

Department: Health Department

Program Contact: Neisha Saxena

Program Offer Type: Operating

Program Offer Stage: Proposed

Related Programs:
Program Characteristics:
Program Description

Multnomah County continues to see high rates of negative health outcomes associated with substance use including substance misuse, wounds/abscesses, overdose, and death. People who inject drugs (PWID) are also at increased risk of HIV and Hepatitis C, especially if they do not have access to sterile injection supplies. Substance use is a complex issue that may be compounded by houselessness, mental illness, and other social determinants of health. Substance use behaviors and modalities change over time and are affected by external factors, including broad market supply, pharmacology, and community perceptions of risk. The rise of fentanyl, and the increase of smoking versus injecting, has required the program to increase street-based outreach to reach priority populations.

The program goal is to improve public health and the quality of life for people who use drugs by reducing the potential harms of drug use. 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. The program educates clients regarding one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program distributes safer use supplies and offers used syringe takeback at field-based and clinical sites. Staff provide opioid overdose prevention education, and naloxone and fentanyl test strip distribution to clients and community partners to help reduce fatal overdoses. The program also subcontracts with a community based organization to provide these services at another clinic site.

The Harm Reduction Clinic (HRC) 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. HRC staff collaborate with Corrections Health to continue Medication Supported Recovery (MSR) services for inmates upon reentry. 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, facilitating local organizations to access free or discounted purchase of naloxone through internal and external partners.

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, and supports increased overdose prevention and response coordination across health department divisions, with other county departments, and external partners, especially in outreach settings.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique clients served	7,615	6,500	8,000	8,000
Outcome	Percentage of clients served that identify as BIPOC, a highly impacted community	33%	27%	34%	32%

Performance Measures Descriptions

All measures represent Multnomah County and subcontractor sites.

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	2025	2025	2026	2026
Personnel	\$1,707,234	\$607,600	\$1,790,840	\$918,184
Contractual Services	\$255,960	\$101,152	\$261,125	\$355,693
Materials & Supplies	\$637,461	\$2,234,966	\$595,458	\$1,902,791
Internal Services	\$373,173	\$98,203	\$414,962	\$173,523
Total GF/non-GF	\$2,973,828	\$3,041,921	\$3,062,385	\$3,350,191
Program Total:	\$6,015,749		\$6,412,576	
Program FTE	11.10	4.48	11.80	5.53

Program Revenues				
Intergovernmental	\$0	\$829,029	\$0	\$1,337,299
Other / Miscellaneous	\$0	\$2,212,892	\$0	\$2,012,892
Total Revenue	\$0	\$3,041,921	\$0	\$3,350,191

Explanation of Revenues

This program generates \$168,965 in indirect revenues.

\$255,505 - FEDERAL HIV/STI Statewide Services(HSSS)

\$596,178-STATE HIV/STI Statewide Services(HSSS)

\$2,012,892 - Overdose Prevention and Naloxone Distribution

\$38,534 - Need Exchange (intergovernmental)

\$60,000 - HSO Wound Care(intergovernmental)

\$50,000 - Naloxone Project (intergovernmental)

\$159,603 - Public Health Modernization Local - Harm Reduction

\$177,479 - SUD Comprehensive Opioid, Stimulant, and Substance use Site-based Program (COSSUP)

Significant Program Changes

Last Year this program was: FY 2025: 40061A Harm Reduction

Increased FTE and dollars due to combining information from Program Offers 40061A, 40061B, and 40061C.