



WA DOH SYNDEMIC CONTRACT LAUNCH

Office of Infectious Disease

Welcome!

Elizabeth Crutsinger-Perry
Director, Office of Infectious Disease

Overview of Meeting

- Intro To Syndemic Prevention Contracts
- Funding Overview- Who's Doing What?
- DOH Staffing Overview- Who To Ask For What?
- Operations Updates
- Service Category Update
 - Syndemic Service Nav, Testing & Innovative Projects
 - SSP & Naloxone Distribution
- Capacity Building Updates
- Closing, Q&A, Next Steps

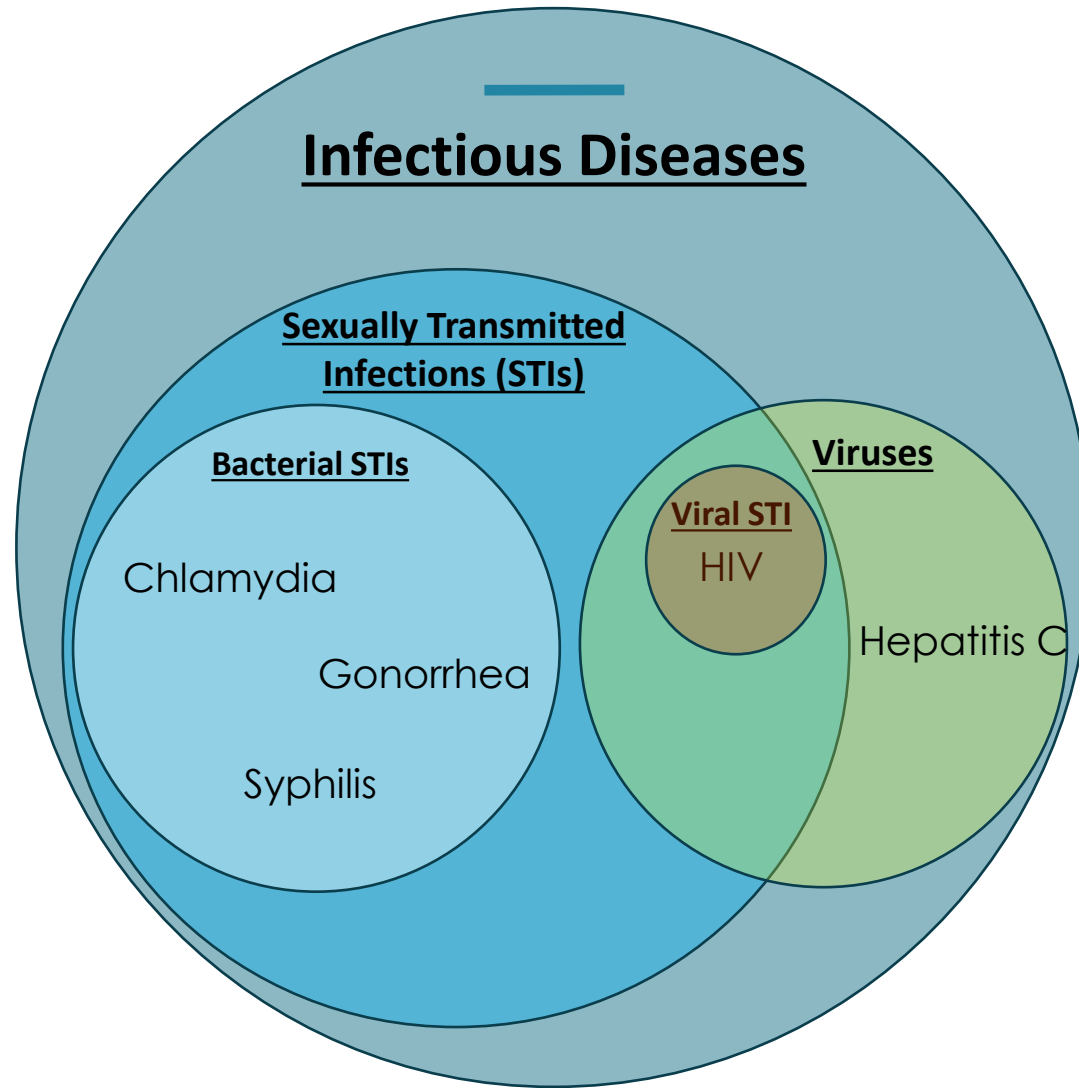
NOTE: This meeting
will be recorded



SYNDEMIC PREVENTION SERVICES CONTRACTS

Office of Infectious Disease

The Office of Infectious Disease is committed to addressing the **syndemic**, or braided and interrelated epidemics of HIV, sexually transmitted infections (STIs), and viral hepatitis through **service integration**.



SYNERGY

Interaction of two or more conditions that produce a combined effect greater than the sum of their separate efforts.



EPIDEMIC

Widespread occurrence of an infection or other health condition in a community at a particular time and set of social contexts.



SYNDEMIC

When two or more health conditions or infections and the social contexts in which they occur, interact with and worsen one another's impact, resulting in an excessive burden of disease, including increased transmission, morbidity, and mortality.

Factoring in Substance Use & Overdose

Integrating a complete understanding of the ways substance use interacts with each of these infectious diseases is critical for three reasons:

1. Substance use can have negative health effects such as:
 - Increased transmission of HIV and viral hepatitis
 - Bacterial infections
 - Overdose and death.
2. People who use substances experience significant harms due to increased stigma and marginalization, including:
 - Loss of social support and safety nets
 - Employment and housing discrimination
 - Financial challenges
 - Incarceration
3. The above harms make accessing infectious disease testing and treatment and substance use disorder care and treatment more challenging.

Social Determinants of Health (SDOH): The **nonmedical factors** in people's lives that affect their health status through wide-reaching influence on all areas of life.

Individual Factors

- Characteristics like:
 - Gender
 - Race
 - Ethnicity
 - Sexual orientation
 - Language
 - Literacy
 - Socioeconomic status
 - Adverse experiences
- Impact individual health because of how they interact with structural and societal inequalities for each person

Societal Determinants

- Systems & societal infrastructure like:
 - Healthcare access
 - Food access
 - Education access & quality
 - Transportation access
 - Social support
 - Racism, sexism, other forms of structural and systemic oppression
- Directly influence health





SYNDEMIC DATA AND PROGRAM EVALUATION

Office of Infectious Disease

Introduction: Syndemic Data

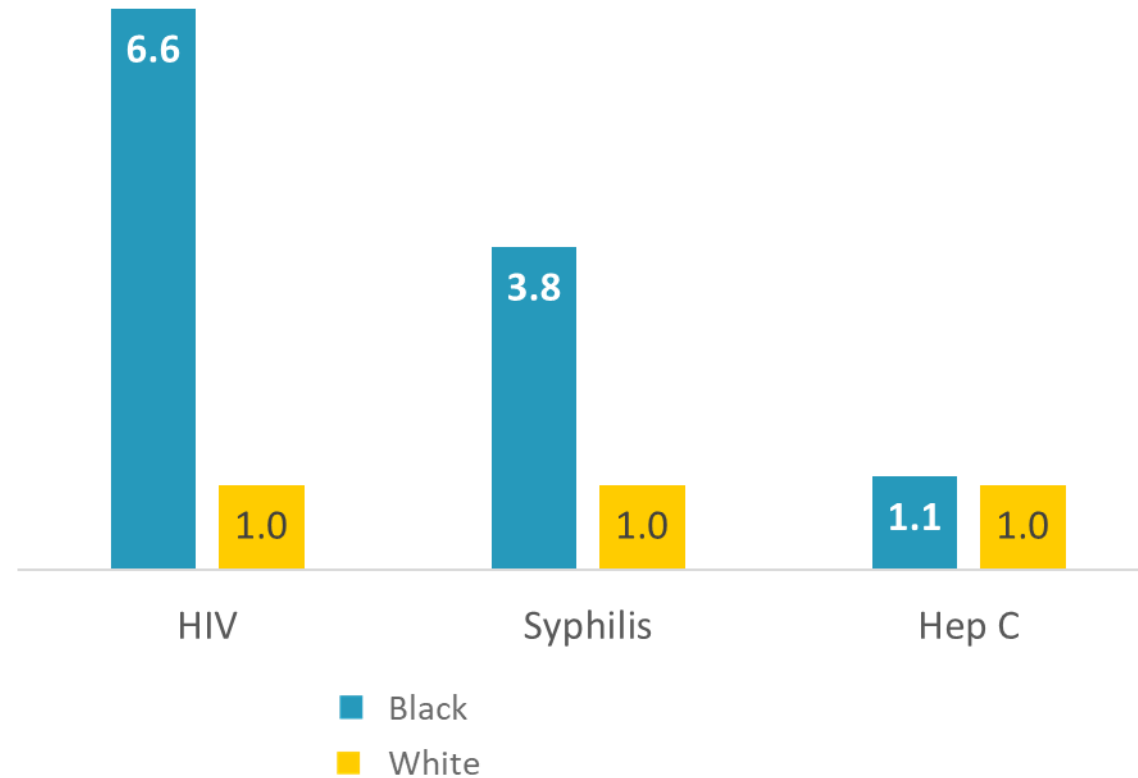
- The diseases you work to prevent overlap with each other
 - You are already experts in this topic
- Here is some quick data and some thoughts about why this is important.

Why a Syndemic Approach?

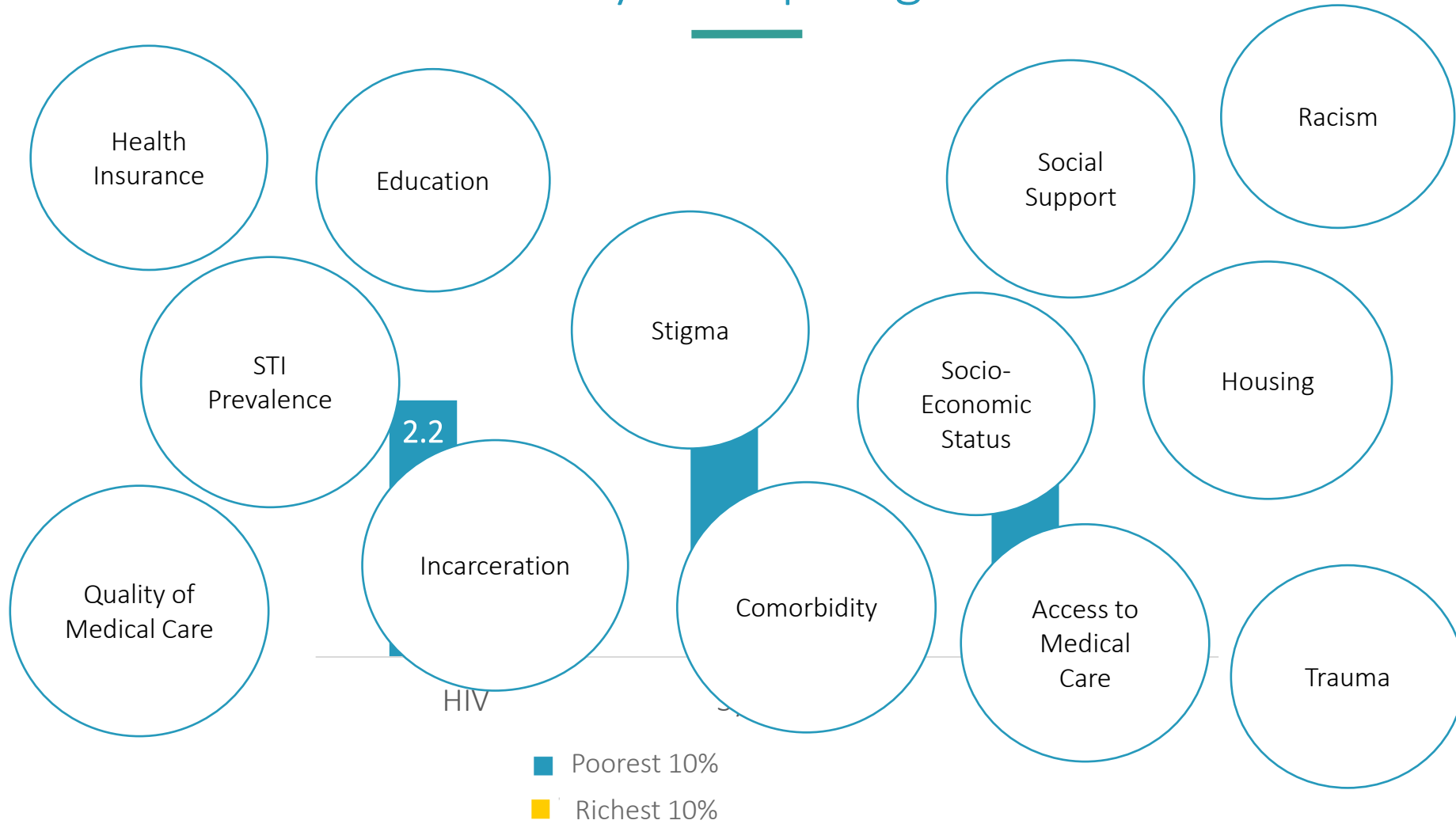
What is a Person's 5-Year Probability of Acquiring Each Infectious Condition?

