



Program #40061 - Harm Reduction **FY 2024 Department Requested**

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Harm Reduction provides access to sterile injection supplies to reduce transmission of HIV, HCV, and bacterial infections and provides naloxone to reverse opioid overdose. The opioid epidemic, rising methamphetamine use, increased fentanyl in the drug markets, and COVID-19 have led to increased drug use and the continued need for harm reduction services. The program also links individuals to substance use treatment when ready, health education, and other resources. It also provides technical assistance to counties throughout Oregon to improve service availability outside of the Portland metro area.

Program Description

Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from 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 education, naloxone and fentanyl test strip distribution help reduce fatal OD occurrence. 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 access free or discounted purchase of 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. 60% of clients report homelessness/unstable housing and rely on low barrier services and supplies offered through this program. Harm Reduction Program is expanding technical assistance and distribution of supplies to community based organizations, with a priority on culturally specific organizations. 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. The program adds a position in FY24 to support increased overdose prevention and response coordination across health department divisions, with other county departments, and external partners.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unique clients served	5,297	7,500	6,000	6,300
Outcome	Number of overdose rescues reported	899	950	800	850
Outcome	Percentage of clients served that identify as BIPOC	24%	23%	23%	27%
Output	Number of syringes distributed	8,233,821	11,000,000	5,000,000	5,000,000

Performance Measures Descriptions

All measures represent Multnomah County and subcontractor Outside In sites. 1 and 2) FY23 estimate and FY24 offer are lower than FY23 budgeted, as a significant portion of people have decreased injecting opioids, smoking fentanyl instead as fentanyl has increased in availability (individuals are still at risk of overdose).

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	Department Requested General Fund	Department Requested 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.