

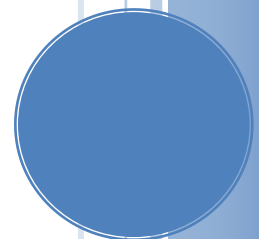
VETERANS TRANSPORTATION ASSISTANCE PROGRAM (VTAP) FINAL REPORT

*Non-Emergent Medical Transportation – Cascades West
Ride Line Brokerage Pilot Program*

This *Veterans Transportation Assistance Program (VTAP)* implements one of the recommendations included in the report published by the Legislative Task Force on Veterans Transportation, October 2010. This report recommends that Oregon Department of Veterans Affairs (ODVA) and the Oregon Department of Transportation (ODOT) Public Transit Division work together to develop a program that would be provided through medical transportation brokers.

Oregon Cascades West Council of Governments - Cascades West Ride
Line

6/30/2016



VETERANS TRANSPORTATION ASSISTANCE PROGRAM (VTAP) FINAL REPORT

The *Veterans Transportation Assistance Program* (VTAP) was intended to broaden the availability of transportation resources for Veterans as necessary to access medical care from U.S. Department of Veterans Affairs (VA) resources; it was not intended to supplant any available transportation options for individual Veterans, including access to a personal car, travel provided by family or friends, and other available options. This Program was not intended to provide financial assistance to acquire transportation services, although the services offered through this Program were free to the Veterans.

LEGISLATIVE BACKGROUND

In 2008, the Governor's Task Force on Veterans Services recognized that there were gaps in transporting Veterans to and from their VA medical appointments, especially wheelchair bound Veterans and those that lived in remote and rural areas. Per the Task Force's *Final Report*, submitted on October 1, 2010, a recommendation was made to establish a pilot project with an existing public transit ride scheduling system.

The most promising opportunity to accomplish this was to leverage the statewide medical transportation brokerage system. The Oregon Department of Transportation (ODOT) and the Oregon Department of Human Services (DHS) led the Governor's Task Force and allocated \$100,000 of Special Transportation Funds to establish a pilot program. The pilot was ultimately developed to include three separate demonstration areas throughout the State, each receiving one-third of the funds. The first round of funding was through June 2014. A second round of funding (additional \$100,000) was made available to continue the pilots for better evaluation through June 2016.

The expected outcome of the pilot program was to show:

- that funneling the dispatching of transportation through the local brokerages will improve the efficiency of available services;
- improve access to transportation for Veterans;
- reduce overall cost of transportation by the Veterans Administration; and
- give additional assistance and access to Veterans for mobility management options, such as assistance on using public transportation or utilizing other transportation options.

Each of the three brokerages in the pilot, Cascades East Ride Center in Central Oregon; TransLink in Southern Oregon; and Cascades West Ride Line in the Willamette Valley, designed local implementation to meet the unique conditions and needs of their Regions.

CASCADES WEST RIDE LINE PROGRAM DESCRIPTION

Cascades West Ride Line, a non-emergent medical transportation (NEMT) brokerage serving Benton, Lincoln, and Linn Counties, is a program of the Oregon Cascades West Council of Governments (OCWCOG). Ride Line began coordinating NEMT services for Medicaid recipients on behalf of DHS in 2005. Beginning in 2013, Ride Line contracted with the Medicaid arm of Samaritan Health Services, operated as Intercommunity Health Network Coordinated Care Organization (IHN-CCO), in addition to serving Oregon Health Plan (OHP) members not enrolled with a Managed Care Provider.

In 2013, prior to VTAP and contracting with IHN-CCO, there were approximately 28,000 individuals eligible for transportation through RideLine. At the end of the project period in mid-2016 there were just over 60,000 people eligible for transportation assistance. Trips have increased even more substantially as the monthly average has increased from 6,500 to 15,000 over the same period.

VTAP BACKGROUND

The purpose of VTAP was to translate the anecdotal need for additional transportation to medical services for Veterans into quantifiable numbers through a demonstration project. Lessons learned are intended to be used to refine services and determine if there are replicable models. Initially monthly status reports would be provided to ODOT describing the number of calls taken, the nature of the initial request, the outcome of each request (resources used), and the number and type of transports provided with the costs. As the program progressed, reporting was then changed to a quarterly basis with the requirement of providing trends, challenges, marketing, and the incorporation of a specific Veteran's story.

