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Cover photo by Denver Auditor’s Office staff.
The objective of our audit of mental health services in Denver’s jail system was to determine the extent to which the Denver Sheriff Department's mental health programs are effective in providing support for people in jail. I am pleased to present the results of this audit.

The audit found the Sheriff Department needs to develop a strategy and needs to define what success looks like for its mental health programs. The department also needs to improve how it handles data when monitoring programs and tracking requests and complaints. Relatedly, the department could not provide sufficient documentation to support its assessment of contractor performance and could not show that invoices were paid appropriately. Furthermore, the department did not have adequate documentation to show that individuals identifying as transgender were promptly met with and were not being held in separate housing longer than necessary. Finally, the department's inadequate training documentation prevented auditors from verifying the department's compliance with requirements.

By implementing recommendations for stronger policies and procedures, the Denver Sheriff Department will be better able to track and monitor program and operational data, housing decisions related to individuals identifying as transgender, and employee training. Furthermore, once the department identifies a strategy and success measures for its programs, it will be able to use data to monitor progress toward meeting program goals. With stronger contract monitoring, the department will be better able to ensure expenses are allowed and that contractors provide quality mental health services for those in jail.

This performance audit is authorized pursuant to the City and County of Denver Charter, Article V, Part 2, Section 1, “General Powers and Duties of Auditor.” We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We extend our appreciation to the personnel in the Sheriff Department as well as at Denver Health who assisted and cooperated with us during the audit. For any questions, please feel free to contact me at 720-913-5000.

Denver Auditor's Office

[signature]

Timothy M. O’Brien, CPA
Auditor
Mental Health Services in Denver’s Jail System

JUNE 2022

Objective
To determine whether the Denver Sheriff Department's mental health services and programs are effective in providing support for people in jail as well as employees of the Denver jail system.

Background
The Sheriff Department provides mental health services, both internally and through contractors, to individuals housed in its jail system.

All individuals receive a mental health assessment when entering jail to help identify issues, such as drug and alcohol addiction or behavioral conditions. Individuals are then able to receive the necessary care both while in jail and when returning to the community.

The Denver Sheriff Department Does Not Have a Strategy for Its Mental Health Programs
The department's decentralized mental health programs lack an overarching strategy, and it has not clearly defined what success means for all programs. The programs also lack oversight. Meanwhile, one program appears inequitable because it is offered only to men.

The Denver Sheriff Department's Data Processes Should Be Improved
The department needs to improve its data tracking for evaluating mental health programs and services. Also, it is not reliably tracking and evaluating individuals' requests and complaints while in custody. Meanwhile, the department uses paper medical charts and manual data entry, which may complicate both mental health services and continuity of care.

The Denver Sheriff Department Is Not Sufficiently Monitoring Mental Health Contracts and Invoices
The department should establish oversight of contracts and invoices to ensure terms are met and that payments are allowed. Additionally, without sufficient monitoring, the department cannot determine the quality of mental health services contractors provide.

The Denver Sheriff Department Could Not Demonstrate All Individuals Identifying as Transgender Were Assessed and Housed According to Their Preference
The department could not provide evidence to show it met with all individuals identifying as transgender in line with policy and that they were not housed for longer than 72 hours in separate housing before receiving an initial assessment.

The Denver Sheriff Department Could Not Demonstrate Compliance with Training Requirements
The department could not provide adequate documentation to show it was following training requirements, which include mental health classes for staff.

WHY THIS MATTERS
If the Sheriff Department's mental health programs and operations are not effectively helping individuals in need or those who are at high risk, these people may not successfully return to the community and might instead cycle back through the jail system.
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BACKGROUND

Mental Health Assessment at Intake

When someone is admitted to Denver’s jail system, jail staff perform a formal assessment to establish that person’s identity, assess their medical needs, and determine whether they have behavioral or mental health needs. Jail staff also identify alternate means for communication with people in jail, such as when they need an interpreter.

As shown in Figure 1, during intake, Sheriff Department staff search, photograph, and fingerprint the person admitted to the jail before assigning them a unique booking number.

FIGURE 1. Mental Health Assessment at the Denver Sheriff Department’s Intake Process

Source: Denver Sheriff Department orders and interviews.
Next, the department collects information about that person’s general health and special needs, any drug or alcohol use, and any other initial medical or mental health concerns. Medical staff administer an assessment that includes questions that can trigger a behavioral health evaluation — such as the individual checking a box indicating they may harm themselves or others. In that event, the person will be scheduled to meet with psychiatric staff within 14 days.

Depending on the person’s behavior, the charges against them, and their special needs, they may also be held in a separate holding cell until evaluated and deemed to be safe for housing with other people.

The intake process assessment also includes questions where a person in custody can identify themselves as transgender or experiencing homelessness.

Overview of the Denver Sheriff Department

DEPARTMENT OF PUBLIC SAFETY – This department oversees and provides management, strategic direction, and administrative support for the police, fire, and sheriff departments, as well as the 911 Emergency Communications Center.¹

In line with its mission to “deliver a full spectrum of high-quality public safety services,” the department offers programs that include community corrections and pretrial services, which provide alternative sentencing for individuals in custody through substance abuse treatment, electronic monitoring, and residential programs.²

DENVER SHERIFF DEPARTMENT – According to the mayor’s 2022 budget, this is the “largest sheriff department in Colorado and is responsible for the care and transport of individuals in custody for the City and County of Denver.” The department includes over 1,100 uniformed and non-uniformed staff overseeing a variety of divisions and operations.³

Its mission is to provide safe and secure custody for those individuals placed in its care and to perform its responsibilities in response to the community’s needs. To that end, the Sheriff Department:

- Manages two jail facilities — the Downtown Detention Center and the Denver County Jail.
- Provides security for the district and county court systems.
- Manages state transportation of individuals in custody.
- Provides security at the Denver Health Medical Center.⁴

² City and County of Denver, “Mayor’s 2022 Budget.”
³ City and County of Denver, “Mayor’s 2022 Budget.”
⁴ City and County of Denver, “Mayor’s 2022 Budget.”
Structure, Services, and Strategies

The sheriff is appointed by the mayor, is the chief executive officer for the Sheriff Department, and oversees its administration, which includes the chief of mental health services. Figure 2 illustrates the department’s organizational structure.\(^5\)

**FIGURE 2. Denver Sheriff Department Organizational Chart**

![Organizational Chart](image)

*Source: Created by Auditor’s Office staff using information collected from the mayor’s 2022 budget and the department’s website.*

The services offered at Denver’s two jails are organized into four main areas: administration, jail operations, specialized operations and analysis, and support.\(^6\)

- **SHERIFF ADMINISTRATION** – Provides departmentwide executive leadership, manages community engagement and communications, and oversees inmate programs and the Denver Health contract.
  - Inmate programs aim to improve individuals’ success in leaving the jail and returning to the community by using mental health services, life-skills training programs, and partnerships with contractors and volunteers.
  - The Denver Health contract allows the department to plan for and analyze expenses associated with all medical and behavioral health care services offered by Denver Health Medical Center to people in custody. Denver Health also provides specialized, locked units at the hospital for people in custody who need special care.\(^7\)

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\(^5\) City and County of Denver, “Mayor’s 2022 Budget.”

\(^6\) City and County of Denver, “Mayor’s 2022 Budget.”

\(^7\) City and County of Denver, “Mayor’s 2022 Budget.”
• **JAIL OPERATIONS** – Runs and maintains jail-support activities at both the Denver County Jail and the Downtown Detention Center. These activities include intake and release, records management, and food services. Additionally, jail operations manages housing classification, so that all individuals in custody are given safe and adequate housing arrangements.8

• **SPECIALIZED OPERATIONS AND ANALYSIS** – Manages training for new recruits and existing staff as well as staff career development in line with accreditation standards. This group also manages services related to abandoned, confiscated, or impounded vehicles. Additionally, it provides court-related services — such as courtroom security, transportation for defendants between the courtroom and the jails, and the processing and delivering of restraining orders, eviction notices, judicial foreclosures, or pick-ups for persons with mental health conditions. This division also provides health-care services for individuals in jail, in partnership with Denver Health.9

Finally, the division administers and oversees the department’s technical systems and data development, as well as manages the department’s accreditation and professional standards and internal assessment functions. The Sheriff Department currently holds accreditations from the American Correctional Association, the National Commission on Correctional Health Care, and the Commission on Accreditation for Law Enforcement.10

• **SUPPORT SERVICES** – Includes the grievance and incident review team, which responds to grievances or complaints from individuals housed in the jail, and evaluates incidents involving department staff. Support services also manages efforts to support the safe and secure operation of the department.11

**STRATEGIES** – To perform all these services, the department adopted the following strategies in the mayor’s 2022 budget:

• Providing safety and security for individuals in custody and staff by following best practices for the management and rehabilitation of those in custody.

• Supporting employees by providing them with the resources and tools necessary to be successful and engaged.

• Improving safety, respect, and rehabilitation practices for individuals in custody by using data analytics to strengthen evidence-based programs.

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8 City and County of Denver, “Mayor’s 2022 Budget.”
9 City and County of Denver, “Mayor’s 2022 Budget.”
10 City and County of Denver, “Mayor’s 2022 Budget.”
11 City and County of Denver, “Mayor’s 2022 Budget.”
• Building partnerships with the community by developing techniques for effective engagement and to incorporate the community’s input.\textsuperscript{12}

**THE PANDEMIC’S IMPACT ON JAIL OPERATIONS** – Because of the COVID-19 pandemic, the department had to significantly modify operations and decrease the programming offered to ensure staff and people in custody were as safe as possible.

After three to five months of interrupted mental health services in late 2020 and early 2021, the department developed a method for remote teaching and connected with outside providers for remote classes.

Also, the department had 200 fewer deputies during the height of the pandemic and civilian staff were furloughed. Because of staff shortages — which management attributed in part to staff members testing positive for the virus — officials said more staff are working overtime.

The City and County of Denver has two detention facilities: the Denver County Jail and the Downtown Detention Center.

The jail primarily holds all men who have been sentenced and all women in custody who are facing misdemeanor charges and alleged city ordinance violations.\textsuperscript{13}

\textsuperscript{12} City and County of Denver, “Mayor’s 2022 Budget.”

\textsuperscript{13} City and County of Denver, “Mayor’s 2022 Budget.”
The Downtown Detention Center — formally called the Van Cise-Simonet Detention Center — is across from the Lindsey-Flanigan Courthouse and is the intake location for all individuals arrested in Denver. Those individuals are booked, identified and arraigned, and then either released on bond or processed for custody. The detention center also houses all people in custody awaiting trial on felony, misdemeanor, and city ordinance violations.\textsuperscript{14}

In addition to these two locations, the Correctional Care Medical Facility provides health care services to individuals in custody, using a secure environment at the Denver Health Medical Center.

**Budget and Expenses**

The mayor’s 2021 budget allocated $11.5 million toward addressing complex issues such as behavioral health and criminal justice reform and provided an additional $4.2 million in funding for programs that divert people from having to enter or reenter jail.

Additionally, the budget dedicated about $780,000 exclusively to programs that help soon-to-be-released people access services, education, and resources to improve their chances of success in the community and to reduce their likelihood of cycling back into the jail system.\textsuperscript{15}

The mayor’s 2022 budget included funding for people with lived experience — called “peer navigators” — to support people in jail once they are released and reentering the community. The budget also supported

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\textsuperscript{14} City and County of Denver, “Mayor’s 2022 Budget.”

other programs aimed at diverting people from jail.\textsuperscript{16}

The 2022 budget also allocated $1 million for a new crisis response team to provide emergency mental health support in Denver’s jails, $777,000 to increase the use of body-worn cameras inside the jails, and $769,000 in additional services for reentry programs.\textsuperscript{17}

As shown in Table 1, the Denver Sheriff Department received about $157.7 million in General Fund appropriations in 2022 to support department administration and operations. This represents a 6.4% increase from 2021 when the department received about $148.3 million.\textsuperscript{18}

\begin{table}[h]
\centering
\caption{Denver Sheriff Department Expenditures 2019-2022}
\begin{tabular}{|l|c|c|c|c|}
\hline
\textbf{General Fund} & 2019 & 2020 & 2021* & 2022** \\
\hline
Administration & $23,406,767 & $22,248,744 & $22,946,887 & $25,075,030 \\
Jail Operations & $89,238,179 & $84,300,172 & $90,278,183 & $96,440,732 \\
Specialized Operations and Analysis & $31,688,904 & $32,809,225 & $32,465,033 & $32,617,304 \\
Support Services & $2,104,435 & $2,659,581 & $2,573,730 & $3,616,167 \\
\hline
\textbf{Total} & $146,438,285 & $142,017,723 & $148,263,833 & $157,749,233 \\
\hline
\end{tabular}
\end{table}

\textbf{Note}: *The amounts shown for 2021 reflect appropriated amounts as opposed to the actual expenditures as reported for 2019 and 2020. **For 2022, the funds are the recommended amounts as published in the city’s annual budget.

\textbf{Source}: The mayor’s budgets for 2021 and 2022.

Table 2 on the next page shows the department’s budget included full-time-equivalent positions funded for 1,073 employees in 2021 and 1,102 employees in 2022.\textsuperscript{19}


\textsuperscript{17} City and County of Denver, “Mayor’s 2022 Budget.”

\textsuperscript{18} City and County of Denver, “Mayor’s 2022 Budget.”

TABLE 2. Denver Sheriff Department Full-Time-Equivalent Staff Funded through the General Fund, 2019-2022

<table>
<thead>
<tr>
<th>Full-Time-Equivalent Staff</th>
<th>2019</th>
<th>2020</th>
<th>2021*</th>
<th>2022**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian</td>
<td>261</td>
<td>246</td>
<td>213</td>
<td>241</td>
</tr>
<tr>
<td>Uniform</td>
<td>849</td>
<td>858</td>
<td>860</td>
<td>861</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,110</strong></td>
<td><strong>1,104</strong></td>
<td><strong>1,073</strong></td>
<td><strong>1,102</strong></td>
</tr>
</tbody>
</table>

*Note: The numbers shown for 2021 reflect appropriated as opposed to the actual numbers as reported for 2019 and 2020. **For 2022, the funds are the recommended amounts as published in the city's annual budget.*

**Source:** The mayor’s budgets for 2021 and 2022.

JAIL-BASED BEHAVIORAL HEALTH SERVICES PROGRAM – In 2011, the Colorado Legislature created the Jail-Based Behavioral Health Services Program to provide jails with adequate staff to:
- Perform behavioral health screenings.
- Prescribe psychiatric medications.
- Provide mental health counseling, substance use disorder treatment, and care coordination to individuals leaving jail and returning to the community.

The program requires jail staff to screen everyone booked into a jail facility using standard screening tools to detect mental health and substance abuse disorders, as well as assess the risk that someone might harm themselves. Staff can also provide coordinated services to those individuals in jail who are found not competent to stand trial and who need services to educate them on their basic legal rights so they can pass the competency evaluation to handle a trial.

Furthermore, the program allows jail staff to coordinate services with community behavioral health providers before someone is released back into the community to ensure the care provided to them while in jail continues once they are released.

To assist with these programmatic operations, the Office of Behavioral Health within the state Department of Human Services uses part of the correctional treatment cash fund for the Jail-Based Behavioral Health Services Program. Money from this fund is distributed through the Denver Sheriff Department to subcontract with local treatment providers.

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Between July 2019 and June 2021, the Denver Sheriff Department received about $623,000 in correctional treatment cash funds to use toward the Jail-Based Behavioral Health Services Program.
FINDING 1 AND RECOMMENDATIONS

The Denver Sheriff Department Does Not Have a Strategy for Its Mental Health Programs

The Denver Sheriff Department cannot determine the effectiveness and quality of its mental health programs without a strategy that covers all programs and has clear definitions for success.

The Sheriff Department has a variety of mental health programs that provide services such as education, life skills, social services, reentry back into the community, substance abuse mitigation, and other effective tools to help people become more productive and avoid additional criminal activity once they return to the community.

Each mental health program has a specific purpose, eligibility criteria, program cost, and transition elements to help individuals return to the community and ideally not cycle back into the jail system. Programs offered include those outlined in Table 3, which begins below and continues through page 12.

<table>
<thead>
<tr>
<th>TABLE 3. The Denver Sheriff Department’s Mental Health Programs</th>
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</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td><strong>SUBSTANCE USE PROGRAMS</strong></td>
</tr>
<tr>
<td>Medication Assisted Treatment Program</td>
</tr>
<tr>
<td>Recovery in a Secure Environment Program</td>
</tr>
</tbody>
</table>

*Note: Table 3 continues through page 12. The eligibility criteria for each program lists examples and is not a comprehensive list. In addition, the Diagnostic and Statistical Manual of Mental Disorders considers five factors for defining a mental health disorder related to patterns of behavioral and psychological dysfunction, clinically significant distress or disability, and social conflicts.*

*Source: Auditor’s Office analysis of information provided by the department.*
**TABLE 3. The Denver Sheriff Department’s Mental Health Programs, continued**

<table>
<thead>
<tr>
<th>Category</th>
<th>Purpose</th>
<th>Eligibility Information</th>
<th>Transition Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT PROGRAMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High acuity transition unit</td>
<td>To address mental and behavioral health issues and stabilize people while they are in custody to reduce the number of times they return to jail through education and skills to help them make improved life choices.</td>
<td>The “Diagnostic and Statistical Manual of Mental Disorders” mental health diagnosis. Possible substance abuse issues occurring at the same time. Compliance with treatment goals and objectives and program expectations. Need for medication education, compliance, or adjustment. Are motivated to change. <em>Men and women.</em></td>
<td>Provides people with opportunities to learn and improve practical skills for managing their life and taking responsibility for their condition and symptoms.</td>
</tr>
<tr>
<td>Presentence Reentry Coordinator Program</td>
<td>To enhance and improve care coordination for people in jail with shorter incarceration lengths, which could prevent them from getting the care they need.</td>
<td>Adults aged 18 years or older, residing in the jail and awaiting sentencing. Priority is given to individuals identified as higher jail users. <em>Men and women.</em></td>
<td>Develops a transition plan to connect an individual with community-based treatment and resources after they are released from jail.</td>
</tr>
<tr>
<td>Mental health transition unit</td>
<td>To provide psychological and social work services for people in custody with mental health conditions, substance abuse, chronic homelessness, and the need for case management. The program is intended to help reduce the rate at which people return to jail by providing education and skills to help them make improved life choices and obtain services once they are back in the community.</td>
<td>Have a mental health diagnosis in line with the “Diagnostic and Statistical Manual of Mental Disorders.” Possible substance abuse issues occurring at the same time. Compliant with treatment and medication. Are motivated to change. <em>Men and women.</em></td>
<td>Social work services include medication management, case planning, and wraparound services — such as expenses for medical and dental exams or providing clothing and rental assistance — for community reentry. The program also stabilizes people with mental and behavioral health issues.</td>
</tr>
<tr>
<td><strong>COMPETENCY SERVICE PROGRAMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency Enhancement Program</td>
<td>To provide jail-based interim mental health services to people who have been court-ordered for inpatient competency restoration and are awaiting an inpatient bed.</td>
<td>Adults aged 18 years or older awaiting competency restoration evaluation or services or are suspected of becoming incompetent to proceed while in jail. Have a serious and persistent mental health disorder. Experience acute psychosis or mood disorders. Have substance abuse issues. Have a low IQ or cognitive issues. Have a known previous history of competency. Have a traumatic brain injury. <em>Men and women.</em></td>
<td>Recovery support services to provide wraparound resources including but not limited to clothes, shoes, transportation, and hygiene needs that will assist people in stabilizing them when released back into the community.</td>
</tr>
</tbody>
</table>

*Note:* The eligibility criteria for each program lists examples and is not a comprehensive list. In addition, the *Diagnostic and Statistical Manual of Mental Disorders* considers five factors for defining a mental health disorder related to patterns of behavioral and psychological dysfunction, clinically significant distress or disability, and social conflicts.

