AUDITOR’S LETTER

March 7, 2024

In keeping with generally accepted government auditing standards and Auditor’s Office policy, as authorized by city ordinance, we have a responsibility to monitor and follow up on audit recommendations to ensure city agencies address audit findings through appropriate corrective action and to aid us in planning future audits.

In June 2022, we audited mental health services in Denver’s jail system and found risks involving program strategies and data, contract monitoring, compliance with training requirements, and equity. The Denver Sheriff Department agreed to implement all 29 recommendations.

We recently followed up and found the sheriff department fully implemented 14 recommendations. Ten were partially implemented, and five remain not implemented.

Although the Denver Sheriff Department made notable progress, it did not fully address all the risks associated with our original findings. Consequently, we may revisit these risk areas in future audits to ensure the city takes appropriate corrective action.

We appreciate the leaders and staff in the Sheriff Department as well as the Department of Public Safety who shared their time and knowledge with us throughout the audit and the follow-up process. Please contact me at 720-913-5000 with any questions.

Denver Auditor’s Office

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

Original Report Issued: JUNE 2022
Follow-up Report Issued: MARCH 2024

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 did not have a strategy for its mental health programs
The department’s decentralized mental health programs lacked an overarching strategy, clearly defined measures of success, and oversight. One program appeared inequitable because it was offered only to men.

The Denver Sheriff Department’s data processes needed improvement
The department needed to improve its data tracking for evaluating mental health programs and services and was not reliably tracking and evaluating individuals’ requests and complaints. The department also used paper medical charts and manual data entry, which may have complicated mental health services and continuity of care.

The Denver Sheriff Department was not sufficiently monitoring mental health contracts and invoices
The department needed to establish oversight of contracts and invoices to ensure terms were met and that payments were allowed and to determine the quality of mental health services contractors provided.

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.

14 FULLY IMPLEMENTED
10 PARTIALLY IMPLEMENTED
5 NOT IMPLEMENTED
March 7, 2024

Action Since Audit Report
Mental Health Services in Denver’s Jail System

29 recommendations proposed in June 2022

The Denver Sheriff Department fully implemented 14 recommendations made in the original audit report and partially implemented 10 others. However, it has not taken steps to address the risks five other recommendations had sought to resolve. By fully implementing 14 of the recommendations, the department:

- Identified full-time staffing needs for its Mental Health Services Division.
- Developed procedures for staff to better ensure data-entry errors are mitigated.
- Is better monitoring data and information to ensure performance measures and program objectives are being met and mental health programs are offered equitably.
- Has a process to track general and mental health requests and complaints in a consistent and complete manner to identify trends, address issues, and adjust processes as needed.

SUMMARY

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<tr>
<th>Fully Implemented</th>
<th>Partially Implemented</th>
<th>Not Implemented</th>
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REMAINING RISKS

The recommendations the sheriff department did not fully implement present several lingering risks. Among them:

- Strategies and success measures for its programs lack specific timelines and are at times vague.
- The department may be paying contractors for services not provided or allowed, and it did not amend contract budgets to align with increases in benefits and indirect-cost rates.
- The department provided no clear evidence on how it is working with Denver Health to update policies and procedures related to tracking and analyzing data for general and mental health requests and complaints.
- The department’s two Transgender Review Board forms are still not consistently completed by staff or the people in jail — meaning those who identify as transgender may not have decisions documented about their housing preferences.
- The department is still early in the planning stages for implementing an electronic medical chart system, continues to use paper patient records, and provided no documentation on how it decided to charge fees for medical records.
- The department is still not keeping training records for some staff.
FINDING 1 | The Denver Sheriff Department does not have a strategy for its mental health programs

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<tr>
<th>RECOMMENDATION</th>
<th>IMPLEMENTATION STATUS</th>
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<tr>
<td>1.1 Develop a strategy for mental health programs</td>
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<td>1.2 Identify measures of success</td>
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<td>1.3 Conduct program needs assessments</td>
<td>PARTIALLY IMPLEMENTED</td>
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<tr>
<td>1.4 Conduct a workforce analysis</td>
<td>FULLY IMPLEMENTED</td>
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<tr>
<td>1.5 Develop, document, and implement program policies and procedures</td>
<td>PARTIALLY IMPLEMENTED</td>
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**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.

**Agency’s original target date for completion: Sept. 16, 2022**

**SUMMARY OF AGENCY ACTION**

The sheriff department provided three separate strategic plans:

- One related to housing resources.
- One for Project S.A.F.E. implementation, a program that offers individuals in custody access to services and resources.
- One for the jail program team’s overarching strategic plan, which outlines steps to help individuals in custody successfully transition back into the community.

