Washington State Department of HEALTH

FY27 Syndemic Prevention Services Implementation Guidelines

Implementing ***Community-based integrated infectious disease testing and linkage & service navigation support in high-impact settings*** *in Washington State*

July 2026-June 2027

Contents

**Note: this document may be updated throughout the contract period. The most up-to-date version will be accessible on the OID Sydemic Services Portal.*

Service Category Definition:

Community-based integrated infectious disease testing and linkage & service navigation support inhigh-impact settings

This service category relates to the provision of non-clinical client-centered HIV, sexually transmitted infection, and viral hepatitis testing services, including linkage and service navigation support to prevention, care, and other essential support services. Agencies funded to provide this service will provide education and testing services at sites where medical, diagnostic and/or treatment services are not routinely provided, but where select diagnostic services, including HIV, syphilis, hepatitis C, and gonorrhea/chlamydia testing, are offered

Core Activities

Activities must include the following:

- Pre-test education describing the tests offered, the testing process, and how results will be provided.
- Receipt of informed consent to test from the client.
- Post-test education about the meaning of the test results.
- Confirmatory testing and/or complete serologic testing via blood draw, as applicable.
- Linkage to preventive services (e.g., PrEP, doxy PEP, HIV PEP, syringe service programs, condoms), as relevant.
- Linkage to care & treatment services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant.
- Appropriate public health reporting of testing to local health jurisdiction.
- Collection of all DOH-required data variables for all test events conducted.

Outcomes

Integrated Testing outcomes include, but are not limited to:

- # of test events with priority population(s) conducted
- # of STIs identified *(syphilis, gonnorhea, chlamydia)*
- # of persons living with undiagnosed HIV identified
- # and % of persons living with previously diagnosed HIV re-connected to HIV care
- # of cases of viral hepatitis identified
- # and % of testing clients referred or linked to essential support services

Service Category Requirements:

Requirements for this service category include the following:

Engagement:

- Implement recruitment strategies that engage priority population(s) to access testing, whether onsite at your organization or during outreach-based testing (e.g., online outreach through hook-up apps; outreach in venues that reach the priority population).
- Receive prior approval by OID to implement incentivized prevention services through completion of OID Incentivized Prevention Program Approval Form. The Contractor will document all incentivized test events in compliance with Implementing Incentivized Testing Programs: Program Guidance *(guidance forthcoming)*
- Gather client satisfaction and feedback to ensure service provision aligns with client needs and that program uses client feedback to better meet client needs.
- Partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; SSPs providing syringe services; and additional health and support services as needed or requested by priority populations. Partnerships are expected to be documented with an MOU/MOA or other written agreement outlining each partner's responsibilities. Partnership agreements can be formal or informal agreement but documentation of agreement must be available for OID staff to review.

Testing:

- Provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of testing must be conducted in outreach settings outside of the primary office, unless written exception provided by OID.
- Make onsite blood draw (venous-puncture phlebotomy) immediately available during all testing events.
- Ensure that at least 80% of the tested persons are of the proposed priority population(s) identified in your application.
- At least 80% of outreach test events must include at least three tests. This includes outreach test events where available facilitates (eg: bathrooms) may be limited 80% of office-based testing must include four tests *(HIV; syphilis; hepatitis C; gonorrhea/chlamydia)*.
- Integrated test event must be offered to clients as "opt-out" as a default. This means that HIV, syphilis, hepatitis C, and gonorrhea/chlamydia tests are planned and offered for every client test event unless a client selects not to obtain a certain test or tests. This is different from clients having to "opt in" to individual test types by selecting from a menu of choices.
- Offer confidential testing for STI and hepatitis C; and default to confidential for HIV.
- Submit client-level information for all positive test results for HIV, syphilis, hepatitis C, and gonorrhea/chlamydia using the OID Positive Reporting Process.
- Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs.
- Provide hours of operation that meet the needs of the population(s) you work for and with. Non-traditional service times are expected (e.g., evenings, early morning hours, weekends). The Contractor will focus testing times that meet the needs of the populations served; The Contractor will conduct client-level assessment to learn more about preferred times for services.

- Must receive prior approval by OID to implement incentivized prevention services. The Contractor will document all incentivized test events in compliance with OID Incentivized Prevention Services Guidelines.
- Collect all testing and linkage/navigation related data variables as outlined in OID Standardized Data Collection Guidelines.
- Develop an Integrated Testing Quality Assurance Plan in coordination with OID Integrated Testing Coordinator
- Testing programs must adhere to DOH Non-Clinical Testing Guidance.
- Standalone HIV testing will not fulfill requirements.
- Conduct monthly data reporting for HIV, syphilis, hepatitis C, and gonorrhea/chlamydia testing, and surveillance reporting, using the template(s) provided by OID in accordance with OID reporting guidelines and state notifiable conditions rule.
- Ensure the testing program aligns with the Testing Compliance Checklist at all times with applicable federal, state and local laws/regulations and ensure testing program complies with all DOH/OID test project requirements.
- Work with local health jurisdiction(s) or DOH to acquire and use local data to guide testing approaches and locations and be willing to shift testing locations and schedule in response to changes to the Syndemic, including supporting infection cluster and outbreak response.
- Review program data on a regular basis, in collaboration with OID staff, and adjust testing efforts as needed (e.g., shifting testing locations and schedule to reach priority populations).