Current Health State	New Condition		
	HIV	Gonorrhea	Syphilis
None	<1%	1%	<1%
Living with HIV	0%	12%	8%
Diagnosed with Gonorrhea	8%	31%	6%
Diagnosed with Syphilis	8%	41%	23%

Relative Probability of Acquiring Each Condition:



Relative Probability of Acquiring Each Condition:



Why a Cross Cutting Workforce Matters

Between 2021 and 2023, when someone had syphilis and another STI at the same time, 18% of the time they were only tested for the other STI

Between 2016 and 2021, when someone had HIV and another STI at the same time, 25% of the time they were only tested for the STI

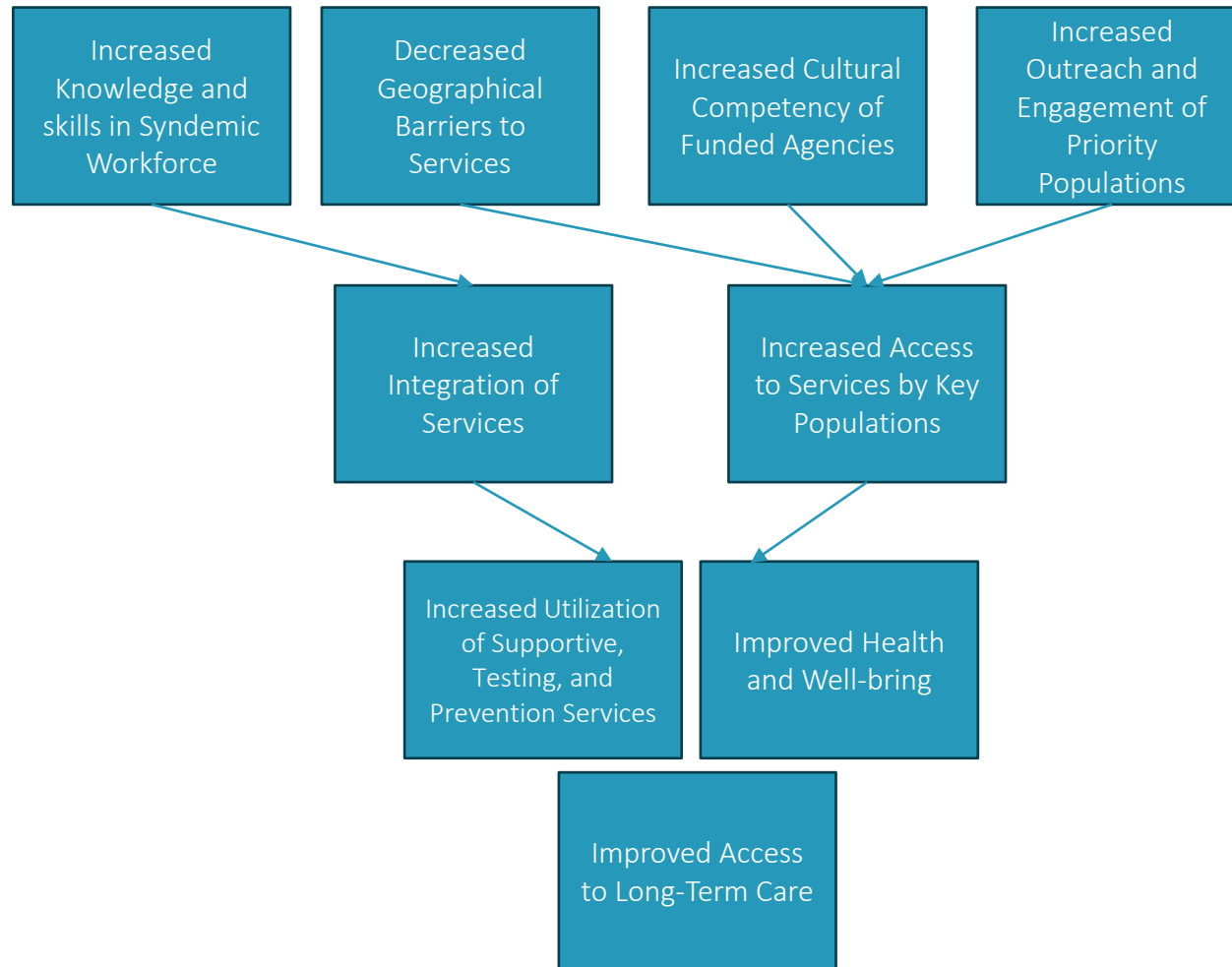
These conditions happen together and the services need to be together.

Part 2: Evaluation of The Syndemic Contracts

Why An Evaluation?

- Is the syndemic funding approach helping us reach our high-level goals of improved health and increased health equity?
- Where are services are working and where they aren't?
- How should we approach the next 5 year funding cycle?

Evaluation Model



Evaluation Metrics

Increased Knowledge and Skills in Syndemic Workforce

- # New Staff Hired
- # Staff Trained in a new topic

Increased Integration of Services

- # and % of programs and facilities offering new services or service categories
- # and % of syndemic test events
- # and % of clients who receive more than one service type per visit

What does this mean for you?

- We'll be asking for your help!
 - Most of our metrics are going to be coming from the grant data requirements, but some will require some qualitative input
 - We also want to know what we are missing!
- We'll also be sharing data back
 - Hopefully in a dashboard

We'll Talk Soon!





FUNDING OVERVIEW- WHO IS DOING WHAT IN WA?

Office of Infectious Disease

Syndemic Prevention Service Categories

Contracts total nearly \$10 million for an 18-month period
(\$9,997,850 for January 2024-June 2025)

1. Community-based integrated infectious disease testing and linkage to services in high-impact settings
2. Syndemic service navigation
3. PrEP housing pilot project
4. Syringe service programs
5. Mail-order naloxone program
6. Innovative projects

Communities of focus

For **testing, syndemic navigation, innovative projects**, the communities of focus:

- People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in the contractor's region.
- Men who have sex with men.
- Gender expansive/transgender individuals.
- People who use drugs.
- People engaged in sex work.

For **syringe service programs**, the programs serve:

- People who use drugs, with a focus on the above communities, as well as people who are unhoused or unstably housed.

Community-based integrated infectious disease testing and linkage to services in high-impact settings

- AIDS Healthcare Foundation (Pierce)
- Cascade AIDS Project (Clark, Cowlitz and SW WA)
- Center for MultiCultural Health (King)
- Entre Hermanos (King)
- POCAAN (King)
- Seattle's LGBTQ+ Center (formerly Gay City) (King)
- Snohomish County Health Department
- Spokane Regional Health District

Syndemic service navigation

- AIDS Healthcare Foundation (Pierce)
- Cascade AIDS Project (Clark, Cowlitz and SW WA)
- Consistent Care Services (Spokane)
- Entre Hermanos (King)
- Harborview Medical Center (King)
- Seattle's LGBTQ+ Center (formerly Gay City) (King)

Specialty PrEP Clinic Navigation:

- POCAAN (King)
- Public Health Seattle-King County

PrEP Housing Pilot Project

- The communities of focus for PrEP Housing & Supportive Services are Black, Indigenous/Native American/Alaska Native and Hispanic/Latine/Latina/Latino/Latinx gay and bisexual men and other men who have sex with men (MSM) and their sexual networks. (Note that “men” is inclusive of cisgender and transgender men.)
- Entre Hermanos (King)

Syringe service programs

Level 1 (basic support for SSP operations)

- Clark County Health Department
- Dave Purchase Project (Pierce)
- Grant County Health District
- The People's Harm Reduction Alliance (King & Kitsap)
- Public Health – Seattle & King County
- Seattle's LGBTQ+ Center (King)
- Share Vancouver (Clark)
- Skagit County Public Health
- Sound Pathways (Snohomish)
- Thurston County Public Health & Social Services
- Whatcom County Health Department
- Willapa Behavioral Health (Gray's Harbor)
- Yakima Health District

Syringe service programs

Level 2 (integrating harm reduction care navigation)

Levels 1 & 2

- Gather Church (Lewis)
- Kittitas County Public Health
- Spokane Regional Health District

Syringe service programs

Level 3 (integrating high-priority clinical services)

Level 1, 2 & 3

- Jefferson County Public Health

Level 1 & 3

- Blue Mountain Heart to Heart (Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Whitman)
- Mason County Public Health & Human Services

Level 3 only

- Hepatitis Education Project (King)

Mail-order naloxone program

- Statewide program for individuals to order naloxone in the mail, with a special focus on reaching people in rural communities, people who do not have access to naloxone in their communities, and people with privacy concerns accessing naloxone in their communities.
- The People's Harm Reduction Alliance

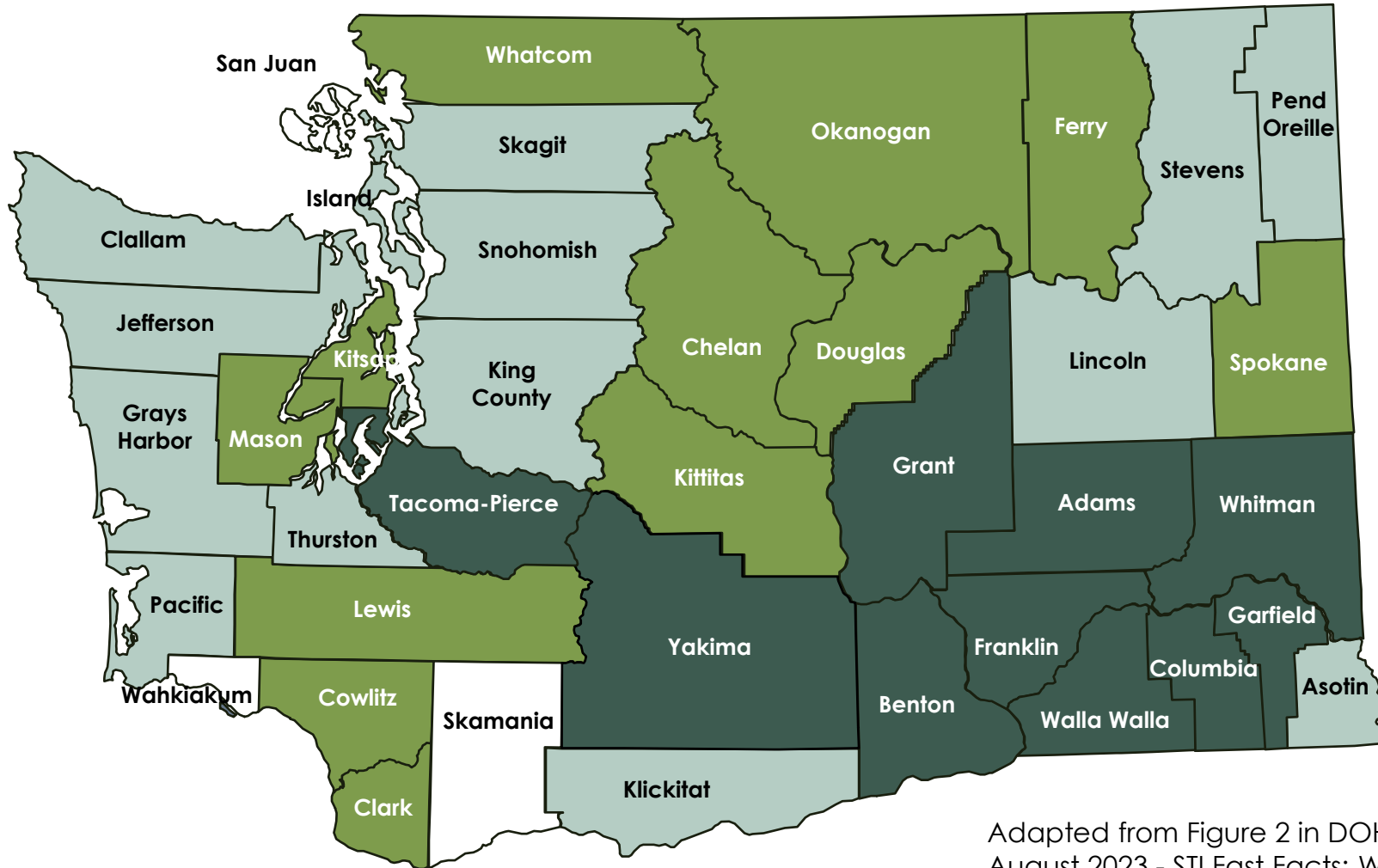
Innovative projects

- Harborview Medical Center (SHE Clinic, low-barrier syndemic services for women experiencing homelessness, King)
- University of Washington (partnership to provide low-barrier syndemic testing and treatment services at Hepatitis Education Project using a pharmacist-led model, King)