*Source:* Auditor’s Office analysis of information provided by the department.
TABLE 3. The Denver Sheriff Department’s Mental Health Programs, continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Purpose</th>
<th>Eligibility Information</th>
<th>Transition Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMPETENCY SERVICE PROGRAMS (CONTINUED)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restoration and transition unit</td>
<td>To provide programs, therapy, case management, and reentry planning to people who are awaiting a competency evaluation, working toward competency, or have been restored to competency.</td>
<td>Individuals must be male with serious mental health conditions who have been detained on criminal charges and found to be incompetent by a judge. Must be compliant with prescribed medication. Must be behaviorally stable. Must have a certain classification security level. <em>Only men.</em></td>
<td>Offers reentry planning.</td>
</tr>
<tr>
<td><strong>REENTRY SERVICE PROGRAMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reentry Program</td>
<td>To provide jail-based interventions to address the causes and circumstances of someone’s criminal behavior.</td>
<td>People who meet a certain score on an assessment, who have a projected release date of 45 days or more, and who are not enrolled in another specialized mental health program. <em>Men and women.</em></td>
<td>Works with community partner Second Chance Center to offer case management, mentoring, and resources to assist people in reestablishing their lives and becoming successful members of the community.</td>
</tr>
<tr>
<td>Frequent Users Services Enhancement Program</td>
<td>To provide transitional, supportive housing with ongoing supportive services to people who are frequently in Denver's jail system and shelters, and who have serious mental conditions and other disorders. Examples of services include group therapy, substance abuse treatment, and medication management.</td>
<td>Adults aged 18 years or older who have a serious mental condition. May also have a substance abuse disorder. Have been in jail at least three times in the past five years. Must have been housed in a Denver shelter at least three times in the past five years. <em>Men and women.</em></td>
<td>Assists with the transition into permanent housing, theoretically lowering the risk of someone cycling back into the jail system by aiming for a seamless transition from jail back into the community with services supporting a successful recovery.</td>
</tr>
</tbody>
</table>

*Note:* The eligibility criteria for each program lists examples and is not a comprehensive list. In addition, the Diagnostic and Statistical Manual of Mental Disorders considers five factors for defining a mental health disorder related to patterns of behavioral and psychological dysfunction, clinically significant distress or disability, and social conflicts.

*Source:* Auditor’s Office analysis of information provided by the department.

When we asked for the total cost of its mental health programs, the Sheriff Department could not provide a breakdown of costs beyond the city’s operating agreement with the Denver Health and Hospital Authority and individual contracts.

While the operating agreement with Denver Health does have a total contracted amount, the amount includes other services such as health care...
in jails, not just mental health programs. Management said some mental health programs are not specified in the agreement even though they are paid for through it.

We reviewed the city’s annual budgets, the individual contracts provided by the Denver Sheriff Department, and the Denver Health and Hospital Authority operating agreement to estimate the costs from July 2019 through June 2022 and found the total cost of mental health programs and services was as high as $66.4 million for that period.24

We reviewed nine of the department’s mental health programs and found the Denver Sheriff Department did not always adequately consider key elements when determining how each program should work. For example:

• The mental health programs are decentralized and lack oversight to ensure that programs and transition planning are consistent.
• The department has not clearly defined success for its mental health programs.
• The department has not formally evaluated staffing and resources to ensure programs are achieving their goals and objectives.
• The department does not offer all mental health programs to men and women.
• The department lacks program-specific policies and procedures.

Because of these deficiencies, the Denver Sheriff Department cannot ensure its mental health programs are meeting their intended goals and objectives.

**DECENTRALIZED PROGRAMMING** – The Denver Sheriff Department does not have a central document outlining all programs available, the services provided, and the criteria for eligibility. A draft document outlines the department’s mental health programs, but it provides only a high-level summary and does not go into details such as eligibility criteria for all programs.

Department staff said programs — including mental health programs offered through the jail and by community partners — have historically been managed separately. Staff members acknowledged inconsistencies exist across all programs and they said they have been working to combine and standardize programs to manage them more efficiently.

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24 The operating agreement with the Denver Health and the Hospital Authority includes costs associated with services other than mental health care. The mayor's budget also includes funding for non-mental health related programs. For example, life skills training programs can include those related to individuals working toward or obtaining their high school-equivalency diploma.
The Denver Sheriff Department’s mental health programs are decentralized and are inconsistent.

The Denver Sheriff Department does not have a defined strategy for its mental health programs. As of January 2022, management said it was still working on a draft document but there is no overarching strategy for all mental health programs. Before the department hired a chief of mental health services in January 2021, there was no position that oversaw all mental health programs (including Denver Health), aside from the sheriff who oversees the entire department.

Management said that while behavioral health services offered in the jail system may be above standard and innovative, there needs to be more focus on people who cycle back through the system. People with chronic mental health conditions are typically the ones not getting the transition resources they need because of a lack of a “warm handoff” from the jail to community service partners.

This handoff involves transferring patient care from one provider to another through in-person introductions before a person leaves jail. This ensures the patient has continuous access to people and support for recovery needs and to help prevent future arrests and returning to jail.

We also found there is no formal process for assessing program needs. The department relies on management expertise as well as some observational and numerical data, but this process is not formally documented. For example, the restoration and transition unit had 95 individuals on a waitlist as of January 2022. Because of this, the department is planning to expand the program based on observed need.

TRANSITION PLANNING – The department’s processes and planning services aimed at supporting someone’s transition from jail back into the community are inconsistent. The transition process can be formal or informal depending on the individual’s situation and the program.
For example, one person’s needs may be formally mapped out with a copy of the plan given to them and a copy kept on file, while another person is simply given a list of available services when they leave. Some staff responsible for this process may have offered more help to certain individuals, but because the process is less formal, they may not have documented anything.

Because of these inconsistencies, some people may not be getting the planning they need to be successful in returning to the community and not reentering the jail system.

**DEFINITION OF PROGRAM SUCCESS** – Of the nine mental health programs we reviewed, five — or 56% — did not have a documented definition of success. Department staff said this definition is subjective and based on each program.

For example, the Medication Assisted Treatment Program may consider success as people who continue treatment once they are back in the community, but management said this can be difficult to track. Meanwhile, the restoration and transition unit may describe success as having an unstable person in custody stabilize while in the program before wanting to transfer to the general population in the jail system, which is the least restrictive environment.

Newer programs, such as the Presentence Reentry Coordinator Program, are still deciding on the best measures of success. Leading practices say these measures should be specific, measurable, and considered when developing a program’s basic functions.²⁵

We also found five programs that had measures outlined in a contract, but the contract terms did not always give a strong definition of success either. For example, the Presentence Reentry Coordinator Program, the Medication Assisted Treatment Program, and the Competency Enhancement Program each have contract terms that describe the types of data that should be tracked.

According to federal standards, an agency should determine its mission, set a strategic plan, and develop achievable objectives either for the agency as a whole or targeted to specific activities.²⁶

Management should define these specific and measurable objectives in a strategic plan that, along with effective operations, can help the

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organization fulfill its goals in a way that minimizes wasted resources.\textsuperscript{27} These objectives should be clearly defined so that they can be easily understood by all levels of the organization and allow management to assess performance and risks. Measurable objectives should also be free of bias and presented in a form that allows for reasonably consistent measurement.

Management should then determine whether performance measures are appropriate for evaluating and achieving objectives. For quantitative objectives, a targeted percentage or numerical value may be used for performance measures. For qualitative objectives, management may need to use performance measures that indicate a level or degree of desirable performance, such as milestones.\textsuperscript{28}

Leading practices say that when setting up a program, management should include a problem statement and carry out a needs assessment to guide how it develops its goals and objectives, and that a variety of sources should be consulted.\textsuperscript{29}

A program’s effectiveness is determined by outcomes, and if a program is not created with outcomes in mind, it becomes difficult to prove a program’s effectiveness. Therefore, performance management — which establishes how program progress and results are measured — should be included when a program is created and used on an ongoing basis to make informed program decisions.\textsuperscript{30}

Furthermore, federal guidance says that jail and community leaders must be actively engaged and develop a clear vision and expectations to help identify

\begin{center}
\textbf{COMPARING MENTAL HEALTH PROGRAMS IN OTHER COUNTIES}
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For our analysis, we compared the Denver Sheriff Department’s mental health programs to ones in:

- San Diego County, California.
- Travis County, Texas.
- Hennepin County, Minnesota.
- Boulder County, Colorado.
- Fulton County, Georgia.

See Appendix C for more information.

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important issues.\textsuperscript{31} Improving transition-planning strategies at the individual level involves intervening at critical points while a person is still in the jail system and before they go back into the community. It relies on collaboration and information sharing between the jail and community partners.\textsuperscript{32}

For this audit, we compared five counties across the U.S. that had sheriff departments or departments of corrections similar in population size and budget to Denver’s. When we assessed whether these counties measured or analyzed programs and service successes for people in custody, we found all of them used specific metrics to measure their success.

**WORKFORCE PLANNING** – The Denver Sheriff Department has several vacancies across multiple divisions, particularly those related to providing mental health programs and transition services. For instance, we learned the Presentence Reentry Coordinator Program, the Medication Assisted Treatment Program, and the Recovery in a Secure Environment Program have several vacancies for case managers, program coordinators, and behavioral health technicians.

Denver Health staff said they can always use more staff to allow them to provide more comprehensive services. Relatedly, because of issues in hiring — for example, a potential new hire not passing the required background check — the department has amended some contracts to allow for certain staff to work toward certain licensing requirements.

Management said this allows the department to select from a larger pool of candidates for easier and quicker hiring.

We found the Denver Sheriff Department has not conducted a formal workforce analysis to determine any gaps in positions and ensure each mental health program can run efficiently and meet program objectives, including those related to successful transition services. In terms of staffing for each program, five of nine programs — or 56% — have not done a formal workforce analysis to determine staffing needs. For the other four programs, staff said it was unknown whether a workforce analysis had been done.

Management said that the number of staff members assigned to mental health programs has grown in recent years. However, other department staff members told us more employees are needed to ensure program needs can be adequately met and to allow for the department to provide more comprehensive services.

According to federal guidance, workforce planning is the foundation to manage staff, which allows an agency to strategically meet current and future workforce needs to prevent unnecessary disruptions and meet


\textsuperscript{32} Kevin Warwick, Hannah Dodd, and S. Rebecca Neusteter, 2.
organizational goals and objectives. A workforce analysis involves:

- Evaluating the skills and competencies of current staff.
- Forecasting the number of additional staff needed based on retirements and separation projections.
- Analyzing the gap between the number of current and future staff needed to meet program goals and objectives.

While assessing the workforce for mental health programs in Denver’s jail system, we examined other counties to see whether they felt they had an adequately sized workforce and the resources to run their mental health programs. All five counties said they did not believe they had sufficient staffing and resources to provide services, such as transition planning, to individuals in custody. Most counties reported having between one and five staff members committed to providing transition planning services, although one county reported having between 11 and 20 staff.

Denver Sheriff Department management said everyone is responsible for transition planning, and there is not necessarily one person overseeing everything.

**Not All Mental Health Programs Are Offered to Men and Women**

We evaluated nine mental health programs offered in Denver’s jail system and found while the department has a restoration and transition unit for men, it does not have one for women. This program provides therapy, case management, and reentry planning to men who are awaiting a competency evaluation, working toward competency, or have been restored to competency.

Management said it has a restoration and transition unit only for men because the number of women in jail is either too small or too inconsistent for program funding, and intermingling genders is generally not allowed in correctional facilities.

However, management said it has reached out to the state to obtain more funding for a women’s unit and that adding this program would be easy to implement.

We found the remaining eight mental health programs are offered to both men and women.

However, we also learned a City Council member raised a concern about equity for the Recovery in a Secure Environment Program. Specifically, the council member claimed there is a lack of women of color in the program. This program provides tools for recovery and promotes building self-esteem in a peer-based learning environment for people in custody with alcohol or substance abuse addictions.

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The Recovery in a Secure Environment Program is under review because of concerns about equity.


The Denver Department of Public Safety and the Mayor’s Office are still reviewing the Recovery in a Secure Environment Program, as of April 14, 2022.

According to the mayor’s strategic comprehensive plan in the 2022 budget, the city will be an “equitable and inclusive community offering high quality of life to residents, regardless of income level, race, ethnicity, gender, ability, or age, by ensuring access to basic services, housing choices, and a variety of amenities.”\(^{35}\) As part of this plan, specific goals will include adding equity considerations into the city’s policies, processes, and plans going forward.\(^{36}\)

As part of our comparison of five other U.S. counties that offer mental health programs in their jail systems, we found all of them reported offering these services to men and women equally.

Additionally, three of these counties had policies and procedures for ensuring gender responsiveness or gender equality for accessing programs and resources. Four of these counties also had specific policies and procedures regarding access to services and programs to ensure equity for people of color and other underrepresented groups.

**The Department Lacks Specific Policies and Procedures for Mental Health Programs**

Finally, we found the Denver Sheriff Department does not have specific policies and procedures for managing all its mental health programs. We found eight of the nine mental health programs — or 89% — lacked specific policies and procedures for program implementation.

For example, management did not develop program-specific policies and procedures for all mental health programs, such as the Presentence Reentry Coordinator Program.

The only mental health program that has specific policies and procedures is the Recovery in a Secure Environment Program. When reviewing the program’s policy and procedure, we found it provides adequate detail related to admission criteria, services offered through the program, incentives for program engagement, discharge and transition planning, data tracking after someone is released from jail, and community relationships.

Management said it has not developed policies and procedures for its other mental health programs because it, at times, relies on contract terms. However, when we reviewed these contract terms, we found some contracts were vague and did not give specific instructions for implementing the programs and tracking data and they did not outline specific deliverables. One contract did not require data to be tracked to


\(^{36}\) City and County of Denver, “Mayor’s 2022 Budget” (2021).
measure the impact of grant activities.

Additionally, management said multiple department orders and manuals provide broad expectations. While we confirmed this, when we reviewed the document related to jail inmate programs, we found it was high level and did not contain specifics for implementing programs.

Federal guidance says documentation is a necessary part of an effective internal control system, which is the “plans, methods, policies, and procedures used to fulfill the mission, strategic plan, goals, and objectives.”37 Additionally, documentation should include the “who, what, when, where, and why,” because those answers preserve organizational knowledge and reduce the risk of having knowledge limited to only a few personnel.38

The Denver Sheriff Department may not be able to speak to the effectiveness and quality of its mental health programs without a strategy and clear definitions for success. As a result, people in Denver’s jail system may not be getting the mental health care they need to successfully return to the community.

Without a formal needs assessment and workforce analysis, the department cannot identify the resources — such as staffing levels or funding — required to implement its mental health programs and ensure successful outcomes.

Management said that some individuals have such severe mental health conditions, they cannot take advantage of these programs and may return to jail because they do not receive adequate follow-up on their mental health condition.

The COVID-19 pandemic has also affected outside agencies, such as the Second Chance Center, from coming into the jails. Management said it would be helpful for community partners to come into the jail system more often to create connections and meet with people in need after they are released.

Finally, the Denver Sheriff Department is not aligning all its programs with the mayor’s priority on equity because it does not offer all mental health programs to both men and women.

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1.1 RECOMMENDATION  Develop a Strategy for Mental Health Programs

The Denver Sheriff Department should use leading practices — such as the “Standards for Internal Control” and “Designing Evaluations” guidance from the U.S. Government Accountability Office — to develop an overarching strategy for its mental health programs.

AGENCY RESPONSE: AGREE, IMPLEMENTATION DATE – SEPT. 16, 2022
SEE PAGE 55 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

1.2 RECOMMENDATION  Identify Measures of Success

The Denver Sheriff Department should use leading practices — such as the “Designing Evaluations” guidance from the U.S. Government Accountability Office or “Program Design: A Literature of Best Practices” — to identify and document measures of success for each mental health program. Success should be specific and measurable.

In instances where a contractor or other service provider is providing mental health services through a contract, the department should work with the contractor to amend the contract to include specific and measurable definitions of program success.

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SEE PAGE 56 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

1.3 RECOMMENDATION  Conduct Program Needs Assessments

The Denver Sheriff Department should formalize, document the process for, and identify the needs of all its mental health programs. The assessments should include identifying resources, such as funding and staff, required to meet program objectives. As part of the assessment, the department should consider equitable access to all mental health programs to align with the mayor’s priority.

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SEE PAGES 56-57 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
1.4 RECOMMENDATION Conduct a Workforce Analysis

The Denver Sheriff Department should conduct a formal workforce analysis based on the results of the needs assessments to identify gaps in its workforce to help the department achieve program objectives and success.

