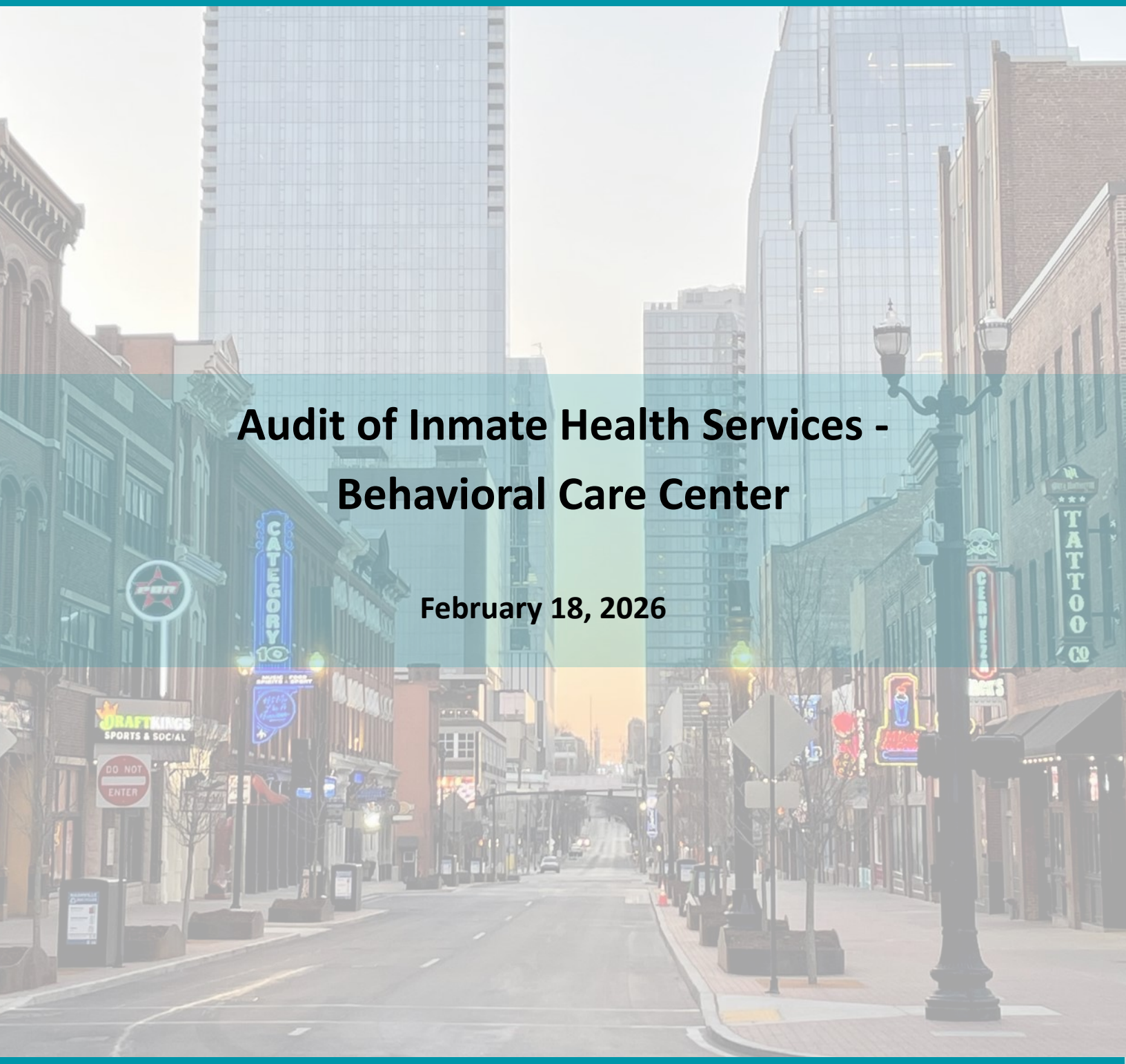
METROPOLITAN NASHVILLE GOVERNMENT

OFFICE OF INTERNAL AUDIT



Audit of Inmate Health Services - Behavioral Care Center

February 18, 2026

Metropolitan Nashville Audit Committee Members

Tom Bates Angie Henderson Delishia Porterfield Jenneen Reed Matthew Scanlan Jason Spain

EXECUTIVE SUMMARY

Why This Audit Matters

The Behavioral Care Center (BCC) is a new, pioneering program out of the Davidson County Sheriff's Office that aims to decriminalize mental health and substance abuse issues. There are few programs to benchmark such an endeavor which necessitates a thorough audit process to ensure BCC residents are not only receiving proper and timely healthcare, but the citizens of Metropolitan Nashville are receiving an effective program that leads the nation in alternatives to incarceration.