The Ride Line pilot served a subset of the normal three-county brokerage area focusing on Veterans in Linn and Benton Counties. At the beginning of the project there were 5,694 Veterans in Benton County and 11,757 Veterans residing in Linn County. The Counties are closely linked with existing transportation services, including the Disabled American Veterans (DAV) shuttle that runs north on Interstate 5 (I-5) to the VA Medical Center in Portland, OR. Ride Line assesses transportation needs on a case-by-case basis and allocates the appropriate resources.

VETERAN DATA IN LINN COUNTY AND THE REGION

During the VTAP, additional data about Veterans was gathered and analyzed as a part of OCWCOG's *State of the Region Report* (www.stateoftheregion.org). Some of the findings are represented here to help understand external factors that impacted the demand for transportation services in the Region and specifically for Veterans. The economy has partially recovered from the depth of the recession, but these snapshots of data provide a comparative look at the demographic differences of the Veterans in the Region.

Additionally, the Edward C. Allworth Veterans Home (<https://www.oregon.gov/odva/Pages/lebanon.aspx>), located in Lebanon, opened during the transportation pilot. This unique and exceptional resource is only the second Veterans Home in Oregon. While not a direct part of the VTAP pilot, transportation was provided to residents prior to, during, and after the pilot; details on services provided are listed in the *Findings* section of this report.

The Veteran cohort in Linn County is largely older than the non-veteran population, more educated, and has a higher rate of disability, which may be tied to age (Figure 1). At the beginning of the project period, according to the Fiscal Year 2013 Veteran Expenditure Statistics, of the 11,757 Veterans in Linn County¹ there were 3,129 unique patients² (26.6%) that accessed medical services at a VA facility. Similarly, of the 5,694 Benton County Veterans 1,137 unique patients (19.9%) accessed VA medical services. These rates of access by Veterans of medical services at VA facilities were slightly higher than in Fiscal Year 2010 which were 24.6% and 18.3% respectively.