While each of these plans provides high-level information related to the overarching strategies, objectives, and metrics, they do not outline any time frames or targets to measure effectiveness.

For example, one Project S.A.F.E. strategy is to increase collaboration with outside providers to support individuals in custody who are reentering the community. This strategy includes an objective to identify and develop opportunities for staff to expand their skill sets to better serve the
community. The department measures this objective by the “number of engagement and awareness efforts.” But the strategic plan does not provide a time frame or define the target number of engagements needed to show what success looks like.

Since all three plans were implemented in August and September 2023, managers said not enough time has passed for the department to accurately evaluate and monitor the success of these strategic plans. The department plans to formally review and evaluate the success of each plan in spring 2024.

Because of this, we consider this recommendation only partially implemented.

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.

**Agency’s original target date for completion: Oct. 14, 2022**

**SUMMARY OF AGENCY ACTION**

The Denver Sheriff Department developed and implemented policies and procedures for 10 mental health programs it administers. Each document outlines success measures at a high level, and many of these definitions have almost identical language about what success measures could include for each program.

For example, five mental health programs said success would generally be tracked through participation and graduation rates, recidivism, participant demographics, and other unnamed criteria.

Four other mental health programs defined success as completing the program's phases and progressing “at a level deemed appropriate to move into continuing care.” If an individual withdrew, was removed, or transferred out of the mental health program, they would be deemed unsuccessful. These definitions of success do not include any time frames for when and how these measures would be evaluated nor do they provide a target
Because these policies and procedures were not implemented until late 2023, department managers said not enough time has passed for them to accurately evaluate and monitor program success measures. The department plans to formally review this in spring 2024.

Furthermore, the department has not yet amended its contract with Denver Health to include specific definitions of program success. The department hired a medical administrator in October 2023 who will be tasked with reviewing the Denver Health contract in spring 2024 to identify gaps such as performance and success measures.

Therefore, we consider this recommendation only partially implemented.

**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.

**Agency’s original target date for completion: Sept. 16, 2022**

**SUMMARY OF AGENCY ACTION**

The sheriff department conducted a needs assessment for its Mental Health Services Division in September 2022, which identified several key challenges and the high-level operational needs intended to address them. The division’s identified challenges included:

- No widespread use of a validated risk and needs assessment tool.
- Not enough data on the specific needs of the jail population.
- A lack of a centralized electronic information-sharing database.
- Staffing shortfalls.
- Overlap in services.

According to the department, implementing a validated risk and needs assessment tool would allow the department to accurately determine treatment needs of people in custody, better engage in case planning and service connection, and identify individual program needs.

Also, the assessment did not consider the individual needs of each of the
division's mental health programs.

Sheriff Department officials gave us evidence supporting the recent implementation of intake assessments that track the needs of people entering custody such as recording personal health information and instances of substance use. The department’s mental health intake team — which formed in October 2023 — is responsible for screening people in custody to determine program and substance use needs and make referrals to internal and external programs.

However, in December 2023, the department suspended the mental health intake team due to staffing issues. As of January 2024, no other teams or staff assumed responsibility for screening people as they enter custody to determine needs.

Because of this, we consider this recommendation only partially implemented.

Recommendation 1.4

**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.

**Agency’s original target date for completion: Oct. 14, 2022**

**SUMMARY OF AGENCY ACTION**

The sheriff department conducted a workforce analysis for the Mental Health Services Division in September 2022, which identified several staffing needs including:

- Six to seven full-time behavioral health navigators.
- Four to five full-time case managers.
- Five full-time presentencing coordinators.
- One to two full-time certified and licensed clinicians for addiction counseling.

Even though data specific to each mental health program was unavailable for the analysis — as described in the follow-up to Recommendation 1.3 — the department did identify specific full-time staffing increases necessary to support areas using existing mental health services data.

Therefore, we consider this recommendation fully implemented.
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.

Agency’s original target date for completion: Oct. 14, 2022

SUMMARY OF AGENCY ACTION

The department developed, documented, and implemented policies and procedures for 10 mental health programs. Each one defines criteria for program entry, program success, data monitoring, and staff roles and responsibilities to varying degrees.

Specifically, the department provided well-defined policies and procedures for the Medication Assisted Treatment and Reentry programs. Both policies listed specific program roles for staff and the tasks they are responsible for, in addition to admissions criteria with defined specific thresholds. The Reentry Program policy also listed roles and responsibilities for monitoring program data with defined data sources and specific monitoring timelines.

