



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.

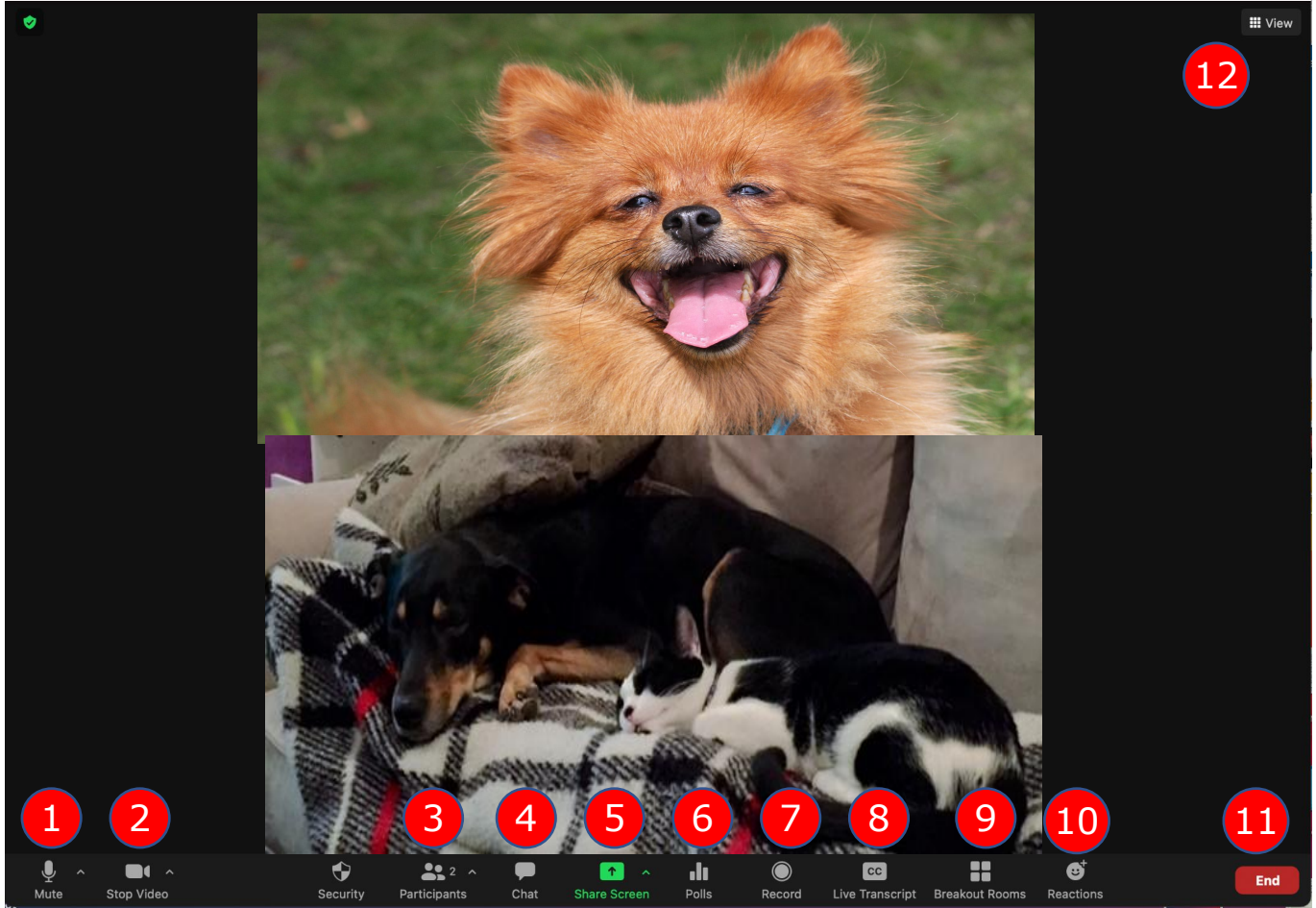
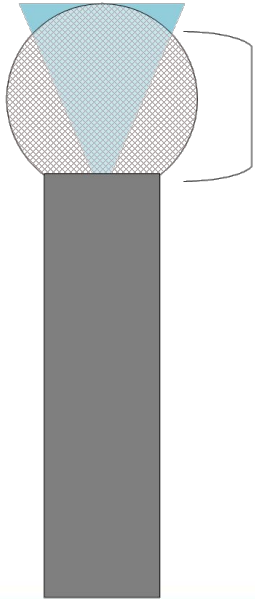


Image of a Zoom platform screen with two dogs in the participant boxes and red circles with white numbers above each of the Zoom button icons.

