



2020 Supplemental Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: B9 - Prevent Infectious Disease-SSP
Budget Session: 2020 Supp
Budget Level: Policy Level
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Agency Recommendation Summary

Recent state outbreaks of hepatitis A, hepatitis B, hepatitis C, HIV, and syphilis infections disproportionately afflict individuals struggling with homelessness and/or substance use disorders. The Washington State Department of Health requests funding to rapidly scale up evidence-based Syringe Service Programs to prevent the spread and address the outbreaks of drug-related infectious disease.

Fiscal Summary

Dollars in Thousands

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	\$760	\$3,047	\$3,029	\$3,025
Total Expenditures	\$760	\$3,047	\$3,029	\$3,025
Biennial Totals		\$3,807		\$6,054
Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	0.3	1.3	1.3	1.2
Average Annual		0.8		1.3
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$19	\$70	\$69	\$68
Obj. B	\$6	\$30	\$29	\$29
Obj. E	\$310	\$1,245	\$1,229	\$1,226
Obj. N	\$425	\$1,700	\$1,700	\$1,700
Obj. T	\$0	\$2	\$2	\$2

Package Description

Problem Statement

Washington State has made significant strides to invest in upstream and downstream efforts to address the opioid crisis, such as providing medication treatment for opioid use disorder, implementing a prescription monitoring program, and changing health care providers' prescribing practices. However, few resources have been invested in what could be considered efforts to address the "rapids" of substance use, such as Syringe Service Programs (SSP). These programs address the immediate health and safety needs of people actively using drugs and for a variety of circumstances are unable or unwilling to enter treatment or recovery. In addition, few resources have been provided to address the impact of increasing numbers of homeless people and the community concerns raised by visible signs of homelessness, such as improperly discarded syringes and other litter.

The University of Washington estimates there are at least 33,000 state residents who inject drugs and about half of Washington SSP participants are homeless. Recent outbreaks of preventable infections, such as human immunodeficiency virus (HIV), hepatitis A (HAV), hepatitis B (HBV), and syphilis, and a multiyear epidemic of hepatitis C (HCV) in Washington have all been connected to networks of people who use drugs. Similarly, with more than two Washingtonians dying every day due to drug overdose, a vast number of people living in our state have lost loved ones to consequences of the opioid crisis. This community of people is in need of support.

In 2018, King County had an unusual spike in HIV diagnoses among women who inject drugs and men physically intimate with women who inject drugs. By November 30, 2018, 27 cases were identified – a 286 percent increase from 2017. A 2010 study by the federal Centers for Disease Control and Prevention (CDC) found that the lifetime cost of treating an individual with HIV is \$380,000, meaning that this spike alone could cost over \$10 million.

Providing proactive support will create a more accepting community and will avoid long-term loss of work hours and save the state money. Immediate action will prevent further outbreaks that negatively impact the health of our communities avoid unpredictable outbreak response costs.

Proposed Solution

As incidences of drug-related infectious diseases increase significantly and opioid overdoses continue as a leading cause of premature death, scaling up SSPs and related services as part of the state's comprehensive approach to the opioid crisis is essential.

The critical importance of SSPs has been identified by individual agencies within the U.S. Department of Health and Human Services (HHS), including the CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Health Resources and Services Administration (HRSA). The CDC states that "SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes. Providing testing, counseling, and sterile injection supplies also helps prevent outbreaks of other diseases."

Decades of scientific research has shown that SSPs are cost effective programs that combat the spread of infectious diseases and offer a critical resource for connecting some of the most marginalized and vulnerable people in communities to necessary health and social services (see www.doh.wa.gov/sspresearch). This research has also shown that SSPs do NOT contribute to increased drug use or increased crime in communities. In addition, research has shown that SSPs, along with medication treatment for opioid use disorder, are an essential element to efforts to eliminate HIV and hepatitis C. The recognition that SSPs establish valuable

connections with people unlikely to engage with traditional healthcare systems is particularly important to understand in the context of this proposal, which will leverage these relationships to improve individual and community health.

