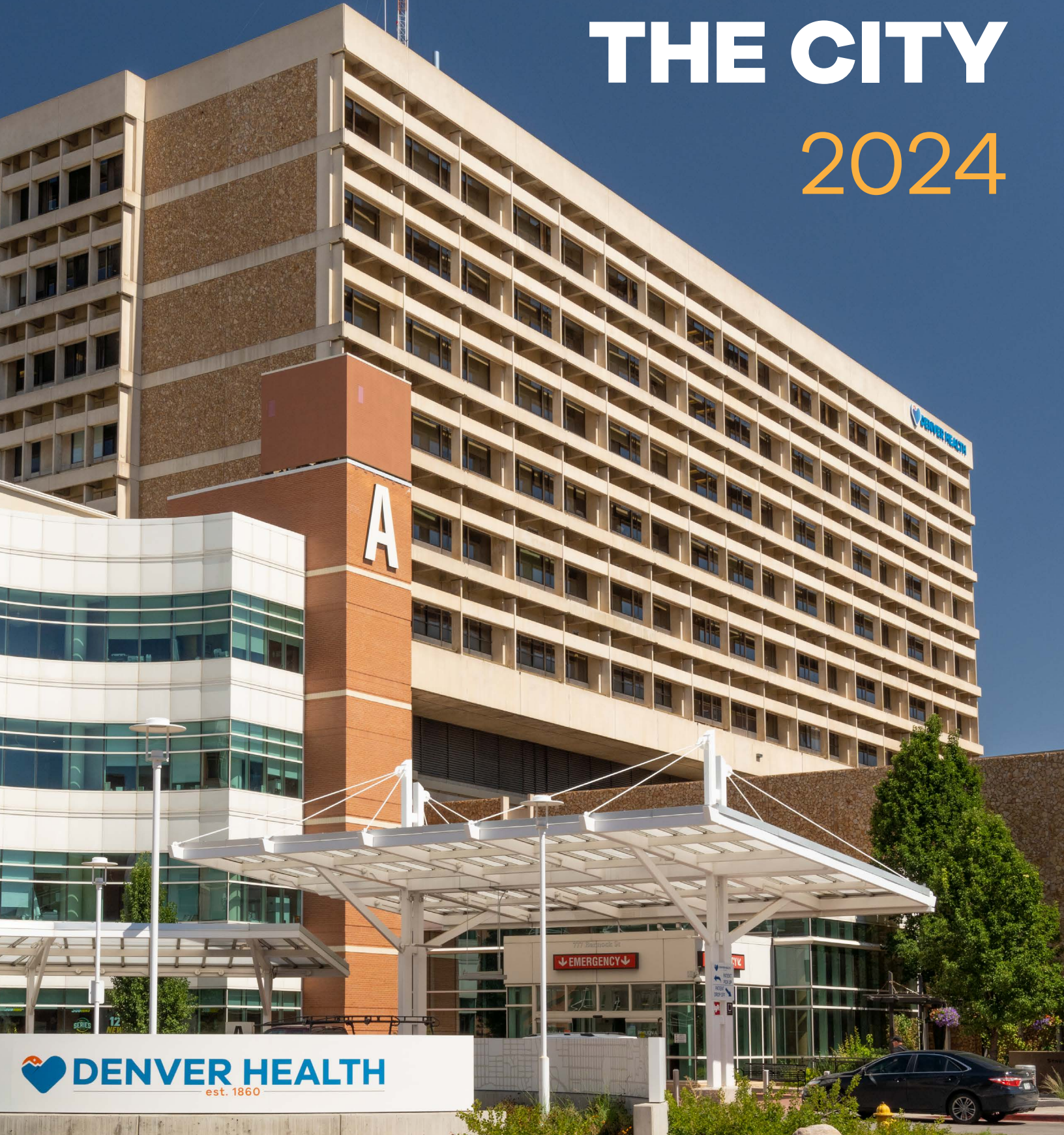




**DENVER  
HEALTH™**  
— est. 1860 —  
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# REPORT TO THE CITY 2024





## TABLE OF CONTENTS

<b>Letter from the CEO .....</b>	<b>3</b>
<b>2024 Year in Review .....</b>	<b>5</b>
<b>Denver Health Performance</b>	
2024 Denver Health Regulatory Surveys.....	10
Patient Care Services (A-1) .....	15
Emergency Medical Services (A-2) .....	33
Public Health Services (A-3) .....	37
Denver Community Addiction Rehabilitation and Evaluation Services (CARES) (A-4).....	41
Medical Services for Arrestees, Pretrial Detainees and Inmates (A-6) .....	45
Rocky Mountain Poison and Drug Safety Services (RMPDS) (A-8).....	49
Clinical and Laboratory Services for the City's Department of Public Health & Environment (A-9) .....	53
Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line) (B-1) .....	55
NurseLine Services (B-2) .....	59
Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center (B-3).....	63
Miscellaneous Services for DDPHE (B-7).....	65
Miscellaneous Services for the Department of Public Safety (B-8) .....	69
Miscellaneous Services, Other (B-9) .....	73
<b>Uncompensated Care.....</b>	<b>75</b>
<b>Financial Statements .....</b>	<b>77</b>
<b>Contract Reconciliation .....</b>	<b>81</b>







01

## Letter from the CEO

Honorable Mayor Michael C. Johnston  
City and County of Denver  
1437 N. Bannock Street, Room 350  
Denver, CO 80202

April 25, 2025

Dear Mayor Johnston,

I am pleased to share the Denver Health and Hospital Authority's Compliance with the Operating Agreement Performance Report for calendar year 2024. The report shines light on the sweeping impact our health care system had on nearly 300,000 unique patients. It's a privilege to serve as the state's oldest and largest safety net health care system, providing all in our community with access to the highest quality, equitable care regardless of the ability to pay.

Denver Health continues to see strong alignment with your priorities to address the unhoused population. We are proud to support Roads to Recovery since one-third of our patients experience substance use and behavioral health challenges, many of whom are unhoused. In addition, our collaboration with Denver and other community partners to provide mobile support through the STAR Program remains an effective way to triage crisis situations for vulnerable patients.

Denver Health saw an increase in nearly all its services in 2024. One in two babies born in Denver were born at Denver Health last year. Our school-based health centers reported more than 16,000 student visits and roughly 88,000 people sought behavioral health care. Denver Health paramedics also answered more than 133,000 calls for emergency medical services.

Allow me to highlight three other notable achievements. Our investment in robotic surgical equipment brought state-of-the-art care to a more diverse patient population and the Denver Health Orthopedics team received a coveted Orthopedic Center of Excellence accreditation, the only orthopedic practice in Denver to do so. And, of course, the 2Q ballot initiative. Mayor Johnston, I want to personally thank you for enthusiastically supporting the 2Q effort. Your partnership, and that of the City Council and other elected leaders, was instrumental and greatly appreciated. The \$65 million we expect to generate annually from Denver sales tax will allow Denver Health to meet a portion of the rising costs we face in uncompensated care—more than \$145 million in 2024.

We share your passion for a vibrant Denver and believe that this report highlights the tremendous value that Denver Health brings to our community. We are, of course, facing some daunting challenges given the uncertainty of the federal environment and the state deficit. Against this backdrop, it is more important than ever to work in close collaboration to provide the best possible care to as many patients as possible. We owe the people in Denver nothing less.

Thank you for your partnership.

Sincerely,  
Donna Lynne, DrPH



Chief Executive Officer  
Denver Health



02

## 2024 Year in Review





## A Year In Review

Denver Health has made significant strides in advancing health care across our community, with a commitment to innovation, patient care and community engagement. This year was marked by numerous milestones, including the debut of new ambulances and mobile health centers, expanding our reach, as well as groundbreaking surgeries and state-of-the-art technology installations that elevate the care we provide. From strengthening partnerships with Denver Public Schools to launching new residency programs and securing critical funding, Denver Health has remained at the forefront of addressing the needs of our community. The 2024 Year in Review captures some of the year's highlights.

### JANUARY



Denver Health's **Paramedic Division debuted 10 new ambulances**, the ambulances enhance emergency care across Denver and surrounding areas.

Denver Health's **Mobile Health Center 3 partnered with Denver Public Schools (DPS)** to expand health services to DPS families. The mobile clinic provides primary care, vaccines and chronic illness care at various school locations.

Denver Health's **Bariatric Surgery Center performed its first adolescent bariatric surgery**, a sleeve gastrectomy on a 19-year-old patient. The surgery marks the center's commitment to providing care across all age groups.

### FEBRUARY



Denver Health unveiled a **portrait of former Mayor Wellington Webb**, created by local artist Darrell Anderson, to honor his contributions to the health care system.

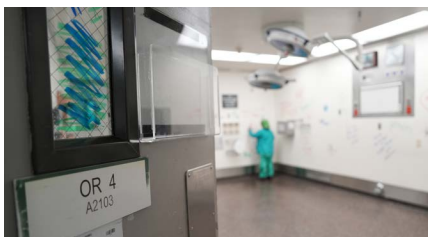
Denver Health's **School-based Health Centers (SBHC) expanded its virtual care program** in partnership with 62 Denver Public Schools nurses, allowing students to connect with SBHC providers even if their school doesn't have an on-site clinic.

**Denver Health's Dentistry Program** received a \$3 million grant to expand its Dental Assistant Training Program. The initiative aims to address staffing shortages and train dental assistants.



In the past five years, **the number of mammography exams at Denver Health increased** from about 13,000 in 2018 to over 20,000 last year.

### MARCH



**Denver Health bid farewell to its three oldest operating rooms** with a ceremony marking the decommissioning of ORs 2, 3 and 4, which had been in service since 1968. The rooms were replaced by two state-of-the-art surgical suites with hybrid and robotics capabilities.

### APRIL



Residents Kathryn Hawrot, MD, and Elizabeth Stein, MD, along with Carolina Gutierrez, MD, received a CATCH grant to support a **pediatric gardening program at the Federico F. Peña Family Health Center**.

The **Outpatient Behavioral Health Services team** developed the Access Transformative Outreach Program, which has improved care engagement for patients with substance use disorders.

The **Center for Addiction Medicine team** launched the Words Matter campaign to reduce stigmatizing language in patient interactions and notes at Denver Health.



### MAY



The **second annual Denver Health Trauma Survivors Fun Run/Walk** was a success, with nearly 500 participants.

**Denver Health partnered with the American Red Cross** for for the Red Cross' first blood drive in Colorado.



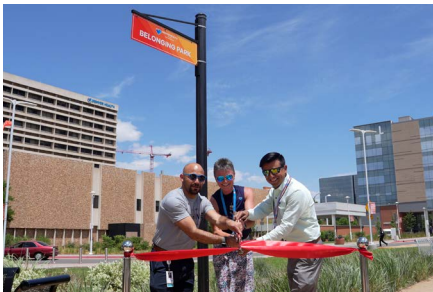
## MAY CONT'D

Sarah Cope, MSN, FNP-C, co-medical director of Oasis Medicine Service, **received the Nightingale Award for Exceptional Achievement in Advanced Practice Nursing** for her leadership in inpatient transitional care. Natalie Nicholson, DNP, MBA, RN, CENP, NEA-BC, then-associate chief nursing officer, and Whitney Miller, FNP, DNP, lead APP in the Division of Infectious Disease, were named "Luminary" finalists for their excellence in nursing administration and advanced practice nursing.

Denver Health's Center for Addiction Medicine Academy **opened its new training facility**, with U.S. Rep. Diana DeGette cutting the ribbon. The space focuses on advancing addiction medicine education and trauma-responsive treatment.

**Rocky Mountain Poison & Drug Safety published a novel framework** in Nature Mental Health, advocating for a tailored post marketing surveillance approach to monitor the health impact of psychedelic medications in response to their growing use for mental health treatment.

## JUNE



Teams from throughout the health system celebrated the **dedication of Belonging Park** during Days of Celebration, our weeklong employee recognition event.

Denver Health participated in the **eighth annual Hospitals Against Violence (#HAVhope)**, joining hospitals nationwide to raise awareness about violence in health care and communities.

**Medical teams unveiled the da Vinci XI robotic system**, marking a milestone in surgical innovation. The system enhances patient care

across specialties like gynecology, urology and general surgery.

Benjamin Li, MD, medical director of Denver Health's At-Risk Intervention and Mentoring program, **participated in the White Coats at the White House event**, focusing on gun violence as a public health crisis. He highlighted the role of hospital-based violence intervention programs and secured a 2025 grant to support AIM's outreach workers, helping victims of gun violence and other assaults.



## JULY



Orthopedic surgeons Andrew Maertens, MD, and Jessica Churchill, MD, **successfully performed surgeries on Hesty, a 14-year-old orangutan from the Denver Zoo**, after she sustained serious injuries.

Denver Health **launched its family medicine residency program**, the Denver Community Health Services Family Medicine Residency. The first class of four residents began their training, which will span three years, with patient care at the Montbello Family Health Center.

Denver Health's vascular surgery team, led by vascular surgeon Lisa Bennett, MD, and anesthesiology physician David Wiegmann, MD, **performed Colorado's first GORE EXCLUDER Thoracoabdominal Branch Endoprosthesis procedure**. This minimally invasive surgery treats complex aortic aneurysms near the heart, reducing risks associated with open-heart surgery and offering patients a faster recovery.

## AUGUST



Kale Humphrey, MS; Kenneth Oja, PhD, RN; Jama Goers, PhD, RN; and David Mulkey, DNP, RN, CPHQ, CCRN, CHSE **published a study on a novel longitudinal clinical program for nursing students**, examining its impact on new nurses' readiness for practice.

Steve Federico, MD, Chief Government and Community Affairs Officer, **received the 2024 Samuel U. Rodgers, MD Achievement Award** for excellence in primary care, leadership and advocacy.



**Rocky Mountain Poison & Drug Safety hosted its first hybrid "Annual Scientific Meeting,"** introducing the National Survey Investigating Hallucinogenic Trends and focusing on emerging surveillance needs for psychoactive drugs.

## SEPTEMBER



**International Overdose Awareness Day** featured speakers from the Center for Addiction Medicine and a moment of silence to honor lives lost to overdose.

## SEPTEMBER CONT'D

The community came together at Denver Health to celebrate survivors at the **Suicide Prevention Awareness Month** event.

Denver Health reached a milestone by **performing 100 surgeries with the da Vinci Xi robotic system** in just 82 days, with the 100th surgery, a cholecystectomy, taking place on Sept. 9.

## OCTOBER



For the second year in a row, **Denver Health had the largest registered team** at the Komen More Than Pink Walk with 144 members.

Rebecca Hanratty, MD, was **appointed Chief Ambulatory Care Officer and CEO of Denver Community Health Services**, succeeding Simon Hambidge, MD, PhD. Duane Mata, DDS, assumed the role of **Associate Chief Ambulatory Care Officer** while continuing as chair of Dentistry.

Denver Health's Orthopedic team was **recognized as an Orthopedic Center of Excellence** by the global health care accreditation agency DNV after a rigorous review.

The Department of Health and Human Services awarded **Denver Health's Denver Community Health Services a \$1.28 million grant to expand its Teaching Health Center Graduate Medical Education program**, adding eight new residents to serve underserved communities in Denver.

**Denver Health unveiled a portrait of former Denver Mayor Federico F. Peña** at the Federico F. Peña Family Health Center. CEO Donna Lynne highlighted Peña's dedication to serving the underserved, and Peña praised the health center's work,

noting its significant impact on the community since opening in 2016.



## NOVEMBER



Denver Health received essential support from voters with the **passage of 2Q**, a .034% sales tax that will provide critical funding to help close the gap in uncompensated care for critical services including trauma and emergency care, primary and pediatrics care, mental health care, and substance use treatment and recovery services.

**Denver Health's Adult and Child/Adolescent Mental Health teams have expanded services** through a SAMHSA grant, including psychotherapy, medication management and case management.

**Denver Health launched the Diagnostic Excellence Program** to improve testing accuracy, clinical decisions and patient outcomes, focusing on timely testing and optimized antibiotic use.

## DECEMBER



**Denver Health hosted a panel, "Health Care 2025: Preparing for Change,"** with leaders discussing

challenges like Medicaid uncertainty, health care worker shortages and funding for community health centers.

Denver Health physicians Michael Frank, MD, and Rebecca Hanratty, MD, **received a \$1 million HRSA award to enhance primary care access for individuals soon to be released from incarceration.**

**Denver CARES wrapped up the year successfully supporting 644 individuals** in transitioning to treatment facilities, providing personalized care, ensuring necessary documentation, assisting with virtual interviews and offering transportation to ensure a smooth, supportive handoff for their recovery journey.

The **Denver Sheriff Health Services team provided compassionate health care within the Denver jails, with 30 staff members earning the Certified Correctional Health Professional certification**, recognizing their mastery of national standards in correctional health care, while also achieving 100% compliance in a 2024 American Correctional Association audit.



**At the 12th Annual National Vigil for Victims of Gun Violence, hosted by Denver Health**, Mayor Mike Johnston highlighted gun violence as the leading cause of death for children in the U.S. Denver Health's Claudia Kunrath, MD, medical director of Denver Health's Pediatric Intensive Care Unit, emphasized its impact on youth, while the health system continues efforts like the AIM program and mental health support to combat gun violence and aid affected families.

**Denver Health installed a new SPECT/CT scanner in Pavilion A**, marking a significant upgrade to its nuclear medicine systems.





03

## Denver Health Performance

## Article V

### 5.1 Annual Report of the Denver Health and Hospital Authority to the City

The Authority shall deliver a written annual report to the City within six months of the end of its Fiscal Year, commencing with Fiscal Year 1998, which report shall include:

A. The latest financial statements of the Authority which have been audited by an independent auditing firm selected by the Authority.

**Response: Criteria met**

The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2024 financial statements are presented in Section 18 of this report.

B. An executive summary of the results of all regulatory and accreditation surveys with respect to the Authority which have been completed during such last Fiscal Year.

**Response: Criteria met**

A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented in Section 03 of this report.

C. A report of the disposition of all matters regarding the Authority that have been referred to the Liaison by the Mayor or any member of City Council during such Fiscal Year.

**Response: Criteria met**

All matters referred to the Liaison have been promptly addressed.





