



## **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA**

**WEDNESDAY JUNE 26, 2019 – 11:00AM TO 1:00PM**

**DC HEALTH HEADQUARTERS - HAHSTA**

**899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

**Note: all times are approximate**

<b>11:05 am</b>	<ol style="list-style-type: none"> <li>1. Call To Order and Moment of Silence</li> <li>2. Welcome and Introductions</li> <li>3. Approve Agenda for June 26, 2019</li> <li>4. Approve Minutes from May 29, 2019</li> </ol>
<b>11:15 am</b>	<ol style="list-style-type: none"> <li>5. Ryan White HIV/AIDS Program (RWHAP) – Reports &amp; Financial Oversight               <ul style="list-style-type: none"> <li>• RWHAP Recipient Report</li> <li>• New Spreadsheet Format for Reports</li> </ul> </li> </ol>
<b>11:30 am</b>	<ol style="list-style-type: none"> <li>6. Priority Setting and Resource Allocation (PSRA) Process Planning               <ul style="list-style-type: none"> <li>• Trainings for June/July</li> <li>• PSRA Meetings for July/August</li> </ul> </li> </ol>
<b>12:15 pm</b>	<ol style="list-style-type: none"> <li>7. Other Business</li> </ol>
<b>12:25 pm</b>	<ol style="list-style-type: none"> <li>8. Announcements and Adjournment</li> </ol>
<p><b><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></b></p>	
<p><b>Wednesday July 24, 2019</b>  <b>11am – 1pm</b>  <b>DC HEALTH HEADQUARTERS - HAHSTA</b>  <b>899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR;</b>  <b>WASHINGTON, DC 20002</b></p>	

### **CONFERENCE CALL INFORMATION:**

**Dial In #: 1-866-809-0886**

**Participant Code: 8289221#**



## **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES**

**WEDNESDAY, JUNE 26, 2019 – 11:00AM**

**DC HEALTH-HAHSTA – 899 N. CAPITOL ST. NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

<b>ATTENDEES/ROLL CALL</b>					
<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
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				
<b>HAHSTA STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
Mohram, Rony	X		Bailey, Patrice	X	
Barnes, Clover	CC		Clark, Lamont	X	
Edmonds, Jason	X				
Fortune, Ebony	X				

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



<p><b>Review and Approval of the Minutes</b></p>	<p>Mackenzie motioned to approve the Comprehensive Planning Committee Minutes for May 29, 2019. Kaleef seconded. The motion was approved.</p>
<p><b>Ryan White HIV/AIDS Program (RWHAP) Reports &amp; Financial Oversight</b></p>	<p><u>Clover Barnes presented the Financial Report</u>  <b>RWHAP Recipient Report</b></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></p> <p>Service areas affected by unprocessed invoices are Early Intervention Services, Health insurance Premium and Cost Sharing Assistance, Home &amp; 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](mailto: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 1<sup>st</sup>.



<p><b>Priority Setting and Resource Allocation (PSRA) Process Planning</b></p>	<p><b>Trainings for June/July</b></p> <p>Kaleef indicated that an email would giving 5 time options for a 3-hour PSRA orientation session starting July 9<sup>th</sup>. 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"> <li>• DC - Thursday August 15 @ HAHSTA</li> <li>• MD - Tuesday August 20 @New Carrollton/Landover Marriott Hotel</li> <li>• VA - Wednesday August 21 @ an office space used two years ago in Arlington</li> </ul> <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><b>Other Business</b></p>	<p>None</p>
<p><b>Follow –up Items</b></p>	<p>None</p>
<p><b>ANNOUNCEMENTS/OTHER DISCUSSION</b></p>	
<p><b>HANDOUTS</b></p>	
<ul style="list-style-type: none"> <li>• Comprehensive Planning Committee (CPC) Meeting Agenda, June 26, 2019</li> <li>• Comprehensive Planning Committee (CPC) Meeting Minutes, May 29, 2019</li> <li>• Fiscal Narrative Report (Part A and Part A MAI Funding)Year 29 – Reporting Period: April 1-31, 2019</li> <li>• CPC Only Report</li> </ul>	

<p><b>MEETING        ADJOURNED</b></p>	<p>11:38 pm</p>
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*The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

