commission (HHSC), are an alternative, but long waitlists exist due to the complex paperwork involved and limited available bed capacity.

AACOG also subcontracts with The Wood Group, a private provider that operates Serenity House, an ADA-accessible facility with six crisis respite beds. While Serenity House staff are trained to handle some behavioral cases, the facility cannot accommodate both minors and adults at the same time due to safety concerns, with priority given to minors with IDD.

Recommendation #4: Bexar County Mental Health and IDD Diversion Center

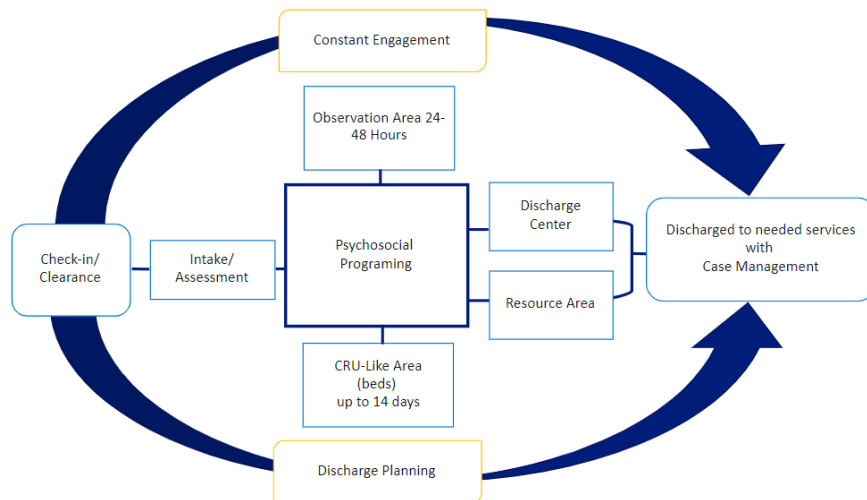
Bexar County can consider investing in a dedicated *Mental Health and Intellectual and Developmental Disabilities Diversion Center*. A model within Texas of such a facility that has been successfully operational for several years is the *Judge Ed Emmett Jail Diversion Program* at the Harris Center for Mental Health and IDD (see **Figure 7**). Similar diversion centers are also being established in other counties in Texas, including Travis County (Texas Tribune, 2024), Bell County (Bell County, 2024; Bureau of Justice Assistance, 2024), and Tarrant County (2024), among others (see the Appendix for a comprehensive list of diversion programs established in Texas). This center would serve as an alternative to incarceration for detainees with mental health conditions or IDD who meet specific eligibility criteria detailed below. Operating 24/7 and accepting detainees from all law enforcement agencies within the county, the facility would create a streamlined, efficient process that delivers specialized services to those in need. While considerable resources may be needed to set up such a center, a dedicated mental health and IDD team may be worth assembling and piloting as a demonstration project.

The Harris Center's model offers multiple pathways for diversion: (1) law enforcement officers can transport detainees directly to the diversion center, with the option for a phone consultation with a District Attorney's Office representative to address any legal questions before transport; and (2) detainees arriving at the JIAA South Tower can be diverted from a dedicated diversion desk, which would serve three primary functions (a) screening and assessment to facilitate identification of potential diversion candidates, (b) review of criminal history and CCQ history to identify potential diversion candidates, and (c) answer and respond to questions and requests via a diversion

hotline. When a diversion recommendation is made after an arresting officer brings a detainee to the JIAA, the arresting officer can transport the individual to the diversion center instead.

Between 2018–2024, over 10,000 detainees were diverted through the Harris Center for Mental Health & IDD (Houston Chronicle, 2024). The Bexar County Sheriff's Office has also recognized the pressing need for such diversion services and has previously proposed a similar plan to address this gap in Bexar County (DMET, 2024).

Figure 7: Harris County Diversion Model
Diversion Center Model



To ensure continuity of care, any diversion center is recommended to have both on-site and aftercare (post-release services), which can include:

On-Site Services

- Assessments
- Integrated treatment and care plans to assist in an individual's stabilization
- Medication management
- On-site primary care

- On-site psychiatric care
- Psychosocial programming
- Substance use disorder interventions
- Rehabilitation services
- Respite beds
- Peer support
- Extensive discharge planning to coordinate access to housing, social services, and treatment post-discharge, utilizing case managers and peer support

Aftercare Services (Post-Release Services)

- Intensive Community-Based Case Management
- Medication management
- Psychiatry
- Psychosocial programming
- Respite beds
- Crisis Housing Supports
- Detox/Residential Substance Use Disorder Services
- Peer support
- Permanent Supportive Housing

Note: Standardized intake for arrivals at the Harris County Diversion Center includes (a) peer support, (b) medical assessment/triage by a registered nurse, (c) evaluation by a psychiatrist, (d) evaluation by an internal medicine physician, and (e) evaluation by a master's level clinician.

Suggested Eligibility Criteria for Bexar County's Diversion Center:

- Detainees arrested for low-level, non-violent offenses
- Those with, or appear to have, a history of mental illness or a diagnosed intellectual or developmental disability (or both)
- Not intended for detainees in acute crisis who meet the criteria for emergency detention
- Adults 18 years or older

Potential Improvement Area #5: Underutilization of the Satellite Office for Warrant Clearing.

The Bexar County Satellite Office, located at 100 Dolorosa St. B10.2 San Antonio, TX 78205, is designed for individuals to self-surrender and clear warrants and is currently underused despite its capacity to handle between two or three times more individuals daily. Processing at the Satellite Office is efficient, typically taking only two or three hours, which helps alleviate pressure on the JIAA South Tower. However, the office's hidden location and lack of awareness among potential users and stakeholders (e.g., families; legal representatives) contribute to its underuse.

Recommendation #5a: Increasing Knowledge and Use of the Satellite Office for Warrant Clearing.

To increase the knowledge and utilization of the Satellite Office for warrant clearing by raising awareness through targeted training, information dissemination, and public outreach.

1. Training and Awareness Campaigns:

- Collaborate with Managed Assigned Counsel to conduct training sessions about the Satellite Office for defense attorneys and legal representatives.
- Provide detailed information about the office and its benefits to local bar associations and bail bond companies.

2. Public Information Campaign:

- Utilize a public information officer to create and share educational videos on the county's website and social media channels, explaining the existence, location, and function of the Satellite Office.
- Distribute information sheets and brochures about the Satellite Office at the South Tower and other relevant locations.

