

---

## **Anchorage Health Department**

Anchorage: Performance. Value. Results.

---

### **Mission**

The Anchorage Health Department will be a leader and a partner, promoting health and well-being in the Anchorage Community by ensuring that individuals and families have access to quality care enabling them to thrive and grow in our community.

### **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
- Promote physical, behavioral, environmental, social, and economic conditions that improve health and well-being

---

## **Anchorage Animal Care & Control**

### **Anchorage Health Department**

Anchorage: Performance. Value. Results.

---

#### **Purpose**

Anchorage Animal Care and Control's (AACC) purpose is to promote public health and safety and to encourage responsible pet ownership.

#### **Direct Services**

- AACC is the only open admission animal shelter in Anchorage, meaning, legally, any domestic animal that comes to the shelter from any source and for any reason must be accepted into care. Food, shelter, and medical care is provided to animals that end up at the shelter.
- Provide resources to help keep pets with their families, reunite lost pets with their owners, and adopt pets into loving homes.
- Provide educational programming on responsible pet care and animal safety.
- Enforce animal laws, license animal facilities, handle complaints, and assist other agencies, such as APD, with animal cases.

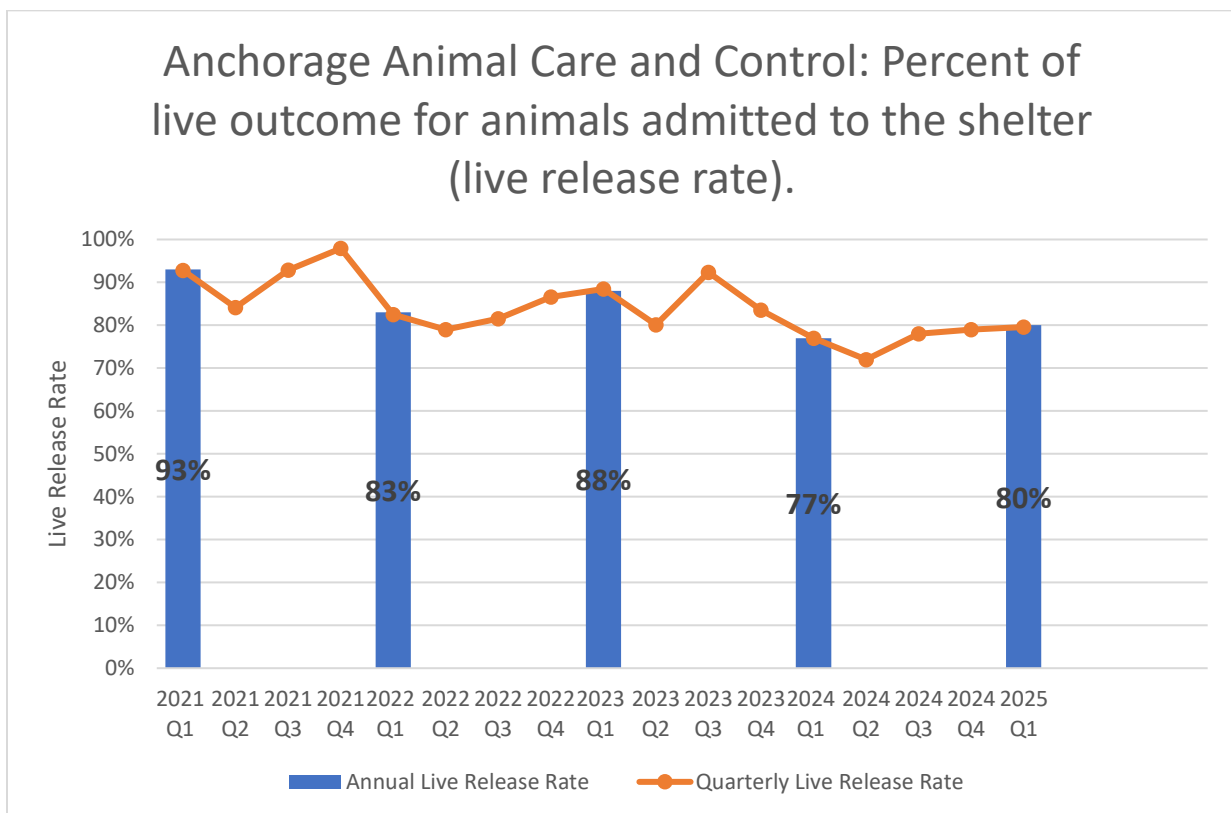
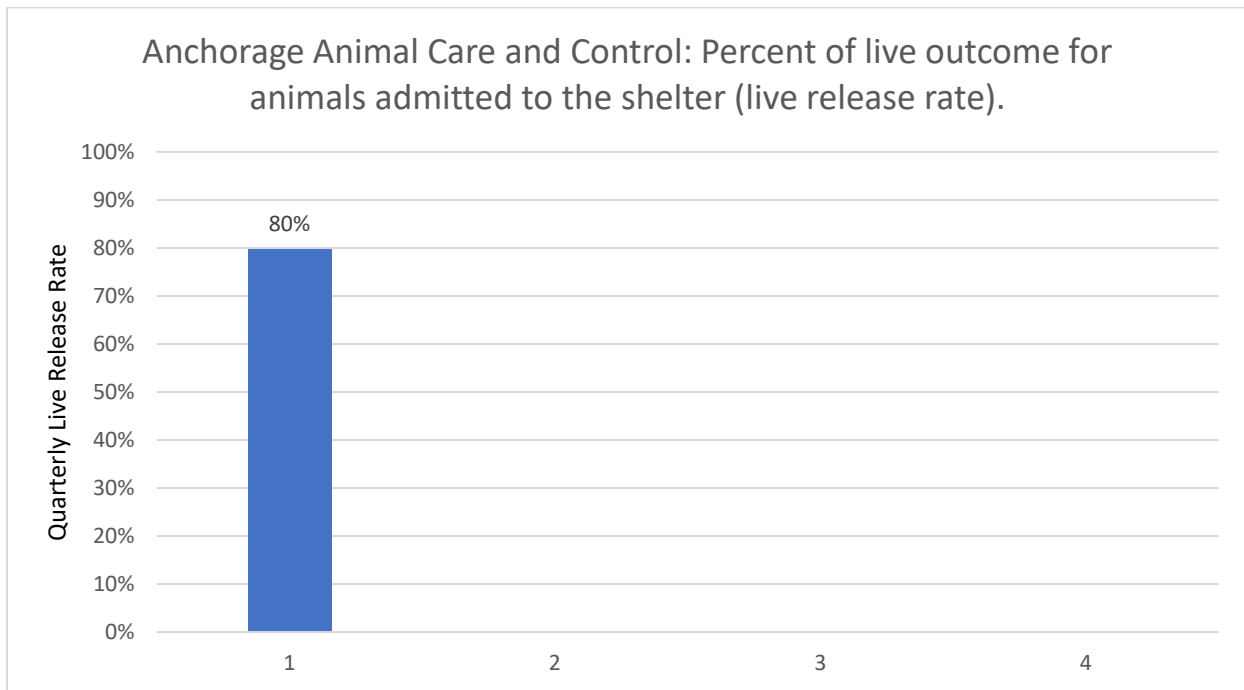
#### **Accomplishment Goals**

