



# **FY26 SYNDEMIC PREVENTION SERVICES CONTRACT LAUNCH WEBINAR**



May 14, 2025

# Agenda

- ❑ 2-230P: Syringe service programs

- ❑ *Updates and reminders about contract scopes of work/deliverables*

- ❑ 230P-3P: Fiscal & operations

- ❑ *Updates and reminders about fiscal and contractual considerations*

- ❑ 3P-330P: Syndemic service navigation & integrated infectious disease testing

- ❑ *Updates and reminders about contract scopes of work/deliverables*

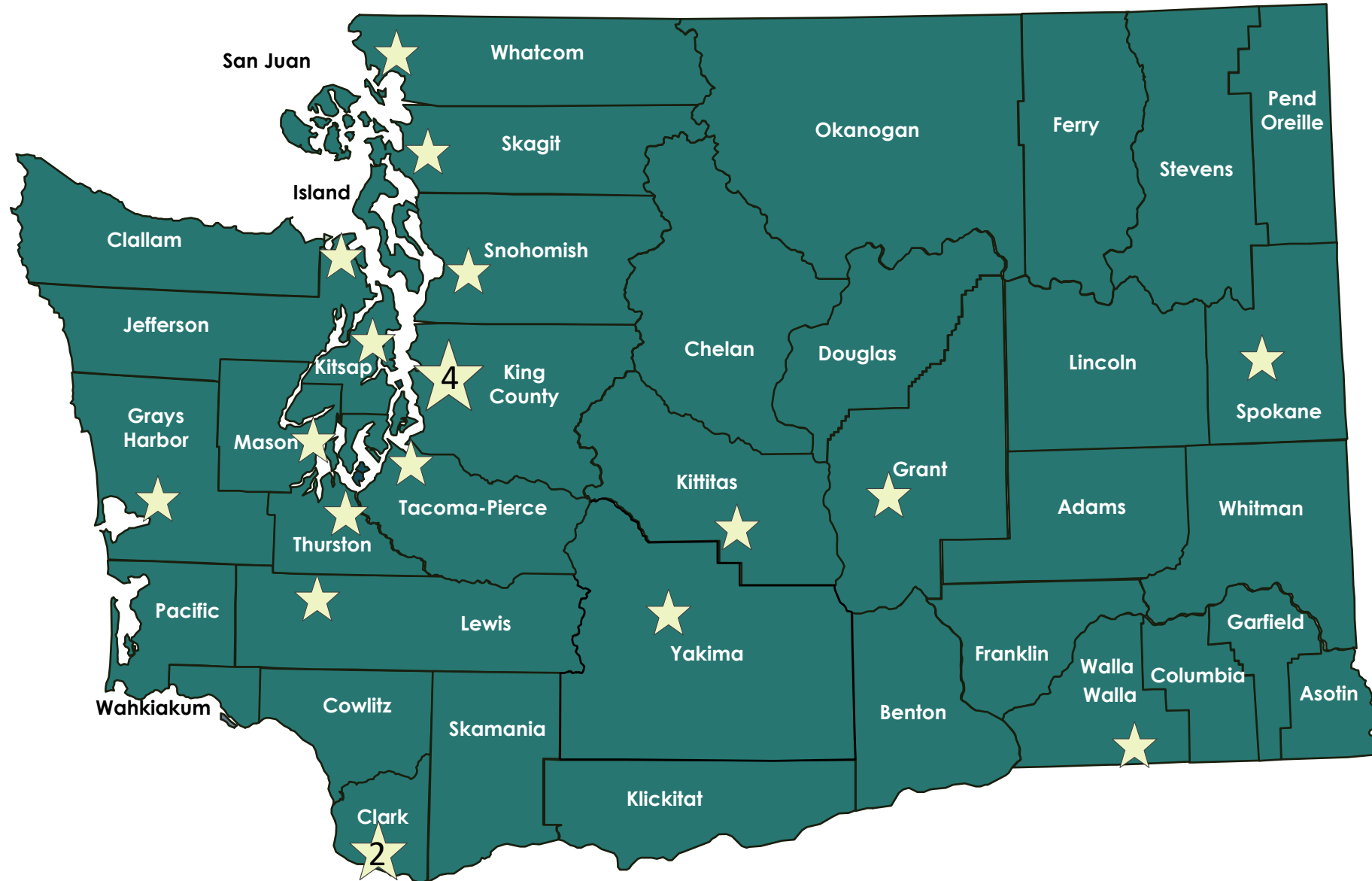
- ❑ **NOTE: We will record this webinar and will have it available for reference**