**DENVER HEALTH REGULATORY SURVEYS 2024**

<b>Organization</b>	<b>DH Program/Site or Issue Surveyed</b>	<b>Survey/ Inspection Date</b>	<b>Term</b>
CDPHE / Radioactive Materials Unit	Denver Health Pav A	2/6/2024	2 years
CDPHE / Radioactive Materials Unit	Denver Health Pav L	2/6/2024	2 years
CDPHE/Mammography Quality Standards Act	Denver Health Mammography and Mobile Mammography clinic	9/17/2024	1-2 years
CDPHE/Mammography Quality Standards Act	Denver Health Pav L Mammography clinic	9/17/2024	1-2 years
Colorado State Board of Pharmacy	Park Hill Family Health Center	4/25/2024	1-2 years
Colorado State Board of Pharmacy	Lowry Family Health Center Pharmacy	5/17/2024	1-2 years
Colorado State Board of Pharmacy	La Casa-Quigg Newton Health Center Pharmacy	8/1/2024	1-2 years
Colorado State Board of Pharmacy	Denver Health Central Fill Pharmacy	10/10/2024	1-2 years
Colorado State Board of Pharmacy	Federico F. Pena Family Health Center	10/18/2024	1-2 years
Colorado State Board of Pharmacy	Westside Neighborhood Health Center	10/18/2024	1-2 years
Colorado State Board of Pharmacy	Denver Health Primary Care Pharmacy	11/1/2024	1-2 years
Colorado State Board of Pharmacy	Eastside Neighborhood Health Center	11/14/2024	1-2 years
Colorado State Board of Pharmacy	Montbello Family Health Center Pharmacy	11/15/2024	1-2 years
Colorado State Board of Pharmacy	Denver Health Medical Center Hospital Pharmacy	12/10/2024	1-2 years
Colorado State Board of Pharmacy	Denver Health Medical Center Hospital Pharmacy	12/10/2024	1-2 years
Colorado State Board of Pharmacy	Denver Health Outpatient Medical Center Pharmacy	12/11/2024	1-2 years
Colorado State Board of Pharmacy	Denver Health Outpatient Medical Center Infusion and Clinics Pharmacy	12/11/2024	1-2 years
Denver Fire Department	Denver CARES 1155 Cherokee St	7/2/2024	1 year
Denver Fire Department	Abraham Lincoln High School	3/21/2024	1 year
Denver Fire Department	Denver Health Pav A	10/17/2024	1 year
Denver Fire Department	Denver Health Pav B	10/17/2024	1 year
Denver Fire Department	Denver Health Pav C	10/17/2024	1 year
Denver Fire Department	Denver Health Pav B resurvey	12/19/2024	1 year
Denver Fire Department	Denver Health Davis Pavilion	10/21/2024	1 year
Denver Fire Department	Denver Health Pav G	10/21/2024	1 year
Denver Fire Department	Denver Health Pav H	10/21/2024	1 year
Denver Fire Department	Denver Health 601 N Acoma (garage)	10/21/2024	1 year
Denver Fire Department	Denver Health Pav I	10/21/2024	1 year
Denver Fire Department	Denver Health Pav J	10/21/2024	1 year
Denver Fire Department	Denver Health Receiving Dock (Mason's Building)	10/21/2024	1 year
Denver Fire Department	Denver Health Delaware Garage	10/21/2024	1 year
Denver Fire Department	Denver Health Bond Trailer	10/21/2024	1 year
Denver Fire Department	Denver Health Boiler House	10/17/2024	1 year
Denver Fire Department	Denver Health 675 N Acoma (garage)	10/17/2024	1 year
Denver Fire Department	North High School	10/4/2024	1 year
Denver Fire Department	Place Bridge Academy	9/19/2024	1 year
Denver Fire Department	Kepner Middle School	9/17/2024	1 year
Denver Fire Department	John F Kennedy High School	8/22/2024	1 year
Denver Fire Department	West High School	8/15/2024	1 year
Denver Fire Department	Martin Luther King Early College	8/13/2024	1 year
Denver Fire Department	Crittenton High School	8/12/2024	1 year
Denver Fire Department	Bruce Randolph Middle School	8/8/2024	1 year
Denver Fire Department	Denver Health 601 Broadway	8/1/2024	1 year
Denver Fire Department	Eastside Family Health Center	7/3/2024	1 year
Denver Fire Department	Denver Health Downtown Clinic (DUCC)	5/10/2024	1 year
Denver Fire Department	City and County Jail	5/29/2024	1 year

**DENVER HEALTH REGULATORY SURVEYS 2024**

Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Denver Fire Department	Denver Detention Center	5/28/2024	1 year
Denver Fire Department	Denver Health Fleet Garage	5/16/2024	1 year
Denver Fire Department	Montbello High School	5/2/2024	1 year
Denver Fire Department	Denver Safe Center	3/19/2024	1 year
Denver Fire Department	Denver Health Rita Bass	10/21/2024	1 year
Denver Fire Department	Quivas Warehouse	10/24/2024	1 year
Denver Fire Department	Denver Health Pav K	10/22/2024	1 year
Denver Fire Department	Denver Health Pav M	10/22/2024	1 year
Denver Fire Department	LaCasa Family Health Center	4/29/2024	1 year
Denver Fire Department	Lowry Family Health Center	5/30/2024	1 year
Denver Fire Department	Montbello Family Health Center	4/4/2024	1 year
Denver Fire Department	Park Hill Family Health Center	4/11/2024	1 year
Denver Fire Department	Pena Southwest Family Health Center	5/7/2024	1 year
Denver Fire Department	Sloan's Lake Family Health Center	4/10/2024	1 year
Denver Fire Department	Westside Family Health Center	6/18/2024	1 year
Denver Fire Department	Westwood Family Health Center	4/9/2024	1 year
East Grand Fire Department	Alpine Clinic	10/4/2024	1 year
EcoSure	Good Day Café	1/25/2024	1 year
EcoSure	Good Day Café	11/1/2024	1 year
Signal Behavioral Health Network	OBHS 667 Bannock Street (Methadone program)	4/10/2024	1 year
Signal Behavioral Health Network	Denver CARES 1155 Cherokee St	4/21/2024	1 year
Vaccines For Children / CDPHE Site Visit	Denver School Based Health/DHIP	2/16/2024	2 years
Vaccines For Children / CDPHE Site Visit	Eastside Pediatric and Teen Clinic	11/18/2024	2 years
Vaccines For Children / CDPHE Site Visit	Montbello Family Health Center	11/15/2024	2 years
Vaccines For Children / CDPHE Site Visit	Park Hill Family Health Center	2/27/2024	2 years
Vaccines For Children / CDPHE Site Visit	Webb Pediatrics	1/4/2024	2 years
Vaccines For Children / CDPHE Site Visit	Abraham Lincoln High School	10/15/2024	2 years
Vaccines For Children / CDPHE Site Visit	Bruce Randolph Middle School	11/15/2024	2 years
Vaccines For Children / CDPHE Site Visit	Manual High School	4/30/2024	2 years
Vaccines For Children / CDPHE Site Visit	Thomas Jefferson High School	11/12/2024	2 years
Vaccines For Children / CDPHE Site Visit	East High School	3/18/2024	2 years
Vaccines For Children / CDPHE Site Visit	George Washington High School	11/12/2024	2 years
Vaccines For Children / CDPHE Site Visit	Westwood Family Health Center	12/20/2024	2 years

**DENVER HEALTH UNANNOUNCED REGULATORY VISITS 2024**

Organization	DH Program/Site or Issue Surveyed	Survey/Inspection Date	Outcome
CDPHE	Licensure/ certification complaint	1/24-1/25/2024	Zero deficiencies
CDPHE	Nuclear Med Radioactive Material Review	2/6-2/8/2024	Zero deficiencies
CDPHE	Licensure / certification complaint	6/24-6/25/2024	Zero deficiencies
The Joint Commission	Hospital Lab Survey (5 day)	1/22-1/26/2024	Findings with action plans (completed)
The Joint Commission	Complaint/ Review of RCA process	5/30/2024	Zero deficiencies

DENVER HEALTH UNANNOUNCED REGULATORY VISITS 2023			
Organization	DH Program/Site or Issue Surveyed	Survey/Inspection Date	Outcome
CDPHE	Licensure/ certification complaint	8/22-8/28/2023	Zero deficiencies
CDPHE	Licensure/certification complaint	9/13-9/20/2023	Zero deficiencies
CDPHE	Licensure complaint / certification complaint	10/3-10/4/2023	Zero deficiencies
CDPHE	EMTALA	11/30-12/13/2023	Zero deficiencies
CDPHE	Licensure complaint / certification complaint	11/30-12/13/2023	One deficiency cited (1/17/2024 re-visit – completed)
CDPHE	CDPHE Hazardous Material and Waste Management Division	5/17/2023	Findings with action plans (completed)
DDPHE	Health inspection in Good Day Café	3/14/2023	1 finding identified, corrected during survey, no re-visit needed.
Drug Enforcement Agency	Medication Assisted Treatment	1/17/2023	Zero deficiencies
The Joint Commission	Hospital Survey (4 day)	4/1/2023	Findings with action plans (completed)
The Joint Commission	Behavioral Health Care & Human Services	1/26/23 - 1/27/23	Findings with action plans (completed)







04

**A-1**  
**Patient Care**  
**Services**



## Appendix A-1 Patient Care Services

### 1.5 Performance Criteria

**A.** The Authority shall submit an annual report to the City which includes the data indicated below in the Performance Criteria tables in 1.5(g) and 1.5(h) for the year just ended, as well as the two previous Fiscal Years, by May 1 following the reporting year.

#### Response: Criteria met

The Authority respectfully submits for consideration the *2024 Report to the City* dated April 25, 2025 in compliance with the 2024 Operating Agreement performance reporting requirements.

### G. Performance Criteria Table - Clinical

(I-W numbering follows the Authority's annual report).

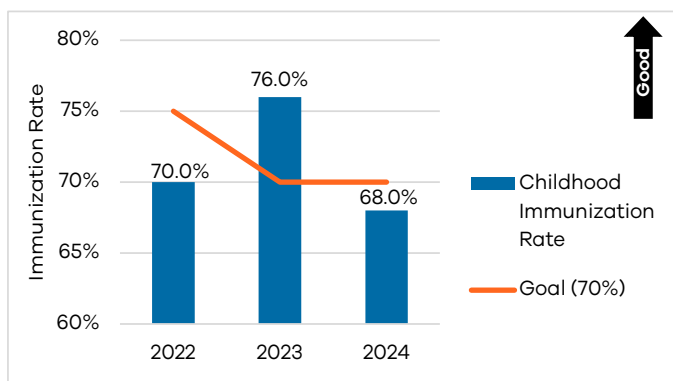
For all criteria, active patients are defined as empaneled patients who have had a Primary care visit in the past 18 months.

For performance criteria without goals or targets, a trend line is provided.

#### 1.5I Childhood Immunization Rate

**Goal:** At least 70% of patients with at least one medical visit in the last year who became 24 mos of age in last year who have received 4 DTap, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal immunizations, 1 Hepatitis A, and 2 or 3 Rotavirus by 24 mos of age.

#### Response: Criteria met.



#### Variance Explanation

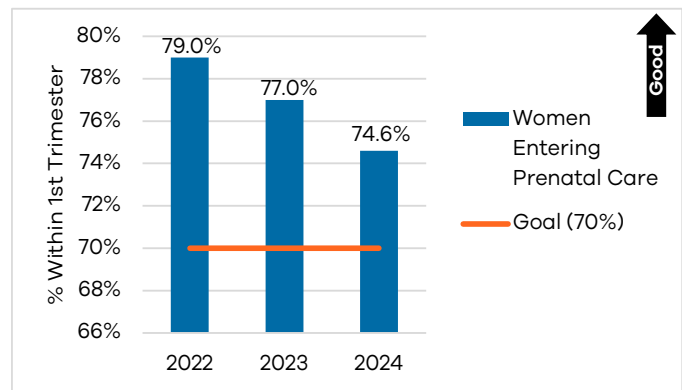
In 2024, DH Ambulatory Care Services (ACS) saw a significant decrease in vaccination rates which follows national trends. In addition to a rise in vaccine hesitancy, ACS noted a large discrepancy of about 5% in vaccination rates for patients born outside DH. This is related to the ability to be seen at DH clinics in a timely manner for the first vaccine (Rotavirus). To address this, ACS launched proactive

patient outreach with a focus on Rotavirus, adopted presumptive vaccination scripting for Medical Assistants (MAs), and collaborated with external hospitals to streamline appointment scheduling. These tactics led to an increase in vaccination rates in the last quarter of 2024.

#### 1.5J Percent Women Entering Prenatal Care

**Goal:** At least 70% of women will begin care within the 1st trimester.

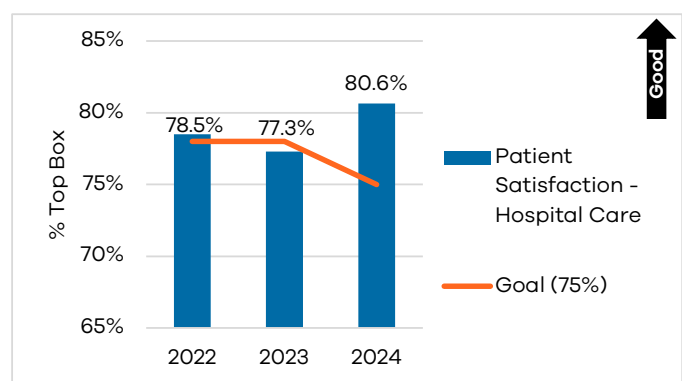
#### Response: Criteria met



#### 1.5L Patient Satisfaction

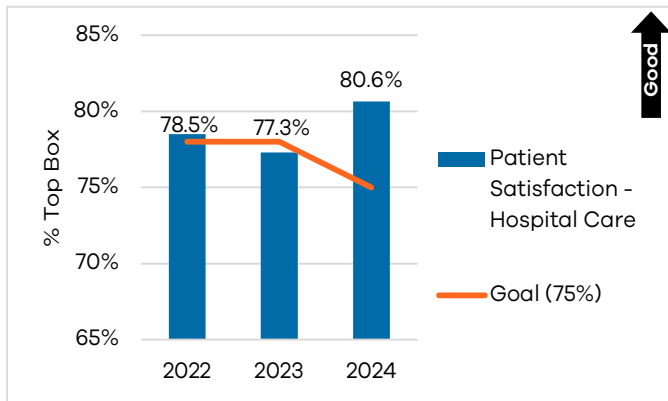
**Goal - Ambulatory Care:** The top box patient experience "Likelihood to Recommend" score in primary care will be 75% or greater.

#### Response: Criteria met



**Goal - Hospital Care:** 75% of hospitalized patients will respond with a 9 or a 10 ("top box") for overall rating of the hospital.

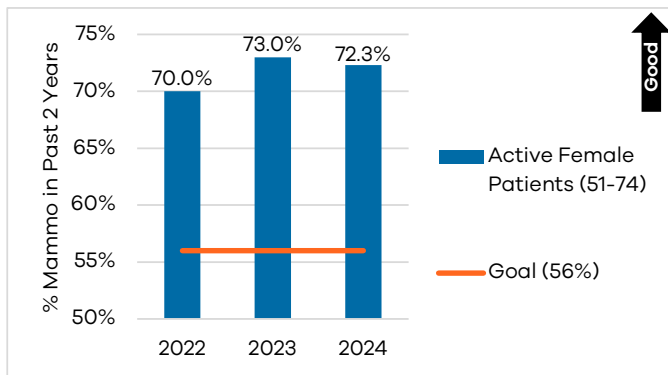
#### Response: Criteria met



### 1.5M Breast Cancer Screening

**Goal:** 56% of active female patients age 51 to 74 years will have a mammogram in the past 2 years.

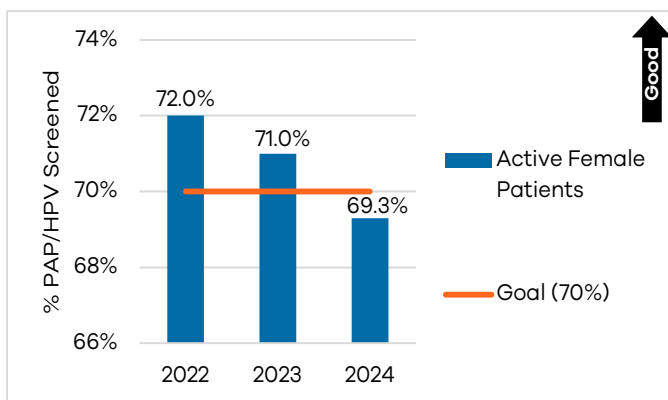
**Response:** Criteria met



### 1.5N Cervical Cancer Screening

**Goal:** 70% of active female patients age 24-64, will have had a PAP test in the past three years or a PAP+HPV in the past 5 years (age 30-64).

**Response:** Criteria not met



#### Variance Explanation:

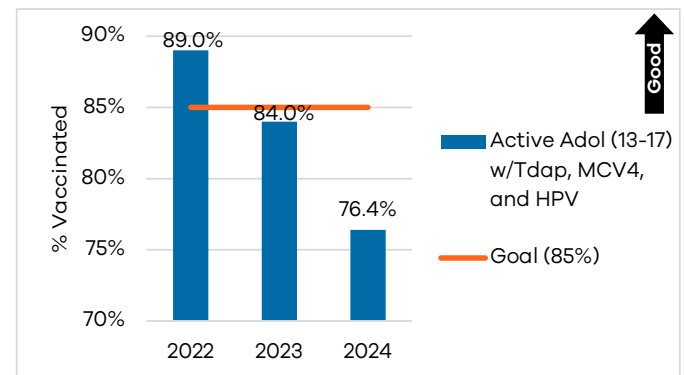
ACS observed a decline in cervical cancer screening rates in late 2024, reaching rates below 70%. The most significant challenge was within

the Obstetrics & Gynecology Clinic, where rates were 14% lower than other clinics. Improvement strategies included streamlining record updates, empowering MAs to drive screening through best practice alerts and opportunistic screening, and deploying the Women's Mobile Health Clinic. To ensure effectiveness of these strategies, ACS is prioritizing filling MA vacancies, as their role is key to success of these efforts.

### 1.5O Adolescent Vaccinations

**Goal:** 85% of active adolescent patients, age 13-17, will have at least one dose each of Tdap, MCV4, and HPV vaccine.

**Response:** Criteria not met



#### Variance Explanation:

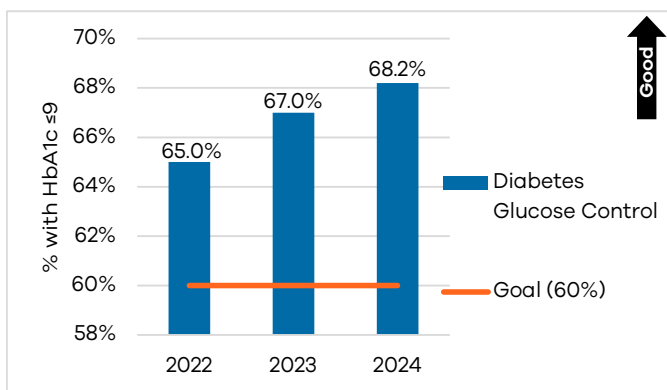
The decrease in performance relative to the target goal is attributed to the revised metric definition, which now requires the inclusion of two HPV detections instead of one. ACS will maintain the current process. ACS anticipates that performance may continue to decline because this metric covers an 18-month period and patients who received the previous vaccine series will need to "time out".

### 1.5P Diabetes Monitoring

A "diabetic patient" is an adult in the diabetes registry with at least one diagnosis code for diabetes in the last 18 months.

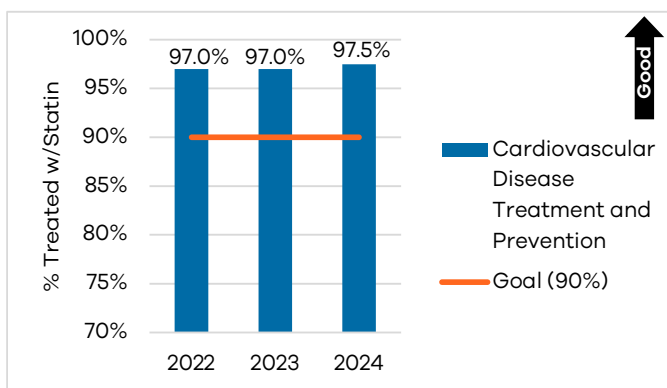
**Goal - Diabetes Glucose Control:** 60% of Diabetic patients will have an HbA1c < 9.

**Response:** Criteria met



**Goal - Cardiovascular Disease Treatment and Prevention:** 90% of Diabetic patients will receive guideline-adherent treatment with statin medication.

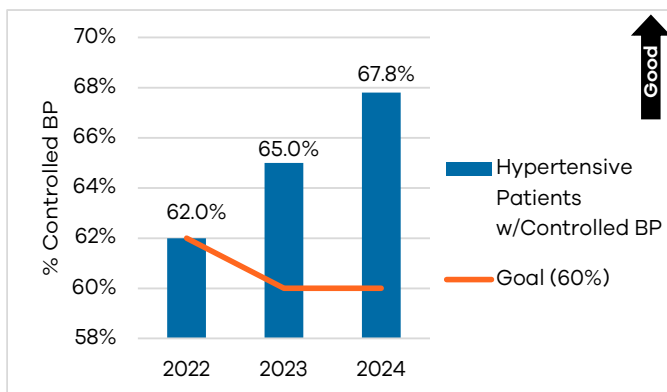
**Response: Criteria met**



### 1.5Q Hypertension Control

**Goal:** 60% of patients identified with hypertension will have their blood pressure under control as defined by current standards.

