ND Olmstead Commission Advisory Council
Meeting Minutes of
July 15, 2026

Members Present Sheryl Beard, Katherine Rafferty, Nickie Livedalen, Tami Ternes, Trevor Vannett, Brenda Schmid

Olmstead Commission Members Present Julianne Horntvedt

Other Attendees Stephanie Bouche, Olmstead Coordinator; Erica Cermak and Nikki Wegner, Long Term Care Association; Tina Bay, HHS

Welcome and Attendance

The meeting was called to order at 2:01 p.m. and Ms. Bouche went through attendance.

Minutes Approval

Ms. Bouche asked the group if any changes needed to be made to the April meeting minutes. No changes were made.

Olmstead Plan Review Goal #4 Improve and Expand Housing Options

Ms. Bouche reviewed Olmstead Plan Goal #4: Improve and expand housing options. Olmstead Commission focus has been on housing for individuals with behavioral health needs and serious mental illness. Members emphasized the need to identify actionable recommendations for the Commission.

May Follow-up

Ms. Bouche reviewed potential funding opportunities to submit to the Rural Health Transformation Program (RHTP). Discussion centered on Durable Medical Equipment (DME), a Direct Support Professional (DSP) pipeline, and connecting specialty providers to rural ND residents through telehealth. She noted that recommendations were due to HHS by August 3rd.

RHTP Proposal: DME

The group discussed significant barriers in DME including a limited number of DME providers statewide, limited inventory, supply chain issues, long wait times for equipment and repairs, and difficulty obtaining services in rural communities. Proposals include mobile DME clinics, utilizing regional hub cities to coordinate outreach and serve rural communities, engaging consultants to identify strategies for sustainability and expansion, recruiting additional providers and technicians, and building a regional inventory to reduce supply chain issues.

Discussion

Several members shared personal experiences illustrating the current challenges. Ms. Rafferty described the difficulty of obtaining even temporary medical equipment following a family member's injury, while Ms. Schmid discussed lengthy delays in obtaining wheelchair components and feeding pump equipment despite living in Fargo. Ms. Wegner noted that delayed DME approvals frequently postpone hospital and nursing facility discharges because individuals cannot safely return home without necessary equipment.

Recommendations

Advisory Council members agreed that the highest priorities for funding should include expanding mobile DME services, increasing statewide equipment inventory, recruiting additional providers and technicians, and addressing workforce shortages.

They also recommended exploring the underlying causes of provider shortages, including reimbursement rates, payment delays, and national supply chain issues. Additional discussion centered on improving communication among providers, Medicaid, clinicians, and families and providing education regarding roles and responsibilities throughout the authorization process.

RHTP Proposal: DSP Pipeline

Ms. Bouche updated the Advisory Council on ongoing meetings with Minot State University (MSU) and community partners regarding development of a Direct Support Professional workforce pipeline. Current discussions include expanding online coursework, creating certificate options, and developing sustainable funding models that would allow more students to enter the profession.

Discussion

The Advisory Council discussed successful workforce development efforts already occurring in Dickinson, where high school students can complete career and technical education programs leading directly to employment as Certified Nursing Assistants (CNAs) and DSPs through internships with local providers.

Recommendations

Members strongly supported creating additional non-college career pathways that would allow high school students to earn certifications and enter the workforce immediately after graduation. They also discussed offering summer training opportunities, expanding partnerships with career and technical education programs, and exploring combined training opportunities that include DSP, Qualified Service Provider (QSP), and CNA certifications. Members emphasized

that recognizing DSP work as a professional career pathway is essential to strengthening the workforce and addressing long-term staffing shortages.

RHTP Proposal: Specialty Care through Telehealth

Ms. Bouche presented an additional RHTP proposal focused on expanding specialty physician access through telehealth. Proposed funding priorities included technology upgrades, equipment purchases such as tablets or mobile devices for providers, and enhanced reimbursement to encourage specialists to provide telehealth services to rural communities.

Discussion

Members expressed strong support for expanding telehealth services, particularly for individuals with disabilities who face transportation barriers and lengthy travel requirements for specialty care. Discussion also included concerns regarding potential future Medicaid policy changes affecting telehealth reimbursement. Members emphasized the importance of reviewing current Medicare and Medicaid policies before developing final recommendations and discussed opportunities to expand telehealth services through local public health units and rural clinics.

Workers with Disabilities (WWD) Medicaid Follow-up

Ms. Bouche reported that she completed the additional research requested by the Olmstead Commission regarding the $100 enrollment fee for the WWD Medicaid program. She shared that the only reference to the enrollment fee appears in statutory language and that no legislative testimony explaining its purpose could be located.

Recommendations

Following discussion, Advisory Council members agreed they continue to support recommending elimination of the one-time enrollment fee, noting that it serves as a barrier for individuals seeking to enroll in the program while generating relatively little revenue.

Additional Discussion/ Recommendations

Members raised ongoing concerns regarding access to dental care for individuals enrolled in Medicaid. They noted that many communities have few or no dentists accepting new Medicaid patients, requiring individuals to travel significant distances for care.

Ms. Bouche mentioned that in Year 1 of the RHTP, Ronald McDonald was awarded one mobile dentist clinic. Members supported continued expansion of mobile dental clinics. Additional recommendations included increasing Medicaid

reimbursement rates to encourage provider participation and offering continuing education to help dentists better serve individuals with disabilities.