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<b>NEXT MEETING</b>	Wednesday, July 24, 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 <sup>th</sup> Floor Washington, DC 20002
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**COMPREHENSIVE PLANNING COMMITTEE (CPC)  
 MEETING MINUTES**

**WEDNESDAY, MAY 29, 2019 – 11:00AM**

**DC HEALTH-HAHSTA – 899 N. CAPITOL ST. NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

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



<b>AGENDA</b>	
<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Gerald P. called the meeting to order at 11:14 am, followed by a moment of silence and introductions.
<b>Review and Approval of the Agenda</b>	Mackenzie C. motioned to approve the Comprehensive Planning Committee Agenda for May 29, 2019. Jennifer Z. seconded. The motion was approved.
<b>Review and Approval of the Minutes</b>	Jennifer motioned to approve the Comprehensive Planning Committee Minutes for April 24, 2019. Peter D. seconded. The motion was approved.
<b>Ryan White HIV/AIDS Program (RWHAP) Reports &amp; Financial Oversight</b>	<p><b><u>Rony Mohram presented the financial report</u></b></p> <p><b>Available Funding/ Status of Contracts/Implementation Progress</b>  <b><u>District of Columbia:</u></b> Six (6) of fourteen (14) invoices have been received. The eight (8) invoices that were not received are partly due to the startup process and do not include any human care agreements. Mackenzie asked if there is concern about being overspent with 14 invoices not received. Ebony F. indicated that there is no need for concern. If the need arises, and the spending does not clear itself up, there is the possibility that there will be additional funding available through unit-based cost and other areas that can be reprogrammed. Clover B. added that some of the services are cyclical so they spend more in the warmer months, less during the winter months and vice versa.</p> <p><b><u>Maryland:</u></b> For Suburban Maryland, two (2) of five (5) invoices have been received and processed.</p> <p><b>Challenges</b>            DC and Maryland have no challenges to Service Delivery.</p> <p>Virginia had challenges with the RFA solicitation of MAI services. There were no applicants at the close of the RFA. The recipient is pursuing other options to procure MAI services in the Virginia area of the EMA. Clover indicated that there was participation in the pre-application conference, however, no one submitted applications. She met with the Virginia Department of Health to talk about who, in the Virginia region, could help with the grant. The Recipient is planning to meet with specific organizations in Virginia that work with youth, and are not currently funded by MAI for Part A, to work through the youth</p>





reach program. Jennifer asked if it was known, why people did not apply. Ebony indicated that there was an overlap. Feedback from the providers indicated that the Regional EIS RFA and the MAI Youthreach RFA were out simultaneously and it seemed easier to apply for the EIS because the focus was not on a specialized youth population.

#### **Fiscal Summary**

Service areas affected by unprocessed invoices are HIPCSALI and Outreach Services.

Part A expenditures are at 10% and should be at 8%. There are no services spending 30% below or above expected.

Part A MAI expenditures are at 7% and should be at 8%. There are no services spending 30% below or above expected.

#### **West Virginia**

Part A expenditures are at 7% and should be at 8%. There are no services affected by unprocessed invoices and no services spending at 30% below or above expected.

#### **Suburban Maryland**

Service areas affected by unprocessed invoices are Early Intervention Services (EIS), Home and Community Based Health Services, Other Professional Services, Linguistic Services and Psychosocial Support Services.

Part A expenditures are at 1% and should be at 8%. There are no service areas affected by unprocessed invoices and no services spending at 30% below or above expected.

Part A MAI expenditures are at 5% and should be at 8%. There are no service areas affected by unprocessed invoices and no services spending at 30% below or above expected.

#### **Northern Virginia**

Part A MAI Expenditures ended at 0% and should be at 8%. There are no service areas affected by unprocessed invoices and none spending at 30% below or above expected.



	<p><b><u>New Spreadsheet Format for Reports</u></b></p> <p>Clower led the discussion about the new format of the financial report. She indicated that the report appeared a little drawn out and would prefer to see the report address the service categories overall and then refer to any jurisdictional questions and have the information provided. She asked for the committee members comments. It was agreed that an explanation is warranted only for expenses that vary from expected spending on a services category or geographical level. Clower indicated that something different will be presented at the next meeting.</p>
<p><b>Recipient Report</b></p>	<p><b>Recipient Report presented by Clover Barnes.</b></p> <p>No report was provided but it will be available for the General Body meeting.</p> <p>Unit Based Cost (UBC) started fine in the new year and is currently spending at 11% and should be at 8%.</p> <p><u>HRSA Site Visit.</u> The DC EMA Comprehensive Site Visit is still scheduled for September 10-13, 2019.</p>
<p><b>Priority Setting and Resource Allocation (PSRA) Process Planning</b></p>	<p><b>Finalize Data Request</b></p> <p>Mackenzie indicated that a deadline should be set for making the Data Request. Kaleef M. indicated that the request was due today. Gerald suggested that if there are no additional items to be included, use what is already in the request.</p> <p>Mackenzie indicated that he forwarded 10 questions to Kaleef M. regarding the data request. Kaleef’s response to Mackenzie’s questions were as follows:</p> <ul style="list-style-type: none"> <li>• Question 1 relates to the needs assessment process, not PSRA.</li> <li>• Questions 2 -7 are to determine if there is a shortage of services somewhere. It cannot be assumed that co-location of services, to where someone lives, is desirable. The entire reason for regional services is so that customers wanted to have options to receive their services away from where they live.</li> <li>• Questions 8 same thoughts as above.</li> <li>• Questions 9 relates to the needs assessment process, not PSRA.</li> <li>• Question 10 what are the questions.</li> </ul> <p>Gerald thanked Kaleef for the clarification and suggested that the data request from last year be reviewed and add or change what is needed to that.</p>



Clover indicated that George Washington University prepares a resource inventory of all other funding in the region (i.e. Medicaid, Medicare, other Ryan White Parts, etc.). Additionally, in the utilization report, the number of clients served that had insurance is indicated. The report will look different this year because Virginia expanded their Medicaid. A spike in the insurance will be seen in grant year 29.

Mackenzie asked if the two (2) Fee For Service (FFS) questions (13 and 14), on page 4, are still applicable. If so, do we ask the same questions, but substitute FFS with Part B, and if so, how does the new Part B structure impact allocations. Clover indicated the Part B did not start until the beginning of grant year 29, which was April 1. The previous year did not include Part B as paying for services, in the way they are now, so you won't see any data because it did not happen in the past, it is happening now.

Adjustments to the data request will include:

- Add a Question - What are the Part B allocations and expenditures for grant year 28 that cover the overlap in the Washington DC EMA and what are the allocations for grant year 29
- Questions 4, 10, 13 and 14, remove
- Question 12 – change 15% to 30%
- Update the Year/Time Period column to read Grant year 28 or Most Recent Available Data.

Mackenzie asked about the difference in using the terms PLWH and clients. Kaleef indicated that PLWH is used for persons who are infected and clients is used for those who are affected. In addition to servicing person that are HIV+, Ryan White provides a limited number of services to people affected by HIV, (ex. EIS engages people who are not living with HIV by linking them to testing and other services). Clover added that the information that comes from EPI is for the whole jurisdiction so residents may not be Ryan White clients but they are people living with HIV nonetheless.

Kaleef motioned to have data request revised and made available by noon tomorrow with the discussed changes. Mackenzie seconded. The motion approved. Mackenzie will make the revisions.

#### **Trainings for June/July**

Kaleef indicated that there would be trainings in preparing for PSRA and orient new commissioners of the process. He has been collecting commissioner's availability schedules for the summer to insure the maximum number of



	<p>people attend the trainings. Those who have not responded will be asked to submit their information today and tomorrow. A calendar will be produced next week containing all trainings and meeting dates for June, July, and August. Additional trainings or meetings are possible in July and August.</p> <p>Gerald asked about discussing the plans for the PSRA jurisdictional meetings. Kaleef indicated that with the departure of the administrative agents and the removal of Part A money in certain areas, the committee might want to consider a different, more regionally encompassing approach to PSRA. Jennifer noted that historically, there were meetings in each jurisdiction in addition to a larger regional meeting. She suggested inviting everyone to attend a regional meeting/information session and stressing the importance of having everyone there in one place at one time. Kaleef indicated that having meetings in the jurisdictions to discuss specific changes in their jurisdictions would still be useful.</p>
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<b>Other Business</b>	None
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<b>Follow –up Items</b>	None
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**ANNOUNCEMENTS/OTHER DISCUSSION**

NVRC will have a table at the Pride Festival on June 9, 2019.