# Syringe Service Programs

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- WA DOH funds SSPs for three levels of service:
  - SSP - Support for operations
  - Harm reduction care navigation
  - Clinical services
- Core activities:
  - Needs-based syringe access
  - Syringe disposal
  - Overdose education and naloxone distribution
  - Referrals to community and clinical services

# Syringe Service Programs





# SSP: Support for Operations

Provide comprehensive SSP services to people who use drugs

Required services:

- Operate for a minimum of 8 hours per week and 2 days per week.
- Provide mobile and/or street outreach
- Offer safer injection supplies
  - ◆ See the contract scope of work for the list of required safer injection supplies
- Additional training and policy requirements can be found in the contract scope of work

# SSP: Support for Operations

SSP operations outcomes include:

- Number of sterile syringes distributed
- Number of naloxone kits distribution
- Number of participant encounters
- Number of referrals to social and health services
  - Housing
  - Infectious disease testing and treatment (HIV, HCV, STIs)
  - Wound care
  - MOUD/SUD treatment
  - Other

# Harm Reduction Care Navigation

Provide appropriate referrals to SSP participants and facilitate access to health care, medical, and social services

Required services:

- Support participant transportation (e.g., through the provision of bus passes, cab vouchers, or direct transportation).
- Accompany participants to appointments or provide “warm hand-offs.”
- Full-time care navigators (1.0 FTE) shall not exceed a case load greater than 25 individuals.
- Participate in quarterly collaboration calls with WA DOH staff

# Harm Reduction Care Navigation

Harm reduction care navigation outcomes include:

- Number of participants enrolled in care navigation services
- Number of care navigation sessions
- Number of referrals to health and social services
- Number of linkages to care for health and social services
- Number of outreach attempts per participant



# Clinical Services

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

Required services:

- Onsite, low-barrier access
  - 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

# Important Updates and Reminders

SSPs received additional funding this fiscal year using one-time funding from the legislature

- Vehicles purchases
- Implementation of naloxone distribution kiosks
- **This funding must be spent by June 30, 2025**

