



## Cowlitz County Health & Human Services Departments

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### Board of County Commissioners

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## PLAN FOR SYRINGE EXCHANGE CHANGES AS REQUESTED BY THE BOARD OF HEALTH

### Timeline

June 27, 2017	Board of Health Meeting
July 27, 2017	Written plan due to Board of Health ( <i>submitted 7/26/2017</i> )
Sept 25, 2017	Deadline for plan implementation

The following plan was created in response to a resolution passed by the Cowlitz County Board of Health (BOH) on June 27, 2017. The BOH operational criteria were drafted without formal input from Cowlitz County Health & Human Services (CCHHS), the department responsible for the Cowlitz County syringe exchange program (SEP).

This plan fully complies with the BOH requirements in an effort to maintain this important preventive service in Cowlitz County. The plan also attempts to meet CCHHS's statutory and ethical obligations to provide syringe exchange services that are safe for staff as well as clients.

In addition to meeting quarterly disease reporting requirements for the BOH, CCHHS will conduct ongoing internal reviews of program operations that will assess staff and client safety and assure that the program is serving its intended purpose of 1) keeping used syringes out of public spaces 2) lowering the risk of infectious diseases among people who inject drugs and 3) facilitating entry into drug treatment for those individuals who are ready.

CCHHS will begin planning for the implementation of the changes described below upon submission of this plan. Changes will be implemented by September 25, 2017, unless otherwise indicated or requested by the BOH.

### 1) Accurately implement a true one-for-one syringe exchange

*Effective September 1, 2017, CCHHS will change the operational procedures of SEP in order to implement a "true one-for-one" syringe exchange. Messaging will be created to give advanced notification to CCHHS staff and SEP clients of changes being made to operational procedures. Changes will include:*

- a. SEP staff will discontinue using common safety practice based on container capacity for counting syringes brought in for exchange*

- b. *SEP staff will give one clean syringe for every one syringe turned in, with a maximum of 80 syringes given to each client per visit*
- c. *SEP staff will continue to collect all used syringes in excess of 80 and dispose of them through a regulated medical waste company*

**2) Report on a quarterly basis whether there is an increase in the number of participants actually provided medical assessments and entering treatment for substance use disorders**

*Beginning September 1, 2017, CCHHS will track the number of clients that engage in a face-to-face outreach encounter with a Family Health Center (FHC) chemical dependency professional (CDP) during SEP. While CCHHS will be able to report the number of face-to-face encounters with an FHC CDP, there are certain numbers that CCHHS will be unable to track and report back to the BOH.*

*CCHHS will be unable to directly report the number of clients that enter into a program for substance use disorder (SUD) treatment services. After consultation with the Great Rivers Behavioral Health Organization, it was found that doing so would be a violation of special privacy protections related to alcohol and drug abuse patient records by 42 Code of Federal Regulations Part 2 (42CFR).*

*Previously, when CCHHS managed government funded SUD treatment contracts, a voluntary survey was conducted in collaboration with local SUD treatment agencies. This survey gathered voluntary information from individuals that were enrolled in outpatient SUD services. The survey included questions related to use of the SEP program. While CCHHS no longer manages government funded SUD treatment contracts, CCHHS will work to collaborate with SUD treatment agencies to conduct a similar survey. Participation by SUD agencies as well as by clients can only be voluntary. If such a survey takes place, a report of the survey results will be submitted to the BOH.*

**3) Report on a quarterly basis the number of IV drug use-related infections disclosed by the medical community**

*Beginning September 1, 2017, CCHHS will make an effort to report quarterly to the BOH, the number of newly diagnosed cases of HIV, Hepatitis B, and Hepatitis C cases in Cowlitz County in which IV drug use is a reported risk factor. This reporting will take into account legal considerations related to individual medical privacy.*

*It is important to note:*

- a. *Washington Administrative Code Chapter 246-101 requires that health care providers, labs, and others report new cases of HIV, Hepatitis B, and Hepatitis C to CCHHS.*
- b. *The law does not require reporting entities to include the IV drug use status of the individual in their reports.*

- c. *If the IV drug use status is known via the reporting entity or through routine disease investigation it will be included in the report to the BOH.*
- d. *IV drug use is one of several risk factors for acquiring HIV, Hepatitis B and Hepatitis C. It can be difficult to establish IV drug use as the cause of a particular individual's infection.*
- e. *When the number of specific disease reports is less than 5 per quarter CCHHS cannot include additional information in publicly available reports in order to protect individual medical privacy.*

#### **4) Reduce the individual allotment of syringes at any one time to 80**

*Effective September 1, 2017, regardless of the number of used syringes turned in, each client will receive one clean syringe for every one syringe turned in, with a maximum of 80 syringes to be given to any one client per visit. Clients will only be allowed to exchange for themselves and will not be allowed to exchange for others.*

*While clients will be given no more than 80 new syringes per visit, CCHHS will continue to collect all syringes brought in, even in excess of 80, and will dispose of them through the usual medical waste service company. CCHHS will track the number of syringes collected as well as the number of syringes distributed.*

#### **5) Prohibit the issuing of "starter kits."**

*CCHHS previously discontinued the distribution of prevention packs in May of 2017 and will continue the practice of not providing these packs.*

#### **Future Needs**

*Currently, SEP is open for less than three hours per week and many clients exchange for other clients during their visit. Allowing clients to exchange for others is a common practice at SEPs across the country. It is likely that prohibiting clients from exchanging for others will cause CCHHS to see a need to increase the hours and/or days per week of SEP due to an increase in clients. In addition, the counting of each individual syringe turned in will increase the time needed for each client to receive services. These operational changes may cause clients to be turned away at the end of the scheduled hours. If this situation occurs, CCHHS will need to reassess staffing time, resources, and funding levels and determine the feasibility of deploying additional resources to SEP.*

## **ADDITIONAL INFORMATION**

### **Utilizing Community Resources**

*Through partnerships with various community agencies, CCHHS has utilized community resources to add and expand ancillary services at SEP. CCHHS will continue efforts to incorporate other risk reduction strategies, referrals to medical care, housing, mental health*

counseling, health insurance navigation, and alcohol and drug treatment linkage into SEP operations.