DOH has supported low-threshold syringe exchange activities through purchase of supplies and direct contracts since 1992, when the state Supreme Court declared SSPs a lawful method to implement the public health mandates directing local health officials to prevent infectious diseases. At that time, nearly 75 percent of new HIV infections in the state were attributable to injection drug use. Since then, that proportion has dropped to around five percent.

A recent mathematical model published in *The Lancet* (a medical journal publication) showed that SSPs could have helped avert the 2014-2015 outbreak of HIV in Scott County, Indiana, which was the largest outbreak in United States history and was associated with injection drug use (see reference 1).

Within Washington State, the last five years have seen six SSPs open in counties that previously had no syringe access point, bringing the total number of non-tribal SSPs up to 29. In 2018, at least 20 million syringes were exchanged statewide. This number has been increasing year over year since 2012. In 2019, at least two new SSPs are slated to open their doors.

Yet, SSPs have been chronically underfunded. In Washington State, some programs only have enough resources to open one day a week for a few hours and some programs have to ration essential supplies.

Consequences of not taking action

Given the growth in preventable infections and drug use, the cost increases of trying to cure, rather than prevent, drug-related infectious disease will burden health care systems, including the state's Medicaid program.

Without the funding requested in this proposal, the state may also face community backlash associated with improperly discarded syringes, a deficit in ability to safely dispose of syringes, a rapid dissemination of infectious diseases, such as HIV, viral hepatitis, and syphilis, increases in expensive skin and soft tissue infections like endocarditis and abscesses, as well as increased loss of work hours due to grief of those affected by loss.

Increasing the ability of SSPs to provide comprehensive services and support people secondarily affected by the opioid crisis through the loss of loved ones are urgently needed. A strong funding effort on the part of the state will improve local acceptance of services and create cost-savings in the short and long term.

Assumptions and Calculations

Expansion or alteration of a current program or service:

This request expands the funding to support the state's existing syringe services program.

Currently, DOH has funding to support Drug User Health:

- 2.0 FTE Drug User Health Consultants (one Health Services Consultant (HSC) 4 and one HSC 3) in the DOH Office of Infectious Diseases to provide technical assistance and contractual oversight to SSPs;

- 1.0 FTE Overdose Education and Naloxone Distribution Consultant (HSC 3) in the DOH Office of Infectious Diseases to support naloxone provision by community partners; and
- A portion of a Sexually Transmitted Disease/Adult Viral Hepatitis/Syringe Services Programs Manager (WMS2);

During the 2015-2017 biennium, the total budget of the Office of Infectious Disease for Drug User Health efforts was \$4.6 million. For the 2017-2019 biennium, the total budget of the Office of Infectious Disease for Drug User Health efforts was \$5,895,359.

Detailed assumptions and calculations:

This proposal assumes the need for the following resources:

Staffing and overhead at SSPs

Currently, there are several SSPs in the state that are able to operate only two to four hours per week while seeing between 50 and 80 clients in a given session. These programs often report needing more hours to meet the demand. Additional funds will support an average of 1.0 FTE per SSP. These staff will conduct community engagement activities to improve relationships with stakeholders, targeted outreach and naloxone training, promote linkage to care, and uptake of health services.

Research shows SSPs serve as a valuable pathway towards treatment for substance use disorder when participants are ready to stop using drugs. Meeting their other intermediate needs, like housing, can assist people in their readiness. Health Educators/navigators are needed to conduct risk assessments and infectious disease testing, in addition to providing counseling, education, enrollment in insurance, and supportive referrals as needed.