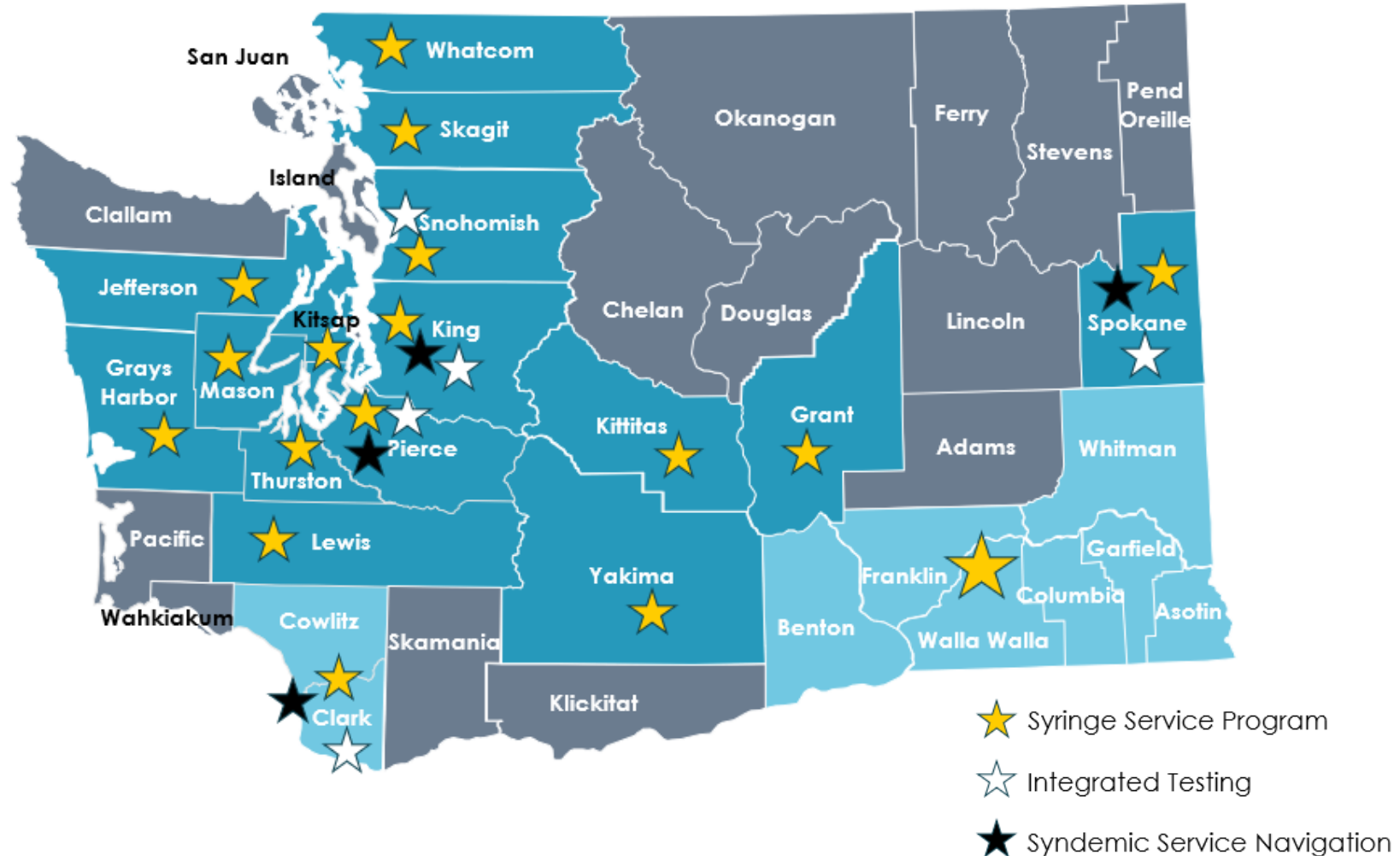
New SSP database: REDCap

- DOH Drug User Health epis have been transitioning SSP data from Smartsheet to REDCap
- All programs expected to transition to REDCap by July 1, 2025

