



Aging, Disability, and Veterans Services Division
Aging Services Advisory Council (ASAC)
 Tuesday, June, 16 2026, 10:00 am – 12:00 pm
 Five Oak Building, 209 SW 4th Ave, Portland, OR 97204
Pine Room, 1st floor

Zoom link: <https://multco-us.zoom.us/j/94294725561?pwd=8ZEEiVfu9sCg74q4yUeayQEF5HVkI2.1>
 Meeting ID: 942 9472 5561 – Passcode: Sac.2025

Time	Agenda Item	Lead
Attendees: Members	Dave Daley, John Halfmoon, Anne Lindsay, Maria Monroy-Mota, Kathleen Sullivan, Scott Moore	
ADVSD	Sarah Feldman, Cheri Becerra, Lars Fujisato, Deric Anderson, Marina Khalina, Jeremy Nguyen, Bri Eck, Hayden Farris	
Guests	Mark Coleman, Barb. Rainish	
10:00 am	Meeting open for sign on	All
(15 min)	Agenda review – <i>call for public comment</i> Zoom review and accessibility Land acknowledgment Introductions – Please share your name and pronouns <i>Prompt: In a few words: What does aging well in Oregon look like to you?</i>	Sarah & All
10:15 am (5 min)	Advocacy Update: Trimet <ul style="list-style-type: none"> - Dave shared that the TriMet service cuts go into effect in July, although this information is for the 2027 biennium. These cuts have not been discussed in a committee, and staff should advocate for the services. These cuts mean that people will not receive services, unlike TriMet cuts where routes get cut. TriMet LIFT should be used more, and more people should get certified so they can still have trips. - John asked about Ride Connection. - Dave said Ride Connection and TriMet used to work closely, although now they are separate. 	Dave
Next Steps and Action Items		
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<p>10:20 am (10 min)</p>	<p>Learning & Advocacy: Governor’s Commission on Senior Services, “Shared Future Oregon,” and Multi-Sector Plan for Aging</p> <ul style="list-style-type: none"> - Sarah shared that the Governor’s Commission on Senior Services (GCSS) is accepting new members. This is an advocacy committee that works on service plans for the state. Oregon is now an age-friendly state, and this will set the blueprint for new policies in housing, transportation, and health for older adults. Also, the governor announced housing actions to support older adults in Oregon. Oregon's commitment to being an age-friendly state is realized through the Multi-Sector Plan for Aging, which is a coordinated statewide roadmap to support people across all stages of life. The Multi-Sector Plan for Aging is a 10 year plan with five primary goals consisting of: Economic vitality, workforce, housing, caregiving and long-term care, and overall health. This is also called <i>Shared Future Oregon</i> and includes various partners. There are various committees that people can apply to be on including: Housing, caregiving and long-term care, overall health, economic vitality, workforce, communications and outreach, community engagement, and policy and advocacy. - Dave said the five goals are based on committee structures. They need people with expertise and experience in these topics for when the committees start. - Anne said these focus areas feel like topics and not goals. - Dave said these are primary topics and they are trying to gather expertise in these topics to create plans and goals from the committees. - Kathleen said California made a state plan and Oregon is wanting to mimic that plan. She was on the committee in California to evaluate the plan and the state had a hard time meeting their goals. It requires a lot of money which impacts the results. She shared that the number of committees Oregon wants feels like too many and we are slipping in our services. One example is that the county is not pushing for PACE enough. She recommended that the state should review the plan every two years. - John asked what the target population is. - Marina said it depends on the state because eligibility can be 65 for services, although our programs are 60 and 	<p>Sarah</p>
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	<p>older.</p> <ul style="list-style-type: none"> - Sarah said the state has to submit a plan similar to our Area Plan, and the Multi-Sector Plan is reflective of their plan. - Dave said The Multi-Sector Plan is for the State of Oregon, and we can include what we want to focus on and we can be specific in our goals. - Anne agrees with Kathleen that there are too many committees and it doesn't feel like they will make too much progress. She was wondering if there is a more ideal number. - Dave said that is being driven by the AGE+ states and this is the recommendation from other states and organizations to collect information. - Kathleen said there were experts in all the committees, such as for housing, transportation, health and well being, and financial stability. These committees were small, but had specific experts. There is danger by having people in the committees that do not appear to be specific experts. - Dave said there are only five committees, each covering certain topics and they will have sub-committees. - Marina provided an overview of the committees/subcommittees and goals. She encouraged advocacy and involvement to help create a comprehensive plan. 	
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Next Steps and Action Items

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<p>10:30 am (10 min)</p>	<p>Policy Update: Title III/Title VI Coordination</p> <ul style="list-style-type: none"> - Sarah shared that for our Area Plan update, we have been working with the Confederated Tribes of the Grand Ronde and Confederated Tribes of the Siletz Indians to create this policy. This is to ensure that tribal elders and family caregivers receive seamless, culturally appropriate, and trauma-informed services via mutual outreach, referral, and administrative cooperation. We will submit our draft of this policy for state approval. - Marnia said the Area Plan will be updated to include this 	<p>Sarah</p>
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	policy.	
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Next Steps and Action Items

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<p>10:40 am (10 min)</p>	<p>Program Update: OPI-M</p> <ul style="list-style-type: none"> - Maria provided an overview of the OPI-M and OPI-Classic programs. - Dave asked what the current numbers are and how many people are on the waitlist. - Marina said we had 300 for OPI, 300 are waiting for OPI-M, and we have 400 in the program, and another 50 are being assessed. OPI-M has a waitlist of 600 and 400 are currently on it in Multnomah County and the state has 5,000. - Scott asked if the reason for the waitlist is because they are eligible, but we don't have the providers. - Marina said people were asked to call the ADRC to create an interest list and by the time we assessed them we had 700 people on the interest list. We were working on the number, but the public was still able to express interest and we are trying to hire to help with the numbers. The OPI-M team is being moved to LTSS to have more support. - Dave asked if the waitlist is because we can't qualify them for Medicaid fast enough. - Marina responded that we are getting them done fast enough, although we get more applicants than we can process. - Dave said there isn't a solution then. - Marina shared that we are hiring to help keep up with the workload. People on the waitlist are able to receive OAA services while they wait. - Scott said a helpful understanding would be to share the waitlist number and clarify the number is ongoing. - Marina said she appreciated the feedback and suggestions since this rollout is being evaluated as we go. - John asked to clarify that there are 600 consumers and 300 on the waitlist. - Marina responded that there were 300 consumers in the 	<p>Marina</p>
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	OPI program, which we don't have anymore. There are 600 consumers on the waitlist the OPI-M program, although it is ongoing.	
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Next Steps and Action Items

