



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.

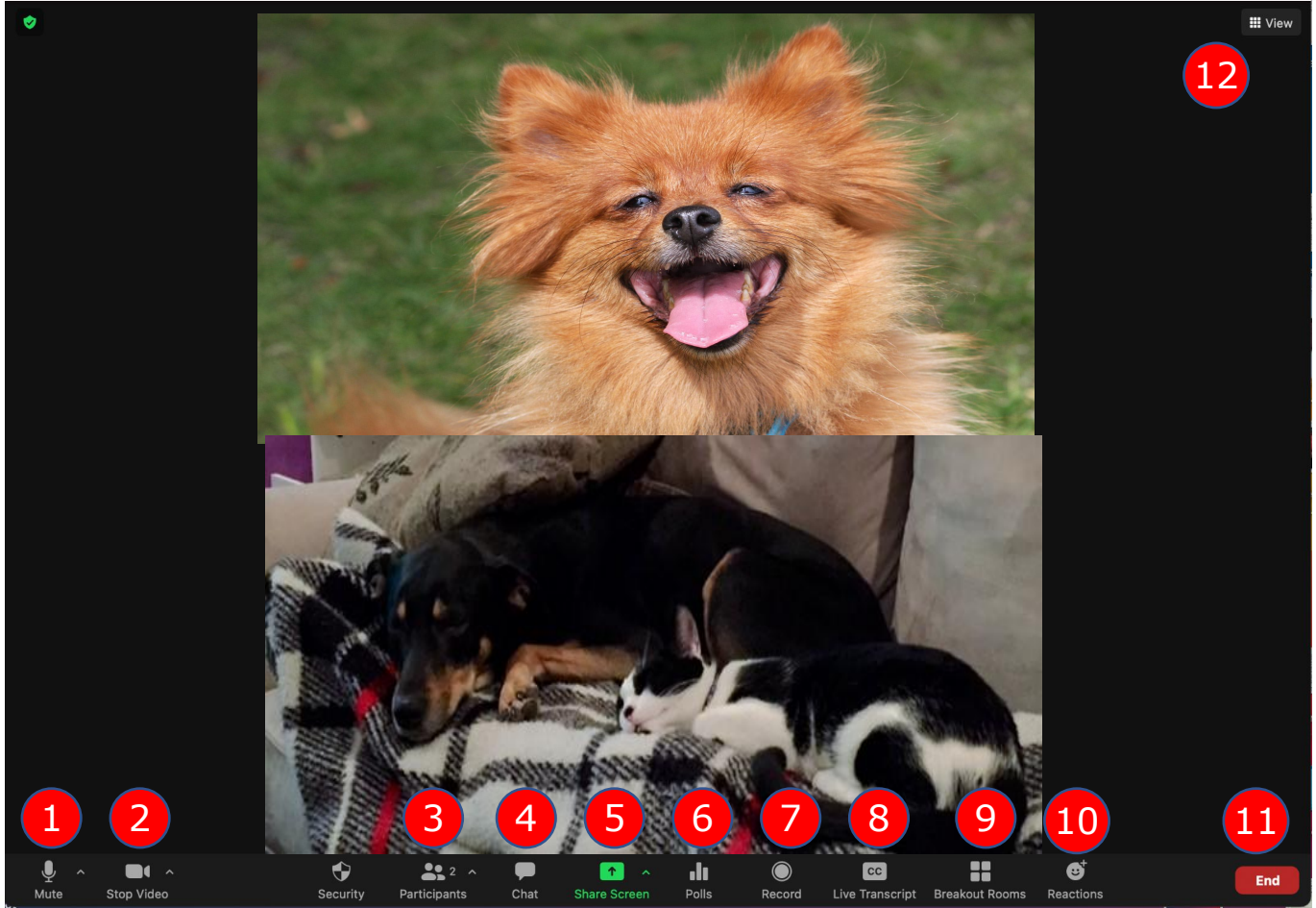
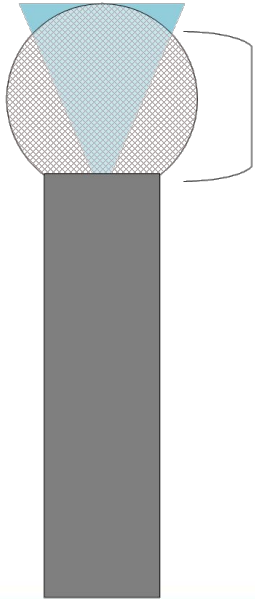


Image of a Zoom platform screen with two dogs in the participant boxes and red circles with white numbers above each of the Zoom button icons.