But seven other policies were either vague, missing specific metrics, or lacked clear data-monitoring procedures. For example, the policies and procedures for the behavioral health stabilization unit had three job titles listed under the staff responsibilities section but no specific program tasks. The same policy listed general admission criteria categories but described no specific thresholds for admission, such as which priority or security levels qualified. Furthermore, the program’s success criteria rely on data reports from the central jail management system but there are no specific data-monitoring responsibilities beyond generating the reports — such as how the reports will be analyzed to determine whether criteria are being met.

Because several policies and procedures lack sufficient detail, we consider this recommendation only partially implemented.
FINDING 2 | The Denver Sheriff Department’s data processes should be improved

The department needs to improve how it tracks data to evaluate mental health programs and services

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<tr>
<th>RECOMMENDATION</th>
<th>IMPLEMENTATION STATUS</th>
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<tr>
<td>2.1 Identify and track performance data</td>
<td>NOT IMPLEMENTED</td>
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<tr>
<td>2.2 Document data-entry policies and procedures</td>
<td>FULLY IMPLEMENTED</td>
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<tr>
<td>2.3 Create and document quality assurance reviews</td>
<td>PARTIALLY IMPLEMENTED</td>
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<td>2.4 Monitor program performance data</td>
<td>FULLY IMPLEMENTED</td>
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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).

Agency’s original target date for completion: Sept. 16, 2022

SUMMARY OF AGENCY ACTION

Department leaders said the Mental Health Services Division was working to collect data for all programs based on the existing data collection practices of some mental health programs, such as the Recovering in a Secure Environment and Reentry programs. The data they identified for tracking performance across mental health programs includes:

- Class participation rates.
- Intake and discharge rates.
- Race and ethnicity.
- Gender.
- Housing location.
- Successful discharge from jail or program completion.
As we noted in the department’s implementation efforts for Recommendation 1.3, the department implemented a mental health intake team responsible for screening people as they enter custody. The team would have been responsible for collecting data, such as the categories previously listed, through standardized forms. But two months after it was formed, the department suspended the mental health intake team in December 2023 due to staffing issues.

As of January 2024, the department had not reassigned the responsibilities for screening people as they enter custody to another team.

Were the intake team or another assigned team collecting standardized data at intake, it would have demonstrated the department’s progress toward identifying and tracking information that is necessary to monitor the mental health programs’ objectives.

Therefore, we consider this recommendation not implemented.

**Recommendation 2.2**

**FULLY IMPLEMENTED**

**DOCUMENT DATA-ENTRY POLICIES AND PROCEDURES** – The Denver Sheriff Department should document policies and procedures for data entry related to its mental health programs.

**Agency’s original target date for completion: Oct. 14, 2022**

**SUMMARY OF AGENCY ACTION**

The sheriff department documented data-entry policies and procedures in May 2023 and sent them to mental health program leaders in September 2023. The department’s policies and procedures for data entry include best practices instructing staff to limit errors by using features such as:

- Avoiding open text boxes whenever possible.
- Using predetermined options in drop-down menus.
- Leveraging system and application functions such as autocorrect.
- Ensuring consistent formatting for dates, addresses, and identification numbers.

The document also lists common issues found in department data, like blank rows and incomplete information.

Additionally, the department’s data analytics team implemented policies and procedures in March 2023 that include instructions for cleaning and preparing the data entered by program staff. For example, the procedures provide steps to verify that data is consistent, to delete duplicate booking numbers, and to validate the data.
The department also implemented electronic forms for some of its mental health programs to limit the errors caused by manual data-entry and to standardize staff responses.

Therefore, we consider this recommendation fully implemented.

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.

Agency's original target date for completion: Sept. 16, 2022

SUMMARY OF AGENCY ACTION

The department documented quality assurance procedures for program data entry, which include definitions, identification methods, and correction procedures for data errors.

The procedures discuss specific errors — such as incorrect booking numbers or last names — and how to correct them. But the procedures lack specific details on how often quality assurance reviews should be done and what steps should be taken when errors cannot be corrected according to the instructions.

The department’s quality assurance procedures say the health services data team is responsible for checking data for accuracy, accessibility, and completeness. However, the department implemented policies and procedures for its data analytics team in March 2023 that also include data-quality assurance procedures. Splitting responsibilities across multiple teams and policies may lead to staff confusion, duplicative work, or steps being missed.

Furthermore, department leaders said the data analytics team's quality assurance procedures were automated to “eliminate data entry errors.” But it appears that all data-quality assurance procedures in the policy are manual tasks, such as checking for consistent formats and duplicate records.

