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## HUMAN SERVICES COMMITTEE

Wednesday, February 11, 2026  
Roughrider Room, State Capitol  
Bismarck, North Dakota

Senator Kyle Davison, Chairman, called the meeting to order at 9:00 a.m.

**Members present:** Senators Kyle Davison, Dick Dever, Kathy Hogan, Judy Lee, Michelle Powers; Representatives Karen A. Anderson, Mike Beltz, Jayme Davis, Kathy Frelich, Jared Hendrix, Dwight Kiefert, Carrie McLeod, Karen M. Rohr, Gregory Stemen

**Members absent:** Representatives Macy Bolinske, Nico Rios, Matthew Ruby

**Others present:** Tim Eissinger, Krista Fremming, and Kay Larson, Department of Health and Human Services; Jim Haussler, Missouri Slope Areawide United Way; Lacy Long, North Dakota Dual Sensory Project; Renae Moch, Bismarck-Burleigh Public Health  
Shannon Fleischer, Legislative Council, Bismarck  
See [Appendix A](#) for additional persons present.

**It was moved by Representative Beltz, seconded by Senator Dever, and carried on a voice vote that the minutes of the November 19, 2025, meeting be approved as distributed.**

Chairman Davison noted that Senator Hogue, Chairman, Legislative Management, approved the committee's request to expand the study of accessibility of government services for individuals who are deaf, hard of hearing, or having hearing difficulties to include individuals with vision difficulties.

### STUDY OF HOMELESSNESS IN NORTH DAKOTA

Ms. Jennifer Henderson, Director, Community Housing and Grants Management, North Dakota Housing Finance Agency, presented information ([Appendix B](#)) relating to the North Dakota Interagency Council on Homelessness. She reviewed the first meeting of the committee, the scope of work, and the time frame for future meetings and responded to committee member questions regarding youth, aging, tribal, and veterans homelessness noting that all these topics will be discussed in future meetings of the Interagency Council on Homelessness.

Ms. Beth Olson, Housing Navigation Program Director, Presentation Partners in Housing, presented information ([Appendix C](#)) relating to the programs and services, impact and outcomes related to homelessness programs, and state funding for the programs and services. She noted:

- The program uses the approach of "housing first" which focuses on finding housing for individuals and then works with supportive services. The "housing ready" approach uses services to prepare the individual for housing. The housing first approach has resulted in solving homelessness and has been cost-effective by reducing strains on other community services.
- The Homeless Prevention and Diversion Program is intended to prevent the loss of housing with 404 individuals diverted from homelessness in 2025.
- The Cooper House in Fargo is designed for permanent supportive housing and has partnerships with other agencies to build and manage housing and provide rent assistance and supportive services.

- An estimated \$1.1 million in state funding representing 43 percent of the organization's budget is used in conjunction with other sources to operate the programs.

In response to questions from committee members, Ms. B. Olson noted individuals receive financial assistance to stay at the Cooper House, with the requirement to pay 30 percent of their income as rent.

Ms. Andrea Olson, Executive Director, Community Action Partnership of North Dakota, presented information ([Appendix D](#)) on the services available across the state, the roles of Community Action, data, funding, and program outcomes. She noted Community Action programs are referenced in North Dakota Century Code Chapters 54-64 and 54-44.5 as recipients of the federal Community Services Block Grant funds through the Department of Commerce.

- The impacts of uncertain federal funding on operations include limited planning and long-term investment, workforce uncertainty, and program continuity.
- Services and programs for homeless veterans are available through the federal Supportive Services for Veteran Families programs.
- Challenges and barriers to administering homelessness programs include funding, stability, flexibility, housing supply, and landlord participation.

In response to questions from committee members, Ms. A. Olson reviewed the funding formula for Community Action, noted the ending of the North Dakota Rent Help Program, and discussed the potential of funding through the Rural Health Transformation Program.

Mr. Mark Heinert, Executive Director, Youthworks, presented information ([Appendix E](#)) on the programs and services offered by Youthworks. He noted:

- Youthworks provides emergency shelter for 12- to 17-year old youth.
- Youthworks offers transitional housing for 18- to 24-year old individuals who have concerns with adult homeless shelters.
- An estimated 44 percent of former foster youth have experienced homelessness.
- For transitional youth, 30 percent of participants' income is saved in individual accounts to use when they leave the Youthworks Program, providing base funding to achieve independence.