Audit Objectives and Scope

The objectives of this audit are to determine if:

- Processes and controls are in place to ensure effective and equitable intake evaluations and BCC placement.
- BCC staff are adequately trained and provided in appropriate sizes to ensure minimum job requirements are accomplished.
- Processes and controls are in place to mitigate, respond, and document critical health events including PREA allegations, mental health incidents, grievances, disciplinary actions, and deaths.
- Medical equipment and pharmaceutical inventories are properly tracked, documented, and secured.
- The discharge process is comprehensive, effective, and properly documented.

The scope of this audit included the DCSO's Behavioral Care Center and third-party vendors: Wellpath and Mental Health Cooperative from, July 1, 2022, through December 31, 2024.

What We Found

Overall, the BCC is a well-functioning program with dedicated staff, attempting to bring in residents from various locations throughout the justice system and give them the treatment many had been unable to access.

However, documented criteria for admittance of BCC residents were lacking, and the BCC serviced a population with an inverse racial makeup to the DCSO inmate population. Internal controls could be improved around healthcare, discharge, and monthly inspection documentation. The Resident Handbook included language that could be difficult for less literate residents to understand, and residents filing grievances were not given sufficient privacy.

EXECUTIVE SUMMARY

What We Recommend

Stakeholders within the BCC admittance process should develop and document specific, equitable criteria for the admission of residents to the BCC. Management should create easier to read and comprehensive materials for residents to understand healthcare related information. Additionally, policies and procedures around emergencies such as tornados and active shooters should be made, and staff and residents should perform applicable drills.

Internal controls should be strengthened around healthcare and discharge documentation such as further stakeholder signatures and timestamps on documentation, especially post-sick-call signatures by residents. More stringent internal control documentation over the medicine cart and “sharps” cabinet should be developed.

Contents

Background

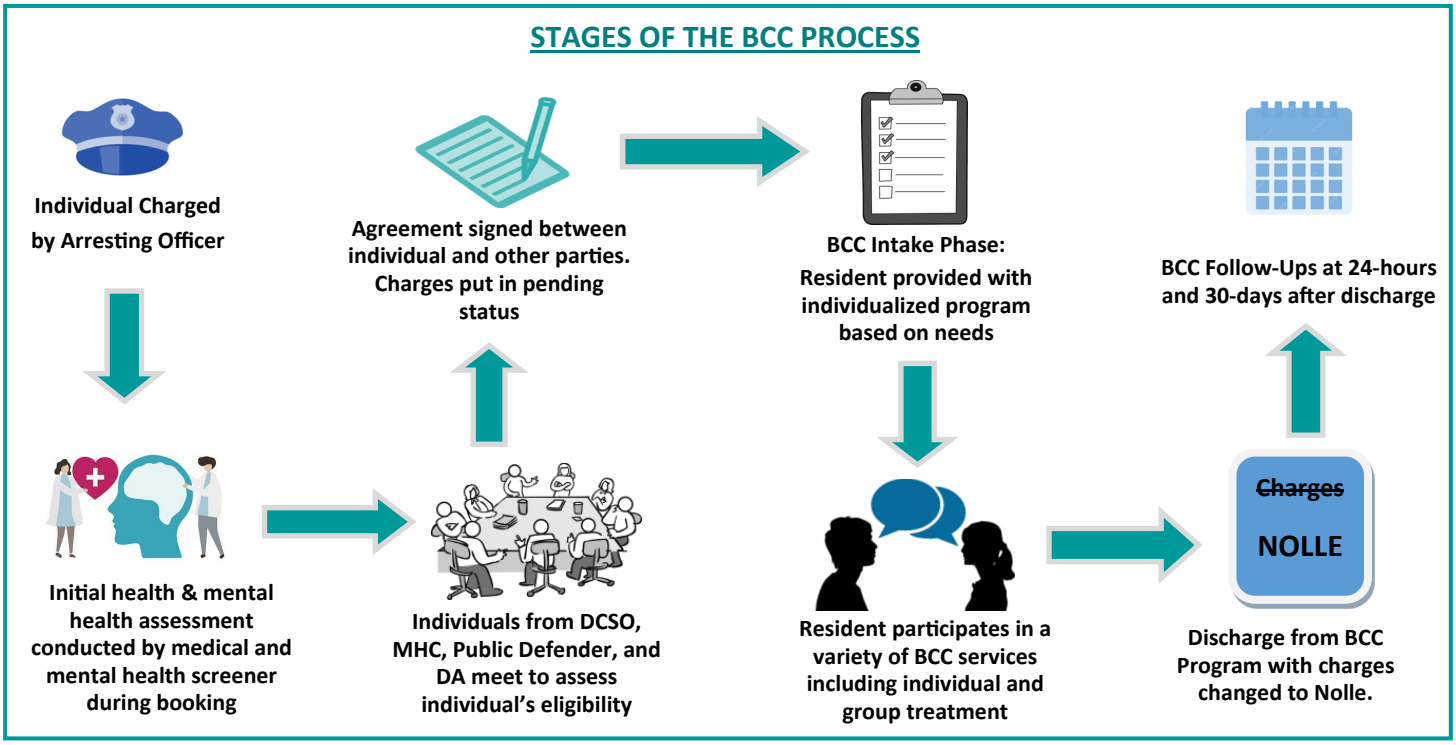
The Davidson County Sheriff's Office (DCSO) created the Behavioral Care Center (BCC) to be a state licensed adult supportive treatment facility providing gender responsive, trauma-informed care to residents. The goal of the BCC is to reduce recidivism and increase public safety by working to treat mental illnesses and decriminalize people living with them. The program was officially launched in 2020 and is an alternative to jail, in that residents who successfully complete the program will not face criminal charges and will be provided resources for continuation of care. The facility is designed to be a treatment setting rather than a correctional one. The BCC is a 60-bed facility that can house 30 males and 30 females.