The sheriff department also implemented standardized electronic forms for the Medication Assisted Treatment Program, the mental health intake team, and the critical response team. These forms were meant to restrict data-entry options and reduce errors. But as of December 2023, the department was still evaluating which mental health programs would benefit from the standardized electronic forms. Broader implementation of these forms
could reduce errors in mental health program data and reduce the quality assurance burden for the department.

Although the department has significantly improved its operations by documenting quality assurance procedures, the implementation of multiple procedures in different policies — combined with the lack of key details for when and how often quality assurance should be done — leaves risks unaddressed.

Therefore, we consider this recommendation only partially implemented.

**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.

**Agency’s original target date for completion: Sept. 16, 2022**

**SUMMARY OF AGENCY ACTION**

The sheriff department is periodically monitoring data and information collected on mental health programs. Mental Health Services Division leaders said program staff regularly use and discuss dashboards that combine program data from multiple jail systems.

The department provided copies of the internal dashboards showing program data is being recorded and quarterly meeting minutes document that the data was discussed by staff. Program meeting documentation also showed that Mental Health Services Division staff used the data to evaluate whether programs were equitable.

Because of this, we consider this recommendation fully implemented.
The department is not reliably tracking and evaluating requests and complaints

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<tr>
<td>2.5 Establish a consistent way to track data for requests</td>
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<td>and complaints</td>
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<td>2.6 Track general requests</td>
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<td>2.7 Review existing policies and procedures</td>
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<td>2.8 Create and document quality assurance reviews</td>
<td>PARTIALLY IMPLEMENTED</td>
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<tr>
<td>2.9 Monitor data about request and complaints</td>
<td>FULLY IMPLEMENTED</td>
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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.

Agency’s original target date for completion: Oct. 14, 2022

SUMMARY OF AGENCY ACTION

The sheriff department developed an internal database programmed by Denver Health to store and track data on general and mental health services requests. The database has built-in validation rules and processes to prevent users from entering inconsistent and incomplete data — including warning notifications when a user breaks a rule. We reviewed the system’s features and capabilities and determined the database includes controls, such as error messages, that prevent users from entering inconsistent or incomplete data.

In addition, we reviewed examples of dashboards generated from this database that illustrate the capability for department staff to use complaint and request data to identify trends that can further support decision-making across both the department and Denver Health. For example, complaint data is tracked by month and by type — such as medical or emergency — as well as by the individual filing the complaint.

We also reviewed Denver Health’s guidance that the sheriff department uses to improve its own data. The guidance outlines steps to identify and correct data errors and improve data quality. Although department staff said they store mental health complaints in a separate “grievance log” database that does not have the same validation rules as the internal database, the department plans to implement a new electronic medical record system to
replace the grievance log.
Therefore, we consider this recommendation fully implemented.

<table>
<thead>
<tr>
<th>Recommendation 2.6</th>
<th>TRACK GENERAL REQUESTS – The Denver Sheriff Department should use the mechanism established in Recommendation 2.5 to track general requests.</th>
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<td>SUMMARY OF AGENCY ACTION</td>
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<tr>
<td>The sheriff department said all requests for program services are tracked in the internal database we discussed regarding the implementation of Recommendation 2.5. Furthermore, the department said data is reviewed through internally managed dashboards.</td>
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<td>The department gave us documentation showing the internal database includes data filters and features that allow the department to track and monitor both general and mental health requests to identify trends. The documentation shows the department is tracking request data, such as requests for special diets for religious considerations.</td>
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<td>Therefore, we consider this recommendation fully implemented.</td>
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<tr>
<th>Recommendation 2.7</th>
<th>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.</th>
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<td>The sheriff department gave us several documents to demonstrate that it is updating policies and procedures — and modeling them after Denver Health practices — to ensure accurate tracking and analysis of general and mental health request data. We learned that data analysts in the sheriff department use Denver Health’s Data Quality Control Program — which</td>
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Denver Health created in October 2022 — to monitor the department’s data for quality including defining, identifying, and correcting data-entry errors. The department said it plans to work with Denver Health on updating the document and will develop its own data-quality assurance guidance modeled after Denver Health’s program.

But we did not find clear evidence of how the Denver Sheriff Department and Denver Health are working together to review and update existing policies and procedures in line with the recommendation.

The sheriff department’s “Data and Technology Governance Policy” establishes data governance guidelines and policy and outlines the responsibilities of the data and technology unit and data analytics team. But it only broadly addresses the types of data analyzed and tracked. While department leaders said they are updating this document, they had no estimated time frame for completion, as they work with Denver Health to determine guidance needs.

