



**DENVER HEALTH**  
— est. 1860 —  
FOR LIFE'S JOURNEY

# REPORT TO THE CITY 2025





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# 01

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## Letter from the CEO





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

April 30, 2026

Dear Mayor Johnston,

The year 2025 was full of many achievements but also some challenges for the Denver Health and Hospital Authority. It was a year marked by growth and innovation, increased access to care for patients and financial stability. It was a year marked by new community partnerships, deeper relationships with elected officials and your administration, and national recognition for our health care system and providers. This was also a year that included federal actions that challenged our ability to serve our patients. I am pleased to share some of these highlights with you in our Operating Agreement Performance Report for calendar year 2025.

We started the year with a new vending machine on campus that offers free naloxone and hygiene kits to expand harm reduction and make lifesaving resources available amid Colorado's ongoing opioid crisis. We also opened a state-of-the-art operating room that combines advanced imaging and surgical technology to provide more efficient and equitable trauma and vascular care.

It was thrilling to fulfill a longtime vision of working with Flight for Life to expand access to rapid, lifesaving care across Denver and the region last year. Flight for Life now brings a regular helicopter presence that ensures high-quality care to trauma patients. Also of special note is that we opened a dedicated radiology suite at our Lowry Family Health Center, one of Denver Health's busiest community health centers with over 45,000 unique patients a year and more than 80 languages spoken with the majority of patients coming from the surrounding east metro neighborhood. Opening this new radiology suite marks the beginning of bringing imaging back into the communities we serve.

Mayor Johnston, we loved having you participate in the groundbreaking ceremony for the new Sam Sandos Westside Family Health Center in November and are immensely grateful that the Vibrant Denver Bond provided critical funds toward the rebuilding of the clinic. The new, modern facility will allow us to increase patient capacity by 30% and serve more than 33,000 patients each year with a host of primary, dental, behavioral health and other specialty services.

With the monies approved by the 2Q ballot initiative, we were able to cover care for our large uncompensated care population in five categories: primary care, pediatric care, emergency and trauma care, mental health care and drug and alcohol use recovery.

Finally, in December we opened the landmark Integrated Medical and Psychiatric (IMAP) unit, the first of its kind in Colorado, where patients can be treated for both medical and psychiatric needs. This integrated approach to care is so innovative that less than 3% of hospitals nationwide have an IMAP care unit. Denver Health is proud to lead the way in setting a new standard of care in this area.

Thank you, as always, for your continued partnership.

Sincerely,



Donna Lynne, DrPH  
Chief Executive Officer  
Denver Health



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# 02

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## 2025 Year in Review





# A Year In Review

Denver Health continued to strengthen its role as the city's essential health care system in 2025, advancing innovation, expanding access and deepening community partnerships. The year was marked by major milestones, including the launch of Colorado's first Integrated Medical and Psychiatric Care Unit, a new hybrid operating room and progress on the Sam Sandos Westside Family Health Center redevelopment. Teams earned national recognition in diabetes care, oncology, education and dentistry while advancing research and health equity. Investments in workforce development, clinical programs and community-based initiatives that reinforced a commitment to meeting people where they are. The 2025 year in review highlights the progress, partnerships and people driving healthier outcomes across Denver.

## JANUARY



A new vending machine on campus offers free naloxone and hygiene kits 24/7. The initiative aims to expand harm reduction and make lifesaving resources more accessible amid Colorado's opioid crisis.

Rocky Mountain Poison & Drug Safety tracked the public health impact of rising psychedelic use, highlighting programs that studied both benefits and risks amid Colorado's expanding legal and recreational use of these substances.



A state-of-the-art hybrid operating room combines advanced imaging and surgical technology to provide faster, more precise trauma and vascular care, while continuing the hospital's commitment to equitable, world-class treatment for all patients.

## FEBRUARY

A grant from the Denver Department of Public Health and Environment is supporting the launch of **Housing Outreach Partnerships and Engagement, or HOPE**, a program led by Sarah Stella, MD, connecting at-risk patients experiencing homelessness to housing and community support over the next two years.



The second annual **Orthoplastics Conference** brought together U.S. and European specialists to advance limb salvage, soft-tissue reconstruction and nerve injury treatment while highlighting the health system's unique 24/7 microvascular services and new orthoplastics fellowship.

The **Infusion Center** implemented a scheduling optimization project with Epic, reducing patient wait times by up to 63 percent, improving chair utilization and balancing nurse workloads to provide more efficient, patient-centered cancer care.

## MARCH



Denver City Councilwoman Sarah Parady visited the **Westside Family Health Center** to learn more about the **MOMAT Mobile Health Center**, which delivers methadone treatment and supportive services directly to communities, improving access for adults with opioid use disorder.

The Labor and Delivery team received the **Excellence in Collaboration Award** for its work in the **SOAR Program**, a cesarean reduction initiative that improves maternal and infant outcomes through data, coaching and statewide best-practice sharing.

In partnership with Sesame Workshop and the Foundation for Opioid Response Efforts, the **"Hand in Hand" course was launched for health care professionals using Sesame Street characters** to help support children and families affected by substance use.



Lindsey Fish, MD, urgent care division chief, received the **2025 Joseph Toscano Inspiring Excellence Award** for her leadership, dedication and contributions to urgent care and patient-centered care.

## APRIL



The Hematology-Oncology team earned the **ACS CARES Standout Health System Champion Award** for integrating ACS volunteer lay navigators into clinic workflows and strengthening patient support, a recognition celebrated during the Patient Support Pillar Volunteer event.

The Breast Imaging team **took part in the Association of Academic Radiology conference**, where the team presented its mentorship program and research on mammography screening disparities.

The **Infectious Diseases Diagnostic Excellence Program** launched to improve testing accuracy and speed. The initiative began with an Emergency Department kickoff and aims to support clinicians in choosing the right tests while advancing strategic plan goals.

A pediatric measles case linked to **international travel was quickly confirmed and contained through rapid testing and response**, earning praise from state health officials as leaders urged the public to stay current on vaccinations.

## MAY

The High-risk Infection Team and Regional Disaster Health group **presented research at the 23rd WADeM Conference in Tokyo**, showcasing disaster preparedness, virtual assessment of high-consequence infectious diseases and community paramedicine innovations to enhance field-based patient care.



The **third annual Trauma Survivors Fun Run** brought together hundreds of survivors, employees and community members, celebrating resilience and gratitude with inspiring stories from survivors before joining the 5K or 1-mile walk.

A national **CHAMPS site visit highlighted efforts improving equitable breastfeeding outcomes**, showcasing data-driven initiatives, community partnerships and culturally aligned support to increase breastfeeding initiation and exclusivity among families of color.



Rocio Pereira, MD, director of community integrated health care, was selected for the **2025-2026 Executive Leadership in Academic Health Care program**, joining a national cohort of health care leaders.

## JUNE

Denver Health was named a **Recognized Leader in Caring for People Living with Diabetes**, the only health system in Colorado to earn the honor, highlighting the Endocrinology team's strong inpatient care and systemwide commitment to high-quality diabetes management.



The **fifth anniversary of the STAR program was recognized by the Denver City Council**, celebrating a model that deploys paramedics and mental health clinicians to nonviolent 911 calls. Paramedics have been part of the model since 2020, helping connect thousands to needed support.



A new partnership with **Flight for Life brings a regular helicopter presence to campus** and expands access to rapid, lifesaving trauma care across Denver and the region. The celebration marked a longtime vision becoming reality through collaboration, leadership and a shared commitment to saving lives.

## JULY



A **game-changing radiology suite at the Lowry Family Health Center** brings critical imaging services closer to home and expands access to care for thousands of patients in one of the city's most high-need neighborhoods.

The **Bariatric Surgery Center was designated an Aetna Institute of Quality**, recognizing its commitment to safe, high-quality and cost-effective care for patients managing severe obesity. The designation reflects the strength of its care teams and their focus on delivering excellent patient outcomes.



The **High-risk Infection Team marked 10 years of preparedness** with a hands-on SICU training exercise that reinforced emergency protocols and cross-department teamwork. The simulation reflects the team's ongoing readiness to respond to complex, high-risk infectious disease scenarios.

## AUGUST



The newly renovated **permanent home of the Dental Assistant Program expands access** to paid, hands-on training and strengthens the health care workforce through key partnerships and federal support.

Ahead of International Overdose Awareness Day, **the Denver City Council recognized Denver Health with a proclamation** honoring its commitment to compassionate, lifesaving care for people with substance use disorders and the work of the Center for Addiction Medicine and Behavioral Health Services.

## SEPTEMBER

Bariatric surgery celebrates reaccreditation and **marks a milestone, serving its 1,000th patient**.

Raising the standard for moms and babies, **Denver Health receives the 2025 Celebrate 6 Award** for breastfeeding excellence from the Colorado Hospital Lactation Collaborative from the Colorado Department of Public Health and Environment.



## SEPTEMBER CONT'D

The Center for Addiction Medicine **told the stories of real people affected by the opioid crisis and overdose epidemic** with its traveling exhibit, "Stories in Black and White."



Staff, patients and community members **united during World Suicide Prevention Day to honor lives lost**, share stories of resilience and reinforce suicide prevention as a critical public health priority rooted in compassion, connection and hope.

## OCTOBER

Participation in the **NIH RECOVER consortium is advancing national understanding of long COVID**, contributing research that highlights lasting health impacts and the role of chronic conditions and social determinants in recovery.

**Denver Health was named Clinical Site of the Year by Rosalind Franklin University's Class of 2025 Student Registered Nurse Anesthetists**, recognizing its strong culture of mentorship and support for advanced clinical training.

Three dentists **were inducted into the International College of Dentists**, one of the profession's highest honors, recognizing their leadership, service and commitment to advancing oral health.



Community partners came together at the **Office of Community Integrated Health Care's annual open house** to celebrate collaboration that advances equitable care, strengthens partnerships and supports healthier outcomes for the community.

## NOVEMBER



Denver Health celebrated breaking ground on **the \$110 million rebuild of the Sam Sandos Westside Family Health Center**, expanding services and capacity to better serve the westside community for generations to come with support from the Vibrant Denver bond.



Julie Venci, MD, of the Federico F. Peña Family Health Center was named a **2026 ACGME Parker J. Palmer Courage to Teach Award recipient**, recognizing her innovative leadership in the Med-Peds Residency Program.



Denver Broncos wide receiver and return specialist Marvin Mims Jr. **visited pediatric patients at Denver Health, celebrating 13-year-old Augustine Miller**, who overcame a hand injury to win the inaugural Inpatient Pediatrics coloring contest.

## DECEMBER

**Multiple honors were earned in The Denver Gazette's Best of Mile High awards**, recognizing Adult Urgent Care, Primary Care and Audiology for trusted, patient-centered care.



Kristie Ladegard, MD, director of school-based health center psychiatry, **received a national AACAP award** recognizing her leadership in expanding school-based mental health care and support for students across Denver.



**A candlelight vigil brought together caregivers, community leaders and survivors** to honor victims of gun violence, share stories, promote healing and reinforce efforts to prevent firearm violence.



**Colorado's first Integrated Medical and Psychiatric Care Unit opened**, creating a dedicated space that brings coordinated, whole-person care to patients with complex medical and behavioral health needs.

# 03

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## 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 2025 financial statements are presented in Section 19 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 2025**

<b>Organization</b>	<b>DH Program/Site or Issue Surveyed</b>	<b>Survey/ Inspection Date</b>	<b>Term</b>
Colorado State Board of Pharmacy	Lowry FHC Pharmacy	6/24/2025	1-2 years
Colorado State Board of Pharmacy	LaCasa FHC Pharmacy	8/13/2025	1-2 years
Colorado State Board of Pharmacy	Westside FHC Pharmacy	8/20/2025	1-2 years
Colorado State Board of Pharmacy	Pena FHC Pharmacy	10/13/2025	1-2 years
Colorado State Board of Pharmacy	Central Fill Pharmacy	10/29/2025	1-2 years
Colorado State Board of Pharmacy	Montbello FHC Pharmacy	10/30/2025	1-2 years
Colorado State Board of Pharmacy	Eastside FHC Pharmacy	11/14/2025	1-2 years
Colorado State Board of Pharmacy	Denver Health Primary Care Pharmacy	12/2/2025	1-2 years
Colorado State Board of Pharmacy	OMC Pharmacy	12/8/2025	1-2 years
Colorado State Board of Pharmacy	DH Pharmacy 777 Bannock St	12/8/2025	1-2 years
Colorado State Board of Pharmacy	DH Pharmacy 790 Delaware	12/8/2025	1-2 years
Colorado State Board of Pharmacy	OMC Infusion & Clinics Pharmacy	12/8/2025	1-2 years
Colorado State Board of Pharmacy	Lake Middle School	9/9/2025	1-2 years
Colorado State Board of Pharmacy	North High School	9/9/2025	1-2 years
Colorado State Board of Pharmacy	JFK High School	11/18/2025	1-2 years
Colorado State Board of Pharmacy	South High School	12/11/2025	1-2 years
Colorado State Board of Pharmacy	Place Bridge Academy	11/18/2025	1-2 years
Colorado State Board of Pharmacy	Manual High School	4/2/2025	1-2 years
Colorado State Board of Pharmacy	West High School	3/11/2025	1-2 years
Colorado State Board of Pharmacy	Bruce Randolph Middle School	3/10/2025	1-2 years
Colorado State Board of Pharmacy	East High School	4/24/2025	1-2 years
Colorado State Board of Pharmacy	George Washington High School	10/31/2025	1-2 years
Colorado State Board of Pharmacy	Westwood FHC Pharmacy	7/31/2025	1-2 years
Colorado State Board of Pharmacy	Denver CARES	8/15/2025	1-2 years
Colorado State Board of Pharmacy	Eastside Teen Clinic	11/14/2025	1-2 years
Colorado State Board of Pharmacy	Park Hill FHC	4/23/2025	1-2 years
Colorado State Board of Pharmacy	Westside FHC Teen Clinic	8/20/2025	1-2 years
Denver Fire Department	Warehouse (Quivas)	10/17/2025	1-2 years
Denver Fire Department	Central Utility Plant	10/7/2025	1-2 years
Denver Fire Department	601 Broadway	10/7/2025	1-2 years
Denver Fire Department	Employee Garage - Acoma	10/7/2025	1-2 years
Denver Fire Department	Denver Health Pav A	10/7/2025	1-2 years
Denver Fire Department	Denver Health Bond Trailer	10/7/2025	1-2 years
Denver Fire Department	Denver Health Pav K	10/7/2025	1-2 years
Denver Fire Department	Patient Garage - Acoma	10/7/2025	1-2 years
Denver Fire Department	Denver Health Pavilion C	10/7/2025	1-2 years
Denver Fire Department	Denver Health Pavilion M	10/7/2025	1-2 years
Denver Fire Department	Dock - Delaware	10/7/2025	1-2 years
Denver Fire Department	Denver Health Pavilion H	10/6/2025	1-2 years
Denver Fire Department	Employee Garage - Bannock	10/6/2025	1-2 years
Denver Fire Department	Denver Health Pavilion B	10/6/2025	1-2 years



