



Aging, Disability, and Veterans Services Division  
**Disability Services Advisory Council (DSAC)**  
 Wednesday, June 17, 2026, 10:00 am – 12:00 pm  
 Five Oak Building, 209 SW 4th Ave, Portland, OR 97204  
**Oak 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
<b>Attendees:</b> Members	Barb. Rainish, Jesse Guardipee, Timothy Gage (V), Carolyn Snell (V)	
ADVSD	Julia Love, Cheri Becerra, Nicole Galport, Charmaine Kinney, Sarah Feldman, Deric Anderson, Sheila Balbin, Lisa Dessen-Ocana, Jeremy Nguyen, Tatyana Gannotskiy	
Guests		
10:00	Meeting open for sign on	All
(15 min)	Agenda review – <i>call for public comment</i> Opening – Zoom review and accessibility Land acknowledgment Introductions – Please share your name and pronouns <i>Prompt: What is your favorite summertime treat?</i>	Sarah
10:15 am (35 min)	Veterans Directed Care (VDC) Program presentation <ul style="list-style-type: none"> <li>- Sheila provided an overview of Veteran Services and VDC programs. The VDC program prioritizes independent and self-directed care. Veterans can do this by managing their own in-home care by hiring their choice of care provider. There are two delivery models, which are the hub and spoke models. The hub is through the AAA and acts as a hub for spokes, and Multnomah County is both the hub and a spoke. Clackamas, Washington, and Douglas Counties are all spokes in our hub. We have partnerships including with the VA medical centers and a financial management service - Resilient SD.</li> <li>- Barb. asked who qualifies for the VDC program, and whether they have to be honorably discharged.</li> <li>- Sheila said they need to be enrolled in a VA medical center and they do need to be honorably discharged to receive services from the VA medical center. There are options though.</li> <li>- Barb. also asked who is providing services through the</li> </ul>	Sheila Balbin and Lisa Dessen-Ocana

hub and spoke model.

- Sheila said the VA health administration creates the guidelines. As a hub, we oversee the services, so we subcontract the work and case managers do the assessments. The VA does the referrals and funds the program.
- Barb. asked if these are different case managers than the ones in ADVSD.
- Lisa responded yes.
- Jesse said there used to not be services and then it turned into Connected. He shared that he has good experiences with the VA and this program sounds good.
- Sheila shared the eligibility criteria for the program: Veterans must be enrolled in VA for their healthcare, meet community care eligibility criteria, services must be ordered by a VA or VA paid provider, and clinical eligibility must be met. Case managers are looking for ADL needs. This is designed for veterans who live in rural areas and don't have access to a VA medical center.
- Charmaine said the criteria doesn't align with in-home care if they need a community health provider.
- Sheila said that although this is an in-home care service, they still need to meet clinical eligibility.
- Charmaine said meeting community care criteria may exclude people.
- Lisa said that it is one or the other. Some people may not be eligible if the community portion wasn't there.
- Sheila clarified that it is and/or and it does not have to be both.
- Jesse said the VA offers in-home or medical appointments and they are in-depth. They also offer free cab rides and offer mileage reimbursement. He also shared his experience of evaluation and treatment with the VA.
- Sheila shared that VDC requires: eligibility determination, referral and assessment, budget and spending plan, self-direction and hiring, and ongoing support. Veterans get their choice for who they hire for providing care.
- Timothy said the military has made it difficult for intersex people and asked what is offered for their transition from their service.
- Lisa said AmeriCorps and Peace Corps have options. A Veteran can be part of VDC if they are eligible for facility

care.