Syndemic Disease Burden by Condition & County

Chlamydia, Gonorrhea, Syphilis, HIV, HCV, & Overdose

Chlamydia Incidence Estimate by County Compared to the WA State Rate, 2022



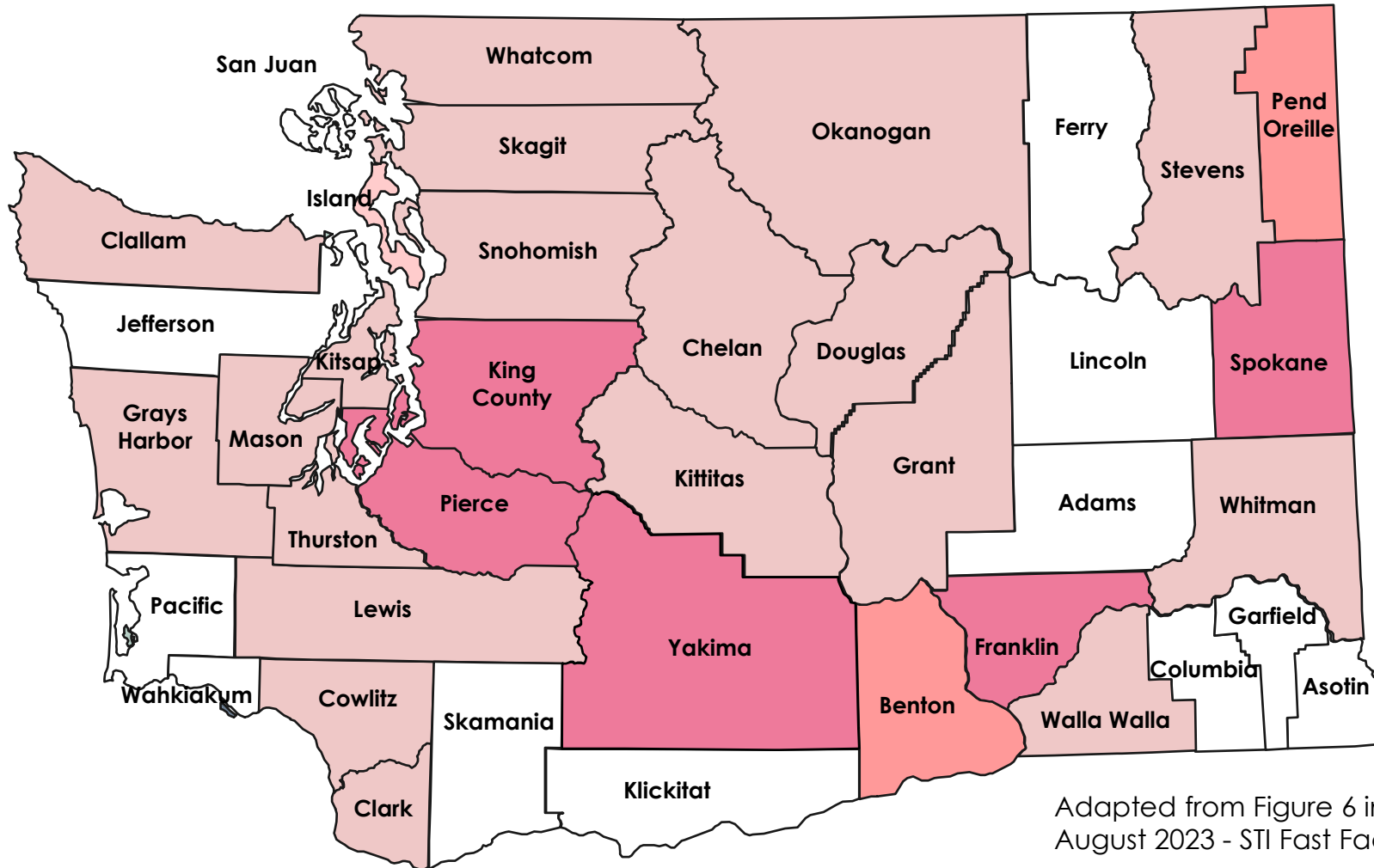
Chlamydia Diagnosis Rate Per 100,000

- Rate higher than WA State
- Rate similar to WA State
- Rate lower than WA State
- Rate not available*

State rate is 365.0 cases per 100,00 people
*No cases reported in 2022 or rates suppressed due to unstable estimates

Adapted from Figure 2 in DOH Publication 347-350, August 2023 - STI Fast Facts: Washington State 2022.

Gonorrhea Incidence Estimate by County Compared to the WA State Rate, 2022



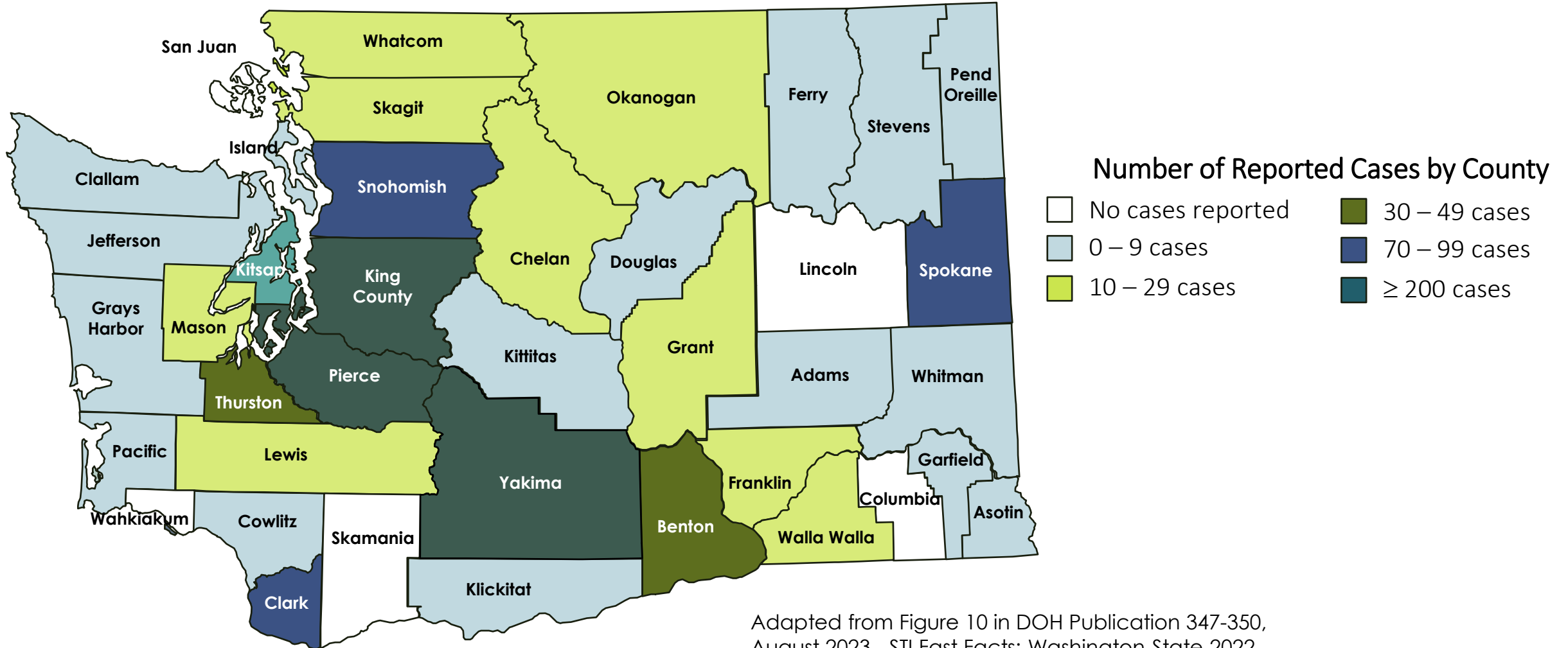
Gonorrhea Diagnosis Rate Per 100,000

- Rate higher than WA State
- Rate similar to WA State
- Rate lower than WA State
- Rate not available*

State rate is 144.9 cases per 100,00 people
*No cases reported in 2022 or rates suppressed due to unstable estimates

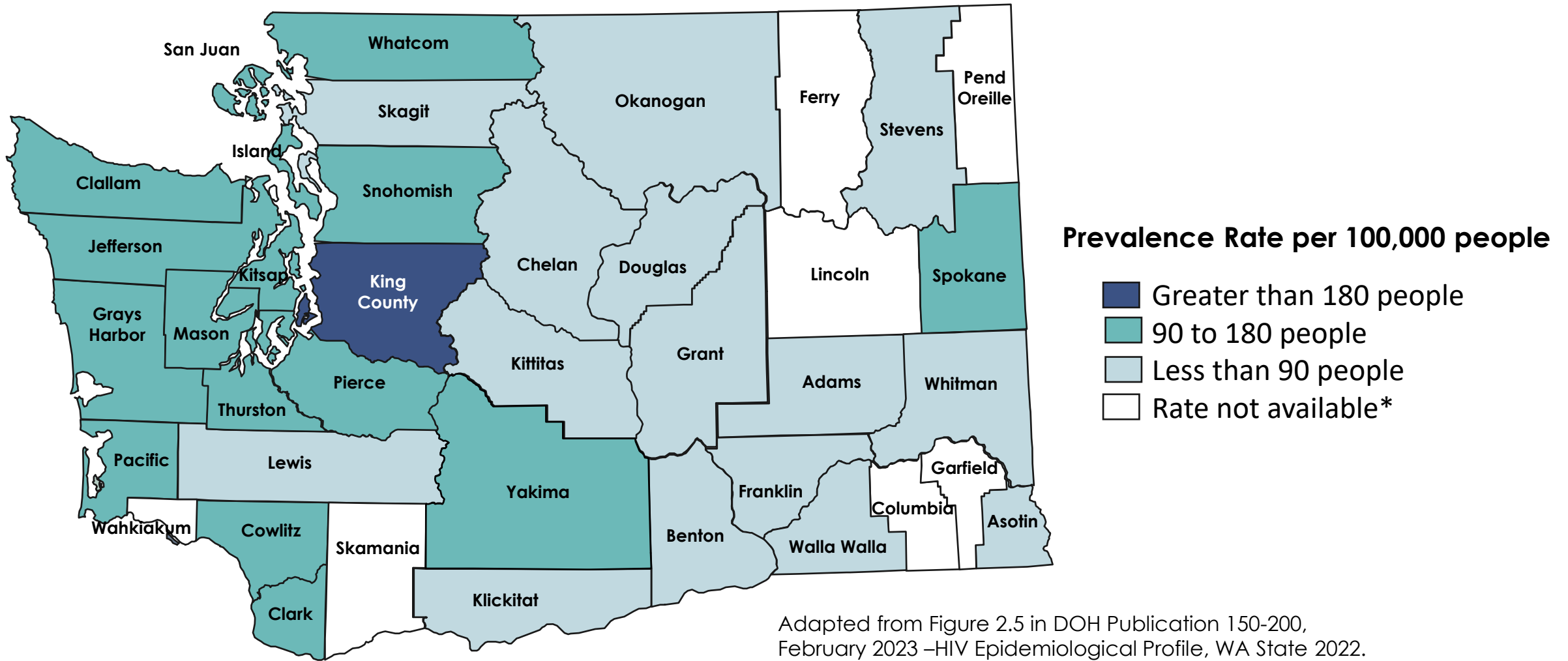
Adapted from Figure 6 in DOH Publication 347-350, August 2023 - STI Fast Facts: Washington State 2022.