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10:50 am (10 min)	<p>Budget Update: Final Budget Approved</p> <ul style="list-style-type: none"> - Marina said that the majority of the budget information will be sent out after the meetings. She thanked the members for advocating, which saved many of our services and programs. We restored our MMAs who presented to ASAC and they received advocacy. Our Safety Net program was also saved, and this includes the staffing and program itself. They were reduced by \$100,000, but the program was saved. 	Marina
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Next Steps and Action Items

- Share budget information.

11:00 BREAK

11:15 (35 min)	<p>Learning, Advocacy, Advising: Veterans Directed Care Logic Model and Data</p> <ul style="list-style-type: none"> - Sarah provided an overview of the VDC and Baseline project. - Jason shared what the VDC program does and what the logic model is. - Lisa said the VDC consumer needs to be part of the Veterans Affairs office and be referred by their PCP since the program is self-directed. - Jason said there are two layers to this program. One is being a spoke and providing case management, and the other is being a hub and offering administration support and oversight for other spokes. He shared a map of the spokes under our hub which include: Washington County, Clackamas County, and Douglas County. Other spokes are now independent. 	Nicole Galport and Jason Normand
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- Kathleen asked why Douglas County is included since it is far away.
- Lisa said all the different counties were approached by the VA and some counties did not take it on. Hubs are connected to VA medical centers and it was dependent on the AAA's to take it on.
- Marina said smaller counties need to look at their budgets and medical centers. Also, they only have so many referrals.
- Jason said he was focusing on the three counties, but the numbers include the previous spokes, so next year the numbers will be smaller. A logic model is a way to summarize the logic of how the program works. This includes inputs, activities, outputs, outcomes, and impacts. He focused on key activities for the presentation. Both the spoke and hub are involved in the actions, although most of the information was primarily activities from the spokes.
- Nicole said the slides are color coordinated and the inputs and resources are staff, funding, and providers/partners.
- Dave said he thought there was a backlog of people who have not been able to get into the program.
- Lisa said there our budget caps for how many people can be included.
- Dave asked how many people aren't being serviced.
- Lisa said the number changes, so the number is influx throughout every county and sometimes they are served from other counties. We have had two or three changes this past month and we have 23 consumers.
- Marina said we have seven on the waitlist.
- Kathleen asked if this program will scale given there is a waitlist and so many people can work with them.
- Marina said we need advocacy to expand this program. We get reimbursed per consumer and we have to pay a third party and our administration cost, which is different for other counties.
- Lisa said this is a national program and is based on what congress budgets.
- Nicole said this work and the data is for advocacy. She shared what the outcomes are, which include: increased access to VDC care and support, increased ability to self-direct and manage care and support, increased

	<p>assistance and independence. We are monitoring and updating monthly spending and tracking related outputs and outcomes.</p> <ul style="list-style-type: none"> - Jason said there were a total of 237 veterans enrolled at some point this last year, and a total of \$8.1 million spent last year on veterans in the program. That is money going directly to the veteran and to the communities. - Dave asked how much of the \$8 million is going to direct services for the consumer. - Jason said all of it. - Lisa said this is money that the veteran spent, so it would be this amount plus the administration fees. The total number is different and we can get that number to you. The smaller counties' staff are likely working on other programs as well. - Jason said most of this money is spent on transportation and salaries for the caregivers. - Kathleen asked if there is a limit to their spending. - Marina said there is a limited amount based on their level of care. - Jason said the table of outcome data shows increased access to VDC care and support, increased ability to self-directed and manage care and support, and increase in care and assistance. - John asked for clarification of the budget. 	
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<p>Next Steps and Action Items</p> <ul style="list-style-type: none"> ● Provide the amount of money that was direct to the consumer plus the administration fees. 		
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<p>11:50 (10 min)</p>	<p>Public comment</p> <ul style="list-style-type: none"> - Sarah shared reminders on events: <ul style="list-style-type: none"> - 56th annual Delta Park Powwow: Friday, June 19th-21st. - Juneteenth Celebration: Saturday, June 20th. - O4AD virtual quarterly meeting: Wednesday, July 8th. 	
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<p>Next Steps and Action Items</p> <ul style="list-style-type: none"> ● 		
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Upcoming Meetings:

- ASAC: Tuesday, July 21, 2026
- DSAC: Wednesday, July 15, 2026

Common acronyms used in ASAC Meetings – While we strive to avoid acronyms and jargon here are some you may hear in ASAC meetings

- AAA - Area Agency on Aging
- ADRC - Aging, Disability Resource Connection (Center)
- ADVSD - Aging, Disability and Veterans Services Division, DCHS
- APD - Aging and People with Disabilities, Oregon Department of Human Services
- APS - Adult Protective Services
- ASAC - Aging Services Advisory Council
- BIPOC - Black, Indigenous, and other People of Color
- DCHS - Department of County Human Services (Multnomah)
- DSAC - Disability Services Advisory Council
- HST - Housing Stability Team
- LTSS - Long Term Services and Supports
- NEMT - Non-Emergency Medical Transportation
- O4AD - Oregon Association of Area Agencies on Aging and Disabilities
- OAA - Older Americans Act
- ODHS - Oregon Department of Human Services (also called DHS)
- OPI and OPI-M - Oregon Project Independence (- Medicaid)
- YFS - Youth and Family Services



Aging Services Advisory Council (ASAC)

June 16, 2026

Aging, Disability, and Veterans
Services Division

Department of County Human Services

Please silence your cell phones

**PLEASE SILENCE
YOUR DEVICES**



Meeting goals

- Zoom, microphone use, and accessibility statement
- Land acknowledgement
- Introductions and grounding in the purpose of advisory councils
- Advocacy Update: Trimet funding cuts
- Learning and Advocacy: Our Shared Future: Multi-Sector Plan for Aging
- Policy update: Title III/VI Coordination
- Program Update: OPI-M
- Budget Update: Final approved budget
- Break
- Veterans Directed Care (VDC)
- Public testimony
- Future meeting



Main features of using Zoom on a computer.

