

RFP 25-001
Term Contract for Inmate Medical Services
Q&A #3

Question 1: Please provide a copy of the current Fort Bend Jail health services contract, including any exhibits, attachments, and amendments.

Answer: Please visit:
https://agendalink.co.fort-bend.tx.us:8085/mindocs/2023/CCTR/20230328_3765/3563%5F40B%5Fsigned%5Fagreement%5F%2D.pdf

https://agendalink.co.fort-bend.tx.us:8085/mindocs/2023/CCTR/20230926_3829/minutes/3630%5F40K%5Fsigned%5Famendment%5F%2D.pdf

Question 2: Please provide (by year) the amounts of any staffing penalties the County has assessed against the incumbent vendor over the term of the current contract.

Answer: None

Question 3: Please provide (by year) the amounts and reasons for any non-staffing penalties/liquidated damages the County has assessed against the incumbent vendor over the term of the current contract.

Answer: None

Question 4: Is the Jail currently subject to any court orders or legal directives? If “yes,” please provide copies of the order/directive.

Answer: The jail receives court orders and other legal directives on a regular basis for all types of things. Copies will not be provided.

Question 5: With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care:

- a. How many have been filed against the County and/or the incumbent health care provider in the last three years?
- b. How many have been settled in that timeframe?

Answer: This information would need to come from the County Attorney's Office.

Question 6: Thank you for the Q4 2022/Q1 2023 population data supplied with the RFP. We are looking for a larger amount of data to analyze and trend. Can the County please provide the following data regarding the size of the inmate population?

- a. Three years' worth of facility-specific historical data
- b. Five-year population projections- *We do not have projections available.*
- c. Three years' worth of historical data on the number of intakes.

Answer: See attached documents.

Question 7: Is the County aware of any upcoming legislation or government policy that could result in a drop in its inmate population (e.g., compassionate release, population reduction measures, etc.)? If yes, please describe and provide a timeframe for the legislation/policy implementation.

Answer: No

Question 8: Is the Jail currently accredited, e.g., by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), etc.? If “yes,” please provide the following information.

- a. Name of the entity that awarded the accreditation
- b. Most recent accreditation date for the facility
- c. Copy of most recent accreditation audit report for the facility

Answer: No

Question 9: With regard to health care staffing at the Jail, please clarify what the two different staffing plans in the RFP’s Excel spreadsheet represent, e.g., contract-required staffing, staffing that is currently in place, the County’s desired staffing, etc.

Answer: The current staffing matrix is being submitted with another questionnaire. The proposed staffing matrix is attachment 5 of the RFP.

Question 10: Please provide a listing of any current health service vacancies, by position.

Answer: None

Question 11: What amount of agency/temp/travel nurse staffing (if any) is the incumbent vendor using? Please provide % of contract hours, by position.

Answer: None

Question 12: Please indicate the length of time each of the following staff members has been in their position at the Jail.

- a. Site Director of Nursing (DON)- 3 years
- b. Site Medical Director- Dr. Prekash- 5 months

Question 13: Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will not need to go through the credentialing all over again with the new vendor.

Answer: It will be up to the awarded vendor to determine who they wish to retain. No new background would be required for current staff.

Question 14: Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the Jail.

Answer: Refer to the salary range that is included in the RFP. It is up to the awarded vendor to determine the pay for their employees.

Question 15: Please confirm that labor hours in the following categories will count toward any “hours provided” requirements of the contract.

- a. Time spent by health care staff in orientation, in-service training, and continuing education classes
- b. Overtime hours
- c. Agency hours
- d. Approved paid-time-off

Answer: N/A
a) No (Counted separate from contract hours)
b) Yes
c) Yes
d) No (Counted separate from contract hours)

Question 16: Does the County maintain any full-time information technology (IT) staff at the Jail? If not, please describe any County IT resources that would be able to assist with hardware/software tasks that need to be performed hands-on, in person at the Jail.

Answer: Yes

Question 17: Please provide the name and version of the offender management system software currently in use at the Jail. Does the County have any plans to change to a different system within the next few years?

Answer: Tiburon. No.

Question 18: With regard to health care staff accessing the County network, please provide the following information.

- a. Currently, are the computers used by health care staff on (a) the County network or (b) a private network supplied by the health care vendor?
- b. Will this scenario continue under the new contract?
- c. Will the County permit the incoming health care vendor to utilize existing network infrastructure at the facilities, e.g., wiring, switches, etc.?

Answer: Yes, to all.

Question 19: With regard to health care staff accessing the Internet, please provide the following information.

- a. Do vendor staff access the Internet through (i) a County network or (ii) the vendor's network?
- b. Please describe how this currently happens, i.e., what type of hardware, wiring, and connectivity is in place.

Answer: The internet is accessed through the County network. Standard hardware and connectivity. Internet is hardwired and wireless.

Question 20: Is there currently WiFi capability within the Jail?

- a. If "yes", who is providing the capability, (a) the incumbent vendor or (b) the county?
- b. What hardware is utilized to provide the WiFi capability?
- c. How many wireless access points exist within the Jail?

*Answer: a. County
b. 85 WAPS
c. 85 WAPS*

Question 21: With regard to timeclocks or other timekeeping devices, please provide the following information.

- a. The number of time clocks in place at the Jail
- b. Where in the building they are located (for example, in the lobby, at the security sally ports, in the medical unit, etc.)
- c. Will the County allow the incoming Contractor connect its time clocks to the County network?

*Answer: a. 2
b. Infirmary Nurse Station & Intake Nurse Station
c. Yes*

Question 22: We understand that the County currently utilizes the CorEMR electronic health record (EHR). Please provide the following information:

- a. What version of CorEMR is in place: 5x or 6.0?
- b. Where and by what company/agency is the EHR currently hosted?
- c. RFP page 24 states, "*The chosen vendor ... will use, continue to pay, continue upgrades when available from CorEMR.*" Please clarify exactly what EHR-related costs the Vendor will be responsible for, as the RFP asks for a Cost-Plus contract and therefore all EHR costs should be reimbursed by the County.
- d. For each of the past three years, please provide the amount of the above-referenced EHR-related costs.
- e. Will the County allow authorized providers and other staff not located onsite at the Jail to have remote access to the EHR?
- f. What interfaces are currently in place with the existing EHR, for example, the Offender Management System, the current pharmacy subcontractor, the current lab services contractor, etc.?

- Answer:*
- a. 6.0*
 - b. On-site*
 - c. Monthly hosting fee negotiated by vendor;*
 - d. Contact vendor for this information*
 - e. Yes*
 - f. JMS (Tiburon) one-way to CorEMR, CorEMR two-way to Pharmacy (Diamond), Lab (LabCorp) one-way to CorEMR*

Question 23: Does the Jail currently utilize telehealth? If so, please provide the following information.