Primary & Secondary (P&S) Syphilis Cases Reported by County, WA State, 2022

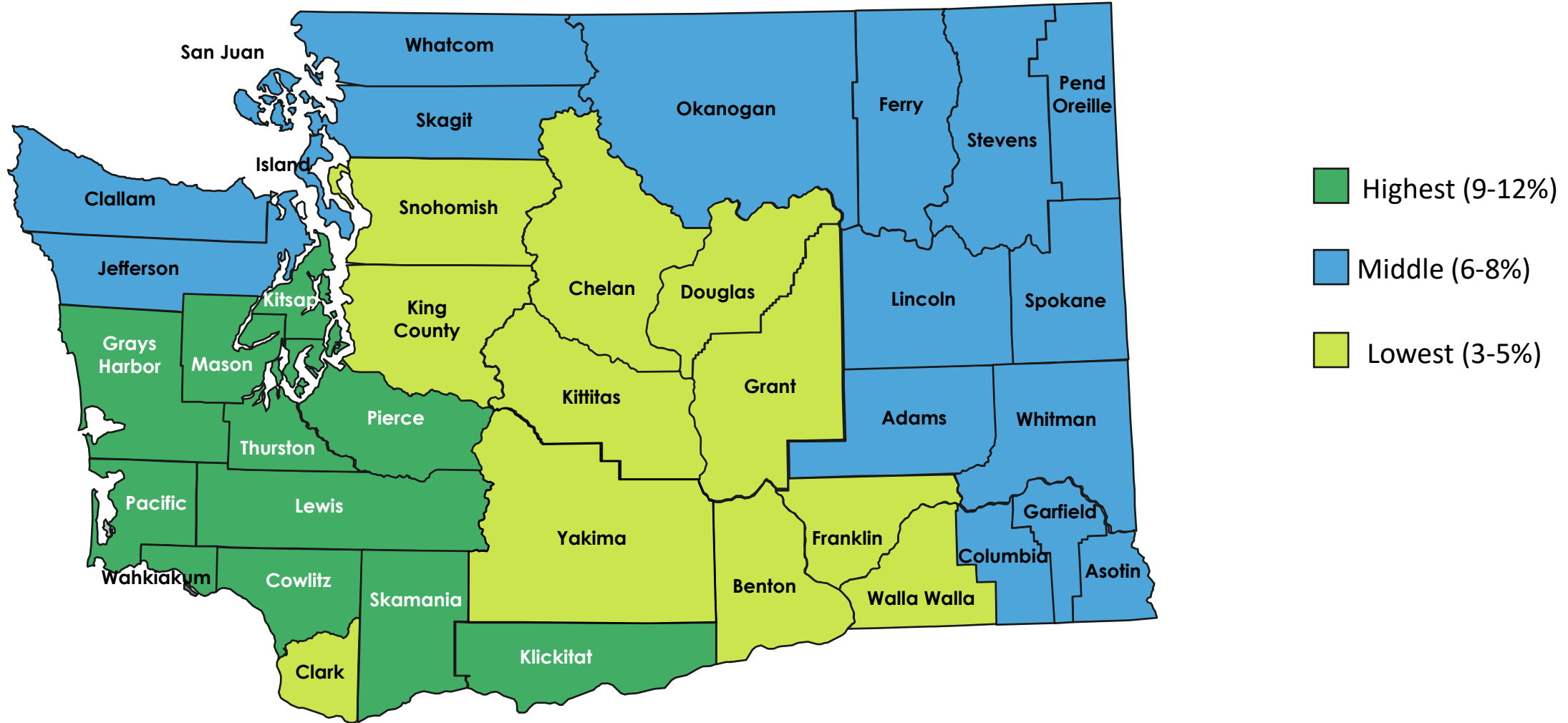


Adapted from Figure 10 in DOH Publication 347-350, August 2023 - STI Fast Facts: Washington State 2022.

HIV Prevalence Rates by County, 2019



Racial Disparities in Viral Suppression (Black, Hispanic Latino/a/e/x, and Alaska Indian & Alaska Native vs. other races)



Age-Adjusted Rate of All Drug & Opioid Overdose Deaths per 100,000 Population, WA State, 2022

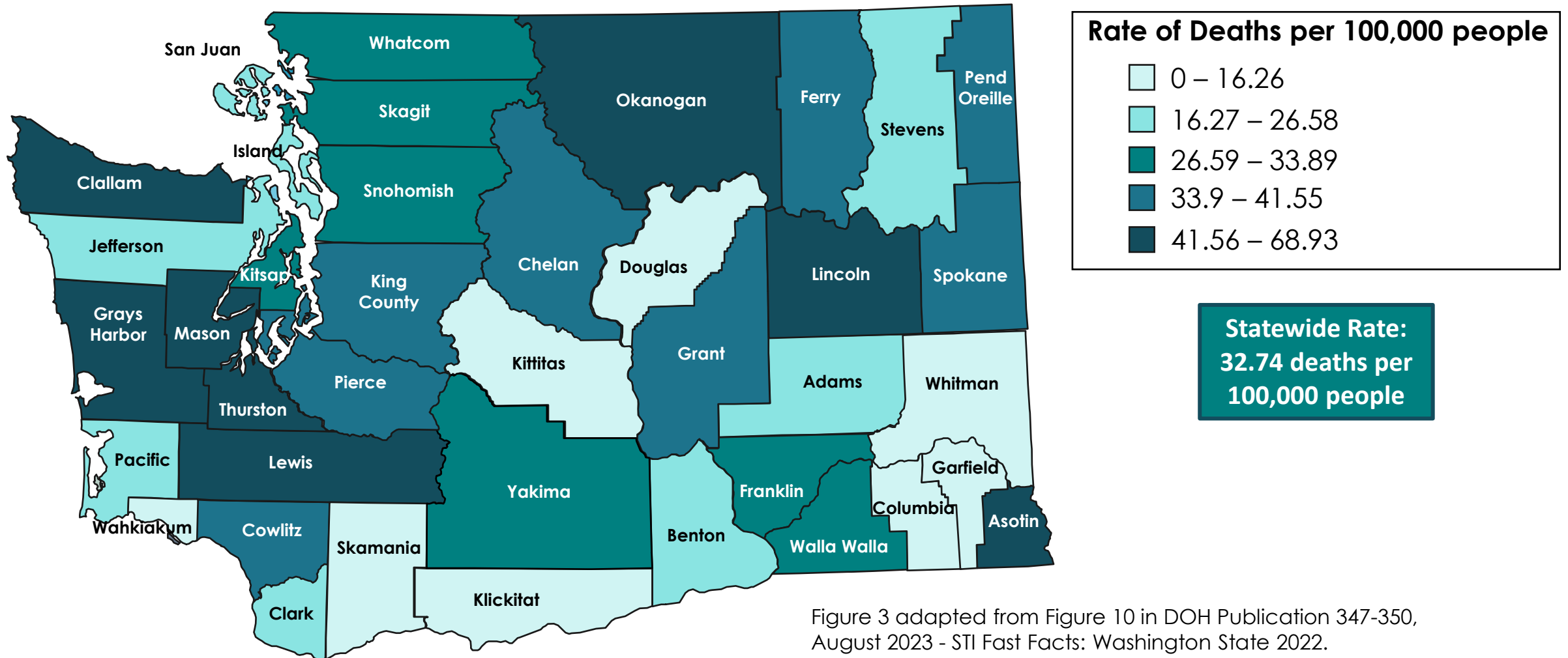
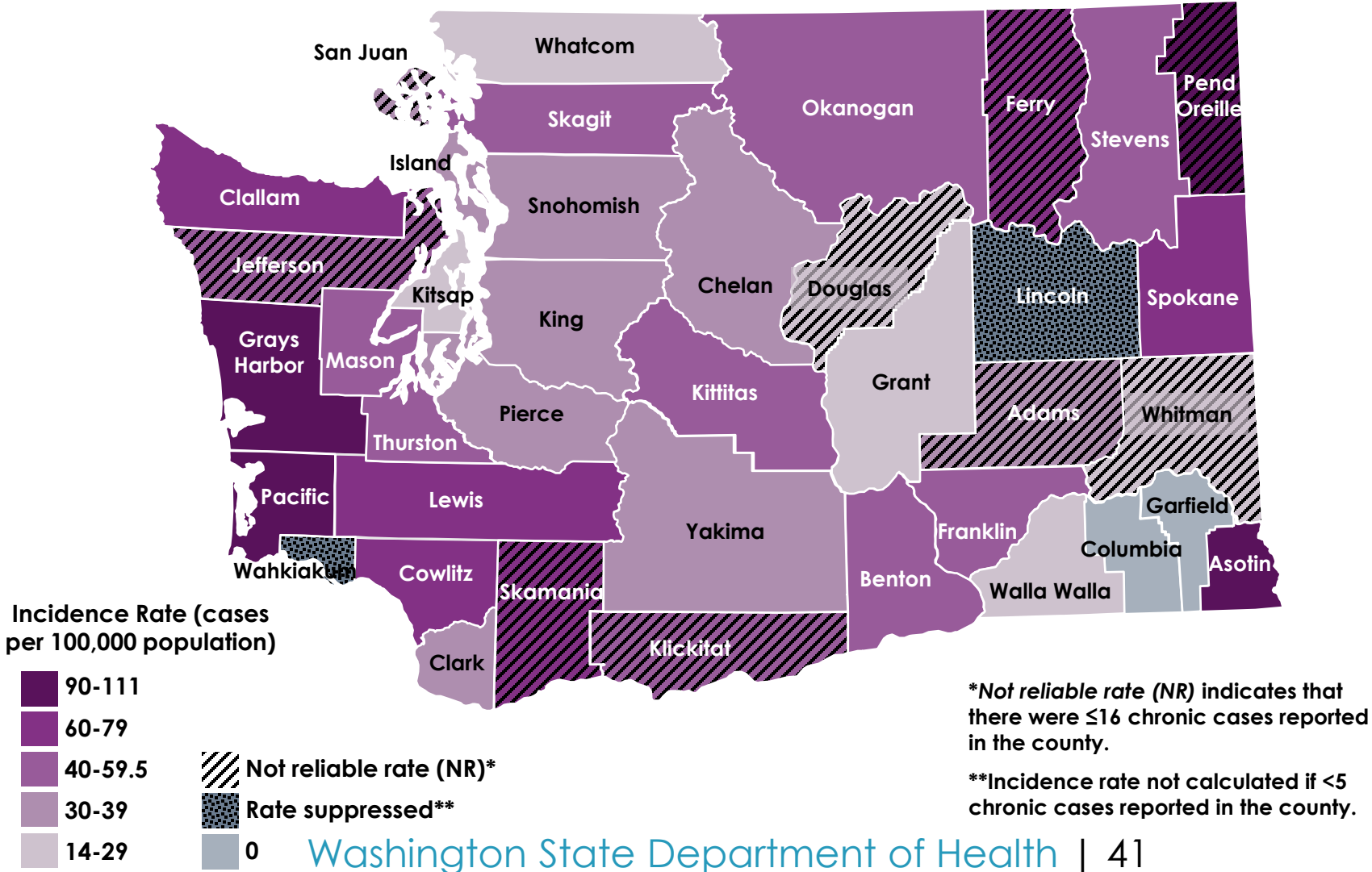


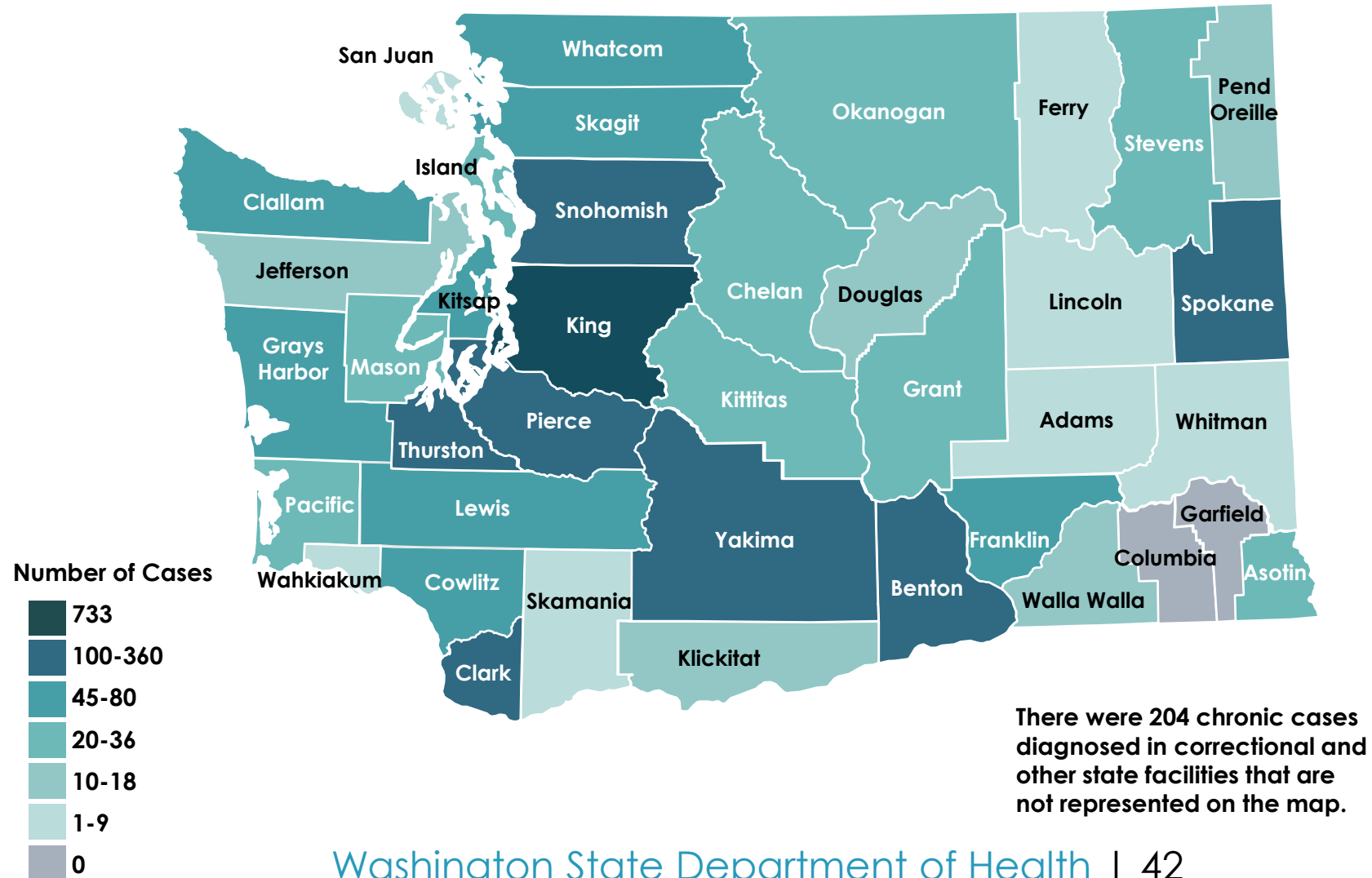
Figure 3 adapted from Figure 10 in DOH Publication 347-350, August 2023 - STI Fast Facts: Washington State 2022.