**HANDOUTS**

- Comprehensive Planning Committee (CPC) Meeting Agenda, May 29, 2019
- Comprehensive Planning Committee (CPC) Meeting Minutes, April 24, 2019
- Fiscal Narrative Report (Part A and Part A MAI Funding)Year 29 – Reporting Period: March 1-31, 2019
- 2018 (GY’ 29) Priority Setting and Resource Allocation (PSRA) Process Data Request May 13, 2018

<b>MEETING ADJOURNED</b>	12:41 pm
<b>NEXT MEETING</b>	Wednesday, June 26, 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 <sup>th</sup> Floor Washington, DC 20002

# CPC ONLY REPORT

June 26, 2019

To: Comprehensive Planning Committee (CPC)

From: Clover Barnes, Recipient

Re: Provider Non-compliance

In May 2019, several red flags were raised pertaining to a Maryland provider DC absorbed as a result of the administrative structure change in the EMA. The red flags include:

- Ryan White funded providers reported making several referrals to the organization for Mental Health Services, but the clients reported that they were unable to receive services.
- Community partners reported to HAHSTA that the organization was closing.
- The Program Officer made repeated attempts to reach organization staff via telephone to no avail.
- Discrepancies in the service locations listed on the organizations website compared to the addresses on file with HAHSTA.

As a result, the HAHSTA Program Officer and Program Manager made 2 impromptu visits to the provider's office, which solidified the concerns with this provider as there were no staff or clients onsite at either visit except a receptionist. A formal letter was sent to the provider scheduling a comprehensive site visit for June 4, 2019 and notification was made to the DC Health Office of Grants Management (OGM). The comprehensive site visit was completed on June 5, 2019. The site visit report was submitted to OGM. A stop work order was issued on June 7, 2019 and remains in effect today. A formal decision to terminate the grant agreement with this organization will be made this week. The organization is currently awarded \$1,011,000; \$586,000 in Regular Part A funding and \$425,000 in MAI funding for the following service categories:

- MAI Youth Reach Program, which includes the following service categories:
  - Early Intervention Services
  - Medical Case Management
  - Mental Health Services
  - Psychosocial Support Services
  - Outpatient Substance Abuse Services
- Emergency Financial Assistance
- Health Insurance Premium and Cost Sharing Assistance
- Medical Case Management
- Medical Nutrition Therapy
- Medical Transportation Services
- Outreach Services

**Date:** June 26, 2019

**To:** Comprehensive Planning Committee (CPC)

**From:** RW Recipient Staff

**Re:** Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding)  
Year 29 - Reporting Period: April 1 – 30, 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 discrepancy greater than 30%.

### Available Funding / Contracts Status / Implementation Progress

For Part A and Part A MAI in April 2019, (14) of (25) invoices have been received.

### Service DELIVERY CHALLENGES

**DC:** N/A

**MD:** Maryland providers have not submitted any invoices for the month of April. One Maryland provider was given a stop work order due to their inability to meet RW requirements. DC Office of Grants Management is working with the provider to ensure they either come into compliance or are removed from the RW provider network.

**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.

**PART A Fiscal Summary**

**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

**Part A expenditures are 12% and should be 17%.** (Overall Expenditure rates by funding source for the reporting period)

**Services 30% below expected**

N/A
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**Services 30% above expected**

Other Professional Services
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**PART A MAI Fiscal Summary**

**Part A MAI expenditures are 13% and should be 17%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices**

Ambulatory Outpatient Medical Care
Early Intervention Services
Health Insurance Premium and Cost Sharing Assistance
Mental Health Services
Medical Case Management
Substance Abuse Services - Outpatient
Psychosocial Support Services

**Services 30% below expected**

N/A
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**Services 30% above expected**

N/A

**UBC Fiscal Summary****Service areas affected by unprocessed invoices**

N/A

**UBC expenditures are 24% and should be 17%.** (Overall Expenditure rates by funding source for the reporting period)

**Service 30% above expected**

N/A

**Services 30% below expected**

N/A

**RECIPEINT UPDATES**

1. **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.
2. **Narcan.** Please contact Jonjelyn Gamble to receive the Narcan kits ([jonjelyn.gamble@dc.gov](mailto: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 date is **July 26, 2019**.
3. **Regional EIS.** The RFA for Regional EIS closed on June 7, 2019. 24 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 to be reviewed. Reviews are happening now and will be completed in early July. Awards are scheduled to be made in July for an August 1, 2019 program start date.