**DENVER HEALTH REGULATORY SURVEYS 2025**

<b>Organization</b>	<b>DH Program/Site or Issue Surveyed</b>	<b>Survey/ Inspection Date</b>	<b>Term</b>
Denver Fire Department	Denver Health Pavilions D & E - Davis	10/6/2025	1-2 years
Denver Fire Department	Denver Health Pavilion G - Webb	10/6/2025	1-2 years
Denver Fire Department	Rita Bass	10/6/2025	1-2 years
Denver Fire Department	Patient Garage - Delaware	10/6/2025	1-2 years
Denver Fire Department	Denver Health Pavilion I	10/6/2025	1-2 years
Denver Fire Department	Denver Health Pavilion J	10/6/2025	1-2 years
Denver Fire Department	Bruce Randolph Middle School	9/23/2025	1-2 years
Denver Fire Department	EVMARS - Fleet Garage	7/29/2025	1-2 years
Denver Fire Department	Eastside FHC	6/30/2025	1-2 years
Denver Fire Department	Westwood FHC	6/26/2025	1-2 years
Denver Fire Department	Denver CARES	6/25/2025	1-2 years
Denver Fire Department	Park Hill FHC	6/11/2025	1-2 years
Denver Fire Department	Westside FHC	6/2/2025	1-2 years
Denver Fire Department	Lowry FHC	5/20/2025	1-2 years
Denver Fire Department	Arapahoe House	5/14/2025	1-2 years
Denver Fire Department	Pena FHC	5/8/2025	1-2 years
Denver Fire Department	Montbello FHC	5/8/2025	1-2 years
Denver Fire Department	LaCasa FHC	5/5/2025	1-2 years
Denver Fire Department	Sloan's Lake FHC	4/14/2025	1-2 years
Department of Defense Tour	ICU/ SICU	6/3/2025	As needed
EcoSure	Good Day Café	11/26/2025	1 year
FDA	OMC Mammography	9/25/2025	1-2 years
FDA	Mobile Mammography	9/25/2025	1-2 years
National Commission on Correctional Health Care	Denver Department of Corrections and Denver County Jail	9/23-25/2025	1 year
Platinum Fire Protection	Winter Park	6/9/2025	1 year
Public Health Kitchen Survey	Licensure (Pav L & Subway)	3/20/2025	1 year
Signal Behavioral Health	Denver CARES	4/22/2025	1 year
Signal Behavioral Health	4M - Adolescent Psych	4/24/2025	1 year
Signal Behavioral Health virtual audit	OBHS	April, 2025	1 year
The Joint Commission – PATTON MOCK Survey Prep	Denver Health Medical Center	10/27-1030/2025	As requested
Vaccines For Children / CDPHE Site Visit	Evie Dennis Campus	1/8/2025	2 years
Vaccines For Children / CDPHE Site Visit	JFK High School	1/9/2025	2 years
Vaccines For Children / CDPHE Site Visit	Kunsmiller Creative Arts Academy	1/13/2025	2 years
Vaccines For Children / CDPHE Site Visit	Florence Crittenton	1/13/2025	2 years
Vaccines For Children / CDPHE Site Visit	South High School	1/14/2025	2 years
Vaccines For Children / CDPHE Site Visit	Kepner Middle School	1/14/2025	2 years
Vaccines For Children / CDPHE Site Visit	Lake Middle School	1/16/2025	2 years
Vaccines For Children / CDPHE Site Visit	North High School	1/17/2025	2 years
Vaccines For Children / CDPHE Site Visit	Webb Pediatrics	2/10/2025	2 years



DENVER HEALTH REGULATORY SURVEYS 2025			
Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Vaccines For Children / CDPHE Site Visit	West High School	2/10/2025	2 years
Vaccines For Children / CDPHE Site Visit	MLK Jr College	2/13/2025	2 years
Vaccines For Children / CDPHE Site Visit	Place Bridge Academy	2/13/2025	2 years
Vaccines For Children / CDPHE Site Visit	Primary Care (LOP)	2/18/2025	2 years
Vaccines For Children / CDPHE Site Visit	Mobile Health Center 2	2/21/2025	2 years
Vaccines For Children / CDPHE Site Visit	Mobile Health Center 3	2/21/2025	2 years
Vaccines For Children / CDPHE Site Visit	Depot/Webb Warehouse	2/21/2025	2 years
Vaccines For Children / CDPHE Site Visit	Rachel B Noel	3/21/2025	2 years
Vaccines For Children / CDPHE Site Visit	Westside Pediatrics and Teen	3/24/2025	2 years
Vaccines For Children / CDPHE Site Visit	Montbello High School	9/2/2025	2 years
Vaccines For Children / CDPHE Site Visit	LaCasa FHC	9/30/2025	2 years
Vaccines For Children / CDPHE Site Visit	DH Inpatient Pediatrics	10/8/2025	2 years
Vaccines For Children / CDPHE Site Visit	Westwood FHC	12/2/2025	2 years
Vaccines For Children / CDPHE Site Visit	Pena FHC	12/2/2025	2 years
Vaccines For Children / CDPHE Site Visit	Lowry FHC	12/9/2025	2 years

DENVER HEALTH UNANNOUNCED REGULATORY VISITS 2025			
Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Outcome
CDPHE	Licensure/certification complaint	2/18-2/20/2025	On hold – return visit 3/3/2025, no concerns
CDPHE	Licensure/certificate complaint and EMTALA	7/21-7/24/2025	No Complaint findings. EMTALA findings with action plan
CDPHE	Licensure/certification complaint / EMTALA re-visit	12/8-12/11/2025	No findings and reinstated with EMTALA – cleared
CDPHE	Trauma	2/6-2/7/2025	Follow up and action plans
DDPHE	Pav A Kitchen	3/20/2025	Findings with action plans (completed)
DDPHE	Pav A Kitchen	9/23/2025	Findings with action plans (completed)
DDPHE	OMC Café	4/7/2025	Findings with action plans (completed)
DEA audit	Methadone Clinic	12/22-23/2025	No findings
Ortho Center of Excellence	Site Survey	7/22-7/24/2025	Preliminary site survey
The Joint Commission	Outpatient complaint Lab Survey	2/20/2025	No findings
The Joint Commission and Lab/CLIA	Lab CLIA: Winter Park	7/16/2025	Findings with action plans



**DENVER HEALTH BEHAVIORAL HEALTH ADMINISTRATION (BHA) REGULATORY VISITS 2025**

<b>Organization</b>	<b>DH Program/Site or Issue Surveyed</b>	<b>Survey/Inspection Date</b>	<b>Outcome</b>
BHA	Adolescent Inpatient Behavioral Health: 3.7WM & 3.7 (BHE & CSL licenses)	1/6/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pavilion K OTP (OMAT, Methadone, CSL)	1/7/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Acute Center for Eating Disorders and Severe Malnutrition 27-65	1/7/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Adult Inpatient Behavioral Health 27-65	1/7/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Adolescent Inpatient Behavioral Health 27-65	1/8/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pavilion G Child Mental Health	1/8/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pav K non-OTP (DHARC, Mobile Crisis Unit)	1/8/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pav L STEP	1/8/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pav L Adult Mental Health	1/8/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Denver CARES (BHE & CSL)	1/9/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	OBHS--ESNP designation	3/26/2025	Essential Safety Net Provider Designation granted for all of OBHS (Pav K, G, L).
BHA	Pavilion K ATOP Outpatient 27-65	8/6/2025	Provisional License Granted.
BHA	Pavilion K ATOP Outpatient 27-65	11/12/2025	Full License Granted, to be audited during annual visit to align expiration dates across all BHA licenses.
BHA	Integrated Medical & Psychiatric Care Unit (IMAP) 27-65	10/22/2025	Provisional License Granted.
BHA	Adult Inpatient Behavioral Health 27-65	12/1/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Acute Center for Eating Disorders and Severe Malnutrition 27-65	12/2/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Adolescent Inpatient Behavioral Health: 3.7WM & 3.7 (BHE & CSL licenses), 27-65	12/3/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Denver CARES (BHE & CSL)	12/4/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pavilion K OTP (OMAT, Methadone, CSL)	12/8/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.

**DENVER HEALTH BEHAVIORAL HEALTH ADMINISTRATION (BHA) REGULATORY VISITS 2025**

<b>Organization</b>	<b>DH Program/Site or Issue Surveyed</b>	<b>Survey/Inspection Date</b>	<b>Outcome</b>
BHA	Pavilion K DHARC	12/9/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pavilion L STEP	12/9/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pavilion L Adult Mental Health	12/10/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pavilion G Child Mental Health	12/10/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Pavilion K ATOP Outpatient 27-65 & BHE	12/11/2025	Annual audit, DHHA was found to be in substantial compliance with the rules and regulations set forth in 2 CCR 502-1.
BHA	Survey Contract	2/5/2025	Zero Deficiencies



# 04

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## 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 *2025 Report to the City* dated April 30, 2026 in compliance with the 2025 Operating Agreement performance reporting requirements.

#### G. Performance Criteria Table - Clinical

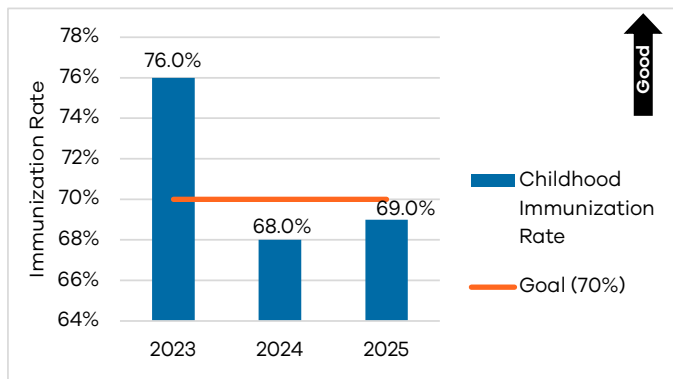
(I-W numbering follows the Authority's annual report). For all criteria, active patients are defined as empaneled patients who have had a Primary care visit in the past 18 months.

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:

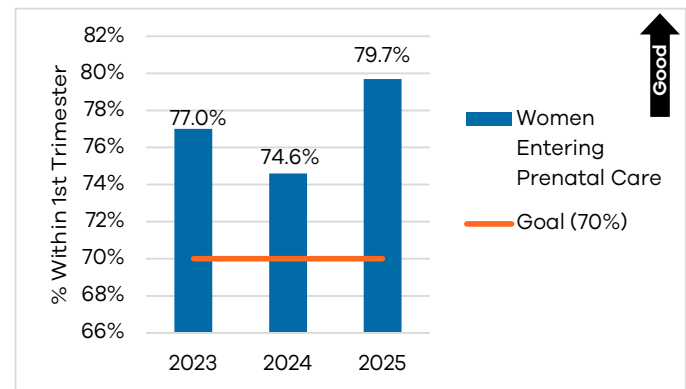
In 2024, Denver Health Ambulatory Care Services (ACS) saw a significant decrease in vaccination rates which follows national trends. Part of this decrease was due to a large influx of patients born outside the United States from December 2022 to December 2024. Denver Health as a system saw more than 15,000 new patients during this newcomer influx, which included nearly 3,000 pediatric patients who established care at

Denver Health and frequently had not received all recommended childhood vaccinations prior to arrival. In 2025, ACS saw a slight increase from 2024, which was reassuring given changes in federal administration vaccination policy. To improve access, ACS changed scheduling templates in pediatrics so that patients can schedule appointments up to 6 months in advance, which should improve access for well child visits with trusted primary care providers (PCPs) and promote timely vaccinations.

#### 1.5J Percent Women Entering Prenatal Care

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

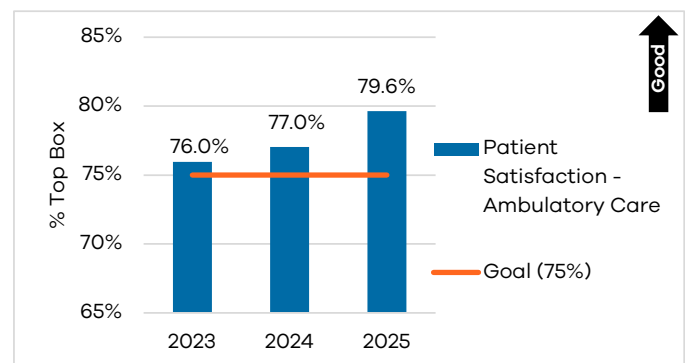
#### Response: Criteria met



#### 1.5L Patient Satisfaction

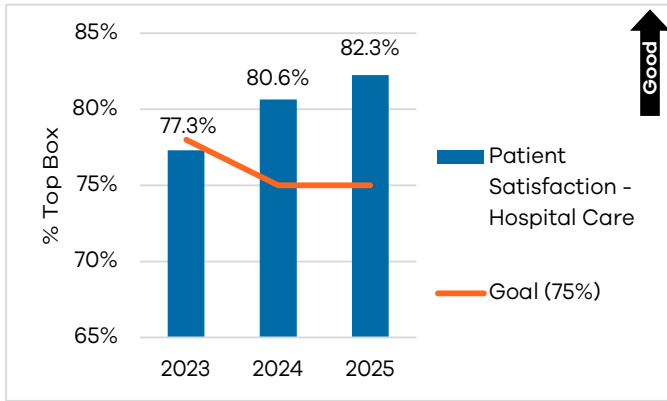
**Goal - Ambulatory Care:** The top box patient experience "Likelihood to Recommend" score in primary care will be 75% or greater.

