

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA

WEDNESDAY JULY 24, 2019 – 11:00AM TO 1:00PM

DC HEALTH HEADQUARTERS - HAHSTA

899 N. CAPITOL ST., NE; 4TH FLOOR; WASHINGTON, DC 20002

Note: all times are approximate

11:05 am	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions 3. Approve Agenda for July 24, 2019 4. Approve Minutes from June 26, 2019
11:15 am	<ol style="list-style-type: none"> 5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight <ul style="list-style-type: none"> • RWHAP Recipient Report • New Spreadsheet Format for Reports
11:30 am	<ol style="list-style-type: none"> 6. Priority Setting and Resource Allocation (PSRA) Process Planning <ul style="list-style-type: none"> • PSRA Meetings for August
12:15 pm	<ol style="list-style-type: none"> 7. Other Business
12:25 pm	<ol style="list-style-type: none"> 8. Announcements and Adjournment

**NEXT COMPREHENSIVE PLANNING
 COMMITTEE (CPC) MEETING:**

VA PSRA – Monday August 19, 2019

10am – 4pm

**The Westin Arlington Gateway
 801 N Glebe Rd Arlington VA**

MD PSRA – Tuesday August 20, 2019

10am – 4pm

**Courtyard New Carrollton Landover
 8330 Corporate Dr Landover MD**

DC PSRA – Wednesday August 21, 2019

10am – 4pm

**Union Station Conference Center
 10 G St NE – Suite 600
 Washington DC**

CONFERENCE CALL INFORMATION:

Dial In #: 1-866-809-0886

Participant Code: 8289221#



COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JULY 24, 2019 – 11:00AM

DC HEALTH-HAHSTA – 899 N. CAPITOL ST. NE; 4TH FLOOR; WASHINGTON, DC 20002

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	GUESTS	PRESENT	ABSENT
Holley, Nathaniel		X			
Clay, Cyndee	CC				
Copley, Mackenzie, <i>Vice Chair</i>	X				
DeMartino, Peter	CC				
McBride, Dennis		X			
Morse, Kaleef		X			
Padmore, Gerald, <i>Chair</i>	X				
Shaw-Richardson, Re'ginald	CC				
Zoerkler, Jennifer		X			
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Mohram, Rony		X	Bailey, Patrice	X	
Barnes, Clover	X		Clark, Lamont	X	
Edmonds, Jason	X				
Fortune, Ebony	X				

AGENDA	
Item	Discussion
Call to Order	Gerald P. called the meeting to order at 11:11 am, followed by a moment of silence and introductions.
Review and Approval of the Agenda	Mackenzie C. motioned to approve the Comprehensive Planning Committee Agenda for July 24, 2019. Peter D. seconded. The motion was approved.



<p>Review and Approval of the Minutes</p>	<p>Reginald S. motioned to approve the Comprehensive Planning Committee Minutes for June 26, 2019. Cyndee C. seconded. The motion was approved.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p><u>The RWHAP Recipient Report and Financial Oversight was presented by Clover Barnes</u></p> <p>For Part A and Part A MAI, in May 2019, (16) of (25) invoices have been received.</p> <p>DC: The Other Professional Services service category is overspent. There was only \$11,000 allocated. A reprogramming request is forthcoming.</p> <p>One DC provider has not billed the entire grant year. Consequently, they have been placed on corrective action.</p> <p>MD: The stop work order issued to a Maryland provider is still being enforced. The Office of Grants Management will make the final determination regarding this organization. Once the determination has been made and finalized, the information will be bought back to the EOC to discuss the reprogramming of funds from the agency.</p> <p>VA: No providers applied for the Virginia MAI funding opportunity. The Recipient is working with VDH to identify organizations whose focus population is youth to provide Youth Reach MAI services. Recipient staff met with one potential organization and is meeting with another next week to discuss a pilot that will provide the services between the two organizations.</p> <p>Part A expenditures are at 24% and should be at 25%. Service areas affected by unprocessed invoices were Early Intervention Services, Health insurance Premium and Cost Sharing Assistance, Home & Community Based Care, Medical Nutrition Therapy, Medical Case Management, Emergency Financial Assistance, Medical Transportation Services, Outreach Services and Psychosocial Support Services.</p> <p>Services spending at 30% above expected is Other Professional Services.</p> <p>Part A MAI expenditures are at 22% and should be at 25%. Service areas affected by unprocessed invoices were Ambulatory Outpatient Medical Care, Early Intervention Services, Mental Health Services, Medical Case Management, Substance Abuse Services – Outpatient, and Psychosocial Support Services.</p>



Unit Based Cost (UBC) expenditures are at 35% and should be at 25%. The service area affected by unprocessed invoices is Substance Abuse Outpatient Services

The HRSA comprehensive site visit is scheduled for September 10-13, 2019. HRSA has requested to meet with the Executive Operations Committee on either September 11th or 12th.

A significant amount of Narcan kits has been distributed. As a reminder, providers/staff must attend and show proof of Narcan training (at DC Health or in the community) to receive the kits. Proof of training is required to receive kits. A list of free scheduled trainings provided by DC Health can be found at <https://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings>. Click the date of the training to register. The next scheduled training dates are September 17, 2019, November 19, 2019, January 28, 2020, March 24, 2020 and May 19, 2020. Please contact Jonjelyn Gamble to receive the Narcan kits (jonjelyn.gamble@dc.gov).

The RFA for Regional Early Intervention Services (EIS) closed on June 7, 2019. There were 22 applications were reviewed. Award decisions are currently under review with the Office of Grants Management and awards are scheduled to be made in late July for an August 1, 2019 program start date.

Discussion:

The Recipient agreed to submit a quarterly report regarding DOH, DBH and MDH funds being spent in the EMA. However, there have been a couple of challenges. The DBH Part B grant year starts a month after the DOH Part A grant year. Therefore, a full quarterly data report will not be received from them until a month after ours, which throws the reporting dates off. Fiscal and programmatic data from Virginia has been received, however, only programmatic data from Maryland. The Maryland providers report quarterly and will not have their data analyzed and packaged until the quarter ending. Which further means that the data will not be submitted for inclusion in reports to CPC for at least a couple of months. If we want the full quarter it will have to be done in September and then every 3 months.



<p>Priority Setting and Resource Allocation (PSRA) Process Planning</p>	<p>Trainings for June/July PSRA process planning meeting are from 10:00 am – 4:00 pm in the following locations and on the following dates:</p> <ul style="list-style-type: none"> • VA – Monday, August 19 at Westin Arlington Gateway, 801 N. Glebe Rd. Arlington, VA • MD –Tuesday, August 20 at the Courtyard New Carrollton, 8330 Corporate Dr., Landover, MD • DC – Wednesday, August 21at the Union Station Conference Center, 10 G Street NE. Suite 600, Washington, DC
<p>Other Business</p>	<p>Mackenzie asked if there is a better time for the CPC meeting considering the scarce attendance. Gerald asked everyone to consider a time that works better for them and bring their suggestions to the next meeting.</p>
<p>Follow –up Items</p>	<p>None</p>
<p>ANNOUNCEMENTS/OTHER DISCUSSION</p>	
<p>None</p>	
<p>HANDOUTS</p>	
<ul style="list-style-type: none"> • Comprehensive Planning Committee (CPC) Meeting Agenda, July 24 2019 • Comprehensive Planning Committee (CPC) Meeting Minutes, June 26, 2019 • Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: May 1-31, 2019 • Jurisdictional Roll-up Report • Service Utilization Report - Greater Washington Eligible Metropolitan Area Jurisdiction: District of Columbia Service Report – Grant 	

<p>MEETING ADJOURNED</p>	<p>11:44 am</p>
<p>NEXT MEETING</p>	<p>Wednesday, September 25, 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4th Floor Washington, DC 20002</p>



COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JUNE 26, 2019 – 11:00AM

DC HEALTH-HAHSTA – 899 N. CAPITOL ST. NE; 4TH FLOOR; WASHINGTON, DC 20002

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	GUESTS	PRESENT	ABSENT
Holley, Nathaniel		X			
Clay, Cyndee	CC				
Copley, Mackenzie, <i>Vice Chair</i>	X				
DeMartino, Peter		X			
McBride, Dennis		X			
Morse, Kaleef	X				
Padmore, Gerald, <i>Chair</i>	X				
Shaw-Richardson, Re'ginald		X			
Zoerkler, Jennifer	CC				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Mohram, Rony	X		Bailey, Patrice	X	
Barnes, Clover	CC		Clark, Lamont	X	
Edmonds, Jason	X				
Fortune, Ebony	X				

AGENDA	
Item	Discussion
Call to Order	Gerald P. called the meeting to order at 11:12 am, followed by a moment of silence and introductions.
Review and Approval of the Agenda	Mackenzie C. motioned to approve the Comprehensive Planning Committee Agenda for June 26, 2019. Kaleef M. seconded. The motion was approved.



<p>Review and Approval of the Minutes</p>	<p>Mackenzie motioned to approve the Comprehensive Planning Committee Minutes for May 29, 2019. Kaleef seconded. The motion was approved.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p><u>Clover Barnes presented the Financial Report</u> RWHAP Recipient Report</p> <p>Two reports were presented. A CPC narrative that combined the regular narrative and Recipient reports into one comprehensive report and a CPC Only report.</p> <p>Fourteen of 25 invoices were received for Part A and Part A MAI, for DC, Maryland, and Virginia, in April 2019.</p> <p><u>Maryland:</u> Providers have not submitted any invoices for the month of April. Jennifer Z. asked if the Recipient knew why. Roni M. responded that the Maryland providers, who previously submitted invoices to Prince Georges County, are new to the EGMS system and having some challenges with submission.</p> <p>One Maryland provider was given a stop work order due to their inability to meet Ryan White (RW) requirements. Findings are documented in the CPC Only Report. The Impromptu site visits that were conducted, led to a comprehensive site visit and a referral to the DC Office of Grants Management who is working with the provider to ensure they either come into compliance or are removed from the RW provider network.</p> <p>Other Maryland providers have been servicing their Emergency Financial Assistance (EFA) clients so we are going to move a little of the money from the problem organization to the other ones in EFA. A motion is not needed.</p> <p><u>Virginia:</u> No providers applied for the VA MAI funding opportunity. The Recipient is working with Virginia Department of Health (VDH) to identify organizations whose focus population is youth to provide the Youth Reach MAI services.</p> <p><u>Part A Fiscal Summary</u> Service areas affected by unprocessed invoices are Early Intervention Services, Health insurance Premium and Cost Sharing Assistance, Home & Community Based Care, Medical Nutrition Therapy, Medical Case Management, Emergency Financial Assistance, Medical Transportation Services, Outreach Services and</p>



Psychosocial Support Services.

Part A expenditures are at 12% and should be at 17%. There are no services spending at 30% above or below expected.

Part A MAI expenditures are at 13% and should be at 17%.

Service areas affected by unprocessed invoices are Ambulatory Outpatient, Medical Care, Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance, Mental Health Services, Medical Case Management, Substance Abuse Services – Outpatient and Psychosocial Support Services. There are no services spending at 30% above or below expected.

Unit Based Cost (UBC) Fiscal Summary

There are no service areas affected by unprocessed invoices. UBC expenditures are at 24% and should be at 17%. There are no services spending at 30% above or below expected.

HRSA Site Visit. The DC EMA comprehensive site visit is scheduled for September 10-13, 2019. They will want to meet with the Executive Office Committee and Part A Consumers.

Narcan. Please contact Jonjelyn Gamble to receive the Narcan kits (jonjelyn.gamble@dc.gov). Providers/staff must attend a Narcan training, at DC Health or in the community, to receive the kits.

Regional EIS. The RFA for Regional EIS closed on June 7, 2019. Twenty four organizations submitted Letters Of Intent (LOI) to apply for funding; 24 applications were submitted, 2 were rejected for not submitting the required LOI, 22 were moved forward for review. Applications currently under review will be completed in early July for a program start date of August 1, 2019.

New Spreadsheet Format for Reports

Everyone liked and agreed on the new format of the spreadsheet. There were no questions or concerns. Kaleef indicated that the millions of dollars for the Early Intervention Services (EIS) grant is not seen on the new spreadsheet that indicates a total of 13 million. The funds will be released on August 1st.



<p>Priority Setting and Resource Allocation (PSRA) Process Planning</p>	<p>Trainings for June/July</p> <p>Kaleef indicated that an email would giving 5 time options for a 3-hour PSRA orientation session starting July 9th. Part one of the orientation will be this Thursday at the Commission Meeting. Baseline information and an overview of the entire process will be discussed in addition to concerns around some of the other resources in the EMA.</p> <p>Lamont presented several proposed dates for the Data Presentation by Jurisdiction Meeting from 10:00 AM – 2:00 PM.</p> <ul style="list-style-type: none"> • DC - Thursday August 15 @ HAHSTA • MD - Tuesday August 20 @New Carrollton/Landover Marriott Hotel • VA - Wednesday August 21 @ an office space used two years ago in Arlington <p>The dates listed above are not final.</p> <p>Gerald asked about the possibility of having occasional (once or twice quarterly) presentations by prevention members to begin an integration into the process. Kaleef indicated that he recently spoke with prevention commissioners to schedule presentations at the COHAH meetings starting in August. Jane, Rama, Lynn, and DeMarc were among those asked. Sarcia, Jennifer and Kaleef will meet Thursday before the EOC meeting to discuss leadership topics and the shift in the Planning Commission Agenda.</p>
<p>Other Business</p>	<p>None</p>
<p>Follow –up Items</p>	<p>None</p>
<p>ANNOUNCEMENTS/OTHER DISCUSSION</p>	
<p>HANDOUTS</p>	
<ul style="list-style-type: none"> • Comprehensive Planning Committee (CPC) Meeting Agenda, June 26, 2019 • Comprehensive Planning Committee (CPC) Meeting Minutes, May 29, 2019 • Fiscal Narrative Report (Part A and Part A MAI Funding)Year 29 – Reporting Period: April 1-31, 2019 • CPC Only Report 	

<p>MEETING ADJOURNED</p>	<p>11:38 pm</p>
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NEXT MEETING	Wednesday, July 24, 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 th Floor Washington, DC 20002
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Date: July 24, 2019

To: Comprehensive Planning Committee (CPC)

From: Ryan White HIV/AIDS Program (RWHAP) Recipient Staff

Re: Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding)
Year 29 - Reporting Period: May 1 – 31, 2019

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 29 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **The GY 29 award has been received in the amount \$31,293,011.**

Notes on Overview. The fiscal spreadsheets list the service categories by Part and jurisdiction, and identifies the reported expenditure as a proportion of expected-to-date. The COHAH has requested an explanation of those service categories with a 30% variance from the target percentage.

FISCAL STATUS

For Part A and Part A MAI in May 2019, (16) of (25) invoices have been received.

SERVICE DELIVERY CHALLENGES

DC: The Other Professional Services service category is overspent, there was only \$11,000 allocated to that service category. A reprogramming request is forthcoming. One provider has not billed the entire grant year and is on corrective action.

MD: The stop work order issued to MD provider is still being enforced. The final determination regarding this organization is made in the Office of Grants Management.

VA: No providers applied for the VA MAI funding opportunity. The Recipient is working with VDH to identify organizations whose focus population is youth to provide Youth Reach MAI services. Recipient staff met with one potential organization and is meeting with another next week.

PART A FISCAL SUMMARY

Part A expenditures are 24% and should be 25%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services
Health insurance Premium and Cost Sharing Assistance
Home & Community Based Care
Medical Nutrition Therapy
Medical Case Management
Emergency Financial Assistance
Medical Transportation Services
Outreach Services
Psychosocial Support Services

Services 30% below expected:

N/A

Services 30% above expected:

Other Professional Services

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 22% and should be 25%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Ambulatory Outpatient Medical Care
Early Intervention Services
Mental Health Services
Medical Case Management
Substance Abuse Services - Outpatient
Psychosocial Support Services

Services 30% below expected:

N/A

Services 30% above expected:

N/A

UBC FISCAL SUMMARY

Service areas affected by unprocessed invoices:

Substance Abuse Services

UBC expenditures are 35% and should be 25%. (Overall Expenditure rates by funding source for the reporting period)

Services 30% above expected:

N/A

Services 30% below expected:

N/A

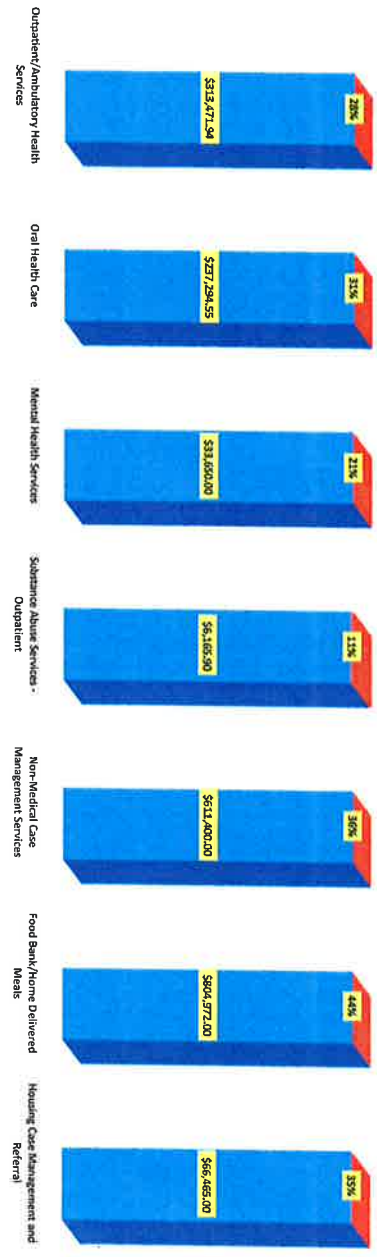
RECIPIENT REPORT

- HRSA Site Visit.** The DC EMA comprehensive site visit has been **RESCHEDULED to September 10-13, 2019**. HRSA made this change due to scheduling conflicts within their system. HRSA is requesting to meet with the Executive Committee of the COHAH during the site visit, either on September 11 or 12.
- Narcan.** Please contact Jonjelyn Gamble to receive the Narcan kits (jonjelyn.gamble@dc.gov). As a reminder, providers/staff must attend a Narcan training (at DC Health or in the community) to receive the kits. Proof of training is required to receive kits. A list of free scheduled trainings provided by DC Health can be found at <https://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings>. Click the date of the training to register. The next scheduled training dates are:
 - July 23, 2019
 - September 17, 2019
 - November 19, 2019
 - January 28, 2020
 - March 24, 2020
 - May 19, 2020

- 3. Regional EIS.** The RFA for Regional EIS closed on June 7, 2019. 22 organizations had their applications reviewed. Award decisions are under review with the Office of Grants Management. Awards are scheduled to be made in late July for an August 1, 2019 program start date.

SERVICE CATEGORY	AWARDS			EXPENDITURES TO DATE				Comments
	Initial	Adjustments	Current	Reported \$	Reported %	Expected \$	Expected %	
Outpatient/Ambulatory Health Services	\$ 1,127,000.00		\$ 1,127,000.00	\$ 313,471.94	28%	\$281,750.00	25%	
Oral Health Care	\$ 772,000.00		\$ 772,000.00	\$ 237,294.55	31%	\$193,000.00	25%	
Mental Health Services	\$ 163,875.00		\$ 163,875.00	\$ 33,650.00	21%	\$40,968.75	25%	Unprocessed invoices
Substance Abuse Services - Outpatient	\$ 54,625.00		\$ 54,625.00	\$ 6,165.90	11%	\$13,656.25	25%	
Non-Medical Case Management Services	\$ 1,717,500.00		\$ 1,717,500.00	\$ 611,400.00	36%	\$429,375.00	25%	
Food Bank/Home Delivered Meals	\$ 1,835,000.00		\$ 1,835,000.00	\$ 804,972.00	44%	\$458,750.00	25%	
Housing Case Management and Referral	\$ 191,000.00		\$ 191,000.00	\$ 66,465.00	35%	\$47,750.00	25%	
TOTAL	\$ 5,861,000.00	\$ -	\$ 5,861,000.00	\$ 2,073,419.39	35%	\$1,465,250.00	25%	