- AACC's goal is to maximize our live release rate.
- This is done through a combination of reducing the number of animals being admitted to the shelter and increasing the number of animals with live outcomes of being reunited with their owners or adopted.
- Tracking AACC's live release rate helps us measure the effectiveness of spay/neuter programs, community education, license and microchip regulations, diversion programs to keep animals with their families and out of the shelter, shelter medical care, reunification of stray animals with their owners, and the adoption program.

#### **Performance Measure**

Progress in achieving our goals will be measured by:

**Performance Measure #1: Percent of live outcome for all animals admitted to the shelter.**



---

**Women, Infants & Children**  
**Anchorage Health Department**  
Anchorage: Performance. Value. Results.

---

**Purpose**

The Women, Infants & Children (WIC) Program aims to protect the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, specialized information on healthy eating and referrals of medical attention.

**Direct Services**

- Nutrition Information specific to each individual client including maintain healthy weight, meal planning, label reading, picky eating, caring for new baby, shopping on budget
- EBT vouchers to purchase free, healthy foods
- Referrals including medical, dental, healthcare, childcare, housing, immunizations. Such as, immunizations, Medicaid, Drug and Alcohol Services, and wellness checks, averaging over 1,000 referrals per month
- Breastfeeding support and supplies such as manuals and pumps

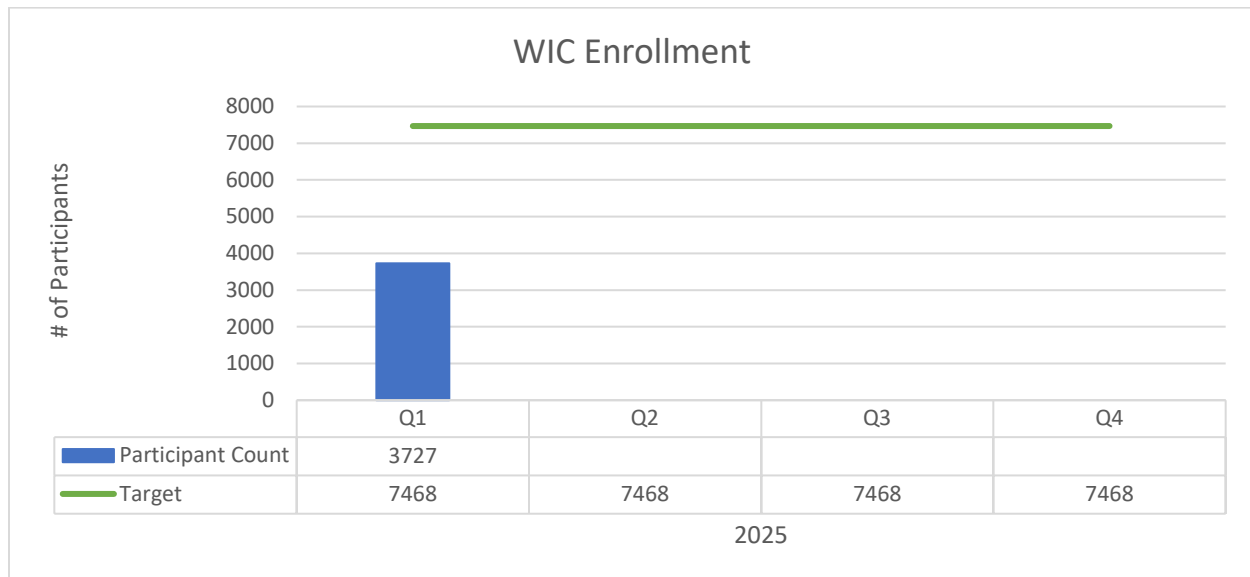
**Accomplishment Goals**

- Improves the growth of nutritionally at-risk infants and decreases incidence of iron deficiency anemia in children.
- Have a positive effect on children's diet and diet-related outcomes with increased amounts of nutrient dense food options providing higher intake of iron, vitamin C, thamin, niacin, and vitamin B6.
- Increase regular medical care and immunizations for children and pregnant women.
- Increase breastfeeding rates among WIC participants by receiving breastfeeding advice and support.

**Performance Measures**

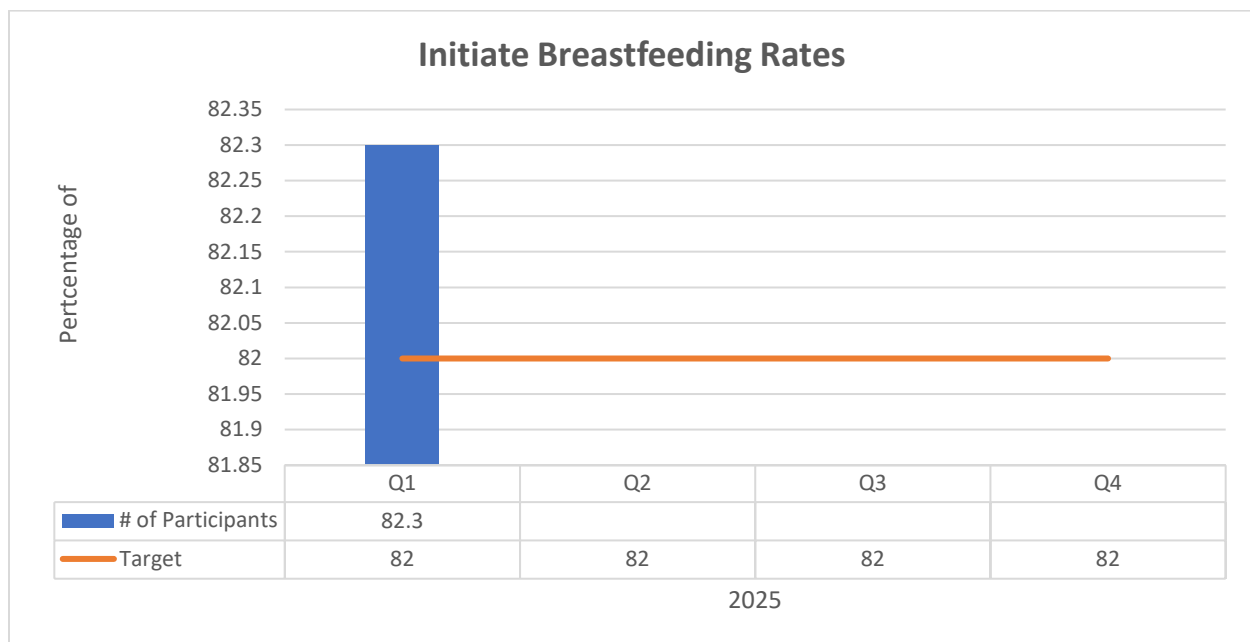
Progress in achieving our goals will be measured by:

## Performance Measure #2: Enrollment rate in WIC

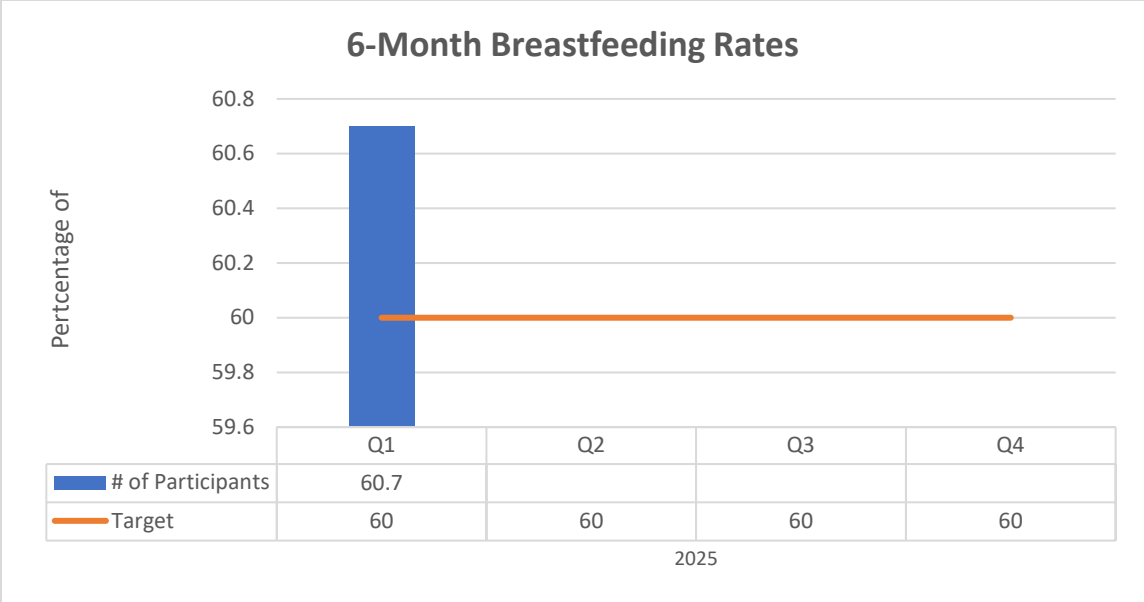


Target of 7,468 equals 75% of eligible WIC participants. Data provided by State of Alaska during each Competitive grant cycle (2023).