Answer: Yes

- a. Description of any equipment that will remain in place for the new vendor to use*
- b. Description of the telehealth connectivity (network) that will remain in place for the new vendor to use*
- c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.)*
- d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)*
- e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.)*
- f. The average number of patients in each telehealth clinic*
- g. The name and contact information for the tele-provider who conducts each telehealth clinic*

- Answer:*
- a. Webcam/computer*
 - b. None; currently provided by vendor*
 - c. Recommendation from mid-level provider for E.R. send outs qualified as urgent but not emergent*
 - d. As-needed*
 - e. As-needed*
 - f. 1*
 - g. Provided by medical vendor*

Question 24: Are any x-ray services currently provided onsite? If “yes,” is this done (a) with permanent County-owned xray equipment or (b) through a mobile radiology vendor (PLEASE IDENTIFY VENDOR)?

Answer: Yes, mobile radiology vendor.

Question 25: Are any optometry services currently provided onsite? If “yes,” is this done (a) with permanent County owned optometry equipment or (b) through a mobile optometry vendor (PLEASE IDENTIFY VENDOR)?

Answer: No

Question 26: RFP Section 31.2.2.1 Fit for Jail states, “*Incoming inmates will be evaluated by nursing staff to determine if a “Fit for Jail” is needed before the inmate will be accepted into our facility. Respondent will be responsible for processing payment and safeguard against payment of any invoices for “Fit for Jails” not authorized by County.*” Please provide the following information on this topic.

- a. If nursing staff deem an individual NOT fit for Jail and send them to the hospital, who is financially responsible for the cost of such hospital care?
- b. On average, how many “Fit for Jail” assessments are conducted each month?

*Answer: a. County
 b. 33*

Question 27: Does the County participate in any programs or legislation (e.g., the Affordable Care Act, Medicaid expansion, State law, etc.) that mandate special discounts for inpatient care for Jail patients? If “yes,” please provide the following information.

- a. Name and brief description of the program
- b. What services are discounted under the program?
- c. Who is responsible for enrolling Jail patients in the program?
- d. Please provide the current processes and timeframes for (a) enrollment in the program and (b) payment at the program’s discounted rates.

Answer: No. The county prefers the vendor negotiate Medicare/Medicaid rates with outside contractors.

Question 28: With regard to any specialty care clinics currently conducted onsite at the Jail, please provide the following information.

- a. The type of specialty clinic (e.g., orthopedics, neurology, etc.)
- b. How often each specialty clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)
- c. The length of each specialty clinic currently conducted (e.g., day, half-day, etc.)
- d. The average number of patients in each specialty clinic
- e. The name and contact information for the provider who operates each specialty clinic

*Answer: a. Nephrology
 b. As-needed
 c. None
 d. 1
 e. Contracted by vendor*

Question 29: Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the Jail.

Answer: None

- Question 30: Please provide the following information about any medical, behavioral health, or other special needs units (infirmery, addiction recovery, sex offender, geriatric, skilled nursing, hospice, etc.) at the Jail.
- Type of each unit
 - Location of each unit
 - Capacity of each unit
 - Average occupancy of each unit
 - Staffing for each unit
 - Type of services/Acuity able to be handled in each unit

Answer:

- Medical Housing*
- East Tower – 1st Floor*
- 16 beds*
- 12 inmates,*
- 1 officer, no medical staff*
- Medical observation, assistive devices*

- Question 31: Thank you for the Q4 2022/Q1 2023 mental health data supplied with the RFP. We are looking for a larger amount of data to analyze and trend. Can the County please provide the following mental health data for all of 2021, the rest of 2022, the rest of 2023, and 2024 year-to-date?

- Number of inmates on suicide watch each month
- Number of suicide attempts
- Number of successful suicides
- Number of self-injurious behavior incidents

Answer: *Data is unavailable post-upgrade to latest version of CorEMR.*

- Question 32: With regard to Medication-Assisted Treatment (MAT)/ Medications for Opioid Use Disorder (MOUD) programs, please provide the following information.

- Please describe any MAT/MOUD program that the Jail currently has in place.
- Please provide the Jail's current protocols for determining who receives MAT/MOUD treatment.
- For each of the past two years, please provide the average number of Jail patients receiving MAT/MOUD treatment.
- Please indicate which of the three FDA-approved MAT/MOUD drugs the Jail currently uses/prescribes in its program(s) and provide a breakdown of how many patients are being prescribed each medication.
- Is the Jail currently using any long-acting injectable MAT medications for its incarcerated patients?
- Is the Jail certified as an Opioid Treatment Program?

Answer: *N/A; Vendor does not participate in these programs.*

Question 33: With regard to medication administration.

- a. Who administers the medications (RNs, LPNs, or other position)?
- b. Is the current process: (a) med carts go to the housing units or (b) patients come to the medical unit?
- c. How often does med pass occur each day?
- d. On average, (a) how many FTEs and (b) how long does it take to perform a med pass?

Answer:

- a. *LVN's and RN's*
- b. *Both (a) Med Carts go to the housing units and (b) Patients come to the medical unit*
- c. *3 times/day*
- d. *(a) 1.5 FTE's, (b) 4 hrs (x2)/day and .5 hrs (x1)/day*

Question 34: Please provide copies of the following documents.

- a. The drug formulary currently in use
- b. The most recent pharmacy report
- c. The lab test formulary currently in use

Answer: *This information is proprietary to the current vendor.*

Question 35: What percent of prescribed medications are kept as stock meds?

Answer: *Approximately 90%*

Question 36: On average, how many patients per month receive these types of prescription drugs?

- a. Psychotropic medications
- b. Hepatitis C medications
- c. HIV/AIDS medications
- d. Medications to treat bleeding disorders (e.g., hemophilia, Von Willebrand disease, etc.)

Answer:

- a. *Approximately 330*
- b. *0*
- c. *14*
- d. *0*

Question 37: Does the County currently participate in any 340B pharmacy discount programs? If "yes," please provide the following information about the program.

- a. What specialties (categories of medication) does the 340B agreement cover, e.g., HIV meds, Hepatitis C, cancer, etc.
- b. Please identify the Federally Qualified Health Center (FQHC) or other 340B-certified health care entity whose physicians are prescribing the drugs for the current program.
- c. Which pharmacy is providing the 340B medications?

Answer: No

Question 38: Thank you for the Q4 2022/Q1 2023 health utilization data supplied with the RFP. We are looking for a larger amount of data to analyze and trend. Can the County please provide the following health utilization data for all of 2021, the rest of 2022, the rest of 2023, and 2024 year-to-date?

- a. Number of (offsite) inpatient hospital admissions
- b. Number of (offsite) inpatient hospital days
- c. Number of outpatient surgeries
- d. Number of outpatient referrals
- e. Number of trips to the emergency department (ED)
- f. Number of ED referrals resulting in hospitalization
- g. Number of ground ambulance transports
- h. Number of air ambulance transports
- i. Number of dialysis treatments

Answer: Please see the attached documents 2021-2024 Health Services Statistical Reports.