Recommendation #5b: Expand the Use of the Satellite Office as a Diversion Point for Low-Level Offenders

In addition to serving as a warrant-clearing location, the Satellite Office should be utilized as a diversion point for low-level, non-violent offenders. Instead of processing these detainees through the JIAA, low-risk detainees can be identified and issued tickets to appear to be scheduled for

virtual magistration and clearance at the Satellite Office at a designated date and time. This process can potentially alleviate pressure on the JIAA, reduce unnecessary jail time for low-risk offenders, and streamline case management.

Potential Improvement Area #6: Increasing Detection And Diversion Of Detainees Eligible For Specialty Courts

The current intake and processing system at the JIAA facility does not have a clear mechanism to identify detainees eligible for diversion into specialty court programs. As a result, many detainees who could benefit from these targeted interventions are instead processed through the traditional court system, leading to missed opportunities for specialty court utilization.

Recommendation #6: Increase Screening based on Specialty Court Eligibility and Create Specialty Court Diversion Procedures

The intake system can be enhanced to include a screening process for eligibility across all specialty court programs within Bexar County. This screening should be implemented at the initial intake stage, ensuring that detainees who qualify for programs such as the Bexar County Adult Drug Court, DWI Court, Veterans Treatment Court, Mental Health Court, Reflejo Court (Misdemeanor Family Violence), District Courts, Felony Drug Court, Esperanza Court, Felony Veterans Treatment Court, and Mental Health Court are promptly identified. Given the especially large population of veterans in Bexar County, it may be important to recognize the various resources available from the Veterans Affairs (VA) South Texas Health Care System, including VA Veterans Justice Outreach specialists whose duties are to intervene early in the criminal justice system process to prevent incarceration.

Chapter 5: Connecting Persons Processed Through and Released from the JIAA South Tower but non Incarcerated to Post-Release Services

Chapter 5 Executive Summary

Key Findings:

1. **Screening for Social Needs:** Implementing social needs screening can enhance the understanding of detainees' community reintegration needs, guide investment in post-release programming, and improve the ability to coordinate services for those released from the South Tower to improve detainee outcomes and reduce recidivism.
2. **Improved Systematic Service Connection:** Detainees who are arrested – but not incarcerated in jail – who are released on bond from the JIAA are not systematically connected to services addressing social needs (i.e., housing, mental health, substance use, employment, and other reentry needs). As part of the release process, there are opportunities to conduct universal social needs screenings of detainees and coordinate post-release support with organizations that support criminal justice-involved populations in the community (i.e., Bexar County Reentry Center; Unlocked; Crystal Counseling).

Overview

Note: This section focuses on individuals arrested, processed through the JIAA South Tower, and ultimately released on bond but not incarcerated in the Bexar County Jail due to their arrest. While Bexar County has invested significant resources in providing post-release services for individuals who have been incarcerated in Bexar County Jail, approximately 60% of arrested individuals are processed through the JIAA South Tower, released on bond, and do not spend time in jail. Establishing a procedure to improve social needs screening and facilitate connections to post-release services for this group could offer substantial benefits.

Reintegrating detainees into the community without adequate support and access to essential services presents significant challenges and increases the risk of recidivism (Latessa et al., 2020). Detainees processed through the JIAA and released on bond often face numerous barriers and life challenges that hinder successful reintegration. An arrest offers a unique opportunity to gather information on the social needs of some of the most vulnerable in San Antonio and use the arrest as an opportunity to connect them to community-based services that can help improve their

outcome and reduce the likelihood of future re-arrest – which in turn can serve as a cost savings to Bexar County and alleviate pressure on jail overcrowding.

Currently, the processing and release procedures at the JIAA do not assess the social needs of detainees or systematically connect detainees to post-release service providers. While programs to support formerly incarcerated detainees who spend extended time in jail or prison exist—such as the Bexar County Reentry Center and the Metro Health Unlocked Program—these services do not extend to those who are arrested and released on bond without being incarcerated in Bexar County Jail, therefore missing a large segment of the arrested population. These programs offer essential services for reintegration, including job placement assistance, substance abuse treatment, mental health counseling, and housing support that are critical for detainees processed through the JIAA and released back to the community on bond.

Potential Improvement Area #1: Lack of Social Needs Screening

The JIAA currently does not screen arrested people for social needs, which limits the facility's ability to understand and address the underlying social challenges facing the population it serves. Without insight into needs, such as the prevalence of housing stability, employment, food security, healthcare access, and substance use, Bexar County is unable to gauge the social needs of those arrested or develop programs and resources to meet these needs effectively. This lack of screening diminishes the facility's ability to inform strategic programming and investment and the development of preventative interventions that could support arrested individuals, helping them stabilize and potentially reducing future recidivism. This absence of this information also hinders the ability to coordinate with services that link detainees with post-release service provision.

Recommendation #1: Implement Universal Social Needs Screening

As part of the release process (as described below in “Potential Improvement Area #2”), implement a social needs screening protocol for all detainees at a strategic stage, such as during the pretrial interview process or as an independent part of the release process for detainees who obtained bond. Screening can be efficiently achieved with brief tools such as the Centers for Medicare & Medicaid Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool, the National Association of Community Health Centers' Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), or the American Academy of Family Physicians' Social Determinants of Health Screening Tool. The Appendix provides a tool designed by the research team that can be implemented in the JIAA.

By adopting a social needs screening tool as part of the standard processing, Bexar County can better align its programs with the population's social needs, invest in supportive services, and foster strategic community partnerships to mitigate factors associated with recidivism. Universal implementation of a social needs screener can also provide Bexar County with comprehensive data on the prevalence of issues such as food insecurity and housing instability among arrestees. This data would allow the county to track trends of social needs, identify the most urgent challenges, and prioritize areas for program development and strategic investment. Such efforts would position Bexar County to address systemic challenges more effectively and allocate resources where they are most needed.

Implementing a social needs screener requires careful logistical planning to avoid increasing total processing times. One viable approach is to integrate the screener into the pretrial interview process, with data collection managed by Bexar County Pretrial Services. The collected data could then be shared with post-release support organizations like Bexar County Reentry. Alternatively, organizations like Bexar County Reentry or Unlocked could conduct social needs screening and be given space to be stationed at the South Tower during the release process. If implemented during the release process, the JIAA can also administer a screener to individuals transferred to the Bexar County Jail upon arrival or at the time of their release from the facility to ensure maximum coverage.