Meanwhile, although the department provided documentation of meetings, the documentation did not specify how the department and Denver Health are working together to update policy and procedure. A policy from the department’s Policy and Accreditation Division calls for collaboration but does not describe how the department should work with Denver Health — or other external parties — on policy and procedure updates for general and mental health requests and complaints.

Additionally, none of the documents provided specifically address how the department should track and analyze data related to general and mental health requests and complaints. Therefore, we consider this recommendation not implemented.

**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.

**Agency’s original target date for completion: Oct. 14, 2022**

**SUMMARY OF AGENCY ACTION**

Sheriff Department leaders said this recommendation is in progress because they are developing a quality assurance plan and process, which will include guidance on data entry.

We reviewed evidence that the department is working with Denver Health
to create and document quality assurance processes for data entry. For example, the department refers to Denver Health’s Data Quality Control Program document, which outlines procedures for data validation. In addition, the department provided examples of built-in quality assurance rules in its system, including error messages.

We also reviewed the department’s documentation for its Continuous Quality Improvement Committee meetings and other quarterly meetings and confirmed it is collaborating with Denver Health on data issues and improvements.

But because the department recognizes it is still working on implementation, we consider this recommendation only partially implemented.

**Recommendation 2.9**

**MONITOR DATA ABOUT REQUEST 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’s original target date for completion: Oct. 14, 2022

**SUMMARY OF AGENCY ACTION**

The sheriff department gave us evidence of system capabilities for tracking general and mental health requests and complaints, which allow it to monitor information using dashboards to identify data trends. For example, the department tracks requests and complaints in the system by category including complaints, medical, or other services. It also tracks time frames such as the status of requests and complaints, date submitted and time open, and trends.

The department also provided documentation to show how staff periodically monitor the data at weekly meetings with department program managers and at quarterly meetings of its Continuous Quality Improvement Committee with Denver Health. We reviewed evidence of meetings held between the data analytics team and department managers as early as November 2022. The goals for the committee meetings include analyzing and evaluating data and staff discussions on data trends.

Therefore, we consider this recommendation fully implemented.
The department’s use of paper medical charts and manual data entry may complicate mental health services and continuity of care

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<td>2.10 Assess systems controls</td>
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<td>2.11 Implement an electronic medical chart system</td>
<td>NOT IMPLEMENTED</td>
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<td>2.12 Assess fees for medical records</td>
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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.

Agency’s original target date for completion: Oct. 14, 2022

**SUMMARY OF AGENCY ACTION**

The sheriff department has taken steps to improve data accuracy and reliability by working with Denver Health to add safeguards to electronic forms (such as drop-downs and auto-populated fields), correct data errors, and regularly monitor data. For example, users of the system receive warning messages or pop-up boxes when not entering a reason for canceling an appointment and failing to enter referral notes.

But the department has not formally developed a data quality control program or policies and procedures to ensure data entered manually by department staff is accurate and reliable.

Also, we learned that some patients’ health records are still in paper form, and the Electronic Medical Record System — which the department expects will significantly improve data control and monitoring — is still in the beginning stages of implementation.

Therefore, we consider this recommendation only partially implemented.
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.

Agency’s original target date for completion: Jan 13, 2023

SUMMARY OF AGENCY ACTION

As of November 2023, the Denver Sheriff Department had not finalized a solicitation package to seek system development proposals from qualified vendors. Department managers are waiting for feedback from the legal team to review data accessible to the department’s behavioral health professionals.

Therefore, we consider this recommendation not implemented.

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 its 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’s original target date for completion: Sept. 16, 2022

SUMMARY OF AGENCY ACTION

While the sheriff department gave us documentation on its process for assessing and waiving fees for medical records requests, the documentation does not show what criteria the department uses to support its decisions to charge or waive fees.

For example, the department’s documented procedure for requesting medical records and applicable fees says individuals will not be denied access to their records based on their inability to pay. But the document does not say how the department determines a person’s ability to pay and how records requests from outside entities — such as legal offices — are
handled from a billing perspective.

Department managers said historically they have not charged fees for medical records. But we were given evidence showing the department has been charging some fees. The documentation also shows ongoing confusion about the fees — including how department staff subjectively decide to waive fees — resulting in an inconsistent application of the department's process.

Department officials said in November 2023 they are drafting a policy that will define how they decide whether to charge fees. Therefore, we consider this recommendation not implemented.
### RECOMMENDATION

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#### 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.