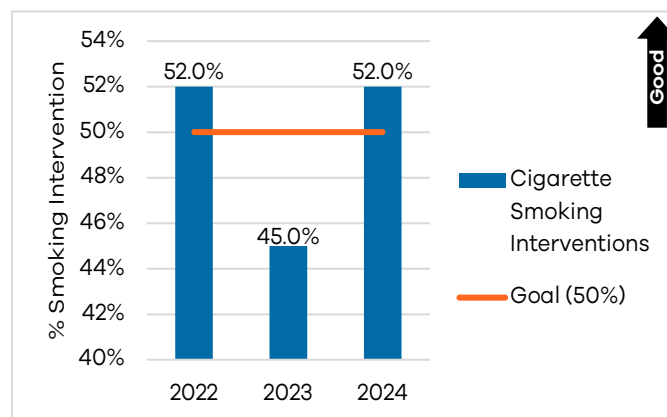
**Response: Criteria met**



### 1.5R Cigarette Smoking Interventions

**Goal:** At least 50% of patients 11 years and older who smoke, had a visit in their medical home in the last month (and at least one other in the past year) and who received an approved cessation intervention anywhere at Denver Health in the past 6 months.

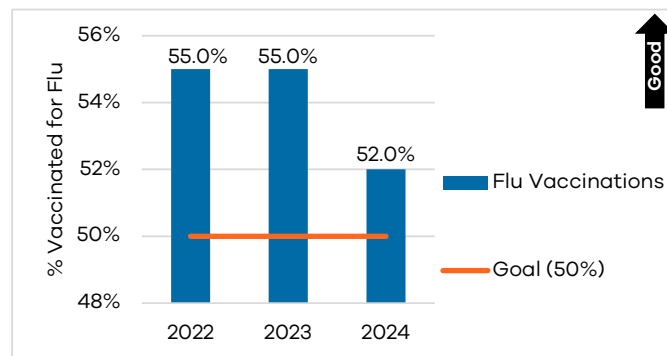
**Response: Criteria met**



### 1.5S Flu Vaccinations

**Goal:** 50% of patients, 6 months of age or older who have had a visit to a primary care clinic during the influenza season and who do not have a contraindication to vaccination will receive the influenza vaccine.

**Response: Criteria met**



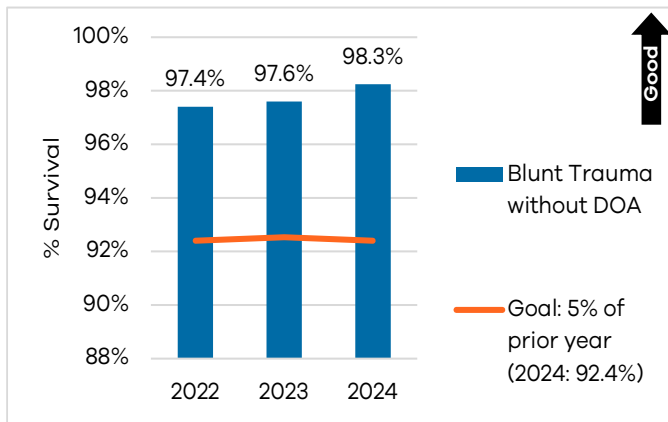
### 1.5T Survival with Trauma

Survival rate for blunt and penetrating trauma among patients who are not dead on arrival (DOA) will be maintained within 5% of prior year experience.

**Goal - Blunt:** Survival rate for blunt trauma will be maintained within 5% of 2023 experience, which was 97.6%.

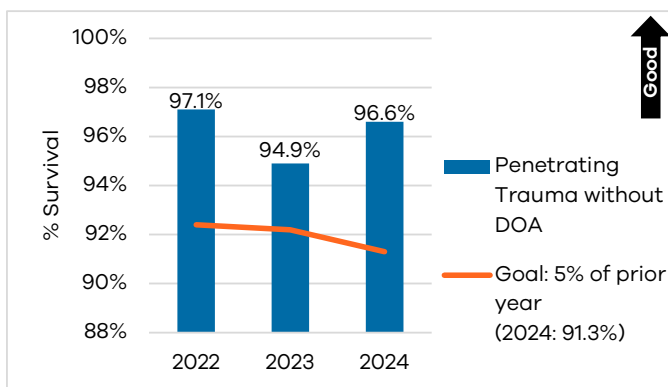
**Response: Criteria met**





**Goal - Penetrating:** Survival rate for penetrating trauma will be maintained within 5% of 2023 experience, which was 94.9%

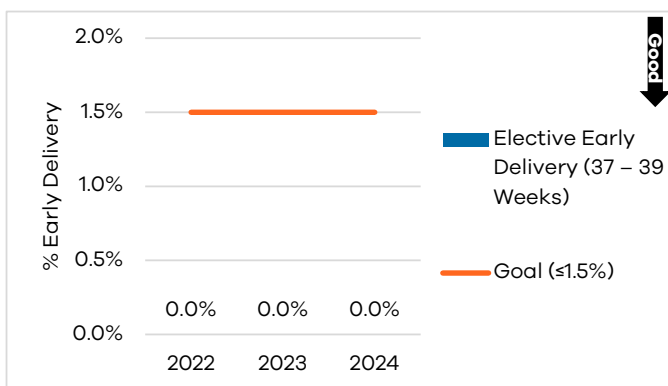
**Response: Criteria met**



### 1.5U Clinical Quality Measures. Early Elective Delivery between 37-39 Weeks Gestation

**Goal:** The rate of elective delivery between 37-39 weeks as defined by The Joint Commission measure PC-01 will be maintained at 1.5% or lower.

**Response: Criteria met**



### 1.5V Hospital-Acquired Infection Rates. Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)

**Goal - Medical Intensive Care Unit:** Risk-adjusted rate that is the same or better than the national Medical ICU rate per the National Healthcare Safety Network.

**Goal - Trauma Intensive Care Unit:** Risk-adjusted rate that is the same or better than the national Trauma ICU rate per the National Healthcare Safety Network.

**Response: Criteria met**

Contract Criterion	2022	2023	2024
<b>Hospital-Acquired Infection Rates</b>			
Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)			
Medical Intensive Care Unit	Same	Same	Same
Trauma intensive Care Unit	Same	Same	Same

### 1.5W HIV Prevention - Pre and Post Exposure


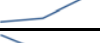



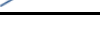








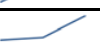
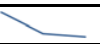

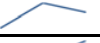
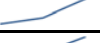






**Response: Criteria met**

Contract Criterion	2021	2022	2023
<b>HIV Prevention - Pre and Post Exposure</b>			
Number of persons started on Pre-Exposure Prophylaxis (PrEP) in STD Clinic/Ambulatory Care	724	1230	1104
Number of persons who receive non-occupational Post-Exposure Prophylaxis (PEP) in STD Clinic only	105	105	143

## H. Performance Criteria Table - Ambulatory Encounters (1.5 numbering follows the Authority's annual report)

### Response: Criteria met

See table below for details.

Statistic	2022	2023	2024	Trend
DH Medicaid Choice Average Monthly Enrollment	110,350	101,462	74,098	
Inpatient Admissions	21,374	22,235	27,120	
Inpatient Days (Equivalent Census Days)	129,678	127,409	126,459	
Emergency Room Encounters	84,700	90,334	99,626	
Urgent Care Visits <sup>1</sup>	102,979	108,816	106,331	
ER Cost/Visit	\$1,035	\$1,215	\$1,153	
Top 25 DRGs for MI population	See Final DRG Table			
NICU days	5,782	5,304	5,333	
CT Scans	69,384	76,283	54,743	
MRIs	17,434	18,447	17,699	
Outpatient Surgeries	9,225	10,551	10,317	
<b>Ambulatory Care Encounters</b> (reported volumes are building-based)				
Ambulatory Care Center <sup>2</sup>	210,060	221,595	234,432	
Webb Center for Primary Care <sup>3</sup>	81,703	88,012	96,053	
Gipson Eastside Family Health Center <sup>4</sup>	82,582	82,675	85,458	
Sandos Westside Family Health Center <sup>5</sup>	80,134	81,433	85,769	
Lowry Family Health Center <sup>6</sup>	54,032	60,279	61,573	
Montbello Health Center <sup>6</sup>	39,585	39,854	42,088	
Park Hill Family Health Center <sup>6</sup>	21,721	19,694	19,396	
La Casa/Quigg Newton Family Health Center <sup>7</sup>	24,358	22,622	24,386	
Westwood Family Health Center <sup>7</sup>	22,793	23,276	23,095	
Federico Pena Family Health Center <sup>8</sup>	83,689	84,467	86,925	
Sloan's Lake Health Center <sup>9</sup>	14,092	15,685	18,726	
Other <sup>10</sup>	241,728	269,294	318,609	
OP Behavioral Health Visits <sup>11</sup>	230,538	221,133	246,630	
<b>Total Ambulatory Care Encounters</b>	<b>1,187,015</b>	<b>1,230,019</b>	<b>1,343,140</b>	
OP Pharmacy Cost/per patient	\$85	\$81	\$85	
<sup>1</sup> Includes Adult Urgent Care Clinic (AUCC), Downtown Urgent Care (DUC), Pediatric Urgent Care (PEDUC), Pena Urgent Care, and Virtual Urgent Care <sup>2</sup> Includes ACS services provided in Outpatient Medical Center (OMC): Adult, AUCC, Dental, ENT, Eye, IBH (Integrated Behavioral Health) NOTE: OMC opened in Q2 2021; reported 2020 volume is from Davis pavilion clinics that relocated to OMC. <sup>3</sup> Includes ACS services: Adult, Geriatrics, IOC, Pediatrics, Pediatric Dental, Pediatric Specialty <sup>4</sup> Includes ACS services: Adult, Dental, IBH, Pediatrics, Rehab, and Womens Care <sup>5</sup> Includes ACS services: Adult, Dental, IBH, Pediatrics, Rehab, and Womens Care <sup>6</sup> Includes ACS services: Dental, Family Medicine, and IBH <sup>7</sup> Includes ACS services: Family Medicine and IBH <sup>8</sup> Includes ACS services: Dental, Family Medicine, IBH, and Urgent Care <sup>9</sup> New Denver Health Clinic not identified in current Operating Agreement language. Location opened Q3 2020. Includes ACS services: Family Medicine and IBH <sup>10</sup> Includes services at clinics not included in building-based volumes: Chanda, Rose Andom, all Mobile Clinics, SBHC, SAFE (FCC), MHCD, Pav B/C Women's Care, AUCC, Ortho, OT, PT, and ST <sup>11</sup> Includes OBHS clinics: DH PAV G CHILD MEN, DH PAV G STEP, DH PAV K METHADONE, DH PAV K SUBOXONE, DH PAV L ADT BEHHEALTH as well as Methadone and Suboxone doses. Prior year totals revised due to calculation error.				

I. The Authority's Medical Center's observed total inpatient mortality will be the same or better than the expected as measured by Vizient, the largest member-driven health care performance improvement company in the country.

**Response: Criteria met**

For the most recent full year of data available from Vizient (January 2024-December 2024), Denver Health's observed inpatient mortality was 29% better than the expected mortality, adjusted for patient complexity.

J. The Authority will maintain appropriate accreditation for the major national accrediting organizations as a measure of quality care.

**Response: Criteria met**

Denver Health maintains full accreditation from The Joint Commission on five distinct regulatory surveys covering 1) the hospital and specialty clinics, 2) the federally qualified health centers and school-based clinics, 3) the hospital laboratory, 4) the ambulatory care services laboratory, and 5) the opioid treatment program. In 2024, The Joint Commission conducted surveys of all outpatient laboratories, resulting in maintenance of full accreditation.

K. The Authority will maintain national Residency Review Committee accreditation for its training programs.

**Response: Criteria met**

Denver Health enjoys Continued Accreditation from ACGME for its three accredited medical residencies, Approval without Reporting Requirements from CODA for its three dental residencies, and Transferred Accreditation from CPME for its podiatry residency. In addition, Denver Community Health Services has received initial Accreditation for a new Family Medicine residency it opened in June 2024. As a Sponsoring Institution, Denver Health was awarded a 10 year Continued Accreditation period by the ACGME, the longest possible tenure.

L. The Authority will include in the May 1 annual report, a schedule of the number of patients treated during the reporting year by county, gender and ethnicity. The Authority will develop a report of the same data by census tract or zip code for Denver users. A separate report will be prepared detailing the same information for the homeless.



**Response: Criteria met**













































































See tables on the following pages for details.

L.

Top 25 DRG's for Medically Indigent Population					
2024 Rank	DRG#	DRG NAME	Total	2023 Rank	2022 Rank
1	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	121	1	2
2	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	105	7	7
3	885	PSYCHOSES	96	3	1
4	807	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	92	2	5
5	640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITH MCC	63	11	16
6	189	PULMONARY EDEMA AND RESPIRATORY FAILURE	54	10	N/A
7	392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	49	4	N/A
8	897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT	49	15	15
9	917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	46	5	10
10	419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT	46	9	14
11	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	44	6	3
12	193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	38	25	11
13	494	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITHOUT CC/MCC	37	15	26
14	621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	36	12	4
15	896	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC	32	21	20
16	795	NORMAL NEWBORN	30	15	22
17	291	HEART FAILURE AND SHOCK WITH MCC	29	N/A	N/A
18	639	DIABETES WITHOUT CC/MCC	28	23	N/A
19	683	RENAL FAILURE WITH CC	27	N/A	N/A
20	806	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	27	N/A	N/A
21	853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES WITH MCC	26	N/A	N/A
22	603	CELLULITIS WITHOUT MCC	26	8	12
23	202	BRONCHITIS AND ASTHMA WITH CC/MCC	26	N/A	7
24	638	DIABETES WITH CC	26	N/A	N/A
25	153	OTITIS MEDIA AND URI WITHOUT MCC	26	N/A	N/A























































L.

Unduplicated Users and Patient Visits by Colorado County				
	2022	2023	2024	Trend
Total Unduplicated Users	262,119	269,258	274,197	
Total Visits	1,269,472	1,323,274	1,402,178	



Unduplicated Users and Patient Visits by Colorado County								
	2022		2023		2024		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	26,469	126,503	27,253	130,941	28,554	135,375		
Alamosa	33	108	31	90	31	102		
Arapahoe	30,072	143,223	31,511	147,979	31,786	150,974		
Archuleta	7	84	10	21	17	35		
Baca	4	8	2	8	2	7		
Bent	8	29	12	60	9	87		
Boulder	1,650	5,782	1,618	5,545	1,706	6,033		
Broomfield	770	3,040	780	3,040	854	3,585		
Chaffee	47	97	39	102	40	80		
Cheyenne	5	19	4	6	6	9		
Clear Creek	140	520	148	542	144	551		
Conejos	14	42	16	28	19	69		
Costilla	11	36	14	38	13	35		
Crowley	5	28	3	17	4	8		
Custer	7	36	9	34	7	24		
Delta	25	68	19	38	24	51		
Denver	163,550	826,591	166,423	861,647	177,221	951,500		
Dolores	1	3	4	5	0	0		
Douglas	2,954	12,093	3,073	12,567	3,127	12,398		
Eagle	244	601	223	493	210	570		
El Paso	1,185	3,276	1,315	3,879	1,306	3,872		
Elbert	115	405	118	406	121	439		
Fremont	36	127	42	154	45	152		
Garfield	79	241	80	281	92	210		
Gilpin	61	164	48	151	67	275		
Grand	1,112	4,161	1,016	3,878	1,312	5,749		
Gunnison	21	40	26	53	30	47		
Hinsdale	1	3	0	0	0	0		
Huerfano	10	28	13	55	12	25		
Jackson	4	9	2	11	2	7		
Jefferson	23,568	110,964	23,482	113,078	23,869	118,209		
Kiowa	3	4	2	7	1	7		
Kit Carson	23	88	20	112	18	43		
La Plata	40	96	46	99	53	111		
Lake	43	98	33	68	57	137		
Larimer	528	1,206	570	1,458	601	1,482		
Las Animas	21	133	23	152	23	122		
Lincoln	52	194	41	137	38	113		
Logan	43	149	49	157	40	123		

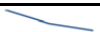















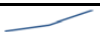















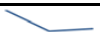







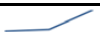







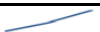































L.

Unduplicated Users and Patient Visits by Colorado County								
	2022		2023		2024		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	77	165	90	207	116	277		
Mineral	1	1	0	0	3	3		
Moffat	14	33	16	47	17	21		
Montezuma	21	47	10	45	13	69		
Montrose	23	58	26	51	36	122		
Morgan	130	401	128	456	135	537		
Otero	25	118	36	142	32	154		
Ouray	1	9	2	3	1	2		
Park	141	421	136	453	142	564		
Phillips	6	11	8	12	6	13		
Pitkin	21	23	13	50	10	39		
Prowers	16	57	18	77	15	55		
Pueblo	236	806	229	753	240	868		
Rio Blanco	4	30	5	9	6	31		
Rio Grande	33	118	27	52	17	41		
Routt	53	160	60	148	64	116		
Saguache	10	43	10	36	8	20		
San Juan	0	0	3	3	1	1		
San Miguel	9	16	6	13	9	15		
Sedgwick	7	38	6	27	6	35		
Summit	199	527	194	494	198	473		
Teller	34	90	19	66	23	58		
Washington	25	75	17	48	19	58		
Weld	1,367	5,242	1,436	5,151	1,584	5,916		
Yuma	17	36	13	19	13	17		
Blank/Unknown	6,688	20,650	8,632	27,575	22	57		
<b>Total</b>	<b>262,119</b>	<b>1,269,472</b>	<b>269,258</b>	<b>1,323,274</b>	<b>274,197</b>	<b>1,402,178</b>		

L.

Unduplicated Users and Patient Visits by Denver County Zip Code				
	2022	2023	2024	Trend
Total Unduplicated Users	169,910	173,638	179,676	
Total Visits	848,481	889,261	962,059	

Unduplicated Users and Patient Visits by Denver County Zip Code								
	2022		2023		2024		3-Year Trend	
Zip Code	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	154	949	144	936	139	626		
80202	3,730	13,924	3,667	14,150	3,968	15,622		
80203	5,680	25,000	5,804	26,431	6,032	30,683		
80204	19,423	98,676	20,615	102,726	20,961	110,215		
80205	10,346	52,668	10,690	54,363	10,830	56,875		
80206	2,724	12,226	2,680	13,173	2,736	13,444		
80207	4,298	23,090	4,072	22,068	3,914	21,848		
80208	16	41	29	81	20	53		
80209	2,563	10,540	2,421	10,538	2,498	11,221		
80210	2,633	11,306	2,665	12,316	2,722	12,827		
80211	6,587	31,828	6,699	32,897	6,972	35,897		
80212	2,208	11,104	2,262	11,322	2,313	12,544		
80216	5,711	29,909	5,881	29,981	6,164	33,097		
80217	40	112	38	130	43	199		
80218	3,673	16,336	3,541	16,615	3,589	18,608		
80219	30,357	164,431	29,809	168,488	29,867	176,621		
80220	5,249	26,575	5,475	28,064	5,693	32,196		
80222	3,157	16,528	3,271	17,593	3,503	19,355		
80223	7,896	43,499	7,861	44,788	8,071	47,170		
80224	3,055	14,980	3,264	16,804	3,785	19,880		
80227	3,881	19,358	3,838	20,039	3,843	20,704		
80230	1,262	6,325	1,297	6,208	1,349	7,132		
80231	5,607	26,664	6,132	30,516	7,192	38,251		
80235	726	3,726	696	3,833	679	3,814		
80236	3,868	19,527	3,739	20,140	3,809	21,304		
80237	2,162	10,550	2,172	10,610	2,286	11,902		
80238	1,666	7,372	1,873	8,757	2,015	10,124		
80239	16,155	77,971	16,469	84,228	16,658	87,255		
80243	4	7	7	29	5	8		
80244	3	25	4	6	6	12		
80246	2,101	10,616	2,474	12,411	3,005	15,659		
80247	4,762	23,580	5,038	26,002	5,288	28,487		
80248	4	16	6	24	2	4		
80249	8,133	38,620	8,940	42,675	9,664	48,072		
80250	36	310	30	218	23	266		
80251	1	1	0	0	2	2		
80252	1	1	1	1	0	0		
80256	0	0	2	2	1	1		
80257	1	1	0	0	1	7		
80259	1	2	1	7	1	1		
80261	11	23	6	12	6	20		
80262	2	7	1	2	0	0		
80263	2	7	4	15	1	2		
80264	1	2	0	0	2	14		



