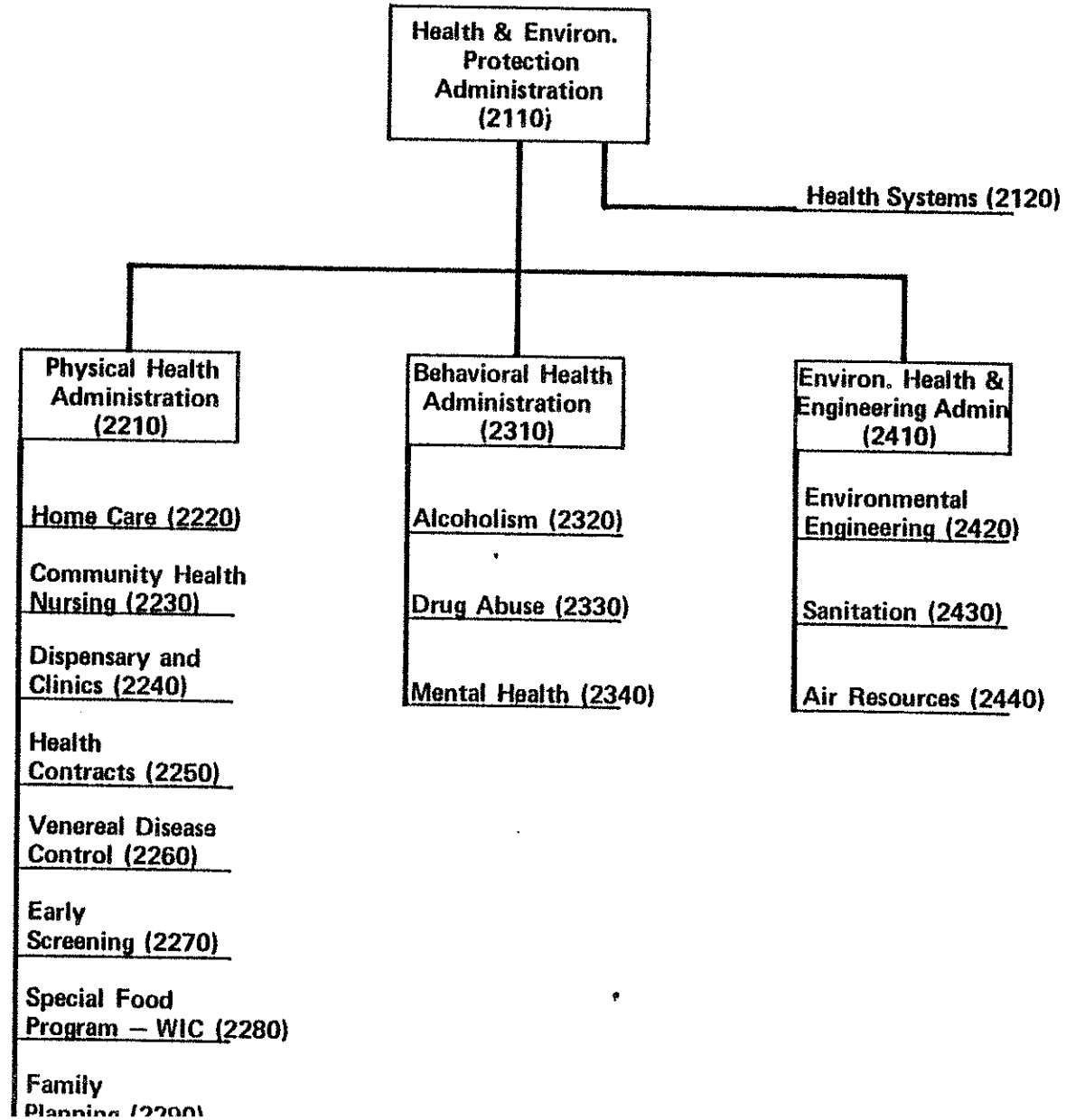


# ORGANIZATION CHART

## Department of Health and Environmental Protection



DEPT. Health and Environmental Protection		MAJOR OBJECTIVES FOR 1977	MAJOR OBJECTIVES FOR 1978	MAJOR PROGRAM CHANGES FOR 1978
CODE	BUDGET UNIT			
2110	Administration	Maintain Municipal systems.	Establish a performance monitoring system.  Implement training system and plan for managers.	Direct program performance reports to Mayor, Manager and legislative bodies.  Department wide training and systematic evaluation system for managers.
2120	Health Systems	Conduct 5 operational evaluations dealing with clerical operations, records management, and data collection.	Conduct 9 operational evaluations dealing with clerical operations, records management and data collection.	Emphasis placed upon systems planning, design and implementation.
2210	Physical Health Administration		Develop intra-divisional care referral system.  Implement community plan to reduce V. D.	Improve service delivery capabilities of physical health system. Reduce the disorganization of the division.  Stop just treating venereal disease and declare an all-out war against V.D.
2220	Home Care	Prevent unnecessary admission to hospital or nursing home of 220 ill people.	Prevent unnecessary admission to hospital or nursing home of 600 ill people.	Institute team concept to offer full health care services determined by client level of need.
2230	Community Health Nursing	Conduct 8,500 home visits to all ages of population for purpose of prevention, intervention and/or education related health problems.		
2240	Clinics and Dispensary	Develop and provide services for degenerative disease prevention or detection for 1,000 Anchorage residents.	Provide degenerative disease prevention or detection for 3,500 Anchorage residents.	Triple effort in the area of detection and prevention of degenerate diseases.
2250	Health Contracts	Disperse state health revenue sharing monies.	Disperse state health revenue sharing monies.	Use of the request for proposal system to enter community based health contracts.
2260	Venereal Disease	Provide same day service to 94% of those individuals seeking service.	Provide same day service to 98% of those individuals seeking service.  Reduce the number of individuals exposed to gonorrhea by 5,600.	Start satellite V.D. Clinic in Eagle River and provide evening hour services at the main clinic.  Training health educators and school nurses to provide V.D. education, instead of staff providing direct training.
2280	Special Food Program (WIC)	Provide 400 clients with food vouchers to purchase specified nutritious foods.	Provide 800 clients with food vouchers to purchase specified nutritious foods.	Double the number of people receiving nutritious food through the program.

DEPT. Health and Environmental Protection		MAJOR OBJECTIVES FOR 1977	MAJOR OBJECTIVES FOR 1978	MAJOR PROGRAM CHANGES FOR 1978
CODE	BUDGET UNIT			
2290	Family Planning	Deliver birth control methods to 3,056 ages 20-44.	Deliver birth control methods to 3,362 women ages 20-44.	Increase number of women served in the Family Planning Clinic.
2270	Early Screening	Deliver birth control methods to 1,600 teenagers ages 12-29.	Deliver birth control methods to 2000 teenagers ages 12-19.  Identify 1,200 significant health problems in children which could cause disability by adulthood if not detected early.	Increase the number of teenagers served through Clinic.  Conduct night clinics and/or satellite clinics.
2310	Behavioral Health Administration	Develop an informational collecting system which will delineate the components of a comprehensive coordinated alcohol abuse, drug abuse and mental health services.	Develop an approved comprehensive coordinated service delivery document for provision of alcohol abuse, drug abuse and mental health services.	Integration of service components of alcoholism, drug abuse and mental health programs to increase efficiency of the service delivery.
2320	Alcoholism	Reduce work inefficiency of 500 employees with alcohol related problems by implementing an employees' assistance program.	Reduce work inefficiency of 500 employees with alcohol related problems by implementing an employees assistance program.	1,500 employees contacted and 500 employees referred to treatment with 50% of those referred to treatment maintaining employment.
2330	Drug Abuse	Realize 4 out of 115 long term treatment successes.	Realize 44 out of 120 long term treatment successes.	Additional services of a medical doctor, psychiatrist and/or other professional back-up for treatment programs.
2340	Mental Health	No significant changes.		
2410	Environmental Health Administration	No significant changes.		
2420	Environmental Engineering	No significant changes.		
2430	Sanitation	No significant changes.		
2440	Air Resources	No significant changes.		

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Administration	Unit No. 2100	SEC. Administration	Unit No. 2110
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work load	Efficiency	Effectiveness		
1. Establish a Performance Monitoring System	Implement System	X				1
	# of staff hours required		X			200
	% above or below target objectives			X		5%
2. Develop Standard Contract Compliance procedures for Contract Administrators	Implement procedures	X				1
	# of staff hours required		X			400
	# of compliance reviews per contract per year	X			2	4
	# of program evaluations per year	X				4
	% of audit exceptions per contract			X	10%	3%
3. Implement training system and plan for managers	# of managers in department	X				18
	# of managers trained		X			12
	% of managers tested achieving competency rating score			X		90%

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:** These objectives represent only a small part of the overall effort of the Administrative Division. The Division is responsible for all Fiscal, Personnel, Policy, Contract and Administrative Affairs, as they affect the Department.

The objectives reflect the concern of the Department over the accomplishment of stated objectives, provision of the needed tools (training) in order to accomplish those objectives and the avoidance of unnecessary cost and confusion (audit exceptions, Taheeta House, Family House, CME, etc.)

**CHANGES FROM CURRENT OPERATIONS:** All of these except "contract compliance" are changes from current operations. Monitoring of results, a Department-wide approach to training and a systematic evaluation system have been done to some minor extent. However, there has not been any effort to make any of these independent of the program or to communicate the findings, good or bad, to the Mayor or to the legislative bodies until recently.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- 1. Performance Monitoring: Review program manager's action plan, use existing systems to monitor, provide positive feedback, set up evaluation instrument.
- 2. Contract Compliance: Monthly desk audit, quarterly on-site compliance audits, annual CPA review, seek contract modifications (or terminate contract).  
  
Identify needs of community, gaps in services and degree of penetration by Department services, analysis of statistical data, set peer and professional review, establish benefit to community.
- 3. Manager's Training: Assess needs, set priorities, establish evaluation mechanisms.

DEPT. Health & Environmental Protection	Unit No. 2000	DIV. Administration	Unit No. 2100	SEC. Health Systems	Unit No. 2120
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work load	Efficiency	Effectiveness		
1. Conduct (9) operational evaluations dealing with clerical operations, records management and data collection.	# of evaluations completed	X			5	9
	# of staff hours required per evaluation		X		200	165
	# of action plans prepared			X	5	9
2. Increase the number of major operational support programs on the department's minicomputer from 7 to 10.	# of budget units served	X			3	7
	# of major support packages			X	7	12
	# of workstations available	X			1	3
	% of class I service requests answered within 15 minutes			X	90%	96%
3. Coordinate (4) major community health or environmental education projects.	# of major projects	X			3	4
	# of media releases	X			80	130
	# of staff hours per project		X		200	200
4. Analyze and monitor, on an ongoing basis, the utilization and impact of new and existing clerical tools (word processors, dictation equipment, copiers).	# of evaluation reports submitted	X			400	750
	# of staff hours required		X		2	4

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

Health Systems provides technical, management, program evaluation and public education services to the operating programs of the department. In addition it serves as the liaison between the department and the other municipal service organizations. If these services were not available, the program managers would have to cope on their own which would lead to an overall decrease in efficiency for the department.

**CHANGES FROM CURRENT OPERATIONS:**

In 1978 the level of effort, which is currently divided about 40% operational support and 60% special projects and assignments, will be adjusted to provide 30% operational support. This will be accomplished by transferring partial responsibility for some relatively stable activities back to the divisions. More emphasis will be placed upon systems planning and the design and implementation of new data collection processes which will complement and extend the data collection in UFMS.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

1. Conduct (9) operational evaluations. Negotiate the project "objectives" with program and division managers  
 Conduct an indepth operational analysis of how the program runs  
 Propose and try alternative work methods  
 Publish Reports
2. Increase minicomputer support Update overall hardware procurement plan  
 Perform analysis and general system design work  
 Prepare design document  
 Award contract for program development and monitor progress  
 Install, train staff and fine tune program
3. Conduct community education projects Orient staff to "educational needs" of the community  
 Increase available clerical support time
4. Monitor utilization of clerical tools Monitor program activities on a regular basis  
 Determine equipment use patterns  
 Make appropriate recommendations to management

DEPT.	Unit No.	DIV.	Unit No.	SEC.	Unit No.	
Health & Environmental Protection	2000	Physical Health	2200	Administration	2210	
PERFORMANCE INDICATORS						
OBJECTIVES	DESCRIPTION	Work load	Efficiency	Effectiveness	1977	1978
1. Initiate nutrition education to prevent debilitating health conditions and improve general health for 1600 citizens	# of clients served	X				1600
	# of consultations	X				100
	# of classes and speaking engagements	X				20
	% of surveyed indicating attitudinal change			X		90%
2. Develop intra-divisional case referral system	Develop referral system	X				1
	# of staff hours required		X			500
	% of system completed			X		100%
3. Implement community plan to reduce VD	Implement plan	X				1
	# of VD Committee meetings	X				24
	# of public presentations	X				15

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

1. Numerous requests for individual counseling in nutrition. Local dietitian not administratively assigned to community nutrition education. Unable to meet demands. Heart disease, hypertension, diabetes, and obesity are leading health problems of Alaskans. Junk foods a concern of community and schools.
2. An integrated department should demonstrate coordinated service to individuals.
3. The high rate of gonorrhoea - 1020 per 100,000 (based on pop. 194,000) - National rate - 472.9 per 100,000 (1975)

**CHANGES FROM CURRENT OPERATIONS:**

1. Currently there is no community nutritional program
2. Revise and improve case referral system
3. Program initiated in 1977 with formation of Committee, VD survey in schools, VD course at University of Alaska. Addition to be improved VD education, increased use of media, greater number of speaking engagements

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

1. Employ half-time nutritionist on contract. Plan classes on nutrition for public, in-staff education, support WIC program with consultation, counsel individuals and staff, newspaper, TV, radio programs and public speeches, inter-relate with Behavioral and Environmental Protection for consultation.
2. Encourage inter-referrals through knowledge and experience of managers in each section. Develop centralized collection center for referrals. Staff education programs.

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Home Care	Unit No. 2220	
<b>PERFORMANCE INDICATORS</b>						
OBJECTIVES	DESCRIPTION	Work load	Efficiency	Effectiveness	1977	1978
Prevent 300 unnecessary admission to hospital or nursing home of 180 ill people	# of admissions	X			250	300
	# of skilled visits	X			2500	2250
	# of semi-skilled visits	X			none	750
	Cost per skilled visit			X	\$80	\$80
	Cost per semi-skilled visit			X	none	\$32

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:** 1) Federal regulations of Title XVIII and XIX state specific criteria for certification of Home Health Agency. With certification, skilled-nursing care, physical therapy, speech therapy and health aide services are directly reimbursed and occupational therapy and social worker are indirectly reimbursed. Certified Home Health Agencies offer a lower cost alternative to institutionalization, in part, reimbursed from Title XVIII and XIX. One third of Home Health Agency clients require health aide services to be able to remain in their homes even though skilled care is given. 2) A minimum of 5,000 Anchorage area residents need home care, either skilled, semi-skilled or both.\* 3) Reimbursables - skilled services are reimbursed at \$40 per visit, each visit approximately 1-1/2 hours in length. Semi-skilled are reimbursed at \$32 per visit, each visit approximately three hours in length.

\* 1976 statistics of Federal Congressional Budget Office on budget management report

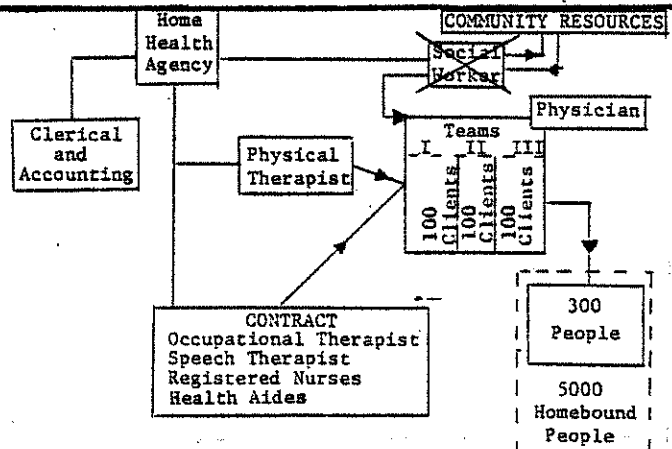
**CHANGES FROM CURRENT OPERATIONS:** Institute Team concept to offer full health care services determined by client level of need. The Team will be composed of 1) Assessment Public Health Nurse, Team Leader; 2) Registered Nurse; 3) Certified Health Aide; 4) Homemaker; 5) Physical Therapist. Utilizing this personnel, the Home Health Agency will offer the full spectrum of services needed: from meal preparation to colostomy irrigation. The addition of the homemaker service will allow the client to receive continuity of care within his own home from the same agency. The social worker will assist clients in locating community resources and will work closely with the team leader to coordinate all aspects of the clients care. The physical therapist will assess and administer physical therapy as ordered by the physician and teach client's family and health personnel physical therapy techniques in carry out total plan of care. The addition of the social worker and the physical therapist will extend the services of the Home Health Agency and provide more thorough followup and complete care for the client.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

**OBJECTIVE:** Prevent unnecessary institutional admission of 180 ill people

**TASK:**

- 1) Home Health receives referral from physician, family, friends, case worker, etc.
- 2) Team Leader visits client, makes full assessment, obtains doctor's orders, develops written care plan.
- 3) Team Leader assigns client to appropriate team member; social worker, in consultation with Team Leader, involves community resources and makes referrals.
- 4) Skilled and semi-skilled care is administered and recorded in patient record.
- 5) Weekly team conferences review all cases.
- 6) Medicaid and Medicare are billed by-weekly.
- 7) Team Leader submits medical reports to State and Federal intermediaries, monthly care summaries to physician and conducts 60 day recertification.



DEPT.	Unit No.	DIV.	Unit No.	SEC.	Unit No.		
Health and Environmental Protection	2000	Physical Health	2200	Community Health Nursing	2230		
PERFORMANCE INDICATORS							
OBJECTIVES	DESCRIPTION	Work-load	Effi-ency	Efficacy	Effec-tiveness	1977	1978
1. Conduct 8,500 home visits to all ages of the population for the purpose of prevention, intervention and/or education related to health problems.	# of home visits	X				8,500	8,500
	Cost per home visit		X			\$ 33.00	\$ 33.00
	# of home visits nurse/day			X		3	3
2. Conduct Well Child Conference with families of 953 of the newborn babies.	# of newborn babies	X				953	953
	Cost per baby per visit		X			20.60	20.60
	# of Well Child Conferences performed	X				4,765	4,765
3. Conduct 678 discussion groups/workshops for pre and post natal parents	# of discussion groups/workshops	X				678	678
	Cost per person per group		X			6.20	6.20
	# of contracts/group	X				15	15

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

10% of the Anchorage population has a mental health problem, in need of referral for treatment. 600 to 700 incidents of Child Abuse are reported each month. 50% of the Anchorage Community has one or more chronic conditions, 11% of whom have limitations in activities of work, home, or school responsibilities. The Public Health Nurse is available to go into home and respond to community problems. Requests for home visits are currently being received at a rate of 2,880 per year, and each request requires an average of 3 visits (8,640 home visits). According to national statistics, 30% of the babies born either receive no well child care or rely on receiving this care from a hospital or health department clinics. Parents with a lack of knowledge about child growth and development have increased chance of child abuse and parenting problems. Currently, the Municipality has a nurse to population ratio of 1:16,167. The national standard is 1:7,500.

**CHANGES FROM CURRENT OPERATIONS:** The State Division of Social Services has dropped its Child Protection Agency and incorporated it into activities of all intake workers. The public is finding it more difficult to know who to deal with and are turning to the Public Health Nurses for assistance in increasing numbers. The Food Stamp Program in the State is unable to process applications in a timely fashion and clients are relying on the PHN's to help with obtaining emergency food supplies. There is an increase in unemployment and requests for assistance are increasing in all areas, social, physical and emotional. More referrals for antipartum assistance are coming in from the WIC Program. The current operation will have to decrease in some areas to take care of increased demands in others and a careful prioritization will have to occur. There has been an increase in the number of hospital referrals for follow-up of postpartums, failure to thrive infants, diabetic teaching, etc., and cases will have to be selected according to the greatest need. Referrals will fall off as needs are met, however.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

Crisis intervention will have highest priority.  
 Well Child Conferences will increase because of need (2 month backlog in scheduling appointments).  
 Prevention and early intervention activities will be evaluated and priorities set.  
 Classes, groups, and speaking engagements will be cut to allow more time for home visiting, clinics and special nursing needs of community such as salmonella investigations, immunization campaigns, etc.



DEPT. Health & Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Clinics & Dispensary	Unit No. 2240
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work-load	Efficiency	Effectiveness		
1. Provide communicable disease prevention for 20,000 residents.	# of clinic visits	X			20,000	20,000
	Cost per visit		X		\$ 10.00	\$ 10.00
2. Provide degenerative disease prevention or detection for 3500 residents	Communicable disease incidence rate per 100,000 population			X	2,500	2,400
	# of educational contacts	X			700	2,500
	# of patients screened	X			300	1,000
	Cost per service		X		\$ 15.00	\$ 15.00
	# of referrals for tertiary or restorative care			X	100	400

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

- The 1976 incidence of communicable disease in Southcentral Region, as stated by State of Alaska's Annual Communicable Disease Report, reported 5231 cases of communicable disease or an incidence rate of 2600 cases per 100,000 population. The report includes 6 cases of diphtheria, 114 cases of dysentery, 13 cases of encephalitis, 1255 cases of hepatitis, 42 cases of meningitis, 9 cases of measles, 7 cases of rheumatic fever, and 57 cases of tuberculosis.
- In the 1975 Alaska Vital Statistics Report, degenerative disease (e.g., heart diseases, malignant neoplasms, cerebrovascular disease, arteriosclerosis) are listed as accounting for 70% of all deaths in the United States. In Alaska these diseases accounted for 43% of all deaths or 661 persons in 1975.

**CHANGES FROM CURRENT OPERATIONS:**

The objective for degenerative disease prevention and detection in 1978 represents a tripling of efforts in this area over 1977. Included are proposed expansion of adult screening clinic for services to individuals, expansion of public information and public detection programs. Requires addition of two staff members.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>Communicable Disease Prevention</li> </ol>           | Epidemiology (disease investigation)<br>Immunizations (child, school, adult, travel, flu)<br>Preventative vaccines<br>Public education<br>Screening tests (premarital, TB tine)<br>Diagnostic tests<br>Disease treatments |
| <ol style="list-style-type: none"> <li>Degenerative Disease Prevention/Detection</li> </ol> | Public education<br>Personal health care<br>Screening tests for detection<br>Referral for tertiary or restorative care<br>Patient education   |

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Health Contracts	Unit No. 2250
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS				1977	1978
		Work load	Effi- ciency	Effec- tiveness			
Disperse State Health Revenue Sharing Monies	Amount of monies dispersed	X				\$654,000	\$703,000
	# of requests for proposals	X					3
	# of contracts	X					5

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

Alaska Statute 43.18 provides state shared revenue for hospitals and health facilities and requires that units of local government disperse those monies to lower the cost of health services or improve the health services in their governing area.

**CHANGES FROM CURRENT OPERATIONS:**

Legislated flow through monies will continue to be dispersed to the hospitals and Alaska Crippled Children's Association and Alaska Retarded Citizen's Association. All other monies will be contracted out using the request for proposal method and based on the health needs of the community.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

Disperse State Health Revenue Sharing Monies

To fulfill legislative intent the Department will pass through the State Health Revenue Sharing monies to Alaska Hospital and Providence Hospital. For the balance of the State Health Revenue Sharing monies, the Department will go to the community with request for proposals to provide needed and innovative health programs in the Anchorage area.

DEPT. Health and Environmental Protection	Unit No. 2001	DIV. Physical Health Grants	Unit No. 2201	SEC. Venereal Disease Control	Unit No. 2260
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work-load	Efficiency	Efficacy		
1. Provide same day service to 98% of those individuals seeking service	# of individuals seen	X			8,400	9,500
	cost per visit		X		TBD	TBD
	% of patients seen the same day			X	94%	98%
2. Reduce the number of individuals exposed to gonorrhea by 5600	# of contacts elicited	X			2,300	2,850
	% of contacts examined within 3 days			X	64%	75%
	% of contacts examined			X	70%	85%
3. Increase the effectiveness of the screening program by identifying an additional 375 individuals with gonorrhea	# of females screened	X			30,000	35,000
	cost per positive culture			X	TBD	TBD
	% of cultures positive			X	1.2%	2.1%
4. Increase the number of students receiving venereal disease education by 1000	# of classes or groups taught	X			50	30
	cost per individual educated			X	TBD	TBD
	# of individuals reached			X	2,000	3,000

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

	Year	# of Patients	Increase
A. The number of individuals seeking service from the Venereal Disease Clinic has increased 175% from 1971, when the clinic was first opened, to 1976.	1978	9,500	13%
B. As the population of Anchorage increases, the number of individuals seeking clinic services will increase proportionately.	1977	8,400	14%
	1976	7,384	11%
C. As demands for services increase faster than resources, more efficient methods of providing services must be employed.	1975	6,635	12%
	1974	5,940	48%
D. Failure to provide these services will result in (1) increased costs in the long run due to complicated cases of infection, loss in man hours, and (2) increased spread of the infectious producing human suffering.	1973	4,020	8%
	1972	3,730	38%
	1971	2,697	

**CHANGES FROM CURRENT OPERATIONS:**

The number of patients that do not receive same day service can best be reduced by making clinic services more readily available. This will be accomplished by starting a satellite clinic in Eagle River to provide services at a closer location for those who live or work in the Eagle River/Chugiak/Pater's Creek area; and by providing evening hours for service at the main clinic. By training health education and school nurses to provide more of the venereal disease education now provided by staff, more individuals can be reached at a savings in staff hours to be used in epidemiology to bring exposed individuals to examination sooner.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

Objective	Task
1. 98% same day service	Hire and train new staff person for 12:00 p.m. to 8:00 p.m. shift Start evening clinics at main clinic using new staff and overtime
2. Reduce exposure to gonorrhea	Start clinic at Eagle River Health Facility Use hours available from education objective to work contracts faster
3. Increase efficiency of gonorrhea screening	Periodic evaluation of culturing techniques Identify low yield sites and evaluate for cause Identify high risk groups Encourage more frequent screening of high risk groups
4. Increase education to students	Provide a training workshop for health educators and nurses.

DEPT. Health & Environmental Protection	Unit No. 2001	DIV. Physical Health	Unit No. 2201	SEC. Early Screening	Unit No. 2270		
OBJECTIVES		PERFORMANCE INDICATORS					
		DESCRIPTION	Work load	Efficiency	Effectiveness	1977	1978
1. Identify 1200 significant health problems in children which could cause debilitation by adulthood if not detected early.  2. Track every child with an identified health problem to assure treatment is obtained		# of Medicaid eligible children	X			2700*	6500**
		Cost of initial clinic visit (exam and lab work)		X		\$ 42	\$ 45
		# of initial clinic visits per year			X	1400	2100
		# of problems identified through physical assessment	X			3000	4200
		Cost of tracking each problem		X		\$ 3.34	\$ 3.70
		# of problems tracked		X		3000	4200
*The number of children who meet categorical assistance guidelines (Medicaid) **Reflect changes in Federal legislation to include all children from low income families							

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

The following health problems have been identified in past screenings of Medicaid children:

- 6% History of significant disease in past
- 9% Developmental problems
- 46% Dental cavities
- 7% Hearing defects
- 23% Vision defects
- 2% Obesity
- 6% Anemia

It is estimated that less than 15% of the children from low income families have routine physical examinations.

President Carter has recommended legislation to maximize the Early Periodic Screening Diagnosis and Treatment Program effective January, 1978. The intent is to provide health screening services to the 85% who are now not receiving them.

**CHANGES FROM CURRENT OPERATIONS:**

Because of the impact of increased workload some of the following changes may be necessary: Night clinics or satellite clinics throughout the Anchorage area.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

**A. OUTREACH:**

1. Make 350 home visits a month to eligible families to inform them of EPSDT services and make appointments for screening.
2. Send 400 letters of introduction a month to eligible families.
3. Visit 15 community social services agencies on a quarterly basis and leave pamphlets to be given to eligible families.

**B. PHYSICAL EXAM:**

1. Labwork: Height, weight, vision, hearing, blood tests for anemia and sickle cell, urine testing, blood pressure, and immunizations.
2. Comprehensive history including diet history and developmental assessment.
3. Complete physical assessments done by qualified nurses.

**C. FOLLOWUP OF PROBLEMS IDENTIFIED DURING SCREENING:**

1. Communicate with treatment providers
2. Communicate with parents
3. Remind parents of children with borderline problems to be reexamined
4. Remind parents about child's yearly exam

DEPT.	Unit No.	DIV.	Unit No.	SEC.	Unit No.	
Health and Environmental Protection	2000	Physical Health	2200	Special Food Program (WIC)	2280	
PERFORMANCE INDICATORS						
OBJECTIVES	DESCRIPTION	Work-load	Effi-ency	Effec-tiveness	1977	1978
1. Provide 800 clients with food vouchers to purchase specified nutritious foods.	# of clients enrolled	X			400	800
	cost per client per month		X		\$36.50	\$40.50*
2. Conduct monthly nutrition education classes designed to increase nutritional knowledge for each parent guardian or pregnant woman receiving supplemental food.	% of case load attained			X	100%	100%
	# of eligible participants attending nutrition education classes	X			224**	448**
	cost per client per year		X		\$37.10	\$37.96
	% of clients demonstrating an increased level of nutritional knowledge			X	75%	80%
<p>*reflects 10% increase in food costs                      **approximately 1/2 of clients are infants and children</p>						

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

Malnutrition in utero and early childhood years causes stunting of growth, decreased resistance to disease, congenital malformation, and lack of brain cell development. The nutrients most often lacking are ascorbic acid, iron, calcium and protein. The WIC Program is designed to supply these needs through the supplemental food package. Currently the program is enrolling clients as quickly as they can be properly processed. The number in need appears to be even greater than the anticipated 800 caseload.

**CHANGES FROM CURRENT OPERATIONS:**

Because of an increased caseload, the nutritionist hours will be increased from 2 hours per week to 16 hours and an additional half-time office assistant position will be added.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- |   |  |
|---|--|
| 1. Provide vouchers to enrolled clients | Inform community of program<br>Schedule clients<br>Determine nutritional need according to state guidelines<br>Determine financial and geographical eligibility<br>Design and issue food package according to need   |
| 2. Conduct nutrition education          | Teach how to shop<br>Teach basic four food plan<br>Teach how to use WIC foods<br>Teach special nutrition needs and how to meet them<br>Teach how to increase use of fruits and vegetables in diet<br>Teach food storage and sanitation<br>Teach explanation of height and weight charts and meaning of hemoglobin levels |

DEPT.	Unit No.	DIV.	Unit No.	SEC.	Unit No.	
Health & Environmental Protection	2002	Physical Health	.2202	Family Planning	2290	
PERFORMANCE INDICATORS						
OBJECTIVES	DESCRIPTION	Work load	Efficiency	Effectiveness	1977	1978
1. Deliver Birth Control Methods to 2000 teenagers ages 12 - 19.	# of teenage clients served Cost/visit	X	X		1600 \$41.93	2000 \$41.93
2. Deliver Birth Control Methods to 3362 women, ages 20 - 44.	# of clients to be served Cost/visit		X		3056 \$41.93	3362 \$41.93

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

The following statements indicate the need for service:

- a. Pregnancy in this age group results in interruptions in education and socialization processes.
- b. It is this age group in which high risk pregnancies have a greater chance of occurring. Adolescent mothers are 1.3 times more likely to suffer toxemia as a result of pregnancy or birth, than women 20 - 24.
- c. There are 200 abortions/year in this age group.
- d. There are 468 births/year occurring in this age group.
- f. It is estimated that there are 3352 low income women in Anchorage. 80% or 2680 of the low income women desire a contraceptive method because of not being pregnant or desiring pregnancy.
- g. It is estimated that there are 2217 native women in Anchorage. 80% of these women desire a contraceptive method at any one time.

**CHANGES FROM CURRENT OPERATIONS:**

- 1. Continuation of Federal Grant monies to hire Nurse Practitioner for recruitment of teenage clients to reduce teenage pregnancies.
- 2. Introduction of night clinics.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- 1. Recruitment at community schools, church groups, native teen groups; ethnic, cultural, low income, women whose health status places them in high risk pregnancy categories.
- 2. Expanding clinic hours- regularly scheduled daily clinics and night clinics.
- 3. Clinic services will include- counseling, education, laboratory tests, physical exams, income assessment and prescribing of birth control methods for each client.
- 4. Special teenage services will include individual counseling regarding attitudes and responsibilities surrounding their own sexual behavior.

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Behavioral Health	Unit No. 2300	SEC. Administration	Unit No. 2310
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work load	Efficiency	Effectiveness		
1. Develop an approved comprehensive coordinated service delivery document for provision of alcohol abuse, drug abuse, and mental health services.	Approved plan document	X				
	# of staff hours		X		884	1
	% of completion			X	no data	2,500 75%
2. Reduce by 50% the dollar value of audit exceptions identified during 1977.	Dollar value of identified audit exceptions			X	\$ 92,000	\$46,000
	% of decrease in dollar value of audit exceptions		X			50%
	Contract compliance reviews	X			5	22
3. Upgrade staff skills in grants and contracts writing and administration through specialized training.	Conduct training programs	X				1
	% of grant applications submitted on time			X		100%
	% of staff achieving competency rating score			X		100%
4. Implement plan to increase Division operation efficiency.	% of completion			X		70%

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:** The Behavioral Health Administration provides coordination and assistance to the efforts of its three sections, Alcoholism Control, Drug Abuse Control, and Mental Health services. Each section must develop a wide array of services to meet the multiple needs of individuals and families involved with their specific area of concern. Without coordination, services offered by each section would overlap each other, creating duplication, inefficiency, and waste. The Behavioral Health Administration implements service strategies which cut across all three areas of programmatic concern to provide comprehensive effective services. The need for centralized management and control to coordinate the service delivery efforts of the three sections is also reflected in:

- (a) Approved health service plan for the Municipality of Anchorage as mandated by the Health Commission.
- (b) Approved state alcoholism, drug abuse, and mental health plans.
- (c) Municipality policy and funding source regulations which require financial and programmatic accountability
- (d) Governor's Management & Efficiency Review recommends merging of state alcoholism & drug abuse programs.

**CHANGES FROM CURRENT OPERATIONS:**

- Integration of specific components of alcoholism, drug abuse, and mental health programs to increase efficiency of service delivery.
- Add central intake, tracking, and program monitoring.
- Develop alternatives to residential care.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- |  |   |
|--|---|
| 1. Service delivery document for alcohol abuse, drug abuse, and mental health service. | Meet with existing community-based service providers.<br>Develop a community wide analysis of services, showing gaps and overlaps.<br>Plan to fill the service gaps and reduce service overlaps<br>Submit proposed plan to review<br>Monitor progress of resource allocation. |
| 2. Reduce audit exceptions by 50%  | Review all contracts originating in the Division, prior to forwarding to other departments.<br>Review all grant awards documents prior to incorporating into budget.<br>Perform two comprehensive compliance reviews of each contract.  |
| 3. Grant/contract administration skill training.                                       | Contract with Professional Training Services.<br>Analyze the specific training needs of staff.<br>Measure employee efficiency.<br>Re-allocate personnel and professional resources<br>Continuing education for staff.   |
| 4. Implement efficiency plan.  | Eliminate physical deficiency and architectural barriers in work areas.   |

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Behavioral Health	Unit No. 2300	SEC. Alcoholism	Unit No. 2320
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work-load	Efficiency	Effectiveness		
1. Secure accreditation from the Joint Commission on Accreditation of Hospitals by July 1, 1978.	Accreditation secured		X			1
2. Reduce work inefficiency of 500 employees with alcohol related problems by implementing an Employees Assistance Program.	# of employees contacted	X				1,500
	# of employees referred to treatment			X		500
	% of employees treated who have maintained employment			X		50%
3. Provide alcoholism treatment through a comprehensive alcoholism to 2500 units of service.	# of people contacted	X			2,000	2,000
	# of person in treatment	X			1,400	2,000
	# of successful closures			X	no data	200
4. Increase public awareness of alcoholism through prevention and education to 1000 people.	# of presentations	X			250	500
	# of those surveyed indicating an attitudinal change			X	no data	30%

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

Currently, it is projected that 19,167 people in the Municipality of Anchorage are alcoholics. Additionally, 78% of all civilian male problem drinkers are employed. Alaska's annual alcohol consumption rate was 57% greater than the overall national rate in 1975. Since 1958, the dramatic increases in the annual average alcohol consumption rate has been matched very closely with the increase in death rates due to cirrhosis of the liver.

The total economic cost to the State of Alaska due to alcoholism and alcohol abuse is 131.2 million dollars annually. Of this amount, 65.8% of the economic cost is due to loss of production; 11.7% is accounted for by the Criminal Justice System.

**CHANGES FROM CURRENT OPERATIONS:**

The Employee's Assistance Program will be a new component to alcoholism services.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

1. Accreditation survey has been contracted for with the Joint Commission on Accreditation of Hospitals for March '78.
2. Contract with an agency to provide employees' assistance training to agencies, organizations, industry and departments within the Anchorage Area.
3. Contract for a comprehensive alcoholism program, which would include the following components: (a) emergency services patrol, pick-up and treatment for 500 clients; (b) medically supervised detoxification unit for 1500 clients; (c) short-term treatment, 30 days, for 200 clients; (d) long-term treatment, 90-180 days, for 400 clients; (e) out-patient counseling for 400 clients; (f) after care and follow-up for 500 clients; (g) central intake, screening and evaluation/diagnosis, for 2000 clients.
4. Contract for public education, information and prevention including four school presentations a month, two television spots a month and presentations to six organizations a month.



DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Behavioral Health	Unit No. 2300	SEC. Drug Abuse	Unit No. 2330	
PERFORMANCE INDICATORS						
OBJECTIVES	DESCRIPTION	Work-load	Efficiency	Effectiveness	1977	1978
1. Realize 44 out of 120 long term treatment successes.	# of successes			X	42	44
	# of treatment slots	X			80	90
	% of urinalysis drug free			X	75%	95%
	# of criminal convictions 60 day after program admission			X	0	0
2. Realize 20 out of 50 detoxification treatment successes.	% of time employed out of the last 12 months			X	70%	83%
	# of successes			X	30	20
	# of treatment slots	X			10	5
	# of clients in program	X			60	50
	% of reduction of heroin			X	50%	50%
	% of treatment appointments kept			X	75%	75%
3. Conduct prevention, intervention and treatment counseling session workshops, or information presentations for more than 1870 youth, adults and parents.	# of criminal convictions while in treatment			X		1
	# of individuals at presentations			X		1200
	# of individuals at workshops			X		200
	# of clients counseled			X	400	430

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

Drug Abuse Council, Inc. has estimated that there are 700 heroin addicts in the Anchorage area. According to the State Office of Drug Abuse, these people need over \$100,000 a day to purchase heroin; eighty-one percent of these funds are obtained by illegal means. The resulting losses in productivity, crime, police, court costs, etc. are estimated to be 6 times the costs of providing treatment according to a cost benefit study by the State Office of Drug Abuse

The prevention and intervention activities will be aimed towards Anchorage children and their parents. A 1971 study showed that 36.3% of school children grades 6-12 used drugs, at least experimentally. Some experts estimated that the percent has at least doubled since then.

**CHANGES FROM CURRENT OPERATIONS:**

- a. There have been small increases in the number of clients entering treatment probably because of population increases. There is also expected to be an increase in the number of clients receiving service because of the Treatment Alternative to Street Crime program which will facilitate clients entering treatment from the Criminal Justice System and closely monitor these clients progress.
- b. The methadone program is expected to have on line services for the professional or middle class opiate or cocaine abuser. It is expected that these clients fees will pay for a large share of this service.
- c. With the capture of federal funds there will be the addition of a medical doctor, psychiatrist, or other professional backup to some treatment programs.
- d. The programs will begin to become accredited by using Joint Commission on Accreditation Standards for drug programs.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- a. Write grants to State Office of Drug Abuse and Law Enforcement Assistant Administration for Treatment Alternative to Street Crime.
- b. Subcontract for primary prevention, prevention intervention, residential and methadone drug treatment services.
- c. Monitor for contract performance including the gathering of employment and urinalysis data from TASC, Probation and Parole and contractors.
- d. Update needs assessment.
- e. Provide public information on drug abuse.
- f. Contract for independent evaluation of services.

DEPT.	Unit No.	DIV.	Unit No.	SEC.	Unit No.	
Health & Environmental	2000	Behavioral Health	2300	Mental Health	2340	
PERFORMANCE INDICATORS						
OBJECTIVES	DESCRIPTION	Work-load	Effi-ency	Effic-iveness	1977	1978
1. Reduce by 60% symptoms of depression, affective disorders, schizophrenia, other psychoses, non-psychotic mental disorders and social maladjustment disorders in 700 adults.	# of persons contacted	X			776	1,000 *
	# of persons diagnosed	X				800
	# of persons treated	X			565	700
	% of persons showing symptom reduction by score of goal assessment scaling device			X		70%
2. Reduce by 60% symptoms of psychiatric/psychological disorders in 100 children.	# of children contacted	X			78	145 **
	# of children diagnosed	X				120
	# of children treated	X			46	100 **
	% of children showing symptoms reduction on goal assessment scaling device			X		
3. Provide education in parenting skills to 2000 persons.	# of parents contacted	X			1,500	2,000
	# of consultation cases held	X			100	100
	# of workshops held	X			4	6
4. Provide education and consultation to 25 child caring agencies.	# of agencies consulted	X			20	25
	# of child care staff consulted	X			60	75
*Increases reflect three additional months of program Operation over 1977						
**Increases reflect 6 additional months of program operation.						

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

Survey of mental health needs at initiation of services in 1975 indicates 20,900 in need of community mental health services. Some indices of mental health needs in Anchorage include: The 1976 annual report of the Anchorage Police Department shows 532 calls for family disturbances, 128 calls for mental illness investigation, 157 investigations of child neglect, 61 attempted suicides, 16 actual suicides, and more than 1200 complaints were received from battered spouse households, children are also abused; In addition 100% of female homicides in the home in Anchorage were previous wife battery calls, child abuse and neglect complaints received by the Division of Social Services; Anchorage District are presently averaging 80/month for an annual expected total of 960/year; There were 411 admissions to Alaska Psychiatric Institute from the Anchorage District in 1976; Suicide Prevention and Crisis Center handled 463 disturbed, depression calls, 119 marital counselling calls, 175 suicidal calls (averaging 2.5 lives saved/month), and 1102 related lonely/family distress calls; There were 2472 divorces in the Anchorage area in 1976.

**CHANGES FROM CURRENT OPERATIONS:**

None - 1978 is a year of consolidation and strengthening of program.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

TASK

- |   |  |
|---|--|
| Contract for therapeutic services for adults.   | Respond to requests to provide staff training to 25 child caring agencies. |
| Re-assess target population needs.  | Instruct 75 child care workers in child caring techniques and principle.   |
| Implement Goal Assessment Scaling device.   | Provide related audio video and printed information.                       |
| Implement day treatment program for adults.   | Maintain professional skills in the field.                                 |
| Provide transition and follow-up services.  |  |
| Grant/contract administration.  |  |
| Contract for treatment services for children.   |  |
| Provide a professional trained in early childhood development and parent skill education. |  |
| Convene six workshops contacting 2000 parents.  |  |
| Provide parenting information to parents and professionals.                               |  |
| Provide 100 individual case consultations.  |  |
| Maintain professional skills in the field.  |  |

DEPT.	Health and Environmental Protection	Unit No.	2000	DIV.	Environmental Health and Engineering	Unit No.	2400	SEC.	Administration	Unit No.	2410
OBJECTIVES		PERFORMANCE INDICATORS									
		DESCRIPTION		Work Load	Efficiency	Effectiveness	1977	1978			
1. Develop a data collection system		# of hours required		X			160	80			
		% of system completed			X		80%	100%			
2. Develop a performance monitoring system		# of hours required		X			40	200			
		% of system completed			X		10%	100%			
3. Develop a central permit intake processing plan		# of hours required		X			80				
		% of plan completed									100%
		% of plan implemented		X		X					50%
4. Develop a twenty-four hour public contact system		# of hours required		X							160
		plan implemented			X						1

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

In times of dwindling resources it is imperative that the Administration Section of the division insure all available alternatives to meeting goals and objectives are evaluated. Those resources that are obtained must be assigned and used to obtain maximum output from all programs. #1 and #2 will be an improved managerial tool to insure maximum output from the available resources. This will allow the comparisons between hours/dollars/effectiveness. #3 - this plan will allow our Department to establish an overall central permitting system with all other departments issuing permits. #4 - will provide the public a twenty-four hour number for answers to environmental health questions.

**CHANGES FROM CURRENT OPERATIONS:**

A reporting system is being developed for each of the programs which will allow for in-depth evaluation of the output. This will be the tool used to evaluate program efficiency, effectiveness and direction towards accomplishing the 1978 goals and objectives. The 1978 performance indicators will measure program effectiveness as opposed to the gross workload increase performance indicator of 1977. There are several departments processing a multitude of permit applications. A central point of contact would provide a much more efficient system for the Municipality and the public. The public is constantly calling with questions and problems that need an answer after normal business hours.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- |   |   |
|---|---|
| <p>1. Develop data system</p> <p>Identify available data<br/>Establish data report form<br/>Integrate data report form with UFMS Form</p>   | <p>3. Develop a central permit system</p> <p>Identify all permits and permitting agencies<br/>Develop standard procedures with all agencies<br/>Acquire staff and train</p>                         |
| <p>2. Develop a performance monitoring system</p> <p>Prepare a system to correlate data from UFMS study and data report form<br/>Check system for accuracy against data collected</p> | <p>4. Develop a twenty-four hour contact system</p> <p>Work with phone company to establish phone system<br/>Develop list of employees to answer system<br/>Develop publicity for use of system</p> |

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Environmental Health and Engineering	Unit No. 2400	SEC. Engineering	Unit No. 2420
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work-load	Efficiency	Effectiveness		
1. Reduce by 30% the time required for individual case review by law	# of cases reviewed	X			400	500
	# of days/review		X		10	7
	% of cases meeting all submission requirements			X	50%	75%
2. Develop equivalent noise level contour map	# of sites monitored	X			150	175
	# of minutes/site		X		30	20
	Predicted/observed level correlation			X	+50%	+25%
	Develop map	X				1

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

1. Legal requirements of environmental zoning cases to conform prior to approval. Increase case load requires present staff to become more efficient in the review of cases submitted. 2. 1977 revision of the community noise control ordinance requires the use of equivalent noise level contours for predictive work map. The results will permit easier evaluation of community activities and their effects on neighbors.

**CHANGES FROM CURRENT OPERATIONS:**

1. Provides a written procedure of the plan review process for training new personnel and a standard which can be used by engineering firms. 2. Provides a tool for predicting the impact of subdivision activity on the community. This tool is recently available due to purchase of new equipment capable of measuring the equivalent noise level over a period of time.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

**OBJECTIVE:**

- Reduce time required for individual case review required by law.
- Develop equivalent noise level contour map.

**TASKS:**

Develop written procedure for plan review - submission  
 Shorten time required by increased staff efficiency  
 Increase number of locations monitored  
 Increase duration of monitoring at each site by use of recording instruments.  
 Update previous year's map  
 Determine relationship of predicted levels with actual levels.

DEPT. Health & Environmental Protection	Unit No. 2000	DIV. Environmental Health and Engineering	Unit No. 2400	SEC. Sanitation	Unit No. 2430
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work-load	Efficiency	Effectiveness		
1. Inspect all Public Facilities every 90 days with 95% correction of discrepancies.	# of facilities to be inspected	X			1070	1150
	% closure rate		X		4%	2%
	% of total food service managers certified		X			50%
2. Inspect all new on-site sewer and water systems and existing systems for approval as requested by lending institutions.	# of inspection requests	X			2250	2375
	% of total requests inspected		X		99%	99%
	# of public wells	X			200	220
	% of public wells sampled		X		90%	90%
	# of customer service inquiries	X			5090	5400
3. Remove 300 junk vehicles	# of Junk Vehicles removed	X			3000	3000
4. Respond to all public nuisance complaints within 5 working days.	# of days between notifications and removal		X		7-10	5
	# of public nuisance complaints	X			1200	1150
	# of housing complaints	X			400	100

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:**

- a. Existing ordinances Title 15 and 16 require inspections. The number of foodborne illness (30 in 1975 and 75 in 1976) and the percentage of closures in 1975 and 1976 reflect the need for more frequent inspections as well as the need for training of food service managers.
- b. The number of complaints of overflowing sewage decreased from 1200 in 1972 to 93 in 1976.
- c. Marginal sewer systems are discovered when doing loan request inspections.
- d. 1800 complaints in 1976 concerning junk vehicles.

**CHANGES FROM CURRENT OPERATIONS:**

- a. A training program resulting in certification of food handlers will be instituted. An improvement in utilization of section personnel will result from assignment of professionals to the program of public facilities.
- b. Public well monitoring will be conducted on a full time basis.
- c. A system of form letters will be devised for many public nuisance complaints and will result in a quicker response and resolution.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. Inspection of all public facilities every 90 days.</li> </ul>          | <ul style="list-style-type: none"> <li>Inspect all public facilities.</li> <li>Train food service managers.</li> <li>Certify food service managers.</li> </ul>  |
| <ul style="list-style-type: none"> <li>2. Inspect all new on-site sewer systems and walls.</li> </ul>            | <ul style="list-style-type: none"> <li>Inspect all new on-site sewers and walls.</li> <li>Design new on-site sewers.</li> <li>Conduct on-site sewer and water inspections requested by lending institutions.</li> <li>Inspect existing on-site sewer systems and wells as requested by lending institutions.</li> <li>Monitor public water supplies.</li> </ul> |
| <ul style="list-style-type: none"> <li>3. Remove 300 junk vehicles.</li> </ul>                                   | <ul style="list-style-type: none"> <li>Identify and locate junk vehicles for pick up.</li> </ul>  |
| <ul style="list-style-type: none"> <li>4. Respond to public nuisance complaints within 5 working days</li> </ul> | <ul style="list-style-type: none"> <li>Take pictures and record data of junk vehicles.</li> <li>Develop and mail form letters concerning public nuisance</li> <li>Inspect for public nuisance.</li> </ul>   |

DEPT. Health and Environmental Protection	Unit No. 2002	DIV. Environmental Sanitation and Engineering	Unit No. 2401	SEC. Air Resources (Including Air Resources Grant)	Unit No. 2440
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1977	1978
		Work-load	Efficiency	Effectiveness		
1. Increase number of combined weather and particulate matter sampling locations from 3 to 5.	# of locations selected	X			3	5
	# of days available for sampling	X			30	60
	% reproducibility of data			X	0%	50%
2. Monitor 95% of all scheduled sample days at all approved locations.	# of sampling locations	X			12	14
	# of sampling days scheduled	X			30	60
	% of scheduled days operated			X	90%	95%
3. Increase vehicle testing and inspection program by 50%.	# of vehicles checked	X			1000	1500
	# of vehicles/hour checked		X		6	9
4. Report daily carbon monoxide observations with predictions for following day's levels.	# of operating days	X			180	365
	% reliability rate			X	50%	75%

**EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:** 1. Federal Law requires monitoring; commitments in support of AMATS air quality/traffic emission burden levels require weather information away from established weather bureau locations. No data available for low level wind patterns at the base of the mountains. 2. Performance of present sampling network misses schedule sampling days too frequently and causes expensive resampling to be required. 3. Number of citizen complaints received in the Department on smoking vehicles and observations of the staff on the level of maintenance of the vehicles in the Municipality which are major sources of emissions of particulate matter and other air pollutants. 4. Present system of reporting does not attempt to predict what will happen but only historical data which is not useful for planning purposes. Predictive model will attempt to provide time to prevent carbon monoxide concentrations which would require additional control measures on the movement of vehicles.

**CHANGES FROM CURRENT OPERATIONS:** 1. Provides two additional locations for weather observations and validation of the modeling process used by AMATS. Enables the air pollution agency to establish a predictive model for the Anchorage Basin area. 2. Provides higher level of operating efficiency to the sampler network in operation to insure scheduled are sampled thereby reducing the number of repeat samples that must be taken. Encourages the establishment of a preventive maintenance program on sampling equipment. 3. Provides a means to insure the local citizen that he/she is not contributing to the air pollution problem; may provide a means for generating revenue for the program; provides proof of proper maintenance of motor vehicles. 4. Provide a valid model for prediction in local area of the carbon monoxide levels that may be hazardous to the health of the community.

**SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:**

OBJECTIVES:

- Increase number of co-located weather stations and particulate matter sampling stations.
- Monitor 95% of all schedules sample days at all locations.
- Increase Vehicle testing and inspection program.
- Report daily carbon monoxide levels with prediction for the following day's levels.

TASKS:

- Select locations.
- Analyze data to develop isoplethic map of area.
- Develop wind pattern analysis techniques.
- Establish preventive maintenance program.
- Report sample days in quarterly report to ADEC.
- Establish schedule for testing.
- Determine locations to be tested.
- Obtain police cooperation.
- Perform testing.
- Develop predictive model.
- Validate the model.
- Update model when required.