Question 39: Thank you for the 5 months of budget data supplied with the RFP. We are looking for a larger amount of data to analyze and trend. Can the County please provide budget data for all of 2021, all of 2022, the rest of 2023, and 2024 year-to-date?

Answer: See attached documents. Excel spreadsheets titled Fort Bend Trended Detailed Expense Statements. This is all that is available.

Question 40: **RFP Section 31.3.9** states, “**Respondent shall be responsible for the costs of all drugs administered.**” Please clarify the meaning of this statement, as the RFP asks for a Cost-Plus contract and therefore the cost of pharmaceuticals for the health care program should be reimbursed by the County.

Answer: The respondent is responsible for the upfront cost to adequately stock the pharmacy. The cost would be passed through to county.

Question 41: **RFP Section 31.5.1** states, “**The Respondent should be prepared to provide whatever stock supplies are required to perform under the contract. Respondent will also supply at its expense, all other supplies required to carry out its performance.**” Please clarify the meaning of this statement, as the RFP asks for a Cost-Plus contract and therefore the cost of supplies for the health care program should be reimbursed by the County.

Answer: The respondent will have the initial expense to ensure medical is adequately stocked with all necessary supplies. The cost could be passed through to county.

Question 42: **RFP Section 31.5.2** states, “*The Respondent at its sole expense, shall purchase medical and office equipment needed to perform services pursuant to the contract with an individual item cost of \$5,000 or less.*” Please clarify the meaning of this statement, as the RFP asks for a Cost-Plus contract and therefore the cost of equipment for the health care program should be reimbursed by the County.

Answer: Disregard section 31.5.2. That was outdated language that should have been deleted however, equipment purchases where the cost will be passed through to County need to be approved by County prior to purchase to ensure the equipment meets the standards that may be required by County.

Question 43: **RFP Section 32.4** states, “*All permits and licenses required by federal, state or local laws, rules and regulations necessary for the implementation of the work undertaken by the Respondent pursuant to the contract shall be **secured and paid for by the Respondent**. This shall include fees associated with NCCHC accreditation and periodic accreditation reviews.*” Please clarify the meaning of this statement, as the RFP asks for a Cost-Plus contract and therefore the cost of licensure and accreditation fees for the health care program should be reimbursed by the County.

Answer: Permits and Licenses required as stated above for the provider to conduct their business shall be secured and paid by the respondent. Our facility is not accredited. Licensing fees and continuing education requirements for employees of the respondent shall be at the expense of the respondent and not reimbursed.

Question 44: **RFP Section 32.5** states, “*All costs related to the removal and disposal [of infectious or hazardous waste] shall be **at the expense of the Respondent**.*” Please clarify the meaning of this statement, as the RFP asks for a Cost-Plus contract and therefore costs for removing the health care program’s medical waste should be reimbursed by the County.

Answer: This would be a pass-through cost and would be reimbursed by the County.

Question 45: Under the new contract, will there be any costs relating to the Jail health care program for which the County will NOT reimburse the selected Vendor (i.e., cost categories exclude from the Cost-Plus model)?

Answer: This would be handled during contract negotiations.

Question 46: Please provide the formula (or other methodology) the County will use to evaluate and score vendors’ submitted budgets/prices.

Answer: This information was included in the RFP. Refer to the scoring percentages.



Health Services Statistical Report

01/01/2021 00:00AM-12/31/2021 11:59PM

Report Execution Date:
5/3/2024 7:19:39 AM CST

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Year: 2021

Metric Type(s): I D-HSR

Fort Bend County Jail, TX

Fort Bend County Jail

LD-HSR

	Average	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total
ADP Total	67,265.55	779	787	785	732,732	685	684	0	702	715	710	673	649	739,921
AB 109 patients (CALIFORNIA ONLY)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Security Bookings (#)	1,501.25	762	735	955	889	876	924	964	952	846	8,610	737	765	18,015
Intake Screening by Wellpath (#)	815.33	737	698	900	834	845	891	922	905	788	824	708	732	9,784
DETOX (#)	80.67	89	65	86	83	66	80	80	100	86	93	74	66	968
SICK CALL - NURSES (#)	556.50	706	571	672	536	456	417	470	554	563	566	536	631	6,678
SICK CALL - PROVIDER (#)	294.50	289	274	363	262	281	295	284	325	310	315	303	233	3,534
EMERGENCY RESPONSE - ON-SITE (#)	3.30	5	2	4	2	7	5	0	4	1	2	0	1	33
NURSE CONTACTS - TREATMENTS & MONITORING (#)	6,177.67	7,989	7,542	8,377	8,498	7,640	4,784	4,959	5,410	4,842	5,083	4,855	4,153	74,132
LABORATORY	108.17	96	108	120	97	103	92	119	110	133	107	110	103	1,298
HEALTH ASSESSMENTS (#)	179.08	136	172	191	167	183	196	166	213	185	184	168	188	2,149
6 MONTH PHYSICALS (CALIFORNIA ONLY)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	19.75	25	40	27	19	21	18	19	18	13	18	13	6	237
X-RAYS (NON-TB RELATED)/ON-SITE (#)	18.42	22	23	36	21	10	20	14	19	15	25	9	7	221
INFIRMARY DAYS	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# of INFIRMARY ADMISSION	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
NEW PATIENT VISITS (#)	29.50	29	29	19	20	25	32	21	29	39	42	46	23	354
FOLLOW UP VISITS (#)	156.42	163	159	190	139	149	170	142	157	129	184	147	148	1,877
PSYCHIATRIC NURSE VISITS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
FOLLOW-UP CONTACTS (#)	1,901.83	1,792	1,901	2,208	1,907	1,947	2,095	2,183	2,246	2,098	2,045	1,308	1,092	22,822
MH SCREENS (#)	318.92	284	286	354	327	334	363	366	385	314	329	249	236	3,827
SPECIAL NEEDS CONTACTS (#)	3.36	5	2	1	1	0	2	1	3	5	6	9	2	37
SEGREGATION ROUNDS (#)	313.50	334	366	323	375	279	372	452	297	362	507	59	36	3,762
INDIVIDUAL THERAPY CONTACTS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP THERAPY SESSIONS	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF PATIENTS IN GROUP THERAPY SESSIONS	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGE PLANNING CONTACTS (#)	40.83	40	46	54	41	47	58	37	50	45	39	21	12	490
# OF THERAPEUTIC RESTRAINT EPISODES	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF EMERGENCY MEDICATION EPISODES	3.40	2	5	2	0	0	3	5	1	3	2	4	7	34
# OF PATIENTS ON INVOLUNTARY MEDICATION	1.00	0	0	0	0	0	0	1	1	1	1	1	1	6
# OF SUICIDE ATTEMPTS	1.33	0	0	2	0	0	1	0	0	0	1	0	0	4
# OF COMPLETED SUICIDES	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF SUICIDE WATCH EVENTS	128.50	118	127	163	129	131	168	141	156	135	123	117	34	1,542
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	339.58	342	343	473	351	338	429	368	364	319	342	309	97	4,075
# OF SUICIDE THREATS/IDEATIONS	43.17	46	44	57	45	51	52	34	54	47	49	5	34	518
# OF NON-SUICIDAL SELF INJURY (NSSI)	3.45	0	3	6	4	5	5	4	3	2	4	1	1	38
# OF PETITIONS FOR CIVIL COMMIT	1.75	1	0	0	0	1	2	1	0	3	2	3	1	14
# OF PATIENTS CIVILLY COMMITTED	1.75	1	0	0	0	0	0	0	0	0	2	3	1	7
# OF PATIENTS ON SPECIAL NEEDS LIST	4.83	8	8	4	4	4	4	3	5	5	5	6	2	58
SICK CALL - MENTAL HEALTH	926.58	885	913	1,142	901	960	965	1,045	1,093	1,008	886	741	580	11,119