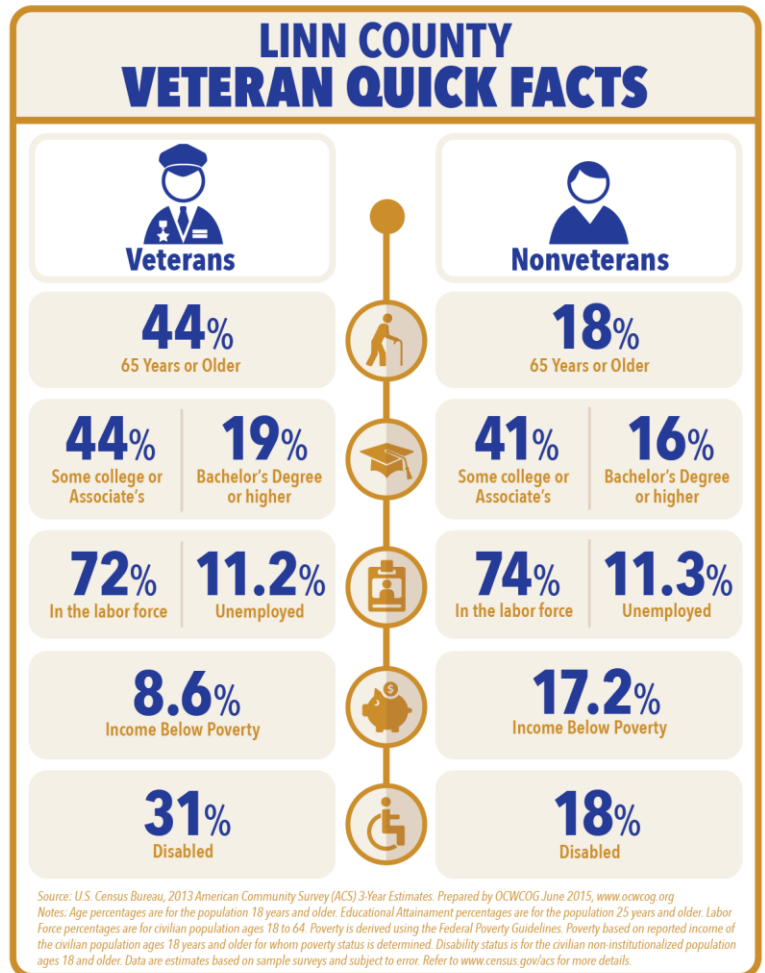


Figure 1 – Linn County Veteran Quick Facts

¹ Veteran population estimates, as of September 30, 2013, are produced by the VA Office of the Actuary (VetPop 2011).

² Unique patients are patients who received treatment at a VA health care facility. Data are provided by the Allocation Resource Center (ARC).

PROJECT OUTCOMES

By the Numbers

- Date pilot started providing trips: June 5, 2013
- Unique Veterans Served: 157
 - 65 VTAP
 - 92 Medicaid
- Number of rides provided: 4,382
 - 641 VTAP
 - 3,741 Medicaid
- Average Rides per VTAP Veteran: 9.86
 - Highest number of rides for a VTAP Veteran: 179
 - Lowest number of rides for a VTAP Veteran: 1
- Miles VTAP Veterans were transported: 30,737
- Average VTAP trip distance: 47.95 miles
- Average VTAP transportation cost per ride: \$67.97
- Average transportation cost per mile: \$1.42
- Rides within county of residence³: 3%
- Total Project Cost: \$65,818
 - Transportation Cost: \$43,568
 - Administrative Cost: \$22,250

Findings

During the course of the pilot, direct transportation was provided to 65 individual Veterans through the pilot program. Initial screening of Veteran callers provided resource assessment, counseling on transportation options available to each person individually, and determination of multiple program eligibility. As reflected in the numbers above, more than half of all Veterans that requested transportation assistance were able to be served by counseling or determined to be

More than half of all Veterans that requested transportation assistance were able to be served by counseling or determined to be eligible for regular Ride Line services without receiving direct VTAP provided rides.

eligible for regular Ride Line services without receiving direct VTAP provided rides. Unfortunately, the total number of trips per veteran wasn't captured precisely as the Ride Line software doesn't capture multiple eligibility. However, extensive research was conducted by Ride Line Staff to get a picture of the impact of brokerage services through Medicaid eligibility on the Veterans living in the Region.

³ There are no VA medical facilities in Linn and Benton Counties; County lines may not be the best indicator since the DAV shuttle stop is in Linn County, but is closer to Corvallis (Benton County) than Sweet Home (Linn County).

The number of rides needed depended on the specific medical service needs of the Veteran. The need of Veterans to utilize transportation services ranged from only when they needed transportation to Portland VA Medical Center or Roseburg VA Health System for their specialty care, annual exams, or surgical procedures. Each of these facilities is over an hour drive outside our Region. Other Veterans used the service more often to attend dialysis, physical therapy, diagnostic services, and primary care appointments. There were multiple Veterans that were transported approximately four times in a two-year period and others that received rides routinely each month during that same period of time. The number of rides per Veteran also depended upon many factors such as local care providers, support from family/friends, and level of care needed.

VTAP Project Requirements

The VTAP project was developed by ODOT and U.S. Department of Veterans Affairs with the following criteria:

There were several flaws with the eligibility assumptions as initially written.

1. A predominant need for transportation assistance was for medical assessment to determine eligibility to obtain a medical ID card. Once a Veteran had obtained their ID card they may not have as great a need to access medical services, at least not as frequently.
2. The VA contracts with medical providers that are not located at VA facilities.

These two factors effectively limited the potential pool of eligible Veterans in Linn and Benton Counties to something less than the 4,266 Veterans. During the course of the project, this feedback was considered and the eligibility was modified to allow access to VA contracted medical providers regardless of location.