Implementing this screening protocol would require upfront investment to ensure adequate staffing for agencies stationed at the South Tower. However, the long-term benefits could outweigh these initial costs. By addressing social needs and connecting arrestees with supportive services, the county could reduce rearrest and reincarceration rates, leading to significant cost savings over time (Armstead et al., 2019; DeLisi & Vaughn, 2015; Jackson & Vaughn, 2018). Additionally, the comprehensive data collected would enable Bexar County to strategically invest resources in targeted programs, enhancing its efforts' efficiency and impact.

Potential Improvement Area #2: The Current JIAA Procedures Do Not Connect Non-Incarcerated Detainees with Organizations That Can Support Reentry Needs

Many persons processed through the JIAA are ultimately released but not connected to services that offer crucial resources to detainees reentering the community, such as:

- Childcare and parenting
- Clothing and household items
- Employment

- Food
- ID recovery, government documents or legal
- Insurance
- Medical and Healthcare
- Mental health and substance use
- Shelter, housing, or showers
- Transportation
- Treatment facilities
- Veteran services

Recommendation #2a: Integrate the Organization, Such as Bexar County Reentry or Unlocked Program into the JIAA South Tower

As discussed in “Potential Improvement Area #1”, a social needs assessment provided to all detainees offers the benefit of understanding and quantifying the level of social need for individuals processed through the JIAA. This information can be captured and used to guide the reentry services needed for detainees to reintegrate successfully into the community. Doing so also requires collaboration with organizations that serve populations involved in the criminal justice system. Existing organizations in Bexar County that achieve this function are the Bexar County Reentry Center and Unlocked. Organizations such as these currently work with the county to aid the community reintegration of individuals incarcerated in prison or jail. However, because approximately 60% of arrested persons are processed through the JIAA South Tower and released on a bond before ever spending time in Bexar County Jail, community reintegration support services are missing approximately 60% of potential individuals needing services.

The Bexar County Reentry Center, located at 222 S. Comal, San Antonio, TX 78207, currently works with a large range of formerly incarcerated individuals who return from a period of incarceration or are on probation or parole. The Reentry Center offers a wide variety of services, including but not limited to helping with employability, job training, and achieving educational attainment.

Unlocked is a program led by a team of community health workers committed to providing quality resources to detainees reentering the community after incarceration. Unlocked provides support and connection to services that help detainees be healthy and successful after transitioning out of Bexar County Jail. The Unlocked program is funded by the CoSA Metro Health and services

detainees who meet the following criteria: (1) over the age of 18; (2) been released from Bexar County Jail in the last three months; and (3) need health or social service support. The Unlocked program is currently integrated into Bexar County Jail but does not actively work with detainees who are detained at the JIAA South Tower for booking but released and not incarcerated in the Bexar County Jail. The Unlocked program can be provided with a space in the JIAA, such as a window or designated station in the releasing area, with a mandated part of the releasing process to have an individual provide their contact information to the Unlocked program to sign up for potential service provision. On November 4, 2024, the Unlocked Program toured the JIAA facility and provided support for integrating their services into the South Tower, starting with a pilot program that can be implemented on designated days and times during the week.

Potential Improvement Area #3: Need for Community Case Management for Non-Incarcerated Released Detainees with Mental Health Issues

Releasing arrested individuals with mental health conditions back into the community without adequate case management services often leads to poor outcomes, both for the individuals and the community (Substance Use and Mental Health Administration [SAMSHA], 2023). Without intensive case management, individuals with mental health conditions frequently struggle to access necessary resources, resulting in unmet healthcare needs, instability in housing, and difficulties in securing employment. This lack of support increases the risk of recidivism, as well as further episodes of mental health crises that require emergency intervention (SAMSHA, 2023). The absence of a coordinated care approach leaves many individuals vulnerable, contributing to repeated interactions with the criminal justice system, a cycle that strains county resources and can deepen the mental health challenges of affected individuals (SAMSHA, 2023).

Recommendation #3: Building a Coordinated Pipeline of Case Management Services for Non-Incarcerated Detainees with Identified Mental Health Needs

Investing in intensive case management services for arrested individuals with mental health conditions who are released back into the community can provide a structured support system that can connect individuals with mental health services, assist with housing and employment stabilization, and support overall well-being. This type of service has been shown to reduce recidivism, improve health outcomes, and foster successful community reintegration (Hogg Foundation, n.d). For instance, contracting with existing providers such as Crystal Counseling, which already has a contract with the Bexar County Mental Health Courts, could provide an immediate solution. Crystal Counseling offers comprehensive case management services for

individuals with serious mental illness, helping them achieve independent and stable living in the community.

Importantly, Crystal Counseling accepts various insurance plans, including Superior, Molina, and Amerigroup Medicaid, facilitating access for insured individuals. However, to ensure equitable access to case management, the county can consider establishing a contract that bridges the service gap for uninsured individuals and those with private insurance. This contract would allow Crystal Counseling or alternative case management providers to deliver services without financial barriers, thereby improving continuity of care for all individuals with mental health needs transitioning from custody back into the community.

Chapter 6: Other Recommendations

Chapter 6 Executive Summary

Key Findings and Recommendations:

1. **Employee Retention:** There are opportunities to improve employee retention and morale via a salary review, introducing differential and hazard pay for qualifying positions, establishing a Staff Advisory Council to gather feedback and enhance communication, and investing in standardized training protocols for each department operating in the JIAA.
2. **Process Improvement Trials:** Lack of funding for experimental process improvements limits the JIAA's ability to adapt and innovate. Establishing a dedicated process improvement budget to support pilot initiatives addressing emerging operational challenges offers opportunities for JIAA leadership to address emerging issues.
3. **Public Information Delivery:** Much time is spent by JIAA staff managing questions from the public about the location of arrested persons. Developing a centralized public information delivery system with an online FAQ portal and a centralized phone line can streamline inquiries and improve public communication.
4. **Technology Infrastructure:** Computer hardware and Wi-Fi challenges disrupt operations and delay detainee processing and can be subject to review for further investment.

Overview

Chapter 6 presents a collection of additional recommendations that emerged during the evaluation of the JIAA that did not fall within the initial primary focus areas of the study but remain potentially beneficial for enhancing the overall efficiency and effectiveness of the JIAA.