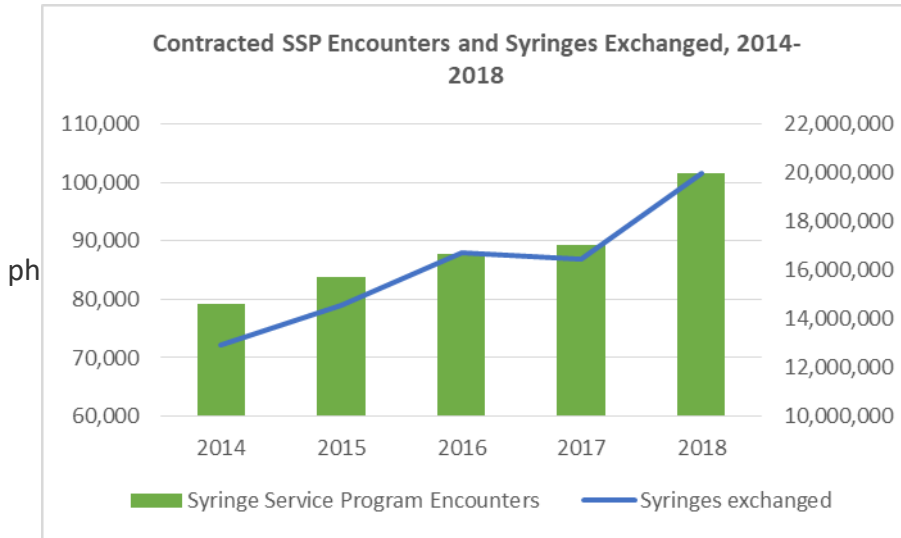
Estimated annual costs for staffing and overhead at SSPs:

- Fiscal year 2021: \$355,000;
- Fiscal year 2020 and beyond: \$1,420,000

Meet demand for infectious disease prevention supplies at SSPs

Access to hygiene supplies such as alcohol swabs, hand sanitizer, toilet paper, deodorant, feminine hygiene, toothbrushes, and even socks are an often ignored but critical component of the services provided by SSPs. Ignoring hygiene increasing incidences of bacterial infections that cause body tissue death (gangrene), skin infections (cellulitis), and heart infections (endocarditis... often caused by poor dental hygiene). Another important consequence of poor dental hygiene is tooth decay (dental caries), which is linked to reduced employment and housing opportunities. Perhaps a less obvious consequence of poor hygiene is

psychological: a reduced sense of dignity. People shy away from public places, including doctor’s offices or



pharmacies, when they know they have

body odor.

A typical syringe costs approximately \$0.08. With nearly 20 million syringes exchanged in 2018, the cost of purchasing syringes alone is more than \$1.5 million annually. Currently, many SSPs must ration supplies due to limited resources. SSPs were asked to provide DOH with supply projections for fiscal year 2020 based on actual calendar year 2018 supply costs.

Aggregate of 11 contracted Washington SSP encounters and syringes exchanged, 2014-2018

Estimated annual cost to provide basic hygiene supplies at SSPs, purchase sterile injecting equipment, including alcohol swabs, bandages, and syringes:

- Fiscal year 2020: \$240,000;
- Fiscal year 2021 and beyond: \$955,000

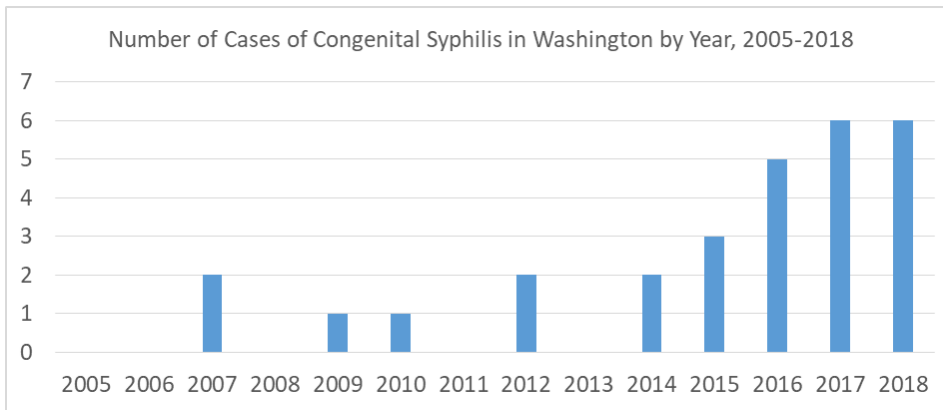
Provide low threshold infectious disease services at SSPs

Adding 0.2 of an FTE Registered Nurse (RN) (hired per diem) and placed in each eligible SSP will be an invaluable resource for syphilis testing and vaccination against hepatitis A and B. Additionally, RNs are trained to identify and triage the severity of wounds and skin and soft tissue infections to ensure interventions are delivered before costly inpatient hospitalization and intravenous antibiotics are needed. This is critical because of the burden of such infections among people injecting drugs. In a 2017 survey of SSP participants conducted by the University of Washington, 41 percent of respondents reported experiencing an abscess in the prior 12 months.

