



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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MEMORANDUM

TO: Dean L. Cameron, Interim Director

FROM: Monica Young, Program Manager *Monica Young*

DATE: April 18, 2024

SUBJECT: Investigation of DHW's Syringe Exchange Program

On Feb. 15, 2024, you directed that I conduct a review of the Department's Syringe Services Program (SSP), housed in the Division of Public Health (DPH), including: review of DPH's SSP subgrantee origination and monitoring practices, DPH's operations of the syringe exchange program, and practices and interactions between DPH and personnel of the Idaho Harm Reduction Project (IHRP). This document details work completed and highlights significant findings and recommendations.<sup>1</sup>

While I was conducting my review, the 2024 Legislature voted to repeal the Syringe and Needle Exchange Act. This investigation continued in the interests of transparency, maintaining and implementing appropriate internal controls, and demonstrating the Department and DPH take program oversight seriously.

Ultimately, after eight weeks of investigation, it became clear there were many opportunities for improvement. Fundamentally, I discovered a distinct disconnect between DPH leadership and DPH program staff operating the syringe exchange program. Program staff cited the Syringe and Needle Exchange Act's purpose of preventing disease transmission and reducing overdose deaths as indications that evidence-based harm reduction techniques were appropriate. Meanwhile, DPH leadership perceived the Act narrowly, as strictly a syringe/needle exchange and not necessarily legislative endorsement for widespread harm reduction activities. This gap had gone unidentified until now.

During my 23 years working with employees and management in DPH, the level of independence and decision-making by the SSP staff was unprecedented. I speculate that,

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<sup>1</sup> Minor findings and recommendations are not included herein but were passed along to management during my review.

with the syringe exchange program beginning at the onset of the pandemic, leadership was focused on statewide pandemic response rather than SSP operational details, leading to an environment where the inconsistent interpretations manifested other challenges.

### Background

In 2019, the Legislature passed the Syringe and Needle Exchange Act (hereafter, "Act", Attachment 1), making it legal for entities to have and provide syringes, needles, and other supplies necessary for operating a syringe/needle exchange program. Generally speaking, legislators cited the following reasons for the Act:

- To prevent the transmission of disease and to reduce morbidity and mortality among individuals who inject drugs;
- To try to get people treatment;
- To reduce needlestick injuries to the public, first responders, and among sanitation workers; and
- To achieve healthcare savings due to the infection prevention that results from syringe exchange programs.

Syringe/needle exchange services are part of a larger evidence-based practice known as harm reduction, which is described by the Substance Abuse and Mental Health Services Administration (SAMHSA) as, "an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives. Harm reduction is a key pillar in the U.S. Department of Health and Human Services' Overdose Prevention Strategy." Discussion of harm reduction and the extent to which legislators intended to embrace it was not among the publicly available hearings and debates.

The Syringe Exchange Program operates within the Division of Public Health (DPH). Syringe Services Providers (SSPs) need not register or be otherwise approved by DPH, but may apply for funding from DPH to support operations. All SSPs, regardless of whether they receive funding through DPH, must provide data annually to DPH (Attachment 2), and DPH must provide bi-annual reports to the Legislature (Attachments 3 and 4). (Refer to the appendix of this memo for a consolidated table of SSP data.) There are nine SSPs in Idaho, five of whom receive funding through subgrants with DPH. DPH recommends that all SSPs follow the Operating Recommendations and Requirements published by DPH (Attachment 5), but SSP subgrantees must follow those Requirements and the scope of work in their subgrant. SSP subgrantees have a variety of funding sources, of which DPH is just one.