Prevention:

- Offer condoms to 100% of priority population members who are sexually active and for whom condoms are appropriate.
- Link clients as needed to essential support services including, but not limited to: PrEP, HIV PEP, and doxy PEP, including a warm hand-off to a clinic or medical provider providing PrEP, HIV PEP, or doxy PEP; HIV community services, such as a warm hand-off to an HIV case manager or HIV navigation specialist, and/or a warm hand-off to a clinic or medical provider treating HIV; STI care and treatment services, including a direct referral to a clinic or medical provider treating STIs and support to complete the treatment; Viral hepatitis care and treatment, including a warm hand-off to a clinic or medical provider treating hepatitis B and/or hepatitis C and support to complete hepatitis C treatment through to cure; Harm reduction services, including a warm hand-off to harm reduction services inclusive of referrals and/or provision of syringe services programs (SSP); Behavioral health services, such as mental health counseling and substance use treatment services, including medications for opioid use disorder and contingency management services, where possible; Health benefits navigation and enrollment (e.g., Insurance navigation, enrollment, and utilization; enrollment in PrEP DAP, rebate cards, or other payment assistance programs). Linkages must be documented in OID-approved data system.

Priority Populations

Priority populations for syndemic prevention services include:

- 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 your region.
- Men who have sex with men.
- Gender expansive/transgender individuals.
- People who use drugs.
- People engaged in sex work

Deliverable & Outcomes Reminders

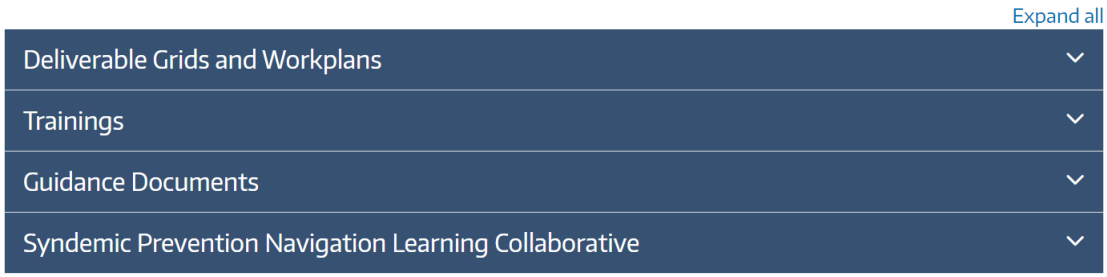
Deliverables & outcomes for this service category are outlined in your DOH contract:

1. **Track and report within the DOH approved data system** all activity related to this Service Category.
    - Submit all data by the 15th of each month for the month prior.
2. **Quarterly Narrative Reports are Required** to be submitted.
    - Submit Quarterly reports October 2026, January 2027, April 2027, and July 2027.
    - An additional Annual Narrative Report should be submited July 2027.
    - All Narrative reports should be subbmited by the 30th of the month it is due.
3. **Deliverables for this reporting period will be determined collaboratively with OID staff** in July 2026. Deliverable grids must be complete by August 14, 2026.
    - Deliverables will be monitored using OID's Service Deliverables Grid.
4. **Submit Performance Objectives & Work Plan** by August 14, 2026 that will include:
    - Required to submit Performance Objectives and Work Plan that provides both a high-level overview of the period of performance and a detailed description of the contract period.
    - The work plan must incorporate related program strategies and activities. Applicants must propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with performance outcomes.
    - The work plan must include training, capacity building, and TA needs to support the implementation of the funded services. Proposed work plan activities may be adjusted in collaboration with OID staff to better address the overarching goals of the funded services. OID will provide a template that must be used in developing the work plan.
    - The applicant must address the following outline in their work plan:
        - Program strategies and activities
        - Outcomes aligned with program strategies and activities
        - SMART objectives aligned with performance targets
        - Activities aligned with program outcomes
        - Timeline for implementation (including staffing of the proposed program, training, etc.)
        - Anticipated capacity building or technical assistance needs.
        - Performance Objectives & Work Plans must be submitted by September 1, 2026.
    - Performance Objectives & Work Plans will be reviewed between OID staff and funded agencies at least quarterly. Performance Objectives & Work Plans can be adjusted throughout the period of performance.

OID Syndemic Services Portal

The OID Syndemic Services Portal is where you can access resources related to the implementation of Syndmeic Prevention Services. You can access guidance and training documents relevant to service implementation. These documents will be updated routinely.

URL: Office of Infectious Disease Syndemic Services | Healthier Washington Collaboration Portal



Guidance and training documents will be updated regularly and can be downloaded right from the portal.

FY27 Syndemic Prevention Services Meeting Schedule

**note: training schedule is subject to change*

Quarterly Meetings:

Syndemic Prevention Testing, Linkage To Care & Service Navigation Learning Collaborative

Date: 4th Wednesday of September, November, January, March, May

- Location: Virtual (Teams)

The **Syndemic Prevention Testing, Linkage To Care & Service Navigation Learning Collaborative** is a quarterly opportunity for syndemic prevention-focused staff and program managers to connect with peers outside of their respective agencies to ask questions, learn about what other agencies are doing, and talk about challenges and successes in their work. DOH staff will also be on the call to provide input on a range of prevention specific topics and resources.

Monthly Meetings

Monthly Syndemic Prevention Services Partner Check In

- Date: Last week of each month

Individual agency monthly meetings to discuss deliverable grid, work plans, and program data and to discuss challenges, successes, and CBA/TA needs.

Required Trainings:

Specific OID training modules must be completed and documented by all staff included in the integrated testing services budget or staff who are providing direct-client level testing services. Documentation of completion must be submitted for all staff. New staff must complete required trainings within three (3) months of hire. Additional trainings may be required throughout period of performance (eg: community engagement; stigma; equity, trauma-informed care). Additional details about each training are below.

Intro To Syndemics

Introduction to Syndemics is an online training that provides foundational information on the syndemic approach and the intersection of HIV, sexually transmitted infections (STIs), viral hepatitis, overdose, and the social and structural factors that impact health outcomes. The training will take approximately an hour to complete and can be completed at your own pace.