#### 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.

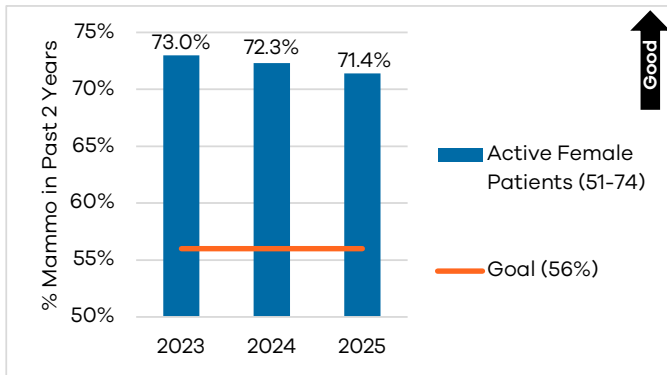
#### Response: Criteria met



**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.

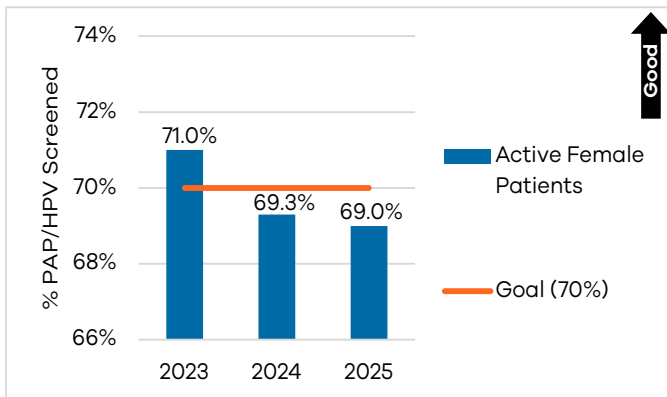
**Response:** Criteria met



**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:**

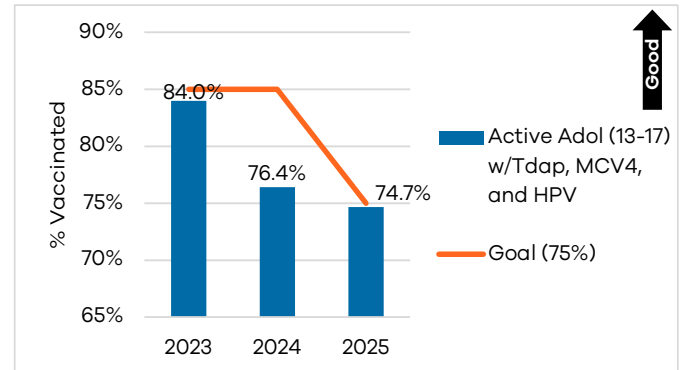
ACS observed a decline in cervical cancer screening rates in late 2024, reaching rates below 70% and remain similar in 2025. A factor in this

decrease is due to a large influx of patients born outside the US from December 2022 to December 2024. As a system, Denver Health saw <15,000 new patients during this newcomer influx with more than one-third of those patients establishing primary care at ACS. Of these new patients, nearly two-thirds were female, substantially increasing the number of unscreened eligible patients in a short period of time. OB/GYN Clinic, where cervical cancer screening rates are lower than other clinics, gained approximately 1,200 new patients from the newcomer influx. Improvement strategies include having an OB/GYN QI champion on strategic QI meetings, working to identify a new lead for the cancer screening workgroup, empowering medical assistants to drive screening through EMR alerts, and outreach and screening offered by Mobile Health.

**1.5O Adolescent Vaccinations**

**Goal:** 75% of active adolescent patients, age 13-17, will have at least one dose of Tdap and MCV4 and at least two doses of HPV vaccine.

**Response:** Criteria not met



**Variance Explanation:**

The decrease in HPV performance relative to the target goal in 2024 and the continued decline in 2025 were expected. These declines are attributed to the revised metric definition, which now requires the inclusion of two HPV doses instead of one. ACS will maintain the current process with the expectation that we should start to see improvement in the metric, which covers an 18-month period with the change affecting 2024 and 2025. Changes in scheduling templates in pediatrics, as described in Childhood Vaccines metric, are expected to have a positive impact by encouraging timely well child visit attendance with PCPs.

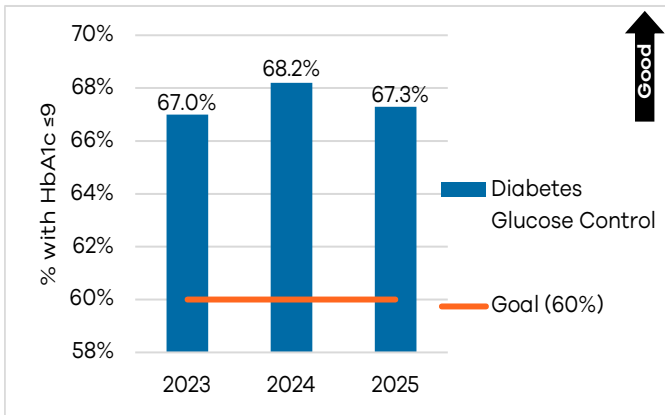


### 1.5P Diabetes Monitoring

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

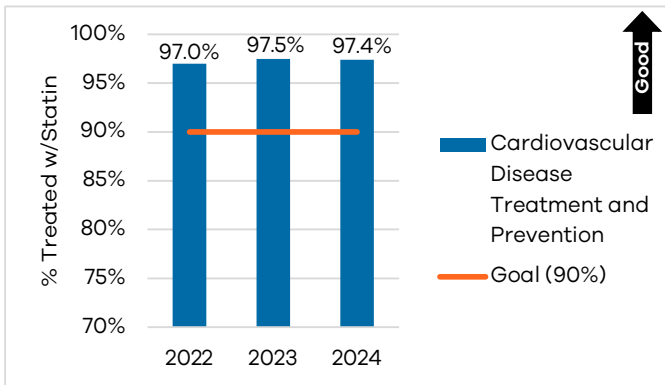
**Goal - Diabetes Glucose Control:** 60% of Diabetic patients will have an HbA1c < 9.

**Response: Criteria met**



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

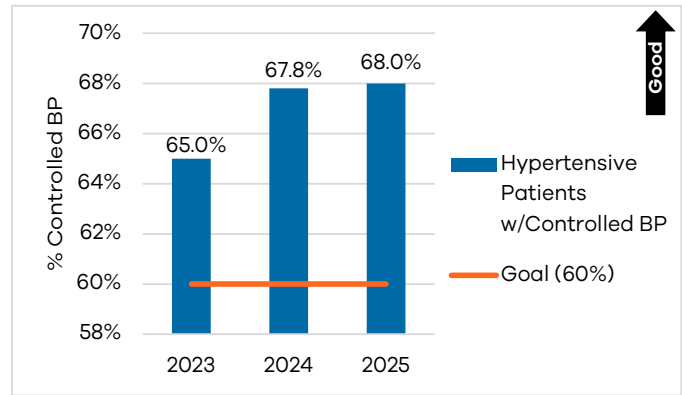
**Response: Criteria met**



### 1.5Q Hypertension Control

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

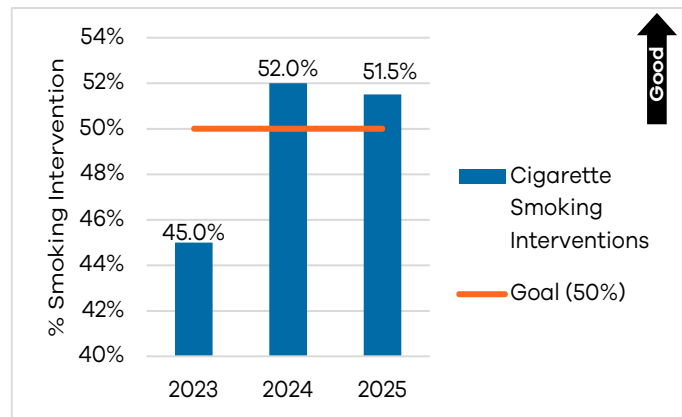
**Response: Criteria met**



### 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.

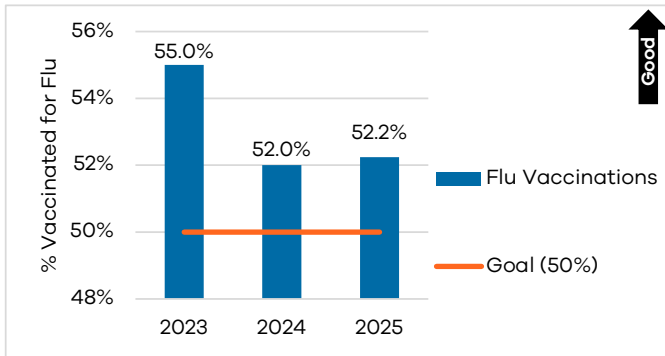
**Response: Criteria met**



### 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**

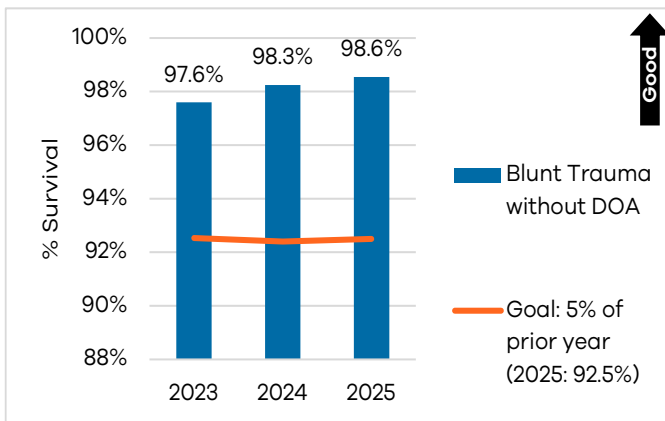


**1.5T Survival with Trauma**

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.

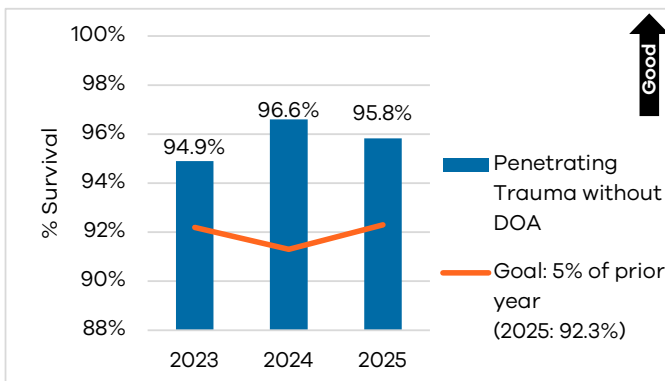
**Goal - Blunt:** Survival rate for blunt trauma will be maintained within 5% of 2024 experience, which was 98.3%.

**Response: Criteria met**



**Goal - Penetrating:** Survival rate for penetrating trauma will be maintained within 5% of 2024 experience, which was 96.6%.

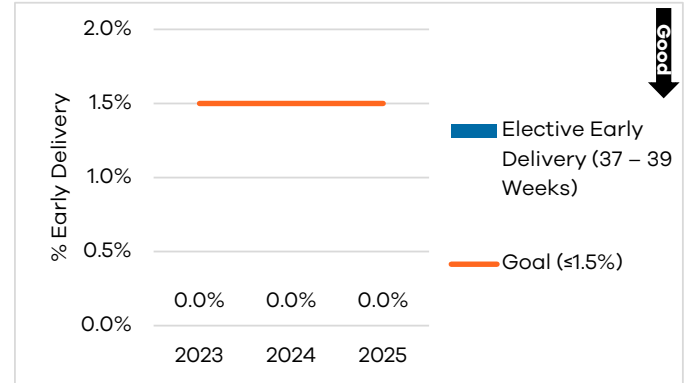
**Response: Criteria met**



**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 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	2023	2024	2025
Hospital-Acquired Infection Rates 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	2023	2024	2025
HIV Prevention - Pre and Post Exposure			
Number of persons started on Pre-Exposure Prophylaxis (PrEP) in STD Clinic/Ambulatory Care	1104	1092	971
Number of persons who receive non-occupational Post-Exposure Prophylaxis (PEP) in STD Clinic only	143	185	161

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

**Response: Criteria met**

See table below for details.

Statistic	2023	2024	2025	Trend
DH Medicaid Choice Average Monthly Enrollment	101,462	74,098	88,813	
Inpatient Admissions	22,235	27,120	24,323	
Inpatient Days (Equivalent Census Days)	127,409	126,459	123,370	
Emergency Room Encounters	90,334	99,626	99,828	
Urgent Care Visits <sup>1</sup>	108,816	106,331	87,675	
ER Cost/Visit	\$1,215	\$1,153	\$1,254	
Top 25 DRGs for MI population	See Final DRG Table			
NICU days	5,304	5,333	6,403	
CT Scans	76,283	54,743	90,979	
MRIs	18,447	17,699	18,051	
Outpatient Surgeries	10,551	10,317	11,131	
<b>Ambulatory Care Encounters</b> (reported volumes are building-based)				
Ambulatory Care Center <sup>2</sup>	221,595	234,432	250,148	
Webb Center for Primary Care <sup>3</sup>	88,012	96,053	97,534	
Gipson Eastside Family Health Center <sup>4</sup>	82,675	85,458	91,419	
Sandos Westside Family Health Center <sup>5</sup>	81,433	85,769	85,140	
Lowry Family Health Center <sup>6</sup>	60,279	61,573	60,658	
Montbello Health Center <sup>6</sup>	39,854	42,088	42,129	
Park Hill Family Health Center <sup>6</sup>	19,694	19,396	22,430	
La Casa/Quigg Newton Family Health Center <sup>7</sup>	22,622	24,386	25,279	
Westwood Family Health Center <sup>7</sup>	23,276	23,095	22,383	
Federico Pena Family Health Center <sup>8</sup>	84,467	86,925	81,588	
Sloan's Lake Health Center <sup>9</sup>	15,685	18,726	18,506	
Other <sup>10</sup>	269,294	318,609	307,064	
OP Behavioral Health Visits <sup>11</sup>	221,133	246,630	255,880	
<b>Total Ambulatory Care Encounters</b>	<b>1,230,019</b>	<b>1,343,140</b>	<b>1,360,158</b>	
OP Pharmacy Cost/per patient	\$81	\$85	\$93	

<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.

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 2025-December 2025), Denver Health's observed inpatient mortality was 10% 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 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, Joint Commission conducted surveys of all outpatient laboratories, resulting in maintenance of full accreditation. In 2025, no additional accreditation surveys were required. In 2026, Joint Commission will be conducting surveys on the five distinct areas.

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 Continued Accreditation for its Family Medicine residency. As a Sponsoring Institution, Denver Health enjoys 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					
2025 Rank	DRG#	DRG NAME	Total	2024 Rank	2023 Rank
1	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	127	1	1
2	885	PSYCHOSES	98	3	3
3	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	70	2	7
4	807	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	56	4	2
5	917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	55	9	5
6	640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITH MCC	47	5	11
7	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	43	11	6
8	202	BRONCHITIS AND ASTHMA WITH CC/MCC	40	23	N/A
9	603	CELLULITIS WITHOUT MCC	39	22	8
10	392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	38	7	4
11	795	NORMAL NEWBORN	34	16	15
12	897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	33	8	15
13	641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITHOUT MCC	32	N/A	15
14	291	HEART FAILURE AND SHOCK WITH MCC	29	17	N/A
15	189	PULMONARY EDEMA AND RESPIRATORY FAILURE	29	6	10
16	418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	27	N/A	N/A
17	193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	27	12	25
18	439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC	27	N/A	N/A
19	419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT CC/MCC	27	10	9
20	638	DIABETES WITH CC	24	24	N/A
21	690	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	23	N/A	20
22	918	POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC	23	N/A	N/A
23	806	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	23	20	N/A
24	399	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITHOUT CC/MCC	22	N/A	N/A
25	637	DIABETES WITH MCC	20	N/A	N/A

L.