**Agency’s original target date for completion: June 7, 2022**

**SUMMARY OF AGENCY ACTION**

We confirmed the sheriff department worked with the Department of Public Safety to identify people in both departments responsible for monitoring contract compliance and performance. Specifically, Public Safety now manages contracts and contractors at a broad level and oversees the changing or termination of contracts. Public Safety also handles fiscal monitoring such as reviewing and approving invoices. Meanwhile, the Sheriff Department monitors programs, and each contract has an assigned point of contact.

The departments provided documented contract-monitoring procedures that listed positions in both departments responsible for monitoring contracts.

We reviewed a list of contracts as of September 2023, and each contract had an assigned point of contact who appeared to be appropriate based on the nature of the contract and the staff person’s role within the department.

Therefore, we consider this recommendation fully implemented.
Recommendation 3.2  

**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.

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**FULLY IMPLEMENTED**

*Agency’s original target date for completion: Aug. 31, 2022*

**SUMMARY OF AGENCY ACTION**

The sheriff department documented contract-monitoring policies and procedures that cover compliance and contractor performance. The procedures outline specific steps for staff to follow for monitoring, including periodically reviewing the agreement and program data. Documents related to agreements and reporting are stored in a central folder, and the procedures outline steps for staff to take if a contractor is not compliant with an agreement.

We reviewed the documentation for one program: the Medication Assisted Treatment Program. It summarized program requirements to help staff monitor compliance and performance. The department also provided documentation to show regular meetings were occurring or were scheduled, that program data was discussed and collected, and that annual reporting requirements were on track to be submitted on time. The annual report draft included specific outcome measurements for the program, tools for measuring, and additional information related to the program.

Therefore, we consider this recommendation fully implemented.

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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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**FULLY IMPLEMENTED**

*Agency’s original target date for completion: June 7, 2022*

**SUMMARY OF AGENCY ACTION**

The sheriff department gave us contract monitoring procedures outlining the responsibilities for monitoring and approving invoices.
The sheriff department program teams are responsible for reviewing and approving payments based on the contract. The Department of Public Safety's senior accountant provides a secondary review to confirm the rates on the invoice align with the contract. The departments provided an example of a completed payment approval form signed by the programs manager and director before it was submitted for payment to the finance team.

Therefore, we consider this recommendation fully implemented.

**Recommendation 3.4**

**PARTIALLY IMPLEMENTED**

**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’s original target date for completion: Aug. 31, 2022**

**SUMMARY OF AGENCY ACTION**

The Denver Sheriff Department and the Department of Public Safety created new invoice review-and-approval procedures that include steps for reviewing invoices to ensure the reimbursements match the agreement, that supporting documentation was provided, and that charges were valid.

The departments also provided documents they use to help monitor invoices, including a more detailed invoice-monitoring spreadsheet, a tracking spreadsheet, and an approval form. The invoice-monitoring spreadsheet has specific items to note on the invoices such as staff qualifications and salaries, the tracking spreadsheet shows where an invoice is in the approval process, and the approval form says that an invoice is OK to pay.

In the invoice-tracking spreadsheet, the department identified some invoices as being “not received” or “returned for changes” and provided evidence to show appropriate staff followed up with the contractors. The department also provided evidence to show staff requested corrections to an invoice after review.

When we reviewed a sample of three invoices, we found:

- All three included allowable expenses and were paid on time.
- Two of the three — or 67% — may not have been billed correctly based on the documentation and explanations provided.
- Sufficient documentation was not provided to show support services were allowed for one of the three — or 33%. Specifically, we could not
conclude that salaries and benefits were allowed by the contract, as in some instances the amount paid was higher than the contract budget amount.

Furthermore, the documentation provided for support services in one invoice did not include the name of the program participant that received the services, and authorization forms for support and training were not signed. The contractor said certain levels of management are not required to get additional authorization when purchasing items. While this is the contractor’s practice and not the department’s, the department cannot be assured that expenses incurred by certain managers are allowed without authorization.

As a result, we consider this recommendation partially implemented.

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.

**FULLY IMPLEMENTED**

**Agency’s original target date for completion: Aug. 31, 2022**

**SUMMARY OF AGENCY ACTION**

Sheriff department leaders said that as of September 2023, payments, including invoices and supporting documentation, were now maintained in Workday — the city’s financial system of record — and that all documentation is kept according to the city’s retention policy.

To check this, we reviewed three invoices, including forms signed by appropriate staff showing invoices were ready to be paid. The only exceptions we found were for documentation that did not include a program participant’s name and authorization forms that were not signed for some expenses. When support services are included in an invoice, the departments should request additional documentation beyond receipts to ensure expenses are for program participants and that expenses are authorized. But these issues are outside the scope of this recommendation.