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.



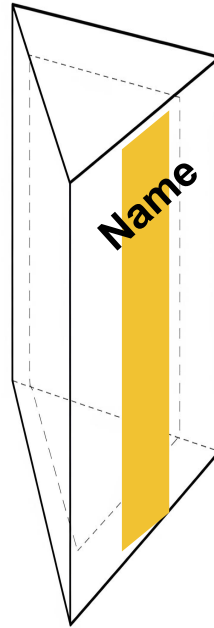
Short press
Toggle mute on/off
Long press "FF" = off



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.

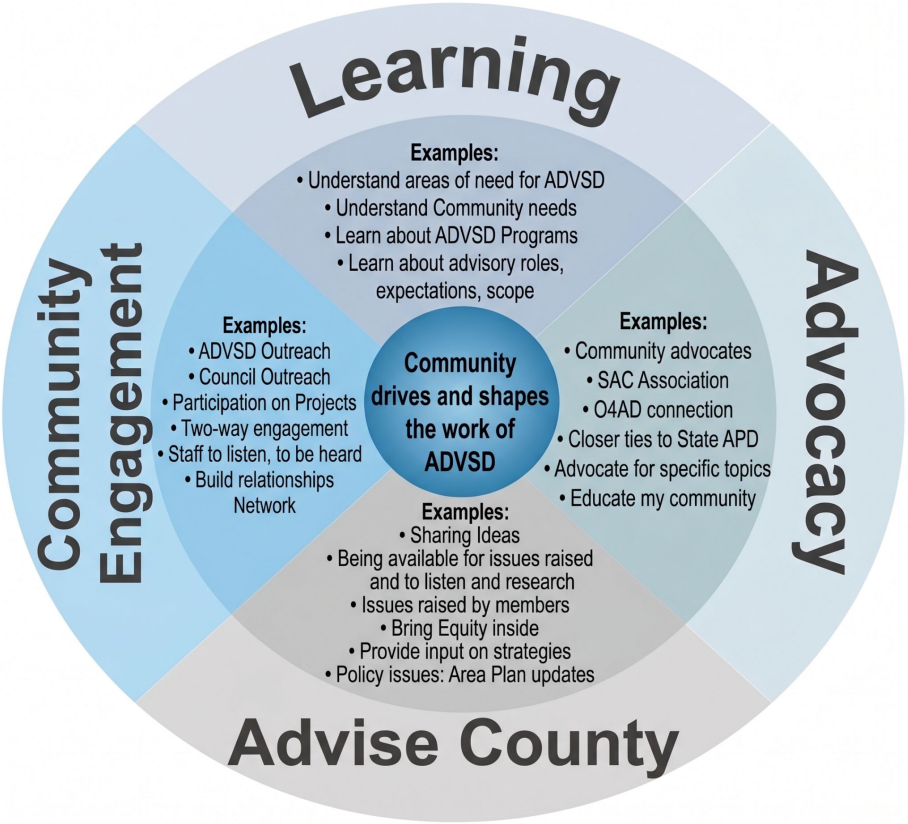
Today, we honor the Indigenous people whose traditional and ancestral homelands we stand on—the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya and many other Indigenous nations of the Columbia River.

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)?