In response to questions from committee members, Mr. Heinert noted Youthworks has emergency shelters in Minot, Bismarck, and Fargo and also new transitional housing in Moorhead, Minnesota.

Ms. Shawnel Willer, Continuum of Care Coordinator, North Dakota Housing Finance Agency, presented information ([Appendix F](#)) on homelessness data, goals of the Continuum of Care, and the reporting process. She noted:

- The funding from the United States Department of Housing and Urban Development is distributed to local service providers through the Continuum of Care and the North Dakota Housing Finance Agency (NDHFA) through federal Emergency Solutions Grants. The North Dakota homeless grant disburses state funds designated for the program through NDHFA.
- The Continuum of Care and NDHFA served 9,863 people in 2025.
- The reporting includes the point in time count, system performance, and annual performance reports.

In response to questions from committee members, Ms. Willer noted:

- The Continuum of Care is not a state agency and has a separate board of directors.
- The federal programs require matching funds either from NDHFA or service providers.
- Most homeless individuals in the state are from North Dakota and the economy and cost of living have been a cause of the increase in the number of homeless individuals.
- Supportive services are important in reducing homelessness.

Ms. Renae Moch, Director, Bismarck-Burleigh Public Health, presented information ([Appendix G](#)) on Health Management Associate's final report on a community triage center to address homelessness. She noted:

- There is no single model that works everywhere but connecting existing services is important in all models.
- Consolidated funding from federal, state, local, and private sources is needed to support the program.
- The project just completed Phase 1, initiate action, and Phase 2, organize action, is beginning.
- The focus is on a single-entry point and clear referral pathways along with a central coordinating organization to keep the partners aligned.

In response to questions from committee members, Ms. Moch noted youth homelessness was not a major focus of the study, but the study included those 18 years of age and older. A committee member noted the Rural Health Transformation Program should be considered for funding as well as the 1915(i) Medicaid waiver.

In response to questions from committee members, Ms. Henderson commented on the review of grant programs that NDHFA and the Continuum of Care oversee. She noted federal funding is decreasing but needs are increasing. She noted Cooper House, LaGraves, and Edwinton Place housing facilities were funded with low-income tax credits, but need rental assistance programs and supportive housing programs to remain viable.

Mr. Joe Hubbard, Interim Executive Director, Ministry on the Margins, commented on the uses of the state funding provided to Ministry on the Margins and the individuals served.

Ms. Marita Fiddler provided comments to the committee regarding government services.

Mr. Jim Haussler, President, Missouri Slope Areawide United Way, commented on the homeless shelter operated by the United Way. He noted state funding is appreciated and has been needed to serve the homeless population.

The committee discussed potential topics for the next meeting. Committee members suggested:

- The Department of Public Instruction report on the McKinney-Vento Programs for homeless youth.
- The Department of Health and Human Services (DHHS) report on youth shelters from regional meetings identifying areas lacking services.
- A tour of Edwinton Place.
- Other information relating to length of time in low-income housing, redundancy in services, and federal programs that require state matching funds.

### **STUDY OF ACCESSIBILITY OF GOVERNMENT SERVICES FOR INDIVIDUALS WHO ARE DEAF, HARD OF HEARING, HAVING HEARING DIFFERENCES, OR VISION IMPAIRMENT**

Ms. Kimberly Hruby, Director, Special Health Services Unit, Public Health, Department of Health and Human Services, presented information ([Appendix H](#)) on newborn screening. She noted:

- Hearing and vision screening is not mandated.
- The department partners with the North Dakota Center for Persons with Disabilities at Minot State University to administer the North Dakota Early Hearing Detection and Intervention Program.

Dr. Lacy Long, Project Director, North Dakota Dual Sensory Project, presented information ([Appendix I](#)) on the projects services for individuals who have combined hearing and vision loss. She reviewed the services of the program, support and assistance for families and schools, and outcomes.

In response to questions from committee members, Dr. Long noted:

- Mandated vision testing is not required for preschool or school age children.
- Some school districts do additional hearing testing and there are "child find" requirements under the Individuals with Disabilities Education Act.