Outreach Efforts

Initially, marketing was driven through contact with the Linn and Benton County Veterans Service Officers (VSO) and presentations to Human Service Agencies (Senior Services, Disability Services, Self Sufficiency, Community Outreach Inc, Community Services Consortium). Flyers and posters were developed and distributed to areas that were determined to be where Veterans would frequent. Marketing and outreach efforts were furthered and gained momentum through monthly participation in the Linn/Benton

Client/Passenger Eligibility:

Eligibility for this Project will be limited to individuals who have a medical ID card from the federal Department of Veterans Affairs and who have an appointment at one of the VA clinics, hospitals, and Vets centers serving Vets in Oregon.

VetNet meetings, reaching out to Vets Helping Vets HQ, and speaking to the leaders of the local American Legions and Veterans of Foreign Wars.

At the beginning of the program, engagement took place directly with the Joint Transition Assistance Program and the Roseburg Veterans Transportation Coordinator (VTC) to increase awareness of the transportation issues in our area. Unfortunately, there was very little interest and engagement from the Portland VTC; the Roseburg VTC was a great asset, but moved out of state and wasn't immediately replaced. The Statewide Joint Transition Assistance Program was eliminated, thus hampering the ability to effectively coordinate on the medical service end. The U.S. Department of Housing and Urban Development's (HUD) Veterans Affairs Supportive Housing (VASH) Case Managers proved to be a valuable asset in reaching veterans that were in need of transportation.

Ride Line Program

During outreach, it was found that many of the Veterans in the VTAP pilot area had Medicaid, which qualified them for regular Ride Line brokerage transportation services. This benefit continues to provide transportation for Veterans even after the end of the pilot. Ride Line is committed to serving Veterans and continues to attend VetNet meetings, as there are always new Veterans that have or qualify for Medicaid. The VetNet forum provides education and coordination opportunities to link Medicaid eligible Veterans with needed transportation to both VA facilities and local providers.

Edward C. Allworth Veterans Home

The Edward C. Allworth Veterans Home had some unanticipated impact on transportation services provided in Linn County. The Veterans Home provides some direct transportation services for residents and further contracts with private transport providers. However, they are unable to meet all the transportation service requests; some residents are also Medicaid eligible. Through the regular Ride Line brokerage service, 43 Veterans were provided 104 trips to VA facilities and 252 trips to civilian medical service providers, for a total of 356 trips. Additional research revealed that within this group a subset of 14 Veterans had been using transportation services prior to moving to the Veterans Home. It was identified that those Veterans had received at least 442 trips to both VA and civilian medical services prior to VTAP. Veterans relocated to the Veterans Home from all three counties (Benton, Lincoln, and Linn) in the Region.

Edward C. Allworth Veterans Home... 43 Veterans were provided 104 trips to VA facilities and 252 trips to civilian medical service providers, for a total of 356 trips.

Location of Veterans Served

The Veterans that utilized VTAP services lived throughout Linn and Benton Counties. Prior to the start of the VTAP pilot, the most frequent requests for transportation assistance were from Corvallis (Benton County), Lebanon (Linn County), and Newport

(Lincoln County). It is presumed that this was in part due to the difficulty connecting with the DAV shuttle and lack of other resources. It should be noted that these requests only represent Medicaid eligible Veterans that were identified by accessing services at VA facilities.

During the VTAP pilot the requests for service were predominantly from Linn and Benton Counties, as that is where the pilot service area was established and outreach was conducted. The Veteran population served represents a geographic spread in and around their communities similar to the general population; most were within the city limits, but there were Veterans that resided on the edge of town and in more rural areas. The top ten pick-up and drop-off cities are reflected in Figure 2.

Pick-Up City	Drop-Off City
LEBANON	PORTLAND
LEBANON	SALEM
ALBANY	PORTLAND
ALBANY	SALEM
SWEET HOME	PORTLAND
CORVALLIS	SALEM
CORVALLIS	PORTLAND
SWEET HOME	SALEM
CORVALLIS	EUGENE
CORVALLIS	ROSEBURG

Figure 2 - Origin and Destination City

In the months following the direct transportation assistance provided through the VTAP pilot, the majority of Medicaid eligible Veterans requesting transport have been from the cities of Lebanon (102 trips), Albany (40), and Sweet Home (13), all within Linn County.