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.



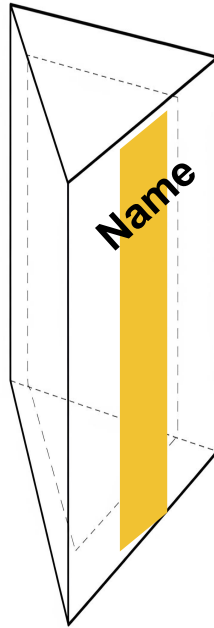
Short press
Toggle mute on/off
Long press "FF" = off



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

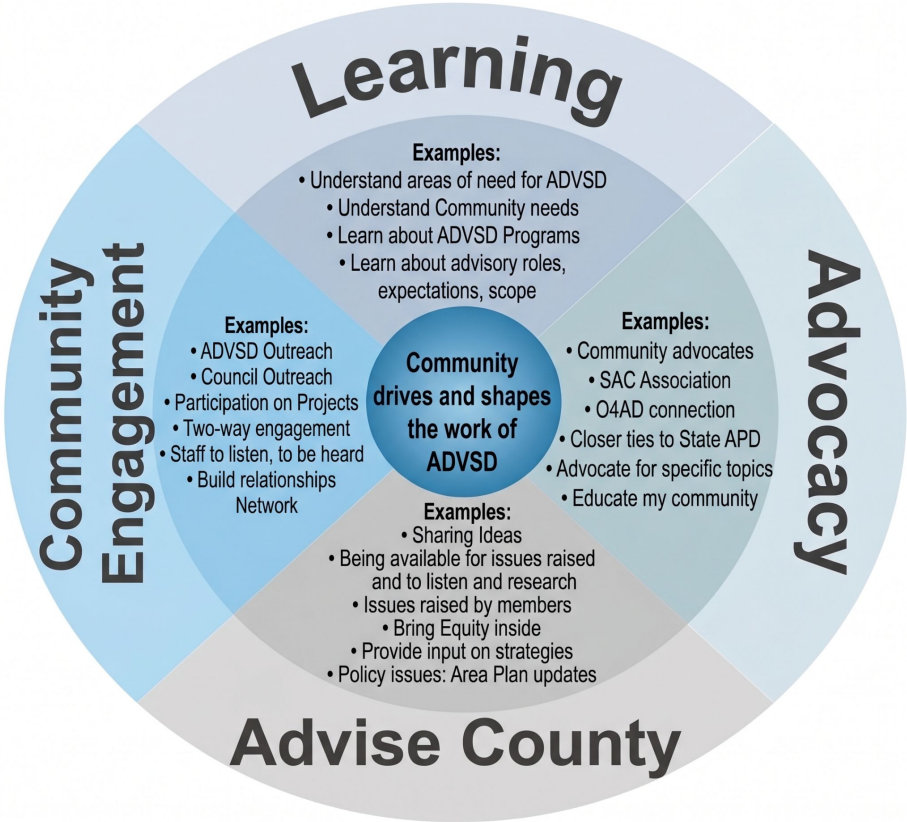
We are located in Portland, Oregon, Multnomah county.