Unduplicated Users and Patient Visits by Colorado County				
	2023	2024	2025	Trend
Total Unduplicated Users	269,258	274,197	271,089	
Total Visits	1,323,274	1,402,178	1,409,930	

Unduplicated Users and Patient Visits by Colorado County								
County	2023		2024		2025		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	27,253	130,941	28,554	135,375	28,704	140,163		
Alamosa	31	90	31	102	31	73		
Arapahoe	31,511	147,979	31,786	150,974	32,007	155,803		
Archuleta	10	21	17	35	8	23		
Baca	2	8	2	7	0	0		
Bent	12	60	9	87	9	27		
Boulder	1,618	5,545	1,706	6,033	1,781	5,969		
Broomfield	780	3,040	854	3,585	810	3,431		
Chaffee	39	102	40	80	38	83		
Cheyenne	4	6	6	9	3	4		
Clear Creek	148	542	144	551	152	471		
Conejos	16	28	19	69	10	58		
Costilla	14	38	13	35	8	22		
Crowley	3	17	4	8	4	4		
Custer	9	34	7	24	5	12		
Delta	19	38	24	51	34	87		
Denver	166,423	861,647	177,221	951,500	173,865	947,756		
Dolores	4	5	0	0	1	1		
Douglas	3,073	12,567	3,127	12,398	3,266	13,151		
Eagle	223	493	210	570	214	572		
El Paso	1,315	3,879	1,306	3,872	1,225	3,641		
Elbert	118	406	121	439	151	637		
Fremont	42	154	45	152	48	207		
Garfield	80	281	92	210	77	190		
Gilpin	48	151	67	275	83	286		
Grand	1,016	3,878	1,312	5,749	1,325	6,909		
Gunnison	26	53	30	47	30	59		
Hinsdale	0	0	0	0	0	0		
Huerfano	13	55	12	25	14	25		
Jackson	2	11	2	7	3	12		
Jefferson	23,482	113,078	23,869	118,209	23,659	118,262		
Kiowa	2	7	1	7	2	3		
Kit Carson	20	112	18	43	26	76		
La Plata	46	99	53	111	45	82		
Lake	33	68	57	137	38	106		
Larimer	570	1,458	601	1,482	628	1,754		
Las Animas	23	152	23	122	22	143		
Lincoln	41	137	38	113	26	62		
Logan	49	157	40	123	57	153		
Mesa	90	207	116	277	135	302		
Mineral	0	0	3	3	2	10		



L.

Unduplicated Users and Patient Visits by Colorado County								
County	2023		2024		2025		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Moffat	16	47	17	21	12	22		
Montezuma	10	45	13	69	16	27		
Montrose	26	51	36	122	18	60		
Morgan	128	456	135	537	128	495		
Otero	36	142	32	154	38	170		
Ouray	2	3	1	2	3	7		
Park	136	453	142	564	175	607		
Phillips	8	12	6	13	3	6		
Pitkin	13	50	10	39	14	42		
Prowers	18	77	15	55	19	85		
Pueblo	229	753	240	868	271	1,011		
Rio Blanco	5	9	6	31	10	25		
Rio Grande	27	52	17	41	24	55		
Routt	60	148	64	116	46	84		
Saguache	10	36	8	20	6	19		
San Juan	3	3	1	1	0	0		
San Miguel	6	13	9	15	11	16		
Sedgwick	6	27	6	35	5	32		
Summit	194	494	198	473	159	366		
Teller	19	66	23	58	27	73		
Washington	17	48	19	58	19	96		
Weld	1,436	5,151	1,584	5,916	1,521	5,955		
Yuma	13	19	13	17	6	8		
Blank/Unknown	8,632	27,575	22	57	12	40		
<b>Total</b>	<b>269,258</b>	<b>1,323,274</b>	<b>274,197</b>	<b>1,402,178</b>	<b>271,089</b>	<b>1,409,930</b>		

L.

Unduplicated Users and Patient Visits by Denver County Zip Code				
	2023	2024	2025	Trend
Total Unduplicated Users	173,638	179,676	176,634	
Total Visits	889,261	962,059	961,830	

Unduplicated Users and Patient Visits by Denver County Zip Code										
Zip Code	2022		2023		2024		2025		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	154	949	144	936	139	626	103	526		
80202	3,730	13,924	3,667	14,150	3,968	15,622	3,699	15,926		
80203	5,680	25,000	5,804	26,431	6,032	30,683	6,005	31,371		
80204	19,423	98,676	20,615	102,726	20,961	110,215	19,771	108,114		
80205	10,346	52,668	10,690	54,363	10,830	56,875	10,648	56,817		
80206	2,724	12,226	2,680	13,173	2,736	13,444	2,739	14,147		
80207	4,298	23,090	4,072	22,068	3,914	21,848	3,940	22,841		
80208	16	41	29	81	20	53	16	43		
80209	2,563	10,540	2,421	10,538	2,498	11,221	2,505	11,837		
80210	2,633	11,306	2,665	12,316	2,722	12,827	2,726	12,761		
80211	6,587	31,828	6,699	32,897	6,972	35,897	6,554	33,893		
80212	2,208	11,104	2,262	11,322	2,313	12,544	2,403	12,681		
80216	5,711	29,909	5,881	29,981	6,164	33,097	6,351	34,015		
80217	40	112	38	130	43	199	31	177		
80218	3,673	16,336	3,541	16,615	3,589	18,608	3,518	19,055		
80219	30,357	164,431	29,809	168,488	29,867	176,621	29,321	174,703		
80220	5,249	26,575	5,475	28,064	5,693	32,196	5,475	31,417		
80222	3,157	16,528	3,271	17,593	3,503	19,355	3,527	18,904		
80223	7,896	43,499	7,861	44,788	8,071	47,170	8,195	48,965		
80224	3,055	14,980	3,264	16,804	3,785	19,880	3,492	19,266		
80227	3,881	19,358	3,838	20,039	3,843	20,704	3,578	20,033		
80230	1,262	6,325	1,297	6,208	1,349	7,132	1,345	7,297		
80231	5,607	26,664	6,132	30,516	7,192	38,251	7,317	38,412		
80235	726	3,726	696	3,833	679	3,814	700	3,795		
80236	3,868	19,527	3,739	20,140	3,809	21,304	3,863	22,053		
80237	2,162	10,550	2,172	10,610	2,286	11,902	2,400	12,040		
80238	1,666	7,372	1,873	8,757	2,015	10,124	2,270	11,505		
80239	16,155	77,971	16,469	84,228	16,658	87,255	16,210	86,151		
80243	4	7	7	29	5	8	2	4		
80244	3	25	4	6	6	12	1	1		
80246	2,101	10,616	2,474	12,411	3,005	15,659	2,812	13,888		
80247	4,762	23,580	5,038	26,002	5,288	28,487	5,217	28,887		
80248	4	16	6	24	2	4	7	21		
80249	8,133	38,620	8,940	42,675	9,664	48,072	9,849	49,914		
80250	36	310	30	218	23	266	27	268		
80251	1	1	0	0	2	2	1	7		
80252	1	1	1	1	0	0	0	0		
80256	0	0	2	2	1	1	0	0		
80257	1	1	0	0	1	7	1	12		
80259	1	2	1	7	1	1	0	0		
80261	11	23	6	12	6	20	1	2		
80262	2	7	1	2	0	0	0	0		
80263	2	7	4	15	1	2	2	7		
80264	1	2	0	0	2	14	1	1		





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

























Unduplicated Users and Patient Visits by Denver County Zip Code										
Zip Code	2022		2023		2024		2025		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80265	0	0	0	0	1	1	0	0		
80266	3	6	2	3	1	9	0	0		
80271	0	0	0	0	0	0	1	1		
80273	0	0	0	0	0	0	0	0		
80274	5	22	7	27	4	8	4	48		
80281	1	3	2	10	2	3	0	0		
80290	2	2	1	7	1	2	1	18		
80291	1	3	1	3	0	0	0	0		
80293	3	5	2	3	1	1	0	0		
80294	4	6	4	7	6	10	4	5		
80299	1	1	1	2	2	3	1	1		
<b>Total</b>	<b>169,910</b>	<b>848,481</b>	<b>173,638</b>	<b>889,261</b>	<b>179,676</b>	<b>962,059</b>	<b>176,634</b>	<b>961,830</b>		

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2025 Unduplicated Users and Visits by Sex Assigned At Birth and Race* (Colorado and Out-of-State Users**)					
		2025		3-Year Trend	
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
F	African-American	16,266	76,486		
F	Amer/Alaskan Native	797	4,727		
F	Asian	3,823	17,783		
F	Hispanic	61,118	283,104		
F	Native-Hawaiian	88	292		
F	Other	7,450	26,410		
F	Oth-Pacific-Islander	386	1,461		
F	Unknown	1,167	1,390		
F	White-Caucasian	38,904	170,360		
<b>Female Total</b>		<b>129,999</b>	<b>582,013</b>		
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
M	African-American	17,810	105,891		
M	Amer/Alaskan Native	979	6,892		
M	Asian	5,251	26,828		
M	Hispanic	76,451	466,585		
M	Native-Hawaiian	101	385		
M	Other	7,060	30,383		
M	Oth-Pacific-Islander	524	2,616		
M	Unknown	1,006	1,276		
M	White-Caucasian	38,837	194,778		
<b>Male Total</b>		<b>148,019</b>	<b>835,634</b>		
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
Unknown	African-American	30	94		
Unknown	Amer/Alaskan Native	6	12		
Unknown	Asian	7	18		
Unknown	Hispanic	86	478		
Unknown	Other	80	283		
Unknown	Oth-Pacific-Islander	2	3		
Unknown	Unknown	51	51		
Unknown	White-Caucasian	239	1,459		
<b>Unknown Total</b>		<b>501</b>	<b>2,398</b>		
<b>Grand Total</b>		<b>278,519</b>	<b>1,420,045</b>		
* Table uses Derived Race as identified by Epic					
**Out of State users and visits represent 7,430 and 10,115 respectively					

L.

HOMELESS Unduplicated Users and Patient Visits by Colorado County				
	2023	2024	2025	Trend
Total Unduplicated Users	14,093	16,277	13,784	
Total Visits	59,303	78,397	66,296	

HOMELESS Unduplicated Users and Patient Visits by Colorado County								
County	2023		2024		2025		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	617	3,215	826	4,766	722	3,886		
Alamosa	2	5	3	16	3	10		
Arapahoe	773	4,326	1,029	6,461	961	5,211		
Archuleta	0	0	0	0	0	0		
Baca	0	0	0	0	0	0		
Bent	3	12	2	24	3	5		
Boulder	32	154	38	142	45	138		
Broomfield	11	27	14	135	18	136		
Chaffee	1	3	1	2	2	2		
Cheyenne	1	2	1	1	0	0		
Clear Creek	7	7	2	2	6	16		
Conejos	0	0	2	9	2	6		
Costilla	1	2	3	3	0	0		
Crowley	1	2	0	0	0	0		
Custer	0	0	0	0	0	0		
Delta	2	2	1	2	2	2		
Denver	11,654	47,465	13,384	61,699	11,080	52,500		
Dolores	2	3	0	0	0	0		
Douglas	39	172	62	391	69	355		
Eagle	1	1	3	6	3	14		
El Paso	64	152	41	156	47	102		
Elbert	3	3	4	8	3	5		
Fremont	1	1	1	5	2	4		
Garfield	1	10	2	19	3	21		
Gilpin	0	0	1	5	3	5		
Grand	12	27	8	15	2	2		
Gunnison	0	0	0	0	1	1		
Hinsdale	0	0	0	0	0	0		
Huerfano	0	0	0	0	1	1		
Jackson	0	0	0	0	0	0		
Jefferson	562	2,697	745	4,173	697	3,471		
Kiowa	1	6	0	0	0	0		
Kit Carson	0	0	0	0	0	0		
La Plata	0	0	2	7	0	0		
Lake	0	0	4	7	1	1		
Larimer	18	47	12	32	16	68		
Las Animas	1	1	1	2	0	0		
Lincoln	1	3	0	0	0	0		
Logan	3	4	4	26	2	5		



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HOMELESS Unduplicated Users and Patient Visits by Colorado County								
County	2023		2024		2025		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	7	32	5	6	10	18		
Mineral	0	0	0	0	0	0		
Moffat	1	1	0	0	0	0		
Montezuma	1	1	1	22	1	1		
Montrose	2	12	3	21	1	19		
Morgan	2	5	2	7	3	21		
Otero	3	7	4	13	2	6		
Ouray	0	0	0	0	0	0		
Park	5	66	5	28	4	10		
Phillips	1	2	0	0	1	3		
Pitkin	1	7	1	8	2	27		
Prowers	1	1	0	0	1	2		
Pueblo	9	38	6	27	12	25		
Rio Blanco	0	0	0	0	1	1		
Rio Grande	2	4	1	1	0	0		
Routt	0	0	1	1	3	13		
Saguache	0	0	0	0	0	0		
San Juan	0	0	0	0	0	0		
San Miguel	0	0	0	0	0	0		
Sedgwick	1	1	0	0	0	0		
Summit	3	10	2	2	1	1		
Teller	1	3	2	2	1	1		
Washington	0	0	0	0	0	0		
Weld	28	91	44	141	47	181		
Yuma	0	0	1	1	0	0		
Blank/Unknown	211	673	3	3	0	0		
<b>Total</b>	<b>14,093</b>	<b>59,303</b>	<b>16,277</b>	<b>78,397</b>	<b>13,784</b>	<b>66,296</b>		



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HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code				
	2023	2024	2025	Trend
Total Unduplicated Users	11,798	13,311	11,061	
Total Visits	48,027	61,394	52,425	

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2023		2024		2025		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	20	204	20	33	14	48		
80202	112	649	219	1,075	160	663		
80203	304	1,763	382	2,792	311	2,206		
80204	6,095	20,121	5,897	21,764	4,653	19,588		
80205	1,584	6,794	1,753	7,963	1,587	7,144		
80206	91	576	131	678	119	720		
80207	108	576	119	767	129	591		
80208	7	16	5	9	3	16		
80209	38	305	46	370	62	383		
80210	83	268	75	476	65	475		
80211	278	1,058	433	1,954	229	1,318		
80212	60	240	68	386	63	277		
80216	315	1,480	450	2,361	410	2,249		
80217	5	14	6	28	1	2		
80218	257	1,273	340	2,031	355	2,060		
80219	683	3,615	794	4,710	744	3,751		
80220	185	1,326	221	1,327	183	1,065		
80222	89	481	104	685	100	541		
80223	208	1,149	254	1,471	317	1,998		
80224	105	421	168	797	124	672		
80227	62	384	94	499	76	468		
80230	32	195	31	280	21	234		
80231	152	754	307	1,959	244	1,146		
80235	10	75	15	76	18	86		
80236	98	492	129	836	101	549		
80237	34	158	32	225	42	190		
80238	26	103	38	124	31	126		
80239	434	1,983	535	2,396	456	1,919		
80243	0	0	0	0	0	0		
80244	0	0	3	3	0	0		
80246	91	503	285	1,237	174	648		
80247	105	507	147	815	133	638		
80248	0	0	0	0	0	0		
80249	124	536	205	1,222	135	648		
80250	1	6	2	41	1	6		
80251	0	0	0	0	0	0		
80252	0	0	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	1	2	0	0		
80262	0	0	0	0	0	0		
80263	0	0	1	1	0	0		



