

---

## Health and Human Services Department

*Anchorage: Performance. Value. Results.*

---

### Mission

Protect and improve the public health and well-being of all people in Anchorage.

### Core Services

- Develop and maintain coordinated emergency response capability for pandemics, natural disasters and bioterrorist events.
- Safeguard public health by:
  - Preventing, detecting, and treating communicable disease;
  - Assuring a safety net of services for vulnerable citizens;
  - Monitoring and enforcing air quality, sanitation, noise, child care, and animal control regulations.
- Strengthen the community's ability to improve its own health and well-being by:
  - Informing, educating, and empowering people about health issues;
  - Mobilizing community partnerships to identify and solve public health problems;
  - Developing plans and policies that support individual and community health efforts.

### Accomplishment Goals

- Improve responsiveness to public health complaints.
- Increase community and agency partnerships in public health initiatives.

### Performance Measures

**Measure #1: Percentage of time HHS makes contact within 24 hours (1 working day) of a high priority complaint. \***

9/30/2012	100%
12/31/2012	100%

**Measure #2: Percentage of time HHS makes contact within 72 hours (3 working days) of a medium priority complaint. \***

9/30/2012	100%
12/31/2012	100%

\*NOTE: These two measures have really come down to just Childcare Licensing as trying to include Food Safety & Sanitation means staff needs to manually pull data from Hansen and it is too time-consuming.

---

**Administration Division**  
**Health and Human Services Department**  
*Anchorage: Performance. Value. Results*

---

**Purpose**

Provide administrative, fiscal, and grant management support for the Department and leadership for the Animal Control, Information Technology, and Emergency Preparedness programs.

**Direct Services**

- Support all DHHS functions by centralized fiscal, grant and contract, personnel and IT service.
- Protect people and pets in the Municipality by enforcing animal laws, encouraging responsible pet ownership, and promoting animal welfare.
- Prepare and implement public health emergency response measures for natural disasters, pandemics, and bioterrorism events.

**Accomplishment Goals**

- Improve the cost effectiveness of DHHS operations through efficient centralized accounting and effective grant and contract management. (*Administration*)
- Improve response to animal-bites/attacks complaints in the Municipality. (*Grants & Contracts, Animal Control*)
- Improve coordinated emergency response capability for rapid deployment during a medical surge event by training DHHS personnel and reactivating a Medical Reserve Corps for Anchorage. (*Emergency Preparedness*)

**Performance Measures**

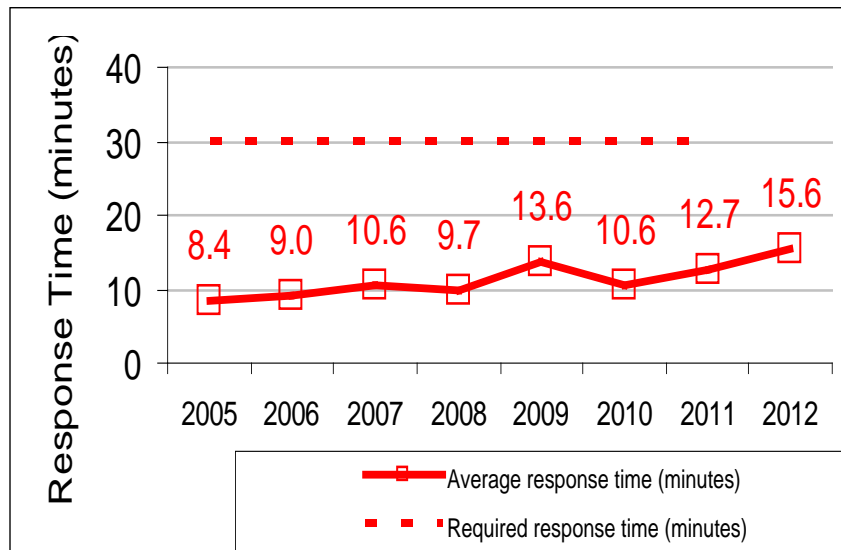
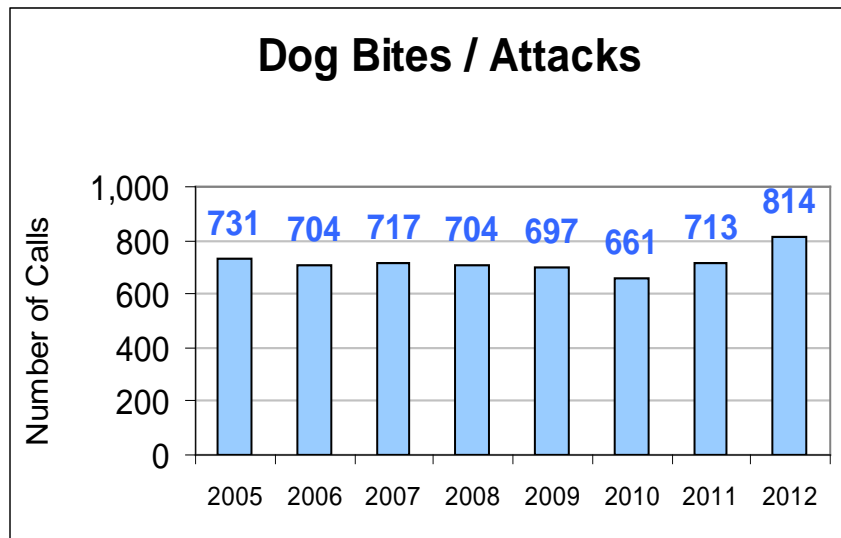
**Administration**

<b>Measure #3: Number of material financial audit exceptions identified by MOA internal audit or in the SOA or Federal granting agencies' single audit.</b>
---

2007	1
2008	3
2009	2
2010	1
2011	0
2012 1 <sup>st</sup> Quarter	0
2012 2 <sup>nd</sup> Quarter	0
2012 3 <sup>rd</sup> Quarter	0
2012 4 <sup>th</sup> Quarter	0

## Animal Control

**Measure #4:** Average number of hours to respond to a dog bite/attack complaint. \*



## **Emergency Preparedness**

**Measure #5: Percent of DHHS personnel trained in emergency response procedures from January through December 2012 compared to the same period in 2011.**

COURSE	ICS 100			ICS 200			ICS 700			ICS 800		
Staff nonsupervisory	2011	2012	%	2011	2012	%	2011	2012	%	2011	2012	%
1 <sup>st</sup> QTR	85.0 (n=115)	87.9 (n=99)	+ 2.9				75.5 (n=115)	83.8 (n=99)	+ 8.3			
2 <sup>nd</sup> QTR	87.4 (n=111)	86.4 (n=103)	- 1.0				83.2 (n=111)	82.5 (n=103)	- 0.7			
3 <sup>rd</sup> QTR	88.0 (n=104)	85.7 (n=105)	- 2.3				83.1 (n=104)	81.9 (n=105)	- 1.2			
4 <sup>th</sup> QTR	89.5 (n=126)	84.5 (n=84)	- 5.0				83.3 (n=126)	84.5 (n=84)	+ 1.2			
Supervisor / Executive	2011	2012	%	2011	2012	%	2011	2012	%	2011	2012	%
1 <sup>st</sup> QTR	90.6 (n=32)	91.7 (n=24)	+ 1.1	84.4 (n=32)	83.3 (n=24)	- 1.1	81.3 (n=32)	87.5 (n=24)	+ 6.3	65.6 (n=32)	70.8 (n=24)	+ 5.2
2 <sup>nd</sup> QTR	90.6 (n=32)	93.6 (n=31)	+ 3.0	87.5 (n=32)	87.1 (n=31)	- 0.4	84.4 (n=32)	90.3 (n=31)	+ 5.9	68.8 (n=32)	74.2 (n=31)	+ 5.4
3 <sup>rd</sup> QTR	89.3 (n=28)	95.5 (n=22)	+ 6.2	85.7 (n=28)	86.4 (n=22)	- .07	85.7 (n=28)	90.9 (n=22)	+ 5.2	75.0 (n=28)	72.7 (n=22)	- 2.3
4 <sup>th</sup> QTR	96.3 (27)	90.9 (n=22)	- 5.4	88.9 (27)	77.3 (n=22)	- 11.6	92.6 (27)	86.4 (n=22)	- 6.2	77.8 (27)	63.6 (n=22)	- 14.2

Note: The table above compares the actual percent of course completion for the year 2011 with 2012. The percentage changes are, in part, due to the fluctuation in DHHS Staff from quarter to quarter. Despite staff fluctuations, the department has increased the number of staff fully trained in ICS Procedures.

The Incident Command System (ICS) is a standardized, on-scene, all-hazard incident management model. ICS users can utilize an integrated organizational structure to match the complexities and demands of single or multiple incidents without hindrance by jurisdictional boundaries. The Secretary of the Department of Homeland Security established the ICS in 2004 as part of the National Incident Management System mandated by Homeland Security Presidential Directive 5 (HSPD-5). In order to continue to receive federal funds for DHHS emergency preparedness, ICS training is mandated for all DHHS Staff

Note: The chart below and table above outline the 2012 DHHS ICS Course Completion results for the ICS Courses listed

ICS Course	DHHS Staff (Non-Supervisory) (n=84)	DHHS Supervisors & Executives (n=22)
ICS 100	84.5%	90.9 %
ICS 200		77.3 %
ICS 700	84.5%	86.4 %
ICS 800		63.6 %

100: [Introduction to Incident Command System](#)

200: [ICS for Single Resources and Initial Action Incidents](#)

700: NIMS (National Incident Management System) An Introduction

800: [National Response Framework, An Introduction](#)

ICS 100 and 700 are required for all non-supervisory DHHS Staff.

ICS 100, 200, 700 and 800 are required for all DHHS Supervisors and Executives

**Measure #6: Percentage of DHHS employees that affirmatively respond (indicate they are available for service) to quarterly test of emergency call down procedures.\***

DHHS Call Down Exercises				
QUARTER	1 <sup>st</sup> Quarter 2012	2 <sup>nd</sup> Quarter 2012	3 <sup>rd</sup> Quarter 2012	4 <sup>th</sup> Quarter 2012
TOTAL	55.3% (n=38)*	64.1% (n=39)	58% (n=19)	0.0 % (n=0)

Note: DHHS was in the process of researching and procuring a new “call down” system and did not conduct a call-down drill during the 4<sup>th</sup> Quarter of 2012. Call down testing and drills will resume in 1<sup>st</sup> Quarter 2013.

#### Rapid Reach Emergency Call Down System



---

**Public Health Division**  
**Health and Human Services Department**  
*Anchorage: Performance. Value. Results*

---

**Purpose**

Promote and protect health in the Anchorage community through monitoring, education, regulation, and clinical services.

**Direct Services**

Safeguard public health by:

- Preventing and controlling disease outbreaks.
- Protecting air quality.
- Ensuring food safety and sanitation in public venues.
- Reducing vaccine-preventable illness and communicable disease incidence and complications.

**Accomplishment Goals**

- Improve disease prevention and control by effective tracing of contacts. *(Epidemiology)*
- Reduce days non-compliant with federal air quality standards by monitoring key indicators and developing strategies to reduce air pollution. *(Air Quality)*
- Maximize industry compliance with safe food handling practices by inspecting facilities and effectively enforcing regulations. *(Food Safety and Sanitation)*
- Ensure compliance with safe food handling practices by inspecting every permitted food establishment at least once per year. *(Food Safety and Sanitation)*
- Improve community health by ensuring access to immunizations for all children and seniors and ensuring effective access to screening and treatment services for communicable disease. *(Clinical Services)*

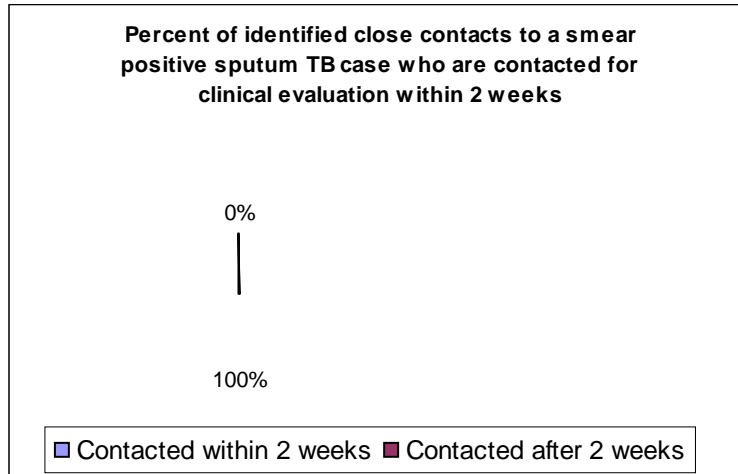
**Performance Measures**

**Epidemiology**

**Measure #7: Percent of identified close contacts to a smear positive sputum tuberculosis (TB) case who are contacted for clinical evaluation within 2 weeks and number of TB cases annually.**

Year	Number of TB cases	Number of identified close contacts	% of identified close contacts reached for clinical evaluation within 2 weeks
2009	11	22	50.0%
2010	14	46	56.5%
2011	29	41	44.0%
2012 1 <sup>st</sup> Q	1	73	97.0%
2012 2 <sup>nd</sup> Q	0	0	N/A
2012 3 <sup>rd</sup> Q	6	26	58.0%
2012 4 <sup>th</sup> Q	1	4	0.0%

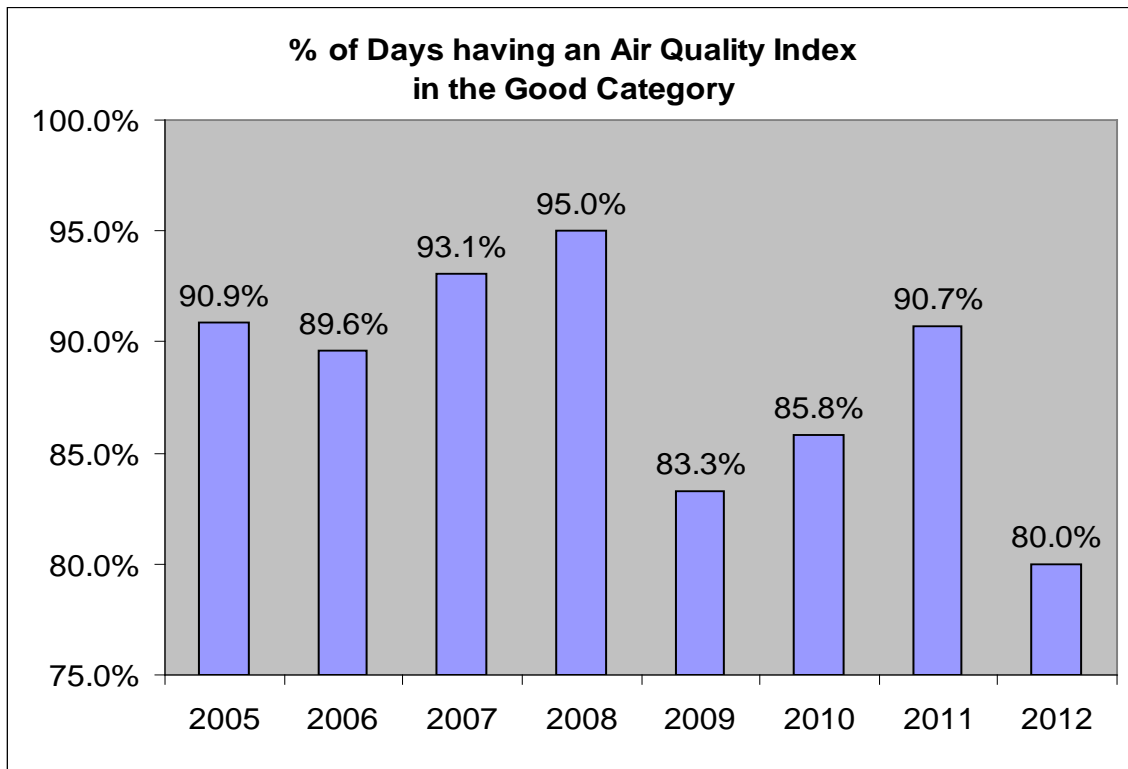
***(Epidemiology con'd)***



**Air Quality**

**Measure #8: Percent of days in the year having an Air Quality Index (AQI) value of "Good".**

- 2011 – 90.7%
- 2012 – 80.0%



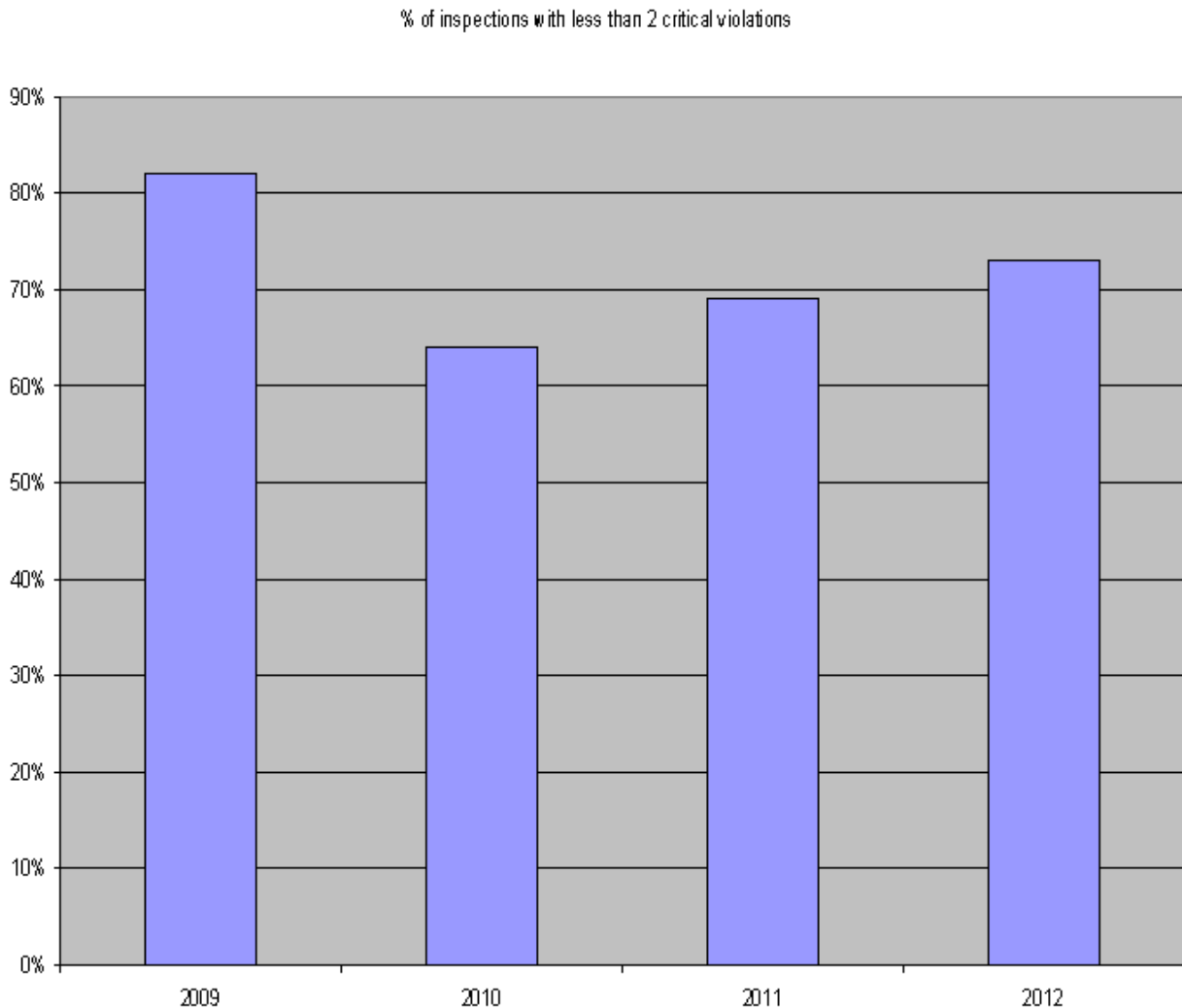
In 2012 our percentage of days with good air quality was below the historical average. We recorded 73 days in 2012 with moderate air quality. 36 days of moderate air quality were due to wintertime wood smoke and other fine particulates. One moderate day in July was due to wildfire smoke from the Interior. And road dust was responsible for 36 moderate days evenly split between breakup in April and freeze-up in October/November. We did not exceed any National Ambient Air Quality Standard in 2012. Although we experienced challenging conditions in 2012, we believe our dust palliative applications and enforcement actions had a significant positive impact.

ANCHORAGE: PERFORMANCE. VALUE. RESULTS.

## **Food Safety**

**Measure #9: Percent of food establishments inspected with fewer than two critical items.**

Year	Percent of food establishments inspected with fewer than two critical items.
2007	81%
2008	79%
2009	82%
2010	64%
2011	69%
2012	73%



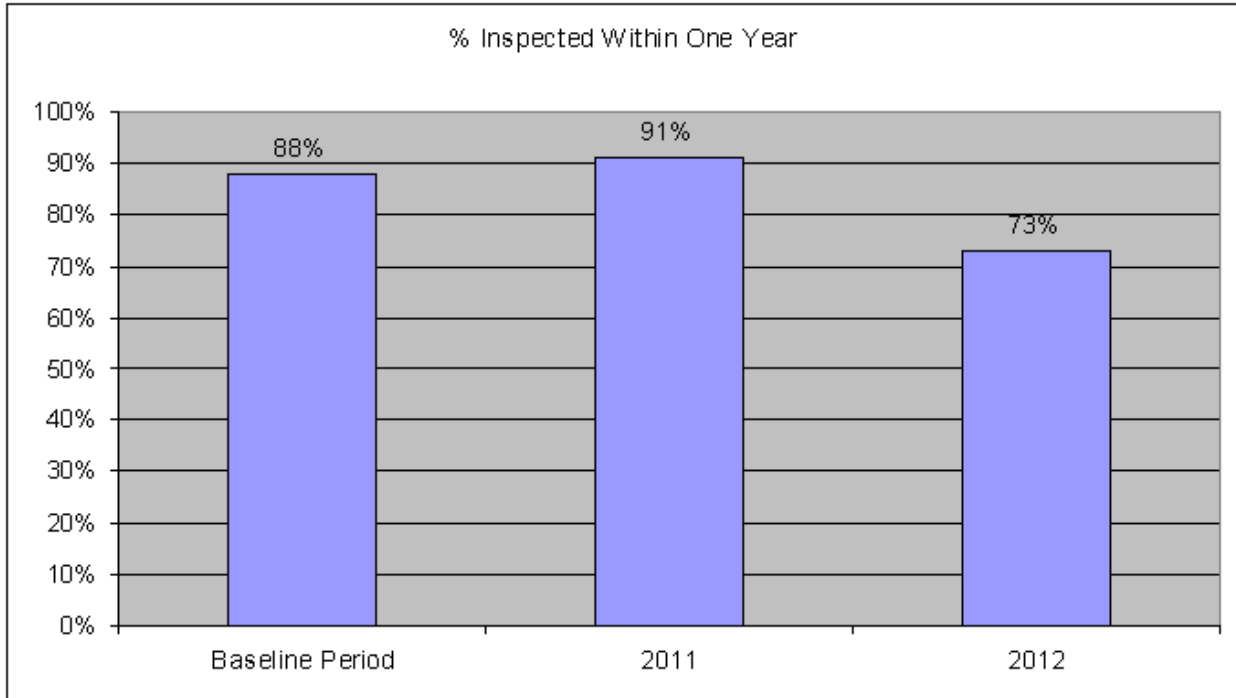
NOTE: The graph shows the percent of food establishments that had fewer than 2 critical items marked on an inspection. The data for 2010 reflects changes in the Municipal Food Code which added several new critical violations, resulting in a higher percentage of establishments with critical violations. The chart may differ from prior reports in that it shows the percent of establishment with fewer than 2 critical violations rather than the percent with 2 or more violations.

ANCHORAGE: PERFORMANCE. VALUE. RESULTS.



### **Food Safety (continued)**

#### **Measure #10: Percent of active establishments inspected within the last 12 months.\***



Note: Staff vacancies from early spring 2012 through the end of the year resulted in reduced number of inspections and reduced ability to keep inspections up to date.

### **Clinical Services**

#### **Measure #11: Percent testing positive for Chlamydia or gonorrhea who are treated within 14 days of DHHS being informed of positive test results.**

Year	Percent testing positive for Chlamydia or gonorrhea who are treated within 14 days of DHHS being informed of positive test results.
2008	97.0 %
2009	100.0 %
2010	99.2 %
2011	100.0 %
2012 1 <sup>st</sup> Q	100.0 %
2012 2 <sup>nd</sup> Q	94.8 %
2012 3 <sup>rd</sup> Q	94.9 %
2012 4 <sup>th</sup> Q	98.1%

---

## Human Services Division

### Health and Human Services Department

*Anchorage: Performance. Value. Results.*

---

#### **Purpose**

Protect the well-being of at-risk citizens, especially children, seniors, and people with disabilities.

#### **Direct Services**

- Ensure safe child care in the Municipality through inspections/licensing.
- Improve economic stability for low-income parents through child care assistance.
- Safeguard the health of low-income women, infants, and children at nutritional risk.
- Prevent and reduce homelessness through financial assistance and case management.
- Increase the number of affordable housing units in the Municipality of Anchorage.
- Assist those in need of long-term care through the Aging and Disability Resource Center.

#### **Accomplishment Goals**

- Increase the well-being of children in child care by reducing the amount of time it takes to process and close a complaint (*Child Care Licensing*)
- Increase the economic stability of low-income parents and their access to safe child care by reducing the amount of time it takes to issue a child care authorization (*Child Care Assistance*)
- Improve the health of infants of low-income women by increasing the number of WIC mothers who breastfeed their newborns through 6 months of age (*Women, Infants, and Children*)
- Minimize homelessness by reducing the time between initial client contact and case management and increase the percentage of HUD program funding under contract to serve lower income households. (*Safety Links*)
- Improve the quality of life of those in need of long-term care by increasing the effectiveness of ADRC referrals (*Senior Services*).

#### **Performance Measures**

Performance in achieving goals shall be measured by:

### **Child Care Licensing**

**Measure #12:** Average number of days to close a Child Care Facility complaint.

2009	49.00
2010	28.00
2011	28.00
2012 1 <sup>st</sup> Q	30.50
2012 2 <sup>nd</sup> Q	23.70
2012 3 <sup>rd</sup> Q	28.11
2012 4 <sup>th</sup> Q	36.20

### **Women, Infants, and Children**

**Measure #13:** Percentage of mothers with newborns who continue breastfeeding their newborns through 6 months of age.

2012 1 <sup>st</sup> Q	45 %
2012 2 <sup>nd</sup> Q	59 %
2012 3 <sup>rd</sup> Q	55 %
2012 4 <sup>th</sup> Q	53%

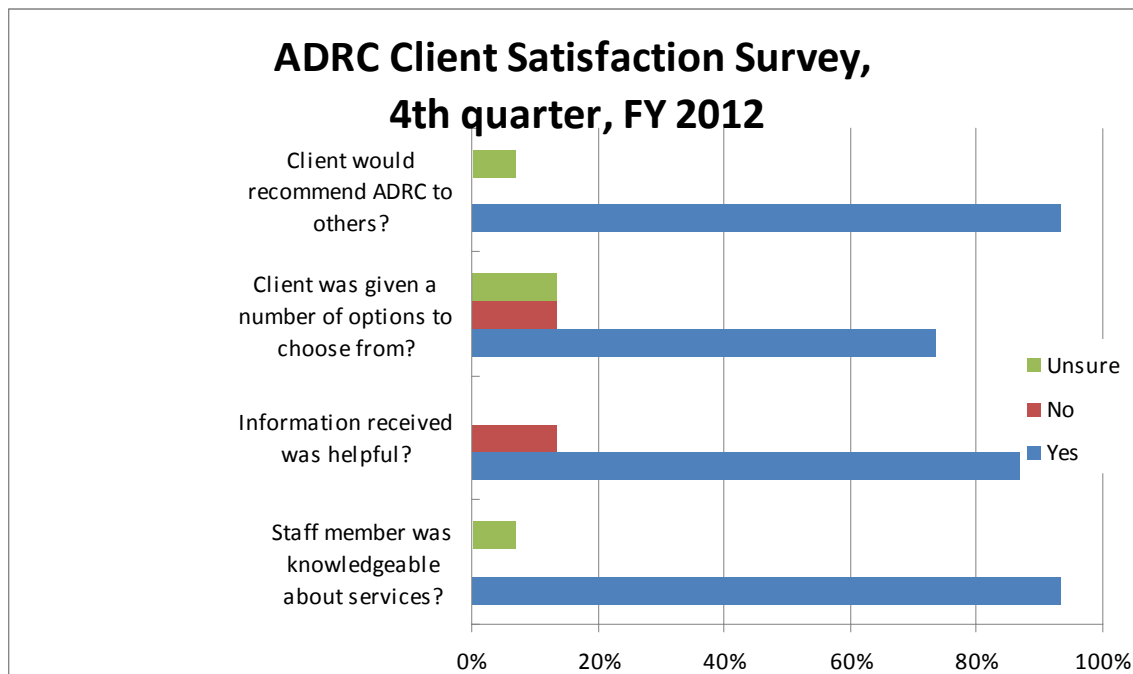
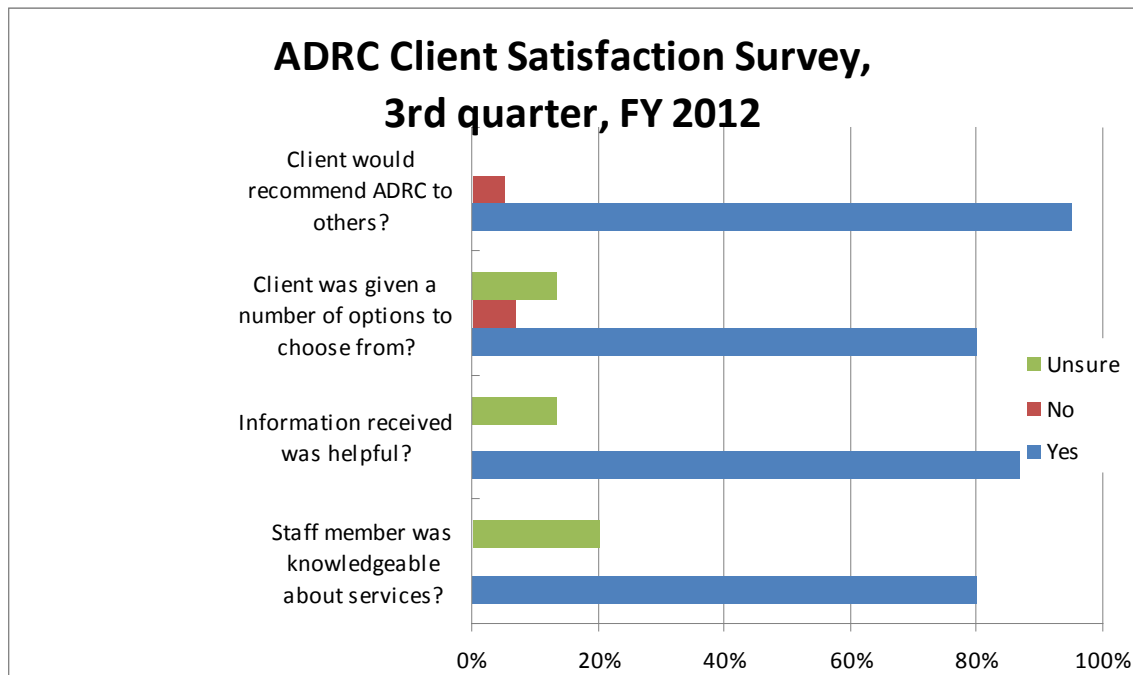
### **Community Safety and Development**

**Measure #14:** 75% of HUD program funding under contract to serve low and moderate income households.

6/30/2011	85%
9/30/2011	34%
12/31/2011	100%
2012 1 <sup>st</sup> Q	70.0%
2012 2 <sup>nd</sup> Q	70%
2012 3 <sup>rd</sup> Q	>75%
2012 4 <sup>th</sup> Q	>75%

## Senior Services

**Measure #15: Percentage of Aging and Disability Resource Center (ADRC) clients who indicate that their situation improved as a result of the long-term care referrals**



---

**Performance Measure Methodology Sheet**  
**Department-Wide Division**  
**Health and Human Services Department**

---

**(includes Public Health and Human Services)**

---

**Measure #1: Percentage of time HHS makes contact within 24 hours (1 work day) of a high priority complaint.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Increase the well-being of children and the public by reducing the amount of time it takes to respond to high priority issues.

**Definition**

Provides a percentage of how the department (Childcare Licensing) responds to those complaints considered per internal policy to be high priority complaints.

**Data Collection Method**

Programs will maintain a monthly and annual report of complaints.

**Frequency**

Quarterly and annually

**Measured By**

Programs maintain a log of open complaints.

**Reporting**

Program Supervisors will create and maintain a monthly and annual report of days it takes to respond to a complaint. This information will be provided to Division Manager and Department Leadership for review. Information will be presented as real data and converted per Section into percentages then the percentages will be averaged for a final overall percentage reported on the PVR form.

**Used By**

The Division Manager and Director will use the information to gain a clearer understanding of the complaint process and to identify bottle-necks to the process.

---

**Performance Measure Methodology Sheet**  
**Department-Wide Division**  
**Health and Human Services Department**

---

**(includes Public Health and Human Services)**

---

<b>Measure #2: Percentage of time HHS makes contact within 72 hours (3 working days) of a medium priority complaint.</b>
--

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve responsiveness to public health complaints considered medium priority.

**Definition**

Provides an average percentage of time it takes HHS (Childcare Licensing to make contact up to 72 hours of a complaint. (Childcare Licensing specifically defines as >24 hours and <72 hours.)

**Data Collection Method**

Programs track the length of time it takes from the day the complaint came in and first contact made with the complainant.

**Frequency**

Quarterly and annually

**Measured By**

Programs maintain a log of complaints in process.

**Reporting**

Program Supervisors will create and maintain a monthly and annual report of days it takes to respond to a complaint. This information will be provided to Division Manager and Department Leadership for review. Information will be presented as real data and converted per Section into percentages then the percentages will be averaged for a final overall percentage reported on the PVR form.

**Used By**

The Division Manager and Director will use the information to gain a clearer understanding of the responsiveness to the public and the complaint systems and to identify bottle-necks to the process.

---

**Performance Measure Methodology Sheet**  
**Administration Division**  
**Health and Human Services Department**

---

<b>Measure #3: Number of material financial audit exceptions identified by MOA internal audit or in the SOA or Federal granting agencies' single audits.</b>
--

**Type**

Effectiveness

**Accomplishment Goal Supported**

Support all DHHS functions by centralized fiscal, grant and contract, personnel and IT service.

**Definition**

Provides a measure of effectiveness in accounting for MOA and grant expenditures and be in compliance with Municipal, State and Federal reporting requirements.

**Data Collection Method**

Annual review of internal audits and SOA and Federal audit reports

**Frequency**

Annually and when audit reports are received for review.

**Measured By**

Fiscal program staff

**Reporting**

Record of the annual review will be documented by Fiscal staff and the Deputy Director.

**Used By**

Information will be used by Fiscal staff, the Deputy Director and the Director to review annual progress and determine areas needed for evaluation and improvement.

---

**Performance Measure Methodology Sheet**  
**Administration Division**  
**Health and Human Services Department**

---

**Measure #4: Average number of hours to respond to an animal related dog bite/attack complaint.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve response to the most serious animal-related complaint in the Municipality.

**Definition**

Provide a measure for the total number of requests for animal control enforcement services and the average response time for this priority category.

**Data Collection Method**

Anchorage Animal Care and Control Center (AACCC) facility operator maintains a log of daily requests for service and associated response times.

**Frequency**

Monthly and annual

**Measured By**

AACCC staff and officers

**Reporting**

The DHHS Contract Administrator oversees monthly and annual reports received from AACCC contract operator. Reports are distributed to department management monthly and summarized annually.

**Used By**

Data will be used by AACCC facility operator and the Contract Administrator, Deputy Director and Director to review annual progress and to determine short and long-term priorities to maintain overall progress towards service goals.



---

**Performance Measure Methodology Sheet**  
**Administration Division**  
**Health and Human Services Department**

---

<b>Measure #5: Percentage of personnel trained in emergency response procedures, from January through December 2012 compared to the same period in 2011.</b>
--

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve coordinated emergency response capability for rapid deployment during a medical surge event by training DHHS personnel and reactivating a MRC.

**Definition**

Provides a measure of the number of DHHS personnel trained in Incident Command Structure (ICS) protocols and the number of active MRC members who can be mobilized for emergency response in coordination with DHHS/OEM plans.

**Data Collection Method**

The federal NIMS compliance review tool for local health departments will be used to monitor DHHS effectiveness in meeting national standards for staff training. The Emergency Preparedness program manager will maintain a database of MRC members and activity.

**Frequency**

Monthly and annually (DHHS personnel); annually (MRC)

**Measured By**

Emergency Preparedness Program Manager

**Reporting**

The Emergency Preparedness Program Manager will create and maintain a quarterly and annual report. Information will be presented graphically and numerically.

**Used By**

The Program Manager, Deputy Director and Director will use the information in coordination with MOA Office of Emergency Management to monitor response preparedness.

---

**Performance Measure Methodology Sheet**  
**Administration Division**  
**Health and Human Services Department**

---

**Measure #6: Percentage of DHHS employees that affirmatively respond (indicate they are available for service) to quarterly test of emergency call down procedures.\***

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve coordinated emergency response capability of DHHS for rapid response during an emergency by training (Incident Command System (ICS)) and by ensuring DHHS personnel are individual prepared (household and family emergency plans).

**Definition**

Provides a measure of the number of DHHS personnel trained in Incident Command Structure (ICS) protocols and the number of active MRC members who are able to respond.

**Data Collection Method**

The federal NIMS compliance review tool for local health departments will be used to monitor DHHS effectiveness in meeting national standards for staff training. The Emergency Preparedness program manager will conduct quarterly call-down drills to determine if staff can respond and are available.

**Frequency**

Monthly and annually (DHHS personnel); quarterly drills

**Measured By**

Emergency Preparedness Program Manager

**Reporting**

The Emergency Preparedness Program Manager will create and maintain a monthly and annual report. Information will be presented graphically and numerically.

**Used By**

The Program Manager, Deputy Director and Director will use the information in coordination with MOA Office of Emergency Management to monitor response preparedness.

---

**Performance Measure Methodology Sheet**  
**Public Health Division**  
**Health and Human Services Department**

---

**Measure #7: Percent of identified close contacts to a smear-positive sputum tuberculosis (TB) case who are contacted for clinical evaluation within 2 weeks and number of TB cases annually.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve disease prevention and control by effective tracing of contacts.

**Definition**

Provide a measure of efficacy of tracing of contacts. Contact tracing is an important part of communicable disease tuberculosis (TB) prevention and control. The purpose is to identify individuals with latent or active TB who have been in contact with patients with infectious TB, so that appropriate preventive or curative treatment can be given. TB contact investigation has the potential to improve outcomes and is an important public health priority to improve TB prevention and control.

**Data Collection Method**

Disease Prevention and Control Program Manager maintains a report of new active TB cases and the follow-up rate with known contacts.

**Frequency**

Annually

**Measured By**

Disease Prevention and Control Program Manager

**Reporting**

Disease Prevention and Control Program Manager will develop and maintain an annual report assessing number of TB clients seen and follow-up rate with known contacts.

**Used By**

The Division Manager and Director will use collected data and reports to assess management of TB cases each year.

---

**Performance Measure Methodology Sheet**  
**Public Health Division**  
**Health and Human Services Department**

---

**Measure #8: Percent of days in the year having an Air Quality Index (AQI) value of "Good".**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Increase the % of "good" air quality days as measured on the EPA Air Quality Index scale to 90% or more by developing and implementing strategies aimed at reducing air pollutants - such as road dust which contributes to PM-10 pollution.

**Definition**

Provide a measure of Anchorage air quality based on the EPA Air Quality Index scale.

**Data Collection Method**

Existing air quality monitors gather real-time data on PM-2.5, PM-10 and CO.

**Frequency**

Constant monitoring, real-time online data, monthly summary and annual reports

**Measured By**

Air Quality Program staff

**Reporting**

Pollutant levels are reported hourly in real-time on the DHHS/DEC Alaska Air Monitoring Network website.  
Air Quality Program staff will maintain an annual report assessing CO and PM-10 levels by month.

**Used By**

The Division Manager and Director will use collected data and reports to assess the effectiveness of dust control techniques, and monitor for any impacts of changes to vehicle emission control or other air quality problems.

---

**Performance Measure Methodology Sheet**  
**Public Health Division**  
**Health and Human Services Department**

---

**Measure #9: Percent of food establishments inspected with fewer than two critical items.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Maximize industry compliance with safe food handling practices by inspecting facilities and effectively enforcing regulations.

**Definition**

Provide a measure of the number of food facilities having fewer than 2 critical items marked on an inspection.

**Data Collection Method**

Food Safety & Sanitation Program Manager maintains a monthly and annual report of inspections conducted and the number of facilities having fewer than two critical items marked.

**Frequency**

Monthly and annually

**Measured By**

Food Safety and Sanitation Program Manager

**Reporting**

Food Safety & Sanitation Program Manager will develop and maintain a monthly and annual report assessing total inspections conducted and the number of those inspections with fewer than two critical items.

**Used By**

Division Manager and Director will use collected data and reports to assess the effectiveness of the inspection program.

---

**Performance Measure Methodology Sheet**  
**Public Health Division**  
**Health and Human Services Department**

---

**Measure #10: Percent of active food establishments inspected within the last 12 months.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Under the Anchorage Food Code, the Department is charged with making a reasonable effort to inspect every permitted food establishment at least once per year. Timely inspections help assure industry compliance with safe food handling practices.

**Definition**

Provide a measure of the number of active food facilities that have had an inspection within the last 12 months.

**Data Collection Method**

Food Safety & Sanitation Program Manager will maintain a quarterly and annual report of inspections conducted and the percent of active facilities which have received at least one inspection during the prior 12 month period.

**Frequency**

Quarterly and annually

**Measured By**

Food Safety and Sanitation Program Manager

**Reporting**

Food Safety & Sanitation Program Manager will develop and maintain a quarterly and annual report assessing the percent of active facilities which have received at least one inspection during the prior 12 month period.

**Used By**

Division Manager and Director will use collected data and reports to assess the effectiveness of the inspection program.