DCSO does not directly oversee the healthcare of the inmates and residents under its protection. Oversight is under the purview of the Metropolitan Public Health Department, who contracts out healthcare and mental healthcare services to Wellpath, a third-party contractor. Wellpath subcontracts out the mental healthcare services to the Mental Health Cooperative (MHC). MHC oversees the programming at the BCC and also conducts the mental healthcare throughout the DCSO jail system.

Several steps occur before an individual is admitted to the BCC. After the individual is charged by the arresting officer, an initial health and mental health assessment is conducted by medical and mental health screeners. Later, individuals within the security team (DCSO), the health team (MHC), the Public Defender's Office, and the District Attorney's Office meet to assess each individual’s eligibility for the program, with determinations typically surrounding such criteria as the charges received by the individual, past criminalization, and mental health acuity.

Once an individual is deemed a good candidate for the BCC, an agreement between the individual and the other parties is signed. The individual's charges are put into a pending status, and the individual becomes a BCC resident. During the BCC intake phase, the resident is provided with an individualized program tailored to his or her needs. The plan is developed in collaboration with a mental health specialist. The residents participate in the development and implementation of their individualized treatment and discharge plan. Programs include mental health and substance abuse services, individual and group treatment, psychiatric services, and medical appointments.

Wellpath and MHC employees ensure residents receive continuity of care, especially in the discharge process. They connect residents with community-based mental health providers, substance abuse and halfway house programs, sober living, licensed home providers, or trusted family members or support. Discharge planning also includes assistance in obtaining ID cards, access to day treatment programs, health care providers, employment, mentoring, vocational programs, help applying for federal and state benefits, and ministries. Treatment staff also follow up with residents, 24-hours, 30 days, and 60 days after release from the BCC. Only on the successful completion of the BCC program will the individual's charges be designated nolle, and an expungement order will be processed.



Objectives & Conclusions

Are processes and controls in place to ensure effective and equitable intake evaluations and BCC placement?

Generally yes. The intake process is a multidisciplinary approach with individuals from DCSO, Mental Health Cooperative, the District Attorney's Office, the Public Defender's Office, and Metro Probation Department. However, there needs to be transparent criteria for admittance which may aid in mitigating the current racial discrepancy.

Were BCC staff adequately trained and provided in appropriate sizes to ensure minimum job requirements were accomplished?

Yes. Both DCSO and third-party vendor staff were qualified and continually trained in necessary procedures to care for BCC residents. There was no indication that staffing was below standard to ensure that minimum job and resident safety requirements were met. Both DCSO and third-party vendor staff appeared dedicated to the mission of the BCC.

Are processes and controls in place to mitigate, respond, and document critical health events including PREA allegations, mental health incidents, grievances, disciplinary actions, and deaths?

Generally, yes. Patient safety systems are in place, documented, and records are kept accordingly. For healthcare documentation, controls could be improved. More resident privacy to file grievances at the BCC could be offered, improvements could be made to the grievance system to remove blank grievances.

Are medical equipment and pharmaceutical inventories properly tracked, documented, and secured?

Generally, yes. Medical equipment and pharmaceuticals are kept in a locked room, and both the medical cart and sharps cabinet have the capability of being locked. DCSO does monthly inspections of this room and generally checks if properly secured and if proper paperwork is done by the third-party vendor. Both the inventory documentation signoffs and the monthly inspections need stronger internal controls. Shift change documentation lacked inventory counts and security comments, and DCSO should add specific items to monthly inspections.

Objectives & Conclusions

Is the discharge process comprehensive, effective, and properly documented?

Yes. The BCC has a dedicated discharge planner who works with the residents throughout their stay in the program. The process is comprehensive and documents various aspects of an individual's life outside of the BCC, including substance abuse treatment, halfway houses, job education or hiring, homeless shelters, benefits, and medicine.