- Sheila clarified if this question is in terms of employment.
- Timothy said this is in terms of the federal rules and what is offered for trans and intersex veterans.
- Sheila said she could speak to this at the end of the meeting. Veteran Services offers other programs, but maybe not through the VDC.
- Chamaine asked if those are dishonorable discharges.
- Sheila said it is both - other than honorable. Those decisions are being turned around and they are working with veteran service coordinators.
- Barb. asked about the budget and spending plan.
- Sheila said the veteran meets with a service coordinator and that goes to the VA services who decides on the budget. The veteran and service coordinator create a plan based on that budget.
- Barb. asked if there is a list of brokerages or a list of people to work with in case someone doesn't have family. She also asked if a case manager is the same as a service coordinator.
- Lisa shared that the service coordinator is different from the case manager. A service coordinator is similar, but they offer more of a choice for the veteran. There are options for workers if veterans don't have someone in mind. There are different options such as ads, a database, and online searches.
- Sheila said the benefits of the program include: increased control and choice, personalized care, veterans maintain independence, flexibility, and family involvement.
- Timothy asked what kind of support is there for veterans who were discharged for discrimination and what can be done by the program and by the council.
- Sheila said they look for character determination, and they look at time and service as a whole. They also look at the incident. Vocational rehab is a service that helps with employment, retraining, and education for veterans.
- Timothy would like to talk about this further with Sheila to see what is available to support veterans in this situation.

### Next Steps and Action Items



10:55 am

15 minute BREAK

11:10 am  
(30 min)

VDC Logic Model presentation and discussion

Nicole Galport

- Sarah shared an overview of the baseline project and purpose for this information.
- Nicole shared that impact and outcomes is very important to the work being done. The VDC has a hub and spoke model and we are providing services for other counties. The logic model is read left to right and includes inputs, activities, outputs, short-term and long-term outcomes, and impacts. The inputs are resources including: ADVSD staff, funding, and providers/partners. Outputs, short-term outcomes, and long-term outcomes include: the number of veterans enrolled, the number of qualified individuals, increased awareness of the program and care and support, increased ability to self-direct and manage care, and increased independence, safety, health, engagement in community life, and quality of life.
- Charmaine said this is not qualitative or quantitative.
- Nicole said they are conversational surveys.
- Lisa said they have 90 day surveys and 1 year surveys. She said that phone calls can be personable and long conversations.
- Charmaine asked how it was being captured.
- Lisa said the information is from the survey results.
- Nicole said the data is being collected through the survey. Conducting the survey over the phone is intentional and they don't want to conduct this online for various reasons. The other main activity is updating monthly spending.
- Lisa said there is a spending plan that is approved by the VA. This can change and the budget can be updated, although the budget remains the same.
- Nicole said the data is from last year and there are fewer spokes this year. Last year, there were 237 veterans enrolled throughout the year, and roughly \$8 million dollars spent last year.
- Lisa said the range is \$29,000-\$80,000 dollars a year and this is not an average per person. Some people are not enrolled for the whole year for various reasons.
- Nicole said survey data includes outcomes that

	<p>correspond to the logic model. Highlights include: 98% of people said the VDC helps them get the services they need, which is an increase from the previous year. 97% of people said VDC helps veterans manage care in their homes, which is also an increase from the previous year.</p> <ul style="list-style-type: none"> <li>- Charmine asked if this is broken down per spoke.</li> <li>- Lisa said yes. Also, If the person is in VDC and this is too much for them to manage themselves, this information can come from their representative.</li> <li>- Barb. asked what is the end for each of them, and which one is not statistically significant.</li> <li>- Nicole said she would need to pull up the survey results. This is also voluntary.</li> <li>- Sheila said from 2025, there were 151 people contacted and 64 responded.</li> <li>- Nicole said this is practically significant and they are trying to consider both types of data.</li> </ul>	
--	---	--

**Next Steps and Action Items**

- 

<p>11:40 am (5 min)</p>	<p>Policy Update: Title III/Title VI Coordination</p> <ul style="list-style-type: none"> <li>- Sarah shared that the Area Plan is requiring us to update four policies and we are coordinating on this policy. This is to ensure that tribal elders and family caregivers receive seamless culturally appropriate, and trauma informed services. This is more formal than native outreach and is federally required.</li> <li>- Charmaine asked how the urban tribal leader/liaison is involved.</li> <li>- Sarah said NARA and NAYA are involved, and more people are welcome to join. This does outline what we will do. That person has not been involved yet, but they will take this draft to the tribes.</li> <li>- Charmaine said there is a difference with these conversations from IHS for services between urban natives and services on the reservation.</li> <li>- Sarah said this is not a replacement, but is in addition to the Area Plan. JR Lilly has been helpful.</li> <li>- Jesse said he has experienced hearing that urban can't help him except for NARA and NAYA without being on the</li> </ul>	<p>Sarah</p>
-----------------------------	---	--------------