Potential Improvement Area #1: Review Pay Structure to Improve Employee Retention and Morale

Across multiple units within the JIAA, staff morale is notably low, turnover rates are high, and concerns about the ability to retain employees have arisen frequently. Key concerns raised by staff include: (1) pay rates, (2) the absence of differential or hazard pay for numerous civilian positions, (3) challenging working conditions that are not reflected in their compensation, and (4) poor communication between agencies operating in the JIAA.

Below are illustrative quotes from staff highlighting these challenges:

"The District Clerk's Office staff has a high turnover rate due to a lack of pay and safety at the JIAA. District Clerk staff is having to retrain constantly."

"More pay is needed, such as hazard pay for working in a jail setting."

"I think the district clerk needs to get a pay raise and differential pay. Our office is open 24/7. We are the only department in the JIAA that does not get differential pay."

"Training requires a lot of investment in someone for months, and then they walk out the door and leave due to pay and conditions at JIAA. And it can be demoralizing to people."

"Deputies are working too many hours causing burn out and low morale."

"We have to do an overnight rotation, and then we can do it for overtime pay as well."

"So that was when I started doing the magistrate process in addition to the mandatory week that you had to do at the time, you could sign up for the overtime shifts."

Recommendation #1: Enhance Pay Structures to Improve Staff Morale and Reduce Turnover

To address the persistent issues of low staff morale and turnover rates within the JIAA, it may be beneficial to implement a strategy that includes enhancing pay structures, improving working conditions, and fostering effective communication throughout the JIAA.

Review and Adjust Pay Rates: Begin by conducting a unit-by-unit analysis of retention rates and salary review to (1) identify units with high rates of turnover and (2) units where current pay rates are not competitive with standards of similar agencies in Bexar County and other Texas counties. Based on this review, salary adjustments can be implemented to align compensation with employees' challenges in various roles.

Introduce Differential and Hazard Pay: Establish a differential pay system to provide additional compensation for employees working night shifts, weekends, and positions with job responsibilities that qualify for hazard pay. This initiative can recognize the extra demands placed on staff during these periods, making these shifts more attractive and helping to retain talent.

Establish a Staff Advisory Council: Form a council that meets at least once per quarter to review workplace issues, gather input from staff via listening sessions, and propose actionable solutions to enhance the work environment. This council should consist of representatives from various departments operating in the JIAA to ensure diverse perspectives are considered.

Potential Improvement Area #2: Training for New Employees

This evaluation identified gaps in the onboarding and training processes. New employees across units at the JIAA are frequently hired without adequate training specific to the operational procedures of the JIAA. Without structured guidance, these employees are more prone to making errors, experience heightened frustration, and often take longer to reach optimal productivity. This gap in training contributes not only to delays in processing but also to an accelerated cycle of turnover, as employees become dissatisfied and leave, requiring more new hires who subsequently encounter similar challenges. The cumulative effect is a disruption in service quality, inefficiency in processing, and increased costs associated with constant rehiring and retraining efforts. As turnover rates rise and impact more experienced staff, new hires are often trained by less experienced employees, compounding operational challenges.

Recommendation #2: Build a Training Manual and Hire a Dedicated Position for Training New Staff

To improve the onboarding process, each department operating in the JIAA can be extended resources to create a training framework for employees. This framework should include:

1. **Development of Training Manuals for Each Agency Operating Within the JIAA**
Each agency within the JIAA has unique functions and processes that require tailored training materials. Developing standardized training manuals for each agency would ensure new employees have clear, consistent instructions on operational procedures, expectations, and responsibilities. These manuals would serve as reliable references for new hires and current staff, promoting uniformity in operations and reducing the likelihood of errors arising from misunderstandings or procedural inconsistencies in training across the staff. This stands in contrast to the current protocol for most new hires, which is a "learn as you go" model, where new hires learn by observing current employees, who are often inexperienced due to high turnover rates.

2. **Investment in Training Infrastructure and Support for New Employees**

To effectively onboard new employees, Bexar County can establish a dedicated training infrastructure, including the following components:

- **Dedicated Training Personnel:** Designate experienced staff within each unit specifically to train new hires. Covering the time for these employees to focus on training—either by assigning dedicated training shifts or compensating overtime—would ensure that new hires receive high-quality, uninterrupted guidance.
- **Structured Onboarding Program:** Implement a structured onboarding program that spans an initial training period, followed by ongoing mentorship. This can provide new hires with essential knowledge, allow them to shadow experienced employees, and facilitate smoother integration into their roles.

Potential Improvement Area #3: Limited Resources for Experimental Process Improvement Trials

The JIAA has demonstrated the ability to adapt to emerging problems through trial and testing procedures, which have proven valuable in identifying and implementing solutions that enhance operational efficiency. However, the facility lacks a dedicated funding source for these experimental process improvement trials. Without a specific budget for this purpose, the facility faces financial constraints that can limit its ability to respond swiftly and effectively to new challenges. This lack of resources hinders the facility's capacity to innovate and optimize its procedures, potentially leaving emerging problems unaddressed and reducing the overall effectiveness of the JIAA.

Recommendation #3: Establish a Process Improvement Budget

Bexar County can establish a dedicated annual "process improvement budget." This budget would be specifically allocated to offset the costs associated with experimental process improvement trials to test innovative procedures for emerging issues and concerns at the JIAA. By providing a financial reserve for these initiatives, the county can empower the JIAA to pursue new strategies, test innovative solutions, and implement improvements without being constrained by budgetary limitations. This proactive approach can enhance the facility's operational efficiency and promote a culture of continuous improvement, ensuring that the JIAA remains responsive and adaptable to future challenges.

Potential Improvement Area #4: Public Information Delivery System

Members of the public often resort to calling any number they can find online, leading to multiple, often misdirected, calls to various departments for information on individuals being processed. This issue is further exacerbated by the dual magistration system, where detainees may be processed at the CoSA facility. Yet, family members mistakenly contact the Bexar County JIAA, adding to the confusion and volume of calls (see findings Chapter 3). This approach not only agitates community members seeking information on detainees who are often friends and family but also consumes significant staff time, as employees who answer the phones are frequently unprepared to handle a wide range of questions.