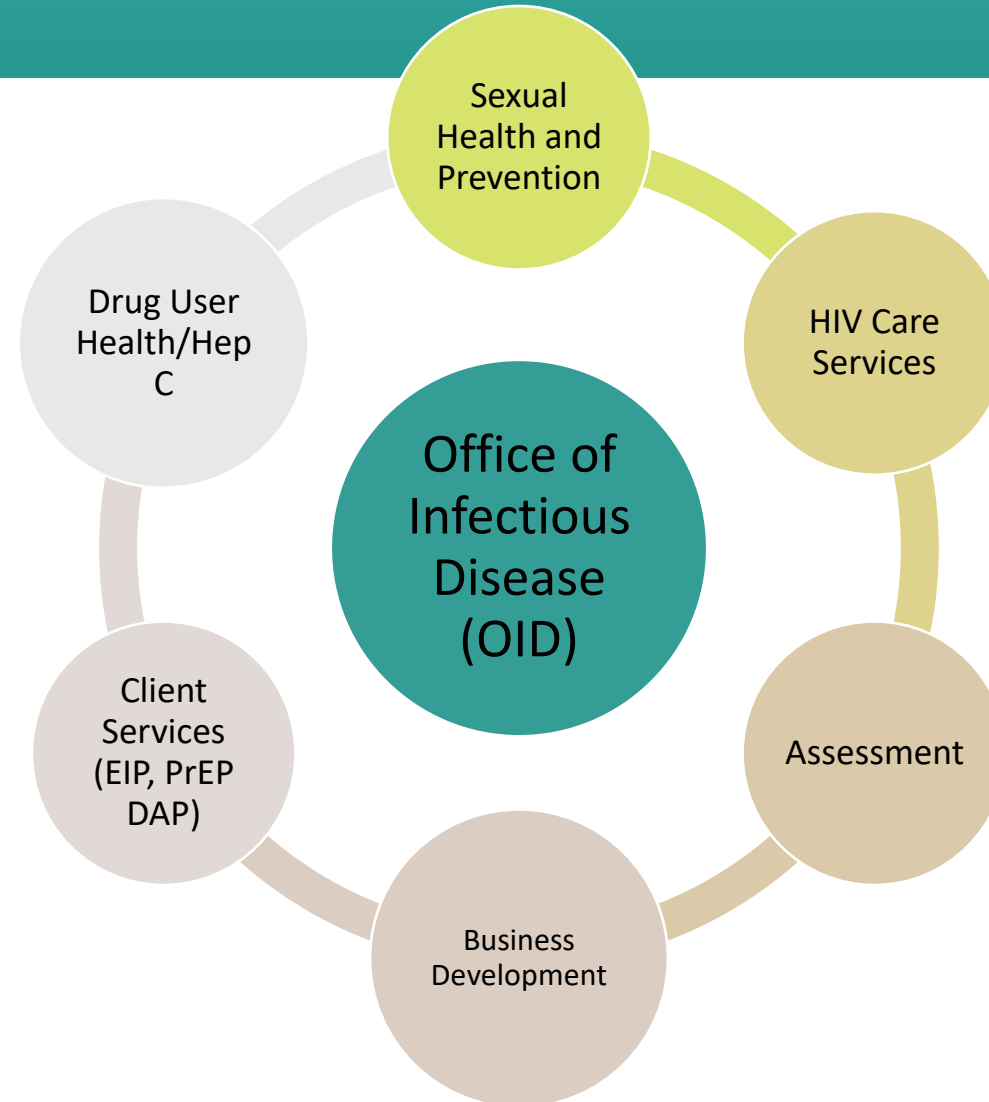
# Office of Infectious Disease (OID) Goals

<b>PREVENT</b> new infections	<b>IMPROVE</b> health outcomes and quality of life	<b>REDUCE</b> disparities and inequities	<b>ACHIEVE</b> integrated, coordinated efforts across sectors that address overlapping epidemics of HIV, bacterial STIs, and HCV	<b>ENHANCE</b> surveillance data and use	<b>ACCELERATE</b> progress in research, technology and innovation
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# Where do we contract for services?



# OID Overview



# Sexual Health & Prevention Program Overview





# Primary Syndemic Prevention Contacts

## Sexual Health & Prevention Program



### **Zandt Bryan**

- Program Manager
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- (360) 890-5816