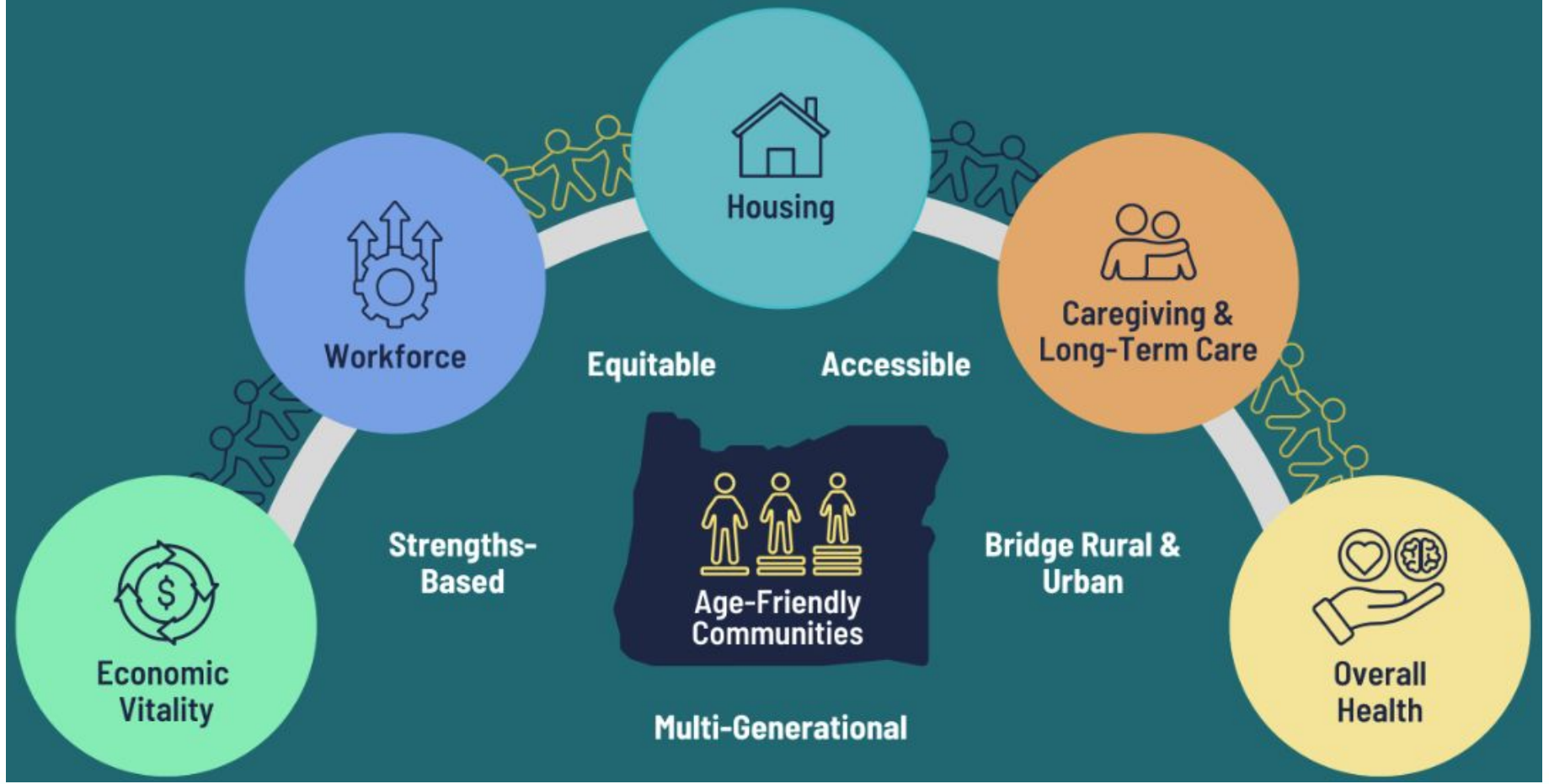
A Multi-Sector Plan (MPA) is a 10+ year blueprint to restructure state and local policies and convene diverse stakeholders. Its goal is to collaboratively create a coordinated system of high-quality care and support services that promote healthy aging, independent living, and social engagement, while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



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

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.



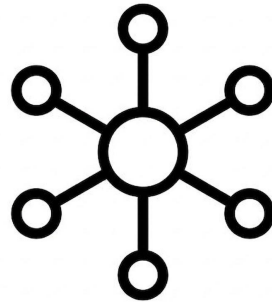
What is VDC?

- 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.