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Unduplicated Users and Patient Visits by Denver County Zip Code								
	2022		2023		2024		3-Year Trend	
Zip Code	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80265	0	0	0	0	1	1		
80266	3	6	2	3	1	9		
80271	0	0	0	0	0	0		
80273	0	0	0	0	0	0		
80274	5	22	7	27	4	8		
80281	1	3	2	10	2	3		
80290	2	2	1	7	1	2		
80291	1	3	1	3	0	0		
80293	3	5	2	3	1	1		
80294	4	6	4	7	6	10		
80299	1	1	1	2	2	3		
Total	169,910	848,481	173,638	889,261	179,676	962,059		





















































































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






































2024 Unduplicated Users and Visits by Sex Assigned At Birth and Race* (Colorado and Out-of-State Users**)					
		2024		3-Year Trend	
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
F	African-American	17,709	103,934		
F	Amer/Alaskan Native	968	6,914		
F	Asian	5,154	27,464		
F	Hispanic	78,225	466,189		
F	Native-Hawaiian	84	361		
F	Other	6,438	27,220		
F	Oth-Pacific-Islander	504	2,405		
F	Unknown	1,283	1,738		
F	White-Caucasian	39,420	190,684		
Female Total		149,785	826,909		
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
M	African-American	16,287	75,777		
M	Amer/Alaskan Native	756	4,371		
M	Asian	3,828	17,391		
M	Hispanic	63,172	288,514		
M	Native-Hawaiian	87	254		
M	Other	6,659	24,599		
M	Oth-Pacific-Islander	375	1,310		
M	Unknown	1,562	2,098		
M	White-Caucasian	39,846	170,369		
Male Total		132,572	584,683		
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
Unknown	African-American	32	121		
Unknown	Amer/Alaskan Native	3	6		
Unknown	Asian	7	22		
Unknown	Hispanic	98	575		
Unknown	Other	90	206		
Unknown	Oth-Pacific-Islander	0	0		
Unknown	Unknown	32	55		
Unknown	White-Caucasian	236	1,442		
Unknown Total		498	2,427		
Grand Total		282,855	1,414,019		
* Table uses Derived Race as identified by Epic					
**Out of State users and visits represent 8,658 and 11,841 respectively					

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HOMELESS Unduplicated Users and Patient Visits by Colorado County				
	2022	2023	2024	Trend
Total Unduplicated Users	8,475	14,093	16,277	
Total Visits	29,948	59,303	78,397	



HOMELESS Unduplicated Users and Patient Visits by Colorado County								
	2022		2023		2024		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	303	741	617	3,215	826	4,766		
Alamosa	0	0	2	5	3	16		
Arapahoe	356	1,153	773	4,326	1,029	6,461		
Archuleta	1	1	0	0	0	0		
Baca	0	0	0	0	0	0		
Bent	1	1	3	12	2	24		
Boulder	33	151	32	154	38	142		
Broomfield	6	16	11	27	14	135		
Chaffee	2	3	1	3	1	2		
Cheyenne	0	0	1	2	1	1		
Clear Creek	2	12	7	7	2	2		
Conejos	0	0	0	0	2	9		
Costilla	0	0	1	2	3	3		
Crowley	1	4	1	2	0	0		
Custer	0	0	0	0	0	0		
Delta	1	2	2	2	1	2		
Denver	7,274	26,361	11,654	47,465	13,384	61,699		
Dolores	0	0	2	3	0	0		
Douglas	19	70	39	172	62	391		
Eagle	0	0	1	1	3	6		
El Paso	19	53	64	152	41	156		
Elbert	2	2	3	3	4	8		
Fremont	1	6	1	1	1	5		
Garfield	0	0	1	10	2	19		
Gilpin	1	1	0	0	1	5		
Grand	6	8	12	27	8	15		
Gunnison	0	0	0	0	0	0		
Hinsdale	0	0	0	0	0	0		
Huerfano	0	0	0	0	0	0		
Jackson	0	0	0	0	0	0		
Jefferson	301	1,011	562	2,697	745	4,173		
Kiowa	0	0	1	6	0	0		
Kit Carson	0	0	0	0	0	0		
La Plata	1	1	0	0	2	7		
Lake	0	0	0	0	4	7		
Larimer	8	18	18	47	12	32		
Las Animas	2	4	1	1	1	2		
Lincoln	2	5	1	3	0	0		
Logan	1	1	3	4	4	26		















































































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HOMELESS Unduplicated Users and Patient Visits by Colorado County								
	2022		2023		2024		Trend	
County	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	6	10	7	32	5	6		
Mineral	0	0	0	0	0	0		
Moffat	0	0	1	1	0	0		
Montezuma	2	2	1	1	1	22		
Montrose	3	12	2	12	3	21		
Morgan	1	1	2	5	2	7		
Otero	4	9	3	7	4	13		
Ouray	0	0	0	0	0	0		
Park	0	0	5	66	5	28		
Phillips	1	2	1	2	0	0		
Pitkin	0	0	1	7	1	8		
Prowers	1	1	1	1	0	0		
Pueblo	7	11	9	38	6	27		
Rio Blanco	0	0	0	0	0	0		
Rio Grande	0	0	2	4	1	1		
Routt	2	30	0	0	1	1		
Saguache	0	0	0	0	0	0		
San Juan	0	0	0	0	0	0		
San Miguel	0	0	0	0	0	0		
Sedgwick	0	0	1	1	0	0		
Summit	3	7	3	10	2	2		
Teller	0	0	1	3	2	2		
Washington	0	0	0	0	0	0		
Weld	14	36	28	91	44	141		
Yuma	0	0	0	0	1	1		
Blank/Unknown	88	202	211	673	3	3		
<b>Total</b>	<b>8,475</b>	<b>29,948</b>	<b>14,093</b>	<b>59,303</b>	<b>16,277</b>	<b>78,397</b>		























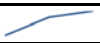





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























HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code				
	2022	2023	2024	Trend
Total Unduplicated Users	7,336	11,798	13,311	
Total Visits	26,507	48,027	61,394	

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
	2022		2023		2024		3-Year Trend	
Zip Code	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	28	120	20	204	20	33		
80202	111	519	112	649	219	1,075		
80203	185	562	304	1,763	382	2,792		
80204	4,555	16,431	6,095	20,121	5,897	21,764		
80205	864	3,362	1,584	6,794	1,753	7,963		
80206	49	206	91	576	131	678		
80207	54	173	108	576	119	767		
80208	1	1	7	16	5	9		
80209	25	100	38	305	46	370		
80210	36	114	83	268	75	476		
80211	128	444	278	1,058	433	1,954		
80212	41	180	60	240	68	386		
80216	154	537	315	1,480	450	2,361		
80217	3	10	5	14	6	28		
80218	106	317	257	1,273	340	2,031		
80219	287	982	683	3,615	794	4,710		
80220	118	588	185	1,326	221	1,327		
80222	30	72	89	481	104	685		
80223	105	416	208	1,149	254	1,471		
80224	41	158	105	421	168	797		
80227	30	80	62	384	94	499		
80230	13	55	32	195	31	280		
80231	46	138	152	754	307	1,959		
80235	10	15	10	75	15	76		
80236	44	212	98	492	129	836		
80237	14	56	34	158	32	225		
80238	8	22	26	103	38	124		
80239	164	358	434	1,983	535	2,396		
80243	0	0	0	0	0	0		
80244	0	0	0	0	3	3		
80246	29	90	91	503	285	1,237		
80247	25	105	105	507	147	815		
80248	0	0	0	0	0	0		
80249	28	72	124	536	205	1,222		
80250	2	9	1	6	2	41		
80251	0	0	0	0	0	0		
80252	1	1	0	0	0	0		
80256	0	0	0	0	0	0		
80257	0	0	0	0	0	0		
80259	0	0	0	0	0	0		
80261	0	0	0	0	1	2		
80262	0	0	0	0	0	0		
80263	0	0	0	0	1	1		

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HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
	2022		2023		2024		3-Year Trend	
Zip Code	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80264	0	0	0	0	1	1		
80265	0	0	0	0	0	0		
80266	1	2	0	0	0	0		
80271	0	0	0	0	0	0		
80273	0	0	0	0	0	0		
80274	0	0	0	0	0	0		
80281	0	0	0	0	0	0		
80290	0	0	0	0	0	0		
80291	0	0	0	0	0	0		
80293	0	0	0	0	0	0		
80294	0	0	2	2	0	0		
80299	0	0	0	0	0	0		
<b>Total</b>	<b>7,336</b>	<b>26,507</b>	<b>11,798</b>	<b>48,027</b>	<b>13,311</b>	<b>61,394</b>		

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2024 HOMELESS Unduplicated Users and Visits by Sex Assigned At Birth and Race*							
Sex At Birth	Race	2024			3-Year Trend		
		Users	Total Visits**	Charges	Users	Visits**	Charges
F	African-American	795	4,386	\$ 15,684,905			
F	Amer/Alaskan Native	84	391	\$ 2,089,498			
F	Asian	69	514	\$ 1,413,160			
F	Hispanic	3,373	17,354	\$ 40,757,701			
F	Native-Hawaiian	0	0	\$ -			
F	Other	250	891	\$ 2,954,284			
F	Oth-Pacific-Islander	19	114	\$ 420,602			
F	Unknown	14	19	\$ 71,624			
F	White-Caucasian	1,613	8,940	\$ 40,737,084			
<b>Female Total</b>		<b>6,217</b>	<b>32,609</b>	<b>\$ 104,128,859</b>			
M	African-American	1,629	7,031	\$ 45,049,223			
M	Amer/Alaskan Native	137	979	\$ 8,662,577			
M	Asian	76	470	\$ 2,297,922			
M	Hispanic	4,057	16,834	\$ 71,078,215			
M	Native-Hawaiian	5	33	\$ 147,416			
M	Other	445	1,537	\$ 5,949,043			
M	Oth-Pacific-Islander	17	47	\$ 88,748			
M	Unknown	100	158	\$ 465,589			
M	White-Caucasian	3,712	18,996	\$ 122,226,643			
<b>Male Total</b>		<b>10,178</b>	<b>46,085</b>	<b>\$ 255,965,376</b>			
Unknown	African-American	2	17	\$ 11,913			
Unknown	Amer/Alaskan Native	-	-	\$ -			
Unknown	Hispanic	5	17	\$ 49,830			
Unknown	Other	5	14	\$ 8,163			
Unknown	Oth-Pacific-Islander	-	-	\$ -			
Unknown	White-Caucasian	10	32	\$ 66,439			
<b>Unknown Total</b>		<b>22</b>	<b>80</b>	<b>\$ 136,346</b>			
<b>Grand Total</b>		<b>16,417</b>	<b>78,774</b>	<b>\$ 360,230,581</b>			
* Table uses Derived Race as identified by Epic							



05

**A-2  
Emergency  
Medical  
Services**



## Appendix A-2 Emergency Medical Services

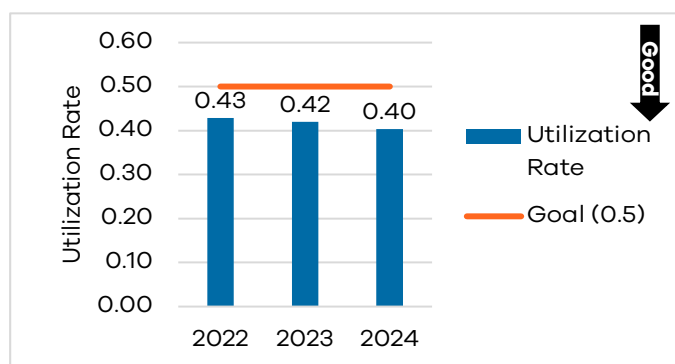
### 1.5 Performance Criteria

Each component of the Emergency Medical Response Services (EMRS), including the Authority and Department of Safety, and certain stakeholders, including the Mayor's Office, City Council, and the Auditor's Office, will designate representation on the EMRS Advisory Committee, which will meet regularly to monitor system performance, identify and recommend strategies for innovation and improvement, and provide the necessary collaboration and accountability to ensure continued high delivery of EMS responses and services. The parties are committed to continuing improvements to overall system performance. The parties further agree to monitor all aspects of EMRS performance, including response times and clinical outcomes, and to work with each other in good faith to identify potential options to achieve the desired EMRS performance, which options may include but are not limited to, revisiting the current EMRS performance metrics, staffing or scheduling changes, alternative response mechanisms, equipment and infrastructure investments.

#### Response: Criteria met

A. The Utilization/Hour rate will be at or below 0.5 transports/hour (system wide).

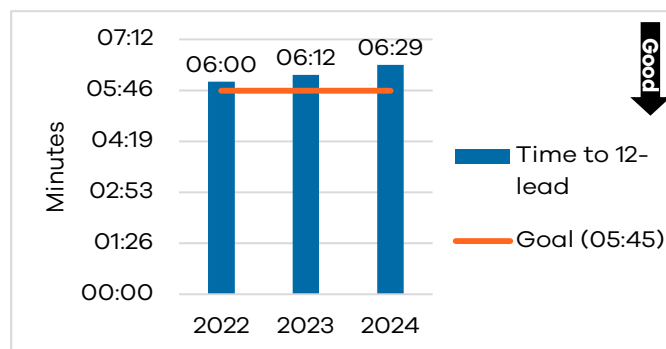
#### Response: Criteria met



(v) Authority's Clinical Criteria. The following clinical performance measures for each call will be reported by the Authority in its quarterly performance report:

1. Median elapsed target of 5 minutes 45 seconds or fewer from paramedics' arrival time to initial recording of 12 lead ECG for suspected cardiac chest pain.

#### Response: Criteria not met

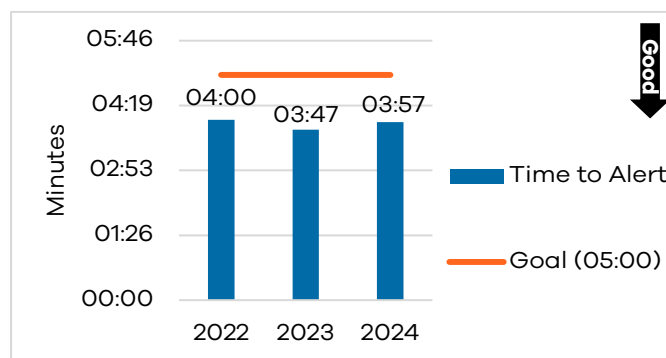


#### Variance Explanation:

Accurate data collection for 12-lead EKG times remained a challenge in 2024, as this data is often manually entered by personnel. Denver Health Paramedic Division (DHPD) will continue to educate on accurate data collection and is exploring the national standard for this metric to evaluate whether this goal is appropriately set.

2. Median elapsed target of 5 minutes or fewer from qualifying 12 lead ECG to hospital notification for patients meeting STEMI (cardiac alert) criteria (targets to be added).

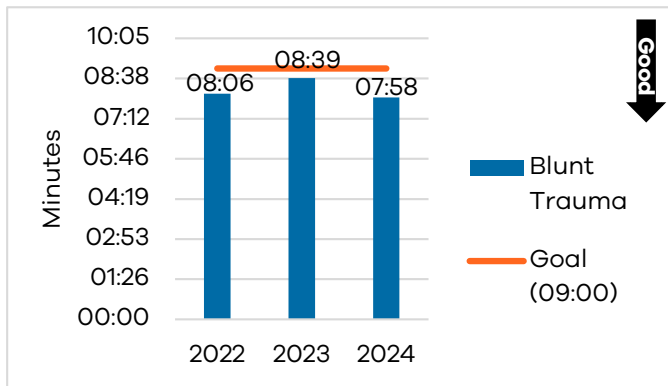
#### Response: Criteria met



3. Median elapsed transport ambulance scene time of 9 minutes or fewer from time of arrival to departure for blunt trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

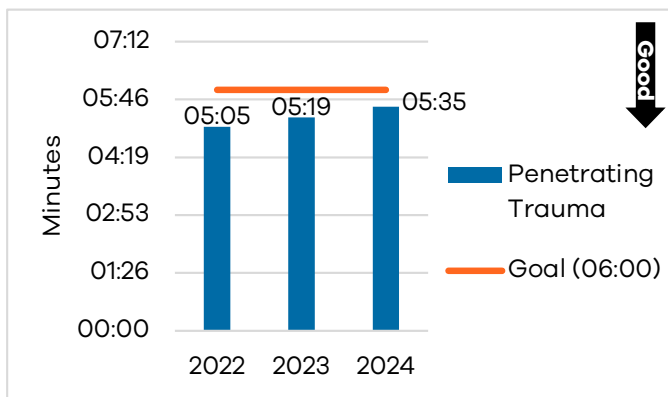
#### Response: Criteria met





4. Median elapsed transport ambulance scene time of 6 minutes or fewer from time of arrival to departure for penetrating trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.


**Response: Criteria met**



Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition for long-term performance purposes and with appropriate identification of comparison date ranges and lags in comparison reporting.

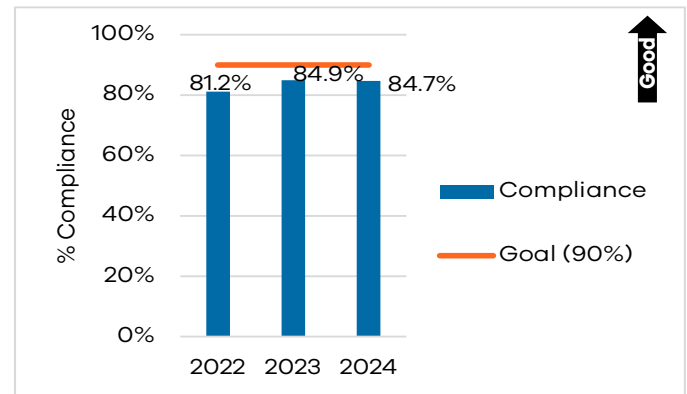
**Response:**

Criteria disposition pending data availability.

Utstein	2022	2023	2024	Trend
Actual	41.9	37.0 *		
*Data unavailable until after 4/30/2025				

5. The Authority shall be responsible for meeting its time and clinical performance criteria. The Authority can meet its response time performance criteria by meeting the 9-minutes ALS Response time of 90% from unit assigned to unit arrived.

**Response: Criteria not met**



**Variance Explanation:**

During 2024, DHPD continued to increase staffing levels, identified an error in the response time compliance (RTC) generating algorithm in the computer aided dispatch system (CAD), utilized a single provider non-transporting paramedic resource (MEDIC 101), and deployed basic life support (BLS) ambulances into the EMS system all in an effort to focus upon sending the right resource to the right patient. However, increasing call volume demand still exceeded available resources. We intend to continue hiring and to explore opportunities to reduce unnecessary ambulance response and transport through alternate resource deployment whenever possible.

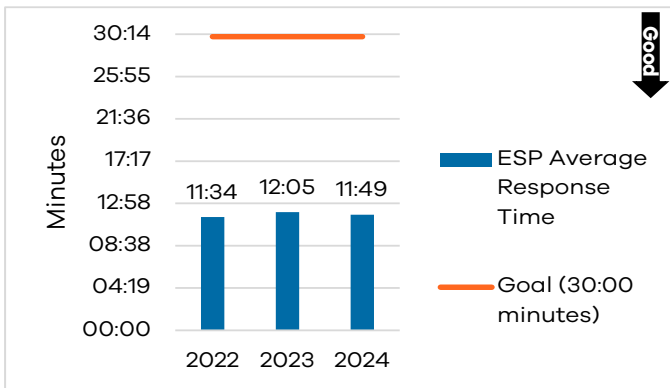
(vi) In support of the Denver Community Addictions Rehabilitation and Evaluation Services (CARES), the Emergency Services Patrol (ESP) will transport individuals experiencing substance misuse to the Denver CARES facility. If serious medical problems are evident, the client is taken by ambulance to Denver Health Medical Center. ESP van service will operate sixteen-hours/day seven days/week.

**Response: Criteria met**

(vii) An ESP average response time of 30 minutes or fewer will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival on the scene. A goal of 30 minutes will be set for contract year 2024 based on available resources. Emergency Services Patrol:

- Average response time

**Response: Criteria met**






#### Response: Criteria met

The required reports have been submitted by the EMRS Analyst and the Authority has attended bi-monthly meetings.