Recommendation #4: Establish a Centralized Public Information Delivery System

Bexar County can establish a centralized public information delivery system that includes the following key components:

- **Comprehensive FAQ and Information Portal:** Develop an online FAQ and information portal where the public can access reliable information on frequently asked questions and concerns.
- **Centralized Call Handling Procedure:** Implement a standardized procedure for managing public calls. This includes training staff on handling calls effectively, escalating complex inquiries to the appropriate department, and ensuring that all information provided is consistent and accurate. A centralized phone number can also be established to direct all inquiry calls to streamline the process, reduce confusion, and enable staff to provide reliable and consistent information to callers.

Potential Improvement Area 5: Upgrading Computer Hardware and Wi-Fi to Improve Processing Efficiency

The computer hardware and unreliable Wi-Fi connections at the JIAA hinder productivity and efficiency. Slow computers and frequent internet disruptions delay critical tasks, creating frustration among staff and impeding the timely processing of detained individuals. These technological challenges compromise the facility's ability to operate smoothly, leading to extended processing times and negatively impacting overall workflow and staff morale.

Recommendation #5: Investment in Updated Computer Systems and Reliable Wi-Fi for Enhanced Operational Efficiency

An updated computer system and an improved Wi-Fi infrastructure can improve operational efficiency by minimizing delays caused by slow processing times and internet disruptions, allowing staff to work more efficiently and reducing detainee processing times.

Potential Improvement Area #6: Challenges in Connecting Crime Victims to Support Services

A gap exists in the current system for ensuring crime victims are connected to supportive services through the Bexar County District Attorney's Office Victims Assistance Division or enrolled in the Victim Notification for Crime Victims Program (V.I.N.E). The current process relies on arresting officers to notify victims about available services and collect victim information during an onsite arrest. However, this approach creates barriers as logistically, an arresting officer is not always able to speak with a victim at the point of an arrest, and in cases involving warrant arrests, an arresting officer often lacks the necessary victim information or the ability to contact the victim. This gap can result in victims not being made aware of vital resources, leading to missed opportunities for support and safety measures that could reduce stress and enhance victim wellbeing.

Recommendation #6: Enhancing Victim Support Through District Attorney Representation at JIAA

An avenue that can enhance victim support services is a representative from the District Attorney's Office stationed at the JIAA who will be trained in victim assistance programs. This representative would use victim information provided in arrestee packets to proactively refer victims to follow-up services with a victim advocate and facilitate their enrollment in the V.I.N.E program. To reduce stress on victims, an option could also be provided to allow them to fill out affidavits for non-prosecution at their convenience rather than during moments of crisis. Implementing this recommendation may require additional resources for the District Attorney's office, but the JIAA presents a valuable opportunity to ensure that victims' needs are met effectively and consistently.

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Appendix A: Final Bexar County Justice Intake and Assessment Annex Employee Survey

Start of Block: Introduction

In October 2023, the Bexar County Commissioner’s Court tasked UTHealth Houston School of Public Health researchers with conducting a study of the jail intake and bonding processes of the Justice Intake and Assessment Annex (JIAA). As part of this study, this survey is designed to collect information regarding your professional experience in the JIAA.

The survey will take approximately 10-12 minutes to complete. Your feedback is crucial for providing recommendations to Bexar County to improve processes and resources available at the JIAA. *Please note that none of the individual responses will be shared with your employer. All responses are confidential.* Data will be stored on a secure server by the research team at UTHealth Houston. Responses will be destroyed one year after the completion of the study.

Should you have any questions, please do not hesitate to contact the research team at UTHealth Houston School of Public Health by emailing: UTHealthJIAA@uth.tmc.edu

End of Block: Introduction

Start of Block: Section 1: Professional Background

What is your current work agency? (Select one)

- Bexar County Sheriff's Office (1)
- Bexar County Pretrial Services (2)
- University Health (3)
- Bexar County Center for Health Care Services (4)
- Bexar County Clerk (5)
- Bexar County Courts (6)
- Bexar County Department of Behavioral Health (7)
- Private Bail Bond Company (8)
- Other (please specify below) (9)

For how long have you worked with your current agency or organization? *Please list the total years and **any additional months**.*

Years (1) _____

Months (2) _____

For how long have you worked Justice Intake & Assessment Annex? *Please list the total years and any additional months.*

Years (1) _____

Months (2) _____

For how long have you worked in any criminal justice setting, including all jobs? *Please list the total years and any months.*

Years (1) _____

Months (2) _____

End of Block: Section 1: Professional Background

Start of Block: Section 2: Work Schedule and Position

On a typical week, how many *days* do you spend working onsite at the JIAA? (*Select One*)

Responses choices are 1 to 7.

▼ 0 (1) ... 7 (8)

On a typical week, how many *hours* do you spend working onsite at the JIAA? (*Select One*)

Responses choices are 1 to 80.

▼ 1 (1) ... 80 (80)

What hours do you most typically work at the JIAA? *Enter the start time and end time, indicating AM or PM for each.*

	Typical Work Hours	AM or PM	
	Enter Times Below in the Format of Hour : Minutes, with a colon ":" in between (1)	AM (1)	PM (2)
Typical Start Time (1)		<input type="radio"/>	<input type="radio"/>
Typical End Time (4)		<input type="radio"/>	<input type="radio"/>

End of Block: Section 2: Work Schedule and Position

Start of Block: Section 3: JIAA Strengths, Opportunities, Weaknesses, and Threats

When thinking about the **strengths** of the JIAA, what would you say that the facility does best in terms of processing arrested persons through the facility? **Please list up to three strengths below.**

When thinking about the **weaknesses** of the JIAA, what could be done to improve the processing of arrested persons through the facility? **Please list up to three weaknesses below.**

When thinking about **opportunities** for the JIAA, what are some opportunities for improvements for processing arrested persons through the facility? **Please list up to three opportunities below.**

When thinking about threats the JIAA faces, what are some of the **obstacles** to successfully processing arrested persons through the facility in the future? **Please list up to three obstacles below.**



Several changes have been made at the JIAA. In the past 6 months (or since you began working at the JIAA if less than 6 months ago), do you feel that, your overall work flow at the JIAA has...

