North Dakota Olmstead Commission
Meeting Minutes of
August 31, 2026

Voting Members Present

Chris Joseph, Donene Feist, Reuben Panchol, Judge Bobbi Weiler, and Julianne Horntvedt

Voting Members Absent

Representative Alisa Mitskog, Carey Goetz, Senator Kathy Hogan, and Veronica Zietz

Non-Voting Members Present

Zach Greenberg – DOL; Maggie Williams – DPI; Jesse Carlsen – DOT; Anthony Bauer – ND Indian Affairs; Jennifer Henderson – HFA; and Janna Pastir and Jeremy Holloway - DOC

Other Attendees

Becky Rosenkranz and Stephanie Bouche – P&A Project; and Sheryl Beard, Olmstead Advisory Council

Welcome and Introductions

The meeting was called to order at 2:00 p.m. and attendance was taken. Due to the lack of a quorum, the minutes of May 13, 2026 will be approved at the Commission's next meeting.

A moment of silence was held in remembrance of Olmstead Commission member, Tawnya Taylor.

Approval of Agenda

The agenda for today's meeting was reviewed: Approval of Agenda; Approval of May 2026 Minutes; Olmstead Plan Review – Goal #4 Improve and expand housing options; May Follow Up - Workers with Disabilities Medicaid; Rural Health Transformation Program; Behavioral Health & Housing; Interagency Council on Homelessness and Continuum of Care Update; Olmstead Advisory Council Recommendations; Discussion; DOJ Shifts Its Position on Olmstead; Public Comment; Upcoming Meeting Date. The agenda was approved as presented.

Stephanie noted that she is aware of a couple of people interested in the two open spots on the Olmstead Commission, but they have not applied yet.

Olmstead Plan Review – Goal #4 Improve and expand housing options

Stephanie stated that the OC is still working on improving and expanding housing options. We've been working on Behavioral Health and Housing, so that will be our focus today. She added that she has an update on Workers with Disabilities Medicaid and that DOJ has shifted its position on Olmstead.

May Follow-up:

Workers with Disabilities Medicaid:

Stephanie stated that she was asked by the Commission to talk to the Legislative Council about the history of Workers with Disabilities Medicaid and the $100 enrollment fee. She noted that the only mention of the $100 enrollment fee was in the bill's language itself. There was no testimony that had anything to do with the fee. The language just states that it must include a one-time program enrollment fee of $100. This is a barrier and the Advisory Council would like to recommend that it be removed. This issue will be addressed by Sheryl in her presentation.

Rural Health Transformation Program (RHTP):

Stephanie noted that at the Commission's last meeting, Pat Traynor came in and talked about the RHTP and asked the Commission to come up with some proposals. She added that she worked with Veronica and Doneen. The group worked with Pat to figure out which of these proposals were the most likely to be able to be a part of the RHTP. The proposals were presented to Pat by July 30th to make sure they could be in next year's funding opportunities. First proposal: Rural Capacity Building Project for Durable Medical Equipment (DME) – the funding would be used to develop or expand mobile durable medical equipment services to deliver equipment, perform fittings, complete repairs within rural communities, or utilize regional hub cities to coordinate outreach and serve the surrounding rural communities. Second proposal: Direct Support Professional (DSP) Pipeline Project – this project was talked about with customized employment. Stephanie added that she has been working with Minot State University (MSU) and the Arc of Cass County to figure out a way to get this up and running. The idea is to have a pilot project ready by next fall where students are able to take courses through MSU and get started on their certification as a DSP. A position will need to be created at MSU to coordinate and manage the DSP training program. The hope is that the program would eventually be sustained by MSU instead of having to rely on the RHTP. The Advisory Council suggested developing a non-college pathway that looks at DSPs as a career instead of just something that they are doing on their way to a career. Third proposal: Incentives for the establishment of specialty physician care by telehealth – this would allow people to stay in their rural communities and get some of those specialty appointments handed within that rural community instead of having to travel all of the time. Fourth proposal: Strengthening Rural Dental Capacity through mobile care and Workforce Training. This proposal was added by the Olmstead Advisory Council because there is such a need for more rural dentistry. There was one mobile dentist approved for year one, but the Olmstead Advisory Council sees the need for more. Stephanie asked if the OC has any additional ideas to present to the RHTP to be sure and let her know. The project will run for a total of five years.

Jeremy stated that he does have a few questions, comments and suggestions and that he would be happy to send Stephanie an e-mail to cover them all. He added that it's more in the workforce area for the RHTP. If support can be given to just improve communication overall; as human beings being the primary resource in any rural area, the platform of communication, then the intrapersonal, interpersonal, and cross-organizational communication. This is something that studies show help retain new folks to come and be retained as far as workforce and everything.

Chris noted that the Commission cannot vote on these proposals today but will do it at its next meeting. Chris stated that he will definitely want to have some further discussion on the Workers with Disabilities Medicaid $100 enrollment fee at the Commission's next meeting. The Commission needs to recommend either the issue be repealed or removed entirely or at least lowered or reduced to remove that barrier for individuals with disabilities.