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SEE PAGE 57 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

1.5 RECOMMENDATION Develop, Document, and Implement Program Policies and Procedures

The Denver Sheriff Department should develop, document, and implement policies and procedures for each of its mental health programs. For the department to meet its objectives and measure its success, policies and procedures should include, at a minimum:

- Criteria for program entry.
- Clear definitions of program success.
- Data monitoring.
- Details of the roles and responsibilities for various program tasks.

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SEE PAGES 57-58 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
FINDING 2 AND RECOMMENDATIONS

The Denver Sheriff Department’s Data Processes Should Be Improved

The Denver Sheriff Department tracks data on the participants of its mental health programs, general and mental health requests and complaints, and mental health and medical services — but inconsistencies and errors in the data and the lack of a data-quality review process makes the data unreliable.

Tracking data consistently and accurately is important for the department to effectively analyze its mental health programs and services.

We found that mental health program data is tracked and stored differently depending on the program. The differences in the data made it difficult for us to compare programs and conduct an equity analysis. The department enters several datasets manually.

While different program groups and the Denver Health team conduct informal data checks, the department lacks formal quality assurance processes to ensure the data is reliable and accurate. Similarly, the department reviews its general complaints and its mental health requests and complaints at a high level, but it does not formally review data entry, which may be contributing to the errors we found.

Regarding mental health records and patient appointment data, we found that users may be able to override the data-entry system, leading to inconsistent data. Our analysis of paper medical charts also found errors in the data.

The Department Needs to Improve How It Tracks Data to Evaluate Mental Health Programs and Services

We requested program participant data, including demographic information, for all nine mental health programs from July 1, 2019, through June 30, 2021. While the Sheriff Department had participant data for all programs, the types of information varied, making it difficult to compare the programs.

For example, some programs — such as the mental health transition units and the Presentence Reentry Coordinator Program — collected demographic data on race but not ethnicity. Other programs — including the reentry program, the Medication-Assisted Treatment Program, the high-acuity treatment unit, the Frequent User Services Enhancement Program, the restoration and transition unit, and the Competency Enhancement Program — all had data fields for both race and ethnicity.

However, the data for the Frequent User Services Enhancement Program combined both race and ethnicity as one field instead of two separate demographic data points. Furthermore, the Competency Enhancement Program was missing race and ethnicity data for all participants.
According to the U.S. Census Bureau, accurately collecting race and ethnicity data is critical in making policy decisions and assessing racial disparities in health risks.\(^{39}\)

We also found the department labels data fields differently across programs. For example, the Presentence Reentry Coordinator Program, Medication Assisted Treatment Program, and the Recovery in a Secure Environment Program use the term “Hispanic,” while the reentry program uses “Latinx” and the mental health transition units use “Hispanic/Latino.” Standardizing data to allow program comparisons would help the department meet the mayor’s equity goals.

In addition to the varying types of data collected, we found that some datasets were incomplete or had unknown data.

For example, for the Medication Assisted Treatment Program, 384 of 709 participants — or 54% — had unknown, or did not list, race. Similarly, 386 of 709 participants — also 54% — had unknown ethnicity. “Decline to provide” was an option in the dataset, but these fields did not include any data.

Similarly, for the high-acuity treatment unit, one of the 635 participants did not have data for their sex or race, and four participants were missing data for their ethnicity. All race and ethnicity fields were blank for the Competency Enhancement Program data for our sample period of July 1, 2019, through June 30, 2021.

Several of the program datasets are entered manually. Beyond informal data checks, the department lacks formal quality assurance processes to ensure data is reliable and accurate. The department also does not confirm the accuracy of the data Denver Health provides and it does not have policies and procedures for how to enter data into all systems. The only data-entry manuals we were shown were for the Recovery in a Secure Environment Program and the reentry program. Federal guidance recommends that departments have user manuals, data-entry policies, and data-quality assurance processes for all programs.\(^{40}\)

The department said it started tracking demographic data for the Recovery in a Secure Environment Program after a City Council member raised concerns about racial disparities. As mentioned on page 19, the Department of Public Safety and the Mayor’s Office are still reviewing the program, as of April 14, 2022.

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Department staff members said they analyze programs annually to see whether people have left jail and successfully returned to the community or whether they returned to jail. However, for the department to effectively analyze each program’s participant, equity, and success rates, it needs to ensure its data is consistent and complete. Federal guidance says having quality electronic data helps a department make better-informed decisions.41

All five U.S. counties we contacted for comparison said they use specific metrics to assess the relative success of their programs and services.

The most common metrics, used by three counties — San Diego County, California; Boulder County, Colorado; and Fulton County, Georgia — were program and services participation rates, program graduation rates, the number of participants returning to jail versus successfully returning to the community, the average length of jail stays for people who participated, and the participation rates by people of certain demographics.

The department also does not have a central database for all programs, so department staff pulled the data for each program individually for us to review.

Department staff members said they are still waiting for a programs section to go live in the jail management system, which is the department’s central database that includes information about people in custody. In general, only staff members who interact with people in custody will use the system. The system launched in 2021 and each section is built by an external vendor. According to management, as of January 2022, the programs section was being tested, but there was no expected implementation date.

Federal guidance says data should be easily accessible and reliable to effectively analyze programs and departments should share quality information among all teams to help them achieve their goals and address risks.42

Similarly, the department does not have a central document outlining all available programs, the services provided, and the criteria for eligibility. A draft document outlines the department’s mental health programs, but it provides only high-level information and does not include details for each program, such as eligibility criteria.

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Management said its numerous mental health services can be difficult to navigate. And as mentioned on page 13, the department acknowledged that its decentralized approach has caused inconsistencies across its programs, including its approach to data.

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<th>RECOMMENDATION</th>
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<td>The Denver Sheriff Department should identify the data and information necessary for it to monitor progress toward meeting the objectives of its mental health programs, both individually and holistically. The data should be consistent across all programs to allow for monitoring across programs (e.g., demographic data such as race and gender).</td>
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<th>RECOMMENDATION</th>
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<td>The Denver Sheriff Department should document policies and procedures for data entry related to its mental health programs.</td>
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<th>RECOMMENDATION</th>
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<td><strong>2.3</strong></td>
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<td>The Denver Sheriff Department should create and document quality assurance processes for program data entry to ensure the data is reliable and accurate so it can make informed decisions.</td>
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2.4 **RECOMMENDATION** Monitor Program Performance Data

The Denver Sheriff Department should periodically monitor the data and information it collects on its mental health programs to ensure performance measures and program objectives are being met, that programs are offered equitably, and to make decisions related to programmatic changes.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – SEPT. 16, 2022
SEE PAGES 59–60 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

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**The Department Is Not Reliably Tracking and Evaluating Requests and Complaints**

The Denver Sheriff Department allows people in jail to ask for help or information; to request medical, mental, and dental health services; and to share complaints during their time in custody. Individuals have this right regardless of their disciplinary status, housing location, or classification — which refers to each individual’s level of custody and considers their current and prior charges, arrest history, escape history, and behavior history. Classification determines the types of privileges and housing an individual receives in jail.

Individuals in custody can submit their requests or complaints on a designated form, which staff collect daily.

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**SUBMISSION BOXES FOR REQUESTS AND COMPLAINTS**
Individuals in Denver’s jails can submit complaint and request forms in boxes like these for staff to collect. Within the jail system, requests are called “kites.” PHOTOS COURTESY OF THE DENVER SHERIFF DEPARTMENT

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43 The department refers to requests as “kites” and complaints as “grievances.”
The department and the Denver Health team keep track of general complaints and mental health requests and complaints on Excel spreadsheets. The department’s grievance and incident review team manually enters the information on these forms into its complaint-tracking log, digitally scans them, and then forwards the copies to the Denver Health team.

Medical and mental health requests are sent directly to the Denver Health team. The Denver Health team also tracks requests in an Excel spreadsheet, but the department does not.

Tracking requests and complaints in the department involves manual data entry in Excel. We checked the reliability of the relevant spreadsheets and found many of the data fields were unreliable.

While the department reviews the data for patterns and trends, it does not have a formal review process for data entry. If the department uses incomplete or inaccurate data to identify trends, the department and the Denver Health team cannot accurately identify problems, such as personnel issues or mental health concerns.

REQUEST AND COMPLAINT PROCESSES – People in custody may ask questions or voice concerns by submitting a request form or a complaint form, respectively. Request forms also allow people to ask for accommodations or to discuss problems or complaints that go unresolved. Individuals submit general requests or questions on a yellow form and health care-related requests on a green form. Similarly, the department divides complaints into general, emergency, and health services categories.

A copy of the department’s inmate handbook is provided to individuals held in the jails and encourages them to resolve complaints informally before using the formal complaint process. Individuals do not need to pay a fee to submit either general complaints and requests or mental health complaints.

For general complaints, the department’s grievance and incident review team provides independent review and consistent disciplinary actions for individuals and staff. However, the Denver Health team does not have a team to review individual medical and mental health care complaints. Instead, complaints are reviewed by a physician, a health services administrator, a nurse manager, the director of correctional behavioral health care, or a designee. The Denver Health team does have a Continuous Quality Improvement Committee, which reviews the complaint-tracking spreadsheet and overall trends.

According to the department and the Denver Health team, staff members review complaint and request forms on a daily basis and handle emergencies immediately. Denver Health staff members say they see patients within 24 hours of receiving their requests. The department and the Denver Health team must respond within 30 days to requests and complaints that are not emergencies.
Data for Tracking General and Mental Health Requests and Complaints Is Unreliable for Trend Analyses

We conducted a data-reliability test for mental health requests, mental health complaints, and general complaints. We looked for completeness and accuracy when comparing the spreadsheets to the original forms.

For the mental health and general complaints Excel spreadsheets, we found problems with dates. Some dates did not exist in the calendar year, while other dates indicated the department responded to a complaint before it was received. In the general complaints spreadsheets, we also found values missing that should have been included, such as a staff member’s name or comments explaining the complaint.

Further testing found issues in the following areas:

• **GENERAL REQUESTS** – According to the department, it does not track general requests. Staff members said this is because they track complaints. However, staff recognized that not tracking requests is an issue because if the department better addresses requests then they may avoid receiving some complaints. Staff members said using an electronic request system would help the department track this data because they receive about 50,000 general requests a year.

• **GENERAL COMPLAINTS** – We found discrepancies in the data between what staff said should have been there and what existed. For example, in eight of 15 times — or 53% — we compared the staff names listed in a complaint form to those in the department’s Excel tracking spreadsheet, we found they either did not match or were not entered at all.

  Similarly, staff said the grievance and incident review team assigns complaints to individual staff members to review, but these staff members can forward complaints to someone else if they believe they can better address them.

  When this transfer occurs, the original staff member must alert the grievance and incident review team and the team’s administrative assistant must make a note of this change on the tracking spreadsheet. However, we found no notes in the tracking spreadsheet showing these changes had occurred. In 10 of the 59 complaints we reviewed — or 17%, the name assigned to respond to the complaint did not match the name listed on the complaint form.

  We also found the incident location tracked in the spreadsheet was unreliable. Specifically, we could not confirm that any of the incident locations listed on the original complaint forms matched the tracking spreadsheet.

  According to the department’s policies and procedures, the person in custody who files a complaint must write on the form the location where the incident occurred. The grievance and incident review team says it edits these locations in the tracking system to reflect an individual’s current housing location. Therefore, the team is not
following the department’s policies and procedures.

- **MENTAL HEALTH REQUESTS** – We found relevant fields in the Excel spreadsheet — such as referral notes, appointment dates, and discharge notes — did not match the information in the physical form.\(^4\) Furthermore, at a 90% confidence level, we concluded between 17.5% and 37.6% of all request records were not completely transferred from the hard copy to the tracking spreadsheet.

  For example, in 13 of 63 requests we reviewed — or 21%, the appointment date listed on the form did not match the date entered into the tracking spreadsheet. Similarly, we found in 10 of 63 requests — or 16%, the referral notes provided in the tracking spreadsheet did not have the same topics or relevant details included in the original form. For example, in one instance, a person mentioned they were having a “mental health emergency” and “about to become extremely violent,” but the spreadsheet only noted mental health concerns.

- **MENTAL HEALTH COMPLAINTS** – We found the Denver Health team did not reliably copy the date received, the response date, and the facility location from the forms to its tracking spreadsheet. We anticipated the facility location issues because staff members had already said they edited this location to reflect a person’s current housing location in the jail. Also, policies and procedures for health services complaints do not specify that someone must write the incident location on the form.

  Other fields — including the complaint, the result, and any comments — were reliable; however, because of the subjectivity of these fields, we were unable to conduct a meaningful trend analysis.

  The Denver Health team said it used complaint-tracking spreadsheet data to identify trends and outliers for the Continuous Quality Improvement Committee. However, if the team does not reliably copy the data from the request forms to the tracking spreadsheet, it cannot accurately analyze the data.

**There Is No Formal Review Process for Manually Entered Data**

The Denver Sheriff Department and the Denver Health team do not have formal policies and procedures for data entry, but the staff who enter the data into the spreadsheets do have workflows and instructions to follow.

The workflow for general complaints says that the department reviews the data for accuracy each month, but it does not specify how this review

\(^4\) The department refers to discharge notes as “dispo notes.”
process occurs or how it is documented. Staff members said they do not review the content of general complaints for accuracy. Denver Health’s complaints policy similarly says a review process occurs, but it does not specify the details of this process.

Denver Health staff members said they, and the department, evaluate data in the aggregate and look for data outliers, but they do not conduct a line-by-line review of all data.

Department staff members said that if they find outliers in the data, they verify data accuracy by reviewing the original forms. However, they said most of the Denver Health data is protected by health privacy laws and it also resides in a private database, so the department does not verify all data.

If the department uses incomplete or inaccurate data from the tracking spreadsheets to identify trends, the department and Denver Health team cannot accurately identify problems, such as personnel issues or mental health concerns.

Federal guidance says management should obtain data from reliable internal and external sources and use data that is reasonably free from error for effective monitoring and management should also evaluate these sources for reliability. Management should process data into quality information to make informed decisions and evaluate the organization’s performance as well as address risks.

Federal guidance further says an important part of assessing data reliability is considering policies and procedures. While the Denver Sheriff Department has policies and procedures regarding the review of original complaints and requests, it does not have sufficient policies and procedures for data entry or quality assurance.

### 2.5 RECOMMENDATION

**Establish a Consistent Way to Track Data for Requests and Complaints**

The Denver Sheriff Department should work with Denver Health to develop a way to track information related to general and mental health requests and complaints. The data should be populated consistently and completely to allow the department to track and monitor data to identify trends.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – OCT. 14, 2022

SEE PAGE 60 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

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**2.6 RECOMMENDATION**

**Track General Requests**

The Denver Sheriff Department should use the mechanism established in Recommendation 2.5 to track general requests.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – OCT. 14, 2022

SEE PAGES 60-61 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

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**2.7 RECOMMENDATION**

**Review Existing Policies and Procedures**

The Denver Sheriff Department should work with Denver Health to review and update existing policies and procedures for tracking and analyzing data related to general and mental health requests and complaints based on the mechanism established in Recommendation 2.5.

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SEE PAGE 61 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

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**2.8 RECOMMENDATION**

**Create and Document Quality Assurance Reviews**

The Denver Sheriff Department should work with Denver Health to create and document quality assurance processes for data entry to ensure data is reliable and accurate to allow management to make informed program decisions.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – OCT. 14, 2022

SEE PAGE 61 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

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**2.9 RECOMMENDATION**

**Monitor Data about Requests and Complaints**

The Denver Sheriff Department should periodically monitor its and Denver Health’s data for general and mental health requests and complaints to identify trends, address personnel issues in a timely manner, and make adjustments to processes.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – OCT. 14, 2022

SEE PAGE 62 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
The Department’s Use of Paper Medical Charts and Manual Data Entry May Complicate Mental Health Services and Continuity of Care

The Denver Sheriff Department’s Denver Health team uses several electronic information systems to help with care, appointment scheduling, medication orders, and statistics. But they primarily use paper medical charts for patient care.

When someone transfers between the Denver County Jail and the Downtown Detention Center or leaves custody, their medical records must transfer as well. While the department has policies and procedures related to transferring and storing medical records, paper medical records are at higher risk of being illegible, having errors, or being misplaced compared to electronic records.

According to the department and the City and County of Denver’s fiscal year 2022 operating agreement with the Denver Health and Hospital Authority, the Denver Health team has plans to switch to an electronic health record system, but there is no timeline for implementing this system.

From our analysis of patient appointments and paper medical charts, we found that some of the information in the paper charts — such as patient identification numbers, providers names, and dates — were missing or illegible. We also found errors in the electronic appointment scheduling system data. When the department and the Denver Health team do not check mental health data for errors or missing values, the data becomes unreliable.

PAPER MEDICAL CHARTS AND STORAGE | The Denver Sheriff Department uses and stores paper medical charts like these for patient care. PHOTOS BY AUDITOR’S OFFICE STAFF
HEALTH RECORDS – Policies and procedures related to medical charts and electronic health information are the Denver Health team’s responsibility. Denver Health’s health records policy outlines how and where it will store and keep records from the Downtown Detention Center and the Denver County Jail.

The City and County of Denver’s general records retention schedule does not specify a retention schedule for medical records, but it does specify that records for individuals in custody must be kept for 10 years. Despite not having a city-mandated requirement, Denver Health’s policy matches this 10-year period.

When people move to a different correctional facility or leave the jail, their health records must transfer as well. For a patient transferring between the Downtown Detention Center and the Denver County Jail, the Denver Health team sends their chart in a secured case at the time of transfer. Six months after a person leaves the Downtown Detention Center, the team moves their records to a warehouse. For people who leave the Denver County Jail, the team moves their records to a warehouse three months after their release.

While the Denver Health team primarily uses paper medical charts for patient care, it also has access to seven electronic applications to help with care, appointment scheduling, medication orders, and statistics.48

But the Denver Sheriff Department’s jail management system does not communicate with any of these Denver Health applications, so medical records staff must check each day whether patients are still in custody to manually confirm or cancel their appointments and retrieve their health records. If the physical chart is unavailable at the time of a patient’s appointment, the health care providers will add documents to a separate folder until they can be added to the chart.