Zoom application features in the works, as requested.

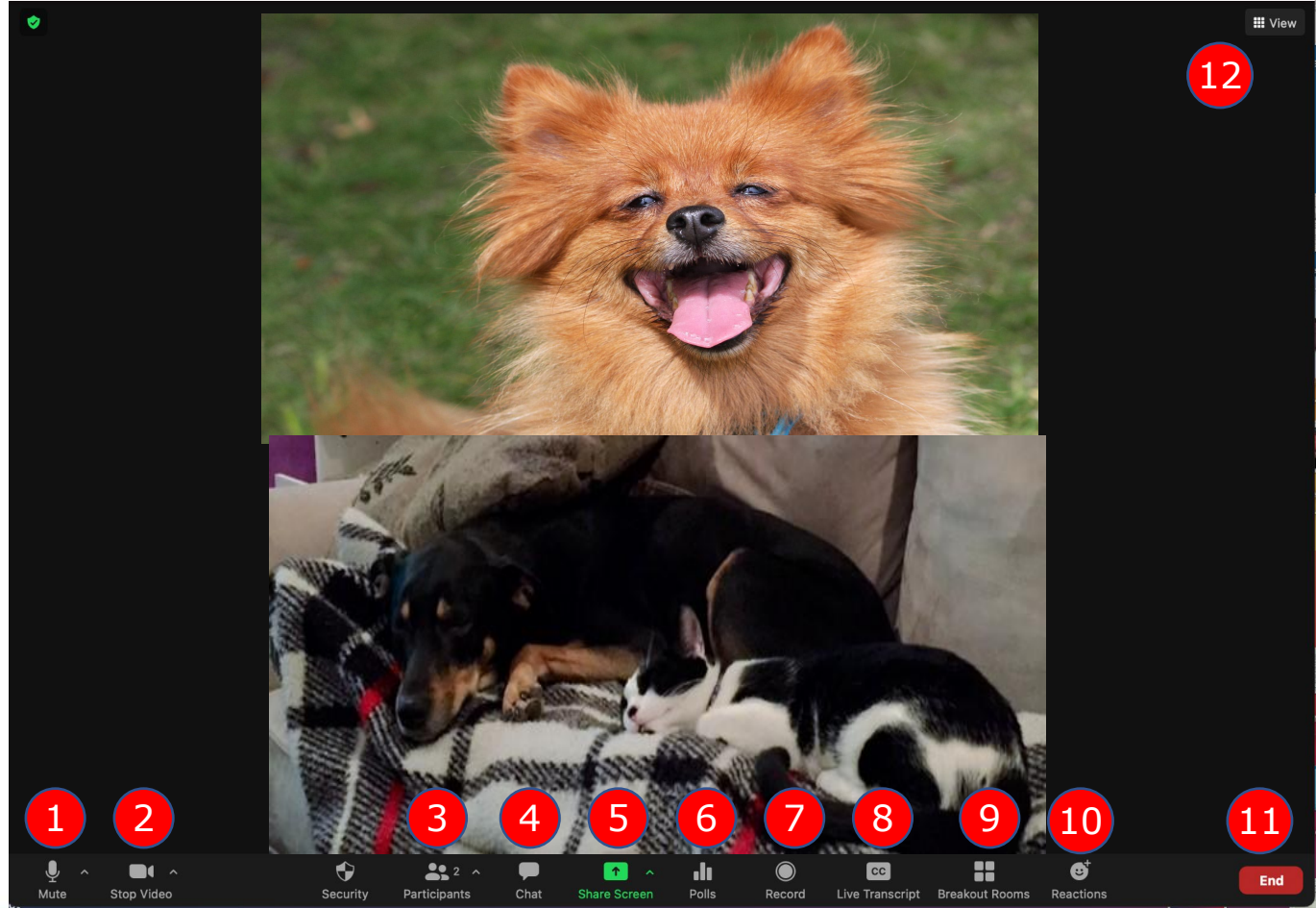
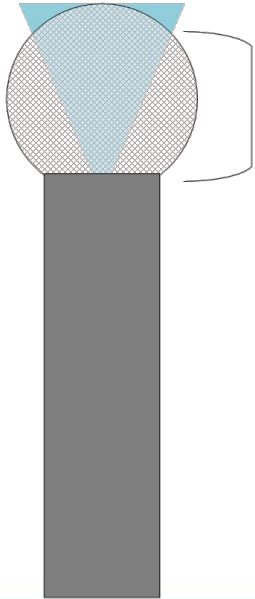


Image of a Zoom platform screen with two dogs in the participant boxes and red circles with white numbers above each of the Zoom button icons.

Using the microphone

Shaded area = best sound pick up from microphone



Poor sound pick up from sides



Mute indicator. There is a brief delay to activate the mic.



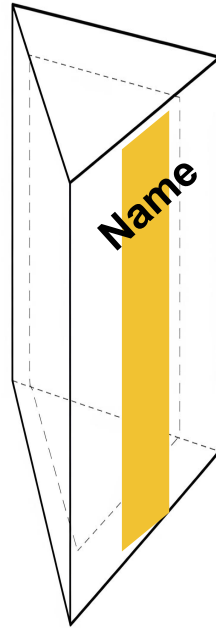
Short press
Toggle mute on/off
Long press "FF" = off



Hold the mic correctly (as shown below), and DO NOT cup the grille.
(Unless you're rapping, but this guide is for clean audio)



How to use your Name tent



Accessibility statement

We will (imperfectly!) model accessible presentation techniques such as:

- Using a minimum of 20 point font on slides.
- Limiting reliance on words and images.
- Orally describe visual presentation elements.
- Taking time on slides.
- Ask ahead of time if anyone needs accommodations.



Accessibility statement, continued

- Use a virtual platform with auto-generated closed captioning.
- Include alternate text or image descriptions.
- Accommodations were requested and met.
- In use—voice amplification.
- Not in use—ASL interpretation, CART services.