There was one Veteran that was homeless in Lincoln County needing transportation; counseling was provided on the Coast to Valley Express and this gentleman ultimately did everything he could to be at a designated pick-up location in Benton County and received a ride from there. Throughout the duration of the program, rides were consistently provided to a number of different clinics/hospitals including Eugene, Hillsboro, Newport, Portland, Roseburg, Salem, and West Linn.

A few of the Veterans were able to utilize VTAP services to reach the DAV shuttle in Albany and then return home, which was one of the core assumptions of how service would be provided. In reality, the timing and location of medical services along with the consistency of the DAV shuttle made coordination a challenge. In fact, the lack of volunteer drivers caused the DAV shuttle not to run each day and led to a general assumption that the shuttle had stopped entirely which was incorrect. The DAV shuttle service is limited by the inability to serve Veterans who need to be transported in a mobility device or use a walker. Detailed analysis of the mobility captured in the Ride Line system on Veterans for all funding sources (VTAP and Medicaid - OHP and IHN) during the pilot revealed that 162 wheelchair trips and 410 trips for Veterans using a walker were provided to VA facilities. Veterans receiving Medicaid paid trips have had 118 wheelchair and 68 mobility aided trips since the end of the pilot.

Service Area for Rides

The service area primarily extended from VA facilities in Portland to Roseburg depending upon the facility the Veteran was assigned to and the level of care that was needed. Within the first year and a half of the pilot the majority of the trips, 45.88%, were

to the Portland area facilities, followed by the Salem Community-Based Outpatient Clinic (CBOC) at 35.29%. During the last year of the program, there was a drastic increase in the number of rides to Salem, 50%, with Portland dropping to second at 21.43%. This increase is largely due to the expansion of the Salem CBOC that occurred mid-2014, thus offering more care options for Veterans and an increase in ride requests to this location. Trends also showed a 10% increase in rides to the Roseburg VA Hospital in 2015.

Veterans Eligibility

Additionally, the demand for VTAP services may have been affected by a change in the VA system through the *Veterans Choice Program*. To qualify Veterans must be enrolled in the VA Health Care system and meet one of the following criteria.

- They have been told by their local VA that they need to wait more than 30 days from their preferred date or the date medically determined by the physician, to receive services.
- Current residence is more than 40 miles from the closest VA health care facility.
- Travel to a VA health care facility would require using a boat or a plane.
- There is a geographical challenge, such as extensive distances around water or other geologic formations, that present a significant hardship for the Veteran to get to a VA health care facility.

Salem CBOC Services Offered:

- ***Primary Care***
- ***Mental Health Services***
- ***Physical Therapy***
- ***Enrollment***
- ***Laboratory Services***
- ***Optometry***
- ***Ophthalmology***
- ***Podiatry***
- ***Plastic Surgery***
- ***Tele-Specialty Services***

If a Veteran meets any of the above criteria, they have to call in to verify their eligibility and obtain pre-authorization before they can access VTAP services. Many Veterans received a notification card in the mail, but that doesn't mean they can automatically use it. The VA Call Center has limited information on transportation to provide Veterans when they call to verify eligibility requirements.

If a Veteran is already enrolled in VA health care and deemed eligible, the Choice Program allows them to receive health care within their community. Using the Choice Program does NOT impact their existing VA health care or any other VA benefit. During the VTAP pilot there was little information available on the medical provider side, however, Community Outreach Inc., in Corvallis and Samaritan Veterans Outreach have developed outreach materials and provide direct counseling to assist Veterans eligible for Choice Program enrollment.

Cost for Ride

There was no discernable cost difference between rural and urban trips in terms of origin. The brokerage model is built with a standard pick-up charge and a per mile charge. Longer distance trips cost more, but an urban trip from Albany to Portland is a higher cost than rural trip from Brownsville to Salem. The location (distance) of the medical services being accessed have a greater impact on transportation cost than the origin location. It is important to recognize the impact of increased services being available at CBOCs that are typically closer to where Veterans live.