	<p>reservation.</p> <ul style="list-style-type: none"> <li>- Charmaine expressed that it's a big fight.</li> <li>- Jesse said it has gone on for a lot of years and they need more help getting services since people are being told to get help from their reservation.</li> </ul>	
--	---	--

**Next Steps and Action Items**

- 

11:45 am (5 min)	<p>Announcements &amp; Reminders</p> <ul style="list-style-type: none"> <li>- Sarah shared upcoming events <ul style="list-style-type: none"> <li>- Friday, June 19th-21st: 56th Annual Delta Park Powwow.</li> <li>- Saturday, June 20th: Juneteenth Celebration.</li> <li>- Tuesday, June 23rd: Statewide DSAC Quarterly Virtual Meeting.</li> </ul> </li> <li>- Carolyn requested to hear more on Agency with Choice.</li> <li>- Tatyana said the state has someone to share this information.</li> <li>- Timothy requested that the Veterans Service Program (VSP) be presented to DSAC.</li> <li>- For July, the Oregon Disabilities Commission, Northwest ADA Center, and Disability Rights Oregon will host a weekly webinar series to recognize and celebrate the 36th anniversary of the ADA. We are doing a proclamation that is July 1st. Let us know by the 24th if you are interested in reading it in front of the commissioners.</li> </ul>	Sarah
---------------------	--	-------

**Next Steps and Action Items**

- 

11:50 (10 min)	<p>Public comment – if time was requested during agenda review. Closing and check out</p>	
-------------------	---	--

**Next Steps and Action Items**

- 

12:00 pm	<b>Adjourn!</b>	
----------	-----------------	--

**Upcoming Meetings:**

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

**Common acronyms used in DSAC 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)
- VDC - Veterans Directed Care
- YFS - Youth and Family Services



# **Disability Services Advisory Council (DSAC)**

**June 17, 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
- Veterans Directed Care (VDC) Program Presentation
- Break
- Veterans Directed Care Logic Model Presentation and Discussion
- Policy Update: Title III/Title VI Coordination
- Announcements & Reminders
- Public testimony
- Wrap up!



Main features of using Zoom on a computer.

Zoom application features in the works, as requested.