Some of the Department’s Electronic Systems Involve Manual Data Entry and Lack Sufficient Data Safeguards

The department’s electronic health services scheduling system allows the Denver Health team to schedule patient appointments. The system prepopulates appointments with a reference number, the patient’s unique identifier number, their name, and their date of birth as well as the appointment type, date, the health care provider’s name, and appointment location. The system also lists who is scheduling the appointment as well as the appointment referral date and time. Other fields the user must enter are whether the case is urgent, whether the patient needs an interpreter, and the reason for the referral.

The Denver Health team gave us all 72,238 mental health care-related appointments in the scheduling system from July 1, 2019 through June 30, 2020.

48 These seven applications are the scheduling system, the medication administration record database, the transition unit application, the statistics application, Epic, the Colorado State Health Information Exchange, and the jail management system.
2021. We conducted a reliability test on this data and found errors.

For example, in interviews with staff, we learned that if health care providers do not see a patient, they must provide a reason why. The electronic scheduling system has a drop-down list for providers to choose from to indicate why they did not see a patient. However, the data we received showed typos and reasons listed that differed from the drop-down list, which suggests providers may be able to type in this field and override the drop-down options. Furthermore, in 17 appointment entries, the required reason for why a patient was not seen was missing.

If the department and the Denver Health team are not checking mental health appointment data for errors or missing values, the data becomes unreliable. Additionally, if controls — such as having a drop-down list — can be over-written, then the control is ineffective.

Management also said that sometimes health care providers forget to discharge their patients while entering other information in the electronic system. Therefore, without additional controls, the department may not be able to rely on the data to ensure compliance with internal policies and procedures for documenting patient appointments.

The errors we found highlight the importance of having guardrails in place to protect data quality in electronic systems. Federal guidelines say having policies and procedures and monitoring electronic systems helps departments to assess the quality of their performance over time.\(^49\) Furthermore, departments should monitor their controls and evaluate their results.\(^50\)

### Paper Medical Charts Can Be Illegible or Contain Errors and Are More Difficult to Assess than Electronic Charts

The Denver Health team’s scheduling system shows a patient’s appointment date, referral date, and the date the health care provider discharged the patient. However, the system does not track the date the health care provider met with a patient. This date is listed in a patient’s paper medical chart instead.

We chose a random sample of 59 mental health appointments and asked the department for copies of the relevant pages in the medical charts for all entries in the sample.

For three of the 59 appointments — or 5%, the patient’s unique identifier on the paper chart either was not given or did not match the identifier listed

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in the Excel document, so we could not verify the appointment. In one appointment, there was a discrepancy in the date for when the health care provider saw the patient because two providers signed on different days. Another issue in the data is that in five of the 59 appointments — or 9%, the provider’s or co-signer’s name was illegible.

This analysis highlights an inherent issue with paper medical charts in that errors may exist through the manual and handwritten data-entry process. Federal guidance says electronic health records help reduce medical errors and promote complete documentation.\textsuperscript{51} Similarly, the not-for-profit National Commission on Correctional Health Care says electronic health records allow “for more legible and comprehensive information.”\textsuperscript{52}

**Paper Medical Charts Complicate the Continuation of Medical Care Outside Jail**

As mentioned, when people move to a different correctional facility or leave the jail, their health records must transfer as well. If they want to request a copy of their medical records from the Denver Sheriff Department, they must pay a $7 fee, which goes into the department’s welfare fund and is used to pay for certain personal and medical items such as prescription eyeglasses for all people in custody.

Once the health information management unit receives this request, they may take up to 30 days to process the request. Denver Health staff said there is a fee for medical records requests to prevent them from being inundated with many records requests during individuals’ time in jail. However, the department’s policy is that individuals will receive their medical records regardless of the ability to pay.

The National Commission on Correctional Health Care recommends correctional facilities provide patients leaving custody with portable electronic health records to better allow for continuity of care.\textsuperscript{53} The commission also recommends facilities waive the costs of sharing health records for patients at the time of or within seven days of their release.

The commission emphasizes that people with mental health conditions who were previously incarcerated have a higher risk of negative mental health outcomes, including suicide, without an appropriate handoff to a community provider.\textsuperscript{54}


\textsuperscript{53} National Commission on Correctional Health Care.

\textsuperscript{54} National Commission on Correctional Health Care.
All five counties we surveyed — San Diego County, California; Travis County, Texas; Hennepin County, Minnesota; Boulder County, Colorado; and Fulton County, Georgia — said their jail facilities use an electronic medical record system.

The department and the Denver Health team said they are planning to implement an electronic health record system. The city’s operating agreement with Denver Health for fiscal year 2022 also says the city and Denver Health will work together to ensure there is a fully functional electronic medical record available to Denver Health in the jail for providing medical care and services.

The agreement says the details for implementing the system and its costs will be outlined in a separate agreement. However, department management said there is no timeline set for implementing the electronic health record system and it is still waiting for funding from the city.

### 2.10 RECOMMENDATION
Assess System Controls

The Denver Sheriff Department and Denver Health’s Continuous Quality Improvement Committee should assess internal controls within their electronic information systems to ensure health care providers’ and patients’ data is accurate and reliable. Where system controls cannot be implemented, the department should develop and document policies and procedures for reviewing providers’ and patients’ data to ensure accuracy and reliability.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – OCT. 14, 2022
SEE PAGE 62 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

### 2.11 RECOMMENDATION
Implement an Electronic Medical Chart System

The Denver Sheriff Department should continue working with the City Council and Denver Health to implement an electronic medical chart system to better allow for continuity of care for people while they are in Denver’s jail system and after they are released.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – JAN. 13, 2022
SEE PAGE 63 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
### 2.12 RECOMMENDATION

**Assess Fees for Medical Records**

The Denver Sheriff Department should assess whether it should waive the fee for individuals leaving jail and after an individual has already been released so they have access to their medical and mental health records to better allow for continuity of care after their release from Denver’s jail system. The department should document their decision-making process for choosing whether to charge fees for medical records. Additionally, the department should communicate its fee policy with Denver Health staff to ensure consistent understanding and application.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – SEPT. 16, 2022

SEE PAGE 63 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
FINDING 3 AND RECOMMENDATIONS

The Denver Sheriff Department Is Not Sufficiently Monitoring Mental Health Contracts and Invoices

The Denver Sheriff Department has 20 active contracts and grants related to mental health programs and services. While the department is generally ensuring compliance with contract terms, it is not adequately monitoring the performance of the contractors that provide mental health services.

The department lacks sufficient oversight of invoices and amounts paid for outside budgeted contract terms. This lack of oversight hinders the department’s ability to ensure all contract deliverables are met, that contractors are providing quality mental health services, and that taxpayer dollars and funding from grants are being used effectively and efficiently.

CONTRACT MONITORING ISSUES – The department does not have a contract-monitoring position and is missing contract deadlines or not fulfilling contract obligations.

For example, one agreement with Denver’s Department of Public Health and Environment provides funding for staff to help reduce the number of people who return to jail by focusing on treatments such as behavioral health. To illustrate these efforts, the department provides periodic reports to Public Health and Environment. However, the department was behind schedule submitting its latest report as of Feb. 1, 2022. Without the report being submitted on time, the department may not be able to show it is meeting the intended goals outlined in the agreement.

We found another instance where the department was not ensuring the provider was following timelines in a contract.

The contract with Remerg is supposed to provide 40 different videos to educate people in custody about available community resources before and after they are released from jail. It was funded through a Colorado Division of Criminal Justice grant. Both the contract and the grant said the contractor was to provide the videos to the department between July 10, 2021, and Dec. 31, 2021. However, as of January 2022, the documentation shows the project was behind schedule because of the COVID-19 pandemic.

Because this project is delayed, the department requested additional time from the Colorado Division of Criminal Justice; however, the department

CONTRACTS AND GRANTS
For more information on the Sheriff Department’s contracts and grants as well as our methodology for sampling and results, see appendices B and F.
missed the deadline for requesting the extension and is now awaiting next steps from the state.

Because of the lack of contact monitoring, the department may not be able to ensure all 20 contracts and grants are meeting deadlines and that services are being provided as required. Furthermore, the department may be at risk of having to repay grant funds if both project deliverables and extensions are not submitted on time.

Meanwhile, the department also has a contract with Denver Inner City Parish to help people released from jail, especially if they are released during high-risk times such as in the middle of the night or during holidays when support services are typically unavailable. Specifically, Denver Inner City Parish serves as a one-stop-shop for basic needs, food assistance, and care-navigation services.

The Denver Inner City Parish contract mentions using intake forms and satisfaction surveys to track the frequency and use of the aid it provides. However, the department does not have the participant satisfaction surveys from Denver Inner City Parish and cannot ensure the organization met its contractual obligations. Furthermore, while the department has received quarterly reports for the program, it has not reviewed or verified the accuracy of the data. The department also does not have documentation to show the program has met its objectives. Management said their conclusions are based on “conversations with staff” and “documents they had seen.”

The Denver Sheriff Department does not have a responsible party to monitor its contracts. The entire Department of Public Safety has only one contract administrator overseeing about 300 contracts for its various divisions, except for the Fire Department. Other Sheriff Department staff have been performing this function, despite having their own full-time responsibilities.

Additionally, the department does not have contract-monitoring policies and procedures.

The city requires departments to establish and implement policies and procedures for monitoring contracts as well as identify a specific person tasked with contract-monitoring responsibilities. The responsible party ensures the terms of a contract are met and documents deliverables. According to the state of Colorado’s procurement manual, contract monitors should be concerned if services cost more than were agreed upon, if money is spent on nonallowable costs, if vendors waste money, or if vendors inaccurately report progress.

Additionally, federal guidance says documentation is a necessary part of


an effective internal control system, which is the oversight and guardrails necessary to keep a program on track.\textsuperscript{57} Minimum documentation requirements include:

- Documenting the policies of the organization.
- Evaluating and documenting the results of ongoing monitoring.
- Documenting internal control deficiencies and corrective actions.\textsuperscript{58}

Documentation allows management to determine whether the organization is operating effectively.\textsuperscript{59}

Without policies and procedures related to contract monitoring or a designated party responsible for monitoring contractors’ performance, the Denver Sheriff Department is unable to ensure contract terms are being met or determine the quality of mental health services it provides to people in its custody.

\textbf{INVOICE AND PAYMENT ISSUES} – In addition to inadequate contract monitoring, the department is not ensuring contractors provide sufficient documentation for their invoices or that billed rates are allowed by set budgets.

We found there is not one central person at the department overseeing the process to ensure the consistency and accuracy of payments. The department’s finance team does not review supporting documentation but instead relies on administrative staff to review invoices and supporting documentation. We reviewed financial policies and procedures provided by the department to see whether staff had guidance to follow, but these did not discuss invoicing.

We randomly sampled 63 of 136 mental health-related invoices — or 46% — and reviewed any supporting documents related to the invoices.

When we reviewed the invoices in our sample, the department could not provide proper supporting documentation for 29 of the 63 — or 46%. Without supporting documentation, we could not verify the department was paying for the services provided or that they were allowed by the contract.

For example, the department has a contract with the Center for Trauma and Resilience to provide trauma-based therapy yoga to individuals in jail. However, the department could not provide lists of attendees for these yoga classes to allow us to verify whether the participants met the


requirements of the contract — to have a class for men and a class for women, each with no more than eight participants.

We also found that 19 of the 63 invoices — or 30% — were not billed in the correct amounts and another 23 — or 37% — could not be verified for accuracy. For example, three invoices from the Center for Trauma and Resilience were billed at a different rate than the one in the contract. The invoices were for $75 per session, but the contract specified $100 per class. While the billed amount was lower than the contracted amount, it was still incorrect.

In another case, we found 12 of the 19 sampled invoices — or 63% — for The Empowerment Program Inc. — which provides trauma therapy services to individuals in jail — contained instances of employee salaries that exceeded the contracted amount. For example, the contracted salary for a relapse/recovery specialist was $38,000, but the invoice charged $41,000.

Finally, we found that three of the 63 invoices — or 5% — were not billed for an allowable expense as outlined in the contract and 13 — or 21% — could not be verified. The incorrectly billed invoices were for the Frequent User Service Enhancement program, which includes two separate budgets — one for housing and another for “wraperound funds.” Wraparound funds include necessary expenses for people in their first month out of jail such as medical fees, personal items, and emergency food.

One of the invoices charged wraparound funds to the housing fund, which had a higher budget than the one designated for wraparound funds, and the other two invoices each had an expense for a person not listed on the original client list provided by the department. The department later provided an updated client list that included the person; however, based on additional review by the department, the person’s dates in the program were incorrectly documented.

Federal guidance says agencies should document control systems to best determine whether the organization is operating effectively.60

Additionally, a city fiscal rule requires all transactions to include adequate supporting documentation to provide a clear picture of the transaction. Supporting documentation may include the name and address of the vendor, the date and amount of the transaction, the purpose of the transaction, and any special terms, such as a discount or payment delivery instructions. Furthermore, supporting documentation should include original or faxed copies of receipts that itemize the goods or services purchased.61

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Finally, according to the City and County of Denver’s general records retention schedule, documentation related to invoices as well as expense and reimbursement documentation should be kept for seven years.

Without adequate oversight of the invoice process, the department may be paying for services not provided or not allowed by the contract.

### 3.1 RECOMMENDATION: Establish Contract Oversight

The Denver Sheriff Department should identify an individual or individuals primarily responsible for monitoring contract compliance and the performance of contractors and subrecipients for all mental health services contracts and subcontracts.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – JUNE 7, 2022

SEE PAGE 64 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

### 3.2 RECOMMENDATION: Document Contract Monitoring Policies and Procedures

The Denver Sheriff Department should establish and document policies and procedures for ensuring contract compliance as well as monitoring of contractors’ performance.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – AUG. 31, 2022

SEE PAGE 64 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

### 3.3 RECOMMENDATION: Establish Oversight of Invoices

The Denver Sheriff Department should identify an individual or individuals primarily responsible for reviewing and approving invoices — as well as reviewing associated supporting documentation related to its mental health programs — to ensure all expenses are allowable and aligned with contractual requirements.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – JUNE 7, 2022

SEE PAGE 64 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
### 3.4 RECOMMENDATION

**Document Policies and Procedures for Invoices**

The Denver Sheriff Department should establish and document policies and procedures for requesting, reviewing, and maintaining supporting documentation for invoice payments to ensure invoices are paid according to the contract.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – AUG. 31, 2022
SEE PAGE 65 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

### 3.5 RECOMMENDATION

**Follow the City’s General Records Retention Policy**

The Denver Sheriff Department should follow the City and County of Denver’s general records retention policy for invoice supporting documentation.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – AUG. 31, 2022
SEE PAGE 65 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

### 3.6 RECOMMENDATION

**Amend Contracts**

The Denver Sheriff Department should ensure salaries of employees paid through a contract are allowable according to a contract’s budget either by enforcing the contracted amount, amending the contract to adjust for an increase to the budgeted salaries, or identifying another source of funds to account for the difference.

**AGENCY RESPONSE:** AGREE, IMPLEMENTATION DATE – JUNE 7, 2022
SEE PAGES 65-66 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
FINDING 4 AND RECOMMENDATION

The Denver Sheriff Department Could Not Demonstrate All Individuals Identifying as Transgender Were Assessed and Housed According to Their Preference

The Denver Sheriff Department has been recognized as a leading city in its practices for developing and implementing formal policies and procedures for individuals identifying as transgender. These policies and procedures were developed with input from the local lesbian, gay, bisexual, transgender, and intersex community to prioritize safety and security for this population in the city’s jail system.

The department has an informal Transgender Review Board that is responsible for assessing and making recommendations related to housing, medical, and mental health needs for people identifying as transgender within 72 hours of their entering the jail system. When someone identifying as transgender is in custody, they are temporarily placed in restrictive or separate housing in the medical unit for their safety.

Once someone is screened and assessed by the Transgender Review Board, all discussion notes — including any requests and preferences made by that person — are documented in their paper medical chart. While the department tries to ensure all accommodation requests are met, there may be instances when they cannot grant an accommodation out of safety concerns.

The Transgender Review Board decides where someone will be housed based on several factors, including their:

- Preference.
- Mental health status.
- Classification.
- Physical characteristics.
- Criminal and sexual assault history.
- Other vulnerabilities.

For example, if someone in custody is harming themselves or is experiencing a mental health episode, they may be placed in restrictive housing. Furthermore, if someone is transitioning from male to female

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63 The Fenway Institute, 34.
and wants to be housed with the general female population, they may be denied their housing preference based on physical characteristics, such as weight or height, out of safety concerns.

While the board is supposed to provide recommendations, all housing requests are filtered through the department's classification unit and documented in the jail management system.

However, we found the department's documentation practices did not align with its own policies and procedures for people identifying as transgender.

**Adequate Documentation Was Missing to Show Adherence to Policies and Procedures**

The Denver Sheriff Department could not provide adequate evidence to show people who identify as transgender were not housed for longer than 72 hours in restrictive housing before the Transgender Review Board could screen and assess them.

We reviewed a random sample of 50 of the 145 transgender intake questionnaires — or 34% — for 2019 through 2021, and we requested the discussion notes from the corresponding Transgender Review Board meetings.

The department was able to provide discussion notes for 42 of the 50 questionnaires, or 84%. For the remaining eight, the department could not provide documentation to support the claim that people who identify as transgender met with the Transgender Review Board within the required time frame or at all.

We then reviewed housing documentation for the same sample and found the department was unable to provide adequate documentation for 11 of these 50 individuals — or 22% — to demonstrate they were granted their requested preferential housing accommodations.

We made several requests for the correct and missing supporting documentation, but the department could not provide it. Department staff said some people were not in the system long enough to be seen by the Transgender Review Board and documentation therefore did not exist. However, we found 32 of the other 50 people from our sample — or 64% — were seen by the Transgender Review Board the same day they were taken into custody.

We were also told one person was not seen by the board because they did not disclose that they identified as transgender. However, that person did disclose that information on the transgender intake questionnaire.

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**ANALYSIS OF THE TRANSGENDER REVIEW BOARD**

See Appendix H for more information on sample selection methodology and conclusions.
Additionally, the department could not find the Transgender Review Board discussion notes for two people in the sample.

The Denver Sheriff Department does not track Transgender Review Board discussions in a consistent and centralized manner. Denver Health has all accommodation decisions from the Transgender Review Board meetings documented in each person’s paper medical chart. But, if an accommodation cannot be granted, that person is sometimes told verbally about alternative choices and documentation may not exist.

