

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA). Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$111,287	\$750,806	\$114,396	\$153,456
Materials & Supplies	\$0	\$0	\$0	\$2,151
Total GF/non-GF	\$111,287	\$750,806	\$114,396	\$155,607
Program Total:	\$862,093		\$270,003	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$750,806	\$0	\$155,607
Total Revenue	\$0	\$750,806	\$0	\$155,607

Explanation of Revenues

- \$ 65,200 - Local 2145 Beer & Wine Tax
- \$ 93,087 - State Mental Health Grant SE66 Family and Youth Services IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2022: 40090 Family & Youth Addictions Treatment Continuum

Effective 1/1/22, OHA contracts directly with the provider of FAN services. FAN was included in this program offer through FY22 and will not continue in FY23. A downward trend in service numbers has been noted in recent years as the majority of youth now have insurance coverage under the Oregon Health Plan. As such, our priority has shifted from funding treatment to outreach and engagement services as well as supportive services to fill existing service system gaps that are not covered by insurance, yet vital to youth treatment and recovery success. Pandemic impacts to SUD providers: staff shortages; quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc.