

Claudia Gray- DHMH

Question 1-

How much money do you provide for needle exchange?

The Prevention and Health Promotion Administration (PHPA) contributes \$290,860 of State General Funds to support the Baltimore City Needle Exchange Program.

Question 2-

How can we be assured that money is being spent on what you show it is being spent on? What "check-up" mechanisms are used on money for specific purposes?

The Prevention and Health Promotion (PHPA) Office of Finance and Operations (OFO) manages the fiscal aspects of federally and state funded programs and uses the State of Maryland's Financial Management Information System to track expenditures. OFO also prepares reports to federal funders to account for expenditure of all grant funds.

The Center for HIV Prevention and Health Services is responsible for ensuring programmatic compliance of all contracts. Each vendor submits an initial budget that includes planned expenditures by line item and performance measures. The budgets are reviewed by PHPA program staff to ensure that grantees adhere to established guidelines. PHPA program staff monitor the implementation of funded programs in a variety of ways, including: site visits, quarterly and other reports, and monitoring of program performance through review of data submissions.

Question 3-

Are narcotics listed in your formulary? And if not, why?

No controlled substances are covered, except for buprenorphine for Opioid dependence.

MADAP covers specific medications to treat HIV neuropathy, but "Analgesics" is not a covered class of medications to treat pain in general.

Drugs are put on the MADAP formulary after the MADAP Advisory Board reviews the drug and makes a recommendation to the PHPA Director to add the drug. The MADAP Advisory Board is comprised of physicians, pharmacists, PLWH/A's, clients, representatives of Prevention and Health Promotion Administration (PHPA), service organizations, and funding agencies.

Question 4-

Why is there not a group for Women who have Sex with Women (WSW)?

The Maryland HIV Prevention Community Planning Group (CPG) works with PHPA to review epidemiologic data and other information to determine the priority populations for HIV prevention initiatives. We do not have evidence that Women who have Sex with Women are a high risk group for HIV transmission.

Question 5-

Has adding “sight impaired” to the special population been thought of or considered?

Special Populations are defined as those with special linguistic needs and/or those with documented elevated risk of HIV transmission and are unlikely to be served by prevention programming targeting one of the other priority populations, i.e. Deaf Persons, Hispanics, African Immigrant and Transgender populations. We do not have evidence that sight impaired populations are at elevated risk for HIV infection, so there has not been discussion of adding this population to the priority populations.