Leading practices say risk assessments are required within 72 hours of someone entering a jail facility to minimize the risks associated with classification and housing decisions. As part of the risk assessment, the following should be evaluated, at a minimum, to assess risk factors for victimization and identify health and safety needs:

- Any mental, physical, or developmental disabilities.
- Age.
- Physical build.
- Previous criminal history and incarceration.
- Any vulnerabilities.

Leading practices also say a person in custody should not be placed in separate housing for more than 24 hours while arrangements for alternative housing options are made. This should be done on a case-by-case basis and should consider that person’s request for housing and where they feel they will be safe.

In addition, federal guidance says documenting this information allows an organization to retain institutional knowledge by reducing the risk of only a few people knowing this information, and it enables the organization to better provide information to external parties, such as auditors. Documentation should include the “who, what, when, where, and why” of internal control implementation to staff. Further, management can better process the data into quality information that is appropriate, current, complete, accurate, and accessible to make informed decisions.

Regardless of the length of time someone is held in custody, attempts should be made to ensure all people identifying as transgender are given the opportunity to meet with the Transgender Review Board.

While someone identifying as transgender is at a higher risk of victimization, isolating them in restrictive or separate housing on a long-term basis with little to no human interaction can be psychologically damaging. This is especially true for those who have a history of mental

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64 The Fenway Institute, 42.
65 The Fenway Institute, 42.
66 The Fenway Institute, 46.
Without sufficient supporting documentation to ensure people identifying as transgender are screened and assessed by the Transgender Review Board in line with department policy and procedure, the department cannot provide assurance that it properly assessed and addressed risk factors to prioritize the safety and security for these individuals in its jail system.

4.1 RECOMMENDATION

Review Transgender Review Board Documentation Process

The Denver Sheriff Department should review and revise existing policies and procedures related to the Transgender Review Board to include how and where board meeting discussions should be documented as well as decisions made related to housing. The department should consider, as part of this process, identifying a central repository to house decisions related to the Transgender Review Board.

AGENCY RESPONSE: AGREE, IMPLEMENTATION DATE – AUG. 15, 2022

SEE PAGE 66 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.

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FINDING 5 AND RECOMMENDATIONS

The Denver Sheriff Department Could Not Demonstrate Compliance with Training Requirements

To ease the potential for violence and ensure all people in jail are treated with dignity, Denver Sheriff Department policy says that deputies must be able to reasonably recognize behaviors related to mental health conditions. The policy also outlines the mental health awareness and training that deputies must complete to properly tend to those in jail.

Despite the importance of this training requirement, we could not verify the department complies with it because auditors lacked institutional knowledge related to the training subject matter, the department’s lack of required documentation, and an unclear understanding by responsible parties of available systems and reports.

The American Correctional Association and the Commission on Accreditation for Law Enforcement Agencies outlines national standards for training requirements, requirements for policies and procedures, and recommended documentation — such as personnel records — for sheriff departments.

The Denver Sheriff Department’s policy for employee training follows these standards and outlines training requirements for supervisors, deputies, and support staff with minimal and regular contact with people in custody.
Specifically:

- Support staff in minimal contact with people in custody must receive 16 hours of training annually.
- Support staff in regular contact with people in custody must receive 40 hours of training annually.
- Supervisors must receive 40 hours of supervisor and management training initially and 24 hours of training annually after their first year.
- Deputies must receive 520 hours of training in their first year and 40 hours of training annually after their first year.

Each staff level also has different topics for their required training, including suicide risks and precautions, ethics, first aid, and mental health.

**TRAINING DOCUMENTATION AND DATA** – When we asked the department for a sample of 60 staff training files, it was able to provide only 58. One of the missing records could not be found and the other belonged to an employee who had left their position with the department during deputy training.

However, the City and County of Denver's general records retention schedule says that training records for the department's staff members should be kept for five years after they have left employment.

Meanwhile, we found the department’s data and documentation for tracking employees’ training hours is decentralized. Records for training hours are tracked in multiple electronic systems as well as in paper form. The department uses paper sign-in sheets with attendees' signatures to track attendance for trainings, and instructors are relied upon to manually annotate these sheets when a training session ends early.
The department’s training academy scheduling unit then uses these paper time sheets to manually update both an internal Excel spreadsheet used for scheduling and the internal employment hours tracking software for tracking hours attended. The scheduling unit does not track hours for civilian employees if the employee is not listed in the employment tracking software. For example, civilian security specialists are listed in the software, while other civilian employees are not.

Management and other key personnel were unaware of each other’s processes or the data available for tracking training requirements. When we first asked for training records in November 2021, we were told they were kept in physical form and the department did not track training hours in a spreadsheet. Management said it believed paper records satisfied accreditation standards.

Later, toward the end of our fieldwork in February 2022, we learned a different unit in the department tracks attendance in a spreadsheet. However, the spreadsheet we were given does not include the hours employees received for completing courses; it is a scheduling document.

The department’s accreditation unit uses a dashboard to track compliance with requirements set forth by the American Correctional Association. The dashboard includes the standards that department staff must complete, by rank. The dashboard also includes protocols — such as department policies and procedures that should be followed — as well as copies of recommended supporting materials, such as training records and incident logs.

The accreditation unit says it ensures all staff comply with training requirements by “reviewing each standard.” The accreditation unit obtains documentation from the training unit to show compliance on a quarterly basis. However, we could not use this same documentation to verify training compliance and accreditation unit managers could not show whether the training academy had complied with requirements.

Finally, when an employee misses a training, or trainings end early, there are no penalties or requirements to make up the time. Management said the scheduling unit tries to reschedule an absent employee, but staff are not required to make up time for early releases.

**COMPLIANCE WITH TRAINING SUBJECT REQUIREMENTS** – When comparing course titles with training requirements, we also found that classes taken during training days could not be accurately matched with topics listed in the department’s training policy or accreditation requirements. We also learned that some requirements are covered by a variety of different classes. Also, staff members said some required training — such as classes related to elder abuse — are covered within a training on dehumanization and bias. But the department could not provide documentation to show which course titles met certain subject requirements, preventing us from checking compliance.
In trying to determine how the American Correctional Association uses this information to verify when training requirements have been met for accreditation purposes, we learned that their evaluators typically possess institutional knowledge of law enforcement. We reviewed the final accreditation reports issued to the Denver Sheriff Department during our audit and could not verify that the accrediting agency had completed a compliance check for required training hours or that specific course subject requirements were being met.

We learned the department is not conducting internal compliance checks for employee training. In the past, management said a staff assistant completed compliance reviews, but this position has not been filled in several years. We also found the Denver Sheriff Department does not have formalized policies and procedures for tracking training records to ensure the total training hours taken match the requirements.

Federal guidance outlines the need for policies and procedures that fulfill an agency's mission, goals, and objectives. Management should use these policies and procedures to achieve the agency's objectives and respond to risks. Management should also develop and maintain a reliable documentation system to help retain organizational knowledge.

Furthermore, guidance says management should obtain relevant data from both reliable internal and external sources, in a timely manner. The data should be reasonably free from error to allow management to use it for effective monitoring. Also, management should process the data into quality information that can make help it make informed decisions and evaluate performance in meeting goals and addressing risks. Finally, management should be able to communicate quality information to external parties, such as auditors, who are trying to help the entity achieve objectives and address related risks.

When the Denver Sheriff Department does not have a clear understanding of staff roles and responsibilities as well as documented policies and procedures for tracking employee training, records may go missing or be inaccurate and inconsistent. Furthermore, without accurate, complete, and accessible training records, the department cannot ensure or demonstrate compliance with accreditation standards and internal policies related to training.

Overall, if employees are not appropriately trained, especially when it relates to mental health, they may fail to provide adequate services to people in custody or respond appropriately to people with mental health needs.

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### 5.1 Recommendation: Clarify and Document Staff Roles and Responsibilities

The Denver Sheriff Department should identify a division and individual responsible for tracking training documentation, including hours and topics, for department staff. Where multiple departments or individuals are involved, the roles and responsibilities for maintaining records should be clearly documented.

**Agency Response:** Agree, implementation date – Oct. 14, 2022  
See page 67 for the agency’s full response to our recommendations.

### 5.2 Recommendation: Establish a Consistent Way to Track Data for Training Information

The Denver Sheriff Department should develop a way to track information related to training, including hours and topics. The data should be populated consistently and completely to allow the department to track and monitor compliance with accreditation standards and internal policy.

**Agency Response:** Agree, implementation date – Oct. 14, 2022  
See page 67 for the agency’s full response to our recommendations.

### 5.3 Recommendation: Document Policies and Procedures for Training Records

The Denver Sheriff Department should document policies and procedures for tracking training information and storing training records. These policies and procedures should include a process for ensuring data quality.

**Agency Response:** Agree, implementation date – Sept. 16, 2022  
See page 68 for the agency’s full response to our recommendations.

### 5.4 Recommendation: Monitor Compliance

The Denver Sheriff Department should regularly monitor compliance with training requirements to ensure all staff meet requirements and are trained appropriately. If compliance issues arise, the department should implement consequences for staff who do not meet training requirements.

**Agency Response:** Agree, implementation date – Sept. 16, 2022  
See page 69 for the agency’s full response to our recommendations.
5.5 RECOMMENDATION Retain Documentation for Staff Training

The Denver Sheriff Department should follow the City and County of Denver’s general records retention policy for personnel training records.

AGENCY RESPONSE: AGREE, IMPLEMENTATION DATE – AUG. 15, 2022
SEE PAGE 69 FOR THE AGENCY’S FULL RESPONSE TO OUR RECOMMENDATIONS.
June 7, 2022

Auditor Timothy M. O’Brien, CPA
Office of the Auditor
City and County of Denver
201 West Colfax Avenue, Dept. 705
Denver, Colorado 80202

Dear Mr. O’Brien,

Thank you for your interest in our important work and review of the mental health services we provide. This year as the Denver Sheriff Department (DSD) celebrates our 120th anniversary as an organization, we continue to believe it to be a privilege to serve the citizens of the City and County of Denver.

It is worth noting that in the entire history of the DSD, there has never been a cabinet level position dedicated to leading, guiding and ensuring our mental health service work meets or exceeds national best practices. In January 2021, Dr. Nikki Johnson was hired as the first-ever Chief of Mental Health Services for the DSD to oversee the work for which this audit has reviewed. Many of the goals given to her when she took this role aligned with the challenges identified in this report and we are confident through the work of the dedicated professionals who make up our mental health service team, we will be successful.

Please find our response below to each of the recommendations made in your report.

AUDIT FINDING 1
The Denver Sheriff Department Does Not Have a Strategy for Its Mental Health Programs

RECOMMENDATION 1.1
Develop a Strategy for Mental Health Programs: The Denver Sheriff Department should use leading practices – such as the “Standards for Internal Control” and “Designing Evaluations” guidance from the U.S. Government Accountability Office – to develop an overarching strategy for its mental health programs.

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<td>Agree</td>
<td>Friday, September 16, 2022</td>
<td>Dr. Nikki Johnson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PH: 720-337-0133</td>
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</tbody>
</table>
Narrative for Recommendation 1.1
The Denver Sheriff Department agrees with this recommendation. The Denver Sheriff Department has already begun the process of reviewing our larger “Strategic Plan” for our Organization. Included in this work are specific, measurable, actionable, realistic, and time bound goals related to the mental health services we provide. These strategies and measures will help us to determine the success of the work done by the Mental Health Services Division.

RECOMMENDATION 1.2

Identify Measures of Success – The Denver Sheriff Department should use leading practices — such as the “Designing Evaluations” guidance from the U.S. Government Accountability Office or “Program Design: A Literature of Best Practices” — to identify and document measures of success for each mental health program. Success should be specific and measurable. In instances where a contractor or other service provider is providing mental health services through a contract, the department should work with the contractor to amend the contract to include specific and measurable definitions of program success.

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Narrative for Recommendation 1.2
The Denver Sheriff Department agrees that for each of our programs, a Goal should be developed that includes the objective to be achieved, the strategies by which the work will be done and the measures for how success will be quantified. The Chief of Mental Health Services will be responsible for development of these goals.

The DSD also agrees that where contractors are providing mental health services and where strong language does not already exist regarding specific and measurable definitions of success, we will work with those contractors to amend the terms and conditions to include this verbiage.

RECOMMENDATION 1.3

Conduct Program Needs Assessments – The Denver Sheriff Department should formalize, document the process for, and identify the needs of all its mental health programs. The assessments should include identifying resources, such as funding and staff, required to meet program objectives. As part of the assessment, the department should consider equitable access to all mental health programs to align with the mayor’s priority.

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</table>
Narrative for Recommendation 1.3
The Denver Sheriff Department agrees that we should formalize and document the processes for our mental health programs. We also agree that we should identify the needs of all our mental health programs. To that end, our Chief of Mental Health Services began this work as a part of her charge in the fall of 2021. She has developed a Mental Health Roadmap to include the vision of the Mental Health Services Division and an outline of the process for each individual, who books into the Downtown Detention Center. This includes the interview, course of action, potential intervention, and potential treatments available for all individuals within Denver’s jails.

Additionally, the Denver Sheriff Department has already embraced the Mayor’s vision for equitable access to all programs. We have partnered with the Office of Social Equity and Strategy to ensure fair and unbiased programmatic entrance for all people in custody. Specifically, in almost every program run by the Agency, equal access has been and continues to be given to everyone. In the one pilot program that is only offered to men, a plan has been put into place to launch a parallel pilot for the women who are in custody.

RECOMMENDATION 1.4
Conduct a Workforce Analysis – The Denver Sheriffs Department should conduct a formal workforce analysis based on the results of the needs assessment to identify gaps in its workforce to help the department achieve program objectives and success.

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</table>

Narrative for Recommendation 1.4
The Denver Sheriff Department agrees that a formal workforce analysis based on the results of the needs assessment should be conducted. The Chief of Mental Health Services will work with our partners in the Department of Safety to conduct this analysis.

RECOMMENDATION 1.5
Develop, Document, and Implement Program Policies and Procedures – The Denver Sheriff Department should develop, document, and implement policies and procedures for each of its mental health programs. For the department to meet its objectives and measure its success, policies and procedures should include, at a minimum:
• Criteria for program entry.
• Clear definitions of program success.
• Data monitoring.
• Details of the roles and responsibilities for various program tasks.

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Narrative for Recommendation 1.5
The Chief of Administration will direct the Research and Development Unit to spearhead the accomplishment of this recommendation to ensure that all facets of the programmatic components of mental services are documented in policies and procedures. These will include the standards and expected practices as listed in this recommendation.

AUDIT FINDING 2
The Denver Sheriff Department’s Data Processes Should Be Improved

RECOMMENDATION 2.1
Identify and Track Performance Data – The Denver Sheriff Department should identify the data and information necessary for it to monitor progress toward meeting the objectives of its mental health programs, both individually and holistically. The data should be consistent across all programs to allow for monitoring across programs (e.g., demographic data such as race and gender).

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<tr>
<td>Agree</td>
<td>Friday, September 16, 2022</td>
<td>Chief Sonya Gillespie PH: 303-435-0702</td>
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</table>

Narrative for Recommendation 2.1
The Denver Sheriff Department agrees that we should consistently identify and track performance data for our mental health programs. The Chief of Administration will direct the Performance Management and Strategy Unit to create a centralized and standardized process to collect data. Within this improved process, we will ensure race and ethnicity are clearly defined and tracked, understanding this is “…critical in making policy decisions and assessing racial disparities in health risks (Auditor’s Report, pg. 24).”

RECOMMENDATION 2.2
Document Data-Entry Policies and Procedures – The Denver Sheriff Department should document policies and procedures for data entry related to its mental health programs.

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</table>
Narrative for Recommendation 2.2
The Denver Sheriff Department agrees that once we create a more centralized and standardized process for identifying and tracking data on our mental health programs, we will also need to develop policies and procedures specific to data entry. The Chief of Administration will direct the Research and Development Unit to complete this process.

RECOMMENDATION 2.3
Create and Document Quality Assurance Reviews – The Denver Sheriff Department should create and document quality assurance processes for program data entry to ensure the data is reliable and accurate so it can make informed decisions.

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Narrative for Recommendation 2.3
The Denver Sheriff Department agrees that we need quality assurance processes for program data entry to ensure the data is reliable and accurate. We are currently building an infrastructure to identify and track performance data. The Chief of Administration will direct the Performance Management and Strategy Unit to track outcomes, identify and address any disparities in service provision, and make continual program improvements.

RECOMMENDATION 2.4
Monitor Program Performance Data – The Denver Sheriff Department should periodically monitor the data and information it collects on its mental health programs to ensure performance measures and program objectives are being met, that programs are offered equitably, and to make decisions related to programmatic changes.

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<td>Friday, September 16, 2022</td>
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Narrative for Recommendation 2.4
The Denver Sheriff Department agrees that we should periodically monitor the data collected from the mental health programs to ensure program goals and objectives are met, programs are equitable, and any necessary programmatic changes are being made. The Chief of Mental Health Services will provide an annual summary for each of our mental health programs.
RECOMMENDATION 2.5

Establish a Consistent Way to Track Data for Requests and Complaints – The Denver Sheriff Department should work with Denver Health to develop a way to track information related to general and mental health requests and complaints. The data should be populated consistently and completely to allow the department to track and monitor data to identify trends.

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Narrative for Recommendation 2.5
The Denver Sheriff Department agrees that we will improve the method to track information related to general and mental health requests and complaints both internally and with Denver Health. For mental health requests and complaints, we currently work with Denver Health to complete 50 chart audits (25 per jail) each quarter to ensure compliance; however, when we move to an electronic health record, this process will be streamlined and leave less room for error. In addition, we will work with Denver Health to identify necessary changes in the data entry on tracking spreadsheets and make process changes accordingly. We will work with the Continuous Quality Improvement Committee to track this information periodically to ensure the new processes and procedures are being followed accurately. The Chief of Mental Health Services will be responsible for ensuring completion of this recommendation.

RECOMMENDATION 2.6

Track General Requests – The Denver Sheriff Department should use the mechanism established in Recommendation 2.5 to track general requests.

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Narrative for Recommendation 2.6
The Denver Sheriff Department agrees that we will follow the process established in 2.5 to track general requests.
RECOMMENDATION 2.7

Review Existing Policies and Procedures – The Denver Sheriff Department should work with Denver Health to review and update existing policies and procedures for tracking and analyzing data related to general and mental health requests and complaints based on the mechanism established in Recommendation 2.5.