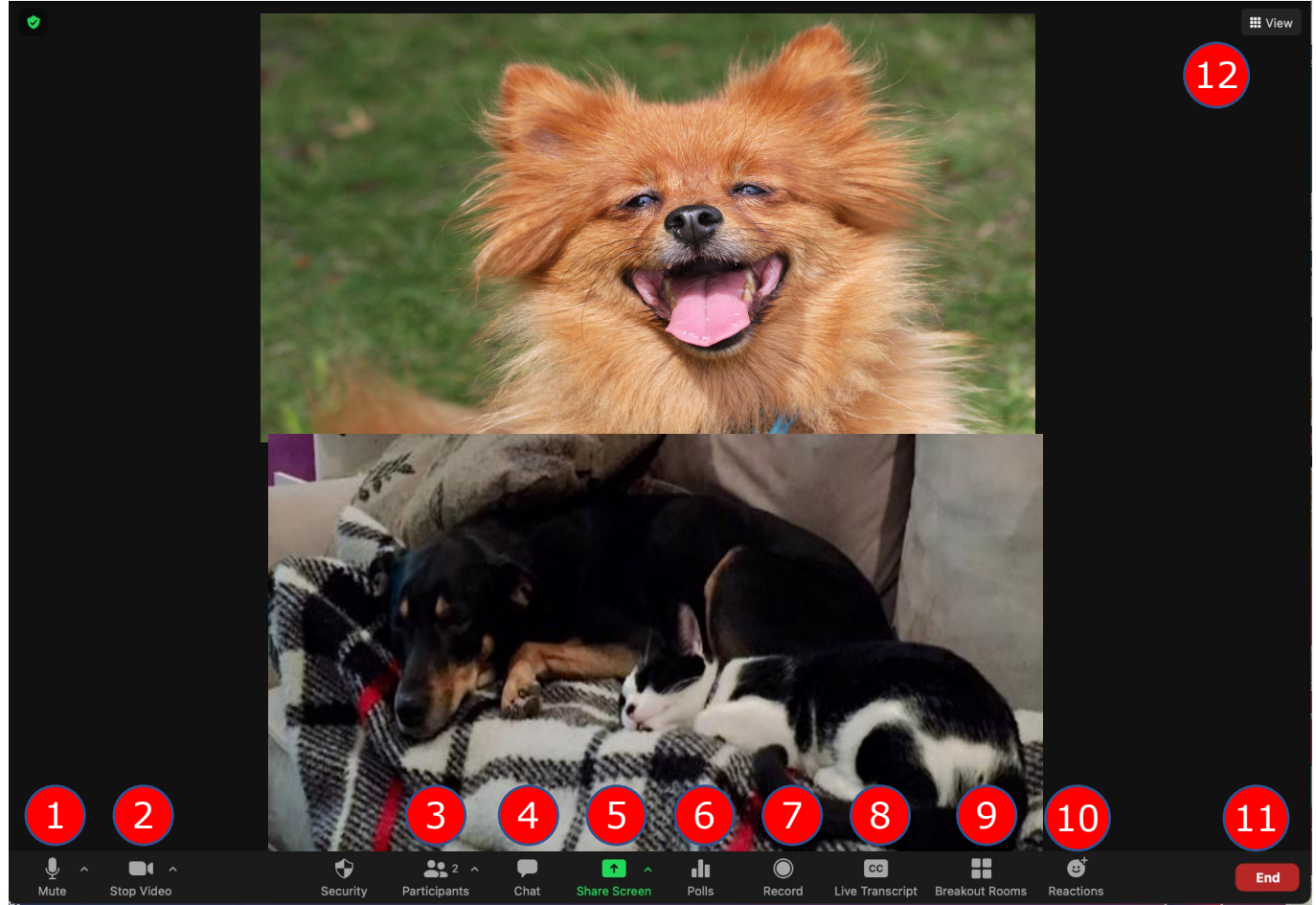
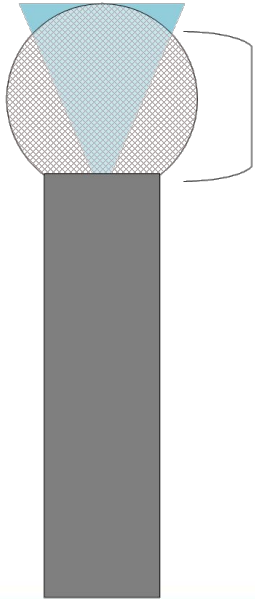


Image of a Zoom platform screen with two dogs in the participant boxes and red circles with white numbers above each of the Zoom button icons.

# 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

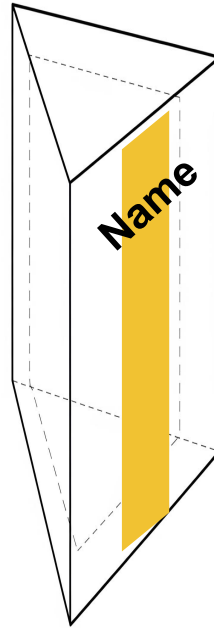


Hold the mic correctly (as shown below), and DO NOT cup the grille.  
(Unless you're rapping, but this guide is for clean audio)