Training link:
https://waportal.org/health-initiatives/office-infectious-disease-syndemic-services/syndemic-service-navigation-and-integrated-testing/intro-syndemics

You will learn about:

- Key concepts and terms used in public health and how they relate to integrated services
- Impacts of chlamydia, gonorrhea, syphilis, HIV, hepatitis C, and overdose epidemics
- The term syndemic and how it applies to integrated services
- How client encounters are opportunities for both individual intervention and statewide public health impact
- The course will take about 1 hour to complete. There are knowledge checks throughout to ensure understanding. You can save your progress and return to the course at a later time. Attendees can print or save a certificate after finishing the course and there is no CME credit available. Those who are looking to expand their knowledge around these topics are welcome to take the course.

Training Requirements

- Beginning July 1st, all current staff who are contracted for integrated infectious disease testing services are required to complete this training and must do so within **90 days** of the start of the contract year.
- Going forward, all newly hired staff whose are included in the integrated testing budget must complete the training within **90 days of their hire date**.
- Any additional staff at your agency are welcome to take this training. However, it is only required for staff included on the integrated testing budget.

Documentation of Completion

Upon successful completion of the training, participants will have access to a completion certificate. To document compliance with this requirement, please email the certificate to: OIDTesting@doh.wa.gov

Integrated Testing & Linkage To Care

This online, self-paced curriculum consists of 11 modules across three courses and provides the foundational knowledge needed to deliver integrated HIV, STI, and HCV prevention and testing services. Topics include prevention education, risk assessment, testing procedures, results delivery, linkage to care, and public health reporting. Completion of the training helps ensure consistent, high-quality services and compliance with Syndemic Prevention Program requirements.

Additional details will be added here when the Integrated Testing & Linkage To Care training launches in FY27. Stay tuned for more!

Additional Training Resources- Navigation Services

HIV PrEP Fundamentals (National HIV PrEP Curriculum)

6-hour module, novice-to-expert health care professionals can develop proficiency in the fundamental skills needed to assess, initiate, and monitor HIV PrEP. Learners who complete all 5 lessons in this module may take the optional knowledge assessment test and earn an HIV PrEP Training Certificate.

AppleHealth (Medicaid) Overview Training

Seven modules, varying lengths. Ability to take Assessment Test to gain access to the WA HealthplanFinder.

National STD Curriculum- STD & STI 2nd Edition Lessons

The *National STD Curriculum* is a free educational website from the University of Washington STD Prevention Training Center. This site addresses the epidemiology, pathogenesis, clinical manifestations, diagnosis, management, and prevention of STDs.

Quaterly and Annual Narrative Templates

These can be downloaded from the Syndemic Prevention Portal. They questions related to this service categoty are included below for reference:

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

Please remember to discuss your testing services as well as linkage to services/navigation support provided to clients.

- Please describe any **achievements** your agency experienced related to this service category during this quarter:
- Please describe any **barriers or challenges** your agency experienced related to this service category during this quarter:
- Please describe any **plans to improve services or address challenges** your agency identified during this quarter:
- What **recruitment strategies** have you implemented that engage priority population(s) to access testing, whether onsite at your organization or during outreach-based testing?
- Did your agency **gather client satisfaction or feedback** to ensure service provision aligns with client needs? If so, what were the most common areas of client feedback you recieved? What are your plans to address that feedback?
- Did your program provide **hours of operation** that meet the needs of the population(s) you work for and with, including non-traditional service times (e.g., evenings, early morning hours, weekends)?

Syndemic Prevention Deliverable Grids

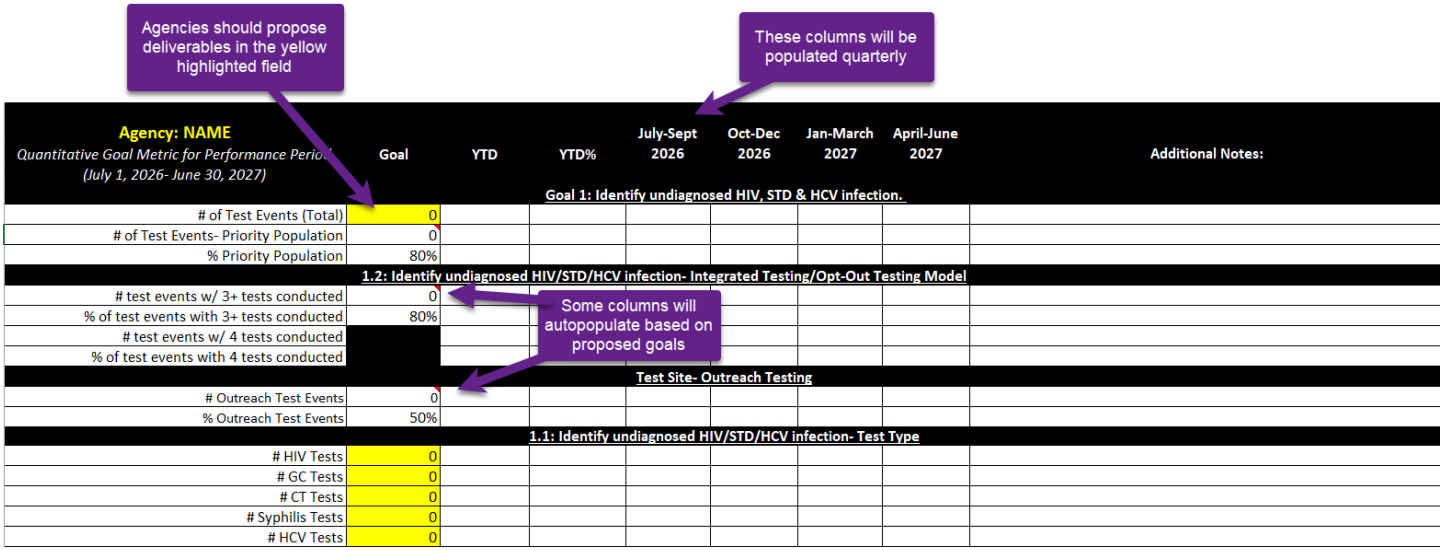
Deliverable grids will be used to document progress towards key quantitative outcomes identified in the syndemic RFA for agencies funded to provide *Community-based integrated infectious disease testing and linkage & service navigation support in high-impact settings*. **OID staff will populate the grids each month and quarter and send to each agency to review for accuracy.** Agencies do not need to put any data into the grid after establishing their annual goals. Each **deliverable grid** includes **four** tabs:

Home Page:

Provides overview of the deliverable grid process. Review this page for specific details about how to complete and submit your deliverable grid.