Health Services Statistical Report

01/01/2021 00:00AM-12/31/2021 11:59PM



Metric: Trunc(s) | ID-HSR

	366.33	314	355	458	321	310	322	341	390	421	442	313	409	4,396
# OF MH SICK CALL REQUESTS/ REFERRALS														
DENTAL EXAMS	50.42	42	40	53	73	28	67	42	40	43	58	66	53	605
DENTAL SICK CALL / SCREENS	50.42	42	40	53	73	28	67	42	40	43	58	66	53	605
EXTRACTIONS	34.58	20	6	23	30	44	53	44	30	17	27	41	80	415
TEMPORARY FILLINGS	2.22	0	2	2	1	2	1	0	3	1	0	3	5	20
EMERGENCY ROOM VISITS - TOTAL	35.83	41	35	37	31	27	47	41	39	45	21	32	34	430
EMERGENCY ROOM VISITS - COUNTY	36.36	41	34	37	31	0	47	41	38	44	21	32	34	400
HOSPITAL ADMISSIONS - Total	2.92	6	5	3	2	1	3	3	2	1	2	3	4	35
HOSPITAL ADMISSIONS - COUNTY	2.83	6	4	3	2	1	3	3	2	1	2	3	4	34
HOSPITAL DAYS - TOTAL	10.83	16	11	13	8	3	13	6	13	6	7	7	27	130
ON-SITE SPECIALTY CONSULTATIONS	2.80	5	0	2	1	1	1	1	3	5	6	3	0	28
OFF-SITE SPECIALTY CONSULTS - Total	8.58	12	10	13	13	10	6	3	6	7	8	9	6	103
DEATH IN CUSTODY	1.00	0	0	0	0	0	1	0	0	1	0	0	0	2
TOTAL IMS ON MEDS	421.67	461	473	464	421	388	408	406	422	428	422	388	379	5,060
TOTAL IMS ON MEDICAL MEDS	319.17	329	351	465	314	280	306	307	318	306	298	281	275	3,830
TOTAL IMS ON PSYCHOTROPIC MEDS	243.00	277	278	251	238	221	223	227	236	251	245	236	233	2,916
TOTAL IMS NONFORMULARY MEDS	24.50	21	24	21	32	22	29	23	29	22	31	19	21	294
ASTHMA/COPD	6.92	6	9	6	6	12	8	6	7	6	6	7	4	83
DIABETICS	14.33	12	18	9	17	10	15	14	25	9	15	18	10	172
DIALYSIS	2.67	2	2	4	3	4	0	0	0	0	0	1	0	16
HIV	2.27	2	2	5	2	1	3	0	2	3	3	1	1	25
PREGNANCY	2.80	5	0	2	1	1	1	1	3	5	6	3	0	28
HYPERTENSION / CARDIOVASCULAR	63.50	60	65	75	46	58	71	61	70	64	57	67	68	762
SEIZURE DISORDERS	16.50	14	9	23	15	17	20	13	14	15	24	22	12	198
THYROID	7.08	6	2	7	3	1	1	47	1	3	5	4	5	85
TUBERCULOSIS	3.36	3	2	5	1	0	4	1	5	4	7	4	1	37
OTHER - Chronic Care	1.20	0	1	0	1	0	0	1	0	0	0	2	1	6
PPDs PLANTED	282.92	286	244	299	271	279	310	288	333	277	288	256	264	3,395
PPDs READ	193.50	178	179	207	190	207	212	193	237	195	201	167	156	2,322
POSITIVE PPDs	3.00	3	2	3	3	0	3	3	2	3	6	2	0	30
TB RELATED CHEST X-RAYS	23.08	23	12	36	15	20	25	28	27	25	26	21	19	277
ACTIVE TB	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF POSITIVE HIV patients	12.75	13	11	15	13	12	16	17	11	10	11	11	13	153
HEPATITIS A	1.00	0	0	0	0	0	0	0	0	0	0	1	0	1
HEPATITIS B	1.00	0	0	0	1	0	0	0	0	1	1	0	0	3
HEPATITIS C	14.33	15	16	15	12	11	16	16	20	16	14	12	9	172
STD	3.00	0	0	0	0	0	0	4	0	0	2	0	0	6
OTHER - Infectious	1.14	0	1	0	1	0	0	1	1	2	1	1	0	8
MRSA CONFIRMED	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
SUSPECTED MRSA TREATED	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
PATIENTS WITH GRIEVANCES	20.83	7	7	15	28	28	16	18	31	39	24	19	18	250
DISSATISFIED WITH MEDICAL CARE	3.33	0	0	3	4	4	3	0	3	2	2	5	4	30
DISSATISFIED WITH DENTAL CARE	1.50	0	0	0	0	0	0	0	0	0	2	0	1	3
DISSATISFIED WITH MENTAL HEALTH CARE	1.00	0	0	0	0	0	1	0	0	1	0	0	0	2
DISSATISFIED WITH STAFF CONDUCT	2.38	0	2	2	3	0	1	2	0	7	0	1	1	19



Health Services Statistical Report

01/01/2021 00:00AM-12/31/2021 11:59PM

Year: 2021

	1	0	1	0	2	1	2	2	3	1	2	2	3	3	4	5	6	7	8	9	10	11	12	13
DISSATISFIED WITH DELAY IN HEALTHCARE	1	0	0	0	2	0	2	2	5	0	8	8	5	3	4	0	0	0	0	0	0	0	0	13
PROBLEMS WITH MEDS	0	2	3	3	3	0	2	2	5	0	8	8	5	3	4	3	1	1	1	1	1	1	1	35
REQUEST TO BE SEEN	3	1	3	7	5	5	7	8	5	4	8	10	16	10	6	6	11	11	11	11	11	11	11	96
OTHER - Grievances	3	2	3	11	14	5	5	10	16	10	10	0	0	0	0	0	0	0	0	0	0	0	0	1
NUMBER OF FOUNDED	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
NUMBER OF UNFOUNDED	7	7	15	27	28	16	18	31	39	24	19	18	39	24	19	18	18	18	18	18	18	18	18	249