One of those subgrantees is the Idaho Harm Reduction Project (IHRP). IHRP subgrants with DPH to 1) operate a SSP and 2) provide capacity-building for other SSPs.<sup>2</sup>

On February 13, 2024, law enforcement activity occurred at IHRP's Boise and Caldwell offices. The following day, IHRP Executive Director Marjorie Wilson and her attorney

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<sup>2</sup> IHRP also had a subgrant with DHW's Division of Behavioral Health to establish a low-barrier buprenorphine clinic. That subgrant was scheduled to end later this year, but DBH is exercising its contractual option to cancel the contract early.

contacted DPH and informed a DPH SSP program employee that IHRP's best legal defense would be to shift blame to the Department and apologized. The IHRP website was updated to say, "We have done our public health work in the full light of day – with the full knowledge of the Department of Health and Welfare – and look forward to this issue being resolved."

Based in part on those comments, you paused payments to SSPs and all payments to IHRP and directed that I investigate.

### Investigation

This investigation included review of DPH's SSP subgrantee origination and monitoring practices, DPH's operations of the syringe exchange program, and practices and interactions between DPH and IHRP personnel. Work included:

- Review of 2019 legislative hearings related to Idaho's Syringe and Needle Exchange Act;
- Review of over 6,300 emails between DHW and IHRP;
- Interviews of DPH Syringe Services Program (SSP) staff, DPH leadership, Division of Behavioral Health staff, and other DHW staff;
- Compliance reviews on the two IHRP subgrants with DPH, conducted by DPH federal compliance experts;
- Reviews by Division of Management Services (DMS) staff in the Contracts and Procurement Services (CAPS) unit to determine whether agency policies and procedures were correctly followed on the front-end in establishing the SSP subgrants and also the IHRP subgrant with the Division of Behavioral Health;
- Review of subgrant documents, amendments, monitoring documents, etc.;
- Research on SSPs in general, Idaho SSPs in particular, and harm reduction;
- Review of some (perhaps not all) available online training/presentations by IHRP; and
- On-site visits to five SSP providers in Idaho, both funded and non-funded by DPH.

### SSP Site Visits

The five site visits included: Allies Linked for the Prevention of HIV and Aids (ALPHA), El-Ada Community Action Partnership, North Idaho Alliance of Care (NIAC), Pocatello Free Clinic, and Trivium.<sup>3</sup> All five organizations have existed for decades, long before Idaho's Syringe and Needle Exchange Act was passed. All offered services beyond needle exchange, such as: free or low cost testing for HIV, hepatitis, and other diseases coupled with treatment or linkage to treatment for those who test positive; on site therapy or counseling or referral; food pantry; free clothing and cold weather supplies; direct assistance or referral to assistance for obtaining additional services such as Medicaid or other insurance, housing, and other services; medication management and medication-assisted opioid use disorder treatment.

These organizations spoke of their partnerships with other organizations in their communities and with law enforcement. They indicated they did not share the same disdain

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<sup>3</sup> IHRP shuttered its doors after the Feb. 13 police activity and was therefore unavailable for a site visit.

for law enforcement that was demonstrated by IHRP employees during a panel discussion at the Intermountain West Harm Reduction Conference in 2023.<sup>4</sup> Moreover, these SSPs emphasized that they believed their operations had been operating legally.

### Observations and Findings

Observations and findings include:

1. **No Definition of Supplies** - The Act specifies, “An entity may procure supplies needed to operate a syringe and needle exchange program...” However, approved “supplies” were not defined in the Act nor the Operating Recommendations and Requirements published by DPH. As a result, DPH personnel and SSPs alike questioned which supplies were appropriate to purchase/possess and which supplies were appropriate for payment/reimbursement.
2. **Supplies Other than Needles/Syringes: Cookers** - Nationally recognized experts emphasize providing clean, sterile supplies, not just needles/syringes, to intravenous drug users as part of an SSP. Among those experts, the Centers for Disease Control and Prevention (CDC) highlights the need for sufficient quantities of safe injection equipment<sup>5</sup> and notes that cookers (containers used to mix and heat powdered and solid drugs for injection) and other “equipment involved in injecting drugs” are “typically distributed along with syringes at an SSP to prevent bloodborne disease transmission.”<sup>6</sup>
  - a. DPH program staff purchased aluminum rinse caps, or cookers, one time early in the program’s implementation (\$516, paid with dedicated funds, not federal funds). DPH staff reported they did not continue purchasing these items because they were unsure if that was acceptable.
  - b. DPH program staff did not ask DPH leadership for direction or clarity about purchasing or reimbursing for cookers.
  - c. DPH program staff email communications to SSPs condoned or endorsed obtaining and providing cookers, and even implied DPH would reimburse for cooker purchases.
  - d. Review of documentation confirmed that DPH reimbursed SSPs for cookers, at least in some cases. That said, many invoices, and particularly invoices from IHRP, lacked sufficient detail/itemization to determine what was purchased and subsequently reimbursed.
  - e. DPH program staff reported they felt the decision to purchase and distribute cookers was up to the individual SSPs, and DPH program staff were “simply meeting their [SSPs’] needs.” Until it was pointed out to them, DPH program staff did not see how their communications could imply support for purchasing and being reimbursed for cookers.
  - f. DPH leadership was unaware that cookers were purchased, condoned, recommended, or reimbursed.

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<sup>4</sup> <https://vimeo.com/870928685/ccbf1b71a1?share=copy>

<sup>5</sup> CDC Stimulant Guide found at: <https://www.cdc.gov/drugoverdose/featured-topics/stimulant-guide.html>

<sup>6</sup> CDC Syringe Services Programs, A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation, 2020, found at: <https://www.cdc.gov/ssp/index.html>

3. **Supplies Other than Needles/Syringes: Fentanyl Test Strips** – Fentanyl test strips are legal for the purpose of testing whether a person has fentanyl in their system. As illicit drugs became increasingly laced with fentanyl, harm reduction experts recommended fentanyl test strips be provided to persons using drugs so they could test their drugs for fentanyl, therein reducing overdose deaths.<sup>7 8</sup> In 2021, DHW program staff in the Divisions of Behavioral Health and Public Health jointly sought legal guidance related to whether such use was permissible or would run afoul of Idaho’s drug paraphernalia laws. There was disagreement whether use of the term “supplies” in the Act was “enough of an opening to allow fentanyl test strip distribution” for this purpose. Ultimately, legal recommended DHW pursue legislation allowing fentanyl test strips to test drugs for the presence of fentanyl.
- a. DPH program staff indicated they did not directly purchase fentanyl test strips at any time.
  - b. After receiving the legal advice, DPH program staff did not ask DPH leadership for direction nor clarity about reimbursing SSPs for fentanyl test strips to test drugs for the presence of fentanyl.
  - c. DPH program staff email communications and actions to SSPs condoned, endorsed, and supported obtaining and providing fentanyl test strips in safe injection kits, and even implied that DPH would reimburse for fentanyl test strip purchases. For example, even after receiving the 2021 legal advice related to fentanyl test strips, DPH paid for printing of materials related to fentanyl test strips, such as “How to test for Fentanyl” cards in 2023.
  - d. Review of documentation confirmed that DPH reimbursed for fentanyl test strips, at least in some cases, even after receiving the 2021 legal advice. That said, many invoices, and particularly invoices from IHRP, lacked sufficient detail and itemization to determine what was purchased and subsequently reimbursed.
  - e. DPH program staff reported they felt the decision to pursue purchase and distribution of fentanyl test strips was up to the individual SSPs, and DPH program staff were “simply meeting their [SSPs’] needs.” Until it was pointed out to them, DPH program staff did not see how their communications could imply support for purchasing and being reimbursed for fentanyl test strips.
  - f. DPH leadership was unaware that DPH staff were endorsing and supporting this use of fentanyl test strips to test drugs for the presence of fentanyl.
4. **Supplies Other than Needles/Syringes: Injection Alternatives** - Included among harm reduction principles is replacing intravenous injection drug use with smoking or other non-injection drug use as a method to decrease the use of drugs, prevent the spread of infectious disease from intravenous drug use, reduce harm to veins, and offer an additional opportunity to interact with the person in an effort to progress to treatment.