### **Kari Haecker**

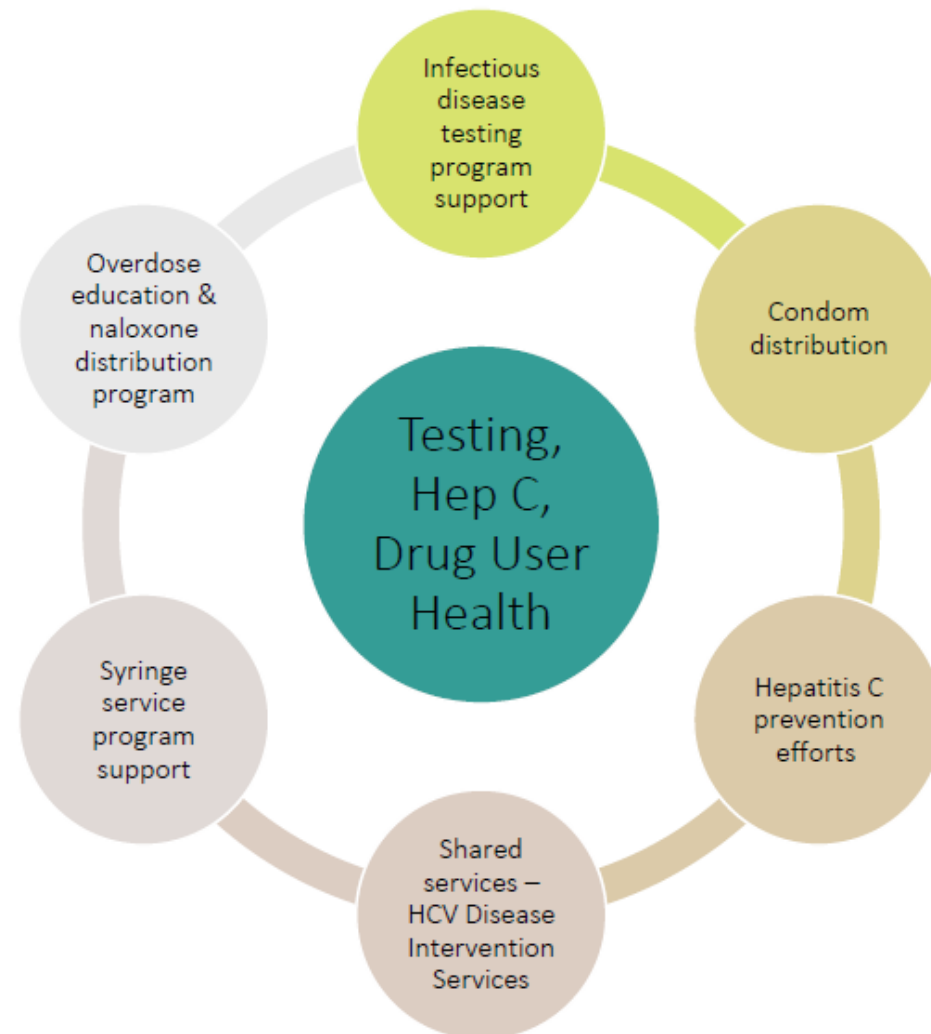
- Capacity Building Coordinator
- [Kari.Haecker@doh.wa.gov](mailto:Kari.Haecker@doh.wa.gov)
- (360) 890-6879



### **Michael Barnes**

- Infectious Disease Prevention Coordinator
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- 360-810-1880

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



# Integrated Infectious Disease Testing, Viral Hepatitis Prevention, Drug User Health



## **Emalie Huriaux**

- Program Manager
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## **Chelsie Porter**

- Syringe Service Program Coordinator
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## **Patrick Dinwiddie**

- Infectious Disease Testing Coordinator
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- (360) 688-8084

# Syndemic Contracts

Fiscal and operational Information

# Agenda

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- **Introductions**
- **Review Contract Language**
  - Contract timelines
  - Multiple tasks in one Statement of Work
  - Billing Language
  - Indirect Rates, De-minimis and Admin Fees
- **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

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## **Contract Managers**

Krystal Cammarata (Drug User Health, Viral Hepatitis & Assessment) - [Krystal.Cammarata@doh.wa.gov](mailto:Krystal.Cammarata@doh.wa.gov)

Lyndsey Logan (Sexual Health & Prevention) - [Lyndsey.Logan@doh.wa.gov](mailto:Lyndsey.Logan@doh.wa.gov)