Land acknowledgement

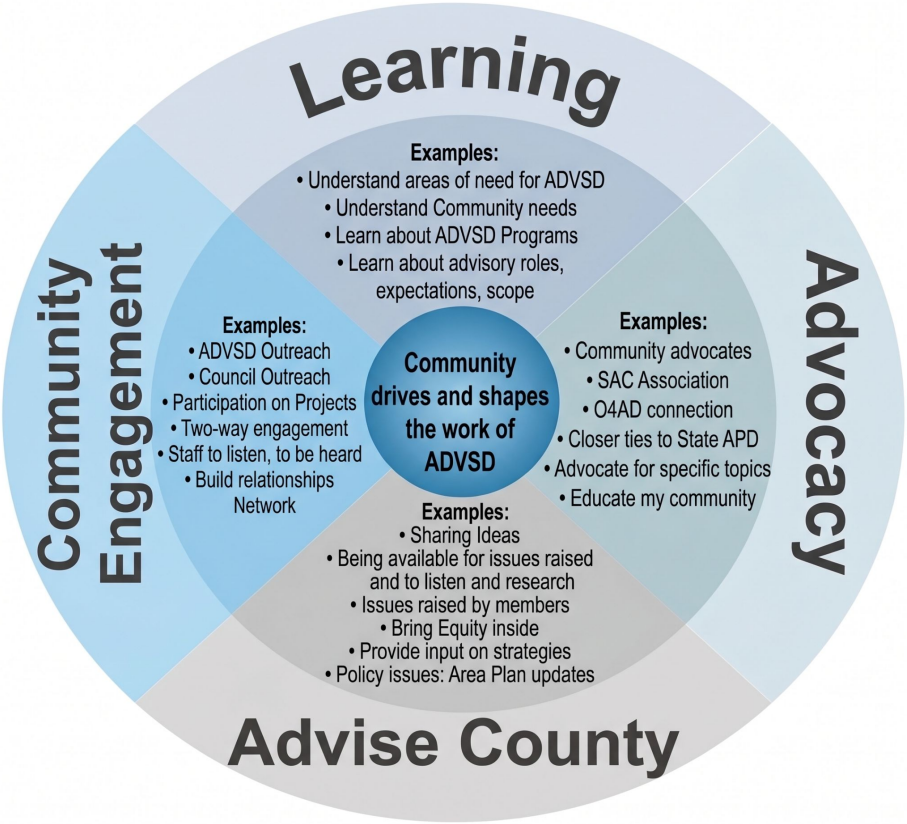
We are located in Portland, Oregon, Multnomah county.

Today, we honor the Indigenous people whose traditional and ancestral homelands we stand on—the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya and many other Indigenous nations of the Columbia River.

It is important we acknowledge the ancestors of this place and to recognize that we are here because of the sacrifices forced upon them.

In remembering these communities, we honor their legacy, their lives, and their descendants.

Grounding us in the Purpose of Advisory Councils



Quick introductions

Please share:

- Your name
- Pronouns
- *Prompt* – In a few words: What does aging well in Oregon look like to you?



(Dave) Advocacy Update: Trimet cuts

What we are asking for: A fair, open process — and fully informed decisions on human impact before cuts are implemented.

1 **Transparent Process**

Most affected riders & some service managers were never notified. Public awareness is essential before any cuts take effect.

3 **ATFAC-to-LIFT Cost Analysis**

Assess how cutting ATFAC shifts riders to the more expensive LIFT system — trends that could worsen significantly with these cuts.

2 **Informed Board / AB2017 Review**

Conduct a thorough public process to assess human impact and allow affected organizations to demonstrate the value of these funds.

4 **Protect Rural & Frontier Areas**

For many seniors relocating for affordable housing, ATFAC is their only mobility lifeline — and critical to bipartisan legislative support.

Learning & Advocacy: Multi-Sector Plan for Aging

Background:

- Governor's Commission on Senior Services (GCSS)
- Shared Future Oregon
- Multi-Sector Plan for Aging (MPA)

Advocacy Opportunity:

- Shared Future Oregon - Join a Committee



Governor's Commission on Senior Services (GCSS)

- GCSS is an official state commission made up of 21 members, including volunteers appointed by the governor, and two legislators (one from the House and one from the Senate).

The commission:

- Studies programs and budgets of all state agencies that affect older adults and people with disabilities.
- Recommends development of a comprehensive plan for delivery of services to older adults
- Promotes responsible statewide advocacy for older adults



Oregon becoming an Age Friendly State

- Age-Friendly State Designation: In late May 2026, Governor Tina Kotek officially declared Oregon an Age-Friendly State, joining the AARP Network of Age-Friendly States and Communities. This sets the blueprint for new policies regarding housing, transportation, and health for older adults.



Kotek Announces Housing Actions to Support Older Oregonians

\$94 million targeted to expand housing stability and support older adults to age in their homes

- **Launch the Older Adult Housing Program**, providing \$24 million to construct new affordable rental homes for older Oregonians.
- **Invest \$50 million through the Elderly and Disabled Bond Program**, to increase new housing developments for older Oregonians by 14%.
- **Create the Healthy Homes for Older Oregonians program**, dedicating \$5 million for home repairs and renovations to help older adults remain safe in their current homes.
- **Invest \$15 million** to rehouse unsheltered older Oregonians.



Why Oregon Needs an Multi-Sector Plan on Aging

Today, a 10-year-old has a 50% chance of living to 104. By 2034, older adults will outnumber children under 18. Oregon mirrors this trend acutely, aging faster than the national average. In 25 of Oregon's 36 counties, over 25% of residents are now aged 65 or older.



Multi-Sector Plan for Aging (MPA):

The GCSS partners with organizations to make Oregon an Age-Friendly State, recognizing that longer lives change community participation. This commitment is realized through Oregon's development of a **Multi-Sector Plan for Aging**, a coordinated statewide roadmap to support people across all stages of life.



What is a Multi-Sector Plan for Aging (MPA)?

