



Richland County Health Department

413 3rd Avenue North

Wahpeton, ND 58075

Telephone (701) 642-7735 Fax (701) 642-7746

www.richlandcountyhealth.org

Opioid Response Work Background, Opioid Settlement Funds Plan & Future Strategies Proposal

Background:

Richland County Health Department (RCHD) began opioid response work in 2019. Funding was received through the State Opioid Response (SOR) grant from the North Dakota Department of Human Services, Behavioral Health Division (BHD). RCHD has received varying amounts of opioid response funds from BHD ever since.

In the 2019 grant cycle, RCHD began promoting safe use of medication through comprehensive messaging via newspaper, radio, and social media campaign focused more on the rural community. Richland County Health Department placed take-back boxes at local pharmacies, Wahpeton Police Department, and the Law Enforcement Center. There was collaboration with the local sheriff's department to implement take back events in rural communities that did not have existing take-back sites. Deterra bags were distributed. Narcan distribution and education to the jails and pharmacies continued throughout the grant cycle. RCHD collaborated with community entities, such as local schools, colleges, and libraries to provide education on Narcan. Education was given on stigma reduction.

Throughout the years RCHD has continued to educate and implement programs on prevention as well as look more at treatment and recovery. We have collaborated with our local clinics and treatment agencies to work together for treatment services including medication assisted treatment (MAT). We now have three providers in our community who can prescribe and treat those in need of MAT. We have expanded the ONE program from pharmacies to serving different clients including home health and those who are incarcerated. Telehealth services have been implemented in our local jail. We have successfully addressed barriers to receiving treatment and recovery services by offering gas vouchers and taxi services to those in need.



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During the grant's most recent fiscal year-October 2022-September 2023- RCHD exceeded our goal of Naloxone distribution. The naloxone saturation guideline indicated that RCHD would have to distribute 156 total doses to ensure 90% coverage. We took opportunities to educate and disperse naloxone at community events, jail, businesses, group requests, and in schools. Approximately 395 naloxone were dispersed in Richland County over the past grant period. Approximately 744 individuals were trained on opioid overdose and how to administer naloxone over the grant period.

We have developed educational handouts and resources to give to individuals in need of services in our county. This includes information for those who need to be referred to additional services that are not offered in Richland County. "Parents Lead" educational handouts were disseminated to guardians when educational sessions were implemented. Medication safety, and prevention of substance (mis)use focusing on opioids sessions were presented to Richland County students K-12 including Circle of Nations, a tribal therapeutic school. Approximately 1,167+ students were educated.

RCHD held booths at local events around the community to reach individuals in different settings, and outside of office hours. Narcan, resources, and information were provided. We held a take back event in conjunction with the Richland County Sheriff's Department at one of the rural communities in Richland County that does not have a permanent take back location. During the take back event along with other community events and naloxone trainings Deterra bags and/or DisposeRX bags have been given to encourage safe medication disposal practices.



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Opioid Settlement Funds Plan:

Richland County Health Department proposes Opioid Settlement Funds be used for the following mitigation plan:

- 1.) Increase availability of naloxone and harm reduction supplies.
 - a.) Obtain harm reduction vending machine.
 - b.) Offer harm reduction supplies including naloxone, safer-use supplies, wound care supplies, sharps containers, and other needs-based harm reduction supplies.
 - c.) Provide education on naloxone administration, safer sex, education on HIV, hepatitis C and STIs, rapid HIV and hepatitis C testing, family planning, immunizations, sharps disposal, syringes, and partner with a syringe service center.
 - d.) Provide referrals to treatment and recovery services.
- 2.) Offer evidenced-based prevention education programs in Richland County schools.
- 3.) Offer a home visiting program for mothers, primary care givers, and infants affected by SUD or MH conditions.
- 4.) Provide funding for peer support specialists to sustain services for those with OUD and any co-occurring SUD/MH conditions.

Future Strategies Proposal:

Dependent on funding and relationships, RCHD plans to place a harm reduction vending machine in a location with longer business hours and a central location to individuals where it is accessible on foot. The vending machine will be supplied with harm reduction items including Narcan (Naloxone), fentanyl and xylazine test strips, syringes (pending partnership), safer sex kits, information to contact Richland County Health Department, and other harm reduction items we see needed in our community. RCHD has met with Fargo Cass Public Health to learn



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about their experience with the harm reduction vending machine and how it has helped their community.

Vending machines can provide 24/7 ready access to lifesaving and disease prevention supplies, so people feel empowered to take control of their health. Individuals cannot get healthy or seek treatment if they do not have the care and resources they need. Self-service syringe vending machines have been used in other parts of the world, with research showing a positive impact. Program participants will enroll in the program by calling RCHD or by referral. Each person will obtain a code for use with limitations and restrictions on items. We can acknowledge that drug use is becoming increasingly risky, and we can use that recognition to help individuals by providing new methods, care, services, and support that they need.

To reduce the risk of substance misuse among youth, RCHD plans to implement evidence-based prevention programs in Richland County schools. In partnership with the schools, we will deliver curricula such as Botvin LifeSkills Training, which has a strong track record of improving resilience, social-emotional learning, and decision-making among students. These programs are designed to equip youth with the skills and confidence necessary to resist peer pressure, manage stress, and make informed choices that support lifelong well-being.

RCHD will initiate a maternal home visitation program targeting mothers, primary caregivers, and their infants affected by SUD or MH conditions. These services will provide trauma-informed, family-centered support designed to promote maternal health, infant development, and caregiver resilience. Trained professionals such as nurses, will offer in-home education, care coordination, and linkage to treatment, social services, and local resources.

RCHD also proposes funding to keep peer support in our community sustainable. With the help of our SOR funding, we currently have a goal to find an individual(s) who would serve as a peer support, participate in training, and provide peer support services. However, we need to keep this program sustainable. Peer support workers are people who have been successful in the



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recovery process and who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. RCHD believes that everyone deserves a person-centered, individualized, multisystem of care.

Benefits of peer support groups for patients with SUD has shown that recovery living housing had reductions in relapse rates and homelessness, inpatients in a VA hospital showed lower rates of recidivism and increased adherence to post-discharge treatment appointments, HIV injection drug users showed significant reduction in injection practices, and patients with SUD histories and criminality involved in the PROSPER program demonstrated positive changes in self-efficacy, social support perceptions, quality of life, and decreased feelings of guilt and shame at 12 months.

This plan may be adjusted to meet changing needs.