- Total calls for service
- Number of clients picked up per shift
- Number of shifts worked per month

#### Response: Criteria met

ESP Van Scheduled Shift Statistics	2022	2023	2024	Trend
Total Calls for Service	6,067	5,003	3,640	
Avg # Clients Transported per Shift	6	5	5	
Avg # Shifts Worked per Month	76	70	47	

(viii) Reporting – Performance reports will be analyzed continuously by the EMRS Analyst who will report to the members of the EMRS Advisory Committee at least bi-monthly regarding system performance. A system performance report will be made at least annually by the EMRS Advisory Committee to the leadership of the City and the Authority. The parties recognize that the tiered emergency response system at times may not meet one or more goals of the NFPA Standards. The parties understand and agree that coordination and cooperation will be needed to share data and provide system performance reporting.

1. Compliance – The percentage of responses with response times less than or equal to the time criteria identified above for each category and service level; i.e. how many times out of 100 was the time criteria met.
2. Time Performance – Using the same data set as for compliance, the time (in minutes and seconds) at which 90% of responses fall at or below; e.g. 90% compliance for total response time was achieved at 11:00 minutes as an overall EMRS metric.
3. Exclusions – The count of excluded calls, by type, will be reported, in each report.





06

**A-3  
Public  
Health  
Services**

## Appendix A-3 Public Health Services

### 1.4 Performance Criteria

A. The Authority will provide an annual report by May 1 of the following year being reported on, which includes performance statistics for the year and the two previous fiscal years, for the Objectives and Metrics listed below. Nothing herein is intended to require submission of information, documentation or support which is otherwise provided or referenced.

#### Response: Criteria met

Annual report provided for the metrics listed below.

B. The Authority will provide the following performance statistics which includes the goals and metrics for public health functions of Public Health Institute at Denver Health (PHIDH). The frequency of reporting is provided in the table. Metrics reported monthly will accompany the invoice.

#### Response: Criteria met

The following performance statistics were provided Monthly (N/A = statistics without goals):

Operating Agreement Monthly Measurements by Program 2024				
Program	Objective	Metric	YE Total	Result
ID-Clinic HIV	Ready access for patients	Number of in-clinic medical, psychiatric, and social work encounters provided (face-to-face or telehealth)	12,216	N/A
Immunization and Travel Clinic Vaccine-preventable infections	Ready access for residents of and visitors to Denver to vaccines in clinical and community settings	Number of adults seen in clinic	6,247	N/A
		Number of adult vaccines given in clinic	10,284	N/A
		Number of children seen in clinic	1,850	N/A
		Number of children vaccines given in clinic	4,352	N/A
		Number of adults seen in community settings	1,080	N/A
		Number of adult vaccines given in community settings	2,234	N/A
		Number of children seen in community settings	1,338	N/A
		Number of children vaccines given in community settings	4,959	N/A
	Provide travel-related evaluation and immunizations	Number of travel consults	1,819	N/A
		Number of travel vaccines administered in the clinic	1,876	N/A
Denver Sexual Health Clinic (DSHC) Sexually-transmitted diseases (other than HIV and viral hepatitis)	Provide access to Denver residents and visitors to clinical sexual health services in clinical and community settings	Care for possible sexually-transmitted diseases in the DSHC (annual goal = 10,500 visits)	15,183	✓
		Reproductive health services in the DSHC (annual goal = 4,000 visits)	4,741	✓
		STD screening in community settings (annual goal = 2,000 visits)	2,888	✓
		Percent of patients with gonorrhea or chlamydia treated within 7 days of diagnosis (annual goal = 80%)	93.8%	✓



Operating Agreement Monthly Measurements by Program 2024				
Program	Objective	Metric	YE Total	Result
<b>Denver Sexual Health Clinic (DSHC)</b> Sexually-transmitted diseases (other than HIV and viral hepatitis)	Provide HIV testing in clinical and community settings	Testing in the DSHC (annual goal= 5,500)	7,353	✓
		Community testing in high-risk venues (annual goal = 500)	1,479	✓
<b>TB Clinic</b>	Provide tuberculosis (TB) testing, prevention, and treatment in Denver	Number of visits provided in community settings or outreach	18,985	N/A
		Number of total TB encounters (includes in-clinic or outreach)	25,171	N/A

**Response: Criteria met**

The following performance statistics were provided Quarterly (N/A = statistics without goals):

Operating Agreement Quarterly Measurements by Program 2024							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
<b>ID Clinic-HIV</b>	Provide treatment for persons with HIV disease in Denver	Number of unique patients seen with HIV (annual goal = 900)	1,126	1,218	1,214	1,213	✓
		Percent of ID Clinic patients with a viral load < 200 copies (annual goal = 88%)	91%	91%	90%	91%	✓
	Provide evaluation and treatment of Hepatitis C for persons in Denver	Number of persons who complete treatment for Hepatitis C in the ID Clinic (annual goal = 50)	46	48	41	38	✓
<b>Denver Sexual Health Clinic (DSHC)</b> Sexually-transmitted diseases (other than HIV and viral hepatitis)	Access to pre-exposure prophylaxis for HIV	Number of persons started on PrEP in DSHC (annual goal = 300)	154	157	184	153	✓
Hepatitis C	Provide testing for Hepatitis C among persons at increased risk in the STD Clinic	Number of persons tested for Hepatitis C (annual goal = 1,200 tests)	950	1,025	1,114	1,129	✓

**Response: Criteria partially met**

The following performance statistics were provided Semi-Annually (N/A = statistics without goals):

Operating Agreement Semi-Annual Measurements by Program 2024					
Program	Objective	Metric	6/30/2024	12/31/2024	Result
TB Clinic	Prevent TB in Denver	Number of new TB cases	35	30	N/A
		Completion of treatment within 12 months (goal ≥95%)	100%	97%	✓
	Provide evaluation and treatment of persons with latent TB in Denver	Contacts to active TB cases with newly diagnosed latent TB who start treatment (goal >90%)	76%	73%	✗
		<b>Variance Explanation:</b> This was a stretch goal for the TB clinic. Contacts exposed at the ICE facility in Aurora could not be located after discharge to complete an evaluation. <b>Mitigation Strategy:</b> We have worked with the staff at ICE on improved processes so TB is diagnosed sooner and contacts can be evaluated.			
		Completion of treatment of latent TB among close contacts to active cases of smear-positive pulmonary TB (goal >80%)	79%	75%	✗
		<b>Variance Explanation:</b> A higher number of contacts in the past two years have been younger and have had difficulty accessing housing and food. Addressing these basic needs was the priority over taking latent TB treatment. <b>Mitigation Strategy:</b> We have been developing resources to help patients with their social needs and working on strategies to make it feasible for them to also complete latent TB treatment.			



07

**A-4  
Denver  
Community  
Addiction  
Rehabilitation  
and Evaluation  
Services  
(CARES)**






## Appendix A-4 Denver Community Addictions Rehabilitation and Evaluation Services (CARES)

### 1.4 Performance Criteria

A. One-hundred percent of the women of child-bearing age utilizing the services of Denver CARES will be offered a pregnancy test and, if the test is positive, will be provided referral and follow-up.

#### Response: Criteria met

Denver CARES offers pregnancy testing at no cost to all female patients of child-bearing age.

Pregnancy Testing	2022	2023	2024	Trend
% of the women of child-bearing age utilizing the services of Denver CARES were offered a pregnancy test	100%	100%	100%	










B. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years, for the following items:

#### Detoxification: Average Daily Census

- Number of clients admitted more than one time for the program year
- Number of admissions of clients experiencing homelessness
- Number of clients who did not pay any charges due for services rendered.
- Number of referrals not admitted.
- Number of clients admitted for the first time
- Number of clients referred with a DUI
- Number of client to staff and client to client assaults

#### Response: Criteria met

See table below for details:

Detoxification Program	2022	2023	2024	Trend
Detoxification: Average Daily Census	65	65	63	
Number of clients admitted more than one time for the program year	6,408	6,251	5,798	
Number of admissions of clients experiencing homelessness*	8,709	8,376	6,689	
Number of clients who did not pay any charges due for services rendered	6,071	4,061	3,620	
Number of referrals not admitted	641	851	1,488	
Number of clients admitted for the first time	909	724	527	
Number of clients referred with a DUI	195	354	265	
Number of client to staff assaults	8	11	7	
Number of client to client assaults	7	1	-	
* 2023 result updated due to data error				

The Authority will provide a quarterly report to the City in an agreed upon format, which indicates the amount of year-to-date expenses and revenues for Denver CARES by the 15<sup>th</sup> day of the month following the end of the quarter after the end of the reporting period.

The report will also include the following metrics:

- Number of clients admitted more than once for the program year
- Number of total clients seen in the program year
- Number of unanticipated or negative events (seizures, assaults, and serious injuries)
- Standard demographics on clients seen in program year (age, gender, race/ethnicity, housing status, and Medicaid status)

#### Response: Criteria met

See table on the following page. The Denver Health Finance Department provided regular quarterly reports to the City with year-to-date expenses and revenues.



Denver CARES Services	Q1 2024	Q2 2024	Q3 2024	Q4 2024	EOY 2024
Number of clients admitted more than once for the program year.	1448	1392	1475	1483	5798
Number of total <b>unique</b> clients seen in the program year	1691	1722	1813	1846	7072
Number of unanticipated or negative events (seizures, assaults, and serious injuries)	4	7	9	6	26
Demographics of clients seen in program year	Q1 2024	Q2 2024	Q3 2024	Q4 2024	EOY 2024
<b>Age</b>					
18-29	404	444	440	430	1718
30-39	542	527	561	599	2229
40-49	336	373	407	435	1551
50-59	246	225	259	241	971
60+	163	153	146	141	603
NULL					0
<b>Gender</b>					
Male	1315	1317	1408	1428	5468
Female	375	402	402	414	1593
Unknown	1	3	3	4	11
NULL					0
<b>Race</b>					
White or Caucasian	965	912	948	958	3783
Black or African American	234	216	237	233	920
American Indian or Alaska Native	59	45	43	61	208
Other Pacific Islander	8	5	3	8	24
Native Hawaiian	7	5	3	1	16
Asian	18	15	21	15	69
Other	293	382	367	387	1429
Unknown	0	109	131	131	371
Decline to Answer	34	39	60	52	185
NULL					0
<b>Ethnicity</b>					
Not Hispanic, Latino/a, or Spanish Origin	1038	991	1030	1066	4125
Hispanic, Latino/a, or Spanish Origin	542	591	601	597	2331
Mexican, Mexican American, or Chicano/a	0	0	0	0	0
Unknown	81	110	128	130	449
Decline to Answer	30	30	24	53	137
NULL					0
<b>Housing Status</b>					
Homeless	438	358	419	474	1689
Not Homeless	1253	1364	1394	1372	5383
<b>Medicaid Status</b>					
Have Medicaid	950	911	1111	1186	4158
Don't have Medicaid	741	811	702	660	2914







08

**A-6  
Medical  
Services for  
Arrestees,  
Pretrial  
Detainees  
and Inmates**










## Appendix A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates at Denver Health and Hospital Authority

### 1.6 Performance Criteria and Reports

A. The Correctional Care Medical Facility (CCMF) is a Denver Health patient care facility and as such will comply with The Joint Commission's regulations and review.

#### Response: Criteria met

The CCMF follows all Denver Health policies and procedures aligning with the regulations of Denver Health's accreditation by The Joint Commission. CCMF continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. 20 beds (including one dedicated psychiatric observation room), six holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated ten room outpatient area are some of the key features of this facility.

CCMF Services	2022	2023	2024	Trend
<b>Discharges</b>				
Denver	356	371	376	
All Jurisdictions	610	600	579	
<b>Total Hospital Days</b>				
Denver	1,789	1,811	2,296	
All Jurisdictions	2,742	2,776	2,893	
<b>Average Length of Stay</b>				
Denver	5.2	4.9	6.2	
All Jurisdictions	4.3	4.6	5.0	
<b>CCMF Outpatient Clinic Visits</b>				
Denver	885	1,058	1,142	
All Jurisdictions	2,927	3,580	4,497	
<b>Denver Jail Patients Seen in ED</b>				
Denver	1,917	1,635	1,922	

B. The Authority will continue to provide the City with mutually agreed upon standardized Utilization Management (UM) reports each month. In addition, the following information shall be provided to the Sheriff or his/her designee:

- (i) a daily census report for all inpatients at CCMF or at Denver Health Medical Center (DHMC);
- (ii) within sixty (60) days, monthly patient data including the patient name, medical

record number, total length of stay, admit and discharge dates, the Authority charges, City Cost, patient DOB, split billing information;

- (iii) within sixty (60) days, monthly reports including ambulance, facility and physician billing;
- (iv) within sixty (60) days, monthly third-party billing reports including patients name, admit and discharge dates, split billing information, sum of charges, sum of City cost, amount collected from third party, name of third party payor, credits/debits to City; and,
- (v) within sixty (60) days, a monthly A-6 report and B-3 report as agreed upon by the City and the Authority.

#### Response: Criteria met

During 2024, all above listed reports were submitted to the City within required timelines. Reports on special projects are also included in the UM reports such as Boarder Status Report. A daily census is also provided.

C. The Authority shall continue to develop and submit financial reports at least monthly to enable the City and the Authority to evaluate payment mechanisms and to improve understanding of costs. If the ongoing billing methodology work group (consisting of representatives from the Authority and the City) agrees, the City and the Authority may amend this agreement as to payment methodology.

#### Response: Criteria met

During 2024, the Authority continued its monthly financial reporting to include summary and detailed information. These reports have enabled analyses of the many different services on various levels. The current reporting format and content has been approved by both the City and the Authority.

D. If any third-party payment is denied or reduced to less than full payment, the Authority shall provide detailed documentation of such (including the stated reason and any available appeal procedures) to the City within fifteen (15) days. The Authority shall timely take such action as is necessary and reasonable to challenge or appeal the denial or reduced payment, where warranted under the law and the rules of ethics as long as the City pays all necessary, reasonable and preauthorized (in writing) associated fees and expenses and the City's written preauthorization is received within three (3) days of the Sheriff's or his/her designee's receipt of written notice from the Authority of the denial or reduction. However, the City shall not pay for the processing and



re-submission of third party claims that can be accomplished by Authority staff.


**Response: Criteria met**

The City is notified monthly of all denials related to third-party payments. Where there are concerns, these concerns are resolved in accordance with the language outlined above.

E. Upon completion of providing patient care services to the City and County of Denver arrestees, pretrial detainees and inmate population, it is agreed that the Authority will notify the Sheriff's Department of the final medical disposition at which time the Sheriff's Department shall arrange for transport of the detainee or inmate within the agreed upon median target of 50 minutes.

**Response: Criteria met**

See table below for details.

Sheriff Department Median Time to Transport (Minutes)				
From Emergency Department	2022	2023	2024	Trend
Actual	49	47	40	
Target	50	50	50	







09

## A-8 Rocky Mountain Poison and Drug Safety Services

## Appendix A-8 Rocky Mountain Poison and Drug Safety Services

### 1.4 Performance Criteria

A. The Poison Center will answer phones 24 hours a day, 365 days a year. The Poison Center will target telephone line answer within ten rings however, variable volume may impact speed to answer.

#### Response: Criteria met

Telephone lines were answered within ten rings. The Rocky Mountain Poison and Drug Safety (RMPDS) provides information to health care professionals and the public 24 hours a day, 365 days a year.

B. Physicians will respond to complicated, difficult or unusual cases within 10 minutes of page.

#### Response: Criteria met

C. The Center will maintain certification by the American Association of Poison Control Centers.


#### Response: Criteria met

RMPDS was re-certified in 2024 by the American Association of Poison Control Centers. The current certification is effective through November 30, 2031.

D. The Center will provide public education in the Denver Metro Area.

#### Response: Criteria met

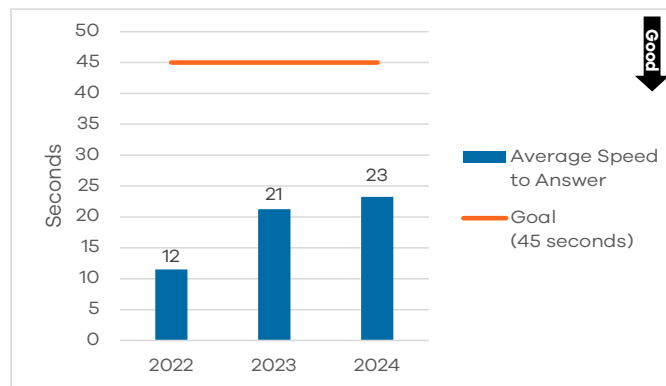
In 2024, RMPDS distributed 1,785 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area. RMPDS maintains the Colorado Poison Center website ([www.copoisoncenter.org](http://www.copoisoncenter.org)), that offers one-click contacting for individuals who may prefer non-telephonic routes of correspondence (i.e. chatting, email, texting).

Public Information Materials	2022	2023	2024	Trend
Pieces Distributed	2,480	1,785	2,180	

E. The Rocky Mountain Drug Safety Services Center will answer telephone calls within six rings during working hours 8:00 a.m. to 4:30 p.m., Mountain Time.

#### Response: Criteria met

RMPDS answers telephone calls within six rings and is staffed 24 hours per day, 365 days per year.







F. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes the following information for the year just ended and the previous Fiscal Year:

Number of calls from Denver County and total State calls for:

- Poison Center
- Drug Consultation Center

#### Response: Criteria met

See table below for details.

Call Volume	2022	2023	2024	Trend
Poison Center <sup>1</sup>				
Denver	4,509	4,551	4,274	
State	37,204	34,596	37,019	
Drug Safety Services Center <sup>2,3</sup>				
Denver	78	113	20	
State	34,737	31,804	28,084	

1 Includes poison center calls and public health emergency service calls  
 2 State totals combine Denver County, Colorado and out-of-state calls and electronic inquiries  
 3 Client base changes annually

#### Call Volume Trends Analysis:

In 2024, the total number of cases reported to Rocky Mountain Poison Center within Denver City and County declined by 6% from 2023 while Colorado-wide total cases increased by 7% from 2023 volumes. These numbers include public health emergency service calls. When reviewing specifically Poison Center exposure cases from 2024, there was a decrease of 2.6% in Colorado-wide total cases (36,638) from 2023 cases (37,608). Exposure cases from Denver City and County in 2024 were 4,185 which reflects a 4.6% decrease from 2023 (4,386). Human exposures represent the majority of cases in both Denver City and County

and Colorado-wide (4,044 [97% of cases], 35,255 [96% of cases], respectively).

While mental health challenges continue to remain a public health area of focus locally and worldwide, we were please to observe a 9.7% drop in suicide gestures/attempts by drug overdose in Denver City and County reported to the Poison Center from 2023 to 2024 (552 cases in 2023, 498 cases in 2024). Additionally, there were 5 deaths reported to the Poison Center in 2024 in Denver City and County which is a 38% decrease from 2023 (8 reported). Following the trend of previous years', case severity in 2024 was more favorable in terms of less cases codified with major [life-threatening] effects than in 2023 (46 cases with major [life-threatening] outcome; 60, respectively). Cases marked with a "moderate" medical outcome were also decreased (377 reported in 2024, 440 reported in 2023). Uncomplicated cases marked with a "minor medical outcome" or "no effect" remained constant to the prior year (3175 total in 2024, and 3190 reported in 2023). This supports the hypothesis that when the poison center is involved in the medical management of a poisoned patient, patient outcomes are optimized (resulting in more cases of minor or no effect, less cases of major outcomes). By supporting poison center efforts, we can hopefully improve patient outcomes when it comes to the poisoned patient, especially in the setting of complicated or serious exposures. In summary, overall Poison Center total case volume in Denver City and County decreased slightly from 2023 to 2024. Exposures involving suicide gesture decreased by 9.7%, and exposures resulting in deaths were decreased from the prior year. We hope this downward trend continues as harm reduction efforts and prevention strategies are strengthened and incorporated into poison center outreach. We also hope that ongoing global efforts to improve mental health services and access will continue to reduce attempted suicide counts overall in all age groups. Our poison center will continue to promote poison prevention in our community. Our efforts in reducing serious outcomes in the poisoned patient will remain a top priority.