Additional Coordination Opportunity

An additional opportunity for coordination was presented in the form of planning for the *Homeless Veterans Stand Down* event held in Lebanon during late fall of 2015. Transportation was identified as a key coordination area early in the process. Ride Line requested and received an exception to provide service to the event, as medical services and counseling were available at the event.

Members of the Linn-Benton VetNet coordinated the event; meetings for the event occurred every month after the VetNet meeting. Participants at the meetings usually included the Linn and Benton County VSOs, Community Outreach Incorporated, and representatives from Veterans Employment, Ride Line, HUD, and others. During the meetings, attendees usually assisted with setting up location, contact information for those that would be willing to help, and transportation coordination. Two weeks before the event, articles in the local newspapers advertised the event, though not all avenues of available transportation were published at that time. Posters and VetNet partners also advertised the event, including the availability of transportation.

Recommendations

Educating Veterans on Available Transportation Services

Initially it was assumed that most of the rides would be provided to Veterans that were wheelchair bound and unable to utilize the DAV shuttle service. However, only four VTAP Veterans requested wheelchair transport for a total of eight trips where the Veteran remained in their mobility device during transport. There were additional trips for Veterans that were in wheelchairs going to VA facilities, but these Veterans tended to be covered under the OHP (Medicaid) or IHN due to their personal income and disability qualifications as set by the State.

This shows that there is still a significant need for transportation for this subset of Veterans, but they may not be well informed about the benefits available through their Medicaid coverage and how the plans can work in tandem. There is an opportunity to better inform and educate Veterans and groups that work with Veterans on the transportation resources that are available to them. Referring transportation requests

from VSO and other agency related staff to a brokerage or similar entity for screening and resource assistance could address this gap.

Increase Availability of Services in Rural Areas

The VA is working to increase the availability of services that are needed in rural areas. The expansion of the Salem CBOC not only offered two and a half times the square footage, it now has over 30 providers working there with the inclusion of specialty services, such as Orthopedics and Dermatology. Another opportunity is for better dissemination of information on what services are available closer to the communities in which Veterans live.

Restructure the DAV to Offer Transportation Services that Work for Veterans

Although the DAV has done an exceptional job of providing shuttle services along the I-5 corridor between Roseburg and Portland, it is staffed by an aging volunteer force.

According to the report issued by the Governor's Task Force, "DAV is very important, but insufficient to be considered a statewide Veterans transportation system." Limitations with the program include the inability to serve Veterans who need to be transported in a mobility device or use a walker. The CBOCs are not currently designated stops for the shuttle. The future of the DAV system and the value it provides to Veterans may be dependent on a new route structure and a different volunteer or driver staffing model. Ride hailing services, such as Lyft and Uber, are controversial but may offer valuable lessons on how Veterans transportation could be transformed in the future with more flexible, on demand service provision.

Many veterans are unaware they are eligible for OHP/IHN and the specifics of the program.

There is an opportunity to better inform and educate Veterans and groups that work with Veterans on the transportation resources that are available to them.

Better Coordination Between Insurance Providers

Coordination of insurance provider benefits can reduce or eliminate the need for long distance transportation Veterans often are forced to navigate. For example, a ride request for a Veteran that had IHN who resides in Lincoln County and needed to be transported to the Portland VA for a MRI. Rather than travel to Portland, there is a facility in the referring County capable of providing this type of diagnostic testing; the requesting facility was contacted to see if it

was a specialty MRI that needed to be done at a larger facility. After speaking with the staff at the Newport CBOC, it was determined the test was ordered by a VA provider not an IHN provider, therefore the client was referred to the Portland VA. Ultimately, the

Veteran was transported to Portland as navigating between the two insurances was unsuccessful.

Better Coordination of Benefits

The screening process when Veterans called in to RideLine for ride requests covered some basic insurance information. Many of the Veterans stated they were not covered by OHP/Medicaid because they couldn't afford the out-of-pocket expenses that were required. This caused some confusion as when a client is on OHP or IHN there are no premiums, co-pays, or other out-of-pocket expenses. When a Veteran visits a VA facility for conditions that are not service related they pay \$9.00 for prescriptions, \$15.00 for visits with their primary care provider, and \$50.00 for referrals to specialty care providers.