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Narrative for Recommendation 2.7
The Denver Sheriff Department agrees that we will continue to work with Denver Health to review and update policies and procedures related to the tracking and analyzing of data related to general and mental health requests and complaints.

RECOMMENDATION 2.8

Create and Document Quality Assurance Reviews – The Denver Sheriff Department should work with Denver Health to create and document quality assurance processes for data entry to ensure data is reliable and accurate to allow management to make informed program decisions.

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Narrative for Recommendation 2.8
The Denver Sheriff Department Agrees with Recommendation 2.8 to work with Denver Health to create and document quality assurance processes for data entry. We have an existing Continuous Quality Improvement Committee, which is a collaborative group of Denver Sheriff Department and Denver Health employees, who work together to provide quality assurance in all our joint processes. We plan to work with this committee to add specific tracking points identified by the Auditor’s Report to increase the reliability and accuracy of data entry within the Denver Sheriff Department. The Chief of Mental Health Services will ensure completion of this recommendation.
RECOMMENDATION 2.9

Monitor Data About Requests and Complaints – The Denver Sheriff Department should periodically monitor its and Denver Health’s data for general and mental health requests and complaints to identify trends, address personnel issues in a timely manner, and make adjustments to processes.

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Narrative for Recommendation 2.9

The Denver Sheriff Department agrees with Recommendation 2.9 regarding the periodic monitoring of Denver Health’s data for general and mental health requests and complaints. We will continue to work with Continuous Quality Improvement Committee to foster and increase their ongoing periodic monitoring of all mental health requests and complaints. The Chief of Mental Health Services will ensure compliance with this recommendation.

RECOMMENDATION 2.10

Assess System Controls – The Denver Sheriff Department and Denver Health’s Continuous Quality Improvement Committee should assess internal controls within their electronic information systems to ensure health care providers’ and patients’ data is accurate and reliable. Where system controls cannot be implemented, the department should develop and document policies and procedures for reviewing providers’ and patients’ data to ensure accuracy and reliability.

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Narrative for Recommendation 2.10

The Denver Sheriff Department agrees that we will work with Denver Health and the Continuous Quality Improvement Committee to ensure electronic provider and patient data is accurate and reliable. The Chief of Mental Health Services will ensure compliance with this recommendation.
RECOMMENDATION 2.11
Implement an Electronic Medical Chart System – The Denver Sheriff Department should continue working with the City Council and Denver Health to implement an electronic medical chart system to better allow for continuity of care for people while they are in Denver’s jail system and after they are released.

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<tr>
<td>Agree</td>
<td>January 13, 2023</td>
<td>Laura Wachter&lt;br&gt;PH: 303-842-1534</td>
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Narrative for Recommendation 2.11
The Denver Sheriff Department and the Department of Safety are committed to working with Denver Health to implement an Electronic Medical Chart System to better allow for continuity of care for people within the care of Denver’s jail system and after they are released. In partnership with Technology Services, the Department has met and discussed the system and business requirements with Denver Health and are working towards a 2023 implementation date. The Deputy Director of Public Safety will ensure compliance with this recommendation.

RECOMMENDATION 2.12
Assess Fees for Medical Records – The Denver Sheriff Department should assess whether it should waive the fee for individuals leaving jail and after an individual has already been released so they have access to their medical and mental health records to better allow for continuity of care after their release from Denver’s jail system. The department should document their decision-making process for choosing whether to charge fees for medical records. Additionally, the department should communicate its fee policy with Denver Health staff to ensure consistent understanding and application.

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Narrative for Recommendation 2.12
The Denver Sheriff Department agrees with this recommendation. We will revisit how we charge for medical or mental health records for individuals after their release from Denver’s jail system.

AUDIT FINDING 3
The Denver Sheriff Department Is Not Sufficiently Monitoring Mental Health Contracts and Invoices
RECOMMENDATION 3.1
Establish Contract Oversight: The Denver Sheriff Department should identify an individual or individuals primarily responsible for monitoring contract compliance and the performance of contractors and subrecipients for all mental health services contracts and subcontracts.

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<tr>
<td>Agree</td>
<td>June 7, 2022</td>
<td>Chanee Cummings (720) 913-6538</td>
</tr>
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</table>

Narrative for Recommendation 3.1
The Denver Sheriff Department has experienced turnover within the Programs Unit that oversees the contract. Due to the staffing shortages and turnover, there was not sufficient continuity of invoice and performance review. The has been reconciled and currently, the Programs Unit Manager has assumed responsibility for invoice and performance review to meet terms and conditions of the contract.

RECOMMENDATION 3.2

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<tr>
<td>Agree</td>
<td>August 31, 2022</td>
<td>Chanee Cummings (720) 913-6538</td>
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Narrative for Recommendation 3.2
The DOS Finance Team will document policies and procedures for contract monitoring of performance.

RECOMMENDATION 3.3
Establish Oversight of Invoices: The Denver Sheriff Department should identify an individual or individuals primarily responsible for reviewing and approving invoices – as well as reviewing associated supporting documentation related to its mental health programs – to ensure all expenses are allowable and aligned with contractual requirements.

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</table>
Narrative for Recommendation 3.3
The Denver Sheriff Department has identified the Program Unit Manager to review and approve all invoices as well as all supporting documentation associated with the contract. The DOS Finance Team will review all approved invoices to ensure all expenses are allowable and align with contractual requirements. Any variances will be reported back to the Program Unit Manager for resolution prior to any invoice payment submission.

RECOMMENDATION 3.4
Document Policies and Procedures for Invoices: The Denver Sheriff Department should establish and document policies and procedures for requesting, reviewing, and maintaining supporting documentation for invoice payments to ensure invoices are paid according to the contract.

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Narrative for Recommendation 3.4
The DOS Finance Team will document policies and procedures for requesting and reviewing invoices that align with City Fiscal Accountability Rules.

RECOMMENDATION 3.5
Follow the City’s General Records Retention Policy: The Denver Sheriff Department should follow the City and County of Denver’s general records retention policy for invoice supporting documentation.

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Narrative for Recommendation 3.5
The DOS Finance Team will submit all required invoice supporting documentation for inclusion into Workday, the City’s official financial records repository.

RECOMMENDATION 3.6
Amend Contracts: The Denver Sheriff Department should ensure salaries of employees paid through a contract are allowable according to a contract’s budget either by enforcing the contracted amount, amending the contract to adjust for an increase to the budgeted salaries, or identifying another source of funds to account for the difference.

<table>
<thead>
<tr>
<th>Agree or Disagree with Recommendation</th>
<th>Target date to complete implementation activities (Generally expected within 60 to 90 days)</th>
<th>Name and phone number of specific point of contact for implementation</th>
</tr>
</thead>
</table>
Narrative for Recommendation 3.6
The DOS Finance Team will review all approved invoices to ensure all expenses are allowable and align with contractual requirements. Any variances will be reported back to the Program Unit Manager for resolution prior to any invoice payment submission.

AUDIT FINDING 4
The Denver Sheriff Department Could Not Demonstrate All Individuals Identifying as Transgender Were Assessed and Housed According to Their Preference

RECOMMENDATION 4.1
Review Transgender Review Board Documentation Process – The Denver Sheriff Department should review and revise existing policies and procedures related to the Transgender Review Board to include how and where board meeting discussions should be documented as well as decisions made related to housing. The department should consider, as part of this process, identifying a central repository to house decisions related to Transgender Review Board.

<table>
<thead>
<tr>
<th>Agree or Disagree with Recommendation</th>
<th>Target date to complete implementation activities (Generally expected within 60 to 90 days)</th>
<th>Name and phone number of specific point of contact for implementation</th>
</tr>
</thead>
</table>
| Agree                                 | Monday, August 15, 2022                                                               | Dr. Nikki Johnson  
PH: 720-337-0133                                                  |

Narrative for Recommendation 4.1
The Denver Sheriff Department agrees that we will review and revise our existing policies and procedures related to the Transgender Review Board, including the documentation of decisions made related to housing. We are in the process of updating our Transgender and Gender Non-Conforming Persons in Custody policy. In addition, we are working with Denver Health on our Transgender Review Board Standard Work to ensure all individuals endorsing transgender/gender non-conforming status are identified upon book-in with the Denver Sheriff Department and to provide gender-affirming care and housing. The Chief of Mental Health Services will ensure compliance with this recommendation.

AUDIT FINDING 5
The Denver Sheriff Department Could Not Demonstrate Compliance with Training Requirements
### RECOMMENDATION 5.1

**Clarify and Document Staff Roles and Responsibilities** – The Denver Sheriff Department should identify a division and individual responsible for tracking training documentation, including hours and topics, for department staff. Where multiple departments or individuals are involved, the roles and responsibilities for maintaining records should be clearly documented.

<table>
<thead>
<tr>
<th>Agree or Disagree with Recommendation</th>
<th>Target date to complete implementation activities (Generally expected within 60 to 90 days)</th>
<th>Name and phone number of specific point of contact for implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Friday, October 14, 2022</td>
<td>Chief Sonya Gillespie PH: 303-435-0702</td>
</tr>
</tbody>
</table>

**Narrative for Recommendation 5.1**

The Denver Sheriff Department agrees with this recommendation and Chief Gillespie of the Administration Division will assign the Commander of the Training Academy to serve as individual responsible for the tracking of training documentation. This responsibility will be coordinated Agency-wide and flow through the Training Academy.

### RECOMMENDATION 5.2

**Establish a Consistent Way to Track Data for Training Information** – The Denver Sheriff Department should develop a way to track information related to training, including hours and topics. The data should be populated consistently and completely to allow the department to track and monitor compliance with accreditation standards and internal policy.

<table>
<thead>
<tr>
<th>Agree or Disagree with Recommendation</th>
<th>Target date to complete implementation activities (Generally expected within 60 to 90 days)</th>
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</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Friday, October 14, 2022</td>
<td>Chief Sonya Gillespie PH: 303-435-0702</td>
</tr>
</tbody>
</table>

**Narrative for Recommendation 5.2**

The Denver Sheriff Department currently utilizes sign-in sheets similar to other law enforcement agencies and City agencies who conduct training. This information is then uploaded manually to Departmental systems for tracking purposes.

The Denver Sheriff Department is committed to obtaining an electronic medium to assist with not only gathering training information, but also in ensuring it is populated consistently and completely to allow for ease of retrieval, access, and compliance. As a part of the 2023 Budget submissions from the Department, a request will be put forward to acquire a system of this nature. The Chief of Administration will ensure compliance with this recommendation.
RECOMMENDATION 5.3

Document Policies and Procedures for Training Records – The Denver Sheriff Department should document policies and procedures for tracking training information and storing training records. These policies and procedures should include a process for ensuring data quality.

<table>
<thead>
<tr>
<th>Agree or Disagree with Recommendation</th>
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</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Friday, September 16, 2022</td>
<td>Chief Sonya Gillespie PH: 303-435-0702</td>
</tr>
</tbody>
</table>

Narrative for Recommendation 5.3

The Denver Sheriff Department currently has in Department Order 3.09.5031 – Training Academy, standards related to documenting how training information and records are tracked. Specifically, the language reads,

“Training Academy staff will be responsible for maintaining records of training curricula and lesson plans in accordance with Department Order 1.00.11003 - Records Retention and Destruction and Department Order 1.00.2006 - Employee Training.

When an employee completes training, Training Academy staff will update employee training files to include the following, but not limited to: <CALEA: 33.1.6>

Employee’s full name,
Employee’s badge number or employee ID
Colorado peace officer certification number, if applicable
Course title
Date of attendance
Cost of training course, if applicable
Number of training hours and/or minutes
Instructor’s name, when applicable
Pre- and post-test scores, if applicable
Certificates received, if any <CALEA: 33.1.6>
Correspondence, if any
Remedial training, if any”

The Denver Sheriff agrees with the section of this recommendation which suggests there should be a process for ensuring data quality. The Chief of Administration will direct the Performance Management and Strategy Unit to create a process for documenting data quality as it relates to training.
RECOMMENDATION 5.4

**Monitor Compliance** – The Denver Sheriff Department should regularly monitor compliance with training requirements to ensure all staff meet requirements and are trained appropriately. If compliance issues arise, the department should implement consequences for staff who do not meet training requirements.

<table>
<thead>
<tr>
<th>Agree or Disagree with Recommendation</th>
<th>Target date to complete implementation activities (Generally expected within 60 to 90 days)</th>
<th>Name and phone number of specific point of contact for implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>Friday, September 16, 2022</td>
<td>Chief Sonya Gillespie</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PH: 303-435-0702</td>
</tr>
</tbody>
</table>

**Narrative for Recommendation 5.4**
The Chief of Administration will direct the Performance Management and Strategy Unit to create a quarterly review of the Departmental training requirements to ensure our staff are attending instruction as required.

RECOMMENDATION 5.5

**Retain Documentation for Staff Training** – The Denver Sheriff Department should follow the City and County of Denver’s general records retention policy for personnel training records.

<table>
<thead>
<tr>
<th>Agree or Disagree with Recommendation</th>
<th>Target date to complete implementation activities (Generally expected within 60 to 90 days)</th>
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<tbody>
<tr>
<td>Agree</td>
<td>Monday, August 15, 2022</td>
<td>Chief Sonya Gillespie</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PH: 303-435-0702</td>
</tr>
</tbody>
</table>

**Narrative for Recommendation 5.5**
The Denver Sheriff Department agrees to continue to ensure that the personnel training records of Departmental members are maintained in accordance with the City and County of Denver’s retention policy. The Chief of Administration will ensure this recommendation is completed.
Please feel free to reach out to the points of contact identified above with any questions.

Sincerely,

Sheriff Elias Diggins

Elias Diggins
Sheriff

cc: Valerie Walling, CPA, Deputy Auditor
Dawn Wiseman, CRMA, Audit Director
Kharis Eppstein, CIA, CGAP, Audit Manager
Evan Dreyer, Deputy Chief of Staff, Office of the Mayor
Armando Saldate, Executive Director of Safety
Mary Dulacki, Chief Deputy Director of Safety
Laura Wachter, Deputy Director of Safety
Sonya Gillespie, DSD Chief of Administration Division
Dr. Nikki Johnson, DSD Chief of Mental Health Services and Programs Division
Vincent Line, DSD Chief of Operations Division
OBJECTIVE

To determine the extent to which the Denver Sheriff Department’s mental health services and programs are effective in providing support for people in jail as well as people working in the Denver jail system.

SCOPE

We reviewed the extent to which the Denver Sheriff Department had defined and was measuring success for its mental health programs.

We looked at how the department’s operations — such as contract monitoring and staff training — contribute to program effectiveness. We also looked to see whether the department was providing mental health programs and services equitably. Finally, we evaluated the extent to which the department is effectively planning for individuals in custody returning to the community.

The audit included a review of documentation and data from July 2019 through June 2021.

METHODOLOGY

We used several methodologies to gather and analyze information related to our audit objectives. The methodologies included:

• Interviewing:
  ▪ Personnel from the Denver Sheriff Department.
  ▪ Personnel from the Denver Health and Hospital Authority.

• Reviewing and analyzing:
  ▪ The American Correctional Association and the Commission on Accreditation for Law Enforcement Agencies' standards for training.
  ▪ The U.S. Department of Justice’s “Female Reentry and Gender-Responsive Programming: Recommendations for Policy and Practice.”
  ▪ The U.S. Department of State’s “Program Design and Performance Management Toolkit.”
▪ The U.S. Office of the Inspector General’s “Spotlight on Fighting Fraud at Community Mental Health Centers.”
▪ The U.S. Office of the National Coordinator for Health Information Technology’s article, “What Are the Advantages of Electronic Health Records?”
▪ The National Institute of Corrections' and the Urban Institute's Justice Policy Center's “Case Management Strategies for Successful Jail Reentry.”
▪ The National Commission on Correctional Health Care's position statements: “Sharing of Patient Health Records Upon Release from Incarceration” and “Solitary Confinement (Isolation).”
▪ The National Prison Rape Elimination Act’s standards, sections 115.41 and 115.42.
▪ The American Bar Association's “Criminal Justice Standards on Treatment of Prisoners.”
▪ McEldrew Young Purtell Merritt’s “Whistleblower Attorneys for Reporting Mental Health Fraud Through False Claims Act.”
▪ The Mental Illness Policy Organization's “Fraud, Waste and Excess Profits: The Fate of Money Intended to Treat People with Serious Mental Illness.”
▪ The Colorado Department of Health Care Policy and Financing’s agency letter on Medicaid policy for individuals in a correctional facility.
▪ The Colorado Division of Behavioral Health's “Jail-Based Behavioral Health Services Database” user manual.
▪ The state of Colorado's “Procurement Manual.”
▪ Titles 17 and 27 of Colorado state law.
▪ The City and County of Denver's ordinances.
▪ The city's Executive Order No. 8 and No. 89.
▪ The city's Fiscal Accountability Rules 2.5, 8.1, 8.2, and 8.3.
▪ The city's general records retention policy.
▪ The city's 2018, 2019, and 2020 annual comprehensive financial reports.
▪ The city's 311 data related to Denver's jail system, homelessness, encampments, and mental health.
▪ The city's Office of Social Equity and Innovation’s “Racial Equity Action Plan.”
▪ Twenty contracts and grants between the City and County of Denver and various entities providing mental health services or funding to the city for services to identify contract deliverables, staff qualification requirements, performance monitoring, and budgets.
▪ The operating agreement between the City and County of Denver and Denver Health and Hospital Authority.
▪ The Denver Sheriff Department’s orders related to the following: assignment of staff to cross-gender
supervision; bond release; classification; employee assistance programs; employee outreach program; employee training; grievance and incident review unit; grievance and incident review team procedure manual; health services; housing; inmate grievances; inmate handbook; inmate intake and booking; inmate management; inmate lactation support; inmate programs; inmates with disabilities; medical and mental health assessment, intervention, and services; medical management; medical units; peace office — shooting for fatal force; peer support; release; restrictive housing; searched; suicide prevention, or risk of death in facility; training; transgender inmates; and use of behavior health observation cells.