Observations & Recommendations

Internal controls help ensure entities achieve important objectives to sustain and improve performance. The Committee of Sponsoring Organizations of the Treadway Commission (COSO), Internal Control – Integrated Framework, enables organizations to effectively and efficiently develop systems of internal control that adapt to changing business and operating environments, mitigate risks to acceptable levels, and support sound decision-making and governance of the organization. See ***Appendix B*** for a description of the observation *Assessed Risk Rating*.

Observation A

BCC Admittance Criteria

Risk Level: **High**

Criteria used to determine eligibility for the BCC are lacking. Though some criteria are established by laws, others are informally applied and not documented when denying eligibility. The lack of documented reasons hinders transparency and complicates understanding reasons for population anomalies.

Stakeholders within the security team (DCSO), the health team (MHC), the Public Defender's Office, and the District Attorney's Office meet to assess each individual's eligibility for the program. The primary decision maker is the District Attorney's Office. When asked about what criteria the office used to determine BCC eligibility, no clear criteria were provided. The District Attorney's Office noted the BCC does not take:

- Cases involving DUI charges
- Cases involving gun charges
- Cases with defendants who are actively on criminal court probation
- Cases with defendants who have cases pending in or bound over to criminal court.

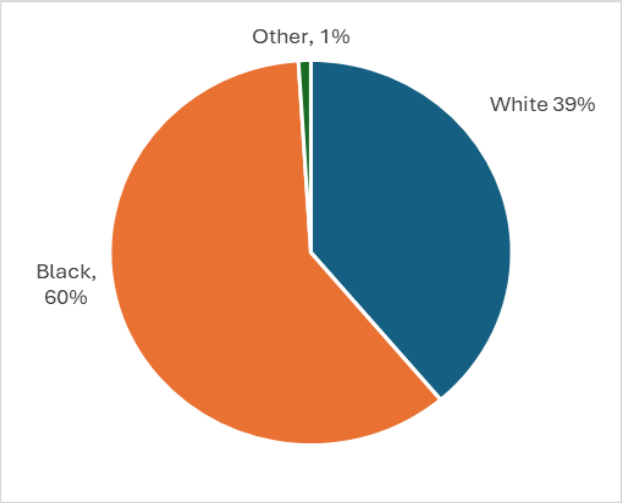
Additionally, BCC residency is only offered in cases where the victim and officer approve.

Absent of the noted above circumstances, each instance is evaluated on case-by-case basis. Without clear criteria, decisions are being made entirely by the people, personalities, and biases in the room. If the people in the room changed, the outcomes could change as well. When a decision is made on each case, a general denial reason, such as who denied entry is maintained. However, no documentation is kept noting the specific, disqualifying reason for denial.

Without clear criteria, determining an eligible population for the audit scope could not be done. Analysis could only be performed on the full DCSO jail population compared to the BCC population. The BCC population during the audit period was primarily individuals arrested for trespassing (often unhoused), shoplifting at stores with security, and domestic violence.

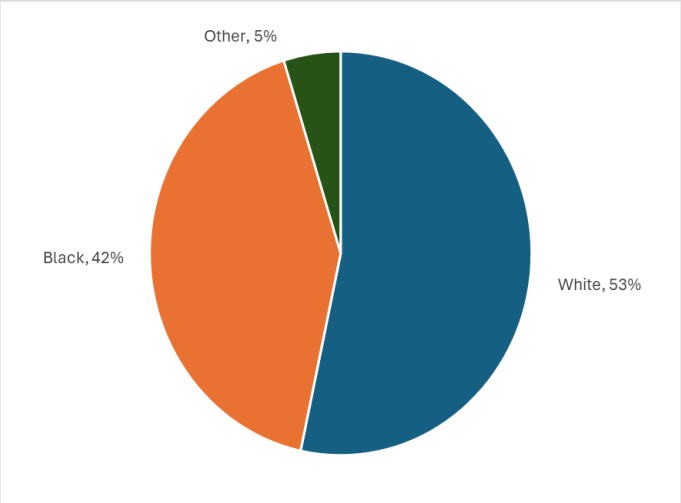
Additionally, the racial makeup of the full DCSO jail population is almost directly inverse to the BCC population. Though the Other population is represented more in the BCC, the Black and White populations are inverse. The differences could be due to a number of factors. However, without clear criteria and reasons for denial, the reasons could not be determined.

Exhibit A: Average Daily DCSO Population 2021-2023



Source: Criminal Justice Planning, Average Daily Population Report

Exhibit B: Average Daily BCC Population 2021-2023



Source: BCC, Cumulative Data and Outcome Measures

Education about the BCC to the charged individuals also may be lacking. Individuals going through the charging process may not know about the BCC or the benefits that the program provides, such as charges being nolled and access to resources after discharge. Many individuals bonded out of the process before being admitted to the BCC as a referral. If they had been more educated towards the beginning of the charging process about the BCC, the individual's decision may have changed. A video plays repeatedly at the booking facility and describes the BCC. However, no DCSO employees or third-party vendors discuss the positive attributes of the BCC over bonding out.