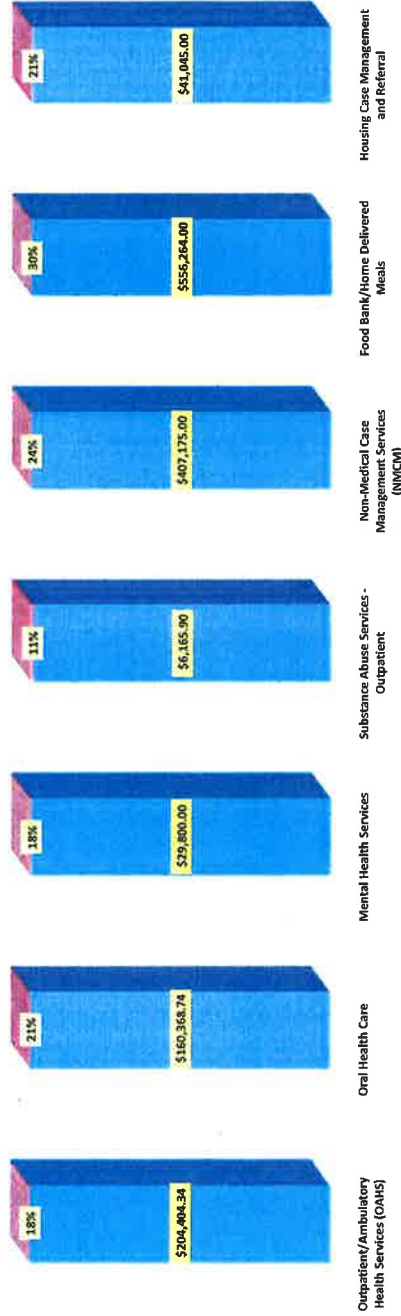


Report through April 2019

Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	3,508,545	722,507	2,786,038	20.6%	
District of Columbia - MAI	821,585	268,973	552,612	32.7%	
District of Columbia - UBC	5,861,000	1,405,223	4,455,777	24.0%	
District of Columbia Subtotal	10,191,130	2,396,703	7,794,427	23.5%	
Suburban Maryland - Part A	2,067,259	84,323	1,982,936	4.1%	
Suburban Maryland -- MAI	792,834	59,822	733,012	7.5%	
Suburban Maryland Subtotal	2,860,093	144,145	2,715,948	5.0%	
West Virginia - Part A	339,167	62,907	276,260	18.5%	
West Virginia Subtotal	339,167	62,907	276,260	18.5%	
TOTAL -- Part A	5,914,971	869,737	5,045,234	14.7%	
TOTAL -- MAI	1,614,419	328,795	1,285,624	20.4%	
TOTAL -- UBC	5,861,000	1,405,223	4,455,777	24.0%	
TOTAL Subtotal	13,390,390	2,603,755	10,786,635	19.4%	

SERVICE CATEGORY	AWARDS		EXPENDITURES TO DATE				Comments
	Initial	Adjustments	Current	Reported \$	Reported %	Expected \$	
Outpatient/Ambulatory Health Services (OAHS)	\$ 1,127,000.00		\$ 1,127,000.00	\$ 204,404.34	18%	\$187,833.33	17%
Oral Health Care	\$ 772,000.00		\$ 772,000.00	\$ 160,368.74	21%	\$128,666.67	17%
Mental Health Services	\$ 163,875.00		\$ 163,875.00	\$ 29,800.00	18%	\$27,312.50	17%
Substance Abuse Services - Outpatient	\$ 54,625.00		\$ 54,625.00	\$ 6,165.90	11%	\$9,104.17	17%
Non-Medical Case Management Services (NMCM)	\$ 1,717,500.00		\$ 1,717,500.00	\$ 407,175.00	24%	\$286,250.00	17%
Food Bank/Home Delivered Meals	\$ 1,835,000.00		\$ 1,835,000.00	\$ 556,264.00	30%	\$305,833.33	17%
Housing Case Management and Referral	\$ 191,000.00		\$ 191,000.00	\$ 41,045.00	21%	\$31,833.33	17%
<b>TOTAL</b>	<b>\$ 5,861,000.00</b>	<b>\$ -</b>	<b>\$ 5,861,000.00</b>	<b>\$ 1,405,222.98</b>	<b>24%</b>	<b>\$976,833.33</b>	<b>17%</b>

