

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	Requested General Fund	Requested 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	\$1,545,537	\$104,409
Internal Services	\$0	\$375,969	\$318,037	\$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

\$ 13,216 - Medicaid Reduction Clinic FFS

\$ 379,275 - OHA HIV Harm Reduction

\$ 327,974 - SAMHSA Naloxone Project (SOR)

\$ 375,423 - Harm Reduction Charges and Recoveries

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.