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

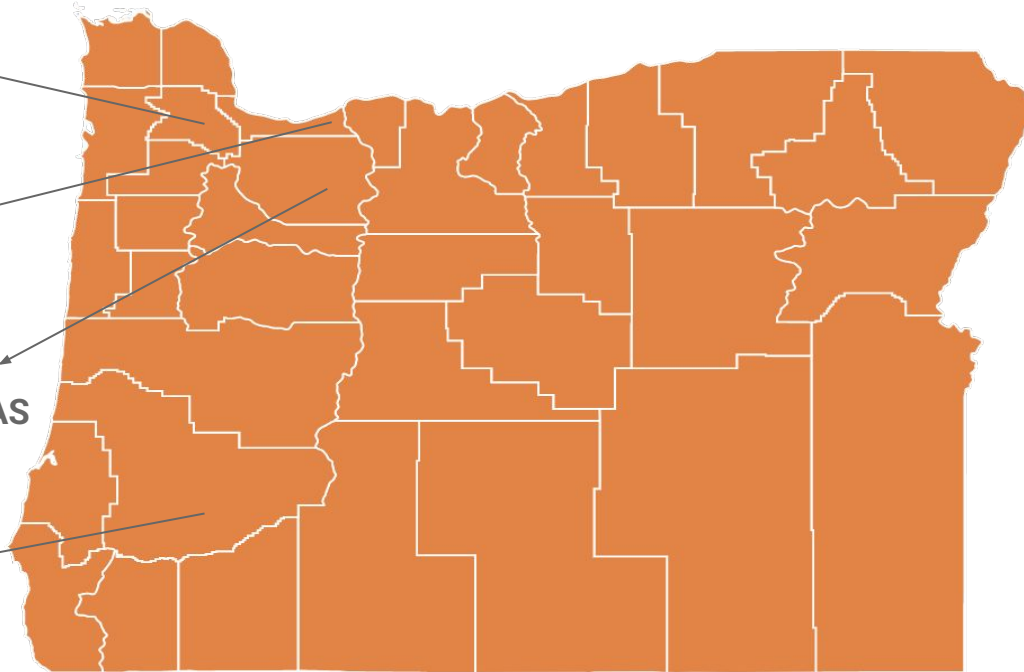
OREGON

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 ??

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

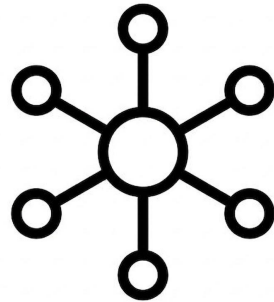
Performance Indicators - A resource for advocacy

- **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.