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HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2023		2024		2025		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80264	0	0	1	1	0	0		
80265	0	0	0	0	0	0		
80266	0	0	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	2	2	0	0	0	0		
80299	0	0	0	0	0	0		
<b>Total</b>	<b>11,798</b>	<b>48,027</b>	<b>13,311</b>	<b>61,394</b>	<b>11,061</b>	<b>52,425</b>		



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2025 HOMELESS Unduplicated Users and Visits by Sex Assigned At Birth and Race*							
Sex At Birth	Race	2025			3-Year Trend		
		Users	Total Visits**	Charges	Users	Visits**	Charges
F	African-American	772	3,977	\$ 13,558,894			
F	Amer/Alaskan Native	90	431	\$ 2,608,916			
F	Asian	74	341	\$ 2,326,573			
F	Hispanic	2,345	11,896	\$ 36,026,195			
F	Native-Hawaiian	2	2	\$ 2,201			
F	Other	233	1,035	\$ 3,635,386			
F	Oth-Pacific-Islander	16	112	\$ 236,343			
F	Unknown	21	21	\$ 176,960			
F	White-Caucasian	1,629	8,165	\$ 44,452,403			
<b>Female Total</b>		<b>5,182</b>	<b>25,980</b>	<b>\$ 103,023,871</b>			
M	African-American	1,525	7,168	\$ 52,065,021			
M	Amer/Alaskan Native	134	948	\$ 6,460,355			
M	Asian	77	334	\$ 1,695,970			
M	Hispanic	3,067	13,259	\$ 77,209,655			
M	Native-Hawaiian	6	25	\$ 207,988			
M	Other	389	1,309	\$ 6,270,838			
M	Oth-Pacific-Islander	21	49	\$ 195,935			
M	Unknown	38	48	\$ 259,961			
M	White-Caucasian	3,435	17,447	\$ 116,608,171			
<b>Male Total</b>		<b>8,692</b>	<b>40,587</b>	<b>\$ 260,973,893</b>			
Unknown	African-American	2	13	\$ 115,297			
Unknown	Amer/Alaskan Native	1	5	\$ 73,369			
Unknown	Hispanic	5	13	\$ 58,675			
Unknown	Other	4	48	\$ 21,959			
Unknown	Oth-Pacific-Islander	-	-	\$ -			
Unknown	White-Caucasian	12	31	\$ 87,079			
<b>Unknown Total</b>		<b>24</b>	<b>110</b>	<b>\$ 356,379</b>			
<b>Grand Total</b>		<b>13,898</b>	<b>66,677</b>	<b>\$ 364,354,142</b>			

\* Table uses Derived Race as identified by Epic

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## A-2 Emergency Medical Services





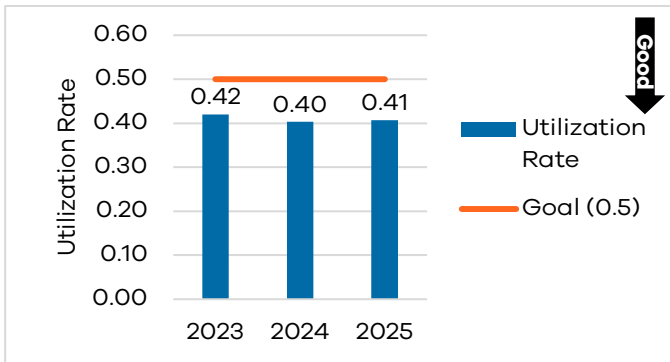
## Appendix A-2 Emergency Medical Services 1.5 Performance Criteria

Each component of the Emergency Medical Response System (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 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).

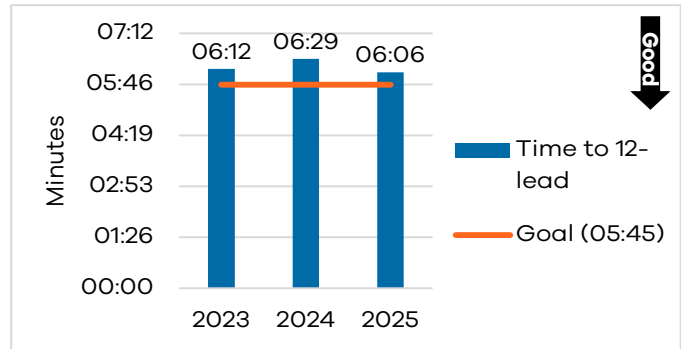
### Response: Criteria met



(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

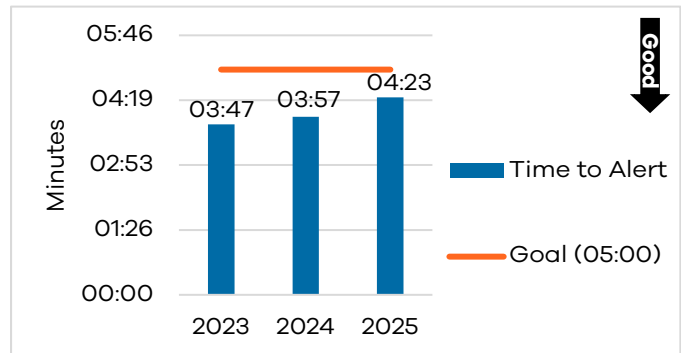


### Variance Explanation:

Accurate data collection for 12-lead EKG times remained a challenge in 2025, 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.

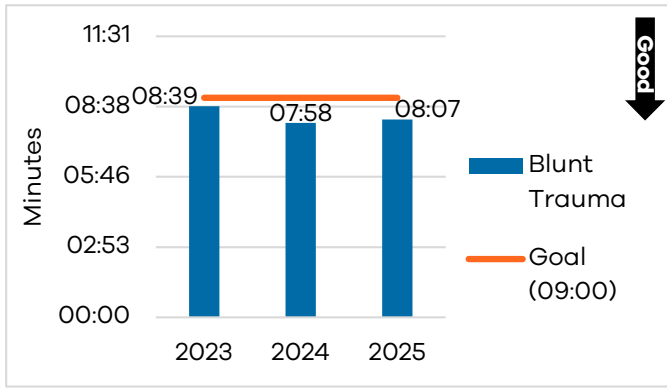
2. Median elapsed target of 5 minutes or fewer from qualifying 12 lead ECG to hospital notification for patients meeting STEMI (cardiac alert) criteria .

### Response: Criteria met



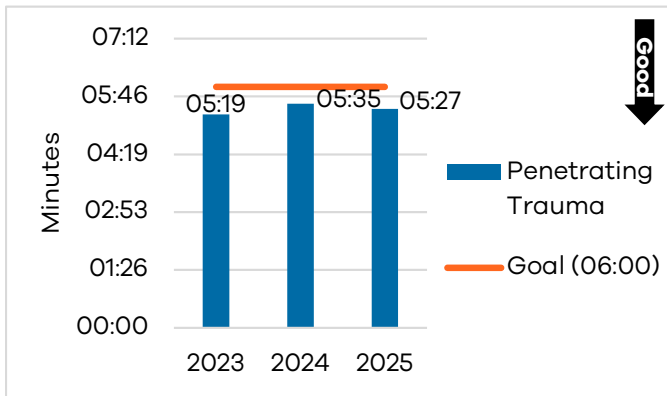
3. Median elapsed transport ambulance scene time of 9 minutes or fewer from time of arrival to departure for blunt trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

### Response: Criteria met



4. Median elapsed transport ambulance scene time of 6 minutes or less 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.

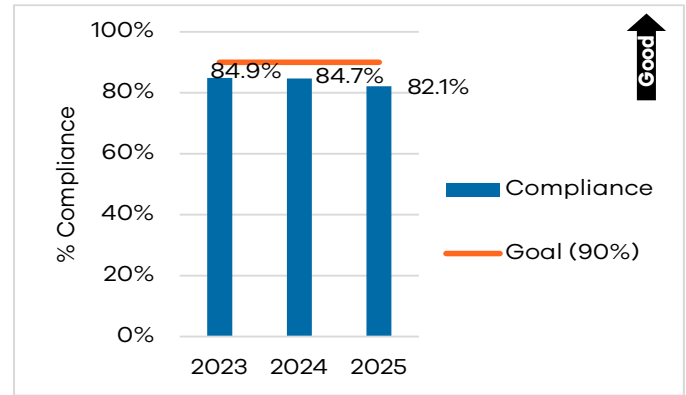
**Response:**

Criteria disposition pending data availability. Criteria met for previous reporting year.

Utstein	2023	2024	2025	Trend
Actual	37.0	34.8*		
*Data unavailable until after 4/30/2026				

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 2025, DHPD continued to increase staffing levels and ensure we are getting the right resource to the right call at the right time. However, increasing call volume demand still exceeded available resources. DHPD intends to continue hiring and to explore opportunities to reduce unnecessary ambulance response and transport through alternative resource deployment whenever possible. Concurrently, through a collaborative effort with members of the EMRS, it has been acknowledged that the current response time metrics and reporting are not the most accurate measure of system health or efficacy. As the group works to analyze, identify, and update the performance metrics, the group agrees to continue using the current response time criteria, recognizing that it is insufficient as a measure of system or individual agency performance. Work is being done to collaboratively create a new model for response-time compliance. This new model will define specific criteria for measuring system health and efficacy by identifying relevant system goals with clinic significance. Examples of possible goals include, but are not limited to, realistic response times, utilization of appropriate resources, and patient outcomes.

(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 or another appropriate facility. ESP van service will operate sixteen-hours/day seven days/week.

**Response: Criteria met**

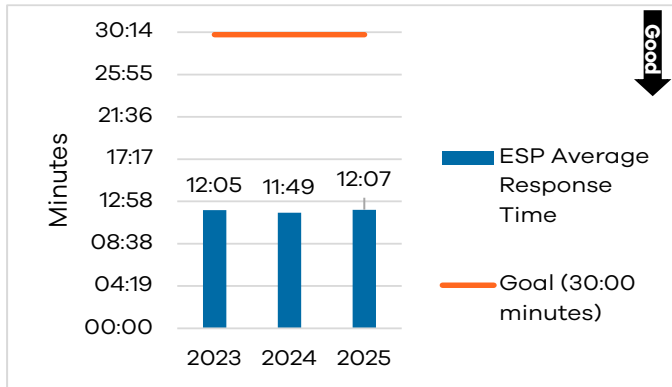
(vii) An ESP average response time of 30 minutes or fewer will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival



on the scene. A goal of 30 minutes will be set for contract year 2025 based on available resources. Emergency Services Patrol:

- Average response time

**Response: Criteria met**



- 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	2023	2024	2025	Trend
Total Calls for Service	5,003	3,640	3,347	
Avg # Clients Transported per Shift	4.9	5.1	4.7	
Avg # Shifts Worked per Month	69.6	46.7	46.1	

(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.

**Response: Criteria met**

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

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## 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:

Operating Agreement Monthly Measurements by Program 2025				
Program	Objective	Metric	Overall	Denver
<b>ID-Clinic HIV</b>	Ready access for patients for comprehensive HIV care (Overall and Denver specific)	Number of clinic medical, psychiatric, and social work encounters provided (face-to-face or telehealth)	13,534	8,415
<b>Immunization and Travel Clinic</b> Vaccine-preventable infections	Ready access for residents of and visitors to Denver to vaccines in clinical and community* settings (Overall and Denver specific)	Number of adults seen in clinic	6,823	4,258
		Number of adult vaccines given in clinic	11,265	6,885
		Number of children seen in clinic	1,939	999
		Number of children vaccines given in clinic	13,146	2,151
		Number of adults seen in community settings	197	156
		Number of adult vaccines given in community settings	407	346
		Number of children seen in community settings	606	484
		Number of children vaccines given in community settings	1,942	1,551
	Provide travel-related evaluation and immunizations (Overall and Denver specific)	Number of travel consults	2,148	1,179
		Number of travel vaccines administered in the clinic	2,089	1,095
<b>Denver Sexual Health Clinic (DSHC)</b> Sexually-transmitted infections (STI) (other than HIV and viral hepatitis)	Provide access to Denver residents and visitors to clinical sexual health services in clinical and community settings (Overall and Denver specific)	Care for possible sexually-transmitted infections in the DSHC	13,227	6,651
		Reproductive health services in the DSHC	4,896	2,670
		STI screening in community settings	3,354	1,727
		Percent of patients with gonorrhea or chlamydia treated within 7 days of diagnosis	91.6%	N/A
	Provide HIV testing in clinical and community settings (Overall and Denver specific)	Number HIV community tests in high risk venues	6,136	3,294

\*Community-based vaccines reported January through June per DDPHE and PHIDH agreement.

**Response: Criteria met**

The following performance statistics were provided Quarterly:

Operating Agreement Quarterly Measurements by Program 2025							
Program	Objective	Metric		Q1	Q2	Q3	Q4
<b>ID Clinic-HIV</b>	Provide treatment for persons residing in Denver with HIV disease	Number of unique patients seen with HIV (Overall and Denver specific)	Overall	1,220	1,169	1,259	1,240
			Denver	725	692	745	731
		Percent of all ID Clinic patients with a viral load < 200 copies		92%	92%	91%	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	Overall	43	44	37	34
Denver			32	36	27	22	
<b>Denver Sexual Health Clinic (DSHC)</b> Sexually-transmitted infections (other than HIV and viral hepatitis)	Access to pre-exposure prophylaxis for HIV	Number of persons started on PrEP in DSHC (Overall and Denver specific)	Overall	129	135	158	104
			Denver	73	75	90	52
Hepatitis C	Provide testing for Hepatitis C among persons at increased risk in the DSHC	Number of persons tested for Hepatitis C (Overall and Denver specific)	Overall	1,077	1,027	1,371	872
			Denver	568	522	545	327
<b>TB Clinic</b>	Provide tuberculosis (TB) testing, prevention, and treatment for persons residing in Denver and Metro area	See Denver Metropolitan Tuberculosis Clinic - Denver County Progress Report		Denver Metropolitan Tuberculosis Clinic - Denver County Progress Report provided to Denver Department of Public Health and Environment on a quarterly basis. Report and outcomes available upon request.			



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





## Appendix A-4 Denver Community Addiction 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	2023	2024	2025	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:

Withdrawal Management: 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:

Withdrawal Management Program	2023	2024	2025	Trend
Withdrawal Management: Average Daily Census	65	63	62	
Number of clients admitted more than one time for the program year	6,251	5,798	6,811	
Number of admissions of clients experiencing homelessness	8,376	6,689	9,151	
Number of clients who did not pay any charges due for services rendered	4,061	3,620	2,155	
Number of referrals not admitted	851	1,488	3,557	
Number of clients admitted for the first time*	724	527	3,799	
Number of clients referred with a DUI	354	265	338	
Number of client to staff assaults	11	7	-	
Number of client to client assaults	1	-	10	

\*Reporting methodology change implemented in 2025. Comparable results for previous years not available.