Quarterly Breakdown:

This tab provides goal metrics for the contract year and will be populated quarterly. It is a higher level roll up of key quantitative metrics that indicate progress towards achieving goals determined **within first six weeks** of the performance period. Additional metrics may be added depending on performance objectives and work plan activities submitted by each agency. Agencies only need to complete the yellow highlighted fields indicaiting high level goals for the contract period.



Agency: NAME *Quantitative Goal Metric for Performance Period* *(July 1, 2026- June 30, 2027)*	Goal	YTD	YTD%	July-Sept 2026	Oct-Dec 2026	Jan-March 2027	April-June 2027	Additional Notes:
Goal 1: Identify undiagnosed HIV, STD & HCV infection.								
# of Test Events (Total)	0							
# of Test Events- Priority Population	0							
% Priority Population	80%							
1.2: Identify undiagnosed HIV/STD/HCV infection- Integrated Testing/Opt-Out Testing Model								
# test events w/ 3+ tests conducted	0							
% of test events with 3+ tests conducted	80%							
# test events w/ 4 tests conducted								
% of test events with 4 tests conducted								
Test Site- Outreach Testing								
# Outreach Test Events	0							
% Outreach Test Events	50%							
1.1: Identify undiagnosed HIV/STD/HCV infection- Test Type								
# HIV Tests	0							
# GC Tests	0							
# CT Tests	0							
# Syphilis Tests	0							
# HCV Tests	0							

Test Event Sites

This tab provides additional details about specific test event sites. This includes number of test event by each site by month as well as positives identified at each site. There is also space do document ongoing successes and challenges at each test event site. Agencies do not need to complete any data on this tab.

CQI Questions:

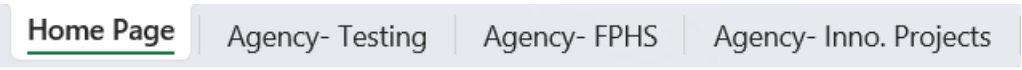
This tab provides questions related to Continuous Quality Improvement (CQI) activities and is an opportunity to qualitatively reflect on program outcomes. These questions will be reviewed quarterly and form the basis of quarterly narrative reporting. Additional questions may be added depending on performance objectives and work plan activities submitted by each agency.

Perfomance Objectives & Work Plans:

Each agency must submit Performance Objectives & Work Plan **within first six weeks** of the performance period.

The development of Performance Objectives and Work Plans is an opportunity for your syndemic prevention or FPHS program to reflect on how your program objectives & activities relate to the key goals and strategies for each service category. This work plan pertains to the July 1, 2026- June 30, 2027 reporting period. It will help to inform future meetings with OID program staff throughout the performance period as well as the development of future federal award applications. Performance objectives and work plans may be updated throughout the performance period. Tools and resources to support the development of your performance objectives and work plan actvities are available- see below for contact information.

Each template has four tabs:



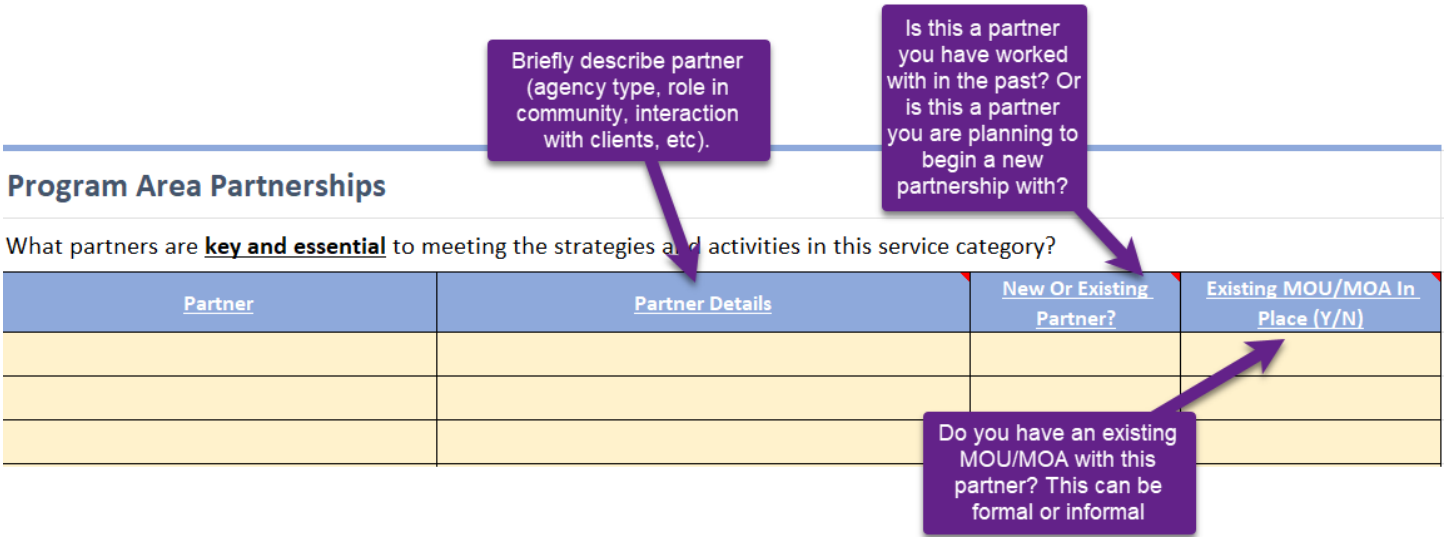
Each agency should complete the tabs for the service category they are funded to provide“

- Testing: *Community-based integrated infectious disease testing and linkage & service navigation support in high-impact settings (Syndemic RFA)*
- Inno. Projects: *Innovative Projects (Syndemic RFA)*
- FPHS: *Foundational Public Health Services- HIV/STI Prevention, Treatment, and Surveillance*

The Performance Objective & Work Plan template has four sections to be completed:

Program Area Partnerships:

What partners are key and essential to meeting the strategies and activities in this service category?



