

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40010B, 40012B
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 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. 69% of clients report homelessness/unstable housing and rely on low barrier services and supplies offered through this program. 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 OD prevention and naloxone distribution help clients, first responders, and community members reduce fatal OD occurrence, which was 32% higher in 2020 compared to the same period during 2019. 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. 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 facilitates monthly peer advisory groups to guide program decisions and services.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique clients served	6,820	NA	6,931	7,028
Outcome	Number of overdose rescues reported	1,136	1,508	1,365	1,517
Outcome	Percentage of clients served that identify as BIPOC	22%	NA	22%	23%
Output	Number of syringes distributed	9,462,556	NA	10,356,190	11,775,446

Performance Measures Descriptions

Measures include individuals accessing services at Multnomah County and Outside In 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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$378,241	\$716,736	\$217,954	\$814,740
Contractual Services	\$286,187	\$156,019	\$313,034	\$96,280
Materials & Supplies	\$692,501	\$96,830	\$1,392,173	\$238,482
Internal Services	\$273,244	\$83,858	\$0	\$375,969
Total GF/non-GF	\$1,630,173	\$1,053,443	\$1,923,161	\$1,525,471
Program Total:	\$2,683,616		\$3,448,632	
Program FTE	3.49	6.31	1.99	7.13

Program Revenues				
Intergovernmental	\$0	\$1,023,013	\$0	\$1,119,618
Other / Miscellaneous	\$100,000	\$0	\$0	\$375,423
Service Charges	\$0	\$30,430	\$0	\$30,430
Total Revenue	\$100,000	\$1,053,443	\$0	\$1,525,471

Explanation of Revenues

This program generates \$104,767 in indirect revenues.

\$ 462,492 - HIV Prevention Block Grant

\$ 30,430 - Medicaid Reduction Clinic FFS

\$ 359,449 - OHA HIV Harm Reduction

\$ 297,677 - SAMHSA Naloxone Project (SOR)

Significant Program Changes

Last Year this program was: FY 2021: 40061 Harm Reduction

Significant Changes: In FY22, there is an increase in County General Fund to meet current demand for services and increased supply costs.

COVID-19-Related Impacts: In March 2020, Harm Reduction was deemed an essential health service and has remained open through the pandemic. At that time, the program replaced the 1-for-1 syringe exchange policy with a need-based syringe access policy that reduces COVID-19 transmission risk at service sites and in the community. This change increased syringe distribution by 178% and ensures syringes and other new supplies remain available in the community. OHA has provided over \$300,000 in supplies to support the change. Other impacts include not holding Peer Advisory Group meetings; reduction in volunteers; and reduction in overdose reports by clients since visits are less frequent (multiple naloxone kits are distributed at a visit and data show overdose events and mortality increased). At Harm Reduction clinic, services were paused from March-October 2020, and telemedicine visits began and will continue in some capacity in FY22.