Underspent over 30%  
Overspent over 30%

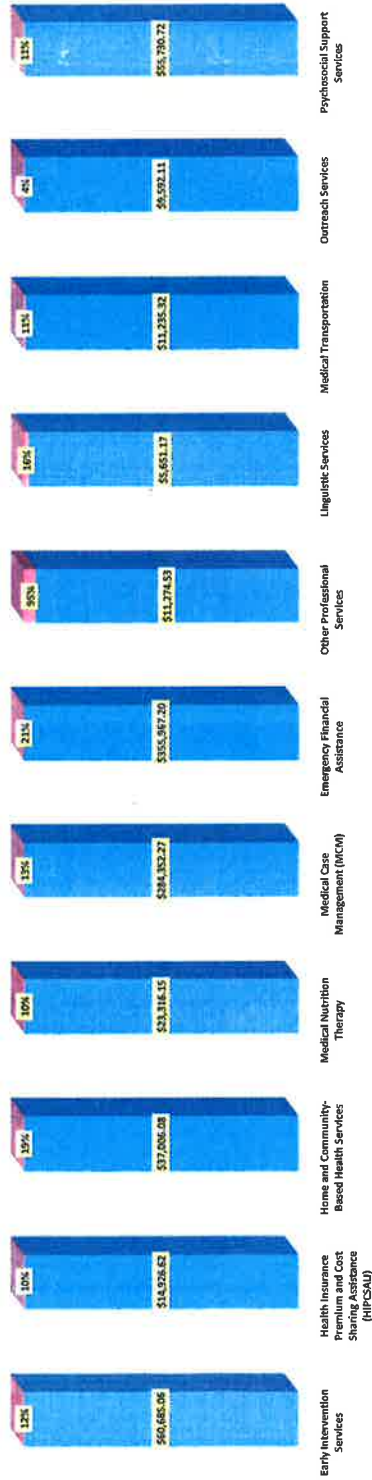


PART A

Report through April 2019

SERVICE CATEGORY	AWARDS			EXPENDITURES TO DATE				Comments
	DC	Initial MD	WVA	Current Budget	Reported \$ Total	Reported %	Expected \$	
Early Intervention Services	\$301,833.86	\$224,546.00		\$526,379.86	\$60,685.06	12%	\$87,729.98	17%
Health Insurance Premium and Cost Sharing Assistance (HIPC/SALI)		\$109,091.00	\$48,000.00	\$157,091.00	\$14,926.62	10%	\$26,181.83	17%
Home and Community-Based Health Services	\$190,909.00	\$113,896.00		\$190,909.00	\$37,006.08	19%	\$31,818.17	17%
Medical Nutrition Therapy	\$118,182.00	\$73,727.00	\$10,400.00	\$242,478.00	\$23,316.15	10%	\$40,413.00	17%
Medical Case Management (MCM)	\$1,267,190.00	\$150,000.00		\$2,169,917.00	\$284,352.27	13%	\$381,652.83	17%
Emergency Financial Assistance	\$1,362,105.00	\$254,455.00	\$81,700.00	\$1,718,260.00	\$355,957.20	21%	\$286,376.67	17%
Other Professional Services	\$11,818.00			\$11,818.00	\$11,274.53	95%	\$1,969.67	17%
Linguistic Services	\$36,364.00			\$36,364.00	\$5,651.17	16%	\$6,060.67	17%
Medical Transportation	\$22,245.00	\$37,090.00	\$39,600.00	\$99,035.00	\$11,235.32	11%	\$16,505.83	17%
Outreach Services	\$157,798.31	\$259,182.00	\$9,467.00	\$267,649.00	\$9,592.11	4%	\$44,608.17	17%
Psychosocial Support Services	\$157,798.31	\$337,272.00		\$495,070.31	\$55,730.72	11%	\$82,511.72	17%
<b>TOTAL</b>	<b>\$ 3,806,548.17</b>	<b>\$ 2,067,259.00</b>	<b>\$ 339,167.00</b>	<b>\$ 5,914,971.17</b>	<b>\$89,737.23</b>	<b>15%</b>	<b>\$965,828.33</b>	<b>17%</b>

