

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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$378,241	\$716,736	\$217,954	\$814,740
Contractual Services	\$286,187	\$156,019	\$313,034	\$96,280
Materials & Supplies	\$692,501	\$96,830	\$1,392,173	\$238,482
Internal Services	\$273,244	\$83,858	\$0	\$375,969
Total GF/non-GF	\$1,630,173	\$1,053,443	\$1,923,161	\$1,525,471
Program Total:	\$2,683,616		\$3,448,632	
Program FTE	3.49	6.31	1.99	7.13

Program Revenues				
Intergovernmental	\$0	\$1,023,013	\$0	\$1,119,618
Other / Miscellaneous	\$100,000	\$0	\$0	\$375,423
Service Charges	\$0	\$30,430	\$0	\$30,430
Total Revenue	\$100,000	\$1,053,443	\$0	\$1,525,471

Explanation of Revenues

This program generates \$104,767 in indirect revenues.

\$ 462,492 - HIV Prevention Block Grant

\$ 30,430 - Medicaid Reduction Clinic FFS

\$ 359,449 - OHA HIV Harm Reduction

\$ 297,677 - SAMHSA Naloxone Project (SOR)

Significant Program Changes

Last Year this program was: FY 2021: 40061 Harm Reduction

Significant Changes: In FY22, there is an increase in County General Fund to meet current demand for services and increased supply costs.

COVID-19-Related Impacts: In March 2020, Harm Reduction was deemed an essential health service and has remained open through the pandemic. At that time, the program replaced the 1-for-1 syringe exchange policy with a need-based syringe access policy that reduces COVID-19 transmission risk at service sites and in the community. This change increased syringe distribution by 178% and ensures syringes and other new supplies remain available in the community. OHA has provided over \$300,000 in supplies to support the change. Other impacts include not holding Peer Advisory Group meetings; reduction in volunteers; and reduction in overdose reports by clients since visits are less frequent (multiple naloxone kits are distributed at a visit and data show overdose events and mortality increased). At Harm Reduction clinic, services were paused from March-October 2020, and telemedicine visits began and will continue in some capacity in FY22.