

Legal / Contractual Obligation

Federal funds cannot be used to purchase syringes. Overdose prevention technical assistance is required by SAMHSA SOR grant. HIV outreach, education and testing is required under HIV Prevention Block Grant funding. The program is responsible for sub-contracting and monitoring HIV Prevention Block grant funds to community partners in Multnomah County. CareOregon grant requires distribution of naloxone and harm reduction supply kits to public service agencies and community based organizations across Tri-County region.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2023	2023	2024	2024
Personnel	\$126,718	\$1,052,511	\$709,179	\$694,450
Contractual Services	\$71,534	\$352,371	\$240,082	\$101,152
Materials & Supplies	\$1,550,018	\$104,409	\$631,448	\$2,620,955
Internal Services	\$313,556	\$124,118	\$286,404	\$94,080
Total GF/non-GF	\$2,061,826	\$1,633,409	\$1,867,113	\$3,510,637
Program Total:	\$3,695,235		\$5,377,750	
Program FTE	0.98	8.12	4.60	5.10

Program Revenues				
Intergovernmental	\$0	\$1,257,986	\$0	\$757,504
Other / Miscellaneous	\$0	\$375,423	\$0	\$2,753,133
Total Revenue	\$0	\$1,633,409	\$0	\$3,510,637

Explanation of Revenues

This program generates \$92,080 in indirect revenues.

Federal: \$ 283,328 -HIV Prevention Block - Prevention Services

State: \$ 91,249 - HIV Prevention Block - NEX

State: \$ 55,166 - HIV Harm Reduction GY06

Federal: \$ 81,994 - Naloxone Project (SOR)

State: \$ 211,767 - Public Health Modernization Local - Harm Reduction

\$ 34,000 - Harm Reduction Needle Exchange

\$ 2,553,133 - Overdose Prevention and Naloxone Distribution - Naloxone and Harm Reduction Supplies

\$ 200,000 - Harm Reduction Charges/Recoveries

Significant Program Changes

Last Year this program was: FY 2023: 40061 Harm Reduction

A significant number of clients are transitioning from injection of other drugs to inhalation “smoking” of fentanyl. This has decreased the number of unique clients presenting at service sites, meaning naloxone overdose reversals may be underreported (people who have administered naloxone may not present in person to report the usage). Harm Reduction methods of outreach and engagement will need to evolve to meet changing need. The Harm Reduction Center (HRC) will reduce clinical services in response to decrease in external funding.

In FY23, a \$3.95M CareOregon grant was awarded that requires distribution of naloxone and harm reduction supply kits to public service agencies and community based organizations across Tri-County region.