

Updated Opioid remediation funding plan - Kidder County

Currently, Kidder County has **no local** mental health providers or substance abuse/addiction counselors. This is a large disparity our residents face and a major gap in care. The closest access points for adults exist in Bismarck and Jamestown, ND – at least 45 minutes and often longer ranges away (90 minutes). Long commutes, gas prices, and time off work represent barriers for many adults seeking care. Lack of insurance coverage and, therefore, cost to see the provider further exacerbate the lack of access. Gaps in care also exist due to stigma and the lack of knowledge on where to go for mental health services. Accessing telehealth services becomes difficult for older adults who do not have a computer, internet access, or a smart phone.

Ideally, and if unlimited funding existed, Kidder County District Health Unit (KCDHU) would partner with a licensed mental health and substance abuse/addiction counselor to provide **all** residents of **all ages weekly, in person** services. Since mental health and addiction topics are complex, simply having a counselor in the area will not suffice. This project would also include informational and outreach campaigns, education dissemination, and trainings for staff of applicable agencies within the county. Through the formation of Kidder Coalition of Health, this project will also focus on prevention efforts through youth and community programming. Major stigmas exist about mental health and addiction. Generational and deep-rooted beliefs will need to be addressed throughout the project to actually educate and motivate residents to seek help. This is highly dependent on the amount of funding received. Since we did not receive additional opioid grant funding for the 2025-2026 period, this will likely remain a LONG term goal.

During our Community Health Needs Assessment conducted by the Center for Rural Health in 2023, community focus group meetings ranked access to mental health providers and addressing the mental health crisis at top priority. Other top priorities to address included youth and adult alcohol and substance abuse.

In Kidder County, according to the Behavioral Risk Factor Surveillance System (BRFSS - most recent data from 2022), 28.3% of people reported “Poor Mental Health” – meaning respondent indicated their mental health is not good 8 or more days in the past month (ND average 15.8%). 42% reported “Any poor mental health” – indicating their mental health is not good one or more days in the past month (ND average 36.6%). Based on this same survey – almost 20% of our residents have been diagnosed with a depressive disorder (17.8%). Suicide is not uncommon in our county and in the Spring of 2023, Kidder County school had its first student suicide.

According to crime records in 2022, there were 26 DUIs in Kidder County. In addition, there have also been at least one methamphetamine crime found in our county since 2018. Based on interviews with local healthcare providers and EMS personnel, drug use and negative consequences thereof occur frequently in our county.

We decided to shift our focus to a community-wide approach that encompassed more than just naloxone and medication assisted treatment (as has happened in the past) and to focus more on prevention strategies and mental health infrastructure. The Opioid Settlement Fund grant allows us to access funding as a county to assist multiple entities that work together for a common goal. This plan will be revisited on a regular basis throughout the funding period by the coalition (more info below) and adjusted as needed to best meet local needs based on available resources.

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.

The activities of this project also align with a number of remediation uses listed within **Attachment A:**

| Project idea | Schedule | Topic | Action |
|---------------------|-----------------|--|---|
| Licensed Counselor | A | B. MAT tx distribution and other opioid-related tx | 4. Provide treatment and recovery support services – outpatient therapy and counseling |
| | A | E. Expansion of warm hand-off programs and recovery services | 3. Broadens the scope of recovery to include co-occurring SUD or mental health conditions |

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| | B | A. Treat OUD | 1. Expand availability of tx for OUD and any co-occurring SUD/MH conditions |
| | | | 3. Expand telehealth to increase access to tx for OUD and any co-occurring SUD/MH... |
| Kidder Coalition of Health | B | C. Connections to Care | 15. Engage nonprofits and faith as a system to support outreach. Also, community stakeholders and leaders. |
| | B | G. Prevent misuse of opioids | 6. Supporting community coalitions – campaigns, stigma reduction, evidence informed prevention |
| | B | I. First Responders | 1. Education of law enforcement |
| | | | 2. Provision of wellness and support services to first responders and health care providers |
| Youth/Community Prevention | A | B. MAT tx distribution and other opioid-related tx | 2. Provide education to school-based programs that discourage or prevent misuse |
| | A | G. Prevention Programs | 2. Funding for evidence-based prevention programs in schools (counselor works with dedicated staff to integrate) |
| | | | 5. Funding and training for first responders to connect at risk individuals to behavioral health services...hand offs for law enforcement |
| | B | C. Connections to Care | 11. Expand warm hand off services to transition to recovery services – law |

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| | | | enforcement connecting to appropriate follow up |
| | | G. Prevent misuse of opioids | 8 and 9. Funding school-based prevention programs targeted at youth, parents, teachers, etc. |

No efforts exist in Kidder County to address the lack of mental health/addiction counseling providers in Kidder County. West Central Human Service Center (WCHSC – entity that regionally covers Kidder County) does have an MOU signed with KCDHU, where KCDHU provides an open office space for a telehealth access point to WCHSC services locally. However, to date, nothing has been initiated on this. Through this project, engaging with the community and having a consistent provider would only enhance the services WCHSC can offer since the community would be more familiar with options and open to seeking them.

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.

Currently KCDHU has a separate bank account specifically for these funds once received from the county, to be used as appropriate including above.