

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Harm Reduction provides access to sterile injection supplies to reduce transmission of HIV, HCV, and bacterial infections. The opioid epidemic, rising methamphetamine use, and COVID-19 have led to increased injection drug use and, in turn, the need for sterile syringe access and harm reduction services. The program provides syringe access and disposal, naloxone distribution, resources and linkage to culturally specific services, and health education. It also provides technical assistance to counties throughout Oregon to improve service availability outside of the Portland metro area.

Program Summary

Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from injection drug use for individuals and the larger community. Services use trauma-informed risk reduction counseling and culturally appropriate referrals based on client readiness. Strategies include education, engagement, and promoting one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program offers services at field-based and clinical sites in targeted locations. The Harm Reduction Clinic provides low barrier wound/abscess care and sexual health services for people not typically engaged in health care. The program optimizes ability to engage clients in HCV and HIV testing, including field-based testing, and linkage to treatment. Opioid overdose (OD) prevention and naloxone and fentanyl test strip distribution help clients, first responders, and community members reduce fatal OD occurrence, which was a 47% increase in 2021 compared to the same period during 2020. The program continues to expand naloxone distribution at sites and trains community partners to carry and distribute naloxone. Staff provide statewide technical assistance and capacity building, allowing local organizations to buy naloxone through the program.

Health Equity: Across services, staff build trusting relationships with clients to overcome barriers to care associated with multiple intersecting experiences of marginalization. Most clients face the stigma of drug use. 69% of clients report homelessness/unstable housing and rely on low barrier services and supplies offered through this program. With several populations of color disproportionately impacted by homelessness in Multnomah County, as well as racialized perceptions of drug use in the country, a leading-with-race equity approach to Harm Reduction’s work amplifies the program’s impact on systems-level changes that reduce health disparities. The program collects race/ethnicity data and conducts comprehensive bi-annual surveys on demographics and drug use behaviors to inform policy and service delivery. The program provides technical assistance to organizations who deliver culturally specific services to support integration of harm reduction activities, including syringe distribution and overdose prevention.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique clients served	6,104	7,028	7,000	7,500
Outcome	Number of overdose rescues reported	940	1,517	800	950
Outcome	Percentage of clients served that identify as BIPOC	20%	23%	20%	23%
Output	Number of syringes distributed	12,715,358	11,775,446	10,007,190	11,000,000

Performance Measures Descriptions

All measures include services at Multnomah County and Outside In sites. 2) The FY22 estimate and FY23 offer are lower than FY22 budgeted due to people accessing services via secondary exchange and not presenting in person to report naloxone use. 4) FY22 estimate and FY23 offer for number of syringes distributed are based on previous distribution reports and the requested supply budget.

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	Proposed General Fund	Proposed Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$217,954	\$814,740	\$126,513	\$1,052,511
Contractual Services	\$313,034	\$96,280	\$71,534	\$352,371
Materials & Supplies	\$1,392,173	\$238,482	\$1,550,018	\$104,409
Internal Services	\$0	\$375,969	\$313,556	\$124,118
Total GF/non-GF	\$1,923,161	\$1,525,471	\$2,061,621	\$1,633,409
Program Total:	\$3,448,632		\$3,695,030	
Program FTE	1.99	7.13	0.98	8.12

Program Revenues				
Intergovernmental	\$0	\$1,119,618	\$0	\$1,257,986
Other / Miscellaneous	\$0	\$375,423	\$0	\$375,423
Service Charges	\$0	\$30,430	\$0	\$0
Total Revenue	\$0	\$1,525,471	\$0	\$1,633,409

Explanation of Revenues

This program generates \$124,118 in indirect revenues.
\$ 374,577 - HIV Prevention Block Grant
\$ 15,216 - Medicaid Harm Reduction Clinic FFS
\$ 379,275 - OHA HIV Harm Reduction
\$ 327,974 - SAMHSA Naloxone Project (SOR)
\$ 375,423 - Harm Reduction Charges and Recoveries
\$ 160,944 - Public Health Modernization

Significant Program Changes

Last Year this program was: FY 2022: 40061 Harm Reduction

In FY20 the program replaced the 1-for-1 syringe exchange policy with a need-based model to reduce COVID-19 transmission risk. This model continues both due to the ongoing pandemic and because it has been accepted as a best practice. As a result, supply expenses have increased, along with reliance on County General Fund (increased by \$138,460 in FY23). Supply chain shortages due to COVID have complicated purchasing options. Needs-based syringe distribution 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). The Harm Reduction Center (HRC) continues to utilize telemedicine; clients can access telemedicine offsite or use a computer at HRC. The Peer Advisory Group continues to not meet due to COVID, but plans to reconvene in FY23.