Because the department demonstrated significant improvement in its document retention practices, we consider this recommendation fully implemented.
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.

Agency’s original target date for completion: June 7, 2022

SUMMARY OF AGENCY ACTION

In the Denver Sheriff Department and Department of Public Safety’s new standard procedures, reviewers are required to assess invoices to ensure the reimbursement amounts match what is outlined in the agreement and that supporting documentation is provided for all budget line items. The procedures do not explicitly outline the types of information reviewers should be ensuring are accurate, such as salaries, but the document does say the invoice amount should match the agreement.

The departments provided documentation showing they had identified a difference in salaries between invoices and supporting documentation. This demonstrates the department is conducting some level of review over the accuracy of invoices.

Department managers said that they did not need to amend any contracts to adjust for salary rates. However, managers also acknowledged that some contracts had not been updated when rates for fringe benefits and indirect costs were increased, meaning the contract budget no longer matched the invoiced rates.

We sampled three invoices to ensure the Denver Sheriff Department and Department of Public Safety’s new processes were implemented effectively. As part of that, we reviewed salaries and fringe benefits paid through the associated contract and could not reconcile some salaries and benefits based on the documentation provided.

In one example, the salary for an employee was higher than the rate allowed in the contract. In another example, the fringe benefits for one employee exceeded the contracted budget amount. While the contract allows for budget deviations under 25% without prior approval, managers acknowledged they need to have a clear outline documenting the percentages allowed and said that “moving forward, [they] will monitor salary amounts and work closely with [their] assigned financial representative to check invoices before processing payments to contracted agencies.” This acknowledgment implies they were not already doing so.

Therefore, we consider this recommendation not implemented.
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’s original target date for completion: Aug. 15, 2022

SUMMARY OF AGENCY ACTION
The Denver Sheriff Department reviewed and revised the existing Transgender Review Board policies and procedures to include more information about how board meeting decisions are documented and identified a central repository to store review board documents.

- POLICIES AND PROCEDURES – According to the department’s policies and procedures, two forms need to be completed when someone identifying as transgender enters custody:
  - The “transgender review board note,” which is the responsibility of an assigned psychologist from Denver Health.
  - The “transgender review board questionnaire,” which is the responsibility of the assigned Sheriff Department staff member.

The policies and procedures do not require either form to have the review board’s discussions or housing decisions documented, but the review board questionnaire does contain one line labeled “action taken to include housing determination.”

We selected a sample of six people that were seen by the Transgender Review Board in 2023 to determine whether either of the two forms documented the board’s discussions or decisions as required by the
recommendation. Because some of the people selected for the sample were in custody more than once, we received nine review board notes and 10 review board questionnaires for our review.

However, based on other housing records provided by the department, we noted that there should have been 26 forms — 13 review board notes and 13 review board questionnaires — for the sample of six people to account for each time they were booked in the jail.

Of the nine review board notes we did receive, all contained a housing location for the person in custody. However, the notes did not specify whether this was the individual’s location at the time of seeing the board or whether it was the housing decision made by the board. Additionally, only eight of the 10 review board questionnaires we saw had documented a housing location on the “action taken” line.

Furthermore, two of the review board questionnaires failed to document the review board participants, and five of the questionnaires were not signed by either the person in custody or the department witness. According to the Transgender Review Board’s policy, the person in custody is required to sign the review board questionnaire. Department leaders said there may be various reasons why a person does not sign the questionnaire, but they acknowledged there should be documentation detailing the reason.

We also found that none of the review board questionnaires nor the review board notes contained specific discussion notes from the Transgender Review Board meetings.

- CENTRAL STORAGE REPOSITORY — Department leaders said that all documents related to the Transgender Review Board — including notes, decisions, trainings, and guidance materials — are stored on an internal network drive that can be accessed by all department staff and changed by the classification unit, which is responsible for managing the files.

We confirmed this, but while the department met the spirit of the recommendation by identifying a central repository, we found issues such as inconsistent file types and naming conventions.

For example, staff stored review board files as three different types: Word documents, emails, and PDFs. And file names sometimes included the person’s full name, only the last name, or in one instance, just their booking number. General disorganization and inconsistent file storage policies could lead to staff confusion or misplaced documents.