Metric: Tme(s) | D-HSR



Health Services Statistical Report

01/01/2022 00:00AM-12/31/2022 11:59PM

Report Execution Date:
5/3/2024 7:23:57 AM CST

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Year: 2022

Metric: Twa(6s) | D-HSR

Fort Bend County Jail, TX

Fort Bend County Jail

Average	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total
LD-HSR	LD-HSR												
ADP Total	704.13	662	683	680	691	702	742	751	0	0	0	0	5,633
AB 109 patients (CALIFORNIA ONLY)	0.00	0	0	0	0	0	0	0	0	0	0	0	0
Security Bookings (#)	879.38	848	826	893	962	837	842	926	0	0	0	0	7,035
Intake Screening by Wellpath (#)	827.13	793	748	841	911	850	823	870	0	0	0	0	6,617
DETOX (#)	66.25	52	39	63	64	77	78	96	0	0	0	0	530
SICK CALL - NURSES (#)	417.88	452	388	473	318	386	422	474	0	0	0	0	3,343
SICK CALL - PROVIDER (#)	271.63	180	239	282	262	278	302	321	0	0	0	0	2,173
EMERGENCY RESPONSE - ON-SITE (#)	2.63	1	1	4	7	3	2	1	0	0	0	0	21
NURSE CONTACTS - TREATMENTS & MONITORING (#)	10,487.75	3,577	3,172	4,126	4,049	4,399	5,153	55,371	0	0	0	0	83,902
LABORATORY	131.13	90	118	128	129	164	131	166	0	0	0	0	1,049
HEALTH ASSESSMENTS (#)	185.88	146	170	199	186	192	193	204	0	0	0	0	1,487
6 MONTH PHYSICALS (CALIFORNIA ONLY)	0.00	0	0	0	0	0	0	0	0	0	0	0	0
ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	16.88	13	15	22	9	14	12	29	0	0	0	0	135
X-RAYS (NON-TB RELATED) ON-SITE (#)	16.38	9	8	9	11	16	30	17	0	0	0	0	131
INFIRMARY DAYS	0.00	0	0	0	0	0	0	0	0	0	0	0	0
# of INFIRMARY ADMISSION	0.00	0	0	0	0	0	0	0	0	0	0	0	0
NEW PATIENT VISITS (#)	31.75	24	20	19	16	25	50	52	0	0	0	0	254
FOLLOW UP VISITS (#)	145.13	175	123	164	157	195	92	133	0	0	0	0	1,161
PSYCHIATRIC NURSE VISITS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0
FOLLOW-UP CONTACTS (#)	1,442.00	1,121	1,092	1,378	1,384	1,597	1,586	1,647	0	0	0	0	11,536
MH SCREENS (#)	455.75	224	1,915	247	256	248	248	244	0	0	0	0	3,646
SPECIAL NEEDS CONTACTS (#)	3.00	4	3	3	6	1	0	0	0	0	0	0	18
SEGREGATION ROUNDS (#)	177.88	28	50	70	197	272	309	298	0	0	0	0	1,423
INDIVIDUAL THERAPY CONTACTS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0
GROUP THERAPY SESSIONS	0.00	0	0	0	0	0	0	0	0	0	0	0	0
# OF PATIENTS IN GROUP THERAPY SESSIONS	0.00	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGE PLANNING CONTACTS (#)	55.50	21	19	20	11	24	19	321	0	0	0	0	444
# OF THERAPEUTIC RESTRAINT EPISODES	0.00	0	0	0	0	0	0	0	0	0	0	0	0
# OF EMERGENCY MEDICATION EPISODES	2.75	4	3	3	2	2	3	3	0	0	0	0	22
# OF PATIENTS ON INVOLUNTARY MEDICATION	1.00	1	0	0	0	0	1	1	0	0	0	0	3
# OF SUICIDE ATTEMPTS	1.75	0	0	2	0	2	1	2	0	0	0	0	7
# OF COMPLETED SUICIDES	1.00	0	1	0	0	0	0	0	0	0	0	0	1
# OF SUICIDE WATCH EVENTS	102.14	26	0	124	116	100	109	136	0	0	0	0	715
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	305.71	68	0	335	314	291	346	480	0	0	0	0	2,140
# OF SUICIDE THREATS/IDEATIONS	16.14	20	0	15	6	10	17	38	0	0	0	0	113
# OF NON-SUICIDAL SELF INJURY (NSSI)	2.20	2	0	1	2	2	0	4	0	0	0	0	11
# OF PETITIONS FOR CIVIL COMMIT	1.00	1	0	0	0	1	1	0	0	0	0	0	3
# OF PATIENTS CIVILLY COMMITTED	1.00	1	0	0	0	0	1	0	0	0	0	0	2
# OF PATIENTS ON SPECIAL NEEDS LIST	51.88	5	5	5	102	97	67	58	0	0	0	0	415
SICK CALL - MENTAL HEALTH	699.25	630	537	692	666	753	780	720	0	0	0	0	5,594