Program Area- Agency Staff:

Please indicate what staff at your agency will be supporting the work in this service category. If a position is not yet filled, please indicate 'To Be Hired'

Program Area- Agency Staff

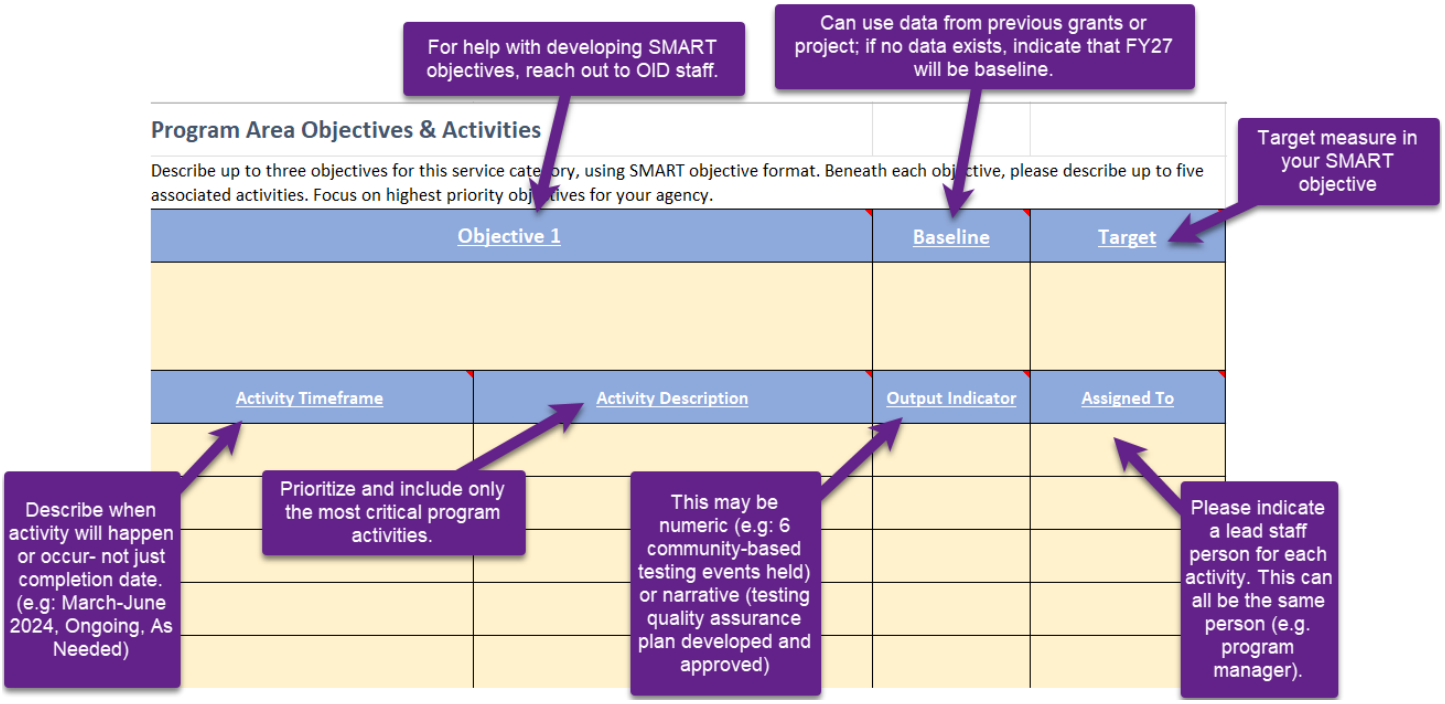
Please indicate what staff at your agency will be supporting the work in this service category. If a position is not yet filled, please indicate 'To Be Hired'

Staff Name & Contact	Position Title	Brief Description of Role

Please include email contact and phone number (if applicable)

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.



Relationship Building, Capacity Building, Training, or Technical Assistance Needs

Please indicate what relationship building, capacity building, training, or technical assistance needs you anticipate having throughout the performance period related to the service category.

Relationship Building, Capacity Building, Training, or Technical Assistance Needs

Please indicate what relationship building, capacity building, training, or technical assistance needs needs you anticipate having throughout the performance period related to the service category.

Topic Area	Briefly describe your need and what you hope to accomplish through CBA/TA

E.g: I would like my staff to be training in motivational interviewing; I would like my staff to feel more comfortable conducting outreach testing.

Service Category Outcomes

Reminder of the service category outcomes are indicated in your scope of work. These are different for each service category and should be used to guide the development of your outcomes and activities above.

Integrated Testing Service Category Outcomes

Reminder of the service category outcomes indicated in the RFA. These are reflected and will be tracked in your agency deliverable grid.

and % of test events with priority population(s) conducted
and % of outreach events conducted
and percent of integrated test events conducted (includes 3 or more of HIV, syphilils, HCV, GC/CT)
and percent of STIs identified and linked to treatment
and % of persons living with undiagnosed HIV identified and linked to care
and % of persons living with previously diagnosed HIV re-connected to HIV care
and % of cases of viral hepatitis identified & linked to medical care
and % of testing clients referred or linked to essential support services, including PrEP, HIV PEP, and doxy PEP, including a warm hand-off to a clinic or medical provider providing PrEP, HIV PEP, or doxy PEP; HIV community services, such as a warm hand-off to an HIV case manager or HIV navigation specialist, and/or a warm hand-off to a clinic or medical provider treating HIV; STI care and treatment services, including a warm hand-off to a clinic or medical provider treating STIs and support to complete the treatment; Viral hepatitis care and treatment, including a warm hand-off to a clinic or medical provider treating hepatitis B and/or hepatitis C and support to complete hepatitis C treatment through to cure; Harm reduction services, including a warm hand-off to harm reduction services inclusive of referrals and/or provision of syringe services programs (SSP); Mental health counseling servicesBehavioral health services, such as mental health counseling and substance use treatment services, including medications for opioid use disorder and contingency management services, where possible; Health benefits navigation and enrollment (e.g., Insurance navigation, enrollment, and utilization).