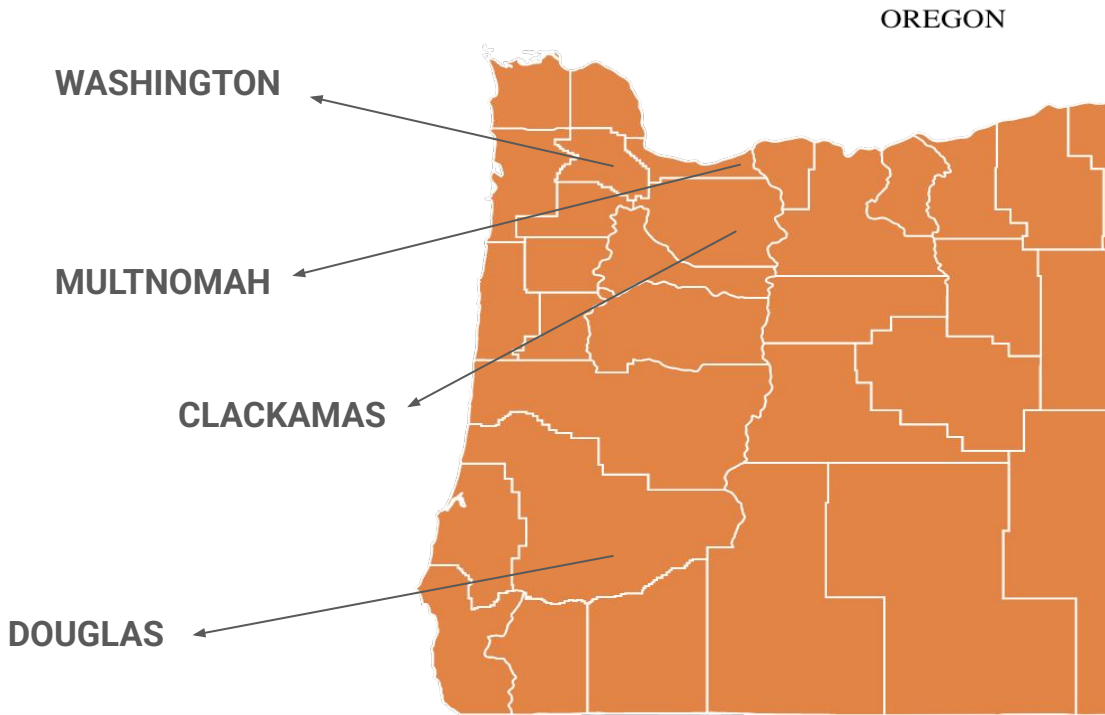


Multnomah County VDC's Hub & Spoke Model

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 OREGON:

- **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)

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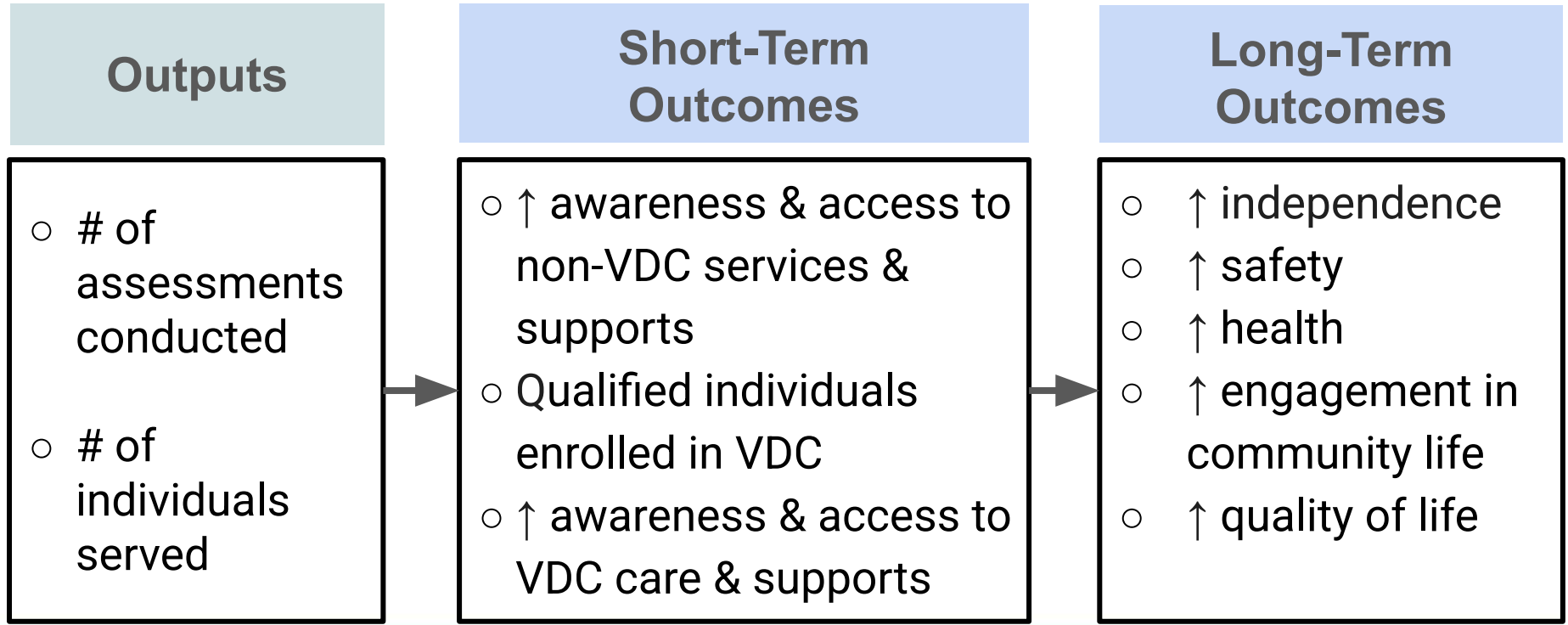