Because of these overall issues, we consider this recommendation only partially implemented.
FINDING 5 | The Denver Sheriff Department could not demonstrate compliance with training requirements

RECOMMENDATION | IMPLEMENTATION STATUS
--- | ---
5.1 Clarify and document staff roles and responsibilities | FULLY IMPLEMENTED
5.2 Establish a consistent way to track data for training information | FULLY IMPLEMENTED
5.3 Document policies and procedures for training records | FULLY IMPLEMENTED
5.4 Monitor compliance | FULLY IMPLEMENTED
5.5 Retain documentation for staff training | PARTIALLY IMPLEMENTED

**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.

**Agency’s original target date for completion: Oct. 14, 2022**

**SUMMARY OF AGENCY ACTION**

The sheriff department identified its Training Academy as the responsible party for tracking training documentation, including hours and topics. The department’s policies and procedures outline the duties and responsibilities of the Training Academy relevant to this recommendation.

For example, when an employee completes training, the Training Academy is responsible for updating the employee’s training file to include information such as the course title and date, number of hours, applicable test scores, and certifications received. The Training Academy is also required to maintain all training records and information in line with the department’s records retention policy.

Therefore, we consider this recommendation fully implemented.
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.

Agency’s original target date for completion: Oct. 14, 2022

SUMMARY OF AGENCY ACTION

As discussed in the department’s implementation of Recommendation 5.1, the Denver Sheriff Department developed a way to track information related to training by making the Training Academy responsible for updating an employee’s training files to include all necessary information such as training hours and course titles. The process includes a quarterly review of training records from a sample of sworn staff to ensure training records are complete, accurate, and consistent and that all mandatory trainings have been completed. The process has steps for the Training Academy to ensure employees remain proficient with their training requirements by notifying them and their managers of required trainings that are incomplete.

We confirmed all assigned training data such as course titles, events, hours, and other relevant information is maintained in the department’s PoliceOne Academy database.

Therefore, we consider this recommendation fully implemented.

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.

Agency’s original target date for completion: Sept. 16, 2022

SUMMARY OF AGENCY ACTION

The sheriff department now has policies and procedures to track and store training information and records, including how the department can ensure data quality. These procedures outline the necessary information — such as course title and date, training hours, instructor’s name, and applicable test scores — to be added to an employee’s training file by the Training Academy.
once the employee completes their training.

As part of the department’s process, a quality assurance plan was created and implemented for a department staff member to conduct quarterly reviews of training information and records to ensure data quality and reliability and that training requirements are being met for all staff, as discussed in the implementation of Recommendation 5.4.

Therefore, we consider this recommendation fully implemented.

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.

**Agency’s original target date for completion: Sept. 16, 2022**

**SUMMARY OF AGENCY ACTION**

As part of the Denver Sheriff Department’s policies and procedures for tracking training information, the department created and implemented a process for the Training Academy to conduct quarterly quality assurance and compliance reviews of training records to ensure they are complete and accurate. The process outlines how and where the reviewer will document the quality assessment of the training record, how they will select a sample for testing, and how they will follow up if action is needed for overdue or incomplete trainings.

We found the department followed its process for the department’s August 2023 audit of training records. We also reviewed two employee records that the department audited and found the department followed up for an employee who was not compliant with their training requirements.

Department managers said if an employee continues to have compliance issues with their training requirements, the employee may face a disciplinary process or have their training rescheduled depending on the circumstances.

Therefore, we consider this recommendation fully implemented.
RECOMMENDATION 5.5

RETAI N 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.

PARTIALLY IMPLEMENTED

Agency’s original target date for completion: Aug. 15, 2022

SUMMARY OF AGENCY ACTION

The sheriff department’s records retention and destruction policy says sheriff personnel training records — including K-9 training records, test scores, lesson plans, class schedules, and training reports — are to be kept according to the city’s retention policy. The city’s retention policy says all training records shall be kept for five years after an employee leaves their job with the city.

Department staff said they are taking the necessary steps to follow the retention policy. As part of the process, they obtained a list of all employees who left from 2013 through 2023 and pulled all physical copies of training records from storage. Department staff worked with Department of Public Safety staff to receive written approval to destroy old training records in accordance with retention guidelines.

We were told some employees’ training files for those on the list from 2013 through 2023 were not available or could not be found in the Training Academy’s storage cabinets. Staff could not explain why some training records were missing but they said they believed the records may have been removed when the employee who separated from the city. The department has taken steps to align its practices with the city’s retention policy and provided evidence to show it is following procedures to appropriately destroy records older than five years. However, the department still needs to ensure all training documentation is retained for five years after an employee leaves their job with the city.

Department leaders said they are proactively working with Training Academy staff to improve the process and ensure training records are kept or destroyed as mandated in the city’s records retention policy.

Because of this, we consider this recommendation partially implemented.
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