# 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

---

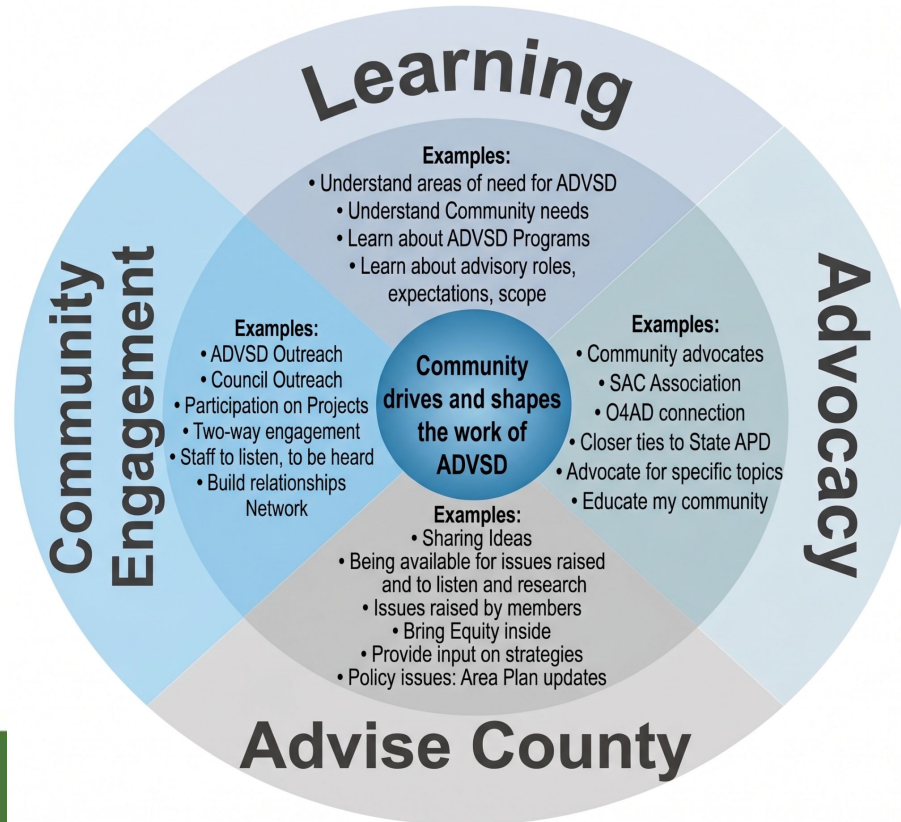
We are located in Portland, Oregon, Multnomah county.

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*

*What is your favorite summertime treat?*





Aging, Disability and Veterans Services Division

# VETERAN DIRECTED CARE PROGRAM

*Presented by Sheila Balbin, Veterans Services and Veteran Directed Care Program Supervisor*



# WHAT IS VETERAN DIRECTED CARE?

- The Veteran Directed Care program provides personalized care for Veterans while allowing them to maintain independence.
- It is designed for US Veterans needing assistance with daily living activities.
- The program 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.