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 2025	Q2 2025	Q3 2025	Q4 2025	EOY 2025
Number of clients admitted more than once for the program year.	1434	1454	1468	1485	5841
Number of total <b>unique</b> clients seen in the program year	1788	1870	1784	1723	7165
Number of unanticipated or negative events (seizures, assaults, and serious injuries)	8	6	3	7	24
Demographics of clients seen in program year	Q1 2025	Q2 2025	Q3 2025	Q4 2025	EOY 2025
<b>Age</b>					
18-29	413	455	457	406	1731
30-39	570	606	547	569	2292
40-49	401	390	413	400	1604
50-59	259	267	231	221	978
60+	145	152	136	127	560
<b>Gender</b>					
Male	1374	1393	1345	1323	5435
Female	411	469	419	392	1691
Unknown	3	8	20	8	39
<b>Race</b>					
White or Caucasian	1029	1108	996	988	4121
Black or African American	233	214	239	249	935
American Indian or Alaska Native	48	51	50	51	200
Other Pacific Islander	11	4	13	6	34
Native Hawaiian	4	2	1	2	9
Asian	16	11	15	15	57
Other	335	372	367	333	1407
Unknown	57	58	53	31	199
Decline to Answer	55	50	50	48	203
<b>Ethnicity</b>					
Not Hispanic, Latino/a, or Spanish Origin	1099	1112	1068	1070	4349
Hispanic, Latino/a, or Spanish Origin	586	648	624	585	2443
Mexican, Mexican American, or Chicano/a	0	1	1	0	2
Unknown	55	59	51	29	194
Decline to Answer	48	50	40	39	177
<b>Housing Status (reported by visit)*</b>					
Unhoused	3133	3069	2519	2728	11449
Housed/Unknown	3079	2936	2890	2841	11746
<b>Medicaid Status</b>					
Have Medicaid	983	994	935	902	3814
Don't have Medicaid	805	876	849	821	3351
*Effective 2025, housing status tracking transitioned from patient-level (point-in-time) to visit-level reporting to better reflect patients' status at discharge.					



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## **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 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 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	2023	2024	2025	Trend
<b>Discharges</b>				
Denver	371	376	363	
All Jurisdictions	600	579	629	
<b>Total Hospital Days</b>				
Denver	1,811	2,296	1,563	
All Jurisdictions	2,776	2,893	2,695	
<b>Average Length of Stay</b>				
Denver	4.9	6.2	4.3	
All Jurisdictions	4.6	5.0	4.3	
<b>CCMF Outpatient Clinic Visits</b>				
Denver	1,058	1,142	1,195	
All Jurisdictions	3,580	4,497	5,553	
<b>Denver Jail Patients Seen in ED</b>				
	1,635	1,922	1,957	

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 2025, 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 2025, 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	2023	2024	2025	Trend
Actual	47	40	44	
Target	50	50	50	



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## **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**

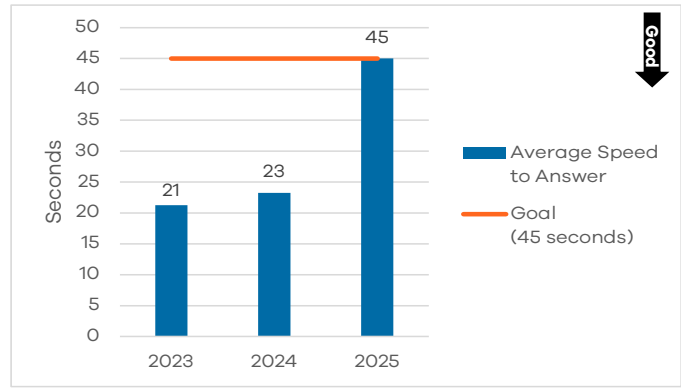
In 2025, RMPDS distributed 5,066 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area. RMPDS maintains the Colorado Poison Center website ([www.copoisoncenter.org](http://www.copoisoncenter.org)), that offers one-click contacting for individuals who may prefer non-telephonic routes of correspondence (i.e. chatting, email, texting).

Public Information Materials	2023	2024	2025	Trend
Pieces Distributed	1,785	2,180	5,066	

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	2023	2024	2025	Trend
Poison Center <sup>1</sup>				
Denver	4,551	4,551	4,721	
State	29,041	34,496	42,290	
Drug Safety Services Center <sup>2,3</sup>				
Denver	35	20	15	
State	31,787	28,084	41,440	

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

**Call Volume Trends Analysis:**

In 2025, the total number of exposure cases within Denver City and County as well as Colorado-wide reported to the Rocky Mountain Poison Center were up slightly from 2024 volumes. Total exposure cases from 2025 in Colorado were 38,686 (increase of 5.6% from 2024); cases in Denver City and County were 4,510 (increase of 7.8% from 2024). Human exposures represent the majority of cases in both Denver City and County and Colorado-wide (4,637 [97% of cases], 37,267 [96% of cases], respectively).



Mental health challenges continue to remain a public health area of focus locally and worldwide. We observed a 12.4% uptick in suicide gestures/ attempts in Denver City and County reported to the Poison Center from 2024 to 2025 (498 cases in 2024, 560 cases in 2025). Additionally, there were 4 deaths reported to the Poison Center in 2025 in Denver City and County which is a 20% decrease from 2024 (5 reported). While we observed 1 less fatality in 2025 from the previous year, there were more cases with severe outcomes compared to the previous year. There were 65 cases codified with major [life-threatening] outcomes in 2025 (46 cases in 2024). Cases marked with a "moderate" medical outcome remained stable (375 reported in 2025, 377 reported in 2024). In alignment with observing more serious outcomes in 2025, there were less uncomplicated cases marked with a "minor medical outcome" or "no effect" (2767 total in 2025, and 3175 reported in 2024). This pattern of the Poison Center managing more complicated, critical exposures while receiving less uncomplicated cases parallels national poison center trends. To further illustrate this finding, our Poison Center received 8% more health care facility calls in 2025 from the previous year (1160 cases in 2025, 1077 in 2024). Health care facility cases require more time spent on call handling, clinical assessment and formulating recommendations. Many of these cases were escalated to a medical toxicology physician fellow for expert guidance. 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 increased slightly from 2024 to 2025. Exposures involving suicide gesture increased by 12.4%, and exposures resulting in deaths were decreased slightly from the prior year. We hope this downward trend in mortality continues as harm reduction efforts and prevention strategies are strengthened and incorporated into poison center outreach, but we are concerned with the finding of more cases resulting in severe/major outcomes in 2025. This reinforces the urgency for ongoing global efforts to improve mental health services and access. Our poison center will continue to promote poison prevention in our community. Our efforts in reducing serious and fatal outcomes in the poisoned patient will remain a top priority.

In 2024 we made the decision to retire our outdated poison center charting platform and on January 2, 2025 we transitioned to a sophisticated, modernized electronic patient electronic case management system. This was a significant investment in resources and time, but has greatly enhanced our documentation, efficiency, accuracy, and clinical case handling in just 1 year. Our omnichannel capabilities (SMS and webchat) were suspended during the transition but we are confident to re-launch these capabilities with expanded enhancements in 2026.

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**

RMPDS provided quarterly reports as described above. See table on the following page for annual trend 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**



2025 Quarterly Denver Health Rocky Mountain Poison and Drug Safety Services (A-8) Providing Drug Consultation Services for the City and County of Denver							
Drug Consultation Center Program (A-8 Program)	1Q2025	2Q2025	3Q2025	4Q2025	2025 Total	2024 Total	2023 Total
Denver Drug Consultation Line Case Volume	5	1	4	5	15	20	31,787
All Other Drug Center Client Case Volume	9,009	11,025	10,066	11,340	41,440	28,084	35
Total Drug Center Cases	9,014	9,014	9,014	9,014	36,056	28,104	31,822
<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> )	1,093	1,140	1,297	1,191	4,721	4,551	4,551
All other Medical Triage Cases (DH Patients who live in the City)					0	0	0
Poison Center <sup>1</sup> Cases from All Others (only Colorado calls)	9,461	10,061	11,522	11,246	42,290	34,496	29,041
Poison Center <sup>1</sup> Public Education Pieces (English or Spanish) Distributed to Denver County	1,197	667	3,052	400	5,316	1,785	1,785
<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	744	2,184	2,208	2,208	7,344	8,760	8,760
FTE Equivalents (assumes 1,828 work hours per FTE per year; 25% FTE coverage)	0.30	0.30	0.30	0.30	1.20	1.20	1.20
<b>A-8 Program Expenses</b>							
Actual Average Drug Center FTE Staff Salary Cost Plus Benefits	\$ 160,494	\$ 160,495	\$ 160,495	\$ 160,495	\$ 641,979	\$ 641,980	\$ 641,979
Staff Cost Based on Hours of Operation & Staffing Coverage	\$ 120,371	\$ 120,371	\$ 120,371	\$ 120,371	\$ 481,484	\$ 802,475	\$ 481,484
Telephone Line Cost (for 303-389-1112)	\$ 588	\$ 591	\$ 591	\$ 591	\$ 2,361	\$ 3,940	\$ 2,361
DrugDex Software License	\$ 10,691	\$ 10,694	\$ 10,694	\$ 10,694	\$ 42,772	\$ 71,290	\$ 42,771
Total Drug Consultation Program Cost	\$ 131,649	\$ 131,656	\$ 131,656	\$ 131,656	\$ 526,617	\$ 877,705	\$ 526,616
Collected Revenue Per the City Operating Agreement	\$ 72,678	\$ 72,681	\$ 72,681	\$ 72,681	\$ 290,721	\$ 108,528	\$ 290,721
Variance (Discounted Amount)	\$ (58,971)	\$ (58,975)	\$ (58,975)	\$ (58,975)	\$ (235,896)	\$ (393,165)	\$ (235,895)
% Variance (Discount)	45%	45%	45%	45%	43%	43%	45%

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## **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

100% 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

DPLS leadership was not notified by the office of the Medical Examiner or another affected City agency of any concerns or complaints during 2025.

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 2025. 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.

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**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. Performance Metrics Annual Report. The Authority will submit an annual report by October 1 of the year following the reporting period. This report will detail performance statistics for the prior three fiscal years (including the current year) related to services provided to the City this Appendix B-1. The report will include, but not be limited to, the following key performance indicators (KPIs) to assess the effectiveness of Workers' Compensation services for City employees:

1. Clinica Operations: Average initial visit and routine follow up wait times from check in, waiting room and exam room. Appointment scheduling efficiency and percentage of appointments filled within desired timeframe.

**Response: Criteria met**

See table below for details.

Center for Occupational Safety & Health Clinic Operations (City Only)	2025*
Average Time (Minutes) from Check-in to Waiting Room (Initial Visit)	2
Average Time (Minutes) from Waiting Room to Exam Room (Initial Visit)	24
Average Time (Minutes) from Check-in to Waiting Room (Follow-up Visit)	0
Average Time (Minutes) from Waiting Room to Exam Room (Follow-up Visit)	37
Appointment Scheduling Efficiency - % Same Day Appointments for Initial Visit	78.1%
*New metrics for 2025. Results for previous years not available	

2. Treatment and Recovery: Average length of time City employees receive care from a COSH provider per claim.

**Response: Criteria met**

Center for Occupational Safety & Health Treatment and Recovery (City Only)	2025*
Average length of time City employees receive care from a COSH provider per claim	122
*New metric for 2025. Results for previous years not available.	

3. Treatment Frequency: Average number of days between COSH provider visits for injured employees.

**Response: Criteria met**

Center for Occupational Safety & Health Treatment Frequency (City Only)	2025*
Average number of days between COSH provider visits for injured employees	17
*New metric for 2025. Results for previous years not available.	

4. Average Days Off Work: Average number of days City employees are unable to work.

**Response: Criteria not met**

COSH is working to build electronic medical record (EMR) functionality to support reporting of this metric.

5. Restrict Duty: Average number of days City employees are unable to work at full capacity.

**Response: Criteria not met**

COSH is working to build EMR functionality to support reporting of this metric.

6. Average days to Maximum Medical Improvement (MMI): Average number of visits from initial treatment at COSH to achieving MMI.

**Response: Criteria met**

See table below for details.

Average Visits From Initial Treatment to MMI*	
Body Part	2025
Abdomen	3
Ankle	6
Arm	7
Back	7
Chest	5
Ear	7
Elbow	4
Eye	1
Face	1
Finger	2
Foot	4
Hand	3
Head	3
Heart	1
Hip	9
Knee	10
Leg	4
Lung	4
Multiple Body Parts	3
Neck	15
Nose	3
Shoulder	12
Throat	1
Toe	3
Wrist	5
NULL**	1
*New metric for 2025. Results for previous years not available	
**NULL indicates injury involving a body part not identified in Epic. Work to incorporate additional body part designations is ongoing in 2026.	

**Non-Workers' Compensation Encounters:**

- By Agency or Department as identified below.

**Response: Criteria met**

See table below for details.

Agency	2023	2024*	2025	Trend
Animal Control	4	0	9	
Art Museum	0	2	0	
Arts and Venues	0	0	0	
City Council	0	5	6	
City Attorney	0	3	0	
Civil Service Commission	217	0	0	
Clerks and Recorder	9	0	0	
County Court	0	1	1	
Department of Finance	2	0	0	
Department of Safety	108	0	0	
Denver International Airport	1	2	4	
Environmental Health	4	3	10	
Fire Department	52	42	99	
General Services	3	1	0	
Human Services	3	0	1	
Parks and Recreation	81	12	31	
Police Department	121	48	84	
Public Library	37	2	18	
Public Works	156	4	3	
Sheriff's Department	132	0	14	
Social Services	1	0	0	
TOTAL	931	125	280	
* 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 2025.

B. Quality Reviews: As an integral part of the medical management process identified in section 1.4 of this Appendix, COSH will conduct ongoing quality reviews of the services provided to City employees with work related injuries. The Authority and City will jointly establish a set of KPIs

aligned with industry best practices and relevant to Colorado Workers' Compensation standards. These KPIs will measure the effectiveness and quality of services provided to City employees for work related injuries. COSH will collect and analyze data related to established KPIs. This data will be incorporated into the annual report outlined in Section 1.g, annual report. Utilizing the data collected and analyzed, the City and COSH will collaborate to identify areas for improvement within COSH's Workers' Compensation Services.

**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 upon request from the City's Risk Management office, reports that quantify COSH's performance against mutually agreed-upon KPIs aligned with industry best practices and relevant Colorado medical clinic best practices for patient access to care. These KPIs may include, but are not limited to:

1. Patient Satisfaction Surveys that measure patient satisfaction with various aspects of care provided by COSH physicians and staff, included:

- Clinical competence and communication: Measures patient perception of physician expertise and ability to explain diagnoses and treatment plans.
- Courtesy and respect: Measures patient perception of respectful and courteous treatment from all COSH staff.
- Efficiency and timeliness: Measures patient perception of wait times, appointment scheduling ease, and overall efficiency of their care experience.

**Response: Criteria not met**

COSH leadership is working to develop tools to measure patient satisfaction. Progress reports are shared with the City Case Manager during their monthly meeting.

2. Clinical Quality Metrics: Metrics that track the effectiveness of COSH's treatment protocols and interventions for work-related injuries.

**Response: Criteria not met**

COSH leadership is working to develop tools to measure patient satisfaction. Progress reports are shared with the City Case Manager during their monthly meeting.