Health Services Statistical Report

01/01/2022 00:00AM-12/31/2022 11:59PM

Metric: Tumor(s) | 1 D-HSR

	431.14	347	0	344	410	435	515	473	494	0	0	0	3,018
# OF MH SICK CALL REQUESTS/ REFERRALS													
DENTAL EXAMS	59.88	45	62	67	73	68	55	32	77	0	0	0	479
DENTAL SICK CALL / SCREENS	59.88	45	62	67	73	68	55	32	77	0	0	0	479
EXTRACTIONS	30.38	24	35	18	51	36	37	27	15	0	0	0	243
TEMPORARY FILLINGS	2.50	0	1	5	0	0	2	0	2	0	0	0	10
EMERGENCY ROOM VISITS - TOTAL	34.75	31	31	33	38	40	41	35	29	0	0	0	278
EMERGENCY ROOM VISITS - COUNTY	34.75	31	31	33	38	40	41	35	29	0	0	0	278
HOSPITAL ADMISSIONS - Total	3.17	0	1	2	0	3	3	7	3	0	0	0	19
HOSPITAL ADMISSIONS - COUNTY	3.17	0	1	2	0	3	3	7	3	0	0	0	19
HOSPITAL DAYS - TOTAL	18.00	0	1	5	0	15	26	35	26	0	0	0	108
ON-SITE SPECIALTY CONSULTATIONS	3.50	0	2	2	0	0	0	1	9	0	0	0	14
OFF-SITE SPECIALTY CONSULTS - Total	9.88	3	15	15	9	6	13	5	13	0	0	0	79
DEATH IN CUSTODY	1.00	0	1	1	0	0	0	0	0	0	0	0	2
TOTAL IMS ON MEDS	543.00	397	405	408	399	446	592	754	943	0	0	0	4,344
TOTAL IMS ON MEDICAL MEDS	369.25	278	301	285	275	303	410	500	602	0	0	0	2,954
TOTAL IMS ON PSYCHOTROPIC MEDS	337.88	238	237	260	260	289	367	471	581	0	0	0	2,703
TOTAL IMS NONFORMULARY MEDS	26.00	18	26	23	17	22	32	36	34	0	0	0	208
ASTHMA/COPD	4.25	3	5	4	5	4	5	4	4	0	0	0	34
DIABETICS	12.50	7	15	8	8	14	11	20	17	0	0	0	100
DIALYSIS	1.00	0	0	0	1	1	0	0	0	0	0	0	2
HIV	2.33	0	0	4	1	1	3	1	4	0	0	0	14
PREGNANCY	3.50	0	2	2	0	0	0	1	9	0	0	0	14
HYPERTENSION / CARDIOVASCULAR	57.00	46	60	53	47	53	76	55	66	0	0	0	456
SEIZURE DISORDERS	20.00	13	13	19	26	22	24	22	21	0	0	0	160
THYROID	4.00	1	5	6	4	4	4	3	5	0	0	0	32
TUBERCULOSIS	9.25	3	2	10	18	12	14	8	7	0	0	0	74
OTHER - Chronic Care	1.00	0	1	0	0	0	0	0	0	0	0	0	1
PPDs PLANTED	296.63	282	302	305	286	289	263	324	322	0	0	0	2,373
PPDs READ	192.38	167	173	189	170	219	194	219	208	0	0	0	1,539
POSITIVE PPDs	6.38	2	3	8	18	5	4	5	6	0	0	0	51
TB RELATED CHEST X-RAYS	34.88	17	118	20	32	32	18	17	25	0	0	0	279
ACTIVE TB	0.00	0	0	0	0	0	0	0	0	0	0	0	0
# OF POSITIVE HIV patients	18.38	21	14	18	20	20	14	19	21	0	0	0	147
HEPATITIS A	1.00	0	0	0	0	0	0	1	0	0	0	0	1
HEPATITIS B	1.00	0	0	0	0	0	0	1	1	0	0	0	2
HEPATITIS C	9.00	8	9	9	8	9	10	9	10	0	0	0	72
STD	2.00	0	0	0	0	0	2	2	2	0	0	0	6
OTHER - Infectious	3.50	6	0	0	0	0	1	0	0	0	0	0	7
MRSA CONFIRMED	1.00	0	0	0	0	0	0	1	0	0	0	0	1
SUSPECTED MRSA TREATED	0.00	0	0	0	0	0	0	0	0	0	0	0	0
PATIENTS WITH GRIEVANCES	17.71	18	9	19	20	22	22	14	0	0	0	0	124
DISSATISFIED WITH MEDICAL CARE	2.17	1	2	2	2	0	1	0	5	0	0	0	13
DISSATISFIED WITH DENTAL CARE	1.00	0	0	0	1	0	0	0	0	0	0	0	1
DISSATISFIED WITH MENTAL HEALTH CARE	1.00	0	0	0	1	0	1	0	0	0	0	0	2
DISSATISFIED WITH STAFF CONDUCT	1.40	0	1	0	3	1	0	1	1	0	0	0	7

Monthly Health Services Report

Fort Bend

2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
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Population Stats

Average Daily Population										754	784	788	
Intake Screenings										868	791	743	
Number Pregnant (Last Day)										1	2	2	
Births										0	0	0	
Miscarriages/Fetal Demise										1	0	0	
Deaths										0	0	0	

Physicals

14 Day Health Assessments										188	270	208	
Annual Health Assessments										23	9	18	

On-Site Care

Sick Call Visits										377	428	436	
HCP Encounters										353	284	344	
Telemedicine/Telepsych Encounters										0	126	123	
In-house X-Rays										33	42	34	
Infirmary/Medical Housing Admissions										0	0	0	

Dental Care

Exams										0	37	11	
Fillings										4	0	1	
Extractions										37	35	35	
Dental Clinic Visits										45	78	46	

Chronic Care Visits

Asthma/COPD/Pulmonary										18	11	24	
Diabetes/Endocrine										12	14	14	
HIV/AIDs										3	3	0	
Hypertension/Cardio										44	43	41	
Hyperlipidemia										0	0	0	
MAT										0	0	0	
Musc/Skel-Pain Chronic										10	5	9	
Musc/Skel-Other										0	0	0	
Skin -Abscess										16	0	3	
OB/GYN/Pregnant										5	4	2	
Seizure/Neurology										10	8	13	

Infectious Diseases

MRSA Suspect Cases										0	0	0	
Confirmed MRSA Cases										0	0	0	
PPDs Given to Inmates										261	226	216	
Suspect Active TB										0	0	0	
Confirmed Active TB										0	0	0	
Identified Chicken Pox Cases										0	0	0	
Identified Gonorrhea Cases										0	0	0	
Identified Chlamydia Cases										3	0	0	
Identified Syphilis Cases										2	0	1	

Vaccines Administered

COVID-19										0	0	0	
Influenza to Inmates										0	0	0	
Influenza Other										0	0	0	
Hepatitis B to Inmates										0	0	0	
Hepatitis B Other										0	0	0	
Tetanus										0	1	0	
Pneumovax										0	0	0	

Mental Health

Psych HCP Encounters										188	223	314	
Psych MHP Encounters										736	1013	1417	
Attempted Suicides										0	0	0	