# **HUB & SPOKE MODEL**

# SERVICE AREAS

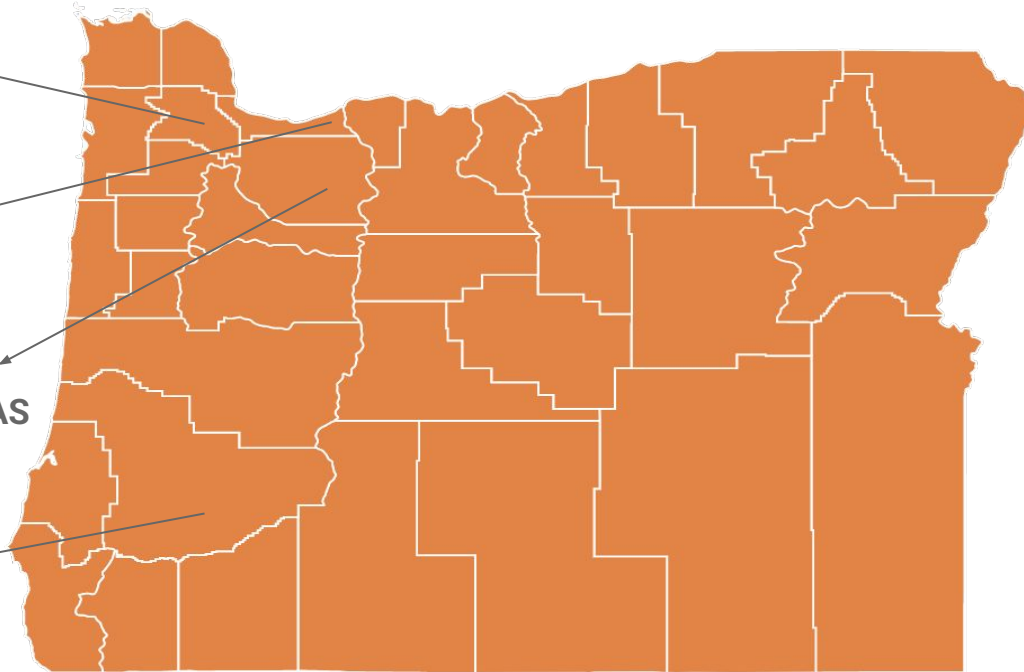
OREGON

WASHINGTON

MULTNOMAH

CLACKAMAS

DOUGLAS



**OTHER SERVICE  
AREAS IN OREGON:**

**SOUTH COAST  
BUSINESS  
EMPLOYMENT  
CORPORATION  
(COOS/CURRY)**

**ROGUE VALLEY  
COUNCIL OF  
GOVERNMENT  
(JACKSON/  
JOSEPHINE)**

**KLAMATH & LAKE  
COUNTIES  
COUNCIL ON AGING**

# PARTNERS

- VA Health Administration
- Lewin Group Consultants
- VA Medical Centers (VAMCs)
  - Portland VAMC
  - Roseburg VAMC
- Spokes
  - Clackamas County Social Services Division
  - Douglas County Senior Services
  - Multnomah County Aging, Disability, & Veteran Services
  - Washington County Disability, Aging, & Veteran Services
- Financial Management Services (FMS)
  - Resilient SD

## ELIGIBILITY

1. Administrative eligibility, all the following must be met:
  - a. Veterans must be enrolled in VA for their health care.
  - b. Veterans must meet community care eligibility criteria.
  - c. VDC services must be ordered by a VA or VA-paid provider.

## ELIGIBILITY (cont.)

2. Clinical eligibility, one of the following must be met:
  - a. Veteran, through an interdisciplinary assessment, has been determined to meet nursing home level of care as demonstrated by:
    - i. Three or more activity of daily living (ADL) dependencies, or
    - ii. Significant cognitive impairment as evidence by a deficit in execution decision making or memory, or
    - iii. Need for VDC services as adjunct care to community hospice services, or
    - iv. Two ADL dependencies, and two or more of the following conditions:
      1. Has dependency in three or more instrumental activities of daily living (IADLs).
      2. Has been discharged recently from a nursing facility or has an upcoming nursing home discharge plan contingent on receipt of home and community-based services.
      3. Is seventy-five years old, or older.
      4. Has had high use of medical services defined as three or more hospitalizations in the past year or has utilized outpatient clinics or emergency evaluation units twelve or more times in the past year.
      5. Has been diagnosed with clinical depression.
      6. Lives alone in the community.

## ELIGIBILITY (cont.)

2. Clinical eligibility, one of the following must be met:
  - a. Veteran, through an interdisciplinary assessment, has been determined to meet nursing home level of care as demonstrated by:  
*(i.- iv. from previous slide)*
  - b. Veteran does not strictly meet the criteria outlined above (2a) but is determined by the clinical care team to need VDC services and the clinical justification is documented in the electronic medical record.

# HOW DOES IT WORK?

1. Eligibility Determination
2. Referral and Assessment
3. Budget and Spending Plan
4. Self-Direction and Hiring
5. Ongoing Support

# BENEFIT OF THE VETERAN DIRECTED CARE PROGRAM:

## **Veterans**

- Increased Control and Choice
- Personalized Care
- Maintain Independence
- Flexibility
- Family Involvement

## **VA Medical Centers and VA Health Administration**

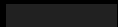
- Increased Access for Veterans with Complex Needs.
- Community Partnerships
- Cost Savings
- Reduced Emergency Department Visits
- Reduced Nursing Home Utilization

## **ADNAs**

- Support Veterans in Community Living
- Person-Centered Counseling
- Receive Reimbursement for Provision of Care
- Serving Veterans in VDC

-----THANK YOU-----

ANY QUESTIONS ??



**I'M TAKING  
A BREAK**

---

15-minute 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

---

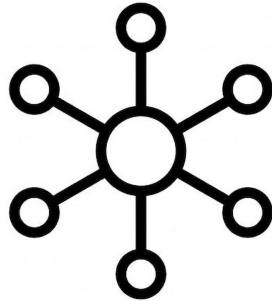
- **Purpose for today:**
  - Learn about the Baseline Project and Logic Models
  - Stay current on VDC program activity and outcome data
  - Advocacy: Be informed about what is making a difference
  - Advocacy: Help spread the word to Veterans, their family members, Veteran service providers and the 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.



