

Opioid Settlement Funding Plan – Kidder County (Updated 2026)

The priorities for our county remain as previously mentioned and copied below. The settlement money that Kidder County receives is sent to our public health unit through the Kidder County Auditor. The amounts vary and the timing is unpredictable. That being said – no projects have been started since we never know how much/if/when we will be getting more funding to sustain it.

We have deposited, tracked, and retained the money we have received. No opioid settlement money has been spent thus far. We will continue to retain it until we have enough money in our account to fund a project and sustain it.

Financial report as of February 2026:

Total retained from OSF: **13,213.60**

2025 - 1977.58

2024 - 6378.45

Oct-Dec 2023 - 4857.57

Overall Goals:

These goals will change based on community need; however, these are the initial priorities.

Short term priority: To create a Kidder Coalition of Health – comprised of community stakeholders (much like our focus group) to address the health needs of Kidder County, specifically mental and behavioral health. Additionally, fund mental health professionals within the school and create a position to assist with prevention (suicide, substance abuse, tobacco, etc) education within the school. See the county wide plan below.

Mid-term: To create a mental and behavioral health infrastructure for Kidder County.

Long-term: Have not only a mental health provider in our county but house a mobile behavioral health crisis team to respond to county needs.

Work Plan

Three major parts of the work plan exist:

1. If funded directly, find a qualified individual to contract with to offer these services locally.
 - a. Currently, discussions have started with Heather Moser, LAPC, LMAC with Impact Therapy, PLLC to provide the counseling services weekly.

- i. She grew up in Kidder County (although lives elsewhere currently) and has a passion for substance abuse and mental health services in rural areas. She is invested.
 - b. This individual would offer in-person sessions in the open office space at KCDHU once per week during set hours. Other options include telehealth; however, in-person is preferred. KCDHU offers more anonymity since a wide range of clients visit for services – it is also not located on a main street.
- 2. Increase awareness of services and motivate people to seek help.
 - a. Formation of Kidder Coalition of Health: local stakeholders in the healthcare, school, social services, faith, law enforcement, and leadership roles – focusing on local health needs beginning with mental health and substance abuse. This group will also be involved with and ensure success of this project. They all have a vested interest in its success and have voiced this as a priority in focus groups.
 - i. Outreach campaigns for the community (flyers, community events, mailings, social media, articles in local paper and newsletters, advertisements..).
 - ii. Referrals to the contracted individual from EMS or Four Seasons Wellness (local NP run clinic) or school – these entities will be a part of the formed coalition. Ensure information provided to them.
- 3. Prevention programming – school and community
 - a. Youth
 - i. Heather’s project at University of Mary involved substance abuse and suicide prevention in rural youth.
 - ii. Tie education sessions into already occurring monthly elementary prevention education with paraprofessional liaison through KCDHU.
 - iii. Implement strategies working with high schoolers on these topics with guidance counselors and paraprofessional.
 - iv. Training for high school guidance counselor.
 - b. Adults
 - i. EMS and law enforcement training on how to hand off and provide resources during crisis and substance abuse calls.
 - ii. Parent education through the school – “back to school nights”, etc.
 - iii. Information dissemination: articles, social media, ads in paper, tie in education at community events/suppers.

All of these plans subject to change based on community need.