- The Denver Sheriff Department’s policies and procedures for implementing its mental health programs, when available.
- The Denver Sheriff Department’s policies and procedures for program data entry, when available; motel and taxi vouchers; COVID-19 transition planning; state hospital admission; involuntary patient transfer and treatment; mentally ill patients who refuse treatment; social work transition planning; grievance process; and administrative assistant job duties.
- The Denver Sheriff Department’s Strategic Plan 2.0.
- The Denver Sheriff Department’s 2018, 2019, and 2020 annual reports.
- The Denver Sheriff Department’s pamphlet on programs and services for both the County Jail and Downtown Detention Center.
- The Denver Sheriff Department’s nine main mental health programs to identify definitions of success; monitoring; the presence of policies and procedures; data collection and review methods; demographic and participation data for 2019, 2020, and 2021; transition-planning processes; and criteria for enrollment.
- Quarterly and annual reports for the Denver Sheriff Department’s mental health programs for 2019 and 2020, when available.
- The Denver Sheriff Department’s training records, including physical documentation and records from the department’s system, Telestaff.
- The Denver Sheriff Department’s 2019 and 2020 training academy reports.
- The Denver Sheriff Department’s revenue and expenditures for 2019, 2020, and 2021.
- The Denver Sheriff Department’s presentations on “Kite Education,” “Mental Health Scenarios,” “Psychotropic Medications,” “Behavioral Health Medications,” “Alcohol Withdrawal,” and “Benzodiazepine Withdrawal.”
- The Denver Sheriff Department’s health services competency evaluation tool and community transition plan questionnaire.
- The Denver Sheriff Department’s protocol quiz on health services.
- A transcript of a 2020 podcast between Eli Gage and April Pottorff from 360 Justice Podcast with Sheriff Elias Diggins on promoting gender equity through jail design.
- Denver Health’s policies and procedures related to: access to care, behavioral health consult pagers, communication on patient’s health needs, continuity of care during incarceration, continuous quality improvement, counseling and care of pregnant patients, discharge planning, emergency psychotropic medication and involuntary medications, grievance process for health care complaints, health records, health training for correctional officers, informed consent and right to refuse treatment, long-term isolated confinement, medically supervised withdrawal and treatment, medication services, mental health services, nonemergent health care patient safety, privacy of care, receiving screening, response to sexual abuse, restraint and seclusion, separated patients, suicide prevention and intervention, therapeutic relationship forensic info, and transfer screening.
- Denver Health’s presentations on “Transgender Patients in Corrections: Reflections on Policy, Practice, and Training,” “Multicultural Issues in Health Care: Implicit Bias and Racial Disparities,” “Suicide Prevention for Correctional Care,” “Access to Care,” “Kites, Protocols, Medication Passes, Emergencies,” and “Effective Communication with the Denver Health Behavioral Health Team.”
- Denver Health’s 2021 Continuous Quality Improvement Plan and scorecard.
- The city’s 2015, 2016, and 2019 single audit reports.
- Denver Auditor’s Office prior audits on jail safety, jail operations, Denver’s Road Home, homeless services, and the Caring for Denver program.
- The Commission on Accreditation for Corrections’ 2021 standards compliance reaccreditation audits of the Denver Sheriff Department, for both the Van-Cise Simonet Detention Facility and the Denver County Jail.
- The Colorado Office of the State Auditor’s 2016 audit of the Department of Corrections’ behavioral health programs.
- The state of Kansas’ Legislative Division of Post Audit’s 2018 report on community mental health and mental health services in local jails.
- The King County, Washington, Auditor’s Office’s 2021 audit, “Adult Jails Need Risk-Based Approach to Improve Safety, Equity.”
- Observing a walk-through of the following systems: The jail management system, ATIMS; Epic; Colorado State Health Information Exchange; the CiviCore.
- Performing a reliability test on restrictive housing data.
- Conducting an analysis of other comparable counties’ jail operations related to mental health services, as discussed in Appendix C.
- Testing for reliability in Sheriff Department and Denver Health general and medical requests and complaints, as discussed in Appendix D.
- Testing patient appointment and treatment data, as discussed in Appendix E.
- Reviewing a judgmental sample of contracts and supporting documentation to identify compliance and performance monitoring, as discussed in Appendix F.
- Sampling and testing invoices against reviewed criteria, as discussed in Appendix G.
- Testing documentation supporting that individuals identifying as transgender were met with in line with policy and housed according to their preference, as discussed in Appendix H.
APPENDICES

Appendix A – Leading Practices for Program Design, Implementation, Monitoring, and Evaluation

To assess the Denver Sheriff Department’s mental health programs offered in the jail system, we identified various leading best practices related to program design, implementation, monitoring, and evaluation.

### TABLE 4. Leading Practices for Program Design, Implementation, Monitoring, and Evaluation

<table>
<thead>
<tr>
<th>Topic</th>
<th>Publication</th>
</tr>
</thead>
</table>

**Note:** These publications address the full range of program design, implementation, monitoring, and evaluation. This table is intended to show which documents auditors used as criteria for Finding 1.

**Source:** Auditor’s Office analysis.
## Appendix B – Denver Sheriff Department Contracts and Grants

### TABLE 5. Contracts and Grants for the Denver Sheriff Department’s Mental Health Programs

<table>
<thead>
<tr>
<th>Contractor/Grantor</th>
<th>Purpose</th>
<th>Amount During the Audit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Caring for Denver Foundation</td>
<td>To provide funding for additional case management services for transitional planning and community support for persons in jail with mental health conditions or substance abuse disorders.</td>
<td>$340,000</td>
</tr>
<tr>
<td>2 Department of Public Safety, Division of Criminal Justice</td>
<td>To help prevent the contracting and spreading of COVID-19 with persons in jail, transitional housing for persons released from jail, and taxi and hotel vouchers.</td>
<td>$230,000</td>
</tr>
<tr>
<td>3 Colorado Division of Criminal Justice</td>
<td>To produce 40 videos for individuals to view while in jail on topics such as reentry, community support, housing information, health care, employment, family needs, education resources, financial literacy, and civic engagement.</td>
<td>$47,560</td>
</tr>
<tr>
<td>4 Colorado Regional Health Information Organization</td>
<td>To provide Denver Health with access to the Colorado Health Information Exchange via the PatientCare 360 web portal.</td>
<td>$0 – fee waived.</td>
</tr>
<tr>
<td>5 Denver Department of Public Health and Environment</td>
<td>To pay for one full-time exempt deputy for the Denver Drug Court.</td>
<td>$93,049.17</td>
</tr>
<tr>
<td>6 Denver Department of Public Health and Environment</td>
<td>To pay for two full-time exempt diversion officers and half a full-time exempt position for a mental health navigator.*</td>
<td>$220,000</td>
</tr>
<tr>
<td>7 Denver Health and Hospital Authority</td>
<td>To dispense a 30-day supply of mental health medications upon a qualified person’s release from jail.</td>
<td>$200,000</td>
</tr>
<tr>
<td>8 Denver Health and Hospital Authority</td>
<td>To provide a nurse for medication-assisted treatment for persons with opioid use disorders.</td>
<td>$254,859</td>
</tr>
<tr>
<td>9 Denver Health and Hospital Authority, funded by the Colorado Department of Human Services**</td>
<td>To provide jail-based mental health services to those waiting for an inpatient competency restoration bed.</td>
<td>$281,520</td>
</tr>
<tr>
<td>10 Denver Human Services Memorandum of Understanding</td>
<td>To pay for 50% of the salary for two Denver Human Services outreach case coordinators.</td>
<td>$81,492</td>
</tr>
<tr>
<td>11 Mental Health Center of Denver</td>
<td>To provide treatment services to 23 “frequent users” of Denver’s jails who have both mental health conditions and substance abuse disorders.</td>
<td>$325,000</td>
</tr>
</tbody>
</table>

**Note:** Table 5 continues on the next page. *The Denver Sheriff Department will pay for the other half of the salary for this position. **Specifically, the state funding came from the state Office of Behavioral Health’s Jail Based Behavioral Services.

**Source:** Denver Auditor’s Office analysis.
<table>
<thead>
<tr>
<th>Contractor/Grantor</th>
<th>Purpose</th>
<th>Amount During the Audit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Mile High Behavioral Health</td>
<td>To provide release transition services to high- and medium-risk individuals.</td>
<td>$0</td>
</tr>
<tr>
<td>13 Mile High Behavioral Health</td>
<td>To provide therapy for both men and women in custody who have substance abuse and other disorders at the Denver County Jail.</td>
<td>$925,911.05</td>
</tr>
<tr>
<td>14 Office of Independent Review Group – Michael Gennaco</td>
<td>To have an outside party review mental health policies, to remove discretionary language relating to deputies at the jail contacting medical or mental health professionals, and to require in-service training annually for all deputies regarding mental health and the use of force.</td>
<td>$50,000</td>
</tr>
<tr>
<td>15 Department of Public Safety, Division of Criminal Justice</td>
<td>To provide staff funding for an assessment and treatment specialist for individuals in jail.</td>
<td>$20,172.49</td>
</tr>
<tr>
<td>16 Colorado Judicial Department</td>
<td>To provide funding for after-hours release assistance on demand for individuals with mental health or substance abuse issues.</td>
<td>$270,000</td>
</tr>
<tr>
<td>17 Colorado Office of Behavioral Health's Jail Based Behavioral Services</td>
<td>To provide funding for mental health and substance abuse treatment at the Denver County Jail.</td>
<td>$1,359,448</td>
</tr>
<tr>
<td>18 The Center for Trauma and Resilience</td>
<td>To provide trauma therapy-based yoga.</td>
<td>$60,000</td>
</tr>
<tr>
<td>19 The Denver Inner City Parish Inc.</td>
<td>To provide after-hours release assistance on demand for those with mental health or substance abuse issues.</td>
<td>$259,949</td>
</tr>
<tr>
<td>20 The Empowerment Program</td>
<td>To provide trauma therapy services to persons in custody at the Denver County Jail.</td>
<td>$296,318.40</td>
</tr>
</tbody>
</table>

*Source: Denver Auditor’s Office analysis.*
Appendix C – Methodology for Survey on Mental Health Services in Jails

Using a secure and licensed Survey Monkey account, we conducted an online survey of the Denver Sheriff Department's peer counties to identify best practices in jail operations regarding the use of electronic or paper patient charts, the grievance and requests process, gender responsiveness and equality, program success measures, housing transgender individuals, and transition planning.

We selected the list of counties by comparing population sizes and budgets as well as by identifying those which the Denver Sheriff Department defined as a model. We also included Boulder County, Colorado because it was noted in news articles as having best practices and because it is a neighboring county. For each county, we found contact information on department websites and reached out through email and phone, where a number was available, to inform the department of our survey.

We first sent the survey Nov. 19, 2021, and the survey closed Jan. 12, 2022. We sent the survey to 11 recipients. Because of a low response rate, we contacted agencies that had either partially or not completed the survey by Jan. 3, 2022.

The survey included 41 open-ended, check-box, and yes-or-no style questions. We asked questions about electronic medical chart systems, grievances and requests, equality and equity responsiveness, housing individuals who identify as transgender, program success measures, and transition planning.

The survey included question logic and directed recipients to additional questions based on their responses. Some recipients, therefore, did not receive or respond to some survey questions. Table 6 reflects the survey questions and response options.

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Question, with Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Question</td>
<td>We may like to follow up with you if we have a question about your response or want additional information. Please provide the best contact information below: Full Name, Department, Email Address, Phone Number</td>
</tr>
<tr>
<td>Q1</td>
<td>Does your department use electronic or paper medical charts or records for medical and/or mental health services? Paper medical charts, Electronic medical charts, Both paper and electronic charts (please describe), None of the Above</td>
</tr>
<tr>
<td>Q2</td>
<td>Does your department have any plans to transition to an all-electronic medical chart system? Yes / No</td>
</tr>
<tr>
<td>Q3</td>
<td>When will your department transition to an all-electronic medical chart system? Within the next three months, Within 3-6 months, Within 6 months to a year, Within two years, More than two years from now, Not applicable</td>
</tr>
</tbody>
</table>

Note: Table 6 continues through page 82.
Source: Auditor's Office.
<table>
<thead>
<tr>
<th>Question No.</th>
<th>Question, with Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5</td>
<td>Are there any barriers for your department to use or to transition to an electronic medical record system?</td>
</tr>
<tr>
<td>Q6</td>
<td>Please describe any barriers for your department to use or to transition to an electronic medical record system.</td>
</tr>
<tr>
<td>Q7</td>
<td>Does your department use grievances, or forms, when an individual in custody has a question or complaint regarding custody treatment, medical treatment, jail policies and procedures, or other related matter?</td>
</tr>
<tr>
<td>Q8</td>
<td>How does your department handle questions or complaints regarding custody treatment, medical treatment, jail policies and procedures, or other related matters from individuals in custody?</td>
</tr>
<tr>
<td>Q9</td>
<td>Is there an entity (team, unit, department, etc.) that investigates and responds to grievances or complaints?</td>
</tr>
<tr>
<td>Q10</td>
<td>Is this entity that investigates and responds to grievances internal or external to your department?</td>
</tr>
<tr>
<td>Q11</td>
<td>Are grievances or complaints filed electronically or on paper?</td>
</tr>
<tr>
<td>Q12</td>
<td>Does your department have a policy or procedure in place for how quickly a grievance or complaint must be reviewed and/or resolved?</td>
</tr>
<tr>
<td>Q13</td>
<td>Does your department use a kite system or request form system to process internal requests for or from individuals in custody?</td>
</tr>
<tr>
<td>Q14</td>
<td>How does your department handle internal requests from individuals in custody?</td>
</tr>
<tr>
<td>Q15</td>
<td>Does your department use kites or a request form system to process medical or mental health related requests?</td>
</tr>
</tbody>
</table>

Source: Auditor’s Office.
<table>
<thead>
<tr>
<th>Question No.</th>
<th>Question, with Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16</td>
<td>How does your department process medical- or mental health-related requests? Please describe. <em>Open-ended</em></td>
</tr>
<tr>
<td>Q17</td>
<td>Does your department have a policy or procedure in place regarding how quickly a kite or request must be handled? <em>No / Yes (please specify)</em></td>
</tr>
<tr>
<td>Q18</td>
<td>Are kites or requests submitted and processed electronically or on paper forms? <em>Paper, Electronically, Both (please specify), None of the above</em></td>
</tr>
<tr>
<td></td>
<td><strong>Questions about equality and equity responsiveness</strong></td>
</tr>
<tr>
<td>Q19</td>
<td>Does your department have services and programs available equally for men and women? <em>Yes; No, there are more services and programs available for men; Yes, there are more services and programs available for women</em></td>
</tr>
<tr>
<td>Q20</td>
<td>Does your department have policies and procedures in place to ensure gender responsiveness or gender equality for access to programs and resources? <em>Yes / No</em></td>
</tr>
<tr>
<td>Q21</td>
<td>Please briefly describe the policies or procedures in place to ensure gender responsiveness or gender equality for access to programs and resources. <em>Open-ended</em></td>
</tr>
<tr>
<td>Q22</td>
<td>Does your department have policies and procedures in place for ensuring equality for persons of color or other underrepresented groups for access to programs and resources? <em>Yes / No</em></td>
</tr>
<tr>
<td>Q23</td>
<td>Please briefly describe the policy or procedure in place for ensuring equality for persons of color or other underrepresented groups for access to programs and resources. <em>Open-ended</em></td>
</tr>
<tr>
<td>Q24</td>
<td>Does your department have services and programs available for individuals who identify as transgender? <em>Yes / No</em></td>
</tr>
<tr>
<td>Q25</td>
<td>Does your department have policies and procedures in place for housing individuals who identify as transgender? <em>Yes / No</em></td>
</tr>
<tr>
<td>Q26</td>
<td>Please briefly describe this policy or procedure in place for housing individuals who identify as transgender. <em>Open-ended</em></td>
</tr>
</tbody>
</table>

*Source: Auditor’s Office.*
### Table 6. Sheriff Department Survey Questions, continued

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Question, with Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q27</td>
<td>Does your department place any individuals into solitary confinement, segregation, or restrictive housing hold during the intake process and/or during their stay in jail?</td>
</tr>
<tr>
<td>Q28</td>
<td>Does your department have a limit on how long an individual can be placed into solitary confinement, segregation, or restrictive housing hold?</td>
</tr>
<tr>
<td><strong>Questions about programs and services</strong></td>
<td></td>
</tr>
<tr>
<td>Q29</td>
<td>Does your department track data such as demographic information of individuals who participate in programs and services offered in your jail?</td>
</tr>
<tr>
<td>Q30</td>
<td>Does your department measure or analyze the relative success of your programs and services for individuals in custody?</td>
</tr>
<tr>
<td>Q31</td>
<td>How does your department measure or analyze the relative success of your programs and services for individuals in custody? Select all that apply.</td>
</tr>
<tr>
<td></td>
<td>Programs and services participation rates; graduation rates for programs; rates of recidivism for individuals who participated; average length of jail stays who participated; participation rates by certain demographics of individuals; other (please specify)</td>
</tr>
<tr>
<td>Q32</td>
<td>How often does your department measure or analyze the relative success of your programs and services for individuals in custody?</td>
</tr>
<tr>
<td></td>
<td>Daily; Weekly; Bi-weekly; Monthly; Quarterly; Yearly; Not applicable; Other (please specify)</td>
</tr>
<tr>
<td><strong>Questions about transition planning from jail to the community</strong></td>
<td></td>
</tr>
<tr>
<td>Q33</td>
<td>Does your department have transition planning (i.e., prepare individuals for transition into the community) for individuals in custody?</td>
</tr>
<tr>
<td>Q34</td>
<td>Is transition planning voluntary or mandatory for individuals to participate?</td>
</tr>
<tr>
<td></td>
<td>Voluntary; Mandatory; Both (please specify)</td>
</tr>
<tr>
<td>Q35</td>
<td>What services and agencies are involved in transition planning?</td>
</tr>
<tr>
<td>Q36</td>
<td>How does your department measure the success of its transition planning? Select all that apply.</td>
</tr>
<tr>
<td></td>
<td>Programs and services participation rates; graduation rates for programs; rates of recidivism for individuals who participated; average length of jail stays for individuals who participated; participation rates by certain demographics of individuals; other (please specify)</td>
</tr>
</tbody>
</table>

*Source: Auditor’s Office.*
### TABLE 6. Sheriff Department Survey Questions, continued

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Question, with Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q37</td>
<td>Does your department have transition planning (i.e., prepare individuals for transition into the community) or assistance for individuals in custody who were or are experiencing homelessness upon release?</td>
</tr>
<tr>
<td>Q38</td>
<td>How many employees in your department are involved with transition planning? Approximated answers are acceptable.</td>
</tr>
<tr>
<td>Q39</td>
<td>Do you believe the number of individuals involved in transition planning in your department is sufficient?</td>
</tr>
<tr>
<td>Q40</td>
<td>Do you believe the resources available for transition planning (e.g., funding, services, programs, etc.) in your department are sufficient?</td>
</tr>
</tbody>
</table>

**End of Survey**

| Q41          | Are there any additional thoughts you would like to share about your sheriff department operations regarding the following subjects: mental health programs and services, use of electronic or paper patient charts, grievances and kites process, ensuring gender responsiveness or equality for access to programs and resources, measuring program effectiveness, housing transgender individuals, and transition planning practices? (Optional) | Open-ended |

*Source: Auditor’s Office.*

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We received responses from five peer counties:

- San Diego County, California.
- Travis County, Texas.
- Boulder County, Colorado.
- Hennepin County, Minnesota.
- Fulton County, Georgia.