# 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.



# 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"> <li>• ADVSD staff:               <ul style="list-style-type: none"> <li>○ VDC Service Coordinator</li> <li>○ VDC Contract Program Specialist</li> <li>○ Program Management</li> <li>○ CS DQPS team</li> </ul> </li> <li>• Partners:               <ul style="list-style-type: none"> <li>○ Spokes: Multnomah, Clackamas, Douglas, &amp; Washington Counties</li> <li>○ VAMCs: Portland &amp; Roseburg</li> <li>○ FMS: ResilientSD</li> <li>○ VHA</li> </ul> </li> <li>• Funding sources:               <ul style="list-style-type: none"> <li>○ VHA</li> </ul> </li> <li>• Hired caregivers</li> </ul>	<p>Direct Service (Spokes):</p> <ul style="list-style-type: none"> <li>• Process referrals &amp; authorizations</li> <li>• Conduct formal &amp; informal care need assessments</li> <li>• Help with VDC enrollment process</li> <li>• Provide information, assistance, &amp; options counseling</li> <li>• Monitor/update monthly spending</li> <li>• Monitor health/safety through calls &amp; home-visits</li> </ul> <p>VDC Administrator (Hub):</p> <ul style="list-style-type: none"> <li>• Oversee VDC operations, compliance, &amp; quality assurance to support Spokes &amp; participants</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals &amp; authorizations               <ul style="list-style-type: none"> <li>○ # of referrals received</li> <li>○ # of individuals referred</li> <li>○ # of individuals on the waitlist</li> <li>○ # of authorizations</li> </ul> </li> <li>• Care need assessments               <ul style="list-style-type: none"> <li>○ # assessments conducted</li> <li>○ # of individuals served</li> </ul> </li> <li>• VDC enrollment               <ul style="list-style-type: none"> <li>○ # of individuals qualified</li> <li>○ # of new individuals enrolled</li> <li>○ # of individuals enrolled</li> </ul> </li> <li>• Monthly spending               <ul style="list-style-type: none"> <li>○ # of dollars in approved budgets</li> <li>○ # of dollars spent on VDC funded care &amp; supports</li> </ul> </li> <li>• Information, assistance, &amp; options counseling               <ul style="list-style-type: none"> <li>○ # of contacts</li> </ul> </li> <li>• Monitor health/safety               <ul style="list-style-type: none"> <li>○ # of calls &amp; home visits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Improved awareness &amp; access to non-VDC services &amp; supports</li> <li>• Qualified individuals were successfully enrolled in VDC</li> <li>• Improved awareness &amp; access to care &amp; supports through VDC</li> <li>• Improved ability to self-direct &amp; manage care &amp; supports</li> <li>• Improved care/assistance from hired care workers &amp; purchased goods</li> <li>• Increased social interactions from hired care workers</li> </ul>	<ul style="list-style-type: none"> <li>• Improved independence (e.g. choose services, live at home &amp; prevent nursing facility placement)</li> <li>• Improved safety (e.g. reduced risk of abuse, exploitation, injury)</li> <li>• Improved health (e.g. reduced hospitalizations)</li> <li>• Improved engagement in community life (e.g. reduced isolation)</li> <li>• Improved quality of life</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced family &amp; unpaid caregiver burden &amp; isolation</li> <li>• Reduced healthcare system use &amp; spending</li> <li>• Increased household and community economic stability</li> <li>• Increased access to care &amp; supports in rural areas, avoid unnecessary displacement</li> <li>• Improved connection &amp; coordination for providers</li> </ul>