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<sup>7</sup> CDC Stimulant Guide found at: <https://www.cdc.gov/drugoverdose/featured-topics/stimulant-guide.html>

<sup>8</sup> SAMHSA Harm Reduction Framework found at: <https://www.samhsa.gov/find-help/harm-reduction/framework>

IHRP established a program referred to as an Injection Alternative Program, and during the Intermountain West Harm Reduction Conference in 2023 (which was recorded), stated they practiced “radical harm reduction.” Their conference program included a pamphlet detailing their Injection Alternative Program offerings, consisting of: Safer Crack Smoking; Safer Hot Rails; Safer Crystal Smoking; Safer Heroin Smoking; Safer Snorting; and Safer Boofing. Kits containing supplies (i.e., pipes; instruction cards) for each of these injection alternatives were available from IHRP.

Based on review of email and their conference presentation, pursuant to IHRP’s capacity-building grant activities, IHRP’s mentorship to other SSPs included use of injection alternatives as a harm reduction tool. Not all SSPs offered injection alternatives.

- a. DPH program staff indicated they did not directly purchase pipes at any time.
  - b. DPH program staff did not ask DPH leadership or the Office of the Attorney General for direction or clarity about purchasing or reimbursing for injection alternative supplies (i.e., pipes).
  - c. DPH program staff email communications to SSPs appeared to condone or endorse purchasing supplies needed for injection alternatives, and even implied DPH would reimburse for injection alternative supplies.
  - d. Review of documentation confirmed that DPH program staff reimbursed for injection alternative supplies (i.e., pipes), at least in some cases. That said, many invoices, and particularly invoices from IHRP, lacked sufficient detail/itemization to determine what was purchased and subsequently reimbursed.
  - e. DPH program staff indicated they were aware IHRP and some other SSPs offered injection alternative programs but, similar to fentanyl test strips, they left decisions on whether to offer an injection alternative program to individual SSPs. Until it was pointed out to them, DPH program staff did not see how their communications could imply support for purchasing and being reimbursed for pipes or injection alternative supplies.
  - f. DPH leadership was unaware that injection alternative program supplies were being utilized by SSPs, encouraged by DPH program staff, and reimbursed by DPH.
5. **Supplies Eligible for Payment/Reimbursement with Federal Funds** –Federal funds may not be used to purchase/reimburse for needles/syringes or cookers. There was confusion among DPH program staff about which supplies were eligible for payment or reimbursement with federal funds.
- a. DPH program staff initially noted only syringes/needles were excluded from payment with federal funds.
  - b. DPH program staff indicated that, when processing invoices for reimbursement for harm reduction supplies, they would inquire if the purchase included syringes/needles, to ensure that federal funding sources were not inappropriately charged.
  - c. DPH program staff were not inquiring if the purchase included cookers.