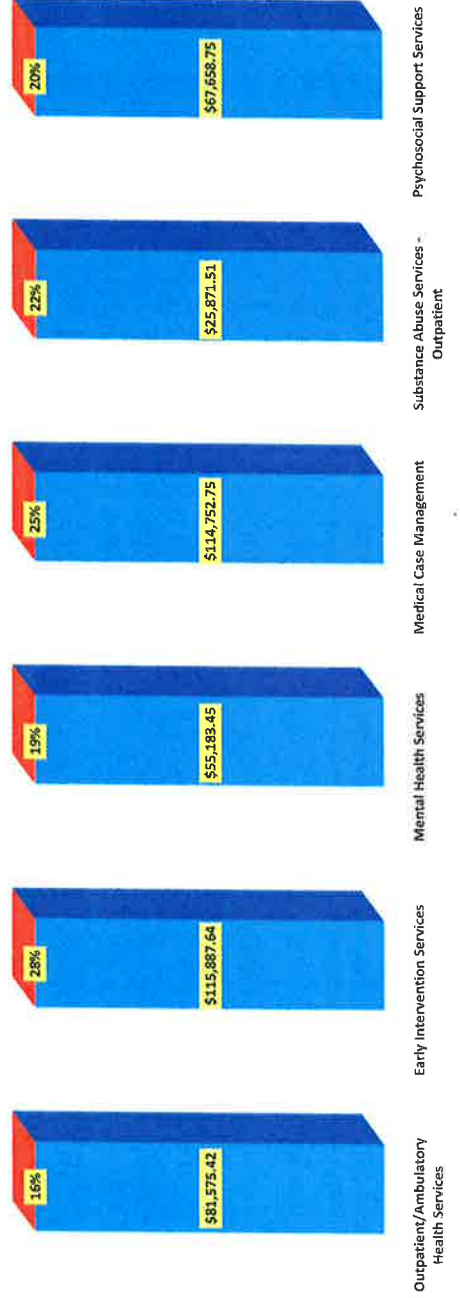
Underspent over 30%
Overspent over 30%



MAI Report through May 2019

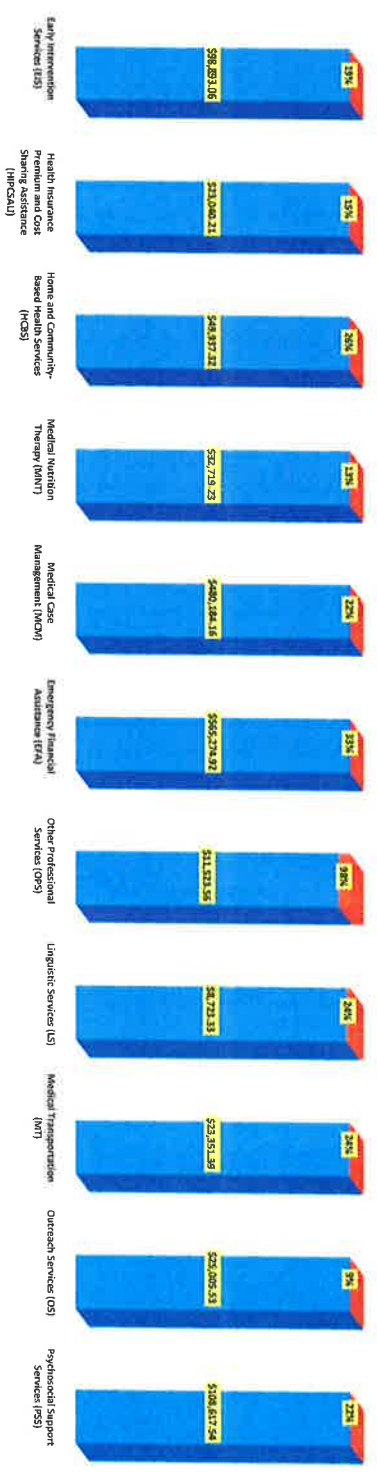
SERVICE CATEGORY	AWARDS		Current Budget	EXPENDITURES TO DATE			Comments
	DC	MD		Reported \$ Total	Reported %	Expected \$	
Outpatient/Ambulatory Health Services	\$365,577.83	\$159,243.00	\$524,820.83	\$81,575.42	16%	\$131,205.21	Unprocessed Invoices
Early Intervention Services	\$232,875.00	\$177,145.00	\$410,020.00	\$115,887.64	28%	\$102,505.00	Unprocessed Invoices
Mental Health Services	\$98,563.00	\$192,128.00	\$290,691.00	\$55,183.45	19%	\$72,672.75	Unprocessed Invoices
Medical Case Management	\$237,093.00	\$214,828.00	\$451,921.00	\$114,752.75	25%	\$112,980.25	Unprocessed Invoices
Substance Abuse Services - Outpatient	\$64,551.00	\$51,364.00	\$115,915.00	\$25,871.51	22%	\$28,978.75	Unprocessed Invoices
Psychosocial Support Services	\$188,503.00	\$157,369.00	\$345,872.00	\$67,658.75	20%	\$86,468.00	Unprocessed Invoices
TOTAL	\$821,585.00	\$792,834.00	\$2,138,239.83	\$460,929.52	22%	\$534,809.96	25%