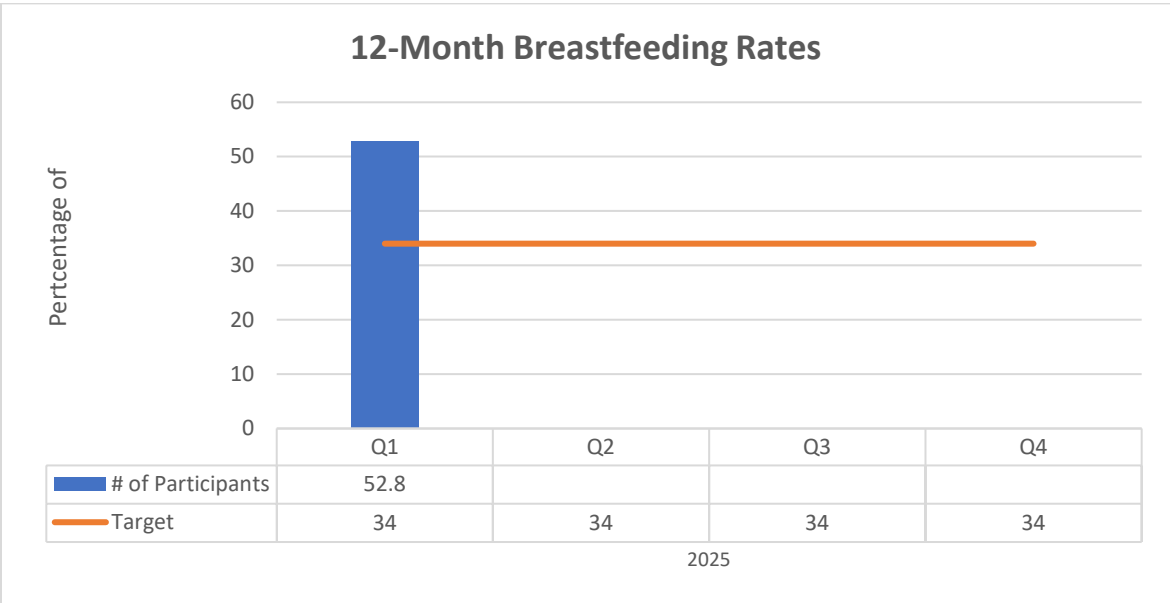
## Performance Measure #3: Breastfeeding rate for those enrolled in WIC



An 82% Initiate breastfeeding rate was met for the 1st quarter by the WIC program, meeting the target of 82%.

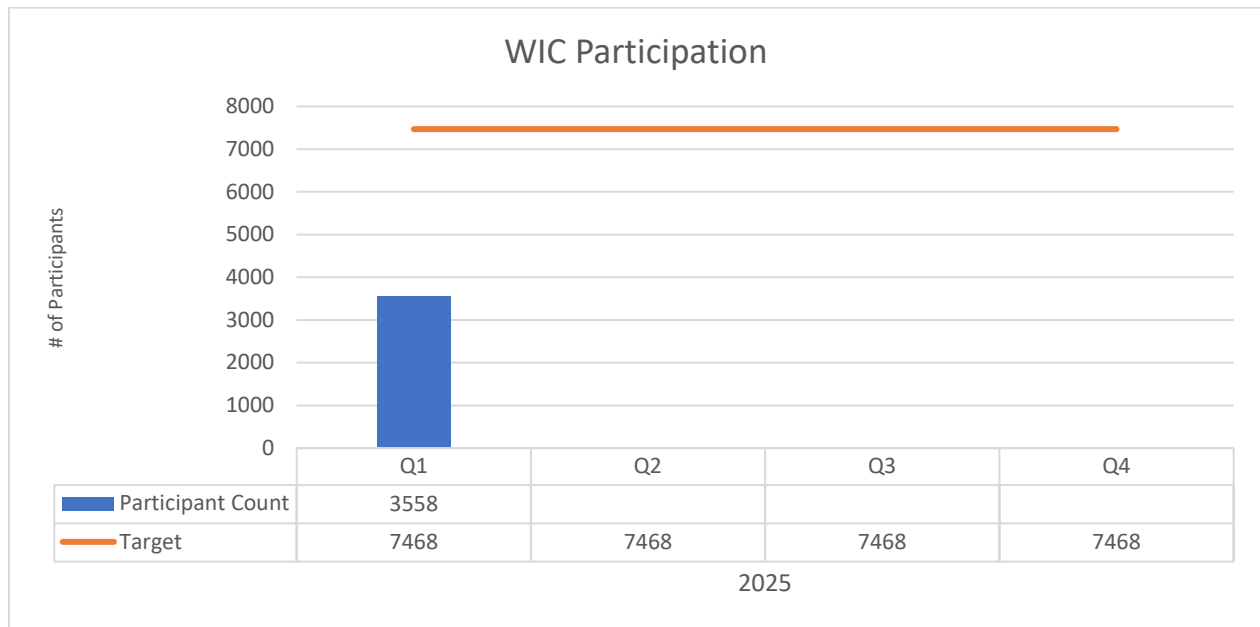


A 60.7% 6-month breastfeeding rate was met for the 4th quarter by the WIC program, meeting the target of 60%.