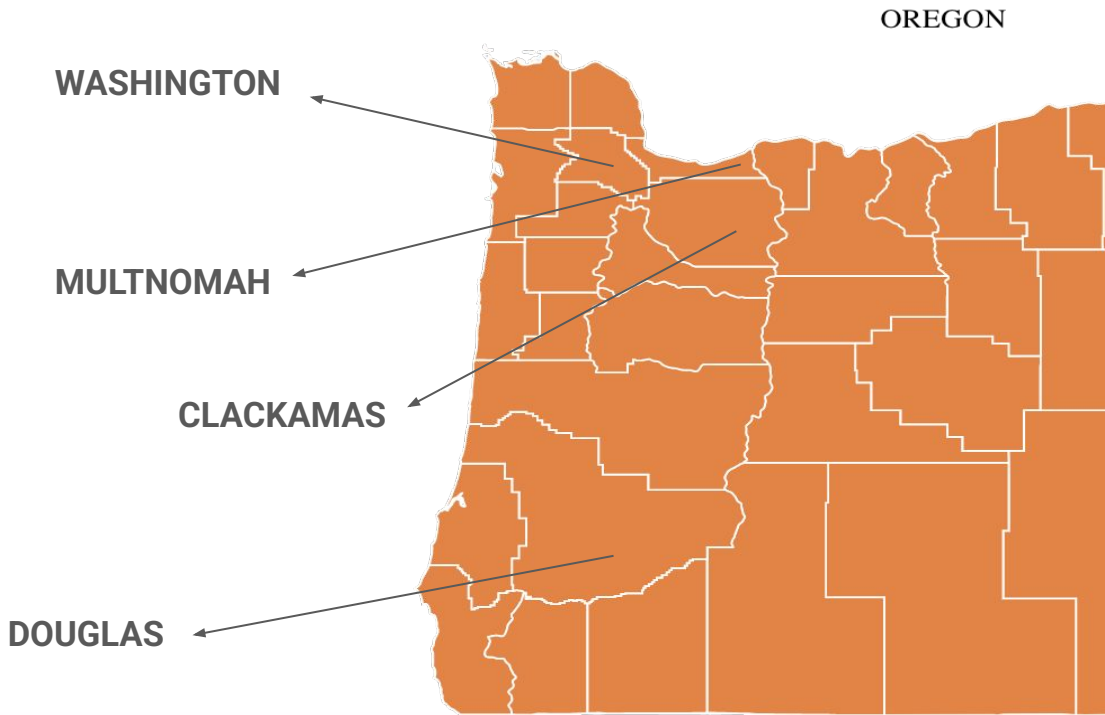


Multnomah County VDC's Hub & Spoke Model

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
<p>What resources and investments does your program use?</p> <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>What action/work is your program/staff doing for participants?</p> <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 	<p>What did activities produce for participants? How much work was done by the program?</p> <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 	<p>What immediate/short-term changes are expected for participants from activities?</p> <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 	<p>What long-term changes are expected for participants from activities or prior outcomes?</p> <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 	<p>What changes are expected beyond the participant?</p> <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