Having clear criteria for program acceptance and documentation of specific reason for denial increases transparency and decreases the risk of inequity. Though subjectivity will always play a role in program eligibility, base criteria decrease the risk of population swings due to changes in evaluation committee members. Clear criteria also assist in education of potential residents to ensure they make an informed decision on whether or not to enter the program.

Criteria

* *COSO, Control Activities – Principal 12 – The organization deploys control activities through policies that establish what is expected and procedures that put policies into action.*
* *COSO, Information and Communication – Principal 13- The organization obtains or generates and uses relevant, quality information to support the functioning of internal control.*

Recommendation

The District Attorney's Office, DCSO, the Public Defender's Office, and the third-party vendor should develop more clearly defined criteria for admission to the BCC. For each case evaluated and denied, a specific reason should be documented to support the decision.

DCSO management should increase education opportunities for individuals during the booking process to learn about the BCC.

Management Response

Davidson County Sheriff's Office (DCSO) agrees to work with our key stakeholders to more formally recognize eligibility criteria for the Behavioral Care Center (BCC) program from all aspects of referral eligibility, to include: the District Attorney's (DA) Office, Public Defender's (PD) Office, General Sessions Probation (as applicable), Mental Health Cooperative (MHC), and DCSO.

Additionally, we commit to ongoing evaluation of program eligibility. Though the BCC and our key stakeholders must be diligent about proactively seeking eligible cases for the program, we must also recognize that the program is voluntary and requires the participant to be willing to accept help for mental health issues. Our stakeholders promote equitable access to this valuable resource.

DCSO is supportive of the recommendation of providing educational opportunities during the booking process and will provide signage on explaining the BCC during the MHC initial mental health screening that takes place in booking.

Estimated Implementation Date: April 1, 2026

Observation B

Inmate Handbook Reading Level

Risk Level: **Medium**

Documents provided to BCC residents may not be written in formats easily understood based on reading capabilities. One way residents learn about the BCC program and how to access resources and the generality about the program is through the BCC Resident Handbook. This is an 18-page document given to residents when they first enter the BCC. The handbook discusses such aspects as therapy, discharge planning, sending and receiving mail, medical care, and other important parts to being a resident at the BCC.

Many of the residents that come through the BCC are illiterate, functionally illiterate, or have difficulty comprehending spoken or written instructions. To get a sense of the difficulty of the BCC's Resident Handbook, the handbook was put through a reading complexity test.

The highest grade level from the tests was the SMOG Score with a 10.97, which is roughly equivalent to an 11th grade reading level. The lowest score was the Fry Score with a 5th grade reading level. The average of all the test scores is 8.13, which would be an 8th grade reading level. The resident handbook may be too complicated for many of the residents to properly read or comprehend. Exhibit G below shows the readability scores in each of the testing areas. Additionally Exhibit H explains what each test looks for in readability.

Exhibit G: Readability Averages for BCC's Resident Handbook

Complexity Test	Readability Average
Flesch-Kincaid Grade Level	7.43
Gunning Fog Index	9.77
Coleman-Liau Index	9.60
SMOG Index	10.97
Automated Readability Index	7.00
FORCAST Grade Level	10.43
Powers Sumner Kearl Grade	5.47
Rix Readability	7.67
Raygor Readability	8.00
Fry Readability	5.00

Source: Lumos Learning

Exhibit H: Definitions of the Complexity Tests

Complexity Test	Definition
Flesch-Kincaid Grade Level	A readability formula which approximates the reading grade level for a text.
Gunning Fog Index	Estimates the education level needed to understand the text.
Coleman-Liau Index	A readability formula which shows the reading level of a text.
SMOG Index	Measures how many years of education the average person needs to understand the text.
Automated Readability Index	The US grade level needed to understand a text.
FORCAST Grade Level	Analyzes incomplete sentences
Powers Sumner Kearl Grade	Calculates a grade level. Indicates how readable a text is.
Rix Readability	It measures readability based on letter counting.
Raygor Readability	Calculates the reading grade level of a text.
Fry Readability	Used to calculate the US grade level required to understand a piece of text.

Source: Lumos Learning

Having documents written in formats that residents cannot comprehend increases the chance of residents misunderstanding or not knowing the program benefits, expectations, and rules. Misunderstanding could lead to unintentional breaking of program rules, not maximizing program benefits, or not reporting health or wellbeing issues.

Criteria

* *J-E-01 NCCHC Standards for Health Services in Jails*
* *COSO, Control Activities – Principal 12 – The organization deploys control activities through policies that establish what is expected and procedures that put policies into action.*

Recommendation

DCSO management should develop a Resident Handbook that is easier to read and understand for residents. Procedures should be in place if a resident requires assistance in reading or understanding the handbook.