A 52.8% 12-month breastfeeding rate was met for the 4th quarter by the WIC program, exceeding the goal of 34%.

## Performance Measure #4: Participation rate of those enrolled in WIC



Target of 7,468 equals 75% of eligible WIC participants. Data provided by State of Alaska during each Competitive grant cycle (2023).

Explanatory note:

Goal is to provide WIC services to a minimum quarterly average of 75% of total eligible WIC participants in the Municipality of Anchorage.

---

**Child Care Licensing**  
**Anchorage Health Department**  
Anchorage: Performance. Value. Results.

---

**Purpose**

Child Care Licensing's purpose is to conduct inspections and complaint investigations in licensed child care facilities to prevent predictable risk of harm to children in child care.

**Direct Services**

- Provide direct contact to the public with incoming calls and walk-in clients as related to child care
- Provide home orientations into potential home applicants
- Conduct required inspections twice per year and more often as needed to monitor for potential health and safety concerns.
- Conduct investigation as received and relevant to licensed and unlicensed child care facilities
- Enforce child care laws, per AMC 16.55, 7 AAC 10, 7 AAC 57, and AS 47.32 as related to health and safety in child care facilities.

**Accomplishment Goals**

- CCL's goal is to close all complaint investigations within the required timeframes, which is done by prioritizing complaints with an established framework that identifies Priority 1, 2, and 3 for licensed homes and centers, and all unlicensed facilities:
  - Priority 1: Investigate as soon as possible but no later than 24 hours, closing the complaint 25 to 30 business days.
    - i. Death of a child
    - ii. Sexual abuse/sexual exploitation
    - iii. Physical abuse or injury to a child
    - iv. Neglect
    - v. Mental abuse or injury to a child
    - vi. Serious injury, emergency, or incident to a child
    - vii. A violation of a statute, regulation, condition, or variance for a provider posing immediate risk to children
    - viii. A violation of a statute or regulation posing immediate risk to children, at an unlicensed (legally or illegally operating) facility
  - Priority 2: Investigate as soon as possible but no later than seven days, closing the complaint within 45 business days.
    - i. Accident or other injury to a child requiring medical attention
    - ii. Harmful treatment: the act or omission of an act that could/does cause harm to a child, less serious than abuse or neglect
    - iii. Inappropriate discipline or behavior guidance including corporal punishment
    - iv. Concerns involving supervision