Health Services Statistical Report

01/01/2023 00:00AM-12/31/2023 11:59PM

Report Execution Date:
5/3/2024 7:25:42 AM CST

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Year: 2023

Metric: Tunnel(s) | LD-HSR

Fort Bend County Jail, TX

Fort Bend County Jail

LD-HSR

	Average	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total
ADP Total	853.60	0	0	0	0	0	0	0	844	883	868	837	836	4,268
AB 109 patients (CALIFORNIA ONLY)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Security Bookings (#)	947.00	0	0	0	0	0	0	0	987	945	971	900	932	4,735
Intake Screening by Wellpath (#)	908.80	0	0	0	0	0	0	0	939	888	938	871	908	4,544
DETOX (#)	68.00	0	0	0	0	0	0	0	70	56	65	74	75	340
SICK CALL - NURSES (#)	680.20	0	0	0	0	0	0	0	688	789	670	560	694	3,401
SICK CALL - PROVIDER (#)	121.00	0	0	0	0	0	0	0	63	396	46	45	55	605
EMERGENCY RESPONSE - ON-SITE (#)	2.60	0	0	0	0	0	0	0	3	2	2	4	2	13
NURSE CONTACTS - TREATMENTS & MONITORING (#)	5,009.40	0	0	0	0	0	0	0	5,733	5,891	4,517	4,123	4,783	25,047
LABORATORY	185.00	0	0	0	0	0	0	0	153	249	186	199	138	925
HEALTH ASSESSMENTS (#)	290.40	0	0	0	0	0	0	0	397	348	248	235	224	1,452
6 MONTH PHYSICALS (CALIFORNIA ONLY)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
ANNUAL HEALTH ASSESSMENTS COMPLETED (#)	17.40	0	0	0	0	0	0	0	22	24	16	15	10	87
X-RAYS (NON-TB RELATED) ON-SITE (#)	14.00	0	0	0	0	0	0	0	23	11	14	11	11	70
INFIRMARY DAYS	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# of INFIRMARY ADMISSION	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
NEW PATIENT VISITS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
FOLLOW UP VISITS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
PSYCHIATRIC NURSE VISITS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
FOLLOW-UP CONTACTS (#)	1,399.00	0	0	0	0	0	0	0	1,068	1,138	1,702	1,584	1,503	6,995
MH SCREENS (#)	543.50	0	0	0	0	0	0	0	305	0	0	0	782	1,087
SPECIAL NEEDS CONTACTS (#)	129.00	0	0	0	0	0	0	0	2	245	101	148	149	645
SEGREGATION ROUNDS (#)	520.00	0	0	0	0	0	0	0	352	600	598	533	517	2,600
INDIVIDUAL THERAPY CONTACTS (#)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
GROUP THERAPY SESSIONS	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF PATIENTS IN GROUP THERAPY SESSIONS	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
DISCHARGE PLANNING CONTACTS (#)	238.60	0	0	0	0	0	0	0	457	293	118	81	244	1,193
# OF THERAPEUTIC RESTRAINT EPISODES	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF EMERGENCY MEDICATION EPISODES	3.25	0	0	0	0	0	0	0	0	2	2	3	6	13
# OF PATIENTS ON INVOLUNTARY MEDICATION	2.00	0	0	0	0	0	0	0	3	2	1	2	2	10
# OF SUICIDE ATTEMPTS	2.00	0	0	0	0	0	0	0	2	0	0	0	0	2
# OF COMPLETED SUICIDES	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF SUICIDE WATCH EVENTS	85.60	0	0	0	0	0	0	0	105	98	74	65	86	428
TOTAL # OF DAYS FOR ALL SUICIDE WATCHES	171.20	0	0	0	0	0	0	0	240	191	142	113	170	856
# OF SUICIDE THREATS/IDEATIONS	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF NON-SUICIDAL SELF INJURY (NSSI)	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF PETITIONS FOR CIVIL COMMIT	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF PATIENTS CIVILLY COMMITTED	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF PATIENTS ON SPECIAL NEEDS LIST	153.60	0	0	0	0	0	0	0	81	135	164	177	211	768
SICK CALL - MENTAL HEALTH	302.00	0	0	0	0	0	0	0	422	343	214	220	311	1,510