- Improved (1)
- Stayed the same (2)
- Worsened (3)
- I have not worked at the JIAA long enough to notice a change (4)

End of Block: Section 3: JIAA Strengths, Opportunities, Weaknesses, and Threats

Start of Block: Section 4: SAPD Use of the JIAA Facility

Currently, the San Antonio Police Department does not use the JIAA as their primary facility. Rather, when a person is arrested by the San Antonio Police Department, they undergo an initial magistration or a preliminary legal hearing at a City of San Antonio facility, conducted by a city

judge. Following this, these arrested individuals are then transferred to the JIAA, where they undergo separate processing and a second magistration by a Bexar County magistrate judge.

Use the slider to indicate that "1" = *makes the flow through the JIAA easier*; "5" = *does not affect the flow through the JIAA*; "10" = *makes the flow through the JIAA more difficult* for the statement below.

0 1 2 3 4 5 6 7 8 9 10

Based on your experiences, how does the San Antonio Police Department not using the JIAA as their primary facility impact the flow of arrested persons through the JIAA?



Skip To: End of Block If QID199 [Based on your experiences, how does the San Antonio Police Department not using the JIAA as their primary facility impact the flow of arrested persons through the JIAA?] = 4

Skip To: End of Survey If QID199 [Based on your experiences, how does the San Antonio Police Department not using the JIAA as their primary facility impact the flow of arrested persons through the JIAA?] = 5

Please describe some of the ways that the San Antonio Police Department not using the JIAA as their primary facility impacts the flow of arrested persons through the JIAA.

End of Block: Section 4: SAPD Use of the JIAA Facility

Start of Block: Section 5: Mental Health and Substance Use Screening and Diversion



Are you involved with assessing mental health or substance use needs of arrested persons as part of your job? *(Select One)*

▼ Yes (1) ... No (2)

Skip To: End of Block If QID201 = No

Use the slider to indicate your response to the next two questions on a scale of 1 to 10, *where "1" means very inadequate and "10" means very adequate.*

1 2 3 4 5 6 6 7 8 9 10

How adequate do you believe mental health and substances use screening procedures at the JIAA are?	 A horizontal slider bar with a blue vertical marker positioned at the 6th tick mark.
How adequate do you believe mental health and substances use diversion procedures at the JIAA are?	 A horizontal slider bar with a blue vertical marker positioned at the 6th tick mark.

End of Block: Section 5: Mental Health and Substance Use Screening and Diversion

Start of Block: Section 6: Additional Comments and Suggestions

What, if any, additional comments can you share about areas for process or task improvements at JIAA?

End of Block: Section 6: Additional Comments and Suggestions

Start of Block: Thank You!

Thank you for dedicating your time and sharing your insights through this survey.

Your invaluable contributions have not only enriched our study but are also poised to influence meaningful improvements within the JIAA. We deeply appreciate your candidness and commitment to enhancing the working environment and processes at the JIAA.

Should you have any further questions or wish to contribute additional feedback outside of this survey, please do not hesitate to contact the research team at UTHealth Houston School of Public Health by emailing: UTHealthJIAA@uth.tmc.edu

Appendix B: List of Law Enforcement Agencies Using the JIAA

Agency	ORI	Agency	ORI
SAPD	TXSPD0000	ALAMO COLLEGE	TX0152100
BCSO	TX0150000	EAST CENTRAL ISD	TX0153500
ALAMO HEIGHTS	TX0150100	SOUTHWEST ISD	TX0155600
BALCONES HEIGHTS	TX0150200	EDGEWOOD ISD	TX0153300
CHINA GROVE	TX0150400	FT SAM HOUSTON	TXUSA1200
CASTLE HILLS	TX0150300	HARLANDALE ISD	TX0152500
CONVERSE	TX0150500	JUDSON ISD	TX0152000
ELMENDORF	TX0150600	NORTHEAST ISD	TX0153800
FAIR OAKS	TX0153900	NORTHSIDE ISD	TX0153600
HELOTES	TX0153000	OLLU PD	TX015459E
HILL CO VILLAGE	TX0150700	SAN ANTONIO ISD	TX0153900
HOLLYWOOD PARK	TX0150800	SOMERSET ISD	TX0154900
KIRBY	TX0150900	SOUTHSAN ISD	TX0299000
LEON VALLEY	TX0151000	SOUTHSIDE ISD	TX0154100
LIVE OAK PD	TX0151600	ST MARYS PD	TX0153400
OLMOS PARK	TX0151100	TEXAS A&M PD	TX0157000
SCHERTZ	TX0940200	TRINITY UNIVERSITY	TX015319E
SELMA	TX0152200	UTSA PD	TX0151900
SHAVANO PARK	TX0151200	UTHSC	TX0151700
SOMERSET	TX0152300	PCT 1 CONSTABLE	TX0151800
TERRELL HILLS	TX0151300	PCT 2CONSTABLE	TX0152600
UNIVERSAL CITY	TX0151400	PCT 3 CONSTABLE	TX0152700
VON ORMY	TX0155900	PCT 4 CONSTABLE	TX0152800
WINDCREST	TX0151500	PCT 5 CONSTABLE	TX0152900
GAME WARDEN	TX2270800	TX STATE FIRE MARSHALL	TX2271300
ATF	TXATF0800	SECRET SERVICE	TXSS31500
DEA	TXDEA1400	SAN ANTONIO AIRPORT	TX0153700
FBI	TXFBISA00	SAN ANTONIO PARK PD	TX0154700
DPS	TXDPS2200	DISTRICT ATTORNEYS OFFICE	TX015025A
VIA	TX0154800	OAG	TX2273200
BCSO ARSON	TX0155800	POSTAL INSPECTOR	DCRPO0000
SAFD ARSON	TX0155700	SA MARSHALL	TX0155300
INSPECTOR GENERAL	TX2360800		

Appendix C: Bexar County Pretrial Services Risk Assessment

Defendant's Name: _____ **SID #:** _____

Screener: _____ **Date:** _____

1. Current Offense

Burglary, robbery, weapons, other property crime, or
manufacture/delivery CS Yes = 1 Else = 0 _____