Behavioral Health - Housing:

Stephanie stated the Commission had speakers at its last meeting on the options that North Dakota currently has available regarding Behavioral Health and Housing. Information was presented on the Housing First Model out of Georgia. Stephanie did some research into a few more states that also have this housing first model. The idea behind it is that you want to get people housed first, then their other issues can be addressed, i.e. mental health, substance abuse, employment issues, etc. Housing needs to come first so that they are stable so they can deal with the rest. Basic necessities such as food and housing must be met before people can attend to their other needs. Personal choice is critical in housing selections and participation in supportive services. Exercising choice is likely to result in successful long-term housing and improvements in quality of life. Stephanie stated that she compared Minnesota and Montana to the Georgia statistics. She compared population, how much they are spending, and then what their outcomes are. The Housing First Model seems to be working in other states. Stephanie shared some of the Behavioral Health and Housing programs in ND. These included: Permanent Supportive Housing, PATH, and the Recovery Housing Assistance Program. Jennifer stated that the Housing Finance Agency has financed three affordable housing first model projects in ND using its affordable housing financing tools that ND has available. These include The Cooper House, Edwinton, and Lagrave on First.

Stephanie noted that a question was raised at the last meeting about the SUD voucher for youth. She added that there have been 90 youth served under 18 years of age this biennium. Stephanie stated the minimum age to qualify for the voucher was originally 14, but was reduced to age 12. Since then, a total of 6 adolescents under the age of 14 have applied.

Stephanie provided some clarification on Behavioral Health's role in housing programs. She noted that the RHAP is the only program within Behavioral Health that directly provides financial assistance related to housing costs. The Permanent Supportive Housing program is primarily focused on funding and supporting the supportive services component not the

housing costs. Behavioral Health has limited visibility into the statewide housing inventory, unit availability, vacancy trends, and housing development capacity.

Stephanie stated that she reached out to the ND Continuum of Care and was provided with the Coordinated Entry list and the Housing Priority list. Stephanie provided some statistics from the ND Coordinated Entry list. The Housing Priority list is data from 7/29/26.

Interagency Council on Homelessness and Continuum of Care Update – Jennifer Henderson, Housing Finance Agency:

Jennifer stated that regarding Heather's clarification on Behavioral Health Division support in housing and the permanent supportive housing projects, they do not work unless there is some sort of rental assistance tied to those units. It is imperative when a permanent supportive housing project is looking at becoming a thing, that there is a direct connection to either the local housing authority to get project-based rental assistance tied to it or some other funding to help with that operation. If there isn't a budget line item from the Behavioral Health Division to pay for those supportive services, that's where things break down. You need all hands-on-deck. Jennifer stated that she is with the ND Housing Finance Agency and is the current chair of the Interagency Council on Homelessness, created in November of 2025. The Council meets monthly to discuss various topics of homelessness, including the development of recommendations to provide to the Interim Human Services Committee. The NDHFA did seek input from the Governor's Office on their recommendations, and they plan to continue to fund the housing incentive fund at its current or increased level. The Housing Incentive Fund is our state legislatively appropriated housing program that can develop new construction or rehab of multi-family affordable housing units and also helps produce single family speculative building in rural community. Jennifer shared the funding of the Housing Incentive Fund. Its second round of funding will be held in September. We are also requesting that the ND Homeless Grant be funded at its current level or greater. Jennifer added that the NDHFA is also recommending alignment with the Certified Community Health Clinic. Becoming a certified community behavioral health clinic takes a lot of administrative paperwork and legwork to accomplish. NDHFA is also recommending the evaluation of access and eligibility maintenance to existing economic assistance programs including SNAP, TANF, and child care assistance. There has been a lot of information out there about SNAP error rates and time spent on applications. Some of the SNAP workers had mandatory overtime for about a month and a half to try to catch up on the backlog of applications. It has also been noted that seniors 65 and older are not accessing the SNAP program, even though they might be eligible. An article out today talks about how seniors and food insecurity is a real problem nationally as well. Jennifer stated that the NDHFA is also considering the expansion of the Recovery Housing Assistance Program. These are some issues to consider for the next legislative session.

Jennifer added that the Department of Corrections was required to create a re-entry housing pilot program and a re-entry housing task force. The NDHFA is supporting those efforts. This program will be for individuals exiting incarceration in the next 30 to 90 days. A continuum of care update was provided to the Human Service Committee, which included that the continuum of care funding has had some major federal policy changes and a lot of

disruption in how the current administration is trying to roll out those dollars. There are a lot of unknowns. The key challenge is that the current administration does not support permanent housing, including the housing first model. Jennifer stated that while the NDHFA does support housing first and getting a roof over someone's head, we might want to change the language on what we are calling it, depending on where the federal government lands in their support of funding these types of initiatives. The HUD is attempting to move away from the Housing First concept and relying more on transitional housing and service required type housing.

