

**43221**

**DATE:** November 6, 2014

**TO:** Board of Acquisition and Contract

**FROM:** Sherlita Amler, M.D.  
Commissioner of Health

**RE:** Authorization to enter into Contract to accept funding from the New York State Department of Health for the Pre Exposure Prophylaxis Initiative Grant, as follows:

Term: 10/1/14 – 3/31/15  
Amount: Not-to-Exceed \$44,000

The Westchester County Department of Health (“WCDH”) seeks authorization to enter into a new contract to accept funding from the New York State Department of Health (“NYSDOH”) for the Pre Exposure Prophylaxis (PrEP) initiative, pursuant to an approved budget, for a contract period 10/1/14 through 3/31/15, in the not-to-exceed amount of \$44,000.

This contract will promote the public health and general welfare of County residents by preventing high risk individuals from becoming infected with HIV. The initiative will advance access to PrEP by providing access to PrEP medical providers and anti-retroviral medication to be prescribed.

The goals and objectives of this program are to promote community buy-in and support for PrEP therapy use; increase understanding of how to identify and engage patients/clients about PrEP; build a referral directory of PrEP service providers; and make appropriate referrals to service agencies and medical providers. The initial funding year will include a Planning & Educational Summit for the introduction of PrEP into the service system. A series of trainings for WCDH STD/HIV clinic staff on how to identify, assess, and refer high-risk patients will be provided as well.

This program will be monitored by tracking the number of high-risk individuals identified as candidates and referred for PrEP therapy as well as monthly reviews of all program activities. This information will be reported electronically to the New York State Department of Health.

I certify that my department, a) has copies of, or access to, all applicable laws, rules, regulations, grant applications, and grant agreements (including any master grant agreement), as well as any guidance or instructions received from the agency making the grant (the “Grant Terms”), b) has reviewed the Grant Terms, c) is aware of and understands all of the Grant Terms, and d) can and will comply with all of the Grant Terms.

Approval of the attached resolution is respectfully requested.

/md  
Attachment

## RESOLUTION

UPON A COMMUNICATION FROM THE COMMISSIONER OF HEALTH, be it hereby

**RESOLVED**, that the County of Westchester, acting by and through its Department of Health, is authorized to enter into contract to accept funding from the New York State Department of Health for the Pre-Exposure Prophylaxis Initiative Program Grant, pursuant to an approved budget, for the contract period, as follows:

Term: 10/1/14 – 3/31/15  
 Amount: Not-to-Exceed \$44,000

and, be it further

**RESOLVED**, that the County Executive or his duly authorized designee be and hereby is authorized and empowered to execute all appropriate contracts or documents necessary to effectuate the purposes of this resolution in the manner prescribed by law.

Department of Health  
 County of Westchester  
 10 County Center Road, 2<sup>nd</sup> Floor  
 White Plains, New York 10607  
 11/6/14

Agreement #

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	546P	9854	T546	\$44,000

  

Budget Funding Year(s) (must match resolution) 2014 -2015 Start Date 10/1/14 End Date 3/31/15

Funding Source	Tax Dollars	
	State Aid	\$44,000
<b>\$44,000</b>	Federal Aid	
(must match resolution)	Other	