# Logic Model (handout)

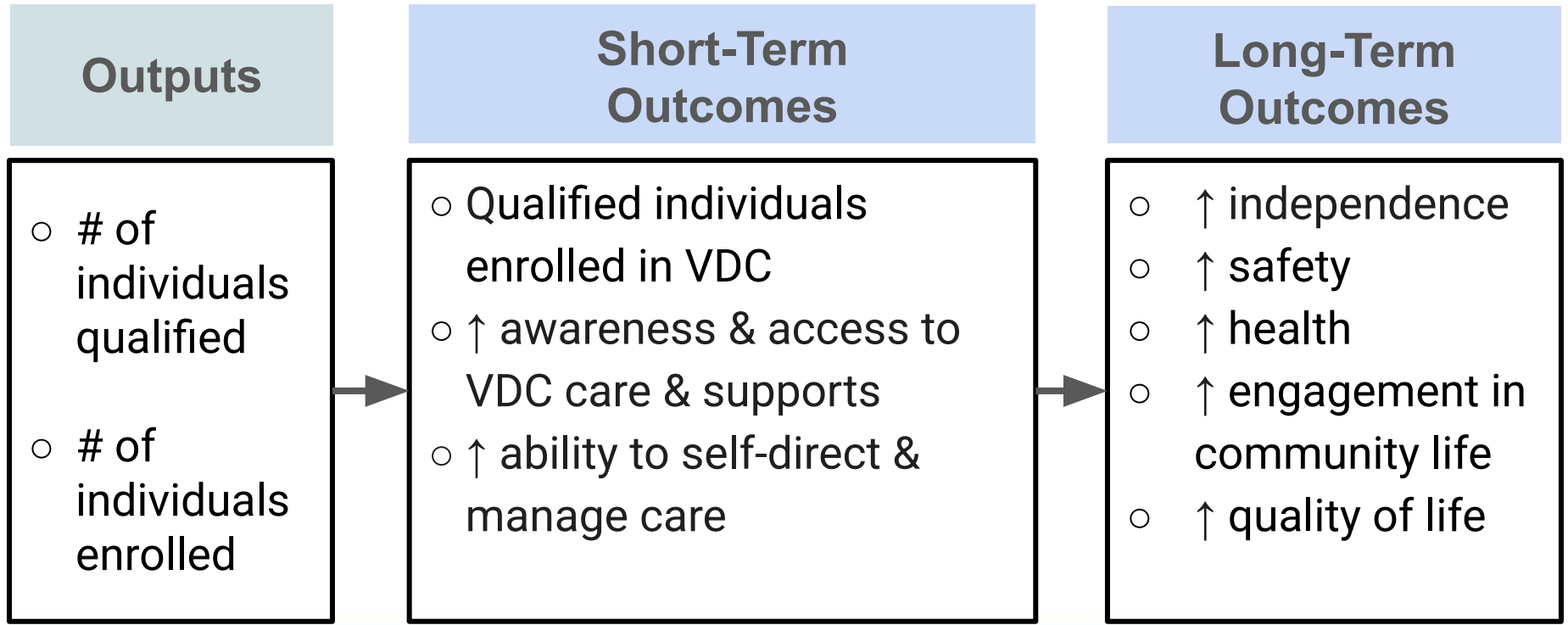
Planned Work: What your program does...		Intended Results: What your program expects to achieve from what it does...			
Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes	Impacts
<p>What resources and investments does your program use?</p> <ul style="list-style-type: none"> <li>• ADVSD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

# 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 Veteran 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.



# 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



# Announcements and 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
- Statewide DSAC Quarterly virtual meeting Tuesday, June 23rd from 2pm - 4pm



# 2026 ADA Celebration Events: 36th anniversary of the ADA

---

In July 2026, the [Oregon Disabilities Commission](#), [Northwest ADA Center](#) and [Disability Rights Oregon](#) will host a weekly webinar series to recognize and celebrate the 36th anniversary of the Americans with Disabilities Act.

The series will be from 11:30 a.m. to 1 p.m. on Tuesdays throughout July.

Everyone is welcome to participate.



# 2026 ADA Celebration Events: 36th anniversary of the ADA

---

- July 7 Exploring Cross-Disability Experiences and Support Needs
- July 14 Building Inclusive and Accessible Emergency Management Systems
- July 21 ADA: How Far We've Come and What Comes Next
- July 28 Understanding DOJ's Ruling on Digital Accessibility

Visit <https://bit.ly/OregonADA36> to learn more and register! Or go directly to the Zoom registration link:

<https://www.zoomgov.com/meeting/register/bub2dMMkS-eM07XUt1TCxQ#/registration>



# Public testimony and council updates

---

- Please feel free to provide comments.



# Wrap-up

---

- Thanks for attending!
- Next meeting –

DSAC: Wednesday, July 15, 2026

ASAC: Tuesday, July 21, 2026