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## 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 <sup>1</sup>	2023	2024	2025	Trend
Uninsured Denver Resident Medical Triage Cases	5,372	5,341	3,825	
Uninsured Denver Resident Behavioral Health Cases (included in Triage Cases)	13	28	34	
Uninsured Second Level Consults (provider, poison control, midwives)	538	684	491	
Uninsured Denver Resident General Information Cases	205	564	619	
<b>Total Uninsured Denver Resident Cases</b>	<b>6,115</b>	<b>6,589</b>	<b>4,935</b>	
Insured Denver Resident Medical Triage Cases	33,955	31,676	30,252	
Insured Denver Resident Behavioral Health Cases (included in Triage Cases)	117	210	139	
Insured Second Level Consults (provider, poison control, midwives)	3,481	4,022	3,450	
Insured Denver Resident General Information Cases	1,345	3,335	4,597	
<b>Total Insured Denver Resident Cases</b>	<b>38,781</b>	<b>39,033</b>	<b>38,299</b>	
<b>Total Denver Resident Calls</b>	<b>44,896</b>	<b>45,622</b>	<b>43,234</b>	
Percent of all calls from Uninsured Denver Residents (includes DH established patients)	14%	14%	11%	
Medical Interpretation (minutes)	20,349	17,269	10,420	
Total Cost of Program (Includes all Denver County Residents calling the nurseline)	\$ 297,793	\$ 337,125	\$ 183,244	
Total Cost to the City for Uninsured <sup>2</sup>	\$ 102,797	\$ 115,133	\$ 181,104	

<sup>1</sup>Report data adjusted in 2025 to reflect ALL patients in the Denver zipcodes not excluding DH patients

<sup>2</sup>This is a flat fee service contract as per the agreement



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## **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 2025, 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**

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## **B-4** 9-1-1 NurseLine Services





## Appendix B-4 9-1-1 NurseLine Services

### 1.4 Performance Criteria

A. The following reports shall be developed and delivered to the City:

i. Call outcome reporting will include:

1. Total number of calls received from City and County of Denver 9-1-1 dispatch
2. Average Speed to Answer (ASA) for both Health Information Aid (HIA) and Clinical
3. Call Abandonment Rate for both HIA and Clinical

**Response: Criteria met**

See table below for details.

9-1-1 NurseLine Services Call Outcomes	2025*
Total number of calls handled from City and County of Denver 9-1-1 dispatch	1867
Average Speed of Answer (ASA) for Health Information Aid (HIA)	0:18
Average Speed of Answer (ASA) for Clinical	0
Call abandonment Rate for HIA	4%
Call abandonment Rate for Clinical	0.04%
*New metrics for 2025. Results for previous years not available	

4. Triage Outcome recommended to caller.

**Response: Criteria met**

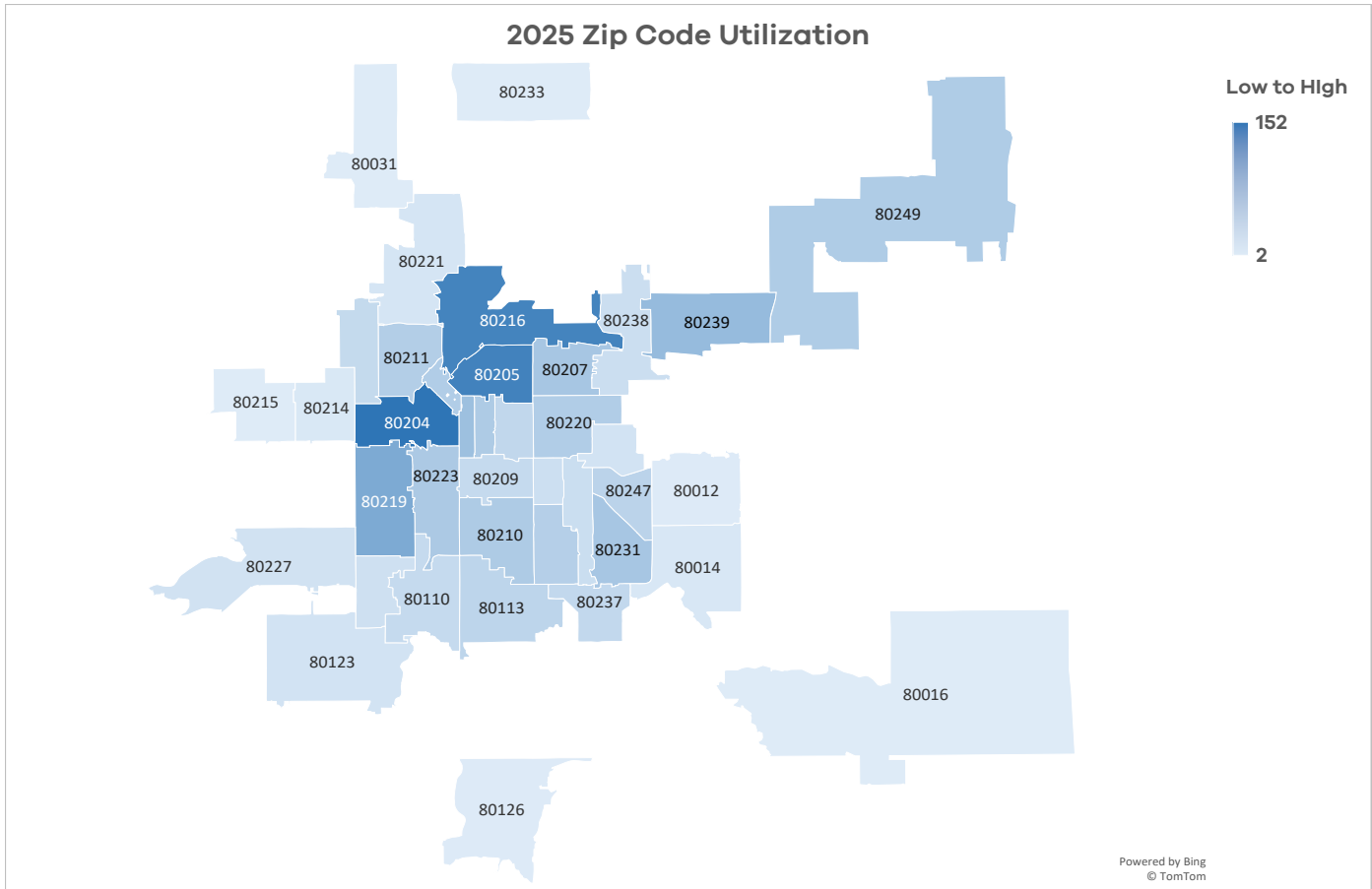
See table below for details.

9-1-1 NurseLine Services Triage Outcomes	2025*
911	19%
Appointment	13%
Emergency Department	40%
Home Care	9%
Urgent Care	19%
*New metrics for 2025. Results for previous years not available	

5. Population served; detail provided through caller zip code tracking

**Response: Criteria met**

See map below for details.



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## **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 2025, 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 2025, the City's annual payment for its land acquisition and construction contribution to the Park Hill Clinic shall be \$120,000.

**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 March 26, 2026.

### 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 Denver Health 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 \$0.29 per pound for bio-hazardous waste and sharps and \$1.26 per pound for pathological waste or any other items requiring incineration. Denver Health 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	2023	2024	2025	Trend
Biomedical and Sharps	17,108	15,027	9,065	
Pathological and Chemo (incineration required)	910	692	458	
Total	18,018	15,719	9,523	

### 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 quarterly basis according to the agreed-upon templates:

#### A. Treatment on Demand Access Measures

- i. Number of persons with an opioid use disorder (OUD) seen by Treatment on Demand
- ii. Number of persons post-overdose that are seen by Treatment on Demand
- iii. Number of persons receiving an assessment for linkage to care
- iv. Number of persons with alcohol and other substance use disorder (AOD) seen by Treatment on Demand
- v. Number of persons receiving MAT induction for OUD
- vi. Number of persons linked to community-based care across stimulant use disorder (SUD)
- vii. Percentage retained in treatment >90-days and beyond
- viii. Assess for increase in referral and linkage across SUD
- ix. Number of persons referred externally

#### Response: Criteria met

See table below for details.

Treatment on Demand Access Measures	2023	2024	2025
Number of Persons with an opioid use disorder (OUD) Seen by Treatment on Demand*	1,034	1,178	698
Number of persons post-overdose that are seen by Treatment on Demand*	N/A	N/A	53
Number of persons receiving an assessment for linkage to care	493	461	294
Number of persons with alcohol and other substance use disorder (AOD) seen by Treatment on Demand*	N/A	N/A	705
Number of persons receiving opioid medication assisted treatment (MAT) induction for OUD	463	576	484
Number of persons linked to community-based care across SUD	353	405	292
Percentage Retained in Treatment >90 Days and Beyond	59% (127 retained 90 days <sup>1</sup> / 216 Biopsychosocial Evaluations Completed)	47% (144 retained 90 days <sup>1</sup> / 309 Biopsychosocial Evaluations Completed)	40% (102 retained 90 days <sup>1</sup> / 257 Biopsychosocial Evaluations Completed)
Assess for Increase in Referral and Linkage Across SUD	719	864	1,147
Number of persons referred externally*	N/A	N/A	79

\*For 2025, number of persons with OUD split out from number of persons with AOD (see line 5 in table). Split not available for previous years.  
<sup>1</sup>Dec 90-day retention not yet available.

#### B. Develop and report metrics to:

- i. Assess Treatment on Demand services outlined in a.i-vii, (above) by number of persons with an OUD, or AUD.

#### Response: Criteria met

See table below for details.

Treatment on Demand Access Measures	2023	2024	2025
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>1</sup>	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).	The Treatment on Demand 2025 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>Nov/Dec 90-day retention not yet available



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## **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 2025, 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	2023	2024	2025	Trend
Victim Exams	461	441	475	✓
Suspect Exams	15	8	1	↘
Strangulation	138	127	172	✓
<b>Total</b>	<b>614</b>	<b>576</b>	<b>648</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	2023	2024	2025	Trend
Draws	400	461	453	

**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 2025; 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	2023	2024	2025	Result	Trend
Number of bedside interventions 2025 Goal: 250	331	393	383	✓	
Individuals served (unduplicated) 2025 Goal: 400	1087	1448	1834	✓	
Critical crisis interventions 2025 Goal: 20	35	36	21	✓	

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	2023	2024	2025	Result	Trend
Trauma-informed care trainings 2025 Goal: 10	38	52	48	✓	

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	2023	2024	2025	Trend
Classes	7	5	7	
Participants	112	84	145	

**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	2023	2024	2025
# Psychological Fitness for Duty Exam	2	2	3
# Duty Exam appointments within 5 business days	2	2	3
# Full report transmissions with physician signature	2	2	3
# Psychological Testing Related to Fitness for Duty Exam	2	2	0
Total Invoiced Amount	\$1,200	\$1,200	\$1,800



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## **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 2025, 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 \$177.00/hour for this service. The Denver District Attorney’s Office will reimburse the Authority up to a rate of \$177.00/hour for experts witnesses with an advanced educational degree (MD, PhD, PsyD, DDS, DO), and a rate of \$118/hour for witnesses without advanced educational degrees, for time spent preparing and providing in-court testimony when the expert is a prosecution witness testifying in state court matters prosecuted by the Denver District Attorney’s Office. Fees for travel time and wait time shall be paid at 50% of the authorized hourly rate. 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: witness name and credentials, dates of services, case identifying information, and detailed activity report. 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 scheduling a two (2) hour time block of time for a total of six (6) available examinations every week. In-custody evaluations performed at the Downtown Detention Center or Denver County Jail are scheduled and completed within 30 days of DHHA receiving the Order for Competency Evaluation DRMC 14-19.

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 or refused to meet with the evaluator, resulting in a finding of “Unable to Determine”. This payment is characterized as a fee for service.

**Response: Criteria met**

In 2025, Denver Health provided competency evaluations as requested by the County Court and invoiced the City for a total of \$253,575 for court competency evaluations.

Total Competency Exams	2023	2024	2025	Trend
# Completed	246	334	372	
# Failures to Appear	80	136	135	
Total Charges	\$ 165,600	\$ 231,000	\$ 253,575	