Management Response

BCC leadership agree with the recommendation to regularly review the Resident Handbook and adjust the language so that is easier to read. BCC leadership have begun making revisions to the handbook to help make it easier to read for the intended audience. Additionally, BCC supervisors conduct a town hall and review the information in the handbook with the residents both verbally and through a Powerpoint presentation. This presentation can be shared via email if needed.

Estimated Implementation Date: April 1, 2026

Observation C

Additional Safety and Security

Risk Level: **Medium**

Physical security to enter the BCC lobby is lacking, which could lead to increased risks. Additionally, required fire drills are performed; however, other relevant drills are not.

The front entrance of the BCC, located on Gay Street, is left unlocked during the day. Though there is a locked door to access the rest of the building, staff who watch the front area sometimes leave the front reception area because of other job duties or breaks. Staff leave a sign with a phone number to call in case someone is waiting in the reception area. Leaving the front area unattended and unsecured could result in safety concerns for the BCC staff and residents.

Another safety concern noted by BCC staff was emergency drills. The only type of emergency drill conducted with residents is fire drills. Tornado drills and active shooter drills had not been conducted with staff and residents, though technicians did have some active shooter training. Fire drills are the only required drills for the facility, but other risks related to location and line of work are present.

Physical security and safety drills are necessary to ensure residents and staff are protected. Delayed reactions due to being unprepared could result in inefficiencies and injuries during times of breached security or emergencies.

Criteria

* *Tenn. Comp. R. & Regs. 1400-01-.05 TCI Minimum Standards*
* *COSO, Control Activities – Principal 12 – The organization deploys control activities through policies that establish what is expected and procedures that put policies into action.*

Recommendation

DCSO management should add policies and procedures regarding other emergencies such as tornados and active shooter drills and begin drilling staff and residents on how to handle such situations. DCSO should begin locking the front entrance to the facility when staff are not present and make visual contact before allowing individuals into the facility.

Management Response

DCSO is supportive of the recommendation to conduct regular tornado and active shooter drills so that staff are prepared to keep residents safe in emergency situations.

DCSO will abide by the recommendation to lock the front entrance to the facility when staff are not present and to ensure visual contact is made prior to allowing individuals entry into the facility. Appropriate procedures will be implemented and maintained to ensure compliance with this recommendation.

Estimated Implementation Date: April 1, 2026

Observation D

Resident Healthcare Oversight

Risk Level: **Medium**

There are several documents created by the third-party vendors that deal with resident healthcare, mental healthcare, and discharge. The document types that were tested are Medical Receiving Screening, 14-Day Health Assessment, Sick Calls, Discharge Planning Initial Assessment, Psychiatry Evaluation, and Full Discharge Plan.

Other than the discharge planning documentation, if one of these procedures is denied by a resident, there should be a corresponding resident denial form that goes with it. In each case, if a resident did deny a certain procedure, that documentation was provided.

Sick Calls

Sick Calls are the documentation that the third-party vendors use to know if a resident needs medical or mental health help. The documents are kept in both male and female dayrooms, next to the box in which the forms are placed, and health staff pick up the forms daily. Forms have a space for the resident to explain the health issue and sign and date it. Health staff sign the form and note the time they picked up the Sick Call. Lastly, the form includes space to note what time and date the individual was seen.

During the audit period, 30 randomly selected residents had sick call documentation with 109 individual sick calls among them. Of the sick calls:

- 17 residents did not have a sick call attached to their file.
- 5 of the 109 sick calls were missing timestamps
- 12 of the 109 sick calls were missing post sick call timestamps.
- 2 of the 109 sick calls were not signed by staff.
- 10 of the 109 sick calls were missing signatures.

Results of this random representative sample may be projected to the population.

When proper documentation is lacking, the risk of not providing vital health or discharge services increases. Additionally, documentation ensures staff and residents have a full understanding of services to be provided.

Criteria

* *J-E-05 NCCHC Standards for Health Services in Jails*
* *J-E-07 NCCHC Standards for Health Services in Jails*
* *J-G-05 NCCHC Standards for Health Services in Jails*
* *J-E-10 NCCHC Standards for Health Services in Jails*
* *Tenn. Comp. R. & Regs. 1400-01-.13 TCI Minimum Standards*

Recommendation

DCSO management should ensure the third-party vendor reviews documentation regularly to ensure all documentation is maintained appropriately. Additionally, healthcare and discharge documentation should require resident signatures and timestamps on documentation that currently does not have it.

Management Response

In November 2025, DCSO entered into a contract with a new medical, mental health, and dental provider (Vitalcore Health Strategies). Under this new contract, DCSO recognizes an opportunity to review these standards and ensure quality control with shift change documentation, such as securing the medicine cart, sharps cabinet, and conducting counts. DCSO agrees with this recommendation.