All five counties use an electronic medical chart system. One county, Hennepin County, Minnesota, also used a paper system called “MARS” but said its department would be converting to fully electronic within six months to a year.

Four of the five counties — or 80% — had an internal entity that reviewed and responded to grievances. The counties’ policy or procedure for response times said these grievances must be reviewed and/or resolved within five to 20 days. San Diego County, California, had different levels of grievances that required different response times between seven and 10 days as well as different responsible parties. Hennepin County, Minnesota, is required to respond and resolve a grievance within five days of receipt.
Three of the five counties — or 60%— use paper forms for requests and the other two use both electronic and paper.

All five counties have services and programs equally available for men and women. Three of these had policies and procedures for ensuring gender responsiveness or gender equality in accessing programs and resources. Four counties have policies and procedures for ensuring equality for persons of color or other underrepresented groups to access programs and resources. Hennepin County, Minnesota, said increasing diversity by 68% in its nursing staff has helped with health care equity.

Four counties had services and programs available for individuals who identify as transgender.

Two of the counties — or 40% — did not have a limit on how long an individual could be placed in solitary confinement or separated or restrictive housing. All five counties have policies and procedures for housing individuals who identify as transgender. Fulton County, Georgia, has separate housing for these individuals, and three of the four other counties have a review team that meets with the individuals and makes recommendations.

Three of the counties — or 60% — measure or analyze the relative success of their programs and services for individuals using the following metrics:

- Programs and services participation rates.
- Graduation rates for programs.
- Rate or recidivism for individuals who participated.
- Average length of jail stays for individuals who participated.
- Participation rates by certain demographics of individuals.

Two counties measure the relative success of their programs on a quarterly basis.

All five counties have planning for individuals in custody to prepare for their return to the community. Three of the counties said they offer both voluntary and mandatory services, depending on the needs. All five also said they did not believe their department had sufficient staffing and resources to provide this planning to individuals in custody. Four of the counties have between one and five staff committed to providing transition services. San Diego County, California, has between 11 and 20 staff.
Appendix D – Reliability Testing Methodology and Results: Requests and Complaints

Population

MENTAL HEALTH REQUESTS – Our population of interest was all mental health requests from individuals in the Denver jail system between July 1, 2019, and June 30, 2021. The Denver Sheriff Department provided an Excel spreadsheet with 18,674 mental health requests.

MENTAL HEALTH COMPLAINTS – Our population of interest was all mental health complaints from individuals in the Denver jail system between July 1, 2019, and June 30, 2021. The Denver Sheriff Department provided an Excel spreadsheet with 306 mental health complaints.

GENERAL COMPLAINTS – Our population of interest was all general complaints from individuals in the Denver jail system between July 1, 2019, and June 30, 2021. The Denver Sheriff Department provided an Excel spreadsheet with 11,327 general complaints.

Reliability Testing Methodology

To test whether the data was reliable and accurate, we:

- Checked the data for duplicate values.
- Checked the data for any blank values in each field.
- Checked the data for logical data fields (e.g., date fields should only include dates).
- Randomly sampled original request and complaints forms to compare to the Excel data.

We determined the most appropriate sampling method was a discovery sample. This method involves using a sample to determine whether a percentage error exceeds a set percentage of the population. If the sample does not contain errors, then we assume the actual error rate is lower than the minimum unacceptable rate. Our expected error rate for the data was 4.9%. If the discovery sample found more errors, we may have needed to conduct additional testing to understand why the errors occurred.

We used the EZ-Quant statistical sampling tool to determine our sample size based on:

- A critical error rate of 4.9%.
- A maximum government risk of 5%.

Our resulting sample sizes were 60 mental health requests, 55 mental health complaints, and 59 general complaints. We used a formula to generate a random number next to each entry in each population, and then we selected the samples using this random number sorted from smallest to largest. We then asked for a copy of the original request and complaint forms for each sample.

In our sample for testing, we tested each field provided in the Excel spreadsheets for completeness and accuracy as compared to the original paper forms.

Testing Results

MENTAL HEALTH REQUESTS – We checked for duplicate values in the Excel spreadsheet. Specifically, we looked at the request identification numbers, which are unique to each request. We found no duplicates in these numbers.
We also checked for blank values in the spreadsheet. Blank values appeared for referral notes and discharge notes fields. We followed up with Denver Health staff and discovered these fields are not mandatory, so having blank values was acceptable.

All fields in the spreadsheet appeared to be logical, with numbers and dates used appropriately.

From our sample testing, we found that at least 14.7% of referral dates, 9.3% of referral notes, 13.3% of appointment dates, and 6.8% of discharge notes did not match the information on the physical forms. Because of the extent of these failure rates, we cannot draw conclusions on those fields outside general descriptions.

Furthermore, with respect to completeness, the sample failure rate was 26.7%. Therefore, at a 90% confidence level, we can conclude that between 17.5% and 37.6% of all request records were not completely transferred from the physical copies to the database.

The fields noting whether the request was seen and the reason for the request were more reliable with lower limit failure rates of 2.3% and 1.4%, respectively. However, because of the subjectivity in evaluating the reason for requests and whether the request was appropriately addressed, we did not conduct further analysis of these fields.

MENTAL HEALTH COMPLAINTS – We checked for duplicate values in the Excel spreadsheet. We looked at the complaint identification numbers that are unique to each complaint and found no duplicate values. We also looked for blank values in the data and found five complaints that did not have a result or finding provided.

Data fields in the spreadsheet appeared logical; however, one complaint was marked as responded to 88 days before it was actually received. We asked Denver Health staff about this complaint and it appears the response date was entered incorrectly.

From our sample testing, we found the facility location, the date the team received the complaint, and the date the team responded to the complaint had failure rates of at least 95.1%, 15.5%, and 6.5%, respectively.

We found the reason for the failure rate in the facility location field is because the Denver Health team updates the facility location to match an individual's current housing location rather than the location where the incident occurred. For the two date fields, we would need to do more audit work to understand why they do not match the form and whether the new dates can be substantiated.

Other fields — including the complaint description, the result of the complaint review, and the comments — were reliable, with estimated lower precision limits of 0% to 1.8% failure in the population. However, due to the subjectivity in evaluating the complaint descriptions, findings, and provider comments, we did not conduct further analysis of these fields.

GENERAL COMPLAINTS – We checked for duplicate values in the Excel spreadsheet. We looked at the complaint identification numbers, which are unique to each complaint. We found two truly duplicative complaint identification numbers. Two other complaints also appeared as duplicates because the complaint numbers were unknown; the part of the paper complaint forms with the identification number was torn off.

We also looked for blank values in the data and found four complaints that did not have findings or response dates.

Similarly, we examined fields to determine whether they were logical. We found that data fields were logical except for the response dates. Specifically, three complaints had a response date that was not a date in the calendar year and nine complaints were listed as responded to before the date the department received the request.
From our sample testing, we found the following fields unreliable:

- The person assigned to respond to the complaint.
- The location where the incident or complaint occurred.
- The facility in which the complaint originated.
- The staff involved in the complaint as reported by the individual.

The error rates were 17% for the person assigned to respond to the complaint, 100% for the location where the incident or complaint occurred, 100% for the facility in which the complaint originated, and 53% for the staff involved in the complaint as reported by the individual.
Appendix E – Sampling Methodology and Testing Results: Mental Health Appointments

Population

Our population of interest was all mental health appointments for individuals in the Denver jail system between July 1, 2019, and June 30, 2021. The Denver Sheriff Department provided an Excel output of 72,238 mental health appointments during this period.

Sampling Methodology

The goal of our analysis was to determine whether health care providers discharged any patients from their appointments before seeing them. Additionally, we wanted to determine how many days, on average, were between patients’ appointment referral dates, appointment dates, the dates they were seen, and the date they were discharged from the appointment.

The date a provider saw their patient was listed only in patient medical charts. Therefore, we created a random sample of appointments to request a copy of the medical charts.

We determined the most appropriate sampling method was a discovery sample. This method involves using a sample to determine whether a percentage error exceeds a set percentage of the population. If the sample does not contain errors, then we assume the actual error rate is lower than the minimum unacceptable rate. Our expected error rate for the data was 5%. If the discovery sample found more errors, we may have needed to conduct additional testing to understand why the errors occurred.

We used the EZ-Quant statistical sampling tool to determine our sample size based on:

- A critical error rate of 5%.
- A maximum government risk of 5%.

Our resulting sample sizes were 59 mental health appointments. We used a formula to generate a random number next to each entry in each population, and then we selected the samples using this random number sorted from smallest to largest. We requested a copy of the relevant page in the patient medical charts for each sample.

In our sample for testing, we calculated the number of days between the appointment date, the date the provider saw the patient, and the date the provider discharged the patient from the appointment. Additionally, we compared the providers who signed the chart to the providers whom the appointment was scheduled with.

Testing Results

**ALL APPOINTMENTS** – In our review of the original appointments data, we found that in 28,861 — or 40% — of all mental health appointments, the health care provider discharged the patient from the appointment before their scheduled appointment date. In 27,911 — or 97% — of these, the provider did not see the patient.

For 27,894 — or 99.9% — of these 28,861 appointments where the provider did not see the patient, the provider included a reason why, such as the patient was transferred out of the facility or released from custody. However, in 17 — or 0.01 % — of 28,861 instances, the provider did not provide a reason why they did not see the patient and discharged their appointment early.
From interviews with the department’s data staff, we learned that if health care providers do not see a patient, they must provide a reason why this situation occurred. The electronic scheduling system provides a drop-down list for providers to select from to indicate the reason they did not see a patient. We found many instances in which the reasons provided in the Excel spreadsheet did not match the drop-down list. For example, more than 100 providers wrote “COJL transfer,” or “county jail transfer,” as the reason not seen.

We found that the average number of days between the appointment referral date and appointment date was 18. We also found that the minimum number of days between the appointment referral date and appointment date was -45. In other words, a provider scheduled an appointment for a date that had already passed. This type of situation occurred in 57 — or 0.08% — out of 72,238 appointments.

SAMPLE APPOINTMENTS – During our random sample testing, we could not verify three appointments because the patients’ unique identification numbers were not provided in the chart or did not match the Excel spreadsheet. Additionally, we could not verify the date the patient was seen in one appointment because two providers signed the chart on different days.

For the 55 appointments that we could reconcile, in all but one — or 98% — the patient was seen on the same day they were discharged from the appointment. In the other encounter, the provider discharged the appointment one day after they saw the patient.

We also found in two of 55 encounters — or 4%, the provider saw the patient before their scheduled appointment date. By contrast, in one encounter, the provider saw the patient four days after their scheduled appointment date; we did not determine why this situation occurred.

All 55 verified appointments in the sample included a provider’s name on the chart. However, in five of the 55 appointment records — or 9%, the provider’s or co-signer’s name was illegible.
Appendix F – Sampling Methodology and Testing Results: Contracts and Grants

Population

Given the small population of 20 contracts and grants, we determined statistical sampling would not be possible and that we should use our professional judgment to select 10 contracts to analyze for monitoring.

We selected contracts and grants based on dollar amounts, purpose (such as providing transition services), whether staff qualifications were outlined, the presence of specific contract monitoring deliverables, and the length of the contract. Next, we reviewed the contracts in the sample to identify any deliverables, reporting or data requirements, or other types of monitoring.

We sent the sample of 10 contracts to the Denver Sheriff Department and requested documentation supporting contract compliance and performance monitoring. The department provided documentation where possible and said what the documentation included.

Testing Methodology and Results

We reviewed the responses and the documentation to determine the level of performance and contract monitoring the department did.

Based on our review of 10 contracts, we found the department was monitoring from both a compliance and performance monitoring standpoint for two of the 10, or 20%. For the other eight, we found the department was only partially monitoring the contract.

Generally, we found the department was compliant with contract terms but could not always provide documentation for monitoring performance or for establishing policies and procedures to help the department or contractor meet contractual objectives.

Additionally, the department did not always have documentation of site visits or meetings that occurred. In one instance, the department missed a deadline for requesting a grant extension when the project was behind schedule. The department also did not have disaster recovery plans as required by some contracts to ensure continuity of services.

The department could provide the required Jail Based Behavioral Services annual plan associated with some contracts; however, the goals and objectives outlined were high level and not specific. The department also did not have documentation to support that subcontractors were providing services.

Finally, we found the department could provide documentation showing support staff had the required qualifications or were in the process of obtaining them, which was allowed.
Appendix G – Sampling Methodology and Testing Results: Invoices

Population

Our population of interest was mental health-related supplier invoices from the Denver Sheriff Department from July 1, 2019, through June 30, 2021. The department provided a list of 140 supplier invoices paid for within this period. We omitted four invoices because the date the suppliers provided their services was outside the time frame. Therefore, the total number of supplier invoices in the population was 136.

From this population, we created a sample to test supplier invoice expenditures.

To estimate the sample size, we used EZ-Quant’s recommended rate of occurrence sample. We based this sample on:

- A presumed universe error rate of 5%.
- A precision range of 10%.
- A confidence level of 90%.

Using this criteria and the population size of 136 resulted in a sample size of 65 invoices. We used a formula to generate a random number next to each invoice in the population, and then we selected 65 invoices using this random number sorted from smallest to largest.

We then requested supporting documentation for each invoice in the sample. After reviewing the documentation, we discovered two of the invoices had an accounting date in July 2019, but the supplier provided the services before our period of interest. Therefore, we excluded these other two invoices from the overall testing analysis.

Testing Methodology and Results

We tested the sample to verify that expenditures were:

- Billed in the correct amount according to contract terms or purchase order agreements.
- Allowable according to contract terms or purchase order agreements.
- Supported by proper documentation as specified in city Fiscal Accountability Rule 2.5.71
- Paid within 30 days of the date received.

As shown in Table 7 on the next page, the sample testing resulted in the following:

- Twenty-one of 63 invoices were billed in the correct amount, 19 of the invoices were not, and we could not verify the expense billing for 23 invoices.
- Forty-seven of 63 invoices were billed as an allowable expense, three invoices were not, and we could not verify 13 invoices.
- Twenty-four of 63 invoices had proper supporting documentation to verify the expenses and 29 invoices did not. Ten invoices had the minimum required documentation, but we found the documentation and its requirements to be insufficient for verifying the expenses.

Fifty-four of 63 invoices were paid on time, within the 30-day period, nine invoices were not. The longest time between the date an invoice was received and the date it was paid was 36 days.

**TABLE 7. Invoice Testing Results**

<table>
<thead>
<tr>
<th>General Fund</th>
<th>Was the expenditure billed in the correct amount?</th>
<th>Was the expenditure an allowable expense?</th>
<th>Was the proper supporting documentation retained?</th>
<th>Was the invoice paid on time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>21 out of 63 invoices (33%)</td>
<td>47 out of 63 invoices (75%)</td>
<td>24 out of 63 invoices (38%)</td>
<td>54 out of 63 invoices (86%)</td>
</tr>
<tr>
<td>No</td>
<td>19 out of 63 invoices (30%)</td>
<td>3 out of 63 invoices (5%)</td>
<td>29 out of 63 invoices (46%)</td>
<td>9 out of 63 invoices (14%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>23 out of 63 invoices (37%)</td>
<td>13 out of 63 invoices (21%)</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

*Note:* We marked the field as “minimum” if the supporting documentation was acceptable according to the terms of the contract but could be improved to provide more details of the transaction.

*Source:* Auditor’s Office analysis.
Appendix H – Sampling Methodology and Testing Results: Transgender Review Board

Population

The Denver Sheriff Department provided us with 145 transgender intake questionnaires for 2019 through 2021, and we randomly sampled 50 of them, or 34%. We used the EZ-Quant statistical sampling tool to determine a sample size. We based it on:

- An error rate of 4.83%.
- Maximum rate of 5%.

This resulted in a sample of 50 individuals’ forms. This sample was achieved by randomly selecting intake forms for each year: Twenty-eight for 2019 (the largest amount of intake forms by year), 18 for 2020, and 11 for 2021 (the smallest amount of intake forms by year).

Testing Methodology and Results

We obtained the Transgender Review Board’s discussion notes from the individuals’ paper medical charts for the forms in our sample, and we obtained the individuals’ housing locations to determine whether the Denver Sheriff Department complied with its policies and procedures and leading practices related to individuals identifying as transgender within the jail system.

We used the intake date provided on the transgender intake questionnaires and compared it to the date on the Transgender Review Board discussion notes to ensure compliance with the department’s policies and procedures for individuals identifying as transgender to meet with the board within 72 hours of intake.

- We were provided with discussion notes for 42 of the 50 individuals — or 84% — to show compliance.
- For the remaining eight individuals, the department could not provide documentation to support that the individual met with the Transgender Review Board within the required time frame or at all.

Additionally, we reviewed the Transgender Review Board discussion notes to see housing requests made by each individual and compared them to their housing locations.

The department was unable to provide adequate documentation for 11 of the 50 individuals — or 22% — to demonstrate they were granted their requested preferential housing accommodations.
The Auditor of the City and County of Denver is independently elected by the residents of Denver. He is responsible for examining and evaluating the operations of city agencies and contractors for the purpose of ensuring the proper and efficient use of city resources. He also provides other audit services and information to City Council, the mayor, and the public to improve all aspects of Denver’s government.

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