In 2024, we continued to meet the preferences of the community by supporting an omni-channel platform (webchat, text-to-chat, and email). Implemented in 2021 and continued through 2024, we followed up calls to the Poison Center hotline with an outbound text message containing case reference number and contact information should caller need help again. These outbound messages improved the caller experience by making it easy

and convenient for the caller to follow-up while minimizing time Poison Center staff needed to manually search for cases. Callers' feedback cites appreciating this added service and that having the case number handy on their mobile device is reassuring if they need to call us back again. Another milestone met late in 2024 was the introduction of a new poison center patient electronic case management system which has allowed vast modernization from our previous system and will improve case processing efficiency, accuracy, and clinical handling.

G. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for RMPDS by the forty-fifth (45th) day after the end of the reporting period.

**Response: Criteria met**

See table on the following page for details.

H. Requests for consultation services to City and County of Denver regulatory agencies will be responded to within 48 business hours.

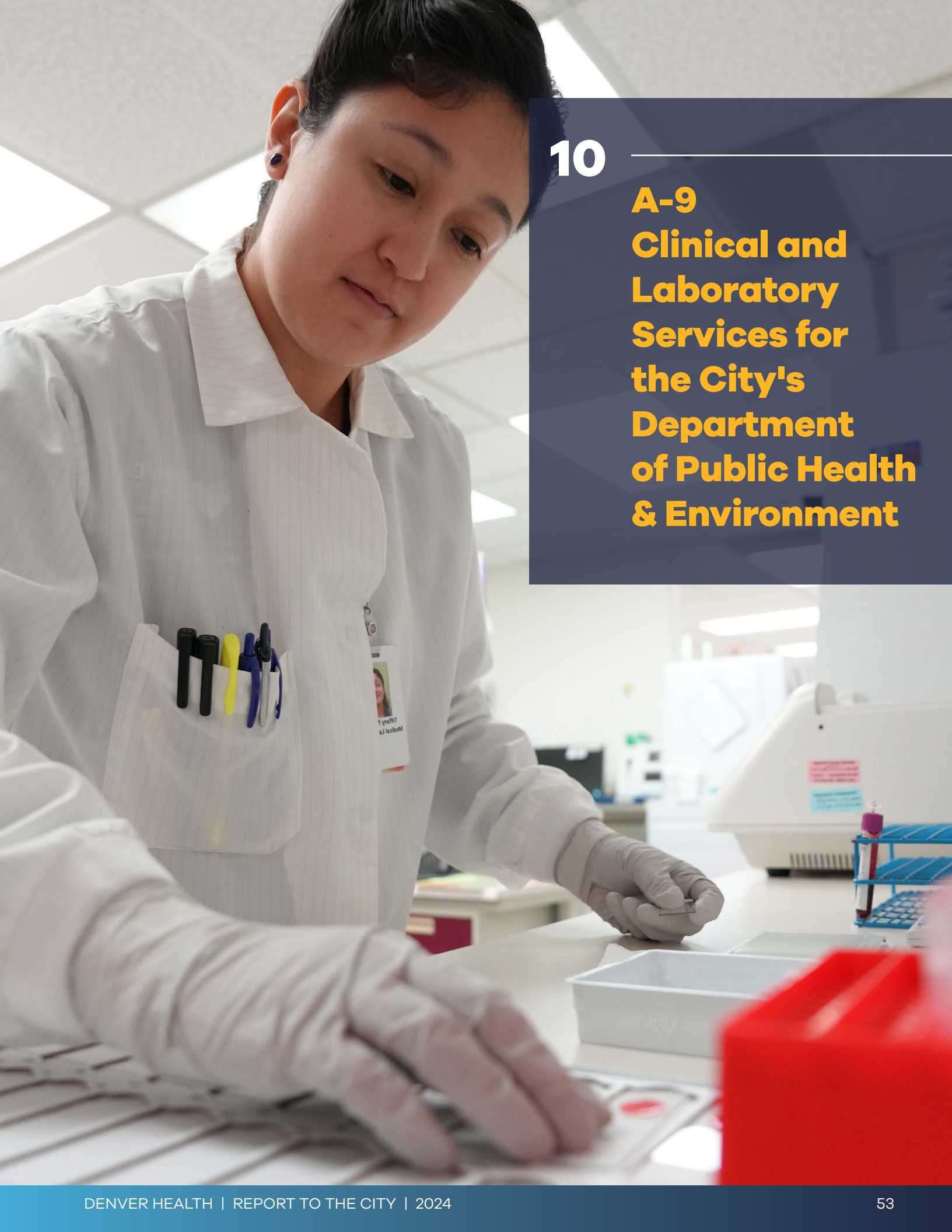
**Response: Criteria met**



**2024 Quarterly Denver Health Rocky Mountain Poison and Drug Safety Services (A-8)**  
**Providing Drug Consultation Services for the City and County of Denver**

<b>Drug Consultation Center Program (A-8 Program)</b>	<b>1Q2024</b>	<b>2Q2024</b>	<b>3Q2024</b>	<b>4Q2024</b>	<b>2024 Total</b>	<b>2023 Total</b>	<b>2022 Total</b>
Denver Drug Consultation Line Case Volume	7	4	4	5	20	31,787	64
All Other Drug Center Client Case Volume	7,326	6,374	6,887	7,497	28,084	35	34,417
Total Drug Center Cases	7,333	6,378	6,891	7,502	28,104	31,822	34,481
<b>Other RMPDS Services Benefitting Denver Residents</b>							
Poison Center <sup>1</sup> Cases from Denver county (answering calls 24/7/365 within 10 rings <sup>2</sup> )	1,155	1,129	1,128	1,139	4,551	4,551	4,509
All other Medical Triage Cases (DH Patients who live in the City)	0	0	0	0	0	0	0
Poison Center <sup>1</sup> Cases from All Others (only Colorado calls)	8,317	8,562	9,467	8,150	34,496	29,041	32,749
Poison Center <sup>1</sup> Public Education Pieces (English or Spanish) Distributed to Denver County	1,380	405	0	0	1,785	1,785	2,480
<sup>1</sup> Poison Center is certified by American Association of Poison Control Centers through 11/30/2031							
<sup>2</sup> Poison Center physician escalations occur within 10 minutes							
<b>A-8 Program Contact Center Full-Time Equivalents</b>							
Hours of Operation - Answering Calls 24/7/365	2,190	2,190	2,190	2,190	8,760	8,760	8,784
FTE Equivalents (assumes 1,828 work hours per FTE per year; 25% FTE coverage)	0.30	0.30	0.30	0.30	120	120	120
<b>A-8 Program Expenses</b>							
Actual Average Drug Center FTE Staff Salary Cost Plus Benefits	\$ 160,495	\$ 160,495	\$ 160,495	\$ 160,495	\$ 641,980	\$ 641,979	\$ 641,972
Staff Cost Based on Hours of Operation & Staffing Coverage	\$ 200,619	\$ 200,619	\$ 200,619	\$ 200,619	\$ 802,475	\$ 481,484	\$ 160,493
Telephone Line Cost (for 303-389-1112)	\$ 985	\$ 985	\$ 985	\$ 985	\$ 3,940	\$ 2,361	\$ 780
DrugDex Software License	\$ 17,823	\$ 17,823	\$ 17,823	\$ 17,823	\$ 71,290	\$ 42,771	\$ 3,200
Total Drug Consultation Program Cost	\$ 219,426	\$ 219,426	\$ 219,426	\$ 219,426	\$ 877,705	\$ 526,616	\$ 164,473
Collected Revenue Per the City Operating Agreement	\$ 27,132	\$ 27,132	\$ 27,132	\$ 27,132	\$ 108,528	\$ 290,721	\$ 96,900
Variance (Discounted Amount)	\$ (98,291)	\$ (98,291)	\$ (98,291)	\$ (98,291)	\$ (393,165)	\$ (235,895)	\$ (67,573)
% Variance (Discount)	43%	43%	43%	43%	43%	45%	41%





10

**A-9  
Clinical and  
Laboratory  
Services for  
the City's  
Department  
of Public Health  
& Environment**

## **Appendix A-9 Clinical and Laboratory Services for the City's Department Environmental Health.**

### **1.4 Specific Time Frame for Performance; Performance Criteria and Laboratory Report Delivery.**

Clinical and Laboratory Services for the City are a Core Service as defined in the Operating Agreement.

A. The Authority's Department of Pathology and Laboratory Services (DPLS) shall provide service 24-hours per day, seven days per week. DPLS agrees to render Laboratory Services for the patients of the City in accordance with orders given by the physicians treating the patient.

#### **Response: Criteria met**

DPLS provided all laboratory services 24 hours per day, seven days per week, and in accordance with orders given by the physicians treating the patient.

B. DPLS shall use reasonable efforts to complete tests within stated expected turnaround times (TAT) following receipt of the specimen and the requisition. In general, TAT should be no more than four (4) days following receipt of the specimen and the requisition, unless the test is esoteric, anatomic pathology, molecular diagnostic testing, or a microbiology test which requires longer turnaround. DPLS pricing and TAT for 2024 has been distributed and accepted by the City.

#### **Response: Criteria met**

98% of all test results were resulted (reported) within their established turnaround times as stated by the laboratory. All turnaround times were met within 24-72 hours except for specialized tests performed at DPLS or tests that were sent to reference laboratories (as noted above).

C. Routine Histology slides shall be available within five (5) business days following specimen receipt by DPLS.

#### **Response: Criteria met**

Turnaround times were met for 100% of routine histology slides being available within 5 days.

D. DPLS agrees to deliver a copy of the laboratory report in a timely manner and per the hospital laboratory TATs. The laboratory test report will include at a minimum: patient's name, date of test, test name, test result, normal values, laboratory name and address. DPLS agrees to make all records on the City patients to whom DPLS has rendered services available for the City upon request.

#### **Response: Criteria met**

Copies of laboratory reports were provided upon request according to the specifications noted and in a timely manner.

E. The City shall notify DPLS of any time-sensitive testing requirements. On request for time-sensitive laboratory testing, the Authority shall meet the time requirements of the City whenever possible.

#### **Response: Criteria met**

There were no incidents in which DPLS was notified of time-sensitive testing requirements by the Office of the Medical Examiner or another affected City agency.

F. If the laboratory is unable to run a requested test within the TAT specified, it shall immediately notify the Office of Medical Examiner or other affected City agency.

#### **Response: Criteria met**

There were no incidents in which DPLS needed to notify the Office of the Medical Examiner or another affected City agency of any situations where TATs could not be met.

G. All concerns or complaints regarding laboratory services shall be directed to the Director of DPLS.

#### **Response: Criteria met**

The Director of DPLS was not notified by the office of the Medical Examiner or another affected City agency of any concerns or complaints during 2024.

H. The laboratory code of ethical behavior ensures that all testing performed by the laboratory are billed only for services provided. All marketing and billing is performed in accordance with community standards; all billing is for usual and customary services. All business, financial, professional, and teaching aspects of the laboratory are governed by standards and professional ethics.

#### **Response: Criteria met**

There were no changes to pricing in 2024. Pricing is available in the laboratory services fee schedule which is available upon request. Fees are created using Centers for Medicare and Medicaid Services (CMS) reimbursement rates and are reviewed annually for changes.





11

**B-1  
Center for  
Occupational  
Safety and  
Health (COSH)  
and Worker's  
Compensation  
Triage Line  
(OUCH Line)**

## Appendix B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)

### 1.6 Reporting






A. Annual Report. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years relating to the services provided to the City under this Appendix B-1. The report shall include, but not be limited, the following items for City employees:

Workers' Compensation Encounters:

- Initial visits
- Follow-up visits
- Emergency room visits
- Number of referrals

**Response: Criteria met**

See table below for details.

Center for Occupational Safety & Health (City Only)	2022	2023	2024*	Trend
Workers' Compensation Encounters	3,683	3,261	2,769	
Initial Visits (new workers' comp cases)	613	497	412	
Follow-up Visits (workers' comp)	2,303	2,764	2,357	
Emergency Room Visits (CSA only)	168	198	328	
Referrals	1,210	1,345	1,235	








































\*Beginning in 2024 data is sourced from Epic

Worker's Compensation Encounters:
































- Average time from initial treatment to maximum medical improvement (MMI)

**Response: Criteria met**

See table for details.

Body Part		2022	2023	2024*	Trend
Abdomen	Average	147	N/A	56	
	Median	147	N/A	58	
Ankle	Average	89	31	155	
	Median	60	31	113	
Arm	Average	61	19	116	
	Median	29	19	49	
Back	Average	59	20	149	
	Median	26	18	24	
Chest	Average	35	N/A	5	
	Median	22	N/A	1.5	
Chin	Average	7	N/A	N/A	
	Median	7	N/A	N/A	
Ear	Average	113	N/A	81	
	Median	94	N/A	81	
Elbow	Average	84	17	131	
	Median	91	17	67	
Eye	Average	15	5	3	
	Median	8	5	2	
Face	Average	17	N/A	13	
	Median	18	N/A	7	
Finger	Average	18	17	16	
	Median	8	20	4	
Foot	Average	34	11	124	
	Median	16	11	88.5	
Forehead	Average	N/A	4	N/A	
	Median	N/A	4	N/A	
Groin	Average	131	N/A	N/A	
	Median	129	N/A	N/A	
Hand	Average	31	14	84	
	Median	13	7	32	
Head	Average	27	52	18	
	Median	11	52	15	
Hip	Average	51	9	N/A	
	Median	29	9	N/A	
Jaw	Average	4	N/A	N/A	
	Median	4	N/A	N/A	
Knee	Average	74	15	155	
	Median	65	12	88	
Leg	Average	25	5	141	
	Median	19	5	77	



Body Part		2022	2023	2024*	Trend
Lip	Average	29	N/A	N/A	
	Median	29	N/A	N/A	
Lumbar	Average	3	N/A	N/A	
	Median	3	N/A	N/A	
Lung	Average	N/A	N/A	113	
	Median	N/A	N/A	28	
Multiple	Average	59	38	N/A	
	Median	27	38	N/A	
Neck	Average	99	21	232	
	Median	52	21	173.5	
Nose	Average	75	20	N/A	
	Median	75	20	N/A	
NULL**	Average	N/A	N/A	173	
	Median	N/A	N/A	153	
Rib	Average	7	N/A	N/A	
	Median	124	N/A	N/A	
Shoulder	Average	124	22	118	
	Median	129	23	51	
Teeth	Average	38	N/A	N/A	
	Median	3	N/A	N/A	
Throat	Average	3	N/A	N/A	
	Median	3	N/A	N/A	
Thigh	Average	117	N/A	N/A	
	Median	117	N/A	N/A	
Thumb	Average	11	39	N/A	
	Median	6	39	N/A	
Toe	Average	251	13	N/A	
	Median	251	13	N/A	
Wrist	Average	28	N/A	13	
	Median	30	N/A	6	
Total MMI averaged days		58	20	112	
Total MMI median days		28	19	36	

\*Beginning in 2024 data is sourced from Epic























\*\*NULL indicates injury involving a body part not identified in Epic. Work to incorporate additional body part designations is ongoing in 2025.

#### Non-Workers' Compensation Encounters:

- By Agency or Department as identified below.

#### Response: Criteria met

See table below for details.

Agency	2022	2023	2024*	Trend
Animal Control	32	4	0	
Art Museum	0	0	2	
Arts and Venues	1	0	0	
City Council	0	0	5	
City Attorney	0	0	3	
Civil Service Commission	572	217	0	
Clerks and Recorder	13	9	0	
County Court	0	0	1	
Department of Finance	0	2	0	
Department of Safety	75	108	0	
Denver International Airport	1	1	2	
Environmental Health	4	4	3	
Fire Department	62	52	42	
General Services	1	3	1	
Human Services	43	3	0	
Parks and Recreation	138	81	12	
Police Department	104	121	48	
Public Library	34	37	2	
Public Works	417	156	4	
Sheriff's Department	238	132	0	
Social Services	1	1	0	
TOTAL	1,736	931	125	

\* Beginning in 2024 data is sourced from Epic

#### Other services:

- As requested in the prior contract year.

#### Response: Criteria met

Other services were not requested in 2024.

B. Quality Reviews: As part of the medical management process identified in section 1.4 of this Appendix, the COSH, on an ongoing basis, shall conduct quality reviews of the services provided for each City employee for whom the physician has an open file based on an COSH referral. The Authority

and City will jointly identify and expand the performance statistics measured and provided by the clinic for work related injuries to identify areas of improvement.

**Response: Criteria met**

The COSH Medical Director and City Case Manager discuss performance regularly as part of their monthly meeting.

C. Other Requested Reports: COSH shall provide mutually agreed upon reports as requested by Risk Management office to quantify services and workloads, performance metrics, and identify achievement of best practices.

**Response: Criteria met**

Other reports were not requested in 2024.





**12**

**B-2  
NurseLine  
Services**



## Appendix B-2 NurseLine Services

### 1.3 Performance Criteria

A. The NurseLine will respond to callers 24 hours a day, 365 days a year.

#### Response: Criteria met

B. Call Center Agents will intake calls, gather chief complaint or medical question, and will collect demographics on calls where medical information is provided.

#### Response: Criteria met

C. Registered Nurses will provide medical triage utilizing National Guidelines to arrive at a final disposition of 911, ED, Urgent Care, Appointment, or Home Care.

#### Response: Criteria met

D. Calls resulting in a recommendation for medical care within 24 hours may be provided second level triage by an experienced medical provider. All medical providers will be overseen and trained on DHNL procedures by a Board Certified Emergency Medicine Physician. Trained professionals will respond to the caller with medical information, provide instructions for home care, or recommend that the caller seek care at a medical facility.

#### Response: Criteria met

E. Language Translation will be provided for callers through Denver Health medical interpretation services or appropriate external medical language interpretation services.

#### Response: Criteria met

F. The NurseLine will strive to adhere to call center standards set by the Utilization Review Accreditation Commission (URAC) Healthcare call Center Guidelines, National Committee for Quality Assurance Guidelines (NCQA), and the Health Insurance Portability and Accountability Act (HIPAA).

#### Response: Criteria met

G. The Authority will provide a monthly report to the City through the Executive Director of the Department of Public Health and Environment. The report shall provide numbers for the total and for the target populations served that month and the amount of year-to-date expenses and revenues for

the Denver Health NurseLine. The monthly report shall be submitted to the City by the 20<sup>th</sup> day after the end of each month.



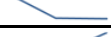









#### Response: Criteria met

H. In addition to monthly reports described below, the Authority will provide an annual report by May 1 of the year following the year being reported on to the City through the Executive Director of the Department of Public Health and Environment. The report shall include the following information for the year just ended and the previous fiscal year: NurseLine medical triage cases in total; medical triage cases for uninsured, medically indigent patients from the City and County of Denver; physician medical triage cases; behavior health cases; all other cases; and medical interpretation cases.

#### Response: Criteria met

See table on the next page for details.



City Program Case Volumes	2022	2023	2024	Trend
Uninsured Citizen Medical Triage Cases (non-DH patients)	1,752	2,270	2,171	
Uninsured Citizen Behavioral Health Cases (non-DH patients)	20	13	28	
Citizen Medical Triage Cases (non-DH patients, insured)	7,419	6,160	6,129	
Behavioral Health Cases (non-DH patients, insured)	99	117	210	
Referral Cases (offer resources in the City, non-DH patients)	326	389	588	
<b>Totals</b>	<b>9,616</b>	<b>8,949</b>	<b>9,126</b>	
Percent of all calls from Uninsured Denver Citizens	18%	26%	24%	
City Physician Medical Triage Cases (non-DH patients)	815	628	897	
All other Medical Triage Cases (DH patients who live in the City)	40,280	32,510	30,718	
Medical Interpretation (minutes; non-DH patients)	9,217	20,349	17,269	
Estimated Total Cost of Program	\$ 308,147	\$ 297,793	\$ 337,125	
Total Cost to the City for Uninsured*	\$ 102,797	\$ 102,797	\$ 115,133	
*This is a flat fee service contract as per the agreement				



13

**B-3**  
**Acute and Chronic Health  
Care at Denver  
County Jail  
and Downtown  
Detention Center**



## **Appendix B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center**

### **1.7 Reporting Requirements:**

The Authority shall continue to provide the following reports unless modified by written agreement of the parties in the Utilization Management (UM) process:

A. Reports and meetings as required by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and to meet Prison Rape Elimination Act (PREA) standards;

#### **Response: Criteria met**

In accordance with the Jail's NCCHC and ACA accreditation, Denver Health works collaboratively with the Denver Sheriff's office to coordinate reports and meetings. UM is managed by CCMF and Erin Ellquist is the point of contact. Denver Sheriff Health Services is NCCHA and ACA Accredited. All other reports have been submitted as requested.