- d. While most harm reduction supply charges were not paid with federal funds, it is possible that, by not confirming each purchase did not include cookers, federal funds may have inappropriately reimbursed for cookers.
6. **Printing** - DPH program staff received, printed via DHW's contract with a local printer, and paid for printing of various documents from IHRP and other SSPs, such as the "How to test for Fentanyl" cards described earlier. Included in the documents DPH program staff paid to print were the following cards IHRP used in their injection alternative kits: Safer Crack Smoking; Safer Hot Rails; Safer Crystal Smoking; Safer Snorting; and Safer Boofing. DPH program staff described this as "in-kind" printing. (IHRP's conference pamphlet referenced in #6 above was not printed, reviewed, or approved by DPH staff.)
- DPH has a rigorous document review policy and process (Attachments 6 and 7). DPH staff did not route "in-kind" documents via that process, unbeknownst to DPH leadership.
  - Upon seeing the printouts related to injection alternatives, DPH leadership stated printing would have been denied.
  - The cost of these "in-kind" print jobs were not charged against the SSP's subgrant.
7. **Alternative Uses of SSPs** - During the Feb. 28, 2019 House hearing, Rep. Blanksma was asked if diabetics could exchange needles via the SSP or if that would be "not a program for them." Rep. Blanksma said, "There's no exclusion on diabetics." In 2021 and 2022, SSPs inquired to DPH program staff about providing syringes/needles for transgender hormone replacement therapy.
- DPH program staff indicated that, early on in the syringe exchange program's development, there were discussions that people could need sterile syringes and need to dispose of used syringes for a variety of reasons and they (DPH program staff) were, "supportive of whatever people need."
  - DPH program staff did not ask DPH leadership for direction nor clarity about allowing SSPs to provide syringes/needles for hormone replacement therapy.
  - DPH program staff approved the use of SSPs for hormone replacement therapy supplies (i.e., needles/syringes; sharps containers) and provided guidance related to the types and sizes of needles that might be appropriate.
  - DPH leadership was unaware that SSPs may have been providing supplies for transgender hormone replacement therapy.
8. **Conflicts of Interest** - During the course of this review, two DPH employees were identified as having an interest in IHRP that was unrelated to their DPH jobs. Neither employee worked in the SSP program.
- One employee was simultaneously a college student and, as part of the college program, completed an internship with IHRP. This was done outside of DPH employment hours. A request for Approval for Outside Employment or

Outside Activity form was not completed, so a thorough review of potential conflicts of interest did not occur.

- b. The second employee co-founded IHRP. That employee did submit the Request for Approval for Outside Employment or Outside Activity form, noting, "I am the co-founder of a 501(c)(3) nonprofit organization called Idaho Harm Reduction Project (IHRP). All work done with IHRP is on my own time." This request was reviewed by two deputies attorney general and ultimately approved by now-retired Division of Public Health Deputy Division Administrator Dieuwke Disney-Spencer with the stipulation, "The program should reassess the situation with each contract or amendment." That Outside Employment Request was submitted later than it should have been, and although there were seven amendments to the IHRP subgrant, no subsequent conflict of interest reviews occurred.

### Recommendations

During the course of my review, the Legislature repealed the Act, a key DPH employee supporting SSPs resigned, and observations, findings and recommendations were shared real-time with DHW and DPH management, therein allowing management to immediately implement corrective actions. Recommendations and status include:<sup>9</sup>

1. The Act is repealed effective July 1, 2024. For the remainder of the Act's effectiveness (thru June 30, 2024), DPH leadership should:
  - a. Determine what "supplies" are considered allowable within the Act, both related to safe injection and also to injection alternative programs, and also what funding (state or federal), if any, may be used to purchase/reimburse the various supplies for these purposes.
  - b. Payments have been held during this review. Determine how to handle those in light of this review's findings.
  - c. In alignment with the Legislature's repeal of the Act, determine how to close out SSPs.
  - d. Document those decisions accordingly to provide clarity for both DPH staff and SSPs.

*This recommendation has been implemented:*

- a. *DPH has exercised its contractual option to cancel its contract with IHRP early.*
- b. *DPH leadership, in collaboration with Interim Director Cameron, has established a process to resume review and payment of appropriate invoices held during this investigation and implemented a process to ensure*

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<sup>9</sup> Some would-be recommendations are unnecessary due to agency-wide actions, unrelated to this review. DHW already has an ongoing project to implement document retention policies and procedures, which would have otherwise been noted herein. Also, DHW's Conflicts of Interest policy and process was recently updated and now requires all employees to, annually, review and confirm in writing whether any conflicts of interest exist.



*transparency and approval of appropriate purchases/reimbursements. Refer to Attachment 8.*

2. DPH leadership should review their document approval policy and matrix to determine if clarification, changes, and staff training are warranted.

*This recommendation is in process. DPH leadership review of the policy and matrix in response to this review has begun and is ongoing.*

3. Provide training on appropriate and necessary supporting documentation to employees who monitor contracts and/or approve payments.