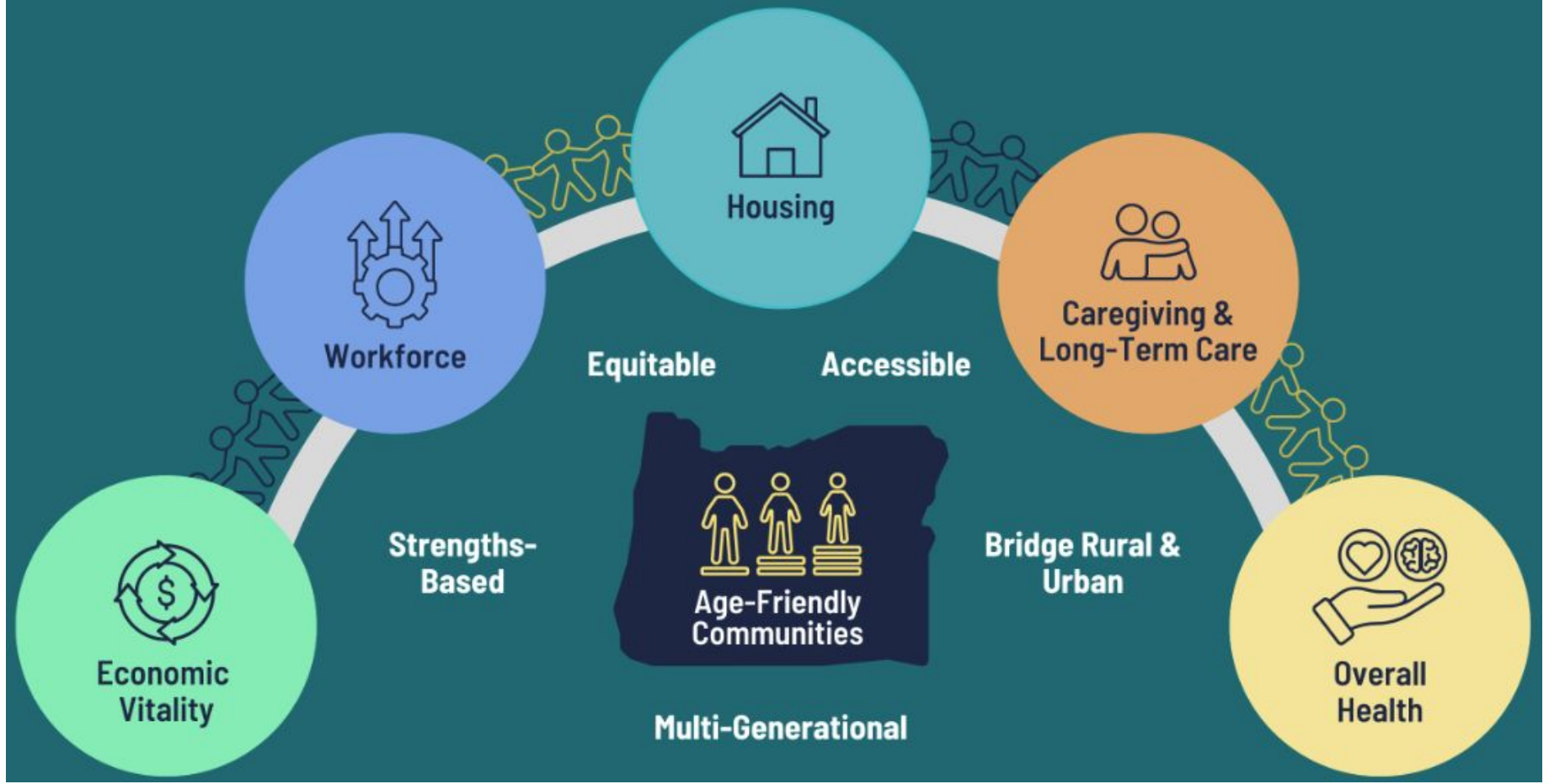
A Multi-Sector Plan (MPA) is a 10+ year blueprint to restructure state and local policies and convene diverse stakeholders. Its goal is to collaboratively create a coordinated system of high-quality care and support services that promote healthy aging, independent living, and social engagement, while addressing healthcare, housing, transportation, and other social determinants of health.



Shared Future Oregon: Bold Goals

Organizations like AGE+, AARP Oregon, and the Governor's Commission on Senior Services have been working toward an MPA for more than 2 years. Through listening sessions, surveys, and statewide conversations, 5 bold goals have been identified.





Shared Future Oregon: A Multi-Sector Plan for Aging

Go to the MPA website to learn more and to get involved!



A Multi-Sector Plan for Aging



Shared Future Oregon: Apply for a Committee

What We're Listening For

- What does aging well look like in your community?
- What barriers do you or your neighbors face?
- What would make Oregon a better place to age?
- What strengths does your community already have?



Shared Future Oregon Committee Options

- Housing Committee
- Caregiving and Long-term Care Committee
- Overall Health Committee
- Economic Vitality Committee
- Workforce Committee
- Communications and Outreach
- Community Engagement
- Policy and Advocacy
- Or, Open to any Committee



Shared Future Oregon Committee: Take the next step

<https://sharedfutureoregon.org/get-involved/>



Policy Update: Title III/Title VI Coordination

This year's Area Plan update requires AAAs to submit a draft Title III and Title VI Coordination policy for state approval. Our service area's Title VI agencies are the Confederated Tribes of Grand Ronde and Confederated Tribes of Siletz Indians. We are collaborating on this policy with these Tribes and the three overlapping AAAs: District 16 (WCDAVS), District 15 (CCSS), and District 1 (NWSDS).



Policy Update: Title III/Title VI Coordination

This policy ensures Tribal Elders and family caregivers receive seamless, culturally appropriate, and trauma-informed services via mutual outreach, referral, and administrative cooperation. Sections include:

- Joint Outreach and Communication
- Collaboration and Information Sharing
- Referral Pathways
- Culturally Appropriate and Trauma-Informed Service Delivery
- Tribal Representation in Governance
- Implementation and Liaison Support



Program Update OPI-M

- Oregon Project Independence - Medicaid (OPI-M)
- (OPI-M) is a unique Medicaid-funded program for seniors and physically disabled adults who require assistance with their daily living activities and are at risk of requiring long-term services and supports via OR Medicaid (Oregon Health Plan)
- Via OPI-M, a variety of Home and Community Based Services are available. This includes adult day care, emergency response systems, meal delivery, home modifications for safety and accessibility, and personal care assistance. There is also a family caregiver assistance component.