B. Sheriff's Department Monthly Statistical Report on Health Services Activities;

#### **Response: Criteria met**

C. Any meetings as deemed necessary by the Sheriff or designee the Health and Hospital Authority.

#### **Response: Criteria met**

D. Schedule of health care personnel and specific jail assignments of specific days upon request by the Sheriff or designee.

#### **Response: Criteria met**

In 2024, schedule data was not requested but was available upon request.

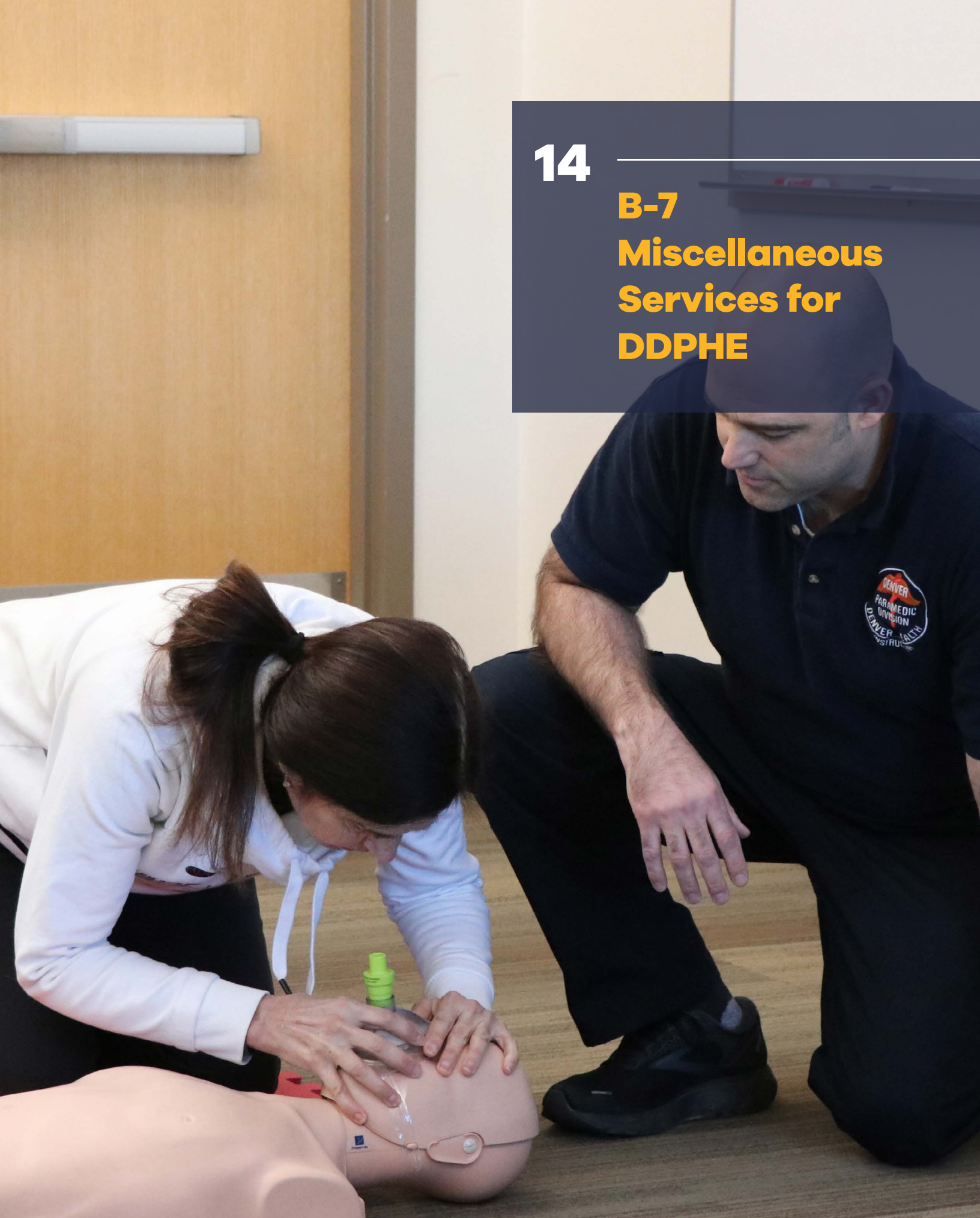
E. The Authority will notify DDPHE (DDPH\_Epi@denvergov.org) and the Sheriff of any confirmed reportable disease case in any person or persons in custody.

#### **Response: Criteria met**



14

**B-7  
Miscellaneous  
Services for  
DDPHE**



## Appendix B-7 Miscellaneous Services for DDPHE

### 1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

#### Response: Criteria met

In 2024, the Authority provided additional services when requested by the City.

### 1.2 Park Hill

The Authority has operated a family health center in the Park Hill neighborhood for many years. In order to assist the Authority in carrying out its mission, the City has committed to partially fund land acquisition, construction and equipping of the Park Hill clinic.

A. Pursuant to an Agreement (the Funding Agreement), the City has agreed to partially fund land acquisition and construction of the Park Hill Clinic. The City's maximum payment obligation for the land acquisition and construction of the Park Hill Clinic over the term of the Funding Agreement will not exceed \$4.788 million. The City's annual contribution is subject to appropriation by City Council and is calculated in accordance with the formula contained in the Funding Agreement. For Fiscal Year 2024, the City's annual payment for its land acquisition and construction contribution to the Park Hill Clinic shall be \$200,900.

#### Response: Criteria met

Denver Health validates this number annually with the City and the invoicing process is updated accordingly.

### 1.3 South Westside Clinic ("Federico Peña Family Health Center")

The Authority constructed the Southwest Family Health Center (formerly referred to as South Westside Clinic and South West Clinic) to serve the west Denver population. In order to assist the Authority in carrying out its mission, the City has committed to partially fund the construction improvements through proceeds of the Better Denver Bonds program (the "South Westside Clinic Proceeds") and the Capital Improvement Fund (CIF), pursuant to the terms of the Southwest Family Health Center Funding Agreement.

a. From 2017 and continuing through 2028, the City will pay an amount not to exceed \$1,200,000.00 each year. The City's total funding for the clinic from all sources for all time shall not exceed \$22,150,00.00.

B. The City's obligation to make this payment is pursuant to the terms of the South Westside Clinic Funding Agreement and shall be contingent upon: such funds being appropriated and paid into the City Treasury and encumbered for the purposes of this Agreement on an annual basis by the City; compliance with this Agreement; the completion of the funding agreement referred to above; and compliance with the same funding agreement.

#### Response: Criteria met




Denver Health provided the annual final reconciliation on 4/8/2025.

### 1.4 Office of the Medical Examiner (OME) Services

Denver Health will provide instrument sharpening for no charge utilizing the full-time onsite vendor. OME will need to either deliver the instruments to the main campus or arrange for transport via the Denver Health Courier. Biomedical waste, pathological waste, and sharps will be disposed of utilizing the vendor contracted to provide services to Denver Health. The DH Safety Department will arrange for the vendor to pick this waste up directly from the OME in coordination with the OME. The cost will be \$.19 per pound for bio-hazardous waste and sharps and \$.85 per pound for pathological waste or any other items requiring incineration. DH will receive and process the invoices for these services and bill the charges to the OME.

#### Response: Criteria met

See table below for details.

Office of Medical Examiner - Waste Removal	2022	2023	2024	Trend
Biomedical and Sharps	13,346	17,108	15,027	
Pathological and Chemo (incineration required)	681	910	692	
Total	14,027	18,018	18,018	

## 1.5 Treatment on Demand

To promote the goals of rapid access to substance use treatment, linkage to community based substance use treatment, and recovery, Outpatient Behavioral Health Services (OBHS) will report the following performance and outcome metrics on a monthly or annual basis according to the agreed-upon templates:

### A. Treatment on Demand Access Measures

- i. Number of persons with a substance use disorder seen by Treatment on Demand
- ii. Number of persons receiving an assessment
- iii. Number of persons receiving medication-assisted treatment (MAT) induction for opioid-use disorder (OUD)
- iv. Number of persons linked to community-based care across stimulant use disorder (SUD)
- v. Percentage retained in treatment >90-days and beyond
- vi. Assess for increase in referral and linkage across SUD

### Response: Criteria met

See table below for details.

Treatment on Demand Access Measures	2022	2023	2024
Number of Persons with a Substance Use Disorder (SUD) Seen by Treatment on Demand	795	1,034	1,178
Number of Persons Receiving an Assessment	496	493	461
Number of Persons Receiving MAT Induction for Opioid Use Disorder (OUD)	448	463	576
Number of Persons Linked to Community-Based Care Across SUD	178	353	405
Percentage Retained in Treatment >90 Days and Beyond	56% (277 retained 90 days <sup>1</sup> / 496 Biopsychosocial Evaluations Completed)	59% (127 retained 90 days <sup>1</sup> / 216 Biopsychosocial Evaluations Completed)	47% (144 retained 90 days <sup>1</sup> / 309 Biopsychosocial Evaluations Completed)
Assess for Increase in Referral and Linkage Across SUD*	7 patients were referred to partner OTPs	719	864

\*Revised metric in 2023 to report referral and linkage across SUD vs the capacity of OTPs

<sup>1</sup>Dec 90-day retention not yet available

### B. Develop and report metrics to:

- i. Evaluate and report linkage and retention in treatment for persons referred external to the DHHA system and for patients within the DHHA system
- ii. Assess Treatment on Demand services outlined in a.i-vii, (above) by number of persons with an OUD, SUD, or alcohol use disorder (AUD)

### Response: Criteria met

See table below for details.

Treatment on Demand Access Measures	2022	2023	2024
Evaluate and Report Linkage and Retention in Treatment for Persons Referred External to the DHHA System and for Patients within the DHHA System <sup>1</sup>	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. 39 patients were referred to external partners (across all substances). External partners are not currently able to share linkage and retention data.	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. 162 patients were referred to external partners (across all substances). External partners are not currently able to share linkage and retention data.	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. 405 patients were referred to external partners (across all substances). External partners are not currently able to share linkage and retention data.
Assess Treatment on Demand Services Outlined in a.i-vii (above) by Number of Persons with an OUD or Alcohol and Other Drug Use Disorder (AOD) <sup>2</sup>	The Treatment on Demand 2022 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year (with the exception of the Q4 retention data which is not ready by the time reporting occurs).	The Treatment on Demand 2023 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year (with the exception of the Q4 retention data which is not ready by the time reporting occurs).	The Treatment on Demand 2024 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year (with the exception of the Q4 retention data which is not ready by the time reporting occurs).

<sup>1</sup>External partners do not have a comparable EHR making it difficult to share retention data with DH TOD

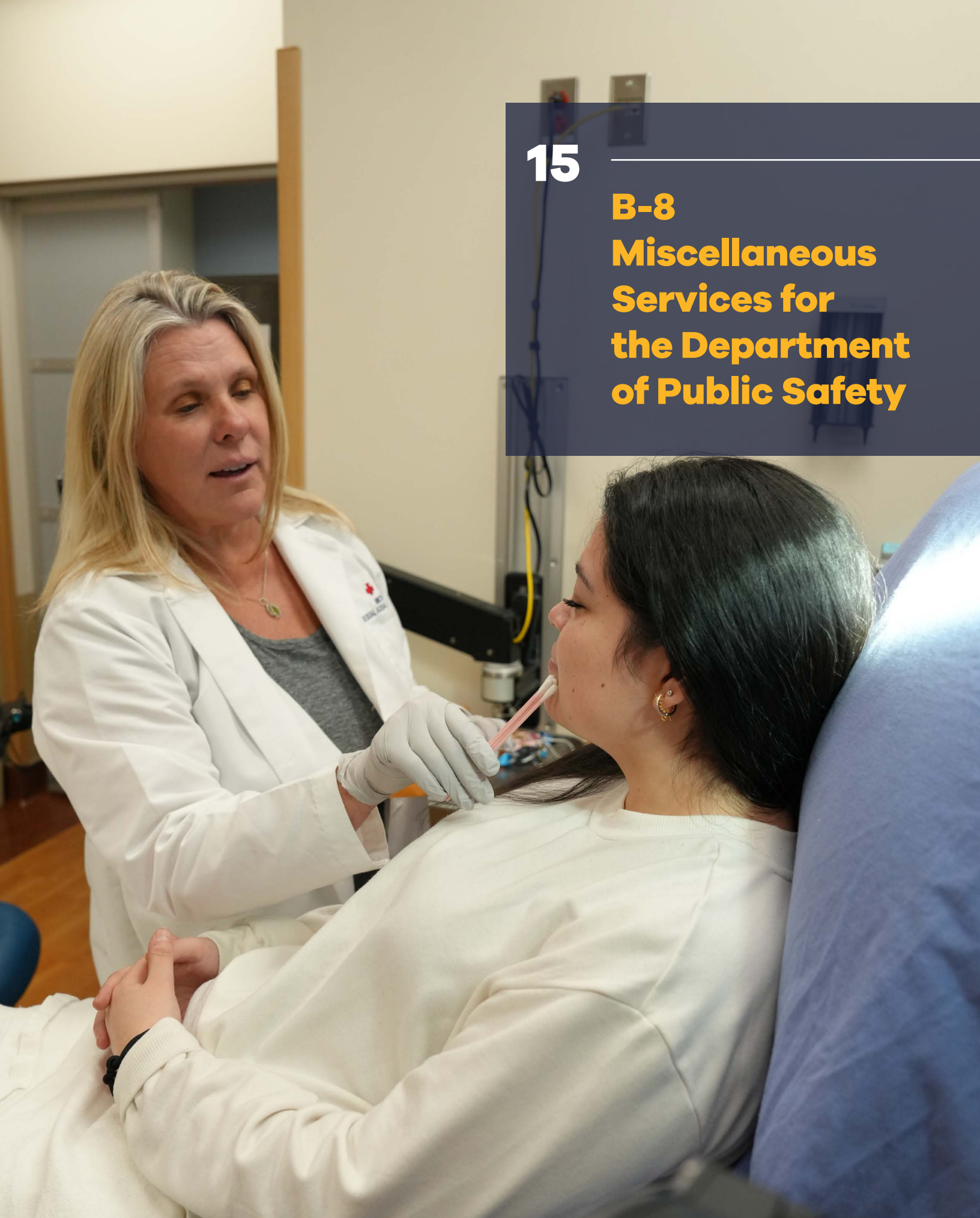
<sup>2</sup>Nov/Dec 90-day retention not available yet





15

**B-8  
Miscellaneous  
Services for  
the Department  
of Public Safety**



## Appendix B-8 Miscellaneous Services for the Department of Public Safety

### 1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

#### Response: Criteria met

In 2024, the Authority provided additional services when requested by the City.

### 1.2 Sexual Assault Nurse Examiner (SANE)

A. In accordance with State statute C.R.S. 18-3-407.5 which requires that the law enforcement agency referring a victim of sexual assault or requesting an examination of a victim of sexual assault pay for any direct cost associated with the collection of forensic evidence from such victims, the City hereby agrees to reimburse the Authority for the costs associated with the collection of forensic evidence of sexual assault victims, including photography services for cases of domestic violence, non-accidental trauma or other physical assaults, as requested or referred by a City law enforcement agency at the following per exam rates: \$680.00 for victims and \$235.00 for suspects, which is the Authority's actual cost. Forensic photography for cases of domestic violence, non-accidental trauma, or other physical assaults may also be provided by the SANE per law enforcement request and pending the availability of the examiner for a fee of \$175.00. This payment is characterized as a fee for service.

B. The City will purchase, prepare, and provide the evidence kits to the Authority. The completed forensic evidence kit will be transported, using proper chain of custody procedures, to the Police Headquarters building.

C. The City will reimburse the Authority a maximum of \$6,000 annually for the cost of registration and travel expenses for the training of new SANE program nurses. Requests for training must be submitted for approval at least four weeks in advance for any out-of-state travel and a minimum of two weeks in advance for in-state travel. An identified benefit to the Denver Police Department SANE Program must be included in the training request. Reimbursement for travel-related expenses will be subject to Denver Police Department and/or General Services Administration rates for reimbursement.

D. Medical forensic examinations that do not require evidence collection will have a rate of \$400.00 for victims. This would include sexual assault examinations when a patient declines the evidence collection portion, domestic violence, and strangulation evaluations.

E. The Authority's SANE program nurses will collect and preserve forensic evidence and document the findings of victims of sexual assault. The SANE Program nurses will also conduct evidentiary exams of suspects in sexual assault cases in accordance with established protocol.





F. The Authority will bill the Denver Police Department on a monthly basis for exams. The invoice must contain all of the following information: date of exam, delineation of victim/suspect, last name and first name initial, medical record number, encounter number, city/county designation, CAD #, General Offense (GO) # and cost. The Authority agrees to provide this service without charge to the victim.

G. The Authority will be responsible for all training and travel costs above the \$6,000 annual cost for new SANE program nurses reimbursed by the City.

H. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.

#### Response: Criteria met

Four quarterly reports were submitted within 45 days of the end of each reporting period. Each quarterly report provided a comprehensive summary of activities occurring that quarter and expected activities in the subsequent quarter.

Total Forensic Exams	2022	2023	2024	Trend
Victim Exams	411	461	441	
Suspect Exams	6	15	8	
Strangulation	74	138	127	
<b>Total</b>	<b>491</b>	<b>614</b>	<b>576</b>	


### 1.3 Blood Alcohol Draws

The Authority will perform legal blood alcohol draws for individuals brought to the Authority Emergency Department by Denver law

enforcement. The Authority will follow chain of custody procedures as set forth in Denver Health Policies and Procedures P-2.040. The law enforcement officer will take immediate possession of the specimen in accordance with the policy. The City will pay the Authority \$29.00 per specimen based on the monthly invoice. This payment is characterized as a fee for service.

**Response: Criteria met**

See table below for details.




Blood Alcohol Draws	2022	2023	2024	Trend
Draws	246	400	461	

**1.4 At-risk Intervention and Mentoring (AIM Program)**

C. The Authority's AIM program will provide services to over four hundred (400) unique individuals in 2024; an estimated 250 bedside interventions with youth, one hundred and fifty (150) other community individuals, and approximately twenty (20) critical crisis interventions within the Authority and the community.

**Response: Criteria met**


See table below for details.

AIM Program Services	2022	2023	2024	Result	Trend
Number of bedside interventions 2023 Goal: 250	353	331	393	✓	
Individuals served (unduplicated) 2023 Goal: 400	1083	1087	1448	✓	
Critical crisis interventions 2023 Goal: 20	45	35	36	✓	

D. AIM will provide up to ten (10) trauma-informed care trainings around at-risk youth to various departments and staff members, including frontline emergency department staff, community and school-based clinic providers, and inpatient staff that care for injured patients. Trainings will be 1-3 hour blocks of interactive sessions with outreach workers, molded to fit the needs of specific departments and clinics; these activities will be eligible for continuing education credits.

**Response: Criteria met**

See table below for details.

AIM Program Services	2022	2023	2024	Result	Trend
Trauma-informed care trainings 2023 Goal: 10	26	38	52	✓	

F. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases

must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.



**Response: Criteria met**

**1.6 Tactical Casualty Care (TCC) for Law Enforcement Training**

The Authority agrees to provide Tactical Casualty Care (TCC) for Law Enforcement training for all Denver Police Department Recruits by instructors who are minimally state certified EMTs, or preferably, paramedics. The Authority will adhere to all POST mandates for the training, including the instructor ratio guidelines. The City will pay the Authority \$95.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

**Response: Criteria met**

Denver Health provides TCC for Law Enforcement for all Denver Police Recruits annually as needed through DPD's rotating academy schedule.

TCC for Law Enforcement	2022	2023	2024	Trend
Classes	5	7	5	
Participants	50	112	84	

**1.7 Department of Safety Fit for Duty Psychiatric Evaluations**

A. The Authority agrees to provide psychiatric evaluations at the request of the City's Department of Safety for the purpose of determining if a Department of Safety employee is fit to return to duty.