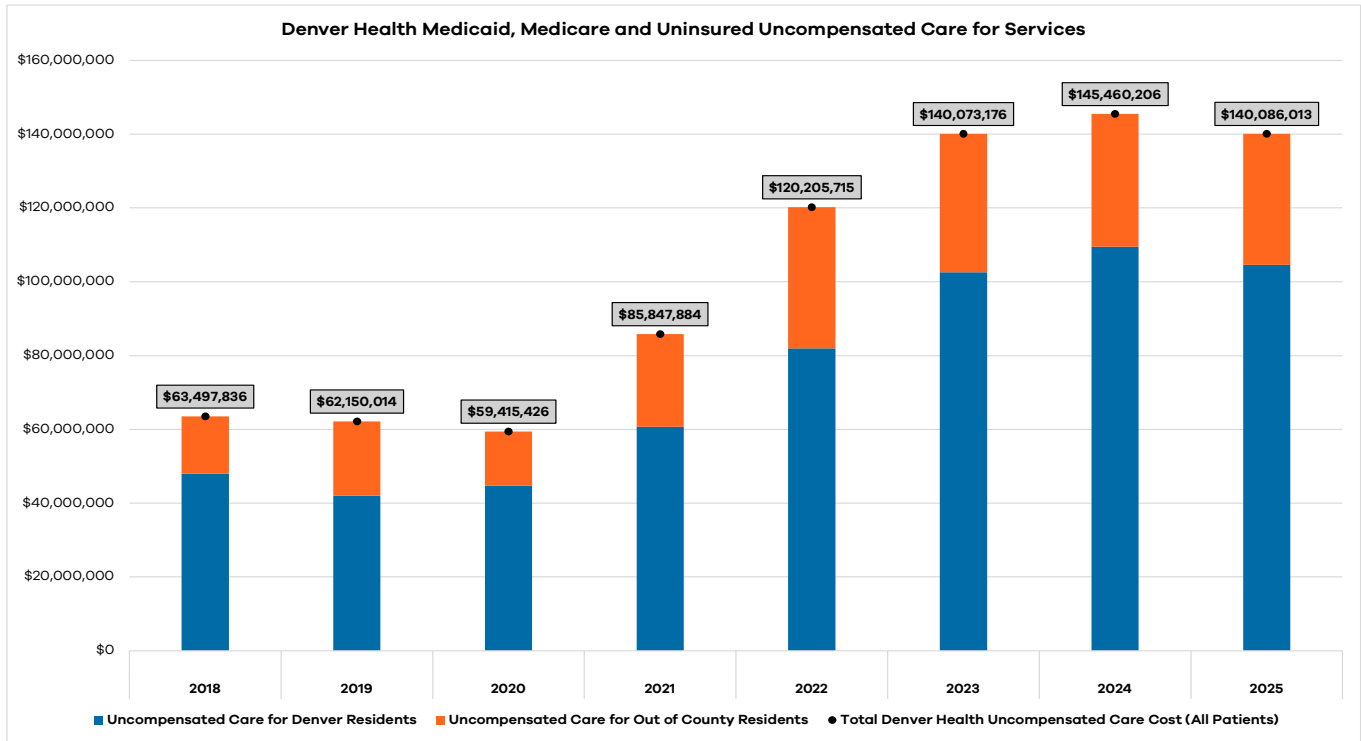
# 18

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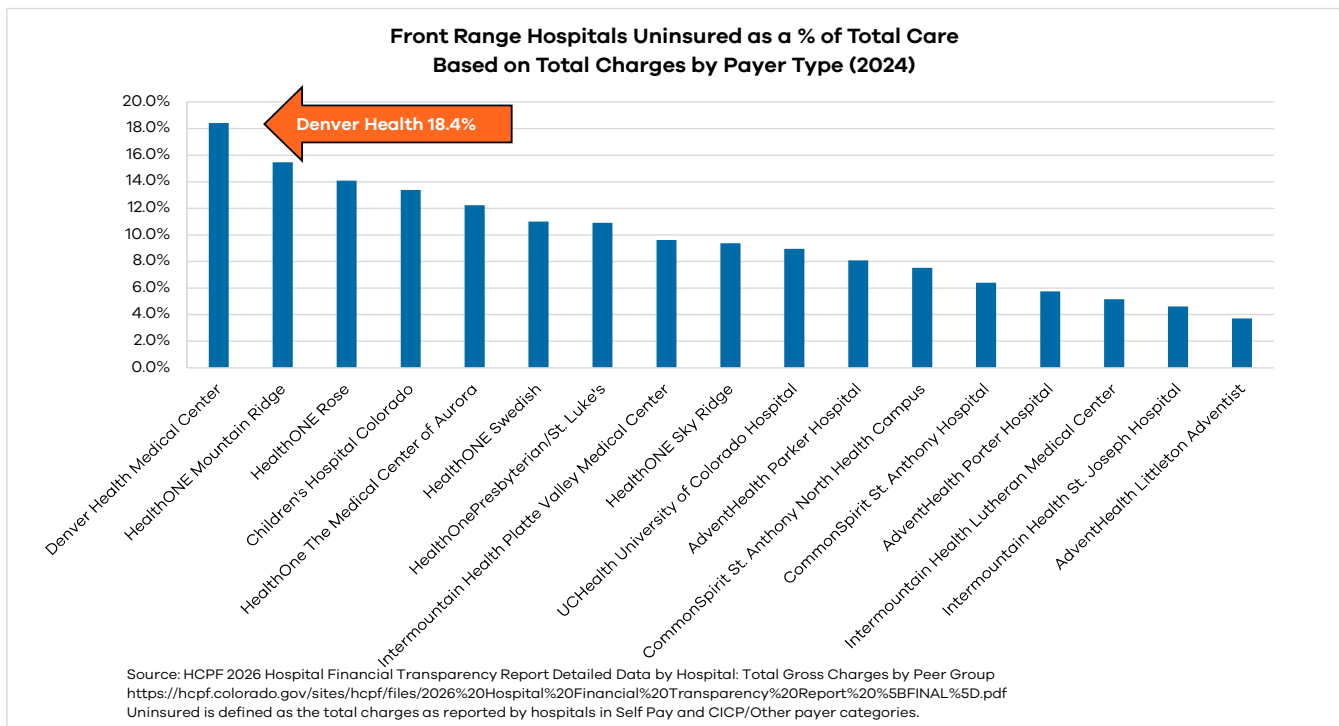
## Uncompensated Care



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 2025, 75% of the uncompensated care population served identified a Denver County address. The City's payment of \$30.7 million covered 21.9% of the \$140.5 million in net cost (net of all other reimbursement) of total uncompensated care delivered by Denver Health.



The most current data available from Colorado Department of Health Care Policy and Financing (HCPF) 2026 Hospital Financial Transparency Report shows that Denver Health's % of Total Care for Uninsured continues to be greater than other Front Range hospitals.



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## Financial Statements





**Denver Health and Hospital Authority**  
**Statements of Net Position**  
**December 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 115,907,484	\$ 80,618,412
Patient accounts receivable, net of estimated uncollectibles of approximately \$89,300,000 and \$84,900,000 in 2025 and 2024, respectively	142,490,632	131,386,700
Due from other governmental entities	28,110,716	30,651,306
Due from City and County of Denver	12,910,696	9,183,595
Other receivables	14,340,748	21,411,482
Interest receivable	3,385,618	1,701,440
Due from other funds and investment in discretely presented component unit	4,649,629	4,697,090
Inventories	24,831,718	22,221,301
Prepaid expenses and other assets	20,273,495	17,429,360
<b>Total Current Assets</b>	<u>366,900,736</u>	<u>319,300,686</u>
<b>Noncurrent Assets</b>		
Notes receivable	14,957,348	14,957,348
Estimated third-party payor settlements receivable		364,465
Equity interest in joint venture	614,393	627,800
Restricted investments	131,043,839	21,224,759
Capital, leased, and subscription assets, net of accumulated depreciation and amortization	574,346,268	596,234,917
Long-term investments	308,578,607	286,550,482
Other long-term assets	49,314,458	16,048,139
<b>Total Noncurrent Assets</b>	<u>1,078,854,913</u>	<u>936,007,910</u>
<b>Total Assets</b>	<u>1,445,755,649</u>	<u>1,255,308,596</u>
<b>Deferred Outflows of Resources</b>		
Deferred outflows of resources related to pension benefits	21,963,358	49,466,867
Deferred outflows of resources related to other postemployment benefits	1,728,015	2,755,091
Loss on refunding of debt	9,132,257	10,492,025
<b>Total Deferred Outflows of Resources</b>	<u>32,823,630</u>	<u>62,713,983</u>
<b>Total Assets and Deferred Outflows of Resources</b>	<u>\$ 1,478,579,279</u>	<u>\$ 1,318,022,579</u>

SOURCE: Supplementary information contained in the Denver Health and Hospital Authority audited financial statements for the year ended December 31, 2025. Values represent the "Total Authority" columns in the consolidating statements of net position and consolidating statements of revenue, expenses and changes in net position. In order to accurately interpret these statements, they should be read in conjunction with the full audit report including the notes that accompany the audited financial statements, available upon request.

**Denver Health and Hospital Authority**  
**Statements of Net Position**  
**December 31, 2025 and 2024**

(Continued)

	<u>2025</u>	<u>2024</u>
<b>LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION</b>		
<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 12,765,000	\$ 11,245,181
Current maturities of leases and subscriptions	18,283,002	18,340,543
Accounts payable and accrued expenses	64,814,752	50,652,447
Accrued salaries, wages and employee benefits	49,799,821	50,176,482
Accrued compensated absences	43,703,162	40,019,019
Unearned revenue	28,946,190	33,764,907
<b>Total Current Liabilities</b>	<u>218,311,927</u>	<u>204,198,579</u>
<b>Long-Term Liabilities</b>		
Long-term portion of liability for estimated third-party settlements	4,512,471	6,512,712
Long-term portion of compensated absences	377,148	353,093
Long-term debt, less current maturities	359,346,760	257,069,324
Lease and subscription liability, less current maturities	23,345,874	31,843,964
Net pension liability	173,521,093	168,257,946
Postemployment benefits	7,438,674	7,499,184
<b>Total Long-Term Liabilities</b>	<u>568,542,020</u>	<u>471,536,223</u>
<b>Total Liabilities</b>	<u>786,853,947</u>	<u>675,734,802</u>
<b>Deferred Inflows of Resources</b>		
Deferred inflows of resources related to pension benefits	2,998,680	2,439,601
Deferred inflows of resources related to other postemployment benefits	751,533	890,509
Deferred inflows of resources related to leases	5,797,912	6,271,466
<b>Total Deferred Inflows of Resources</b>	<u>9,548,125</u>	<u>9,601,576</u>
<b>Total Liabilities and Deferred Inflows of Resources</b>	<u>796,402,072</u>	<u>685,336,378</u>
<b>Net Position</b>		
Net investment in capital assets	299,163,194	307,704,306
Unrestricted	383,014,013	324,981,895
<b>Total Net Position</b>	<u>682,177,207</u>	<u>632,686,201</u>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<u>\$ 1,478,579,279</u>	<u>\$ 1,318,022,579</u>

SOURCE: Supplementary information contained in the Denver Health and Hospital Authority audited financial statements for the year ended December 31, 2025. Values represent the "Total Authority" columns in the consolidating statements of net position and consolidating statements of revenue, expenses and changes in net position. In order to accurately interpret these statements, they should be read in conjunction with the full audit report including 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  
December 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Operating Revenues</b>		
Net patient service revenue	\$ 1,160,384,483	\$ 1,059,543,778
Capitation earned net of reinsurance	-	-
Medicaid disproportionate share and other safety net reimbursement	183,962,495	164,575,118
City and County of Denver payment for patient care services	30,777,300	30,777,300
Federal, state and other grants	92,550,461	102,817,683
City and County of Denver purchased services	39,433,133	34,760,173
Poison and drug center contracts	18,041,326	19,675,467
Other operating revenue	59,655,115	61,288,403
<b>Total Operating Revenues</b>	<u>1,584,804,313</u>	<u>1,473,437,922</u>
<b>Operating Expenses</b>		
Salaries and benefits	962,324,261	917,570,314
Contracted services and nonmedical supplies	271,909,538	253,235,392
Medical supplies and pharmaceuticals	267,030,161	240,069,673
Medical and pharmacy claims incurred	(1,678)	-
Depreciation and amortization	68,966,451	72,722,851
<b>Total Operating Expenses</b>	<u>1,570,228,733</u>	<u>1,483,598,230</u>
<b>Operating Income/(Loss)</b>	<u>14,575,580</u>	<u>(10,160,308)</u>
<b>Nonoperating Revenues (Expenses)</b>		
Increase (decrease) in equity in joint venture	(4,069)	(23,214)
Net nonoperating grant revenue (refunds), including FEMA	1,477,267	(1,902,285)
Distribution from discretely presented component unit	-	3,500,000
Transfer to/from affiliate	(51,989,072)	-
Interest income	21,069,708	14,158,888
Interest expense	(17,427,830)	(13,106,668)
Net increase in fair value of investments	10,974,370	5,837,831
Gain on disposition of capital assets	4,475,570	2,253,958
Sales tax revenue	63,844,902	-
<b>Total Nonoperating Revenues (Expenses)</b>	<u>32,420,846</u>	<u>10,718,510</u>
<b>Income Before Capital Contributions</b>	46,996,426	558,202
<b>Contributions Restricted for Capital Assets</b>	<u>2,494,580</u>	<u>2,579,361</u>
<b>Increase in Net Position</b>	<u>49,491,006</u>	<u>3,137,563</u>
<b>Total Net Position, Beginning of Year</b>	632,686,201	629,548,638
<b>Total Net Position, End of Year</b>	<u>\$ 682,177,207</u>	<u>\$ 632,686,201</u>

SOURCE: Supplementary information contained in the Denver Health and Hospital Authority audited financial statements for the year ended December 31, 2025. Values represent the "Total Authority" columns in the consolidating statements of net position and consolidating statements of revenue, expenses and changes in net position. In order to accurately interpret these statements, they should be read in conjunction with the full audit report including the notes that accompany the audited financial statements, available upon request.

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## Contract Reconciliation





March 26, 2026

To: April Audain, Chief Financial Officer, DHHA

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

Subject: 2025 Denver Health Operating Agreement Contract Fiscal Close Out

Regarding the services outlined in the 2025 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that expenses for 2025 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, 2025 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 2025 annual report to the City.

This memo concludes the Operating Agreement fiscal year 2025 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: 2025 Operating Agreement Contract Budget Variance by Appendix

Appendix A Description	Payment Type	2025 Approved Budget	2025 Actual	Difference
A-1. Medically Indigent Patient Care	Flat	30,777,300	30,777,296	4
A-2. Emergency Medical Services	Multiple	6,249,807	6,090,556	159,251
Training: Continuing Education	Flat	-	-	-
Training: Certification	Fee for Service	-	-	-
Englewood	Flat	1,272,728	1,272,728	-
DEN Paramedic	Actual	3,686,065	3,526,814	159,251
Medical Direction and QA/QI for 911 Call Takers	Flat	82,859	82,859	(0)
Medical Direction Services	Flat	193,573	193,573	0
EMRS Oversight	Flat	111,704	111,704	(0)
Emergency Service Patrol	Flat	902,878	902,878	0
A-3. Public Health	Actual	2,881,069	2,722,094	158,975
A-4. Denver C.A.R.E.S.	Actual	3,276,060	3,253,847	22,213
A-6. Care for Legally Detained at Hospital	Actual	5,418,974	4,875,029	543,945
A-8. Rocky Mountain Poison Center	Flat	115,040	115,040	0
A-9. Clinical and Laboratory Services	Fee for Service	25,000	32,660	(7,660)
<b>Total Appendix A Payments</b>		<b>48,743,250</b>	<b>47,866,522</b>	<b>876,728</b>
Appendix B Description	Payment Type	2025 Approved Budget	2025 Actual	Difference
B-1. COSH and OUCH Line	Actual	625,000	171,581	453,419
B-2. NurseLine	Flat	181,114	181,114	0
B-2. Nurse Line Alpha Omega		193,318	193,318	0
B-3. Care for Legally Detained at Jail and Detention Center	Actual	21,897,436	22,315,257	(417,821)
B-7. Miscellaneous Services for DDPHE	Multiple	2,030,721	1,929,523	101,198
Parkhill Financing	Flat	120,000	83,559	36,441
South Westside Clinic CIP Payment	Flat	1,200,000	1,200,000	-
OME Waste Pick-Up	Fee for Service	30,000	6,737	23,263
OME Postage	Fee for Service		1,016	(1,016)
Treatment on Demand	Actual	680,721	638,212	42,509
B-8. Miscellaneous Services for Safety	Multiple	437,209	454,714	(17,505)
Sexual Assault Nurse Examiner (SANE)	Fee for Service	215,560	223,720	(8,160)



Blood Alcohol Draws	Fee for Service	8,439	9,454	(1,015)
At-Risk Intervention and Mentoring (AIM)	Flat	212,610	212,610	-
First Aid CPR AED Training	Fee for Service	-	-	-
Tactical Casualty Care for Law Enforcement Training	Fee for Service	-	8,930	(8,930)
Fitness for Duty Psychiatric Evaluations	Fee for Service	600	-	600
B-9. Other Miscellaneous Services	Multiple	167,550	253,831	(86,281)
Expert Witness	Fee for Service	1,950	856	1,094
Court Competency Evaluations	Fee for Service	165,600	252,975	(87,375)
<b>Total Appendix B Payments</b>		<b>25,532,348</b>	<b>25,499,338</b>	<b>33,010</b>
<b>Total Operating Agreement Payments</b>		<b>74,275,598</b>	<b>73,365,861</b>	<b>909,737</b>



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