### **SUD Treatment Opportunities**

*For many years, SEP was operated out of the CCHHS building on 9th Avenue in Longview. At that time, CCHHS employed a Social Worker through HIV funding to engage clients at SEP and discuss treatment options. The Social worker could enroll clients into treatment and arrange inpatient “bed dates” for SUD treatment. As a result of budget cuts, in 2011 the CCHHS Social Worker position was eliminated and this practice was discontinued.*

*In 2012, the physical location of SEP was changed to Drug Abuse Prevention Center (DAPC) in Kelso. Clients continued to be asked if they were interested in information regarding SUD treatment options. At that time, if DAPC staff were available, clients could meet face to face with a CDP. From 2012 to 2015, when asked if they were interested in information regarding SUD treatment options, clients were given informational pamphlets when a CDP was not available for a face-to-face meeting.*

*Since the merger of FHC and DAPC in 2015, CCHHS has been able to partner with FHC to allow clients receive face-to-face engagement with an FHC CDP for treatment information on-site, at the time of exchange. With the implementation of a new database, this interaction will be noted in the database at the time of service.*

### **Seasonal Flu Vaccinations**

*Since 2015 CCHHS has partnered with local pharmacies to bring flu vaccine clinics to SEP during flu season. While most flu vaccinations were billed to insurance, Cowlitz County residents who accessed SEP and were uninsured were able utilize the Cowlitz County FISH flu vaccine program for uninsured.*

### **HIV Testing and Counseling**

*An agency called Lifelong, with an office in Longview offers services that enhance the quality of life in the community for those disproportionately affected by health risks such as HIV. After many months of negotiation, in early 2017, CCHHS entered into an agreement with Lifelong to provide HIV Testing, Counseling, and Case Management Services to clients, onsite, at SEP, on the first Friday of every month.*

### **Naloxone**

*Naloxone, commonly known as Narcan, is a drug used to reverse the effects of an opiate overdose. CCHHS is continuing efforts towards implementation of a Naloxone program for SEP clients. Many SEPs provide overdose rescue kits containing naloxone for free to exchange clients.*

*Naloxone kits are not simply just given to clients without guidelines and training. Physicians must issue prescriptions or standing orders for the distribution of Naloxone. In addition, staff tasked with distributing these kits to clients must be trained in protocols and guidelines*

*for distribution and use. All recipients of kits must also receive training prior to leaving the premises.*

*Due to the complexities of training staff and clients, Cowlitz County has not yet implemented this program. Conversations began in the fall of 2016 with local pharmacies to explore opportunities to provide Naloxone or vouchers for Naloxone at SEP. Looking for additional options, CCHHS is also exploring a partnership with FHC to provide Naloxone and the required Naloxone client education at SEP.*

### **Database**

*There is no standard database for use in Washington State to collect SEP data. The Cowlitz County SEP database as of June 2017, is an antiquated version of a Microsoft Access database. This antiquated database is difficult to work with and causes difficulty in reporting. This database was given to Cowlitz County by Clark County Public Health (CCPH) in the mid-2000's when the two counties received joint funding for HIV prevention services.*

*For the past year, CCHHS has been working with CCPH to implement an upgraded database. The database upgrades were recently completed by CCHP. CCHHS staff have been oriented to the upgraded database. Prior to implementation of the database, CCHHS will customize fields to meet Cowlitz specific needs and will train staff on proper use of the database. CCHHS expects to implement the new database by September 1, 2017, contingent upon IT compatibility and other time constraints.*

### **Safe Disposal of Syringes in the Community**

*To meet community need, in June of 2017 FHC began opening from 12:00-1:00 each day to accept syringes for disposal.*

*The CCHHS website includes a video for the public to view regarding proper handling of used syringes. CCHHS also has pamphlets available describing safe disposal of used syringes. Pamphlets are available at SEP and at CCHHS.*

### **Age of clients**

*SEP is a disease prevention and harm reduction program and as such has historically followed the same age guidelines as healthcare laws for sexually transmitted infections and similarly SUD treatment. Based on RCW 70.24.110, any person 14 and older can give consent for STD diagnosis and treatment without permission from a parent or guardian. In addition, RCW 70.96A.095 permits persons 13 and older to give consent for himself or herself to enroll in outpatient SUD treatment programs.*

*Any individual arriving to exchange syringes, whose birthday places them under the age of 18 is referred to an FHC staff member for discussion on harm reduction, disease prevention, and referral to additional resources. In addition, all licensed staff are mandatory reporters as stated in RCW 26.44.040 and are required to report suspected abuse or neglect of a minor to local child protective services.*

**University of Washington Substance Use Survey**

*Some of the data referenced in the June 27 BOH discussion related to SEP came from the 2012 and 2015 surveys done in cooperation with the University of Washington (UW) Center for Opioid Safety Education; Alcohol and Drug Abuse Institute and CCHHS staff. CCHHS is again participating in the UW survey during the summer of 2017 in an effort to better capture the face, needs, and issues of substance use in the community. It is anticipated that the 2017 survey results will be available in mid to late September 2017. CCHHS hopes to use this information along with other information to continue to address the substance use challenges in Cowlitz County that we collectively face as a community.*