Jennifer stated that the AARP has reached out to the Interagency Council to discuss aging homelessness and some concerns that especially the YWCA has. The question is what we do with these individuals that are aging and that are finding themselves homeless. AARP does have some national technical assistance funds that they can apply for to assist with a study on aging homelessness and other factors. The AARP is working directly with the YWCA to do this study. There will be an RFP to find a consultant, and the Interagency Council is involved. The Olmstead Commission is also at the table. The project will run from September 1 through December 15, with an extension if necessary. The focus will primarily be in the Fargo area, but it's going to be a statewide effort.

Stephanie mentioned that Senator Hogan has expressed on numerous occasions that there has been an increased number of elderly people that are becoming homeless and that the shelters are not really able to meet their needs.

Olmstead Advisory Council Recommendations: Sheryl Beard, AC Member

Stephanie stated that the following recommendations were pulled together by the Olmstead Advisory Council. They include: Publish a white paper on Housing First; Issue a position statement supporting Housing First and SMI; Provide testimony or write a letter in support of Behavioral Health on PSH and PATH programs; Provide testimony or write a letter is support of the Interagency Council on Homelessness' legislative recommendations; Collaborate on a legislative item with the Interagency Council on Homelessness; and maybe collaborate with legislative members of the Commission to develop legislation establishing and funding a statewide Housing First initiative that expands PSH for individuals with SMI.

Stephanie introduced Sheryl, with the Olmstead Advisory Council, who shared the Council's recommendations. Sheryl noted the following recommendations from the Olmstead Advisory Council: Add mobile dentistry back into the Council's RHTP list; Remove the $100 enrollment fee from WWD Medicaid – these funds come out of people's paychecks and this can be a barrier for them.; Regarding Permanent Supportive Housing – provide testimony or write a letter in support of Behavioral Health requesting an increase in their PSH or PATH programs; provide testimony or write a letter in support of the Interagency Council on Homelessness's legislative recommendations; maybe collaborate with legislative members of the commission to develop legislation establishing and funding a statewide Housing First initiative that expands PSH for individuals with SMI.

Sheryl stated that her personal thing is that we should keep our programs in place and then work to make them better. Chris asked if Sheryl prefers a. and b. under Permanent Supportive Housing, instead of c. Sheryl stated that she likes all of them. Stephanie stated that the Advisory Council agreed on a. and b. There were a couple of people that said they liked the last one, that's why we put that on there as a maybe. Stephanie added that creating this statewide housing first initiative and doing our own legislation would take a lot of time and energy for it to be successful.

Jennifer stated that she agrees with Sheryl. The Interagency Council on Homelessness met this morning. She noted that Senator Davidson, of the Interim Human Services Committee, asked why the homelessness problem is not getting any better. She felt like he was expecting identification of a program that's not working, but in fact the programs are working. The ND Homelessness Grant and the Recovery Housing Assistance Program is working. A lot of good things are working; we just need to make sure that they're funded at a level to address the needs that ND has. That is what Sheryl is trying to say; we do have really good programs here. We need to continue to support them and to advocate for them to continue so that we can show how well they are working and there is a need is to expand programs. Sheryl stated that we just need to make the programs better. We have new ideas, but we should always keep our programs in place.

Chris stated that we can't vote on these recommendations today, but he asked Stephanie to make sure they are at the top of the agenda at the next meeting.

DOJ Shifts Its Position on Olmstead:

Stephanie stated that the Department of Justice's Office of Legal Counsel put out a memo in June saying that the Americans with Disabilities Act and section 504 of the Rehabilitation Act do not require states to serve individuals with disabilities in the most integrated setting, which is essentially what Olmstead is all about. This contradicts the traditional interpretation of the Olmstead decision. The DOJ has said that it will no longer enforce its previous guidance on the integration mandate. This memo does not change the law. It only changes how the federal government is going to proceed as far as enforcement goes. Stephanie shared some examples from Florida and Texas there the DOJ has already pulled back on the idea of the least restrictive environment. She noted that five states have already signed on to a commitment saying that they are committed to serving people with disabilities in the least restrictive setting. Stephanie read the commitment statement to the Olmstead Commission and asked if ND wants to consider signing on to this. She understands that the OC can't vote on this recommendation today, but it's something to consider. Chris stated that hopefully Commissioner Swanson can make a comment on this issue as well. He would like to hear his recommendation on how to handle this situation.

Public Comment:

Doneen stated that this is a great overview on the DOJ memo and her head is still swimming on that issue. Her agency works with families with children with chronic health conditions. There is apparently more work that needs to be done on this in the future.

Reuben thanked everyone for being on the call today. He asked that everyone be vigilant to attend meetings, especially voting members. He asked that if you are not going to make a meeting to give Stephanie, Chris or himself at least a 24–48-hour notice.

Jeremy thanked everyone for welcoming him to his first meeting. Thanks to everyone that shared information at the meeting. Great things are happening in ND, and communication is a big part of making those things happen.

Upcoming Meeting Dates

The next meeting of the Olmstead Commission will be held on November 4, 2026 from 1:00-3:00 p.m.

Adjourn

The meeting was adjourned by Chris at 2:57 p.m.