

METRICS OLDER ADULT SERVICES PROGRAM



Purpose

The purpose of older adult services programs is twofold: to enhance the well-being of older adults and to help them live independently for as long as possible.



Key Services

Key services offered are nutritious meals, social activities, and transportation to promote seniors' well-being and independence. The program also help connect seniors with healthcare resources and financial assistance.



Full Time Equivalent Staffing

Permanent Total	21	Permanent (General Fund)	N/A	Permanent (Grant Fund)	21
Contractual Total	8	Contractual (General Fund)	N/A	Contractual (Grant Fund)	8



Funding

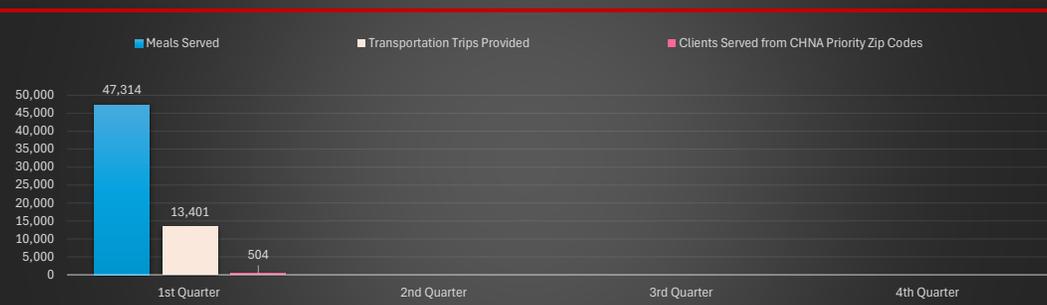
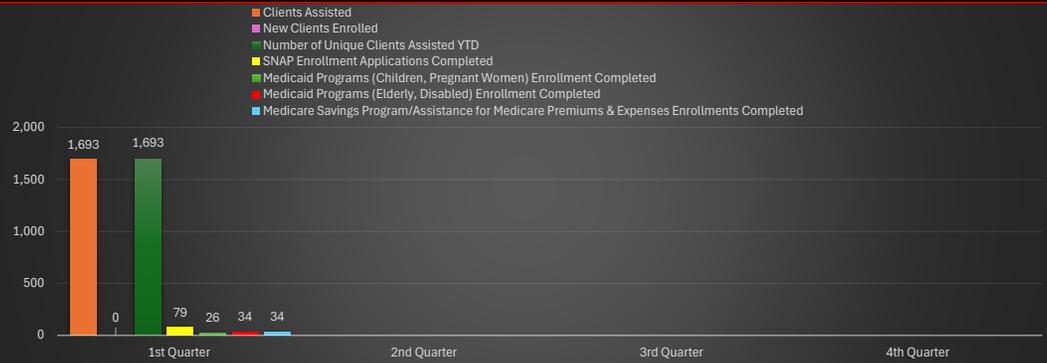
Budget	\$3,707,401	General Fund	YTD	YTD	Grant/s	YTD	YTD
Type: <input type="checkbox"/> General Fund 0%	<input checked="" type="checkbox"/> Grant Fund 100%	Budget	Exp	EXP. %	Budget	Exp	EXP. %
Source: Local and State		N/A	N/A	N/A	\$3,707,401	\$845,139	23%



Key Metrics

Workload Measures	Prior Year	FY 2026				
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD Total
Clients Assisted	6,980	1,693				1,693
New Clients Enrolled	867	0				0
Number of Unique Clients Assisted YTD	2,566	1,693				2,566
SNAP Enrollment Applications Completed	403	79				79
Medicaid Programs (Children, Pregnant Women) Enrollment Completed	169	26				26
Medicaid Programs (Elderly, Disabled) Enrollment Completed	200	34				34
Medicare Savings Program/Assistance for Medicare Premiums & Expenses Enrollments Completed	200	34				34

Outcome Measures	Prior Year	FY 2026				
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD Total
Meals Served	185,123	47,314				47,314
Transportation Trips Provided	54,434	13,401				13,401
Clients Served from CHNA Priority Zip Codes	2,153	504				504



DALLAS COUNTY FY2026 PERFORMANCE INDICATORS

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Older Adult Services Program (OASP)

KEY METRICS	METRIC DESCRIPTORS
Clients assisted	The total number of individuals or families that had applications approved and received aid from the program.
New clients enrolled	The number of clients never served by the program before who submit an application and are deemed eligible to receive services from the Older Adult Services Program during the reporting period.
Number of unique clients assisted YTD	The number of clients who attended a program or received services from the department at least once in the fiscal year.
SNAP enrollment applications completed	The number of applications for SNAP benefits completed on behalf of a client by social services resource hub staff.
Medicaid programs (children, pregnant women) enrollment completed	The number of applications for Medicaid Programs for children and/or pregnant women completed on behalf of a client by social services resource hub staff.
Medicaid programs (elderly, disabled) enrollments completed	The number of applications for Medicaid Programs for elderly and/or disabled individuals completed on behalf of a client by social services resource hub staff. This application is the same as the Number of Medicare Savings Program/Assistance for Medicare Premiums and Expenses so the enrollment numbers should always align.
Medicare Savings Program/Assistance for Medicare Premiums & Expenses Enrollments Completed	The number of applications for the Medicare Savings Program/Assistance for Medicare Premiums and Expenses completed on behalf of a client by social services resource hub staff. This application is the same as the Number of Medicaid Programs for elderly and/or disabled individuals so the enrollment numbers should always align.
Meals Served	The total number of meals provided to seniors through the program, including those served at senior centers and delivered to homes.
Transportation Provided	The total number of trips facilitated for seniors through the program's transportation services.
Clients Served from CHNA Priority Zip Codes	This measure tracks the number of clients who applied for and received aid from the program at older adult services centers located in the zip codes identified as high-risk within the current Community Health Needs Assessment (CHNA). The CHNA is updated every three years, and the identified high-risk zip codes may change accordingly. This measure serves as a general indicator of the program's reach in serving individuals and families residing in areas identified as having a high vulnerability index, encompassing factors such as poverty, limited access to healthcare, food insecurity, and other social determinants of health.