## **Operations Manager**

Summer Wurst (Operations and Infrastructure Manager) - [Summer.Wurst@doh.wa.gov](mailto:Summer.Wurst@doh.wa.gov)

## **Fiscal Team**

Jonathan Hanson - [Jonathan.Hanson@doh.wa.gov](mailto:Jonathan.Hanson@doh.wa.gov)

Christopher Sutton - [Christopher.Sutton@doh.wa.gov](mailto:Christopher.Sutton@doh.wa.gov)



# Review and know your contract language:

## **Items of Importance**

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- **Contract period – July 1, 2025 – June 30, 2026**
- **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 requirements
  - Invoices are due by 25<sup>th</sup> of following month (example, May invoice is due June 25<sup>th</sup>)
  - Missed due dates for invoices, especially final invoices, may result in invoices not being reimbursed

# Amendments and Budget Adjustments

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- **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

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Section 2 of the Terms & Conditions of your contract specifically outline the timeline and requirements for the submission of invoice vouchers:

- A complete A19 invoice voucher and OLD Expense Summary form must be submitted, along with required backup documentation by the 25th of the following month
  - Prior approval **MUST** be obtained if there is a need for a different frequency of billing
- Final invoices must be submitted within 45 days of the end of the budget period
- The Federal Financial Report (FFR) must be filed no later than 90 days from the end of the budget period

# Required Invoicing Documentation

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## 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 \$10,000 (*please note that this amount has increased from previous years*)

## Materials, Supplies, & 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, De-Minimis, and Administrative Fees

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For Subrecipient Contracts with a Federally Negotiated Rate (this includes contracts with federal funds and a small percentage of state funds), can apply a Federally Negotiated Indirect Rate on rental costs.

For Subrecipient Contracts with a de-minimis rate (15%), cannot apply that de-minimis rate to rental costs.

For contracts solely funded by State Funds, can only charge an “administrative fee”, and not an indirect rate or de-minimis. Rental costs can be charged to the administrative fee.

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

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- A19 is not signed
- A19 signed by the preparer
- A19, Expense Summary, and/or backup document amounts do not match
- Backup documentation is incomplete or not included
- Expenses not invoiced to the correct task
- Overspending
- De-minimis rate being applied to direct rent costs

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.





## Open Q & A

# Syndemic Navigation, Integrated Testing, and Innovative Projects

## **AGENDA:**

- Performance Objectives & Work Plan Process
- Deliverable Grid Process
- Reporting & Program Monitoring Updates
- Program Reminders and Contract Changes

# SFY26 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 OI program staff & your agency/programs.
- Will support alignment of our federal prevention work plans (CDC PS24; STD PCHD)
- Continuation of existing program or opportunity to develop new objectives, activities.
- Can access template at this site:
  - [Office of Infectious Disease Syndemic Prevention Services | Healthier Washington Collaboration Portal](#)
- **Performance Objectives & Work Plan must be finalized by August 1, 2025**

# SFY26 Work Plan Process

## Program Area Objectives

Describe up to three objectives for this service category, using SMART objective format. Beneath each objective, please describe up to five associated activities. Focus on highest priority objectives for your agency.

Objective 1		Baseline

Activity Timeframe	Activity Description	Output Indicator	Assigned To

**Barnes, Michael (DOH):**  
Can use data from previous grants or project; if no data exists, indicate that Year 1 will be baseline.

# SFY26 Deliverable Grid 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- agency should review RFA application, award amount, FTE, and previous contract years metrics 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.
- **Deliverable Grids must be finalized by August 1, 2025**

# SFY26 Deliverable Grid Process

<b>Agency: NAME</b> <i>Quantitative Goal Metric for Performance Period</i> <i>(July 1, 2025- June 30, 2026)</i>		<b>Goal</b>
# of Navigation Clients		
# PrEP Provider Linkage		
# PrEP Rx Obtained		
# PrEP Initiated		
# PEP Linkage		
# Doxy PEP Linkage		