Budget Update: Final Budget Approved June 5, 2026

The final budget for FY27 includes the following County General Fund reductions:

- \$100,000 in Direct Client Assistance from ADVSD's Safety Net Program. This reduction impacts approximately 148 clients who rely on housing stability supports, such as rent assistance, utility assistance, emergency motel vouchers, deposits, moving services, and more.
- \$1,075,064 from regional services in YFS's Multnomah Stability Initiative program that will reduce the capacity from 400 to 228 households receiving housing stability case management (a 43% decrease).
- \$98,826 in General Fund match from the Intellectual & Developmental Disabilities Division's Administration & Support program offer. This will limit DCHS' ability to leverage additional funding sources.



Budget Update: Amendments

Amendments

The final budget adopted included several amendments to restore full and partial services that were not included in the Chair's proposed budget in April. These restorations reflect the Board of County Commissioners' belief in the work and impact of DCHS. In the end, the amendments and adopted budget allow us to:

Budget Update: Amendments (cont.)

- Preserve the \$3.5 million ongoing Eviction Prevention funding and necessary FTE.
- Add funding for eviction prevention legal services.
- Restore three MMA positions in ADVSD, and expand a part-time ADVSD housing navigator position to full-time.
- Restore the nine SUN Community Schools slated for reduction.
- Add funding to the Multnomah Public Defenders Peer Navigator program.
- Add funding to the Immigrant Family Resilience and Stability Program for legal services and mini grants.



Budget Update: Amendments (cont.)

- **Home Forward In-Reach Team:** Fund an in-reach team (3 LDA Health Related Social Needs Medicaid 1115 intake specialists, 1 Program Specialist Sr.) to coordinate with 2 new Case Management/Behavioral Health FTEs to support Home Forward residents. This expands the Medicaid Waiver Rent Assistance Program, utilizing the Medicaid 1115 housing waiver for additional funding.
- **Preschool for All Support:** Invest dedicated savings for Preschool for All providers, focusing on permitting assistance and clinical supervision for Early Childhood Mental Health Students to expand mental health services for preschool students.
- **Eviction Prevention:** Added \$4.25 million in eviction prevention funding through an agreement with the City of Portland.



15-minute break

**I'M TAKING
A BREAK**

Veteran Direct Care (VDC) Program

Performance Indicators - A resource for advocacy

Jason Normand

Research & Evaluation Analyst Senior

Nicole Galport

Research & Evaluation Analyst Senior

ADVSD Director's Office



Veteran Direct Care (VDC) Program

Performance Indicators - A resource for advocacy

- **Purpose for today:**
 - Learn about the Baseline Project and Logic Models
 - Stay current on VDC program activity and outcome data
 - Advocacy: Be informed about what is making a difference
 - Advocacy: Help spread the word to Veterans, their family members, Veteran service providers and the broader community about the program.
- **Baseline Project goal:** All programs are clearly defined; data connected to outcomes and activities is catalogued and enables benchmarks for tracking over time.



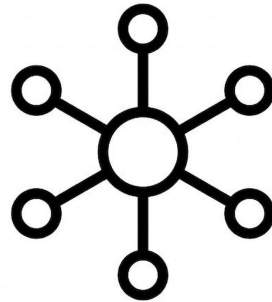
What is VDC?

- Designed for US Veterans needing assistance with daily living activities.
- Provides personalized care for Veterans, allowing them to maintain independence.
- Enables care in homes or communities instead of nursing homes or institutions.
- Eligibility requires Veteran to be enrolled in the Department of Veterans Affairs health care system.

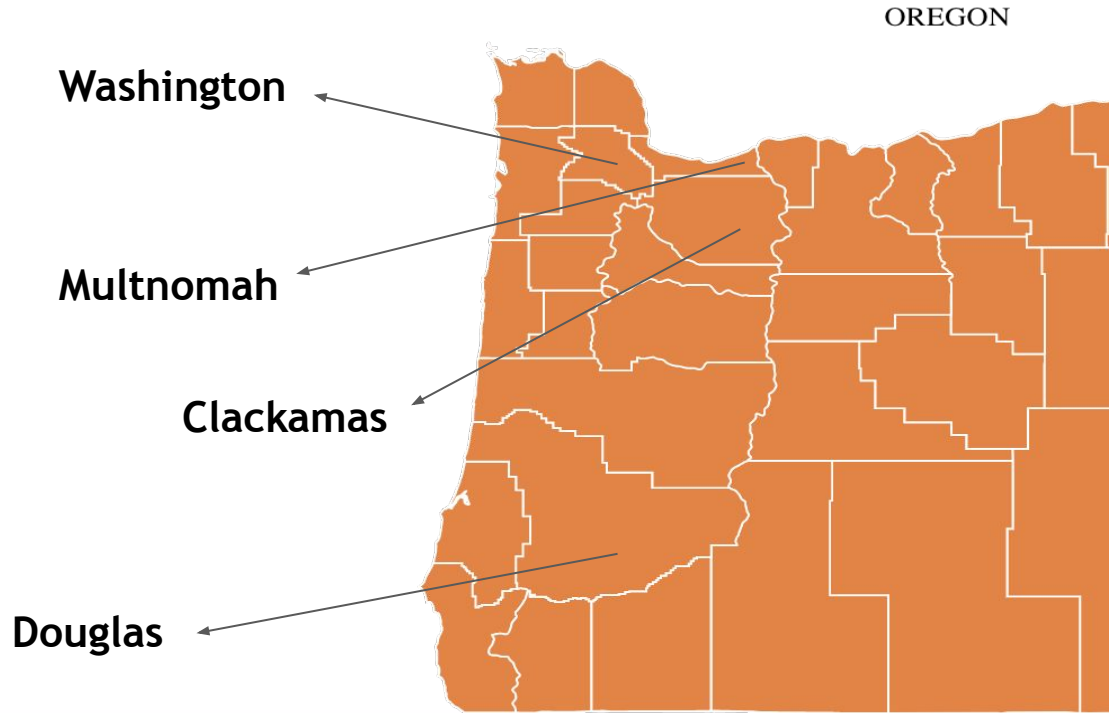


Multnomah County VDC's Hub & Spoke Model

ADVSD serves as both a Spoke to provide VDC services in Multnomah County and the Hub to provide administrative support and oversight for our other Spokes in Oregon.