Estimated annual cost of 0.2 FTE RN at each eligible SSP:

- Fiscal year 2020: \$76,000
- Fiscal year 2021 and beyond: \$304,000

Syphilis testing



While syphilis may sometimes go

unnoticed, it poses a great public health risk as it is highly infectious and is often fatal to infants. Congenital syphilis is a growing problem in Washington. From 2016 to 2017, there were as many cases of congenital syphilis as in the previous 10 years combined (see chart below). Current rapid testing technology is limited in its reliability, so venous blood is necessary for accuracy. This requires purchase of supplies to create a hygienic testing environment, a trained phlebotomist or nurse, and fees to support the Public Health Laboratory to perform syphilis testing.

Estimated annual costs for syphilis testing:

- Fiscal year 2020: \$19,000
- Fiscal year 2021 and beyond: \$59,000

Vaccination against hepatitis A and hepatitis B

People using drugs and people experiencing homelessness are at increased risk of hepatitis A and hepatitis B. Both are vaccine-preventable conditions, if left untreated, can cause long-term, high-cost health consequences and increase possible transmission to other people with whom they come into contact. Currently, Washington State has declared an outbreak of hepatitis A statewide. During an outbreak in San Diego, California in 2016 and 2017, the city saw nearly 600 cases of hepatitis A, with over two-thirds resulting in hospitalization (compared to just 20 cases in 2014). Not accounting for the cost of morbidity and mortality, San Diego spent over \$12,000,000 on outbreak response and control, which included emergency management, sanitation, education, and vaccination.

A recent survey conducted in Philadelphia, Pennsylvania's syringe service program reported 51.6 percent of the surveyed 384 people were immune (vaccine or past exposure) and 48.4 percent were susceptible (not immune) to hepatitis A. The survey also showed 40.9 percent were susceptible to hepatitis B. This shows there is a high need for vaccination in the SSP setting.

The funds requested for this no-barrier vaccine program will be used to purchase vaccine and coordinate implementation at SSPs across the state. This will require 0.15 FTE in the DOH's Office of Immunization and Child Profile for ordering, training, and technical assistance; purchasing and storing of vaccine, and delivery of vaccine by RNs at SSPs.

Estimated annual costs:

- Fiscal year 2020: \$70,000;
- Fiscal year 2021: \$309,000; and
- Fiscal year 2022 and beyond: Between \$287,000 and \$291,000

Workforce Assumptions:

See attached financial calculator (FNCAL)

Strategic and Performance Outcomes**Strategic framework:**

End AIDS Washington

- Goal 6: Improve HIV Prevention, Care and Treatment among substance users, including people injecting drugs;
 - Sustain and increase the availability of sterile syringes for people injecting drugs;
 - Develop models of clinical care that improve the success of HIV prevention, care and treatment substance users;
 - Integrate HIV-related efforts to improve the health of drug users with broader efforts to address the prevention, care, and treatment needs of people using drugs, including treatment for hepatitis C infection and efforts to diminish overdose deaths; and
 - Improve the monitoring of morbidity and use of key prevention, care and treatment interventions among drug users.

Hep C Free Washington's Plan to Eliminate Hepatitis C in Washington State by 2030

- Goal 6.1: Support the expansion of syringe service programs and medication treatment for opioid use disorder in areas of the state with limited access to such services;
- Goal 6.2: Improve access to sterile syringes and other injection equipment by sufficiently resourcing syringe service programs so that they can optimize their open hours and implement needs-based supply access;
- Goal 6.3: Explore innovative strategies for improving sterile syringe access in rural and remote parts of the state, including a mail-order service;
- Goal 6.4: Develop educational materials for community members and clinical stakeholders about the benefits of syringe service programs for individual, community, and population health; and
- Goal 6.6: Expand the provision of clinical services, including HCV and other infectious disease screening and diagnostic testing (e.g., HIV testing, HBV testing, testing for sexually transmitted infections), linkage to care services, HCV treatment, vaccination (e.g., against HAV and HBV), wound care, overdose education and naloxone distribution in high-impact settings (settings that serve a high proportion of clientele who inject drugs, such as syringe service programs, substance use disorder treatment facilities, opioid treatment programs, organizations serving people experiencing homelessness).