---

**Performance Measure Methodology Sheet**  
**Public Health Division**  
**Health and Human Services Department**

---

**Measure #11: Percent testing positive for Chlamydia or gonorrhea who are treated within 14 days of DHHS being informed of positive test results.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve public health by ensuring effective access to screening and treatment services for communicable disease.

**Definition**

Provide a measure of the percent of clients that test positive for Chlamydia or gonorrhea treated within 14 days of notification of results.

**Data Collection Method**

Reproductive Health Program Manager maintains an annual report accounting for clients testing positive for Chlamydia or gonorrhea and the number of days before they were treated.

**Frequency**

Annually

**Measured By**

Reproductive Health Clinic Program Manager.

**Reporting**

Reproductive Health Clinic Program Manager will develop and maintain an annual report detailing the number of clients testing positive for Chlamydia or gonorrhea and what percentage of them were treated within 14 days.

**Used By**

Division Manager and Director will use collected data and reports to assess the responsiveness of the program to positive test results.

---

**Performance Measure Methodology Sheet**  
**Human Services Division**  
**Health and Human Services Department**

---

<b>Measure #12: Average number of days to close a child care facility complaint.</b>
--

**Type**

Effectiveness

**Accomplishment Goal Supported**

Increase the well-being of children in child care by reducing the amount of time it takes to close a complaint.

**Definition**

Provides a measure of the average length of time that it takes to process and close a complaint made about a child care facility.

**Data Collection Method**

Child Care Licensing Program Manager provides a monthly and annual report of complaints opened, in process, and closed.

**Frequency**

Monthly and annually

**Measured By**

Program Manager maintains a log of open complaints.

**Reporting**

Child Care Licensing Program Manager will create and maintain a monthly and annual report on complaint response. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

**Used By**

The Division Manager and Director will use the information to gain a clearer understanding of the child care complaint process and to identify bottle-necks to the process.



---

**Performance Measure Methodology Sheet**  
**Human Services Division**  
**Health and Human Services Department**

---

---

**Performance Measure Methodology Sheet**  
**Human Services Division**  
**Health and Human Services Department**

---

<b>Measure #13: Percentage of mothers with newborns who continue breastfeeding their newborns through 6 months of age.</b>
--

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve the health of infants of low-income women by increasing the number of WIC mothers who breastfeed their newborns through 6 months of age.

**Definition**

Provide a measure of the % of WIC mothers who continue to breastfeed their newborns through 6 months of age. Infants who breastfeed have been shown to be healthier than their formula-fed counterparts. Success will be determined by higher percentages of WIC mothers who breastfeed up through 6 months.

**Data Collection Method**

Staff will follow-up with WIC mothers to determine their breastfeeding status. The Program Manager will take that information and track it in a spreadsheet.

**Frequency**

Monthly and annually

**Measured By**

Program Manager maintains a spreadsheet of the percentage of WIC mothers who continue to breastfeed their infants through 6 months.

**Reporting**

WIC Program Manager will create and maintain a monthly and annual report on the percentage of WIC mothers who continue to breastfeed their infants through 6 months, including data on staff time required to work with these mothers. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

**Used By**

The Division Manager and Director will use the information to gain a clearer understanding of the level of success in helping mothers breastfeed and where participation drops-off during the 6 month period.

---

**Performance Measure Methodology Sheet**  
**Human Services Division**  
**Health and Human Services Department**

---

**Measure #14: 75% of HUD program funding under contract to serve low to moderate income households (*Safety Links-Neighborhoods*).**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Increase the number of affordable housing units in the Municipality of Anchorage

**Definition**

This measure reports the percentage of HUD funding that is under contract at the close of each program year to serve low to moderate income households. Contracts may include activities such as building, rehabilitating, or land acquisition for low income housing, providing public services to the homeless or other low-income populations, and renovating non-profit or public facilities that serve or are in low-income neighborhoods.

**Date Collection Method**

The Neighborhoods Section will track the funding committed to projects through the Municipal Accounting System (PeopleSoft). The Section will also record this in the required HUD database and run reports on percent of funds committed into projects and programs.

**Frequency**

Quarterly and annually

**Measured By**

Program Manager will keep an accounting of committed funding (e.g. those in which contractual documents have been signed).

**Reporting**

The Section prepares commitment and expenditure information for the HAND Commission, HUD, and the community through its annual reporting processes. The Section uses accounting systems, HUD databases, and Excel spreadsheets.

**Used By**

The Neighborhoods Section, HSSL Program, Human Services Division, and the DHHS Management Team will use these reports to work on program development for the next program year, ensure contracts are being managed effectively, and viable projects are identified timely.

---

**Performance Measure Methodology Sheet**  
**Human Services Division**  
**Health and Human Services Department**

---

**Measure #15: Percentage of Aging and Disability Resource Center (ADRC) clients who indicate that their situation improved as a result of the long-term care referrals.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve the quality of life of those in need of long-term care by increasing the effectiveness of Aging and Disability Resource Center (ADRC) referrals.

**Definition**

Provides a measure of the % of ADRC clients who feel that the referrals they received from Aging and Disability Resource Center staff had lasting positive impact.

**Data Collection Method**

ADRC Staff will follow-up (1, 3, and 6 months) with clients to whom referrals have been made. The Program Manager will take that information and track it in a spreadsheet.

**Frequency**

Monthly, quarterly, and at 6 months

**Measured By**

Program Manager maintains a spreadsheet of the percentage of ADRC clients who indicate that their situation improved as a result of the long-term care referrals given.

**Reporting**

Senior Services Program Manager will create and maintain a monthly report on the percentage of ADRC clients who indicate that their situation improved as a result of the long-term care referrals given. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

**Used By**

The Division Manager and Director will use the information to gain a clearer understanding of the level of success in providing ADRC clients with referrals that improved the client's long-term care situation.

### **PVR Measure WC: Managing Workers' Compensation Claims**

Reducing job-related injuries is a priority for the Administration by ensuring safe work conditions and safe practices. By instilling safe work practices we ensure not only the safety of our employees but reduce the potential for injuries and property damage to the public. The Municipality is self-insured and every injury poses a financial burden on the public and the injured worker's family. It just makes good sense to WORK SAFE.

Results are tracked by monitoring monthly reports issued by the Risk Management Division.