Ms. Jerusha Olthoff, Program Director, North Dakota Early Hearing Detection and Intervention Program, presented information on the program and its goals. She noted:

- The North Dakota Early Hearing Detection and Intervention Program ensures babies are screened for hearing loss early.
- Funding for the program is from the federal Health Resources and Services Administration and the Centers for Disease Control and Prevention through competitive grants and cooperative agreements.
- North Dakota is one of three states with no mandated hearing screening or reporting.

In response to questions from committee members, Ms. Olthoff noted:

- The increase in the numbers of referred or missed screenings at birth were impacted by COVID.
- Statistically, more school-aged children with hearing issues should be identified in North Dakota. Mandates could help with identification.
- Training is provided through infant development Part C funding for tribal and other organizations' staff when screening equipment is received.

The committee discussed topics for future meetings, committee members suggested:

- DHHS discuss methods for those with hearing differences to contact resources regarding Medicaid or Supplemental Nutrition Assistance Program applications without using a teletypewriter.
- Additional information be received on infant screening with Health Tracks for Medicaid.

### **CHILD CARE PROVIDER LICENSING LAWS AND POLICIES**

Ms. Kay Larson, Director, Early Childhood, Department of Health and Human Services, presented information ([Appendix J](#)) on the Child Services Advisory Committee, which held its first meeting on November 20, 2025. She noted the following items were discussed at the committee's meeting:

- An overview of the child care development block grant and the Child Care Development Fund and the required funding guidelines to ensure health and safety standards.
- Legal requirements, administrative rules, and policies related to child care.
- Input on child care licensing issues and concerns.

In response to questions from committee members, Ms. Larson noted:

- The federal Office of Child Care mandates certain training requirements for health and safety topics.
- Assistance is available for new child care providers through Child Care Aware and the DHHS website.
- Each licensed day care is subject to an annual renewal visit and an annual unannounced visit.

### **EVALUATION OF DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE SERVICES**

Ms. Shannon Fleischer, Policy and Program Evaluation Division Director, Legislative Council, presented information on the child care services program evaluation progress. She noted:

- The focus has been on research and the foundation for the evaluation based on the approved objectives and scope.
- The engagement letter was issued, a meeting is scheduled with DHHS, and a survey is being prepared.

## REPORTS

Ms. Krista Fremming, Interim Executive Director, Medical Services Division, Department of Health and Human Services, presented information ([Appendix J](#)) on basic care study recommendations addressing the adult residential facility and basic care payment systems. She noted:

- The kickoff meeting was held September 9, 2025, to discuss the roadmap, topics, and timeline, including licensing and regulation reduction.
- The October 7, 2025, meeting focused on comparing licensing and regulations between basic care and assisted living models.
- The October 30, 2025, meeting reviewed basic care incidents and complaints for assisted living and basic care.
- The December 3, 2025, meeting reviewed federal and state regulations affecting Medicaid, including the Social Security Act, the state plan, and waivers. In addition, Eide Bailly presented information on the payment systems for basic care and adult residential care.
- The February 4, 2026, meeting included discussion on transferring basic care payments into the home- and community-based services under 1915(c) waiver authority.

In response to questions from committee members, Ms. Fremming noted:

- Licensing standards for assisted living should remain separate from basic care with the intention to not increase regulation of assisted living.
- Basic care services are paid under the Medicaid personal care services benefit.
- Medicaid offers no reimbursement for assisted living in North Dakota.
- Other states provide financial assistance for assisted living but do not have basic care.
- Behavioral health care, if the primary purpose, could create concerns with the Institution for Mental Disease waiver.
- A home- and community-based services waiver may allow additional services for individuals with greater need and the Rural Health Transformation Program may provide an opportunity to provide funding to strengthen basic care facilities.

Mr. Tim Eissinger, Executive Director, Human Services Division, Department of Health and Human Services, presented information ([Appendix K](#)) on the Pay for Success Program. He noted:

- The program has not been implemented.
- The \$2.5 million in funding from the Strategic Investment and Improvements Fund has not been spent, and the program could compete with the Rural Health Transformation Program.

Mr. Eissinger suggested the funds be used for other purposes. If not spent, House Bill No. 1480 (2023) provides the funds be returned to the Strategic Investment and Improvements Fund on July 1, 2027.

No further business appearing, Chairman Davison adjourned the meeting at 2:56 p.m.

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Keith Mantz  
Fiscal Analyst

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Victoria Christian  
Counsel

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