K. The Authority will provide the City with medical services in accordance with the terms and the standard of care stated in the Operating Agreement.

**Response: Criteria met**

The Authority provided psychiatric evaluations in accordance with the terms stated in the Operating Agreement.

See table below for details.

Performance Criteria	2022	2023	2024
# Psychological Fitness for Duty Exam	0	2	2
# Duty Exam appointments within 5 business days	6	2	2
# Full report transmissions with physician signature	6	2	2
# Psychological Testing Related to Fitness for Duty Exam	2	2	2
Total Invoiced Amount	\$3,600	\$1,200	\$1,200





16

**B-9**  
**Miscellaneous  
Services, Other**





## Appendix B-9 Miscellaneous Services, Other

### 1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires, and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

#### Response: Criteria met

In 2024, the Authority provided additional services when requested by the City.

### 1.2 Expert Witness

The Authority agrees to provide expert witnesses to the City upon request for purposes of testifying in court and or other formal hearings involving the City. The City will reimburse the Authority up to the hourly maximum of \$150.00/hour for this service. The Denver District Attorney's Office will reimburse the Authority up to an hourly maximum of \$150.00/hour (\$80/hour for experts without advanced educational degrees consistent with the Supreme Court Directive) for prep time and expert witness testimony when the expert is a prosecution witness testifying in state court matters prosecuted by the Denver District Attorney's Office. The witness must be qualified as an expert by the Judge in open Court prior to providing testimony. Each invoice shall include the following supporting documentation: the dates of services, information identifying the case, information identifying the activity billed for, any off-setting revenue from the City or other sources. This payment is characterized as a fee for service.

#### Response: Criteria met




Denver Health provides Expert Witness support to the city when requested.

### 1.4 Competency Examination

The Authority agrees to provide competency evaluations or other investigative reports to determine competency as requested by the County Court. The Authority and the City's County Court have agreed to a new process, which includes scheduling a two (2) hour time block of time for a total of four (4) available examinations every week. These examinations shall be performed for a per report fee of \$600.00. The City will pay the Authority a \$225.00 preparation fee for each individual who fails to appear to the set examination. This payment is characterized as a fee for service.

#### Response: Criteria met

In 2024, Denver Health provided competency evaluations as requested by the County Court and invoiced the City for a total of \$231,000 for court competency evaluations.

Total Competency Exams	2022*	2023*	2024	Trend
# Completed	270	246	334	
# Failures to Appear	72	80	136	
Total Charges	\$ 178,200	\$ 165,600	\$ 231,000	
*Previous periods adjusted with most current data				

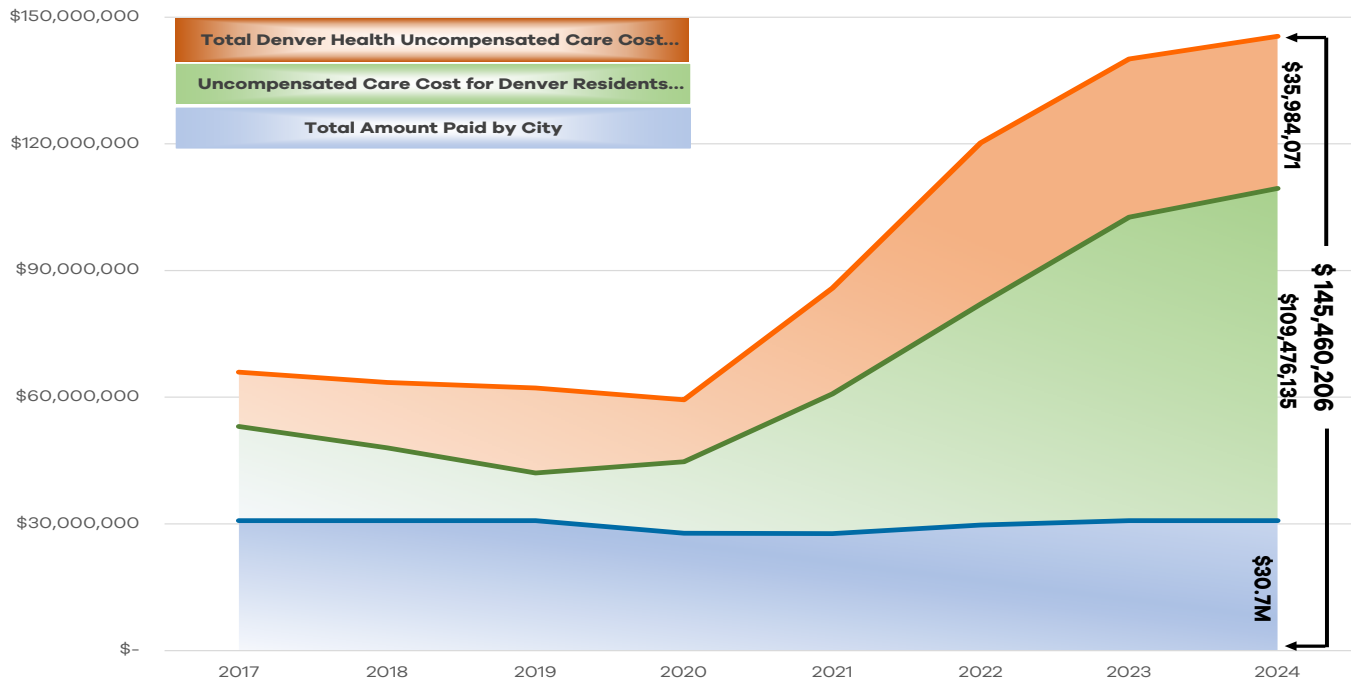
17

## Uncompensated Care

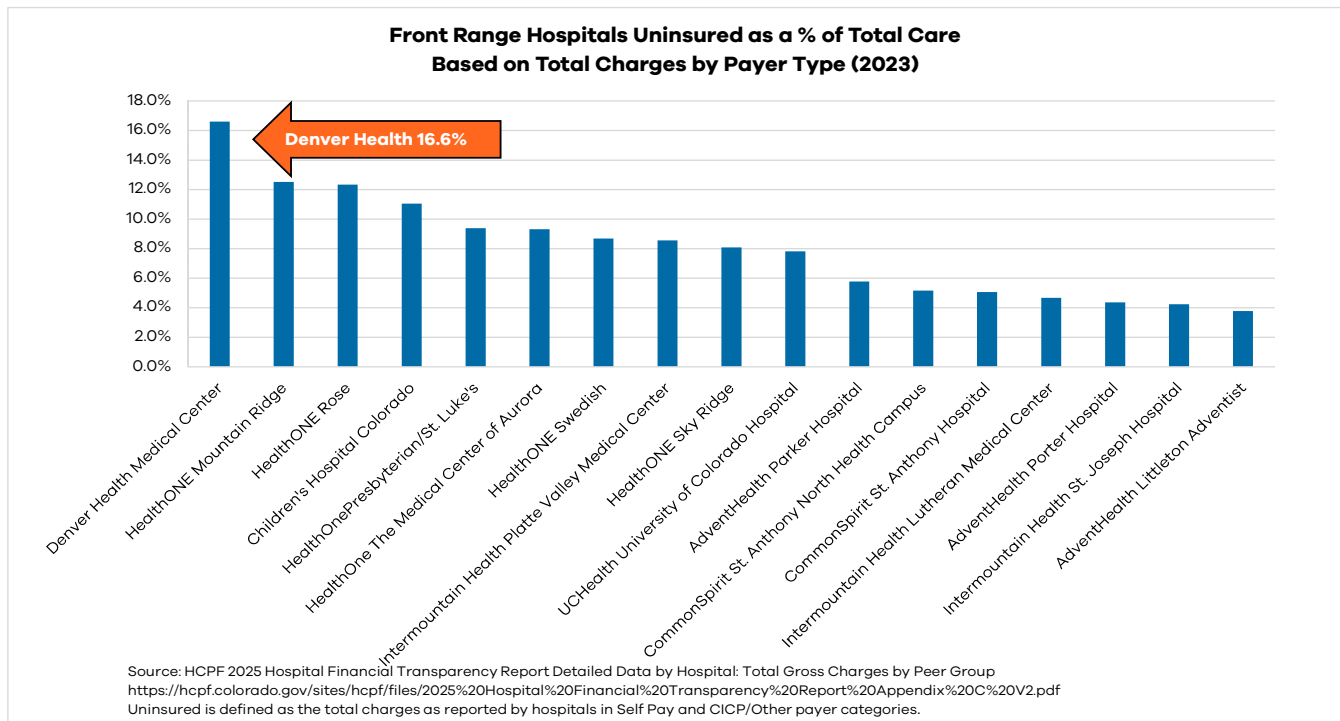


Since becoming an Authority, Denver Health has been supported by an annual, fixed City Payment that offsets a portion of the Total Uncompensated Care delivered each year. For 2024, 75% of the uncompensated care population served identified a Denver County address. The City's payment of \$30.7 million covered 21.1% of the \$145.4 million in net cost (net of all other reimbursement) of total uncompensated care delivered by Denver Health.

**Denver Health Medicaid, Medicare and Uninsured Uncompensated Care for Services**



The most current data available from Colorado Department of Health Care Policy and Financing (HCPF) 2025 Hospital Financial Transparency Report shows that Denver Health's % of Total Care for Uninsured continues to be greater than other Front Range hospitals.





A woman with dark skin and her hair in a large bun of dreadlocks is shown in profile, wearing black-rimmed glasses and a white short-sleeved button-down shirt. She is sitting at a white desk, looking at two large computer monitors. The monitors display complex financial spreadsheets with various colored cells and text. Her right hand is holding a blue pen over a clipboard with papers on the desk. A black computer mouse and a keyboard are also visible on the desk. The background is a blurred office environment with other computer screens and bright lighting.

**18**

## **Financial Statements**

**Denver Health and Hospital Authority**  
**Statements of Net Position**  
**December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 80,896,918	\$ 36,021,054
Patient accounts receivable, net of estimated uncollectibles of approximately \$84,900,000 and \$88,200,000 in 2024 and 2023, respectively	131,386,700	126,495,200
Due from other governmental entities	30,651,306	42,015,253
Due from City and County of Denver	9,183,595	10,033,686
Other receivables	21,673,649	20,720,970
Interest receivable	1,701,440	1,875,925
Due from other funds and investment in discretely presented component units	5,999,227	7,600,738
Inventories	22,221,301	22,390,235
Prepaid expenses and other assets	17,429,360	21,311,381
<b>Total Current Assets</b>	<b>321,143,496</b>	<b>288,464,442</b>
<b>Noncurrent Assets</b>		
Notes receivable	14,957,348	14,957,348
Estimated third-party payor settlements receivable	364,465	1,893,030
Equity interest in joint venture	627,800	651,014
Restricted investments	21,228,915	19,971,136
Capital, leased, and subscription assets, net of accumulated depreciation and amortization	619,993,356	628,909,686
Long-term investments	286,550,482	277,899,018
Other long-term assets	16,048,139	9,642,899
<b>Total Noncurrent Assets</b>	<b>959,770,505</b>	<b>953,924,131</b>
<b>Total Assets</b>	<b>1,280,914,001</b>	<b>1,242,388,573</b>
<b>Deferred Outflows of Resources</b>		
Deferred outflows of resources related to pension benefits	49,466,867	62,420,086
Deferred outflows of resources related to other postemployment benefits	2,755,091	3,708,982
Loss on refunding of debt	10,492,025	11,851,792
<b>Total Deferred Outflows of Resources</b>	<b>62,713,983</b>	<b>77,980,860</b>
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$ 1,343,627,984</b>	<b>\$ 1,320,369,433</b>

SOURCE: Denver Health and Hospital Authority Audit Report, April 4, 2025. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



**Denver Health and Hospital Authority  
Statements of Net Position  
December 31, 2024 and 2023**

**(Continued)**

	<b>2024</b>	<b>2023</b>
<b>LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION</b>		
<b>Current Liabilities</b>		
Current maturities of bonds payable	\$ 11,110,000	\$ 13,435,000
Current maturities of leases and subscriptions	18,340,543	11,174,901
Current maturities of notes payable	940,181	1,130,000
Medical malpractice liability	8,895,981	8,654,659
Accounts payable and accrued expenses	41,790,523	40,712,071
Accrued salaries, wages and employee benefits	50,176,482	47,556,645
Accrued compensated absences	40,019,019	38,365,012
Unearned revenue	33,764,907	29,765,535
<b>Total Current Liabilities</b>	<b>205,037,636</b>	<b>190,793,823</b>
<b>Long-Term Liabilities</b>		
Long-term portion of liability for estimated third-party settlements	6,512,712	5,714,390
Long-term portion of compensated absences	353,093	116,076
Bonds payable, less current maturities	255,869,324	268,148,000
Lease and subscription liability, less current maturities	31,843,964	31,570,510
Notes payable, less current maturities	37,423,537	38,463,032
Net pension liability	168,257,946	149,528,010
Postemployment benefits	7,499,184	7,741,905
<b>Total Long-Term Liabilities</b>	<b>507,759,760</b>	<b>501,281,923</b>
<b>Total Liabilities</b>	<b>712,797,396</b>	<b>692,075,746</b>
<b>Deferred Inflows of Resources</b>		
Deferred inflows of resources related to pension benefits	2,439,601	5,775,229
Deferred inflows of resources related to other postemployment benefits	890,509	819,082
Deferred inflows of resources related to leases	6,271,466	6,362,670
<b>Total Deferred Inflows of Resources</b>	<b>9,601,576</b>	<b>12,956,981</b>
<b>Total Liabilities and Deferred Inflows of Resources</b>	<b>722,398,972</b>	<b>705,032,727</b>
<b>Net Position</b>		
Net investment in capital assets	294,434,208	295,683,888
Unrestricted	326,794,804	319,652,818
<b>Total Net Position</b>	<b>621,229,012</b>	<b>615,336,706</b>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<b>\$ 1,343,627,984</b>	<b>\$ 1,320,369,433</b>

SOURCE: Denver Health and Hospital Authority Audit Report, April 4, 2025. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



**Denver Health and Hospital Authority**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**Years Ended December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>Operating Revenues</b>		
Net patient service revenue	\$ 1,062,515,284	\$ 969,866,999
Capitation earned net of reinsurance expense	-	1,366,220
Medicaid disproportionate share and other safety net reimbursement	164,575,118	163,097,427
City and County of Denver payment for patient care services	30,777,300	32,577,300
Federal, state and other grants	102,817,683	122,658,114
City and County of Denver purchased services	34,760,173	30,887,402
Poison and drug center contracts	19,675,467	20,369,961
Other operating revenue	61,747,885	57,017,528
<b>Total Operating Revenues</b>	<b>1,476,868,910</b>	<b>1,397,840,951</b>
<b>Operating Expenses</b>		
Salaries and benefits	917,570,314	848,333,192
Contracted services and nonmedical supplies	251,175,081	263,584,496
Medical supplies and pharmaceuticals	240,069,673	217,406,805
Depreciation and amortization	73,885,031	71,588,006
<b>Total Operating Expenses</b>	<b>1,482,700,099</b>	<b>1,400,912,499</b>
<b>Operating Loss</b>	<b>(5,831,189)</b>	<b>(3,071,548)</b>
<b>Nonoperating Revenues (Expenses)</b>		
Increase (decrease) in equity in joint venture	(23,214)	64,056
Net nonoperating grant revenue (refunds), including FEMA	(1,902,285)	3,283,928
Distribution from discretely presented component unit	3,500,000	-
Interest income	14,185,110	11,961,401
Interest expense	(14,707,266)	(14,526,899)
Net increase in fair value of investments	5,837,831	9,363,579
Gain on disposition of capital assets	2,253,958	831,197
<b>Total Nonoperating Revenues (Expenses)</b>	<b>9,144,134</b>	<b>10,977,262</b>
<b>Income Before Capital Contributions</b>	<b>3,312,945</b>	<b>7,905,714</b>
<b>Contributions Restricted for Capital Assets</b>	<b>2,579,361</b>	<b>2,899,596</b>
<b>Increase in Net Position</b>	<b>5,892,306</b>	<b>10,805,310</b>
<b>Total Net Position, Beginning of Year</b>	<b>615,336,706</b>	<b>604,531,396</b>
<b>Total Net Position, End of Year</b>	<b>\$ 621,229,012</b>	<b>\$ 615,336,706</b>

SOURCE: Denver Health and Hospital Authority Audit Report, April 4, 2025. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request

# 19

## Contract Reconciliation





April 8, 2025

To: April Audain, Chief Financial Officer, DHHA

From: Meggan Parezo, Director of Shared Services & Business Operations, Denver Department of Public Health & Environment

Subject: 2024 Denver Health Operating Agreement Contract Fiscal Close Out

Regarding the services outlined in the 2024 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that expenses for 2024 came in under the initial forecasts outlined in the Operating Agreement. Any budget shortfall realized by a specific section of the Operating Agreement was absorbed within the larger City appropriation it was budgeted within. Therefore, 2024 is closed without the need for a contract budget amendment. Please see Exhibit A for a breakdown of the variance by appendix.

Per audit recommendations, DHHA and the City agree that this memo and the Exhibit A will be included in DHHA's 2024 annual report to the City.

This memo concludes the Operating Agreement fiscal year 2024 close out. The City deeply appreciates DHHA's partnership in serving Denver's most vulnerable populations, and your partnership in financial management and reporting.



Meggan Parezo  
Director Shared Services & Business Operations  
Denver Department of Public Health and Environment



## Exhibit A: 2024 Operating Agreement Contract Budget Variance by Appendix

Appendix	Description	2024 Final Approved Budget	2024 Type of Payment	2024 Final	Difference
A-1	Medically Indigent Patient Care	30,777,300	Flat	30,777,300	0
A-2	Englewood	1,272,728	Flat	1,272,728	0
A-2	DEN Paramedic	3,587,536	Actual	3,519,738	67,798
A-2	Medical Direction and QA/QI for 911 Call Takers	78,169	Flat	78,169	0
A-2	Medical Direction Services	127,350	Flat	182,616	-55,266
A-2	EMRS Oversight	105,381	Flat	105,381	0
A-2	Emergency Service Patrol	851,772	Flat	851,772	0
A-3	Public Health	2,717,990	Actual	2,729,439	-11,449
A-4	Denver C.A.R.E.S.	3,162,399	Actual	2,649,540	512,859
A-6	Legally Detained Care at Hospital	5,612,240	Actual	5,506,547	105,693
A-8	Rocky Mountain Poison Center	108,528	Flat	108,528	0
A-9	Clinical and Laboratory Services	25,000	Fee for Service	14,220	10,780
B-1	COSH and OUCH Line	625,000	Actual	199,858	425,124
B-2	NurseLine	115,133	Flat	115,133	0
B-3	Legally Detained Care at Jail and Detention Center	20,686,796	Actual	19,612,007	1,074,789
B-7	Parkhill Financing	200,900	Flat	207,354	-6,454
B-7	South Westside Clinic CIP Payment	1,200,000	Flat	1,200,000	0
B-7	Office of Medical Examiner Waste Pick-Up	n/a	Fee for Service	8,680	-8,680
B-7	OME Postage	n/a	Fee for Service	965	-965
B-7	Treatment on Demand	642,190	Actual	584,502	57,688
B-8	Sexual Assault Nurse Examiner (SANE)	188,000	Fee for Service	201,960	-13,960
B-8	Blood Alcohol Draws	8,000	Fee for Service	9,889	-1,889
B-8	At-Risk Intervention and Mentoring (AIM)	200,575	Flat	200,575	0
B-8	First Aid CPR AED Training	n/a	Fee for Service	0	n/a
B-8	Tactical Casualty Care for Law Enforcement Training	n/a	Fee for Service	0	n/a
B-8	Fitness for Duty Psychiatric Evaluations	n/a	Fee for Service	1,200	-1,200
B-9	Expert Witnesses	40,000	Fee for Service	0	40,000
B-9	Court Competency Evaluations	185,000	Fee for Service	231,000	-46,000

Denver Department of Public Health & Environment  
 101 W Colfax Ave, Suite 800 | Denver, CO 80202  
[www.denvergov.org/PublicHealthandEnvironment](http://www.denvergov.org/PublicHealthandEnvironment)  
 p. 720-913-1311 | f. 720-865-5531 | @DDPHE

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