2. Current Legal Status

Currently on probation, parole or bond = 2 No = 0 _____

3. Prior Convictions (adult and juvenile)

None or one misdemeanor = 0

2 or more misdemeanors or one prior felony = 1

Two or more felony convictions = 2

Multiple convictions for violent felony crimes = 3 _____

4. Prior FTA Warrants within the past 5 Years

None = 0 One = 1 Two or more = 2 _____

5. Age at First Arrest

Under age 18? Yes = 2 No = 0 _____

6. Gender

Male = 1 Female = 0 _____

7. Residency

Lives with Immediate Family/Spouse, Uncle/Aunt/children or Self = 0

Else = 1 _____

8. Employment

Employed full-time, attending school, Retired, Disabled, Homemaker = 0

Else = 1 _____

9. Current Age

Under 31 = 2 31-49 yrs = 1 50 yrs and above = 0 _____

Total Score _____

Scored Risk Level

Low = 3 points or less Low Moderate = 4-5 points Moderate = 6-8 points High = 9+ points

Appendix D: Mental Health Diversion Questions

Mental Health Diversion Questions

1. Have you ever been diagnosed as having a mental illness by a doctor or mental health professional?
Yes No
2. Have you ever or are currently taking any medications for mental illness?
 Yes No
3. Have you ever tried to kill yourself?
 Yes No
4. Do you currently have thoughts of killing yourself?
Yes No

*****These questions are to be asked to the arrested person as required by SAPD procedure 601 and a Directive issued by the Bexar County Sheriff's Office. *****

1. Was the suspect involved in a vehicle crash during the arrest?
Yes No
2. Was force utilized during the arrest of the suspect?
Yes No
3. Did the suspect ingest any group of drugs during the arrest?
Yes No

MEDICAL REJECT?

Yes No

RIGHT HANDPRINT

LEFT HANDPRINT

Appendix E: Texas Jail Standards Screening Form for Suicide and Medical/Mental/Developmental Impairment

County:	Date and Time:	Name of Screening Officer:	
Inmate's Name:	Gender:	DOB:	If female, pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:			
Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used			
*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe			
*Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:			
*If yes, Notify Medical or Supervisor Immediately			
<i>Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted</i>			
	Y ES	N O	"Yes" Requires Comments
<i>IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</i>			
Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed.			
1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?			
1b. Are you thinking of killing or injuring yourself today? If so, how?			
1c. Have you ever attempted suicide? If so, when and how?			
1d. Are you feeling hopeless or have nothing to look forward to?			
<i>IF YES TO 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted</i>			
2. Do you hear any noises or voices other people don't seem to hear?			
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?			
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?			
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?			
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.			
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?			
8. Have you ever received services for emotional or mental health problems?			
9. Have you been in a hospital for emotional/mental health in the last year?			
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.			
11. In school, were you ever told by teachers that you had difficulty learning?			
12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)?			
<i>IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</i>			
13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?			
14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?			
15. Is the inmate incoherent, disoriented or showing signs of mental illness?			
16. Inmate has visible signs of recent self-harm (cuts or ligature marks)?			
Additional Comments (Note CCQ Match here):			
Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:	
Supervisor Signature, Date and Time:			

Appendix G: Proposed Social Needs Screening Tool

Living Situation

1. What is your living situation today? SELECT ONE

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?

SELECT ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- Lack of air cooling
- None of the above

Food

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 3 months.

3. Within the past 3 months, you worried that your food would run out before you got money to buy more. SELECT ONE

- Often true
- Sometimes true
- Never true
- Don't know

4. Within the past 3 months, the food you bought just didn't last and you didn't have money to get more. SELECT ONE

- Often true
- Sometimes true
- Never true
- Don't know

Transportation

5. In the past 3 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? SELECT ONE

- Yes
- No

Utilities

6. In the past 3 months has the electric, gas, oil, or water company threatened to shut off services in your home? SELECT ONE

- Yes
- No
- Already shut off

Financial Strain

7. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is: SELECT ONE

- Very hard
- Somewhat hard
- Not hard at all

Employment

8. Do you want help finding or keeping work or a job? SELECT ONE

- Yes, help finding work
- Yes, help keeping work

- I do not need or want help

Education

9. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

- Yes
 No

Substance Use

10. In the past 3 months, how often do you have 5 or more drinks in a day (males) or 4 or more drinks on one occasion (females)? One drink is 12 oz of regular beer, cider, cooler, or hard seltzer; 8-9 oz of malt liquor, strong beer, cider or cooler; 5 oz of table wine, or 1.5 oz shot of 80-proof spirits (whisky, gin, rum, vodka, tequilas, etc.) alone or in mixed drinks. SELECT ONE

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

11. In the past 3 months, how often have you used prescription drugs that were not prescribed for you (such as pain medication or Adderall)? SELECT ONE

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

12. In the past 3 months (follow-up), how often have you used illegal drugs (such as inhalants, ecstasy, cocaine, methamphetamine, or heroin) (Do not include marijuana.)? SELECT ONE

- Never
 Once or Twice

- Monthly
- Weekly
- Daily or Almost Daily

Mental Health

13. Over the past 2 weeks, how often have you been bothered by any of the following problems? SELECT ONE

a. Little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

b. Feeling down, depressed, or hopeless? SELECT ONE

- Not at all
- Several days
- More than half the days
- Nearly every day

Benefits

14. Please indicate which of the following describes a concern you have about your income or benefits. You may select none or more than one answer.

- Medicare/Medicaid/health insurance
- Disability benefits
- Family First
- SNAP / WIC
- Unemployment benefits/compensation
- Child support
- Pension
- Other (please specify)

Childcare

15. Do you need daycare, or better daycare, for your kids? SELECT ONE

- Yes

- No
- I do not have any children

Legal

16. Do you currently have any legal matters you need help with (e.g., child support or custody, divorce, debt or credit problems, victims compensation, or need for a discharge upgrade?) SELECT ONE

- Yes
- No

Desire for Services

17. Which of the following would you like to receive help with at this time? SELECT ALL THAT APPLY

- Food
- Housing
- Transportation
- Utilities (heat, electricity, water, etc.)
- Medical care, medicine, medical supplies
- Dental services
- Vision services
- Applying for public benefits (WIC, SSI, SNAP, etc.)
- More help with activities of daily living
- Childcare/other child-related issues
- Debt/loan repayment
- Legal issues
- Employment
- Other (please specify)
- I don't want help with any of these.

Appendix H: Drug Abuse Screening Test (DAST-10)

General Instructions

"Drug use" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). The questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to drug use in the past 12 months. Please answer No or Yes.