Behavioral Health and Serious Mental Illness Housing (SMI)

Ms. Bouche shared that the Commission discussed the intersection of behavioral health, housing availability, and the ability of individuals with SMI to live in the most integrated setting. The discussion focused on the lack of community-based housing options for individuals with behavioral health needs and how limited housing availability can result in individuals entering institutional settings or delaying transitions out of institutional settings.

Commission members heard presentations from behavioral health on housing at the last Commission meeting. Members expressed concerns about the difficulty of finding appropriate housing for individuals with SMI, particularly when community-based options are unavailable. The Commission discussed the upcoming implementation of Judge Weiler's mental health court. Concerns were raised regarding whether appropriate housing options will be available for individuals served through the court.

Housing First Model

Ms. Bouche provided an overview of the Housing First Model, which was introduced by Chandler Esslinger from the Fargo-Moorehead Coalition on Homelessness during the previous meeting. The Housing First approach is based on the principle that individuals must first have stable housing before they can successfully address other needs including mental health treatment, substance use concerns, employment goals, or other supportive services. Housing First views housing as the foundation for stability and allows individuals access to permanent housing without prerequisites or conditions beyond standard renter requirements.

Ms. Bouche reviewed Housing First models in Georgia, Minnesota, and Montana to compare population size, investment levels, and outcomes. Ms. Bouche noted that she plans to meet with the Interagency Council on Homelessness to discuss how individuals can receive services in the most integrated setting when they do not have stable housing.

Discussion

Advisory Council members discussed the importance of ensuring housing is paired with ongoing services. Ms. Schmid raised concerns about whether landlords or renters without behavioral health experience would have the skills necessary to respond to crises or provide appropriate support. She questioned whether some models should include onsite support staff, similar to a residential advisor model.

Ms. Bouche explained that some permanent supportive housing (PSH) models already include onsite services, while other use scattered-site housing models. Examples discussed included: Cooper House in Fargo with 42 units with onsite services, Edwinton in Bismarck with 40 units using a scattered-site model, and three in Grand Forks: LaGrave on First with 40 units, Harvest Homes with 12 units, and Stern Place with 9 units.

Ms. Beard shared an example of a community-based housing model where individuals with SMI live in their own apartments while sharing a community space and receiving ongoing support, including overnight staffing. The Council discussed the importance of maintaining services over time and ensuring programs do not end once individuals transition out of PSH.

Ms. Bouche reviewed the programs presented by Behavioral Health including PSH, Projects for Assistance in Transition from Homelessness (PATH), and Recovery Housing Assistance Program (RHAP).

Interagency Council on Homelessness Updates

Ms. Bouche provided updates from the Interagency Council on Homelessness and their recommendations related to funding priorities including: maintaining or increasing funding for the Housing Incentive Fund, maintaining or increasing funding for the ND Homeless Grant, aligning services with Certified Community Behavioral Health Clinics, reviewing access and eligibility for economic assistance programs that support homelessness prevention and rapid rehousing, expanding the Recovery Housing Assistance Program, and supporting the re-entry housing pilot programs and a re-entry housing task force. Ms. Bouche noted that Jennifer Henderson from the Housing Finance Agency emphasized the importance of helping individuals access available assistance programs to reduce expenses and increase their ability to maintain housing.

Ms. Bouche also discussed potential federal policy changes affecting Housing First programs. Concerns include potential limitations on permanent housing options, a shift towards transitional housing models, and possible movement away from Housing First approaches by HUD. Advisory Council members discussed that if federal priorities shift, housing initiatives may become an increased state priority.

Advisory Council Recommendations

Ms. Bouche presented possible recommendations for the Advisory Council and eventually the Commission to consider. They included:

1. Provide testimony or a letter of support for the Interagency Council on Homelessness recommendations, including:

- Funding or increasing funding for the Housing Incentive Fund
- Funding or increasing funding for the North Dakota Homeless Grant
- Increasing funding for the Recovery Housing Assistance Program

2. Publish a white paper on Housing First as an evidence-based practice for individuals with serious mental illness.
3. Issue a position statement supporting Housing First and services for individuals with serious mental illness.
4. Collaborate with legislative members of the Commission to develop legislation establishing and funding a statewide Housing First initiative.
5. Provide testimony or a letter of support for Behavioral Health requests to expand permanent supportive housing or PATH programs.
6. Collaborate with the Interagency Council on Homelessness regarding future legislative priorities.

Members generally supported providing testimony and letters of support as immediate actions. Discussion occurred regarding whether the Commission should pursue legislation establishing a statewide Housing First initiative. Members noted: housing must include continued services and supports, housing alone is not enough without access to behavioral health services, employment supports, and other community resources, existing partnerships should be leveraged rather than duplicating efforts, additional legislation may increase awareness of the need for expanded housing options.

Ms. Rafferty supported pursuing legislation if existing partners are unable to move the issue forward. She emphasized the need for continued supports after individuals obtain housing. Ms. Beard emphasized the importance of ensuring services remain available after individuals transition into community settings and suggested involving additional advocacy partners. Ms. Schmid initially expressed concern about the time and resources required for legislation but agreed that legislative action could increase awareness and highlight the need for additional housing resources.

Ms. Beard agreed to present the recommendations to the Olmstead Commission at the next meeting.

Upcoming Meeting Date

The next Olmstead Advisory Council meeting date is Wednesday, October 7th from 1:00 – 3:00 p.m.

Meeting Adjourned

Ms. Bouche adjourned the meeting at 2:54 p.m.