Implementing Incentivized Prevention Programs: Program Guidance

THIS DOCUMENT provides an overview of implementing incentivized prevention programs in Washington State. It will provide an overview of what an incentivized prevention program is; considerations when deciding to implement an incentivized prevention program; and details about the requirements for implementing an incentivized prevention program in alignment with state and federal guidance.

You can access the fillable form HERE.

What Is An Incentivized Prevention Program?

Incentivized prevention programs use monetary (eg: gift cards) or non-monetary (eg: transit vouchers, food incentives) to increase engagement in prevention-focused services. Incentives can be used in many ways including:

- Promote accessing an HIV/STI/HCV test
- Promote accessing treatment for HIV/STI/HCV after a test event
- Promote retention in prevention services, including attending medical appointments or adhering to medication
- Incentivize peers to recruit others in their social or sexual networks to access prevention services

Incentivized prevention programs are most successful when designed for specific target populations that are historically challenging to reach or who face more barriers to accessing services or care.

Considerations For Incentivized Prevention Programs

Focus Efforts on the Right Populations

Incentives are highly effective for "hard-to-reach" demographics or populations facing the highest barriers to care. It is important to ensure that incentives are not available to a broader base of clients but rather highly-targeted to those experiencing disparities in accessing or utilizing preveniton services. Data is available from OID to help you learn more about where disparities may be occuring in your region or county.

Social Network Strategy (SNS) can also help you recruit additional folks from priority populations by incentivizing the recruitment of peers into prevention services. Incentives can be provided to both the individual who recruits others into prevention services as well as the peers that are recruited.

Structure Incentives Effectively

There are many ways to structure incentives. It is important to keep incentive values proportional to avoid coercive behavior while still addressing immediate financial needs. Studies show that incentivized testing program incentives are most effective in the $5-$25 range. It is also important to ensure that incentives are not accessed by the same individuals more than once every three months.

Additionally, using phased incentives is a strategy to support an individual accessing a series of prevention-related services with a different incentive amount. For example, you can provide a smaller incentive for a client to access an HIV/STI/HCV test but a larger incentive to return for treatment or care (if a positive result is identified).

Ensure Privacy and Confidentiality

Client trust is important. However, incentivized testing cannot be offered anonymously in Washington. This means you will need to clearly communicate to clients the process for accessing an incentive and how data may be stored or used and by whom.

Evaluate and Adapt

Not all incentivized prevention programs will be successful. It is important to continuously evaluate and adapt your incentivized prevention program to ensure that the use of incentives is improving prevention outcomes in alignment with your incentivized prevention program goals.

OID staff will help you monitor and evaluate your incentivized program through the year to identify successes or challenges. OID will support sharing successful incentivized prevention program examples for our partners across the state as we learn more about best practices and program successes.

OID Incentivized Prevention Program Requirements

In order to be in alignment with federal and state laws/rules, there are a few requirements that incentivized testing programs must adhere to.

No Cash Incentives

While there is fleixbility in the type of incentives that can be used, cash incentives cannot be used in DOH funded programs. Gift cards may be used and the amount of these can vary (in alignment with the considerations mentioned above).

Use Of Incentives Must Be Approved

If using DOH resources for an incentivized prevention program, approval by OID staff must be obtained prior to implementation. Agencies should complete the *OID Incentivized Prevention Program Approval Form* so that OID staff can learn more about your proposed use of incentives. OID staff will approve or offer feedback before approving the use of incentives.

Learning more about each agencies‘ use of incentives will help us identify how different agencies are using incentives across the state and about where we may be identifying success or barriers to implementing incentivized prevention programs.

Incentive Distribution Must Be Documented

Documenting the distribution of incentives to individauls is important for both a program and fiscal monitoring. OID staff need to be sure that all incentives purchased are distributed and used for their intended purposes. OID staff may review:

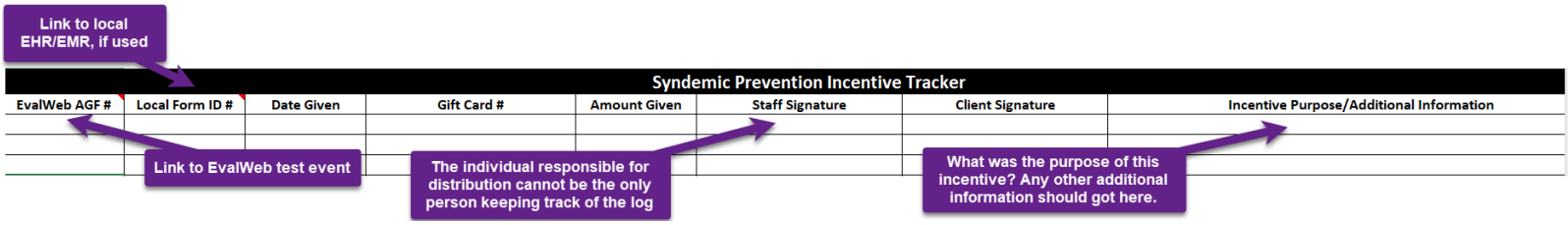
- Incentivized Testing Approval Form: Ensure that approval was given to utilize incentives including what kind and amount. This only needs to be submitted once but can be updated if your incentivized testing program changes.
- A19 Submissions: Review when incentives are purchased to ensure if aligns with what was approved.
- Incentive Distribution Tracking Log: Ensure that what is purchased aligns with what is distributed. Each individal client incentive distributed must be linked to an individual client. This is also

important for DOH Fiscal Monitoring Unit (FMU) when they audit each agency. OID staff may review client incentive logs during site visits as well. This may be reviewed at any point during the contract period but does not need to be submitted routinely.