1. **Have you used drugs other than those required for medical reasons?**
No Yes
2. **Do you use more than one drug at a time?**
No Yes
3. **Are you always able to stop using drugs when you want to?**
No Yes
4. **Have you had "blackouts" or "flashbacks" as a result of drug use?**
No Yes
5. **Do you ever feel bad or guilty about your drug use?**
No Yes
6. **Does your spouse (or parents) ever complain about your involvement with drugs?**
No Yes
7. **Have you neglected your family because of your use of drugs?**
No Yes

8. Have you engaged in illegal activities in order to obtain drugs?

No Yes

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

No Yes

10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

No Yes

Comments:

Scoring

Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

DAST Score: _ _

Interpretation of Score:

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, reassess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Appendix I: TAPS Screening Tool

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only be females. Each of the four multiple-choice items has five possible responses to choose from.

Check the box to select your answer.

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e- cigarettes, cigars, pipes, or smokeless tobacco)?
 Daily or Almost Daily **Weekly** **Monthly**
 Less Than Monthly **Never**
2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).
 Daily or Almost Daily **Weekly** **Monthly**
 Less Than Monthly **Never**
3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).
 Daily or Almost Daily **Weekly** **Monthly**
 Less Than Monthly **Never**
4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?
 Daily or Almost Daily **Weekly** **Monthly**
 Less Than Monthly **Never**
5. In the PAST 12 MONTHS, how often have you used any prescription medications just for

the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)

- Daily or Almost Daily** **Weekly** **Monthly**
 Less Than Monthly **Never**

More in-depth TAPS-2 Screening items include:

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? Yes No
If "Yes", answer the following questions:
 - a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? Yes No
 - b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? Yes No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol? Yes No
If "Yes", answer the following questions:
 - a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?* (Note: This question should only be answered by females). Yes No
 - b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?* (Note: This question should only be answered by males). Yes No

*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

 - c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? Yes No
 - d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? Yes No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? Yes No
If "Yes", answer the following questions:
 - a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? Yes No
 - b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? Yes No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? Yes No
If "Yes", answer the following questions:
 - a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? Yes No
 - b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)? Yes No

5. In the PAST 3 MONTHS, did you use heroin? Yes No
If "Yes", answer the following questions:
 - a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin? Yes No

6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever? Yes No

7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep? Yes No

8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)? Yes No

9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)? Yes No

If "Yes", answer the following questions:

In the PAST 3 MONTHS, what were the other drug(s) you used?

Comments:

Appendix J: Texas Counties with Mental Health Diversion Sites (Facilities) and Programs

County	Year Established	Link
Bell	2024	https://www.bellcountytexas.com/publicnotice_detail_T3_R527.php
Carson	1983	https://mentalhealth.networkofcare.org/panhandle-tx/services/agency?pid=TexasPanhandleCentersDiversionParoleProbationServices_2_1750_0
Gregg	2019	https://govlab.hks.harvard.edu/files/govlabs/files/rural_diversion_pathways_lessons_from_gregg_county.pdf
Harris	1999	https://www.theharriscenter.org/location/judge-ed-emmett-mental-health-diversion-center
Howard	2023	https://txbhjustice.org/assets/main/programs/howard-county-diversion-center.pdf
Lubbock	Facility is being built	https://www.kcbd.com/2024/03/21/lubbock-leaders-set-break-ground-mental-health-diversion-center-next-week/
Nueces	2022	https://www.kristv.com/news/local-news/nueces-county-commissioners-approve-jail-diversion-center
Tarrant	2022	https://txbhjustice.org/assets/main/programs/tarrant-co-mental-health-jail-diversion-center.pdf
Travis	2024	https://www.texastribune.org/2024/02/26/texas-travis-county-jail-mental-health/
Williamson	2022	https://www.statesman.com/story/news/local/2022/12/12/new-diversion-center-helps-keep-people-in-crisis-out-of-jail/69614669007/

Appendix K: Texas Counties with Mental Health Diversion Programs and No Sites

County	Year Established	Link
Anderson	2013	http://andersonca.org/Diversions.html
Cameron	Not yet established	https://bjaojp.gov/funding/awards/15pbja-24-gg-01956-ment
Collin	2023	https://www.nbcdfw.com/news/local/collin-county-court-launches-new-mental-health-program-thursday/3200808/
Dallas	2016	https://www.dallascounty.org/government/district-attorney/set.php
Deaf Smith	1983	https://www.texaspanhandlecenters.org/wp-content/uploads/2022/10/August-Newsletter-2022-edited.pdf
Denton	2015	https://www.dentoncounty.gov/458/Specialized-Treatment-Court-Programs
Grayson	2023	https://www.texasjcmh.gov/programs-and-initiatives/community-diversion-coordinator/grayson-county/
Harrison	2022	https://www.marshallnewsmessenger.com/news/harrison-countys-court-at-law-celebrates-first-mental-health-jail-diversion-program-graduates/article_bcf14e8a-c500-11ed-823c-93d24dee3538.html
Hidalgo	2019	https://bjaojp.gov/funding/awards/15pbja-24-gg-01956-ment
Hockley	2024	https://www.levellandnews.net/news/hockley-county-joins-starcare-grant-efforts
Hopkins	2023	https://www.wevv.com/news/new-state-diversion-program-now-in-effect-in-hopkins-county/article_1b489f7e-5282-11ee-a96f-5ff9dd946cdd.html

Jefferson	Not yet established	https://www.12newsnow.com/article/news/local/jefferson-county-mental-health-center-inmates/502-7e98a257-5cd1-4116-83b3-c99af9ee4301
Martin	Raising funds for a facility	https://cbs12.com/news/local/sheriff-wants-mental-health-facility-at-martin-co-jail
Mason	2020	https://www.yoursourceone.com/south_sound/news/mason-county-lead-program-law-enforcement-assisted-diversion/article_33034ae7-47a8-51fc-8445-60edc280d5fd.html
McLennan	2017	https://embed.clearimpact.com/Program/Embed/74846
Potter	2021	https://www.newschannel10.com/2021/08/17/potter-county-new-mental-health-court-helping-incarcerate-those-with-mental-illness-not-return-jail/
Randall	2022	
Smith	2022	https://tylerpaper.com/news/community-diversion-coordinator-program-advocates-for-jail-inmates-with-mental-health-issues/article_ef32ca64-0a3c-11ee-b6ff-5f1b3043cf84.html
Willacy	2018	https://www.valleycentral.com/news/local-news/willacy-county-moves-forward-with-mental-health-jail-diversion-program