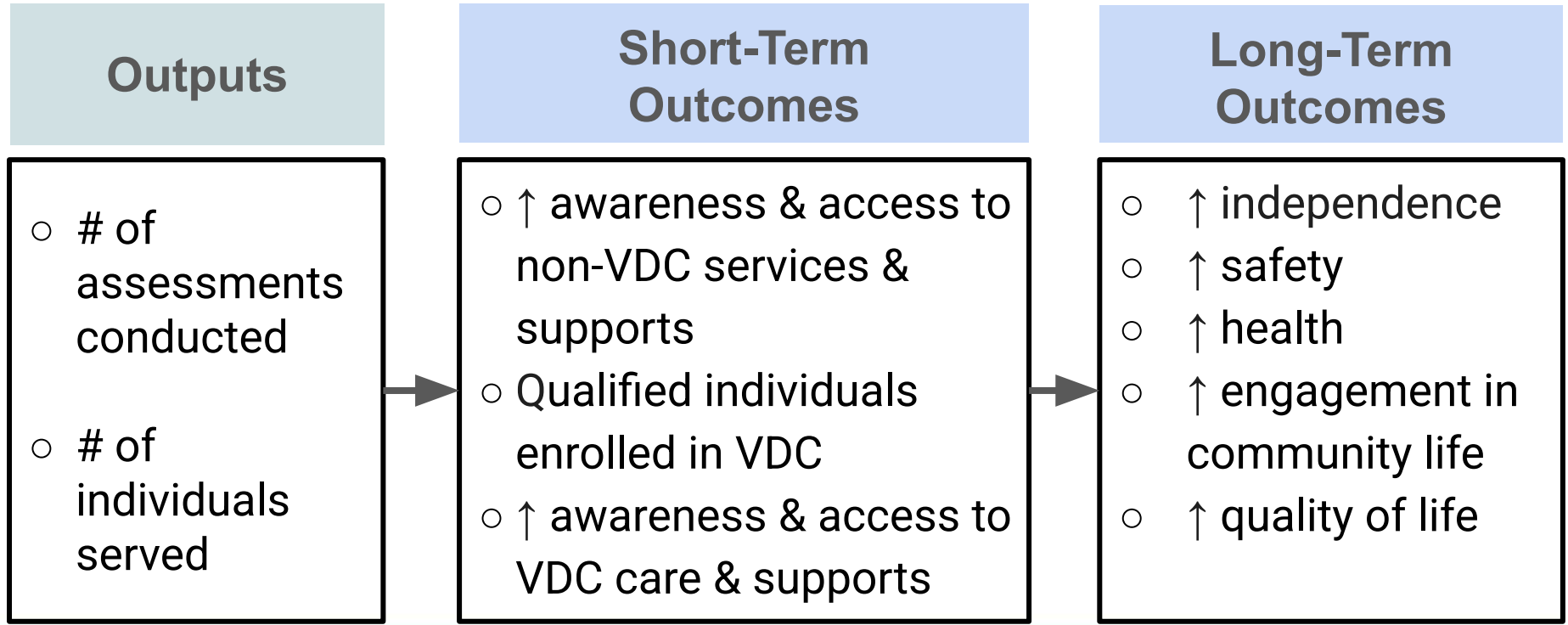


Inputs & Resources

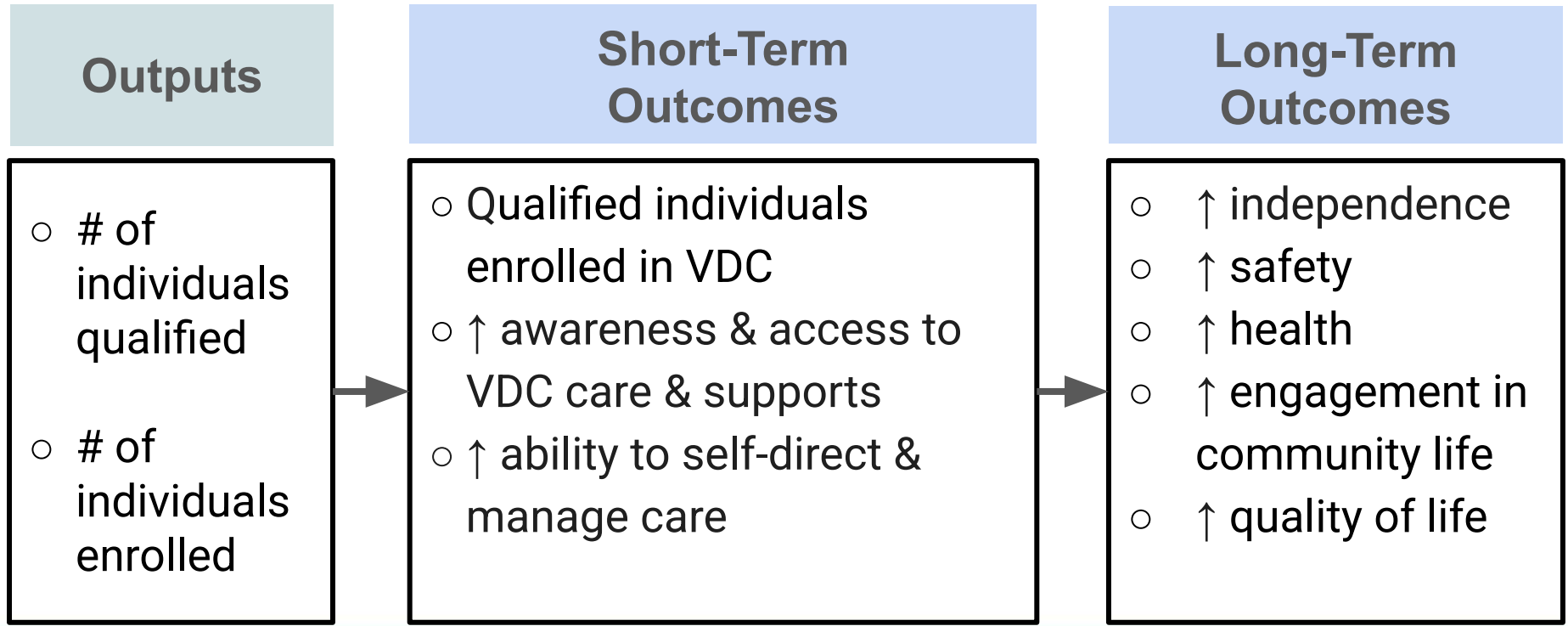
- ADVSD staff
 - Service Coordinator
 - Contract Program Specialist
 - Data Quality & Program Support team
- Providers/Partners
 - Spokes: Clackamas, Douglas, & Washington Counties
 - Veterans Administration Medical Centers: Portland & Roseburg
 - Financial Management System: ResilientSD
- Funding
 -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



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