- The individual responsible for distribution **cannot** be the only person keeping track of the log. For gift cards, tracking log needs submitted to us when we ask for it and should track amount, card number, date issued, client it was issued to (link to EvalWeb AGF # or Local ID #) and signatures from the staff person distributing the card and the recipient.

Incentivied Distribution Tracking Template

This template may be used but your agency may develop their own tracking tool, if preferred. Each individual client incentive distributed must be linked to an individual client. This can be done using EvalWeb AGF # or Local ID #.



Resources & References

Effectiveness of and best practices for using contingency management and incentives for health care issues related to HIV, sexually transmitted infections (STIs), and pre-exposure prophylaxis (PrEP) (Ontario HIV Treatment Network)

STD Program Evaluation Tools & Trainings (NCSD)

Retrospective Cohort Study of Financial Incentives for Sexually Transmitted Infection Testing and Treatment in an Outreach Population in Edmonton, Canada, 2018-2019 (NIH)

Scaling Up CareKit: Lessons Learned from Expansion of a Centralized Home HIV and Sexually Transmitted Infection Testing Program (NIH)

OID Incentivized Prevention Program Approval Form

This form is required to be submitted for all agencies using DOH funds to support prevention programs through the use of incentives. Please complete all required components and submit to OID staff for approval. This form can be amended if there are changes to your prevention program's use of incentives throughout the contract period.

For guidance on implementing incentivized prevention services, please reference *Implementing Incentivized Testing Programs: Program Guidance*.

You can access the fillable form HERE.

Midyear Syndemic Prevention Progress Reports

This document outlines progress towards acheiving deliverables outlined in each agencies deliverable grid and work plan. It will be used to reflect on the progress made during Q1 & Q2 of SFY27 syndemic prevention contracts and identify program strengths, challenges, and opportunities for growth moving into the second half of the contract year. These will be distributed during Q3 of FY27. Below is a sample of a FY26 report.

May 2026

Washington State Department of HEALTH

Syndemic Prevention Midyear Partner Report Back

July 1, 2025- December 31, 2025

Agency: Washington State

Overview:

This document provides an overview of the progress made implementing *Community-based integrated infectious disease testing and linkage/service navigation support in high-impact settings* programs across Washington State by agencies funded through syndemic prevention RFA (2024). This represents data from nine (9) contracted testing partners in King, Snohomish, Clark, Yakima, and Spokane counties for the first two quarters of SFY26 (July 1, 2025-December 31, 2025).

Agencies included in this report: AIDS Healthcare Foundation; Cascade AIDS Project; Center for MultiCultural Health; Consistent Care Services; Entre Hermanos; Seattle's LGBTQ+ Center (fomerly Gay City); POCAAN; Snohomish County Health Department; Spokane Regional Health District. *Note: this is preliminary data and there may be slight changes prior to publication of final data.*

Integrated Testing & Linkage To Care:

Primary Quantitative Outcomes (SFY26 Q1 & Q2)

This section indicates quantative outcomes for July 1, 2025- December 31, 2025.

- Test events conducted: **3594**
- Integrated tests conducted- 3065/3594- **85.28% (above 80% goal)**
  - *Includes testing for 3+ conditions (HIV, Syphilis, HCV, GC/CT)*
  - HIV: **3547**
  - GC: **2965**
  - CT: **2970**

Annual Syndemic Prevention Progress Reports

This document provides final program-level outcomes for the entirety of the contract year. It outlines quantitative over and under performance during the contract period and provides details on agency accomplishments, challenges, and opportunities for growth. This document will be used to close out each contract year and provide program data back to each agency to inform growth in the upcoming contract year.

Annual Syndemic Prevention Site Visits

Sites visits will be conducted with each agency on an annual basis, typcially in May of each year. OID staff will review agency progress towards achieving contract goals including a review of program compliance, program data, program models, and progress on program implementation for partners funded to provide community-based integrated infectious disease testing and linkage & service navigation support in high-impact settings. OID staff will also discuss program opportunities looking forward into the next contract year.OID staff will document follow up items and develop action steps for each agency over the upcoming contract period.

Integrated Testing Program Compliance Checklist

Requirement	Policy, RCW/WAC, Program Requirement	OID Program Monitoring
Medical Test Site[1] (MTS)/CLIA License	See RCW Chapter 70.42; WA State Non-clinical Testing Guidelines	○ Agencies that conduct rapid, point-of-care, CLIA-waived testing function as laboratories in running and reading results from these test kits. ○ All laboratories in Washington must have a Medical Test Site (CLIA) license from the Department of Health Laboratory Quality Assurance program to use CLIA-waived test kits. ○ Agency will obtain the MTS Certificate of Waiver to conduct integrated testing. ○ Agency will evidence active MTS license status at annual site visits. ○ Agency will operate FDA-approved Test kits as indicated in test kit packet insert instructions
Medical oversight[2] must be acquired by subcontracted agency within three months from start of contract period.	See RCW 18.360; WAC 246-827-0420; WA State Non-clinical Testing Guidelines	○ Agency must submit documentation (MOU/MOA) that ensures medical oversight; Agency must provide contact information for medical oversight provider. DOH will verify with medical oversight provider as part of routine monitoring on ad hoc basis.
Medical Assistant-Phlebotomist Requirement[3]	See RCW 18.360; WAC 246-827; WA State Non-clinical Testing Guidelines	○ All personnel in Washington who withdraw whole blood from clients must be medically certified to do so. Most non-clinical personnel will certify for this activity by becoming licensed Medical Assistants- Phlebotomist (MA-P) ○ OID makes phlebotomy training available to all subcontracted partners via partnership with UW STD Prevention Training Center at Harborview Medical Center in Seattle. ○ Agency must ensure that MA-P trained staff obtain the MA-P credential from DOH licensing in order to collect whole blood samples from clients. ○ OID Program staff will periodically verify the active MA-P licensing status of subcontractor staff.