*This recommendation is in process:*

- a. *In a Senior Leadership Team meeting, Interim Director Cameron directed Department leadership to ensure that appropriate itemization and/or supporting documentation was included to support payment.*
- b. *In March 2023, contract managers and monitors agency-wide completed contract/grant training, which included training on this topic.*
- c. *Agency-wide, all contract managers and monitors must complete annual contract/grant training.*
- d. *Effective May 2024, DPH is supplementing the agency-wide training with new hire training required for all contract managers/monitors within 30 days of hire.*

4. Provide training as needed to correct deficiencies related to the compliance and CAPS reviews.

*This recommendation is in process:*

- a. *In March 2023, contract managers and monitors agency-wide completed contract/grant training, which included training on areas found deficient in the compliance and CAPS reviews.*
- b. *Agency-wide, all contract managers and monitors must complete annual contract/grant training.*
- c. *Effective May 2024, DPH is supplementing the agency-wide training with new hire training required for all contract managers/monitors within 30 days of hire.*

5. Employees assigned to create/implement new programs should watch the recorded legislative hearings related to the new programs.

*This recommendation has been implemented. DPH now requires that staff watch legislative hearings (or recordings) related to programs they are assigned to manage.*

6. DPH leadership should review practices to ensure sufficient program oversight, particularly of politically sensitive programs.

*This recommendation is in process.*

- a. *DPH leadership has begun discussions on how to ensure appropriate and necessary monitoring and follow-up occur division-wide.*
- b. *DPH leadership has set specific corrective actions and follow-up requirements for staff throughout the SSP hierarchy.*

7. DPH leadership should work with Division of Management Services (DMS) staff to ensure appropriate processes occur and documentation is maintained related to the "in-kind" services described by DPH staff (i.e., printing; purchases of some supplies).

*This recommendation is in process. DPH and DMS leadership are both aware of this and agree to work together in the future to resolve. To date, there has been one meeting to provide background related to this.*

8. DPH leadership should consider implementing training on establishing and maintaining boundaries between staff and clients, which is commonly offered and/or required in some other DHW divisions.

*This recommendation is in process. DPH leadership agrees that boundaries training may be helpful for staff and will be examining options to provide it.*

DHW Internal Review of DHW's Syringe Exchange Program  
Appendix

Idaho Syringe Exchange Programs

Item Reported	Reporting Period			
	SFY Jul 2019 - Jun 2020	CY 2020	CY 2021	CY 2022
# of Reporting Syringe and Needle Exchange Programs	3	4	6	8
# of Unique Individuals Who Exchanged Syringes or Needles	150	527	964	1630
Number of Used Syringes or Needles Collected	55,730	311,230	699,388	594,119
Number of New Syringes or Needles Provided	64,623	304,310	633,174	616,756
Return Ratio (syringes distributed divided by syringes collected)	1.16	0.98	0.91	1.04
Accepted Referrals for Substance Use Disorder Treatment	50	596	915	389
# of Hepatitis C and HIV Tests Performed	NA	172	523	824
# of New Hepatitis C Infections Identified at Idaho Syringe and Needle Exchange Program	2	4	0	10
# of New HIV Infections Identified at Idaho Syringe and Needle Exchange Program	3	2	0	9
Estimated Hepatitis C Infections Averted	28	43	116	93
Estimated HIV Infections Averted	5	13	35	46
Estimated Lifetime Healthcare Costs Saved Due to Averted Hepatitis C Infections (\$64,490 per person)	\$1.8M	\$2.8M	\$7.5M	\$6.0M
Estimated Lifetime Healthcare Costs Saved Due to Averted HIV Infections (\$450,000 per person)	\$2.4M	\$6.0M	\$15.6M	\$20.6M
Naloxone Kits Distributed thru Syringe Exchange Programs	796	2918	5192	7093
Overdose Reversals Reported (lives saved) by Syringe Exchange Participants	13	31	628	1351