Estimated Implementation Date: April 1, 2026

Observation E

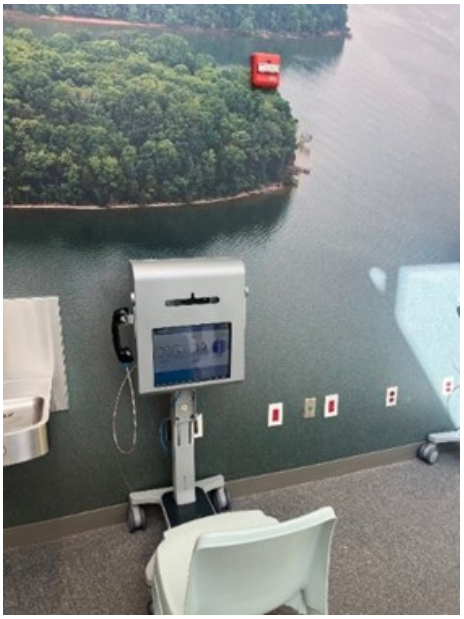
Resident Grievances

Risk Level: **Medium**

Resident grievances were sometimes incomplete, illegible, or contained no response. Additionally, the resident area to file grievances was not private and may discourage residents from submitting complaints.

There were 61 grievances during the scope period. However, 20 of the 61 grievances had no details attached to them other than date, time, cell/bed number, name, and the Arresting Agency Case Number (OCA). The potential reasons for so many incomplete filings were noted during a physical review. The locations of the grievance filing kiosks are within the BCC's dayrooms. Not only are the kiosks right next to the water fountain, but they are open to the whole room including the technician's work area. If residents were submitting a grievance about staff or issues with fellow residents, they would have to do it in public with everyone in the room able to see. Additionally, filing took four separate steps and residents had to sign in to the kiosk before being able to make a grievance. Once signed in, the system allowed grievances to be submitted anywhere from completely blank to fully completed.

Exhibit I: Resident Kiosk Location



Source: Office of Internal Audit

Of the 41 completed grievances, analysis was done based on grievance classification. Two claims of physical abuse were appropriately reviewed with final determinations.

A total of 12 grievances were filed against technicians. Of the technician grievances, 6 were appropriately reviewed and determinations made. For 2 of the grievances, the grievance was after the resident was out of custody, and no action was taken. An additional 4 grievances appear to have no response and were not considered sustained or not sustained.

A total of 22 grievances were filed related to the environment or issues surrounding the daily experience at the BCC. Out of the environment related grievances, 4 were properly reviewed and determinations documented, 7 contained determinations but did not have legible comments, 5 lacked proper determinations, and 5 were questions or comments not needing a determination. The remaining one grievance was not in the realm of DCSO to mitigate and was not evaluated in the formal grievance nature.

Without a private space to file grievances, residents may not report issues encountered in the BCC, and the risk of unidentified mistreatment increases. Additionally, not investigating grievances even after the resident leaves the facility increases the risk of persistent issues going unnoticed. Without complete documentation and determination, review by superiors or others is hindered. If residents do not feel their grievances are being properly addressed, it could lead to less success of the program over time.

Criteria

* *J-A-10 NCCHC Standards for Health Services in Jails*
* *COSO, Control Activities – Principal 10 – The organization selects and develops control activities that contribute to the mitigation of risks to the achievement of objectives to acceptable levels.*
* *COSO, Control Activities – Principal 12 – The organization deploys control activities through policies that establish what is expected and procedures that put policies into action.*

Recommendation

DCSO management should work with the developer of its computerized grievance system to ensure grievances by residents cannot be sent without information in the details section of the grievance.

DCSO management should ensure residents are given a more private way to file grievances and should be given a way to write their grievances out of the view of other residents and BCC staff.

DCSO management should also ensure all grievances include a review and determination even if the resident has left the facility. Review of the grievance should be performed to ensure the information is complete and contains a documented determination.

Management Response

Beginning in January 2026, DCSO will be starting a telecommunications contract with a new vendor, IC Solutions. The previous vendor, Securus, will be phasing out in the coming months. DCSO agrees that under this new contract there will be opportunity to develop more effective and user-friendly grievance processes. Additionally, the BCC will be seeking access to individual tablets for residents to be able to utilize. Residents will be able to utilize the tablets to submit grievances, and this will offer enhanced privacy. DCSO agrees that all grievances should include a review and determination even if the resident has left the facility.

Estimated Implementation Date: April 1, 2026

Observation F

Medicine Cart and Sharps Cabinet

Risk Level: **Medium**

Controls over the medicine cart and sharps cabinet were lacking. The medicine cart is the cart used by the third-party vendor to distribute medication to the residents within their living space. There are designated medicine providers and only those individuals may give any type of medication to residents. The sharps cabinet is a large cabinet where medical equipment such as needles are kept. Both cart and cabinet are in a room called the nourishment room and the door is to remain locked, as well as the cart and cabinet.