[1] Please document MTS#, expiration date and any test menu change form submissions to update rapid test kits used at agency
[2] Please document medical oversight relationship between provider and agency. Copy of MOU/MOA acceptable.
[3] Please update with name of each staff with MA-P license, license number and date of expiration

Bloodborne Pathogen Training[4] and Bloodborne Exposure Control Plan	See Chapter 296-823-WAC	○ DOH will provide link to asynchronous bloodborne pathogen training and provide a model exposure control plan template for agency review and use. ○ Agency will provide evidence of training and exposure plan to DOH during annual site visits.
Rapid Testing Training & Policy[5]	See WA State Non-clinical Testing Guidelines	○ Training on utilizing rapid test kits should be accessed by the testing program. Test kit training will be made available in partnership with OID and test kit manufacturer representatives. Documentation of participation in training must be made. ○ Training on utilizing controls for rapid test kits must be made. Control logs must be kept on site and will be reviewed by OID program staff during site visits as part of compliance monitoring.
Integrated Testing Quality Assurance (QA) Plan[6]	See WA State Non-clinical Testing Guidelines	○ QA Plan must be submitted within three months of the start of contract year. ○ QA Plan updates must be made when major program changes occur or there are staff changes. ○ OID Program Staff will store and review QA Plans routinely.
Linkage[7] and referral of HIV, STI & viral hepatitis diagnoses to treatment, care, and partner services	Program requirement-defined by OID. WA State Non-clinical Testing Guidelines	○ Link at least 90% of persons newly diagnosed with HIV to HIV medical care and ART initiation immediately, but no later than 30 days after diagnosis. ○ Refer 90% of persons diagnosed with STI (chlamydia, gonorrhea, syphilis) or viral hepatitis to treatment or care within 30 days after providing reactive test result. ○ Refer 100% of persons with newly diagnosed HIV or STIs to Partner Services in alignment with local health jurisdiction or DOH guidance.

[4] Please document that testing staff have obtained BBP training and an exposure control plan is in place on-site. OID can provide training links and a model exposure plan.
[5] Agencies should have internal policies on the use of test kits by agency staff. DOH guidance and QA Plan documents may be used as a guide to help agencies develop internal policies.
[6] QA Plans for the testing of HIV, HCV, Syphilis and Chlamydia/Gonorrhea will need to be submitted to DOH/OID prior to accessing DOH-funded testing kits and laboratory services. DOH will provide QA Plan templates and any technical assistance needed to complete these items.
[7] Agency should set up linkage relationships for care and prevention services within their service area. Those relationships should be documented in the QA Plan. Bullet point updates here may be useful as agencies work on testing compliance.

		○ Report all viral hepatitis cases to the local health jurisdiction and, in collaboration with local health jurisdiction and/or state disease intervention services staff, refer and connect at least 50% of persons diagnosed with viral hepatitis (hepatitis B or C) to follow-up medical care with a clinician to discuss treatment options within 60 days of reactive result.
Integrated testing[8] must be offered by subcontracted agency. Integrated testing includes HIV, Gonorrhea/Chlamydia, syphilis, and Hepatitis C testing. Standalone HIV testing programs will not be supported through DOH contracts starting January 2024 and thereafter.	Program requirement-defined by OID. WA State Non-clinical Testing Guidelines	○ Subcontractor must submit documentation that integrated testing is supported at their agency. ○ Monthly integrated testing monitoring reports will be run by OID Program staff to ensure integrated testing is supported. ○ OID Program staff will monitor test kit procurement & laboratory services at subcontractor sites to ensure integrated testing is supported.
Test kit procurement[9]	Program requirement-defined by OID. WA State Non-clinical Testing Guidelines	○ Test kits procured through OID must be used in the existing contract period. ○ Test kit order volume requested should align with testing data entered into EvaluationWeb or submitted to DOH.
Hours of testing operation	Program requirement-defined by OID	○ Subcontractor will inform OID Program staff of on-site and outreach testing hours and locations. ○ Subcontractor will notify OID program staff of any changes to hours of testing operation
Routine Program[10] & Data Review- *review program data to adjust testing efforts as needed ([11]e.g., shifting*	Program requirement-defined by OID	○ Subcontractor will evaluate testing program efficacy every six months with OID Program staff.

[8] Document progress and or needs in onboarding fully-integrated HIV/STI/HCV testing. DOH/OID is available to support agencies with technical assistance and training.

[9] Rapid Test Kits are available for HIV, HCV testing. Pilot projects may be available for Syphilis testing and Dried Blood Spot testing. Please consult with OID Testing staff for CT/GC testing kits.

[10] How and when will your agency review testing data and testing work?

[11] Test data is required as part of participating in DOH-supported testing projects. Primary methods of reporting data will be through Evaluation Web/Provide, and rapid test kit tracking tools. Additionally, there are LHJ reporting requirements. DOH/OID staff are available for technical assistance and training in completing reporting requirements.

testing locations to reach priority populations)		○ Program revisions may be made and will be reflected in updated program work plan and deliverables.
Data Entry- *Develop strategies to collect and report the required integrated testing variables to DOH*.	Program requirement- defined by OID	○ Agency will enter individualized integrated testing event data into Evaluation Web for the month by the 15th day of the following month ○ OID program staff will review data submitted by subcontractor and meet regularly with subcontractor to discuss