Underspent over 30%
Overspent over 30%



SERVICE CATEGORY	AWARDS				EXPENDITURES TO DATE				Comments
	DC	HHHJ MD	WVA	Current Budget	Reported \$ Total	Reported %	Expected \$	Expected %	
Early Intervention Services (EIS)	\$301,633.86	\$224,546.00		\$526,379.86	\$68,893.05	19%	\$131,594.97	25%	unprocessed invoices
Health Insurance Premium and Cost Sharing Assistance (HPCSAU)		\$109,091.00	\$48,000.00	\$157,091.00	\$23,040.21	15%	\$39,272.75	25%	unprocessed invoices
Home and Community-Based Health Services (HCBS)	\$190,908.00			\$190,909.00	\$49,937.32	26%	\$47,727.25	25%	unprocessed invoices
Medical Nutrition Therapy (MNT)	\$118,182.00	\$113,896.00	\$10,400.00	\$242,478.00	\$32,719.23	13%	\$60,619.50	25%	unprocessed invoices
Medical Case Management (MCM)	\$1,287,190.00	\$732,727.00	\$150,000.00	\$2,169,917.00	\$480,184.16	22%	\$542,479.25	25%	unprocessed invoices
Emergency Financial Assistance (EFA)	\$1,382,105.00	\$254,455.00	\$81,700.00	\$1,718,260.00	\$555,274.92	33%	\$429,565.00	25%	unprocessed invoices
Other Professional Services (OPS)	\$11,818.00			\$11,818.00	\$11,525.55	98%	\$1,954.50	25%	unprocessed invoices
Linguistic Services (LS)	\$36,954.00			\$36,954.00	\$8,723.33	24%	\$9,091.00	25%	unprocessed invoices
Medical Transportation (MT)	\$22,345.00	\$37,090.00	\$39,800.00	\$99,035.00	\$23,351.39	24%	\$24,756.75	25%	unprocessed invoices
Outreach Services (OS)		\$258,182.00	\$9,467.00	\$267,649.00	\$25,005.53	9%	\$66,912.25	25%	unprocessed invoices
Psychosocial Support Services (PSS)	\$157,298.31	\$337,272.00		\$495,070.31	\$108,617.54	22%	\$123,767.58	25%	unprocessed invoices
TOTAL	\$ 3,508,546.17	\$ 2,087,259.00	\$ 338,167.00	\$ 5,914,971.17	\$ 1,427,270.25	24%	\$1,678,742.79	25%	

Underreport over 30%
Overreport over 50%



Service Category	Reported %
Early Intervention Services (EIS)	19%
Health Insurance Premium and Cost Sharing Assistance (HPCSAU)	15%
Home and Community-Based Health Services (HCBS)	26%
Medical Nutrition Therapy (MNT)	13%
Medical Case Management (MCM)	22%
Emergency Financial Assistance (EFA)	33%
Other Professional Services (OPS)	98%
Linguistic Services (LS)	24%
Medical Transportation (MT)	24%
Outreach Services (OS)	9%
Psychosocial Support Services (PSS)	22%

Report through May 2019

Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	3,508,545	1,026,636	2,481,910	29.3%	
District of Columbia - MAI	821,585	327,692	493,893	39.9%	
District of Columbia - UBC	5,861,000	2,073,419	3,787,581	35.4%	
District of Columbia Subtotal	10,191,130	3,427,747	6,763,383	33.6%	
Suburban Maryland - Part A	2,067,259	311,467	1,755,792	15.1%	
Suburban Maryland -- MAI	792,834	133,237	659,597	16.8%	
Suburban Maryland Subtotal	2,860,093	444,705	2,415,388	15.5%	
West Virginia - Part A	339,167	89,167	250,000	26.3%	
West Virginia Subtotal	339,167	89,167	250,000	26.3%	
TOTAL -- Part A	5,914,971	1,427,270	4,487,701	24.1%	
TOTAL -- MAI	1,614,419	460,930	1,153,489	28.6%	
TOTAL -- UBC	5,861,000	2,073,419	3,787,581	35.4%	
TOTAL Subtotal	13,390,390	3,961,619	9,428,771	29.6%	