Rate of **Chronic** HCV Infections by County, 2022

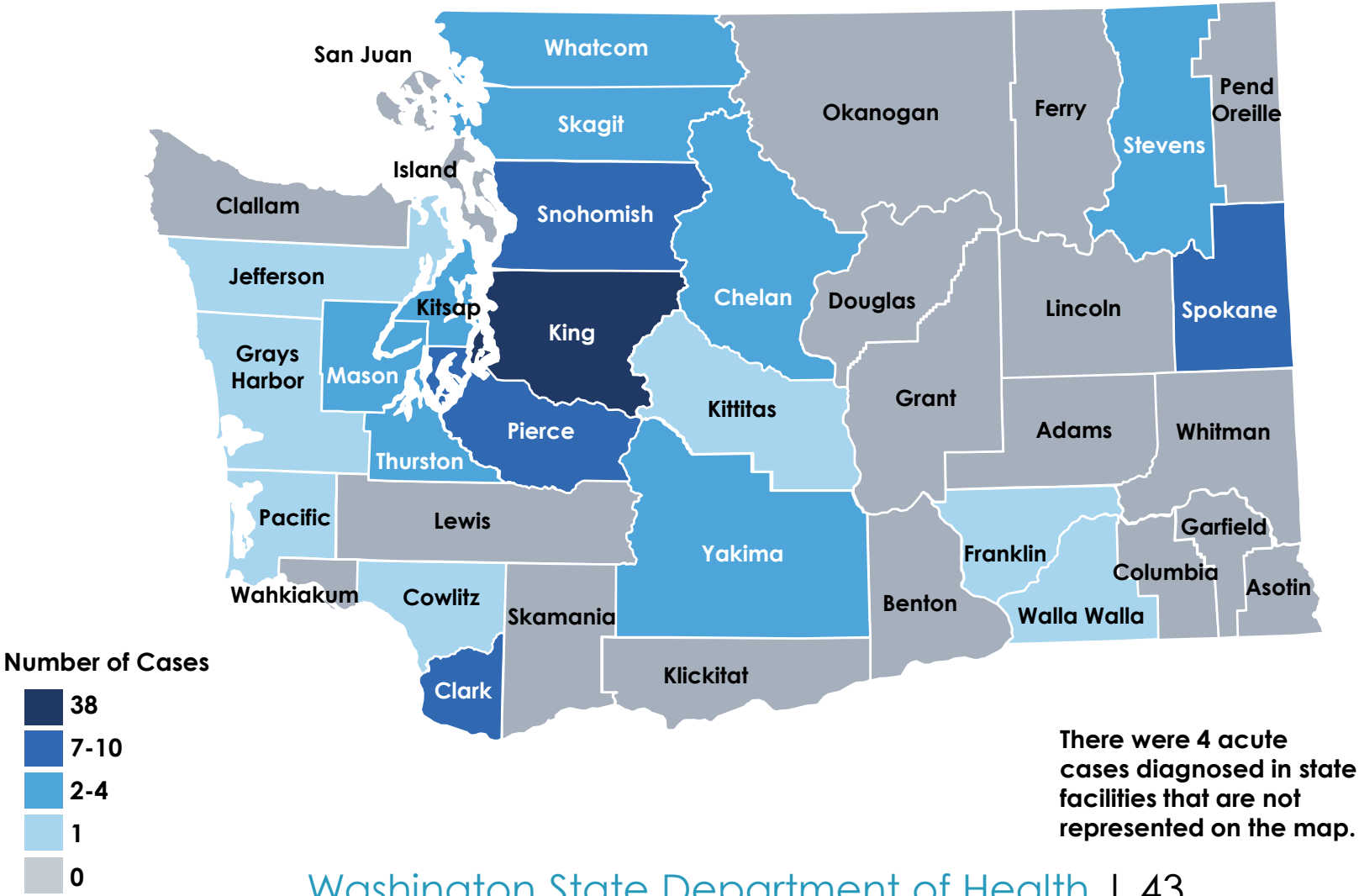


*Not reliable rate (NR) indicates that there were ≤ 16 chronic cases reported in the county.
 **Incidence rate not calculated if < 5 chronic cases reported in the county.

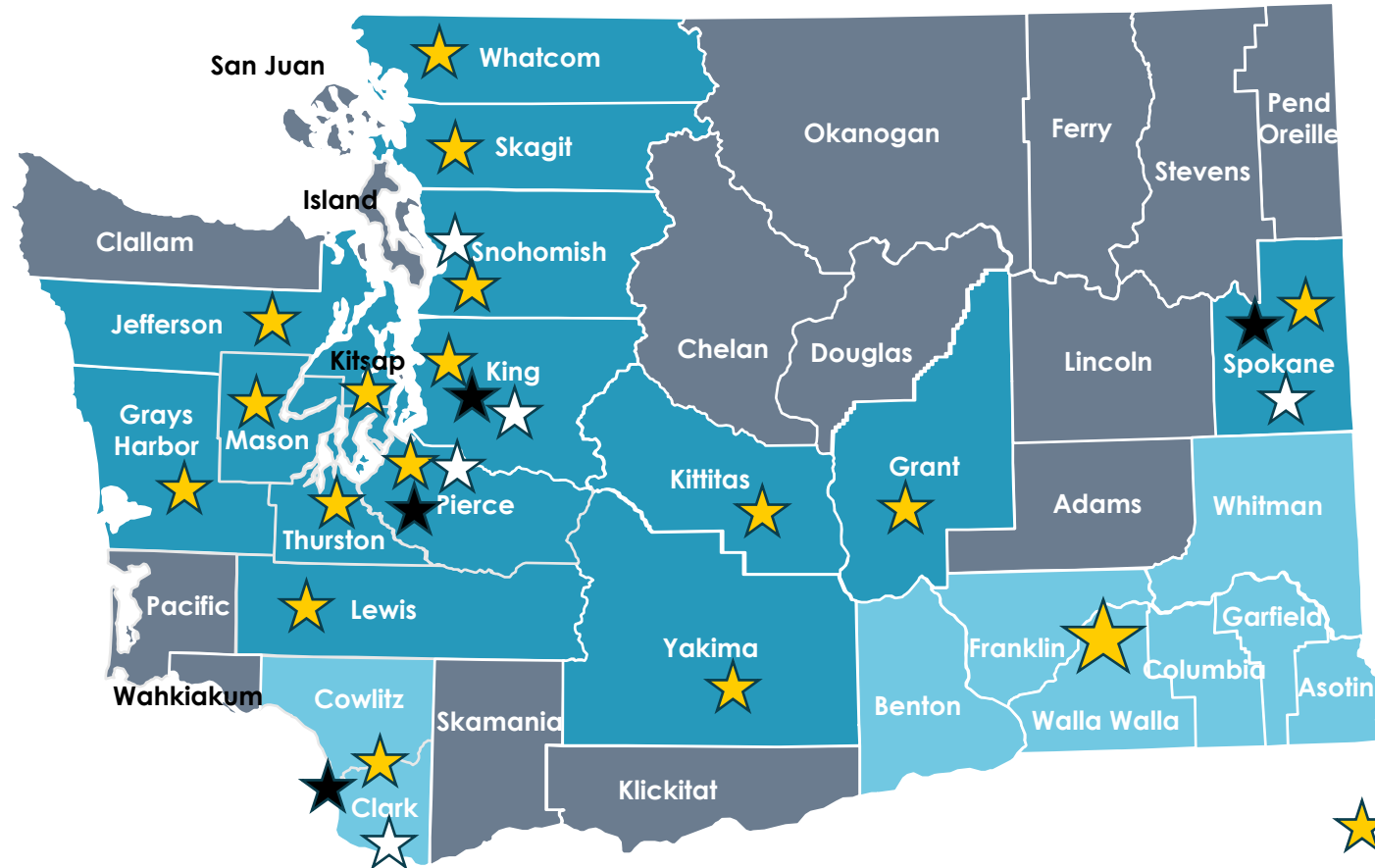
Number of **Chronic** HCV Infections by County, 2022



Number of **Acute** HCV Infections by County, 2022



Where do we contract for services?



- ★ Syringe Service Program
- ☆ Integrated Testing
- ★ Syndemic Service Navigation

Questions?

Please contact Emalie Huriaux at
Emalie.Huriaux@doh.wa.gov

Please contact Zandt Bryan at
Zandt.Bryan@doh.wa.gov

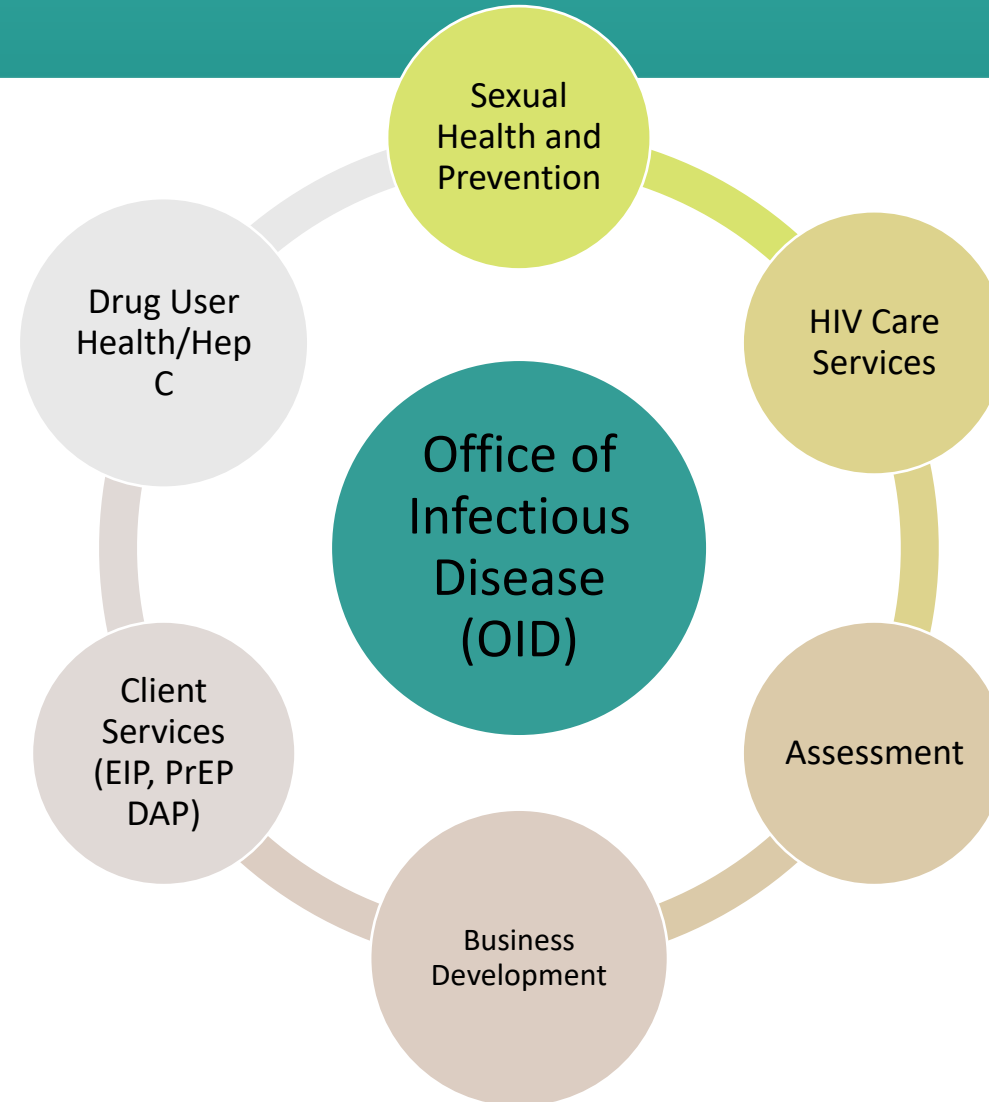
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OID STAFFING OVERVIEW- WHO TO ASK FOR WHAT?