TX Fort Bend City Jail
Monthly Trended Income Statement

	2023-08	2023-09	ACT 2023-10	2023-11	2023-12	YTD Total
Salaries						
50000 - Wages OPS- Regular	358,339.46	319,180.17	320,276.79	304,927.88	323,030.69	1,625,754.99
50025 - Wages OPS- OT	17,839.70	10,713.01	5,684.66	10,915.67	8,927.44	54,080.48
50075 - Wages OPS- Premium	9,686.67	12,451.48	12,610.04	12,152.15	13,539.45	60,439.79
50100 - Wages OPS- Non Prod	36,440.97	40,419.34	22,063.99	30,342.88	82,400.05	211,667.23
Salaries & Wages	422,306.80	382,764.00	360,635.48	358,338.58	427,897.63	1,951,942.49
Total Salaries	422,306.80	382,764.00	360,635.48	358,338.58	427,897.63	1,951,942.49
Contract Labor						
51000 - Contract Labor- Physician	-	2,175.00	1,775.00	2,575.00	1,675.00	8,200.00
51100 - Contract Labor- Psychiatrist	-	1,300.00	1,300.00	1,300.00	1,300.00	5,200.00
Contract Labor	-	3,475.00	3,075.00	3,875.00	2,975.00	13,400.00
Total Contract Labor	-	3,475.00	3,075.00	3,875.00	2,975.00	13,400.00
Benefits						
55100 - Benefits - CCS Plan EE Expense	864.76	21,277.83	22,059.32	24,539.46	25,744.71	94,486.08
55110 - Benefits: PC Plan EE Expense	-	980.32	1,016.43	1,131.84	1,180.66	4,309.25
Benefits Expense	864.76	22,258.15	23,075.75	25,671.30	26,925.37	98,795.33
56000 - EE Expense- Contract Labor	147.43	-	-	-	-	147.43
56100 - EE Expense- Goodwill	143.63	374.99	78.10	214.14	771.75	1,582.61
56200 - EE Expense- Education/Training	-	-	-	-	2,000.00	2,000.00
56300 - EE Expense- License Fees	221.20	-	-	1,875.00	370.00	2,466.20
56400 - EE Expense- Recruiting	468.43	(457.23)	1,002.87	374.09	385.19	1,773.35
Employee Expense	980.69	(82.24)	1,080.97	2,463.23	3,526.94	7,969.59
53100 - Incentive Pay- Other Bonus	123.36	-	-	-	-	123.36
Incentive Pay	123.36	-	-	-	-	123.36
54000 - Payroll Taxes- FICA	28,545.62	28,982.53	26,801.90	26,106.21	30,219.08	140,655.34
54100 - Payroll Taxes- FUTA	1,850.68	530.48	102.10	134.76	358.91	2,976.93
54200 - Payroll Taxes- SUTA	9,860.06	4,686.12	988.43	773.93	2,172.31	18,480.85
Payroll Taxes	40,256.36	34,199.13	27,892.43	27,014.90	32,750.30	162,113.12
Total Benefits	42,225.17	56,375.04	52,049.15	55,149.43	63,202.61	269,001.40
Travel						
65000 - Travel- Airfare	3,939.28	-	569.31	-	-	4,508.59
65020 - Travel- Lodging	2,923.39	-	6,906.59	-	-	9,829.98
65050 - Travel- Rental Car	698.19	-	2,238.07	-	-	2,936.26
65075 - Travel- Leased Vehicle	63.16	-	-	-	-	63.16
65150 - Travel- Parking	411.56	-	31.05	-	-	442.61
65175 - Travel- Meals	956.35	-	-	-	-	956.35
65225 - Travel- Other	3.49	-	-	-	-	3.49
65250 - Travel- Entertainment	508.92	-	-	-	-	508.92
Travel & Other	9,504.34	-	9,745.02	-	-	19,249.36
Total Travel	9,504.34	-	9,745.02	-	-	19,249.36
Medical Services						
On-Site Professional Services						
52710 - On-Site PF- Med Support (AP)	-	660.00	660.00	1,320.00	990.00	3,630.00
52810 - On-Site PF- Telemedicine (AP)	-	-	3,500.00	1,750.00	-	5,250.00
On-Site Professional Fees	-	660.00	4,160.00	3,070.00	990.00	8,880.00
Total On-Site Professional Services	-	660.00	4,160.00	3,070.00	990.00	8,880.00
Pharmacy Supplies						
61000 - Pharmacy- HIV	74,036.43	82,194.57	15,618.83	61,559.56	69,586.41	302,995.80
61050 - Pharmacy- Psychiatric	51,975.80	26,244.76	29,802.80	17,831.16	27,460.61	153,315.13
61250 - Pharmacy- Biological	5,600.01	3,918.65	2,228.02	2,420.91	4,002.91	18,170.50
61455 - Pulmonary	2,261.87	606.34	821.12	2,053.98	1,252.79	6,996.10
61475 - Pharmacy- Other	14,230.90	12,345.42	15,551.49	15,092.08	13,845.23	71,065.12
61480 - Pharmacy - Estimate Accrual	265.55	-	467.84	608.79	290.92	1,633.10
61498 - Pharmacy Inventory Adjustment	-	-	-	-	(214,893.69)	(214,893.69)
Pharmacy Expense	148,370.56	125,309.74	64,490.10	99,566.48	(98,454.82)	339,282.06
61009 - Pharmacy-HIV>Returns	-	-	(25,984.39)	(6,131.46)	(9,749.67)	(41,865.52)
61059 - Pharmacy-Psychiatric>Returns	-	-	(58.00)	(17.50)	(1,318.99)	(1,554.29)
61259 - Pharmacy-Biological>Returns	-	-	(524.45)	(1,387.73)	(524.45)	(2,436.63)
61469 - Pharmacy-Pulmonary>Returns	-	-	-	-	(519.89)	(519.89)
61479 - Pharmacy-Other>Returns	-	-	(36.69)	(533.37)	(394.51)	(964.57)
Pharmacy Returns	-	-	(26,603.53)	(8,229.86)	(12,507.51)	(47,340.90)
Total Pharmacy Supplies	148,370.56	125,309.74	37,886.57	91,336.62	(110,962.33)	291,941.16
Other On-Site						
61500 - On-Site Med - X-ray	-	4,402.43	2,462.78	3,578.06	3,075.28	13,518.55
61550 - On-Site Med - Lab Services	-	1,289.36	3,930.59	3,811.06	5,086.38	14,117.39
61600 - On-Site Med - Dialysis	-	-	11,000.00	14,200.00	13,400.00	38,600.00
61650 - On-Site Med - Med. Supplies	2,672.76	7,158.66	18,746.22	8,411.24	8,871.29	45,860.17
61700 - On-Site Med - Dental Supplies	-	3,045.62	161.62	1,461.89	(561.30)	4,107.83
61750 - On-Site Med - Bio Hazard	-	-	-	-	205.24	205.24
61800 - On-Site Med - Other	0.76	1,178.76	-	-	4,177.72	5,357.24
Other On-Site Medical Expense	2,673.52	17,074.83	36,301.21	31,462.25	34,254.61	121,766.42
Total Other On-Site	2,673.52	17,074.83	36,301.21	31,462.25	34,254.61	121,766.42
Off-Site Services						
68000 - Offsite- Inpatient Hospitaliza	-	-	824.76	17,130.64	8,804.91	26,760.31
68025 - Offsite- Observation	-	-	5,844.48	-	212.68	6,157.16
68075 - Offsite- Office Visit	-	-	732.92	592.32	467.15	1,792.39
68100 - Offsite- Visit W/Procedure	-	-	3,567.00	-	-	3,567.00
68250 - Offsite- Emergency Room	-	-	8,284.49	88,499.18	2,160.13	98,943.80
68300 - Offsite- 1 day Surgery	-	-	16,318.08	3,696.52	706.32	20,720.92
68350 - Offsite- Radiology	-	-	101.58	891.03	-	992.61
68475 - Offsite- TPA Fees	-	-	702.00	1,080.00	378.00	2,160.00
68600 - Off-Site: Reserve Adjustment	16,247.87	58,398.24	3,869.66	(49,239.20)	56,371.22	85,647.79
Offsite Healthcare Expense	16,247.87	58,398.24	40,344.97	62,650.49	69,100.41	246,741.98
Total Off-Site Services	16,247.87	58,398.24	40,344.97	62,650.49	69,100.41	246,741.98
Total Medical Services and Supplies	167,291.95	201,442.81	118,692.75	188,519.36	(6,617.31)	669,329.56
Other Expenses						
66000 - Admin - Office Supplies	861.77	1,182.98	2,470.39	2,362.45	1,090.93	7,968.52
66025 - Admin - Printing & Forms	138.01	3,084.73	-	-	-	3,222.74
66100 - Admin - Overnight Delivery	493.53	306.48	70.07	107.14	45.97	1,023.19
66300 - Admin - Licenses & Taxes	-	-	-	-	370.00	370.00
66310 - Admin - Sales/Use Tax	53.56	8.59	56.47	1.50	98.51	218.63
Administrative Expense	1,546.87	4,582.78	2,596.93	2,471.09	1,605.41	12,805.08
64025 - Facility- Office Equip. Rent	-	-	-	349.27	492.60	841.87
64050 - Facility- Equip. Rent	155.87	121.77	325.50	252.09	169.36	1,024.59
64350 - Facility- Telephone	2.13	-	-	-	-	2.13
64375 - Facility- IT Maintenance	1,002.75	-	-	-	-	1,002.75
Facility Expense	1,160.75	121.77	325.50	601.36	661.96	2,871.34
64750 - Operating- Other	1,600.00	-	-	-	3,100.00	4,700.00
Other Operating Expense	1,600.00	-	-	-	3,100.00	4,700.00
Total Other Expenses	4,307.62	4,704.55	2,922.43	3,072.45	5,367.37	20,374.42
Pass-Thru Expenses						
69560 - Pass Through Expenses- Other	-	992.24	334.17	-	-	1,326.41
Pass Through Expenses	-	992.24	334.17	-	-	1,326.41
Total Pass-Thru Expenses	-	992.24	334.17	-	-	1,326.41
Total Operating Expenses	645,635.88	649,753.64	547,454.00	608,954.82	492,825.30	2,944,623.64
Total Budgeted Operating Expenses	624,428.00	624,428.00	651,931.00	651,931.00	651,931.00	3,204,649.00
Amount Over/(Under) Budget	21,207.88	25,325.64	(104,477.00)	(42,976.18)	(159,105.70)	(260,025.36)