Under spent over 30%  
Over spent over 30%

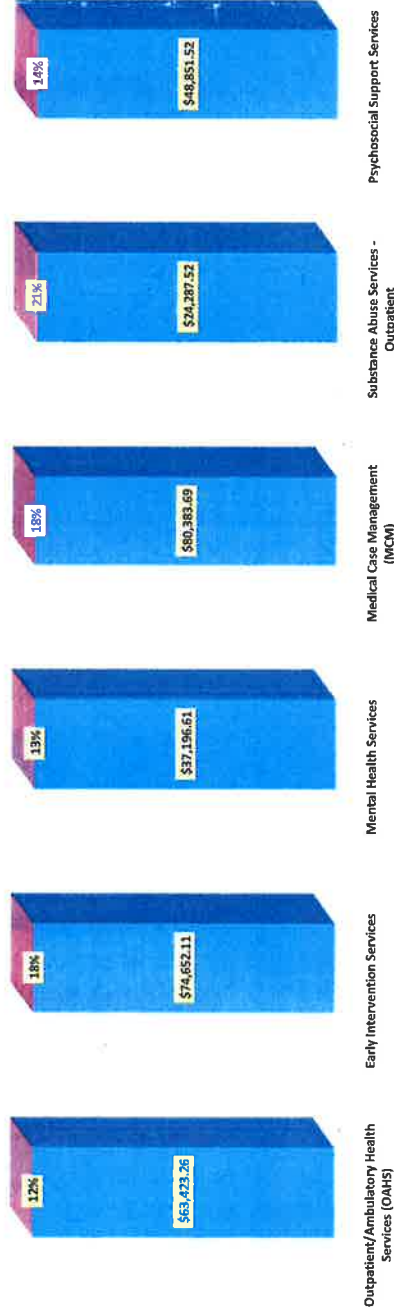


M/Al Report through April 2019

SERVICE CATEGORY	AWARDS				EXPENDITURES TO DATE										
	Initial		Current Budget		Reported \$					Expected \$					Comments
	DC	MD	MD	VA	DC	MD	VA	Total	Reported %	Expected %	Expected %	Expected %			
Outpatient/Ambulatory Health Services (OAHS)	\$365,577.83	\$159,243.00	\$524,820.83		\$53,556.59	\$9,866.67		\$63,423.26	12%	\$87,470.14	17%				
Early Intervention Services	\$232,875.00	\$177,145.00	\$410,020.00		\$62,300.50	\$12,351.61		\$74,652.11	18%	\$86,336.67	17%				
Mental Health Services	\$98,563.00	\$192,128.00	\$290,691.00		\$29,789.11	\$7,397.50		\$37,186.61	13%	\$46,448.50	17%				
Medical Case Management (MCM)	\$237,093.00	\$214,828.00	\$451,921.00		\$17,235.92	\$13,147.77		\$30,383.69	19%	\$75,320.17	17%				
Substance Abuse Services - Outpatient	\$84,591.00	\$91,364.00	\$175,955.00		\$19,577.32	\$4,710.20		\$24,287.52	21%	\$19,318.17	17%				
Psychosocial Support Services	\$188,503.00	\$157,369.00	\$345,872.00		\$36,503.55	\$12,347.97		\$48,851.52	14%	\$57,646.33	17%				
<b>TOTAL</b>	<b>\$921,585.00</b>	<b>\$792,034.00</b>	<b>\$2,139,238.83</b>		<b>\$269,972.95</b>	<b>\$59,821.72</b>		<b>\$328,794.71</b>	<b>13%</b>	<b>\$356,539.97</b>	<b>17%</b>				

Underspent over 30%

Overspent over 30%



Outpatient/Ambulatory Health Services (OAHS)

Early Intervention Services

Mental Health Services

Medical Case Management (MCM)

Substance Abuse Services - Outpatient

Psychosocial Support Services