2018 Washington State Opioid Response Plan

- Goal 2.2.1: Expand low-barrier access to medications for opioid use disorder such as providing buprenorphine in syringe service programs;
- Goal 2.2.2: Pilot new models of care to support primary care in accepting patients who have been induced in low-barrier settings, including syringe service programs, whose care needs are complicated by mental illness, polysubstance abuse and/or living homeless;
- Goal 2.2.5: Expand the use of case managers and care navigators to help patients reduce illicit drug use and improve health by accessing the appropriate level of care and ancillary services for their

opioid use disorder (e.g., Opioid Treatment Program or office-based opioid treatment, substance use disorder counseling, mental health services, tobacco cessation, contraception, or medical care); expanding services to help those with opioid use disorder find stable housing:

- Goal 3.1.2: Scale up and sustain naloxone distribution through syringe service programs;
- Goal 3, strategy 3: Support and increase capacity of syringe services programs to provide infectious disease screening services and overdose education and naloxone, and engage clients in health and support services, including housing;
- Goal 4.3.3: Develop a plan to use additional data sources (e.g., EMS (WEMESIS) data, and other sources) to support public health surveillance and impact assessment; and
- Goal 4.3.13: Develop an information brief on the infectious disease consequences of the opioid crisis.

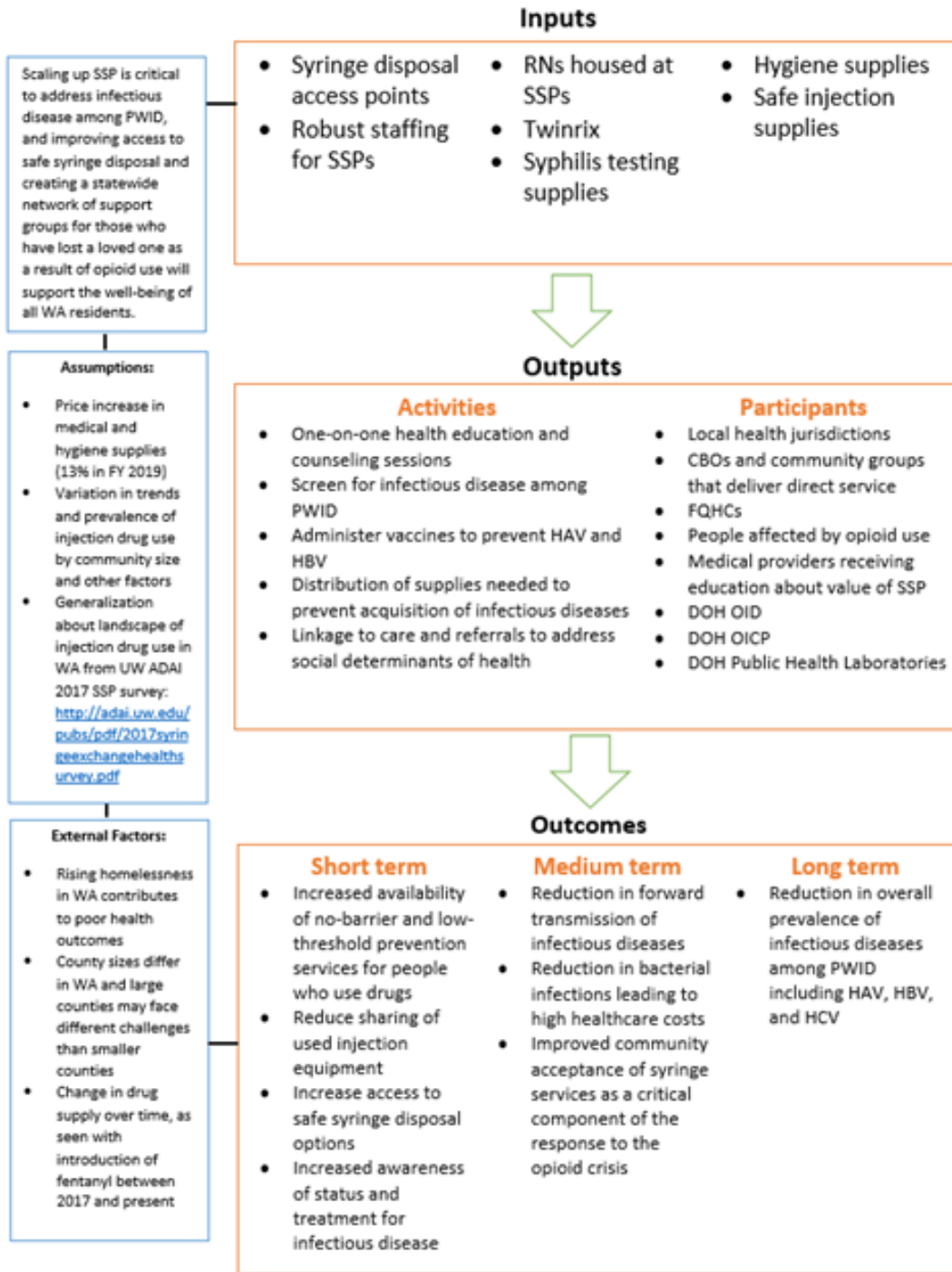
Results Washington recognizes that a vital component of ensuring access to quality healthcare is providing culturally competent care. The value of bringing health care directly to high risk populations has been documented broadly, and while vaccination can occur in a primary care setting, syringe service programs are frequently a primary healthcare touchpoint for people who inject drugs.