<b>Agency: NAME</b> <i>Quantitative Goal Metric for Performance Period</i> <i>(July 1, 2025- June 30, 2026)</i>		<b>Goal</b>
# of Test Events (Total)		
# of Test Events (Priority Population)		
# HIV Tests		
# GC Tests		
# CT Tests		
# Syphilis Tests		
# HCV Tests		
# HBV Tests		



# Data & Narrative Reporting

- Quarterly narrative reports are due by 30th of October 2025, January 2026, April 2026, and July 2026
- Navigation Data (Provide): All client-level data must be entered into Provide or DOH approved data system within three (3) days of service provision.
- Testing Data (EvalWeb): Data should be input into EvalWeb or DOH-approved data systems in intervals of no less than every two weeks, with final monthly data due on the 15th of the following month.
- Test Kit Tracking Tools: For agencies using HCV Rapid and/or Syphilis Rapid test kits. De-identified monthly aggregate data that tracks the use of test kits and outcomes due the 15th of the following month.

# Program Monitoring Updates

- **Monthly Check Ins (30 minutes)**
  - Schedule monthly check in with OID staff
  - Last week of each month
  - Shift In Focus- Client Outcomes
- **Regional Quarterly Check Ins (1 hour)**
  - LHJ & CBO partners working in similar region
  - More information to come
- **Quarterly Narrative Reports- By 30<sup>th</sup> of months below**
  - October, January, April, July

# Integrated Testing- Program Reminders

- Conduct 80% of testing within identified WA State priority population groups.
- Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs.
- At least 50% of test events must be done through venue-based/ mobile/ outreach-based testing, unless written exception provided by OID.
- All testing should be provided on an opt-out basis with at least 80% of test events must include at least three tests
  - *HIV*
  - *Syphilis*
  - *HCV*
  - *Chlamydia and gonorrhea*

# Integrated Testing- Program Reminders

- The Contractor will provide hours of operation that meet the needs of the population(s) you work for and with. Non-traditional service times are encouraged (e.g., evenings, early morning hours, weekends).
- The Contractor will update their Integrated Testing Quality Assurance Plans in coordination with the OID Integrated Testing Coordinator by 8/1/2025

# Integrated Testing- Opt-Out Testing Model

- Opt-out testing model overview
- TA is available to support transition to this model as needed
- Program monitoring to ensure alignment with contract language
- **Questions?**

# Navigation Services- Program Updates

- Navigation training modules must be completed and documented by all staff included in the budget for syndemic navigation services. This includes training related to PrEP and insurance navigation.
  - *Insurance Navigation*
  - *PrEP Navigation Certification*
- In collaboration with DOH PrEP Drug Assistance Program (PrEP DAP), support clients by accepting client referrals, supporting enrollment in PrEP DAP program by completing Eligibility Assessments in Provide, supporting enrollment in Medicaid or other insurance/payment assistance programs, and providing additional navigation support as defined by client need.

# Integrated Testing- Contract Changes

- The Contractor must receive prior approval by OID to implement incentivized prevention services. The Contractor will document all incentivized prevention services in compliance with OID Incentivized Prevention Services Guidelines (guidance forthcoming).
- The Contractor will collect all testing-related data variables as outlined in OID Standardized Data Collection Guidelines (guidance forthcoming).
- The Contractor will submit client-level information for all positive test results for HIV, syphilis, hepatitis C, and gonorrhea/chlamydia using the OID Positive Reporting Process (guidance forthcoming).

# Navigation Services- Contract Changes

- The Contractor must receive prior approval by OID to implement incentivized prevention services. The Contractor will document all incentivized prevention services in compliance with OID Incentivized Prevention Services Guidelines (guidance forthcoming).
- The Contractor will collect all navigation-related data variables as outlined in OID Standardized Data Collection Guidelines (guidance forthcoming).



# Questions?

**THANK YOU** for your partnership and the work you do on behalf of the people of Washington!!

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Any follow up questions:

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