Inputs & Resources

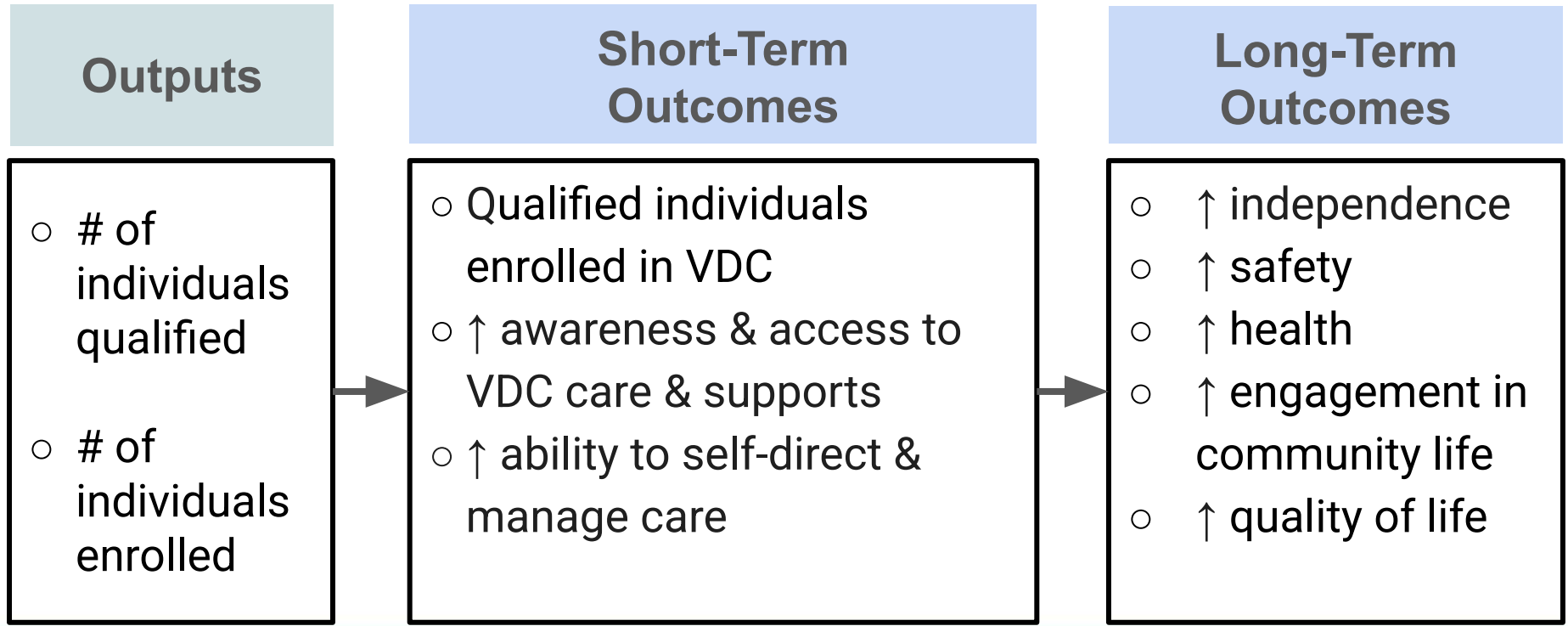
- ADVSD staff
 - Service Coordinator
 - Contract Program Specialist
 - Data Quality & Program Support team
- Providers/Partners
 - Spokes: Clackamas, Douglas, & Washington Counties
 - Veterans Administration Medical Centers: Portland & Roseburg
 - Financial Management System: ResilientSD
- Funding
 -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



Conduct care need assessments



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)

- **Conduct care need assessments**
 - **237:** Total number of Veterans served in VDC
- **Help Veterans enroll in VDC**
 - **286:** Total number of Veterans enrolled in VDC
- **Monitor/update monthly spending**
 - **\$8,096,744.55:** Total dollars spent on Veterans 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



Wrap-up

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