The DOH Strategic Plan identifies “ensuring the safety of our environment” as a key component of Goal 1: Protect everyone in Washington from communicable diseases and other health threats, which is the foundational purpose of SSP.

Performance outcomes:

Intertwined public health crises require an integrated response with delivery systems that have been proven to be successful. Community-based health care service delivery has been a vital strategy in addressing overdose fatality, hepatitis C linkage and treatment, and abscess prevention for people who inject drugs. To prevent further impact of infectious disease on Washington, as well as to mitigate harm

caused by the loss of people in Washington to opioid use, performance will be measured in terms of engagement of people who inject drugs and population level health outcomes.



Other Collateral Connections

Intergovernmental:

Tribal, regional, county, and/or city governments may be interested in working with DOH’s Environmental Public Health division on implementing a safe sharps disposal program within their community. This may involve requesting technical assistance, kiosk placement, and/or community engagement to develop buy-in for the local program rollout.

Stakeholder response:

Despite the scientific evidence showing the public health benefits of SSP, there continues to be a vocal minority opposing their existence. This minority group often seeks limitations on SSP activities, which has historically led to interruptions in service as well as other detrimental impacts that are less measurable, such as loss to follow-up of at-risk individuals.

Legal or administrative mandates:

On October 7, 2016, Governor Inslee signed Executive Order 16-09 to address the opioid use public health crisis. This request will allow successful implementation of the following goals:

- Goal 2, Strategy 2e: Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs;
- Goal 3, strategy 1: DSHS and DOH will work with the UW/ADAI and other partners, including local public health officials, to educate heroin and/or prescription opioid users and those who may witness an overdose, on how to recognize and respond to an overdose. State and local data systems will be enhanced to document opioid overdose occurrence and response; and
- Goal 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

In addition, the Governor's Directive 18-13 "Eliminating Hepatitis C in Washington by 2030" calls for a comprehensive plan to eliminate the public health threat of hepatitis C in Washington by 2030. Improving access to SSPs is a key recommendation in the Hep C Free Washington plan to eliminate hepatitis C.

Changes from current law:

This request does not require any changes to statutes.

State workforce impacts:

This request does not impact state workplace needs.

State facilities impacts:

This request does not impact state facility needs.

Puget Sound recovery:

This request is not related to Puget Sound recovery efforts.

Reference Documents

- PL B9 Prevent Infectious Disease-SSP-FNCAL.xlsm
- Prevent Infectious Disease-SSP-Other Sources and References.docx
- SSP Line Item Budget.xlsx
- SSP OID Spending Since 2015.xlsx
- SSP Supply Projections.xlsx

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No