Better explanation of benefits may make access to care more likely for Veterans and lead to better health outcomes, while also reducing the need for long distance rides when services could be provided locally.

Staff Time vs. Outcome

Many of the difficulties the Veterans were having in securing transportation for their appointments seemed to stem from a lack of overall communication and knowledge of available resources.

The administrative costs related to VTAP stem from the extensive conversations brokerage staff had with Veterans as they initially screened callers to determine what their transportation needs were. The counseling and referral aspect of the pilot was key to impacting so many Veterans. However, despite the time spent with Veterans on these screening calls, the impact was relatively modest – 65 Veterans received rides paid for by the VTAP pilot funds. For example, per OHP/IHN guidelines, a client can be transported to a facility if they have been referred there and if the facility bills OHP/IHN even as a secondary insurance. Many Veterans were unaware they are eligible for OHP/IHN and the specifics of the program; this education piece takes time by brokerage employees.

Existing Transportation Route Limitations

As it stands, there is no set transportation option for Veterans that reside in rural areas of Oregon. Veterans Transportation Services coordinated through the VA offers multiple routes to those that live within a 20-mile radius of the main VA facilities; our Region is outside this radius. The DAV is the only long standing option for ambulatory Veterans that reside along I-5. Volunteer programs in the area are trying to provide transportation for others that fall outside these parameters.

Transportation Costs for Veterans Rides

Based on the experience of this VTAP pilot project, it is difficult to give an exact amount of the costs associated with transportation as it is unpredictable at best. Participating in several Veteran group meetings it became clear that there is a passionate cadre of individuals and organizations that want to help, but the coordination is often duplicated and yet disconnected.

Conclusion

Overall, Ride Line and other brokerages are very affective at coordinating rides, but to serve Veterans effectively requires further coordination on the insurance and medical provider side. It would be beneficial to continue making brokered transportation available for Veterans in the Region, extended to include Lincoln County, and those needing to establish VA benefits.

Veterans should be referred to the appropriate brokerage by Veterans Transportation Services, VSO, and VA medical facilities that have exhausted all other possible forms of transportation. These costs could be offset by funds set aside for Veterans that qualify for VA mileage reimbursement, aligning insurance benefits when appropriate, and securing additional grant or legislative funding.

There is not a one-stop solution for every Veteran. Veterans transportation requests should continue to be screened by customer service representatives to provide counseling on transportation options and to assess the best transportation options for each Veteran, including the use of public transit, the DAV shuttle, and brokerage ride solutions, or coordinating shared rides with clients that are also traveling to the same area.

Veteran Stories

I had a female Veteran from Lebanon who needed transportation and we were unable to find any options. This was the very beginning of the transportation grant and we called. She happened to meet all the criteria and she used the transportation system until she passed away. She called me back after her initial ride & was almost in tears because she was so happy. The relief of being able to get to her appointments, the courtesy she was shown by the driver, she was overjoyed. It was a very positive experience for all of us involved in resolving her transportation issues.

I had a Homeless Veteran who needed a ride to a Compensation & Pension Exam on a Saturday. I worked with the team at COG and the Veteran was able to meet the driver at Two Rivers Market on Saturday morning and was able to get to his C&P Exam so his VA benefits could be established and work towards getting him off the streets and into housing.

*Great service and I hope that the benefits of this grant are recognized and somehow funding can be established to make this a permanent program.
-Kim Grooms, Linn County
Veterans Service Officer*

Acronym List

CBOC	Community-Based Outpatient Clinic
DAV	Disabled American Veterans
DHS	Oregon Department of Human Services
HUD	U.S. Department of Housing and Urban Development
IHN-CCO	Intercommunity Health Network Coordinated Care Organization
NEMT	non-emergent medical transportation
OCWCOG	Oregon Cascades West Council of Governments
ODOT	Oregon Department of Transportation
ODVA	Oregon Department of Veterans Affairs
OHP	Oregon Health Plan
VA	U.S. Department of Veterans Affairs
VASH	Veterans Affairs Supportive Housing
VSO	Veterans Service Officers
VTAP	Veterans Transportation Assistance Program
VTC	Veterans Transportation Coordinator