Multnomah County VDC's Hub & Spoke Model



Other VDC Service Areas in OR:

- South Coast Business Employment Corporation (Coos/Curry)
- Rogue Valley Council of Government (Jackson/Josephine)
- Klamath & Lake Counties Council on Aging



Logic Model (handout)

Planned Work: What your program does...		Intended Results: What your program expects to achieve from what it does...			
Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes	Impacts
What resources and investments does your program use?	What action/work is your program/staff doing for participants?	What did activities produce for participants? How much work was done by the program?	What immediate/short-term changes are expected for participants from activities?	What long-term changes are expected for participants from activities or prior outcomes?	What changes are expected beyond the participant?
<ul style="list-style-type: none"> • ADVSD staff: <ul style="list-style-type: none"> ○ VDC Service Coordinator ○ VDC Contract Program Specialist ○ Program Management ○ CS DQPS team • Partners: <ul style="list-style-type: none"> ○ Spokes: Multnomah, Clackamas, Douglas, & Washington Counties ○ VAMCs: Portland & Roseburg ○ FMS: ResilientSD ○ VHA • Funding sources: <ul style="list-style-type: none"> ○ VHA • Hired caregivers 	<p>Direct Service (Spokes):</p> <ul style="list-style-type: none"> • Process referrals & authorizations • Conduct formal & informal care need assessments • Help with VDC enrollment process • Provide information, assistance, & options counseling • Monitor/update monthly spending • Monitor health/safety through calls & home-visits <p>VDC Administrator (Hub):</p> <ul style="list-style-type: none"> • Oversee VDC operations, compliance, & quality assurance to support Spokes & participants 	<ul style="list-style-type: none"> • Referrals & authorizations <ul style="list-style-type: none"> ○ # of referrals received ○ # of individuals referred ○ # of individuals on the waitlist ○ # of authorizations • Care need assessments <ul style="list-style-type: none"> ○ # assessments conducted ○ # of individuals served • VDC enrollment <ul style="list-style-type: none"> ○ # of individuals qualified ○ # of new individuals enrolled ○ # of individuals enrolled • Monthly spending <ul style="list-style-type: none"> ○ # of dollars in approved budgets ○ # of dollars spent on VDC funded care & supports • Information, assistance, & options counseling <ul style="list-style-type: none"> ○ # of contacts • Monitor health/safety <ul style="list-style-type: none"> ○ # of calls & home visits 	<ul style="list-style-type: none"> • Improved awareness & access to non-VDC services & supports • Qualified individuals were successfully enrolled in VDC • Improved awareness & access to care & supports through VDC • Improved ability to self-direct & manage care & supports • Improved care/assistance from hired care workers & purchased goods • Increased social interactions from hired care workers 	<ul style="list-style-type: none"> • Improved independence (e.g. choose services, live at home & prevent nursing facility placement) • Improved safety (e.g. reduced risk of abuse, exploitation, injury) • Improved health (e.g. reduced hospitalizations) • Improved engagement in community life (e.g. reduced isolation) • Improved quality of life 	<ul style="list-style-type: none"> • Reduced family & unpaid caregiver burden & isolation • Reduced healthcare system use & spending • Increased household and community economic stability • Increased access to care & supports in rural areas, avoid unnecessary displacement • Improved connection & coordination for providers

Logic Model (handout)