In an analysis of the third-party vendor's sharps shift change count, signoffs did not indicate any sort of inventory count and did not include an area to indicate any issues at shift change. Count sheets were broken into daily rows and had four columns for shift change signatures. During the scoped period, 74 shift changes lacked a sign off, and there was no indication as to why the staff member did not sign for that day.

DCSO monthly inspections indicated on four separate dates there were issues with the sharps cabinet. However, on these dates the shift change counts showed no indication of the issue. The discrepancies indicate the sharps shift change count document may not be operating as intended. A surprise inventory count was performed onsite, and no discrepancies were noted in the sharps cabinet or the medicine cart.

Exhibit J: BCC Medicine Cart and Sharps Cabinet

Source: Office of Internal Audit

The lack of inventory amounts noted in shift change counts decreases accountability and increases the risk of items going missing without the ability to determine who is responsible.

Criteria

* *J-B-09 NCCHC Standards for Health Services in Jails*
* *Tenn. Comp. R. & Regs. 1400-01-.13 TCI Minimum Standards*
* *COSO, Control Activities – Principal 10 – The organization selects and develops control activities that contribute to the mitigation of risks to the achievement of objectives to acceptable levels.*

Recommendation

DCSO management should ensure the third-party vendor has stronger internal controls for shift change documentation when it comes to the medicine cart and sharps cabinet. Changes in custody should indicate verified counts and should include sign offs by both staff members.

Management Response

In November 2025, DCSO entered into a contract with a new medical, mental health, and dental provider (Vitalcore Health Strategies). Under this new contract, DCSO recognizes an opportunity to review these standards and ensure quality control with shift change documentation, such as securing the medicine cart, sharps cabinet, and conducting counts. DCSO agrees with this recommendation.

Estimated Implementation Date: April 1, 2026

Government Auditing Standards Compliance

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Scope

The scope of this audit included the operations of the DCSO's Behavioral Care Center and work performed by the third-party vendors: Wellpath and Mental Health Cooperative from July 1, 2022, through December 31, 2024.

Methodology

To accomplish our audit objectives, we performed the following steps:

- Obtained and analyzed resident healthcare records and discharge documentation.
- Obtained DCSO and third-party vendor staff qualifications.
- Conducted interviews with DCSO, third party vendor, Public Health Department, District Attorney, and Public Defender staff.
- Conducted on-premises inspections of various DCSO staff meetings, resident dayrooms, and other facilities within the BCC.
- Reviewed DCSO and third-party vendor policies and procedures.
- Evaluated internal controls currently in place.
- Considered risk of fraud, waste, and abuse.

Audit Team

Christopher Shefelton, In-Charge Auditor

Lauren Riley, CPA, CIA, ACDA, CFE, CMFO, Metropolitan Auditor

Appendix A: Management Acknowledgement Letter

OFFICE OF NASHVILLE SHERIFF
DARON HALL

February 11, 2026

Ms. Lauren Riley
Metropolitan Auditor
Metro Nashville Office of Internal Audit
150 2nd Avenue North, Ste. 220
Nashville, TN 37201

Re: BCC Audit Response

Dear Ms. Riley,

We have reviewed your department audit of the Behavioral Care Center and have provided a response to your findings.

As I mentioned during our initial meeting the Health/Mental Health programs are complex and difficult for someone without operational knowledge to understand. We have provided our responses and dates of completion for each.

I look forward to the opportunity to discuss with the committee if needed.

Sincerely,

Daron

DAVIDSON COUNTY SHERIFF'S OFFICE| PO BOX 196383 NASHVILLE, TN 37219-6383 | P: 615.862.8166 | F: 615.880.3837

Appendix B: Assessed Risk Ranking

Observations identified during the course of the audit are assigned a risk rating, as outlined in the table below. The risk rating is based on the financial, operational, compliance or reputational impact the issue identified has on the Metropolitan Nashville Government.

	Financial	Internal Controls	Compliance	Public
HIGH	Large financial impact Remiss in responsibilities of being a custodian of the public trust	Missing, or inadequate key internal controls	Noncompliance with applicable Federal, state, and local laws, or Metro Nashville Government policies	High probability for negative public trust perception
MEDIUM	Moderate financial impact	Partial controls Not adequate to identify noncompliance or misappropriation timely	Inconsistent compliance with Federal, state, and local laws, or Metro Nashville Government policies	The potential for negative public trust perception
LOW/ Emerging Issues	Low financial impact <$10,000	Internal controls in place but not consistently efficient or effective Implementing / enhancing controls could prevent future problems	Generally, complies with Federal, state, and local laws, or Metro Nashville Government policies, but some minor discrepancies exist	Low probability for negative public trust perception