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OID Overview



Sexual Health & Prevention Program Overview



Primary Syndemic Prevention Program Contacts

Sexual Health & Prevention Program



Zandt Bryan

- Program Manager
- Zandt.Bryan@doh.wa.gov
- (360) 890-5816



Kari Haecker

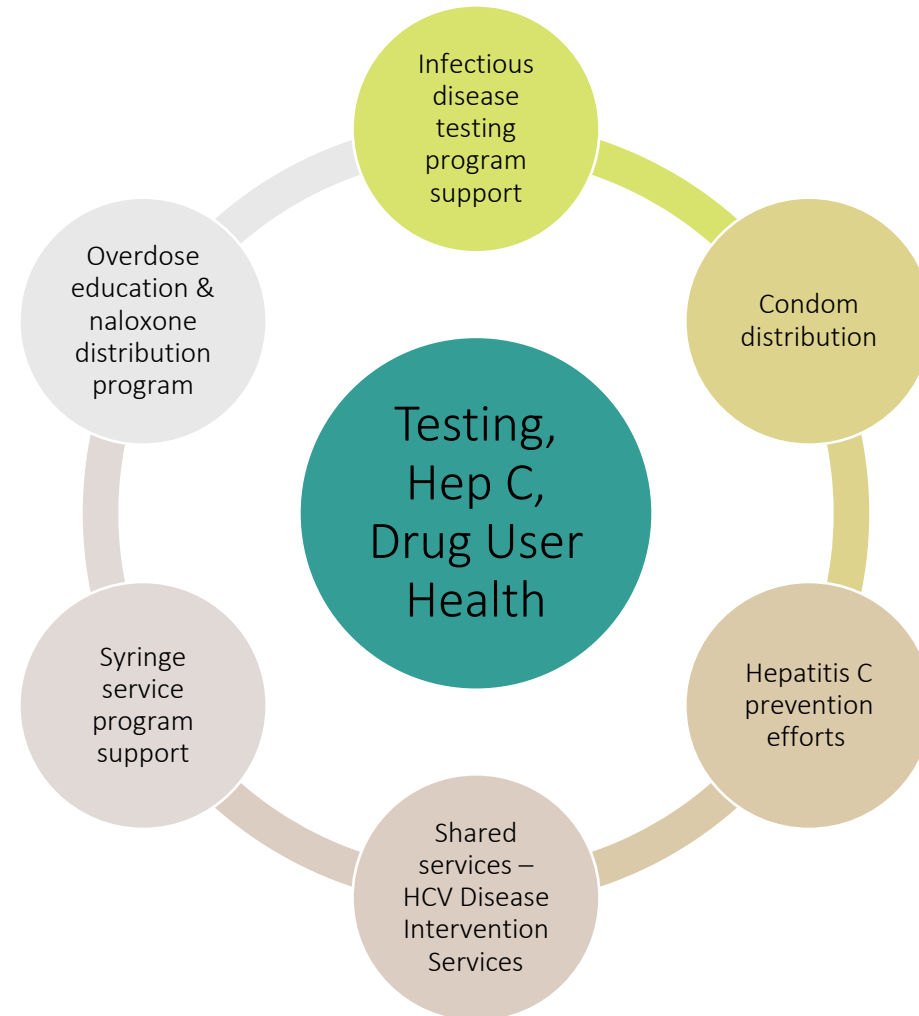
- Capacity Building Coordinator
- Kari.Haecker@doh.wa.gov
- (360) 890-6879



Michael Barnes

- Infectious Disease Prevention Coordinator
- Michael.barnes@doh.wa.gov
- 360-810-1880

Integrated Infectious Disease Testing, Hepatitis C Prevention, Drug User Health



Primary Syndemic Prevention Program Contacts

Infectious Disease Testing, Hepatitis C, Drug User Health



Emalie Huriaux

- Program Manager
- Emalie.Huriaux@doh.wa.gov
- (360) 236-2315



Chelsie Porter

- Syringe Service Program Coordinator
- Chelsie.Porter@doh.wa.gov
- 564-200-4343



Patrick Dinwiddie

- Integrated Testing Coordinator
- Patrick.Dinwiddie@doh.wa.gov
- (360) 688-8084

Primary Syndemic Prevention Contacts

Operations



Summer Wurst

- Operations Manager
- Summer.Wurst@doh.wa.gov
- (360) 236-2673



Krystal Cammarata

- Contract Manager
- Syringe Services & Mail Order Naloxone
- Krystal.Cammarata@doh.wa.gov
- (360) 236-3489



Lyndsey Logan

- Contract Manager
- Syndemic Service Navigation, Integrated Testing, Innovative Projects and Prep Housing
- Lynsdey.Logan@doh.wa.gov
- (564) 999-3103

Questions?

Syndemic Contracts

Fiscal and operational Information

Agenda - Syndemic Contracts

- **Introductions**
- **Review Contract Language**
 - Contract timelines
 - Multiple tasks in one Statement of Work
 - Billing Language
- **Amendments and Budget Adjustments**
 - Timeline for amendments
- **Review invoicing – A19 and Expense Summary Form**
 - Invoices and expense summary form will come from the fiscal team
 - Aligning invoices to approved budget
 - Indirect
 - Submitting Timelines
- **Open Fiscal/Operations Q and A**

Introductions & Roles in Operations

Contract Managers:

- Krystal Cammarata – Syringe Services & Mail Order Naloxone
- Lyndsey Logan – Syndemic Service Navigation, Integrated Testing, Innovative Projects and Prep Housing

Operations Manager:

- Summer Wurst

Fiscal Team:

- Jonathan Hanson
- Christopher Sutton

Review and know your contract language
ITEMS OF IMPORTANCE

- **Contract period – NonCon’s** run January 1, 2024 – June 30, 2025
ConCon’s run January 1, 2024 – December 31, 2024 & January 1, 2025 – June 30, 2025
- **Tasks** – There may be multiple tasks in one Statement of Work. Budgets and funds may not be switched between tasks as they are often funded with different sources
- **Special Terms and Conditions** – Each contract has unique terms and conditions that you should read thoroughly and become familiar with this section
- **Submission of invoices and Documentation of costs** – Review the special terms and conditions section for specific dates, timelines and requirement

Amendments and Budget Adjustments

- Activities and Invoices must align to the budgets by task in your statement of work and correspond to your approved line-item budget for the contract period.
- Budgets and costs must align to the budget by fiscal year as listed in your contracts. Amendments to move funds between state fiscal years will not be permitted, as each year has a unique funding allocation
- Changes to budget amounts between tasks and fiscal periods will require prior approval from your contract manager and an official contract amendment.
- Changes to your approved line-item budget will require a revised budget and prior approval from your contract manager.

Invoicing and Expense Summary Form

Contract Language States:

2. Submission of Invoice Vouchers –

- a. On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and the corresponding OID Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month. Prior approval is required for a different frequency of billing.
 - i. The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or as identified by DOH program staff to determine allowability of billed expenses. Risk assessments are completed at the beginning of a new contract for all sub-recipient contracts. Contact your contract manager if you are unaware of your assigned risk level.
 - ii. DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- b. The CONTRACTOR shall submit all final claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

Invoicing Documentation

Salaries and Benefits

- A19 and a **detailed** general ledger expenditure report for all employees who are charged to the grant for the period with the following information:
 - Salaries and Wages
 - Employee Name
 - Employee Rates of Pay
 - Hours Worked
- Salaries and Benefits must be broken out as separate line items

Equipment

- A19 and **detailed** general ledger expenditure report that provides vendor name and amount
- Pre-approval documentation must be provided for items over \$5000

Materials, Supplies and Other

- A19 and **detailed** general ledger expenditure report that provides:
 - Vendor Name
 - Item Description
 - Cost of item
- If you have a petty cash fund, you must supply 100% of the documentation

Travel

- A19 and **detailed** general ledger expenditure report that provides:
 - Employee name
 - Mileage, if applicable
- Pre-approval documentation from DOH for any out of state travel must be provided

Indirect Costs

Indirect costs included on A19s **must** include verification of the following:

- Indirect plan is on budget and on file with DOH
- Indirect rate is being applied accurately to allowable expenditures

DOH is unable to reimburse indirect costs without a current Federally Negotiated Rate, De Minimis Indirect Cost Rate Certification, or Cost Allocation Plan (reviewed and approved by DOH) on file with the DOH Fiscal Monitoring Unit.

Common Return Reason: A19 and Expense Summary

- A19 is not signed
- A19 signed by the preparer
- A19, Expense Summary, and/or backup document amounts do not match
- Expenses not invoiced to the correct task

DOH is unable to make any revisions to invoice documents on behalf of the submitting agency and a revised A19 and/or Expense summary form will need to be resubmitted.

Questions?

Please contact Summer Wurst at
Summer.Wurst@doh.wa.gov

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BREAK TIME!
10 MINUTES

**STOP RECORDING
RESTART AFTER BREAK**

Service Category Updates



TESTING & SUPPLIES OVERVIEW

Office of Infectious Disease

Basic Requirements of a Testing Program

- MTS/CLIA Certificate of Waiver
- Medical Oversight
- Licensed Phlebotomy Staff
- Quality Assurance Plan
- Integrated Testing – Screening/Confirmatory Testing
- Procurement of Testing/Condom Supplies

MTS/CLIA Certificate of Waiver

- Administered by the [Medical Test Site Program](#)
- Only tests approved as waived by the [Food and Drug Administration \(FDA\)](#) can be performed under this category of license, and only in a way the test kit package insert allows.
- **Apply for a Certificate –**
<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/505038.pdf>
- **Update Certificate, if needed –**
 - Multiple and Temporary test sites: <https://doh.wa.gov/sites/default/files/2024-01/505172.pdf>
 - Add or delete tests for your license or update volumes:
<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/505088.pdf>

Medical Oversight

Medical Oversight Rule - WAC 246-827-0420

<https://app.leg.wa.gov/wac/default.aspx?cite=246-827-0420&pdf=true>

- Requires supervision by a “delegating health care practitioner” of Medical Assistant – Phlebotomists in finger-stick or venous puncture blood draws.
- Oversees agency testing program
- For LHJs, the Health Officer usually serves in this role
- For community partners, an MD from the community will usually serve in this role
- Medical Oversight role should be evidenced via MOU for community partnerships

Licensed Phlebotomy Staff

- DOH supports Medical Assistant – Phlebotomists with our testing program partners
- WAC 246-827-0420/RCW18.360 also lay out the requirements of phlebotomists in WA
 - Education/Training
 - Procedures allowed – fingerstick and venous puncture
- Licensure – with very limited exceptions, testing staff should be licensed through DOH Licensing as Medical Assistant Phlebotomists.
 - Verify your staff has up to date credentials:
<https://fortress.wa.gov/doh/providercredentialsearch/>
- Training is available through the following organizations:
 - UW STD Prevention Training Center – www.uwptc.org
 - NW Phlebotomy School - [Tacoma Phlebotomist Classes | Phlebotomy Certification Tacoma - Northwest Phlebotomy School \(nwphlebotomyschool.com\)](http://TacomaPhlebotomistClasses.com)

Quality Assurance Plan

- Tell us about your testing program!
- Generally, provides overview of your testing program while incorporating WA State compliance requirements
- Supported by WA State Nonclinical Testing Guidelines
- DOH will provide Technical Assistance and an Integrated Testing Quality Assurance Plan Template Document (and completed sample) to assist agencies in building their QA Plans
- Final QA Plans will be due no later than June 30, 2024
- Testing may not begin until QA Plans have been submitted to and approved by DOH/OID
- Agencies currently operating under a previously-approved QA Plan, may continue to conduct testing until the new QA Plan is submitted or June 30, 2024.

Integrated Testing Tools Currently Available



HIV Testing

- Venous Blood Draw – lab (PHL or PHSKC Lab)*
Ab/Ag, HIV 1/2 differentiation
- Alere Determine Ab/Ag by Abbott rapid test kit
- INSTI Ab 1-minute by bioLytical
- MTL – Dried Blood Spot Ab/Ag and HIV 1/2 differentiation



STI Testing

- PHSKC Lab – Offering the Aptima multi-site self-collect CT/GC ; Syphilis testing for King Partners
- MTL – Cobas multi-site self-collect CT/GC
- CDD Lab – offering multi-site provider-collected CT/GC
- PHL – HIV and Syphilis screening/confirmation



MTL

Test Kit Workflows:

- Home
- Agency

Available Testing:

- HIV Ab/Ag; HIV Differentiation
- CT/GC
- HCV Ab; RNA
- HBV (Pilot, limited)

HCV Testing

Available HCV Testing

- OraQuick by Orasure HCV Ab
- Pilot MTL DBS for HCV RNA

Process Changes

- Test Kit Ordering – OLD Testing Staff – JJ Baker
- HCV 101, Test Kit Training, Linkage Training – OLD Testing and Capacity Building Assistance
- Rapid HCV Ab + reportable as of 1/1/23

All agencies are asked to onboard fully integrated testing by July 1, 2024

Procurement of Testing Supplies & Condoms

- **Solicitation for test kits and controls will occur every 6 months – June and December**
 - Limited supply of Test Kits only available between ordering cycles
 - Test Kits distributed based on data entered into Evaluation Web.
 - Please let us know if extra kits needed for large events, etc.
 - Repurposing Test Kits – Keep tabs on expiration; OID happy to repurpose test kits throughout our network to prevent waste!
- **Condoms/Lube annual solicitation begins on or about March 1.** Lifestyle Products
 - Please note that non-latex condoms are DOH's most costly condom item in the Lifestyle catalog
 - Limited supply of Assorted Colors and Aloe Lube available between annual ordering cycles.
 - Agencies can use Syndemic prevention funds to procure other kinds of condoms, if necessary.
- **FC2 Internal Condoms** - Limited supply of FC2/Internal condoms available on or about March 1
- All supply requests should be directed to the OID Testing Email Box – oidtesting@doh.wa.gov

Questions?