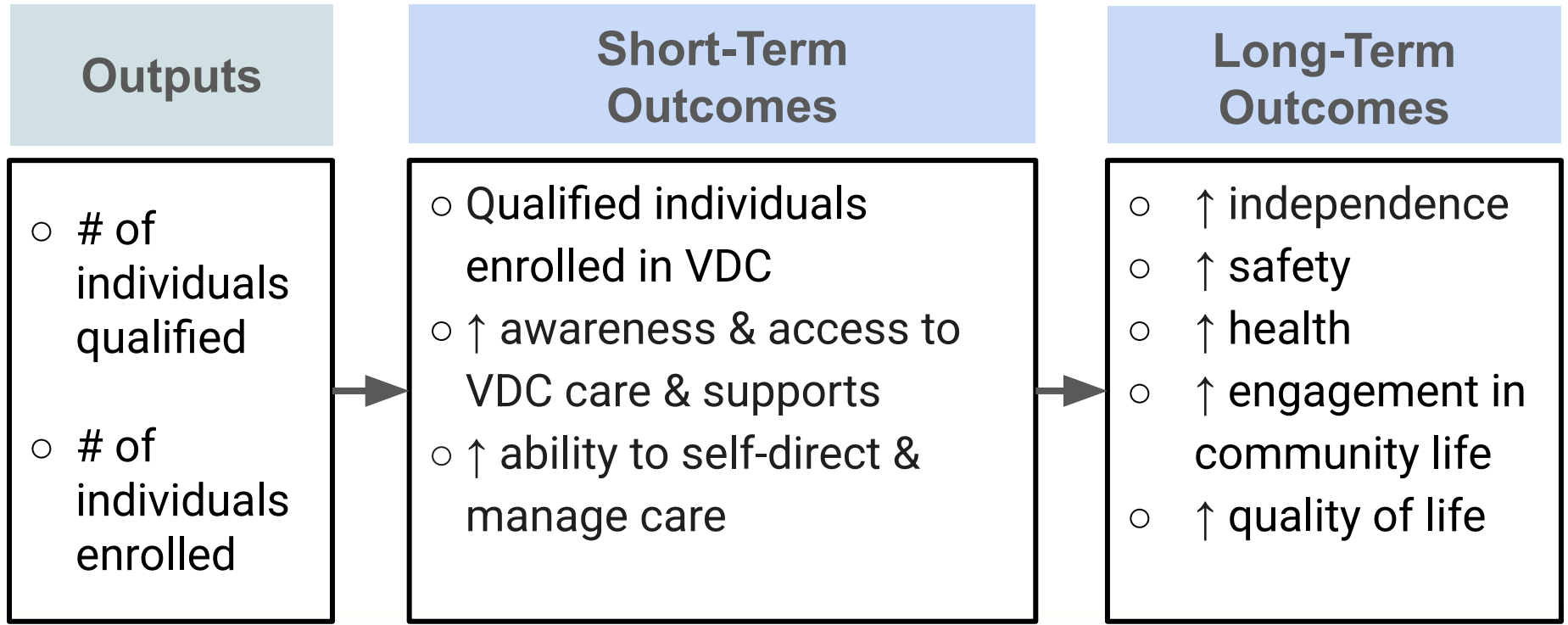
Planned Work: What your program does...		Intended Results: What your program expects to achieve from what it does...			
Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes	Impacts
What resources and investments does your program use?	What action/work is your program/staff doing for participants?	What did activities produce for participants? How much work was done by the program?	What immediate/short-term changes are expected for participants from activities?	What long-term changes are expected for participants from activities or prior outcomes?	What changes are expected beyond the participant?
<ul style="list-style-type: none"> • ADVSD staff: <ul style="list-style-type: none"> ○ VDC Service Coordinator ○ VDC Contract Program Specialist ○ Program Management ○ CS DQPS team • Partners: <ul style="list-style-type: none"> ○ Spokes: Multnomah, Clackamas, Douglas, & Washington Counties ○ VAMCs: Portland & Roseburg ○ FMS: ResilientSD ○ VHA • Funding sources: <ul style="list-style-type: none"> ○ VHA • Hired caregivers 	<p>Direct Service (Spokes):</p> <ul style="list-style-type: none"> • Process referrals & authorizations • Conduct formal & informal care need assessments • Help with VDC enrollment process • Provide information, assistance, & options counseling • Monitor/update monthly spending • Monitor health/safety through calls & home-visits <p>VDC Administrator (Hub):</p> <ul style="list-style-type: none"> • Oversee VDC operations, compliance, & quality assurance to support Spokes & participants 	<ul style="list-style-type: none"> • Referrals & authorizations <ul style="list-style-type: none"> ○ # of referrals received ○ # of individuals referred ○ # of individuals on the waitlist ○ # of authorizations • Care need assessments <ul style="list-style-type: none"> ○ # assessments conducted ○ # of individuals served • VDC enrollment <ul style="list-style-type: none"> ○ # of individuals qualified ○ # of new individuals enrolled ○ # of individuals enrolled • Monthly spending <ul style="list-style-type: none"> ○ # of dollars in approved budgets ○ # of dollars spent on VDC funded care and supports • Information, assistance, & options counseling <ul style="list-style-type: none"> ○ # of contacts • Monitor health/safety <ul style="list-style-type: none"> ○ # of calls & home visits 	<ul style="list-style-type: none"> • Improved awareness & access to non-VDC services & supports • Qualified individuals were successfully enrolled in VDC • Improved awareness & access to care & supports through VDC • Improved ability to self-direct & manage care & supports • Improved care/assistance from hired care workers & purchased goods • Increased social interactions from hired care workers 	<ul style="list-style-type: none"> • Improved independence (e.g. choose services, live at home & prevent nursing facility placement) • Improved safety (e.g. reduced risk of abuse, exploitation, injury) • Improved health (e.g. reduced hospitalizations) • Improved engagement in community life (e.g. reduced isolation) • Improved quality of life 	<ul style="list-style-type: none"> • Reduced family & unpaid caregiver burden & isolation • Reduced healthcare system use & spending • Increased household and community economic stability • Increased access to care & supports in rural areas, avoid unnecessary displacement • Improved connection & coordination for providers

Inputs & Resources

- ADVSD staff
 - Service Coordinator
 - Contract Program Specialist
 - Data Quality & Program Support team
- Providers/Partners
 - Spokes: Multnomah, Clackamas, Douglas, & Washington Counties
 - Veterans Administration Medical Centers: Portland & Roseburg
 - Financial Management System: ResilientSD
- Funding
 - Veterans Health Administration
- Hired caregivers



Help Veterans enroll in VDC



Monitor/update monthly spending

Outputs

- \$ in approved budgets
- \$ spent on VDC care & supports



Short-Term Outcomes

- ↑ access to VDC care & supports
- ↑ ability to self-direct & manage care & supports
- ↑ care & assistance
- ↑ social interactions



Long-Term Outcomes

- ↑ independence
- ↑ safety
- ↑ health
- ↑ engagement in community life
- ↑ quality of life



Output data (July 1, 2024 - June 30, 2025)

- **Help Veterans enroll in VDC**
 - **237:** Total number of Veterans enrolled in VDC
- **Monitor/update monthly spending**
 - **\$8,096,744.55:** Total annual dollar amount spent on Veteran's care & supports through the VDC program



Outcome data (2024 & 2025 surveys)

Outcomes	Survey: % Agree or Strongly Agree	2024	2025
↑ access to VDC care & supports	VDC helped me get the services I need.	94%	98%
↑ ability to self-direct & manage care & supports	VDC helps me direct my care in my home.	91%	97%
↑ care & assistance ↑ independence	I get the care I need to support my ability to live independently at home.	97%	94%
↑ care & assistance ↑ independence	The services have helped prevent me from being admitted to a nursing facility.	88%	91%



VDC Program Logic Model: Discussion

- **Revisiting the purpose for today:** Learning and advocacy for the Veteran Directed Care Program
 - Learn about the Baseline Project and Logic Models (Area Plan)
 - Stay current on VDC program activity and outcome data
 - Advocacy: Be informed about what is making a difference
 - Advocacy: Help spread the word to Veterans, their family members, Veteran service providers and the broader community about the program.



Public testimony

- Please feel free to provide comments.



Announcements & Reminders

- 56th Annual Delta Park Powwow - this weekend! Friday June 19 through Sunday June 21
 - Grand Entries: Friday: 7:00 PM, Saturday: 1:00 PM and 7:00 PM, Sunday: 12:00 PM (High Noon)
- Juneteenth Celebration Saturday June 20 at Lillis-Albina Park; Parade at 11am, event from Noon-7pm
- Wed. July 8th, O4AD Virtual quarterly meeting



Wrap-up

- Thanks for attending!
- Next meeting —
ASAC: Tuesday, July 21, 2026
DSAC: Wednesday, July 15, 2026