Please contact:

Patrick Dinwiddie for testing question:

Patrick.Dinwiddie@doh.wa.gov

JJ Baker with supply questions:

JJ.Baker@doh.wa.gov



SYNDEMIC NAVIGATION, TESTING & INNOVATIVE PROJECTS: DATA SYSTEMS, WORK PLANS, AND DELIVERABLE GRIDS



Office of Infectious Disease

Data System– EvaluationWeb

● De-identified test event data collection system

- Direct Entry (most programs currently)
- Data Export (EMR)- (work with OID Assessment Unit)
- Data Due monthly on the 15th of the following month

● Account Set-Up

- Agency Account
- User Access- all new users need to begin CDC SAMS process
- Test Sites- template available (will be sent out after this)

● Training Available for Staff

- OID Staff can provide as needed (~1 hour). Covers DDE, running reports.
- Computer based trainings available on EvalWeb (Help tab on left list)

Data – Evaluation Web

- **Local test event template must include all CDC variables**

- OID staff will provide test event template & data dictionary for reference in developing local template
- OID staff will review local test event templates as part of compliance.

- **Future of testing data system**

- Will be moving to Provide in first six months
- Some testing variables will change- OID staff will work to adopt local testing templates appropriately.
- *More to come...*

Data System- Provide

- **Provide will be used to document:**
 - Client-level Syndemic navigation service data
 - Outreach activities
 - Condom distribution
 - PrEP DAP Eligibility Assessments
- Provide will have new 'Syndemic Services' module for documenting these services.
- All staff doing direct data entry into Provide will need access.
 - *Provide staff will be reaching out to set up your agency accounts. This should have already happened for most. provide.support@doh.wa.gov*
- Trainings will take place starting in late February through March
 - Group trainings
 - Individual agency level trainings
 - Additional training resources available on [PROVIDE User Community Group - Smartsheet.com](#)

Data System- Provide Next Steps

- Adding or removing Provide users can be done through [Provide Dashboard](#)
- Requests should come from managers- program or data
- Integrated testing will be moving into Provide- *more to come on this.*
 - Updated variables- forthcoming
 - Direct entry of test events
 - Possibility for EMR exports
 - No more DDE into EvalWeb

Request Forms

[Change or Help Request Form](#)

[New WA Provide Account Request Form](#)

[New Open-VPN Account Request Form](#)

• If your agency uses the Open-VPN software to connect to WA Provide - this form is **required** when requesting a new WA Provide account

• If your agency uses a Site-2-Site VPN to connect to WA Provide - this form is **not required** when requesting a new WA Provide account

[Remove WA Provide Account Request Form](#)

Syndemic Navigation Updates

- *FY24-25 Syndemic Service Navigation Guidelines* will be available in Syndemic Prevention Services Portal:
<https://waportal.org/partners/office-infectious-disease-syndemic-prevention-services>
- Guidelines offer starting point in new contract year- will be updated throughout the performance period.
- Regular opportunities to provide input throughout the contract year as Syndemic navigation programs develop- opportunities for creativity and innovation in this service category to explore.

SFY24-25 Performance Objectives & Work Plan Process

- **For agencies funded in the following service categories:**
 - Integrated infectious disease testing and linkage to services
 - Syndemic Service Navigation
 - Innovative Projects
- DOH will provide template
- Encourage collaboration on this with your entire prevention team- tool for OID program staff & your agency/programs.
- Will support alignment of our federal prevention work plans (CDC 18-1802, 20-2010; STD PCHD)
- Can draw from RFA application or develop new objectives, activities.
- Can access template in the Syndemic Prevention Portal: <https://waportal.org/partners/office-infectious-disease-syndemic-prevention-services>
- **Performance Objectives & Work Plan must be finalized by July 1, 2024.**

SFY24-25 Deliverable Grid Process

- **For agencies funded in the following service categories:**
 - *Integrated infectious disease testing and linkage to services*
 - *Syndemic Service Navigation*
 - *Innovative Projects (note: OID staff will work individually with you on developing this)*
- DOH will provide template- agency should review RFA application, award amount, FTE to estimate deliverables.
- Grid used to document progress towards key quantitative outcomes.
- Three tabs per service category- some data reviewed monthly, other data quarterly.
- OID Program staff will review proposed deliverables and approve or propose changes.
- Can access template Syndemic Prevention Services Portal:
<https://waportal.org/partners/office-infectious-disease-syndemic-prevention-services>
- **Deliverable Grids must be finalized by July 1, 2024.**

Brief Review Deliverable Grid, Work Plan Documents

Program Monitoring Updates

- **Monthly Check Ins (30 minutes)**
 - Schedule monthly check in with OID staff
 - Last week of each month
- **Quarterly Check Ins (1 hour)**
 - April, July, October, January, April, July
- **Quarterly Narrative Reports- By 30th of months below**
 - April, July, October, January, April, July
- **Achieve a minimum of 50% of established deliverables within the first year**
 - By end of calendar year 2024 (indicated on the Quarterly Breakdown tab)

Testing, Navigation, Innovative Projects- Next Steps

- Schedule Monthly Agency Program Check In- Begin in February/March
- Schedule In-Person Program Check In- March/April
- Provide up to date list of staff & contact information for your agency
 - For staff supporting testing, navigation services, innovative projects
 - Continue to update OID as new staff are hired
- Quarterly Learning Collaborative Calls- OID to send invites
 - Syndemic Testing: April, July, October, January, April, July
 - Syndemic Service Navigation: March, June, September, December, March, June
- Save The Date: Syndemic Navigation Services In-Person Training
 - Seattle, March 28-29 (more on this later)

Testing, Navigation, Innovative Projects- Next Six Months

- Submit Performance Objectives and Work Plan
- Submit Deliverable Grid
- Set Up Provide on all user's computers
- Train Navigation staff to use Provide to document services
- Register all EvalWeb users
- Train Testing staff to complete DDE & reporting in EvalWeb
- Align agency testing form with CDC testing variables
- Submit EvalWeb test event site template
- Submit up to date Quality Assurance plan
- Ensure testing program meets all other Compliance Checklist items

Questions?

Please contact

ID.RFASyndemic@doh.wa.gov

Office of Infectious Disease



SYRINGE SERVICE PROGRAMS

Office of Infectious Disease

Why are Syringe Service Programs important?

People who use drugs experience significant stigma and discrimination in medical, social, legal, and behavioral health systems

- Perpetuates exclusion & marginalization from traditional settings

Syringe services programs (SSPs) engage people who are most at risk of overdose, infectious disease transmission, and substance use-related harm

- For many SSP participants, SSPs are the only place they receive healthcare
- Co-located service models support engagement in care

Research shows that engagement at syringe services programs improves health outcomes for people who drugs and communities

- SSPs connect people to substance use treatment and infectious disease services, provide overdose education and naloxone distribution, and reduce syringe litter

SSP Funding

SSPs funded at three levels

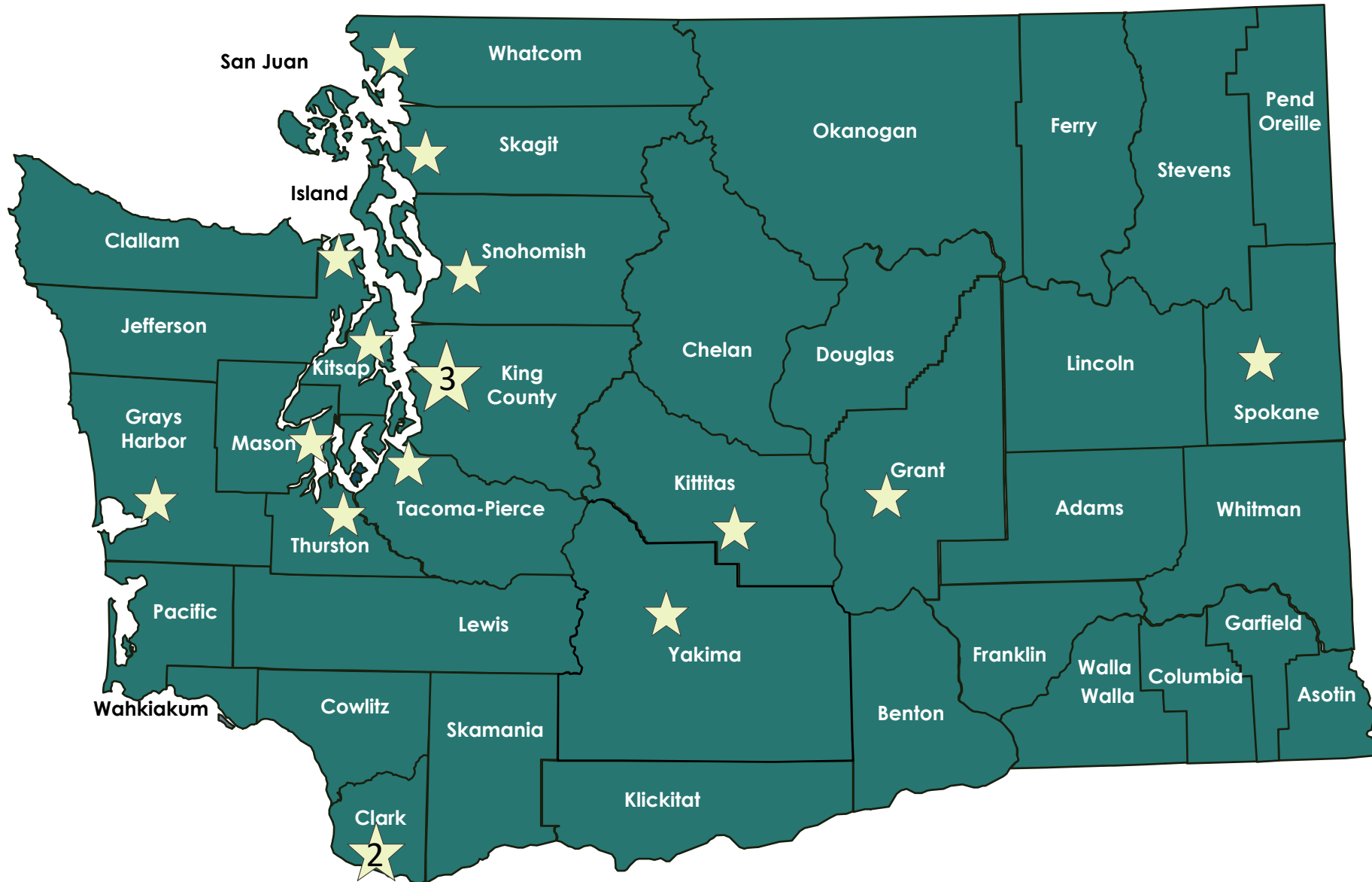
- SSP operations
- Harm Reduction Care Navigation
- Clinical Services

Core activities:

- Provide needs-based syringe access
- Provide syringe disposal
- Distribute naloxone
- Refer clients to community and clinical services

Syringe Service Program Operations

Syringe Service Program Operations



Harm Reduction Care Navigation

HARM REDUCTION CARE NAVIGATION:

Small & Intensive Caseloads



No more than 20 – 25 clients

Prioritizes Relationship-Building



Relationship is the intervention

Connects with Participants in their Community



Physically meets people where they are via street outreach

Participant-Centered Care Planning



Collaborate to meet the client & their readiness where they are

Intentional Warm Hand-off Referrals



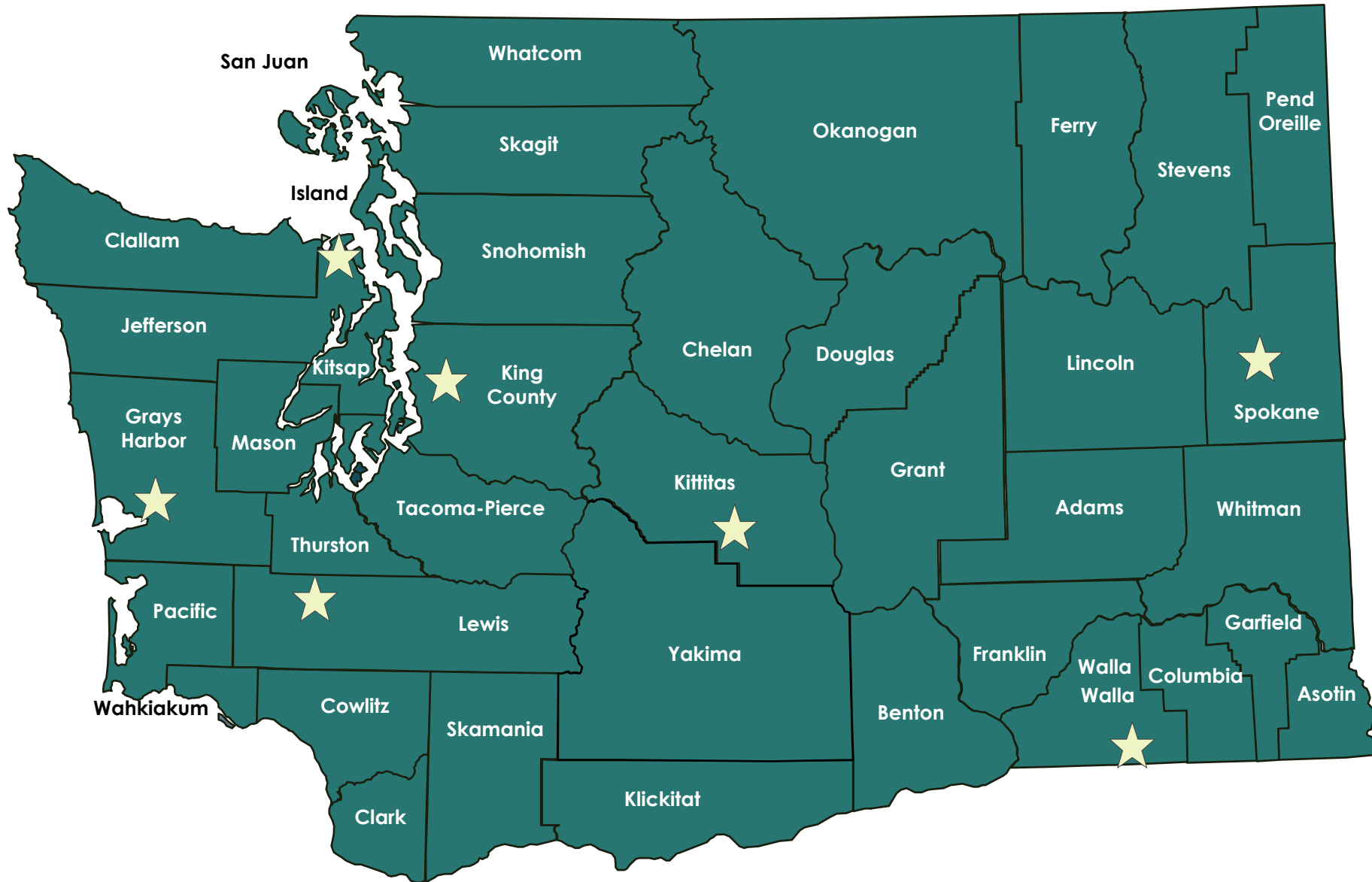
Directly introduce participants to trusted and established resources

Accompanying Participants to Appointments



Transport & socially support participants in their care

Harm Reduction Care Navigation



Clinical Services

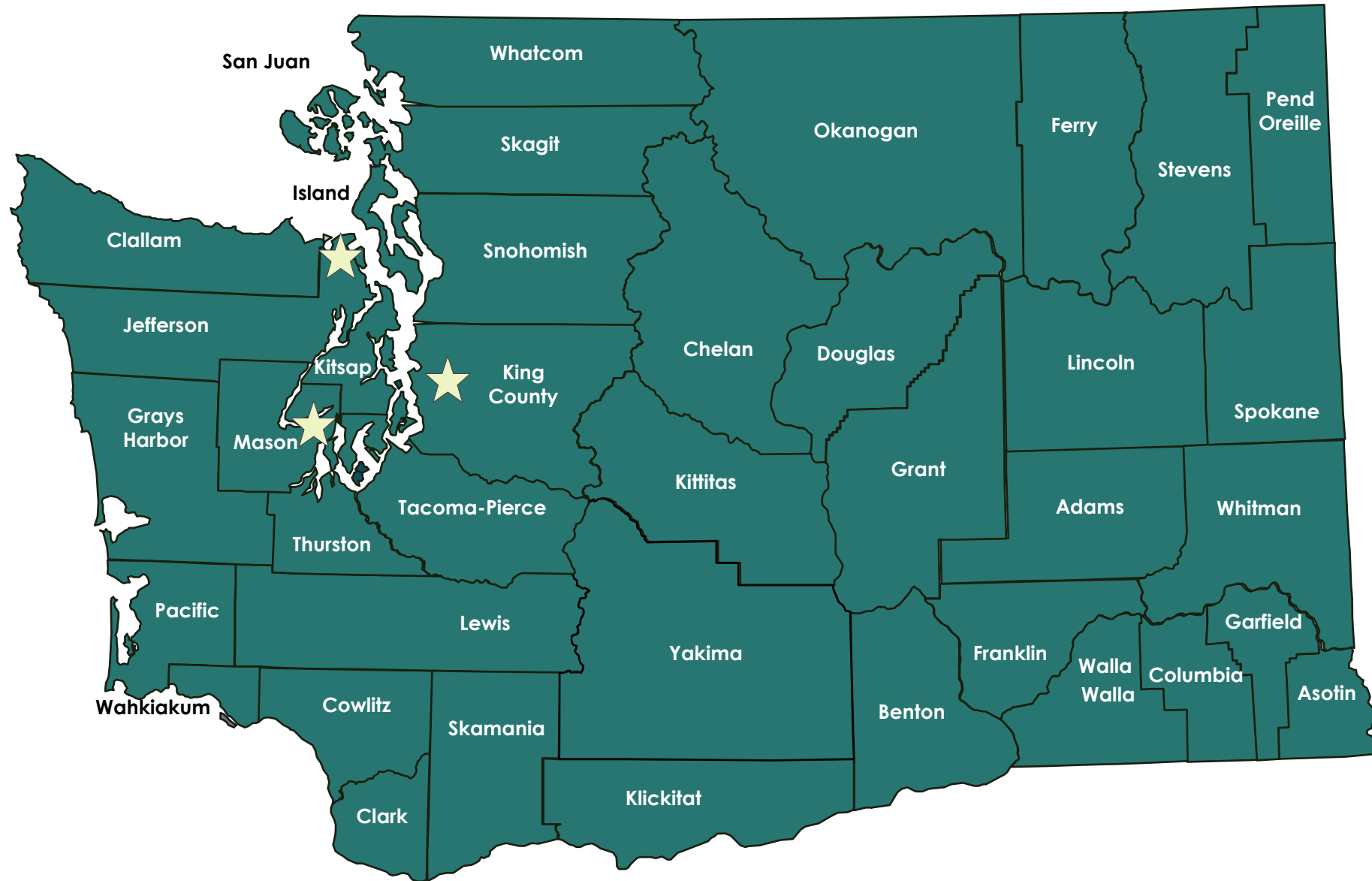
Clinical Services

Provide direct access to clinical services to improve the health and well-being of people who use drugs.

Required services:

- Onsite, low-barrier access to wound care
- Infectious disease testing, STI and hepatitis C treatment
- Medications for opioid use
- Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services

Clinical Services



Training Requirements & Opportunities

Monthly Office Hours



Harm Reduction Care Navigation In-Person Training



Data System Updates

Questions?

Please contact Chelsie Porter at
Chelsie.Porter@doh.wa.gov

Drug User Health Program
Office of Infectious Disease



PREVENTION CAPACITY BUILDING

Office of Infectious Disease

Capacity Building Team

Purpose: Support staff growth and skill building to increase the impact and effectiveness of HIV/STI/HCV prevention activities.

Activities:

- Provide training requested by LHJs, Community Based Organizations, and other community partners
- Develop and provide training for DIS integration in to Provide database for referrals to prevention and care services
- Enhance documentation techniques for workers using DOH maintained database systems, including PHIMS-STD and Provide
- Enhance QA efforts for Local Health Jurisdictions
- Redeveloping and coordinating training, for example HIV counseling/testing into a modular based Integrated Testing Training

Capacity Building Team



Corey Betz



Carlos Negreté



Madison McPadden

With former on the ground experience from Lifelong, Tacoma-Pierce County Health Department, Clark County Public Health, Cascade AIDS Project, and Hepatitis Education Project, this team is ready to provide training and technical assistance for you.

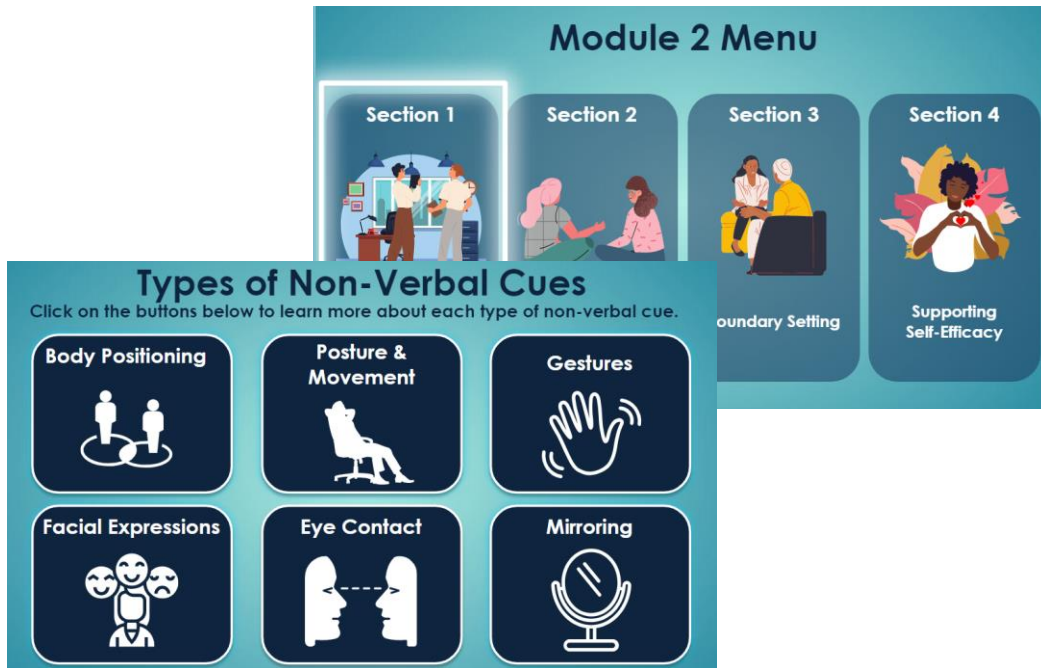
We will meet with each agency to address your specific needs.

Subject Matter Assessment

- The purpose of this test is to ensure that anyone across Washington State providing syndemic prevention services has the same baseline knowledge of HIV, Sexually Transmitted Infections (STIs), Hepatitis C (HCV), and Pre-Exposure Prophylaxis (PrEP).
- Everyone funded for Syndemic navigation and integrated testing will be asked to take this assessment, with a passing score of 80% or above.
- Recommended resources and trainings will be given to contracted partners in order to be ready for this assessment.
 - We want you to pass this test and will help you get there
- Test will be available (not due) by the end of March

Integrated Testing Training

- Replacement for HIV Testing Training
- Online, modular-based training
- Summer 2024



Course Number	Module Number	Module Name
Course 1	~	Course 1 Introduction: Purpose of training
	1	Understanding the Infectious Disease Syndemic in WA State
	2	Client Engagement & Support
	3	An Introduction to the Intake Process: Focusing on Client Demographics & Risk Assessment
	4	Continuing the Intake Process: Focusing on Informed Consent, Confidentiality & Notifiable Conditions
	5	An Introduction to Nonclinical Testing & Best Practices
Course 2*	~	Course 2 Introduction: Components of a Testing Event
	6	Chlamydia & Gonorrhea (CT/GC)
	7	Syphilis
	8	HIV
	9	Hepatitis C (HCV)
Course 3	~	Course 3 Introduction: Pulling It All Together
	10	Integrating Infectious Disease Risk Assessment & Prevention Education with Your Clients
	11	Integrating Infectious Disease Testing in Your Setting
	12	Considerations for Testing in Outreach Settings
Reflection	-	Reflection

In-Person Trainings

- Motivational Interviewing – Creating Wellness Moments
 - *Led by the Capacity Building team*
- Syndemic Navigation Training
 - *Led by Mike Barnes and SFDPH*
- Harm Reduction Care Navigation
 - *Led by Chelsie Porter and the Drug User Health team*
- Test Kit training
 - *Led by Patrick Dinwiddie*
- Disease Intervention – Partner Services
 - *Led by the Capacity Building team*

Save The Date

- **Syndemic Navigation Services In-Person Training**
 - Thursday & Friday, March 28-29
 - Seattle, WA
 - For individuals providing navigation services or overseeing navigation services programs
 - Training needs survey to be released after this meeting- *would love to hear from you about what training needs you may have related to Syndemic service navigation*
- Additional information coming soon- stay tuned!

Website Preview



[Office of Infectious Disease Syndemic Prevention Services](https://waportal.org/partners/office-infectious-disease-syndemic-prevention-services)

<https://waportal.org/partners/office-infectious-disease-syndemic-prevention-services>

Questions?

Please contact Kari Haecker at
Kari.Haecker@doh.wa.gov

Sexual Health & Prevention Program
Office of Infectious Disease



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



CLOSING, NEXT STEPS, & Q&A