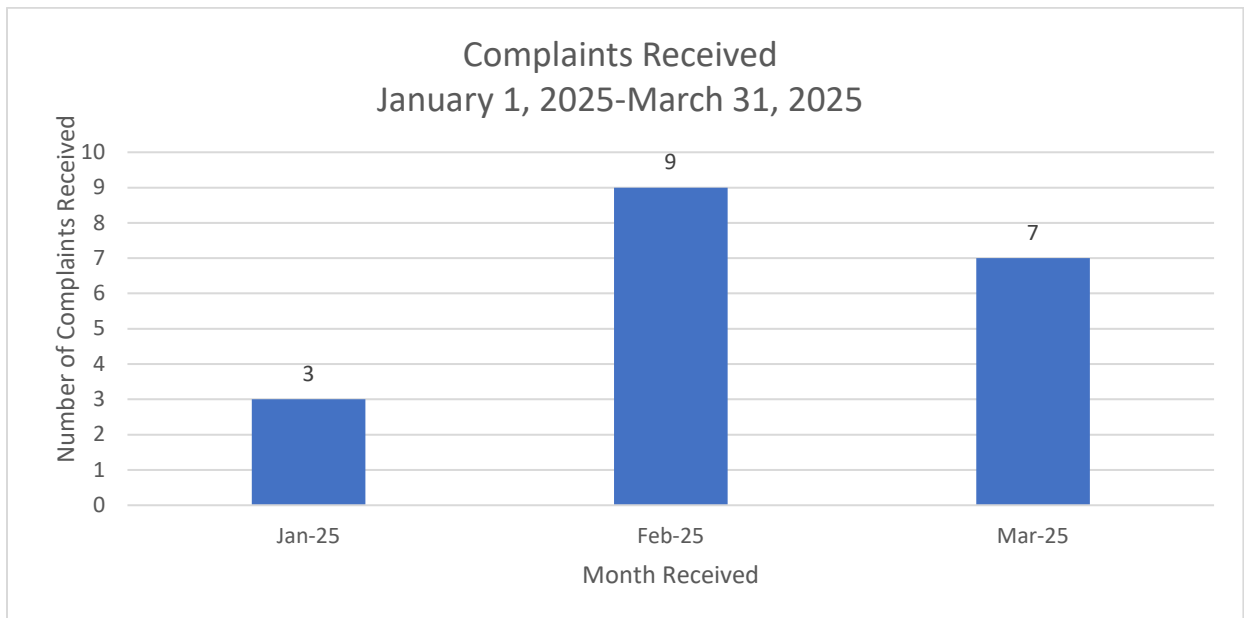


- v. Concerns involving child to caregiver ratios not being met
- vi. Concerns of health/safety hazards in the facility
- vii. Exposure of children to high-risk situations including exposure to physical hazards and encounters with individuals or animals posing a possible danger
- viii. A violation of a statute, regulation, condition, or variance for a facility posing significant risk to children
- ix. A violation of a statute or regulation posing significant risk to children, at an unlicensed (legally or illegally operating) facility
- Priority 3: Investigate as soon as possible but no later than seven days, closing the complaint within 60 business days.
  - i. A less significant violation of statute, regulation, condition, or variance for a licensed or approved facility
  - ii. A less significant violation of the statute or regulation at an unlicensed facility

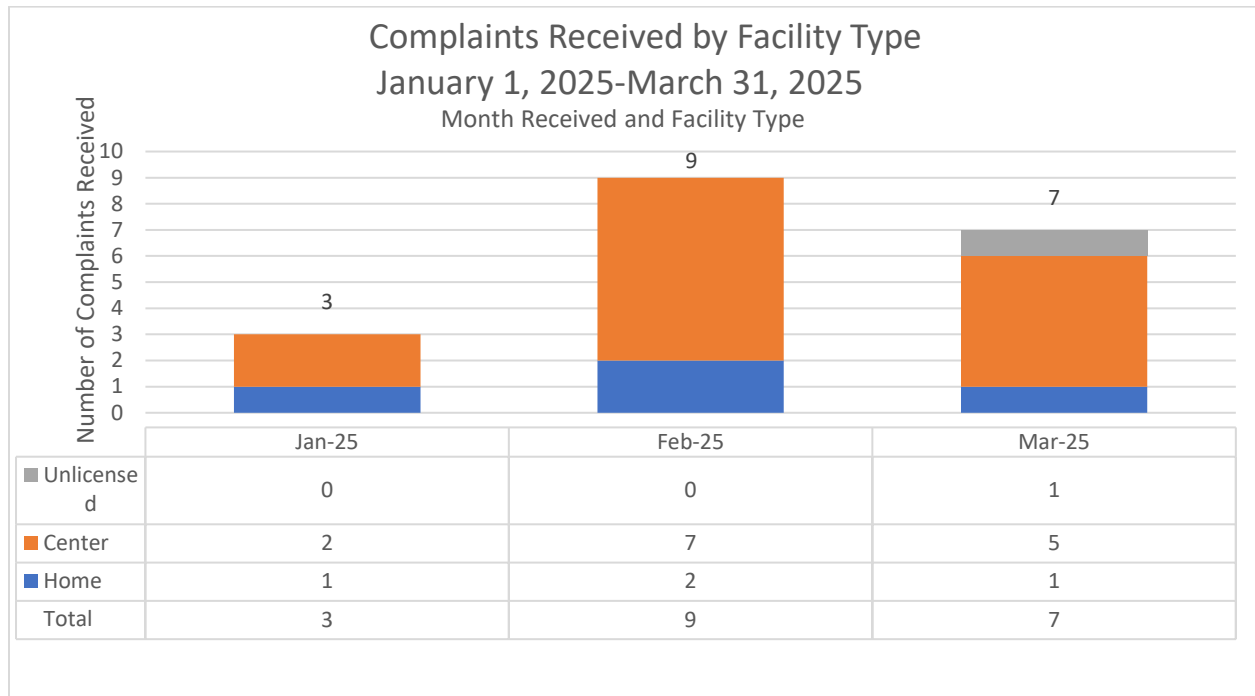
### Performance Measures

Progress in achieving our goals will be measured by:

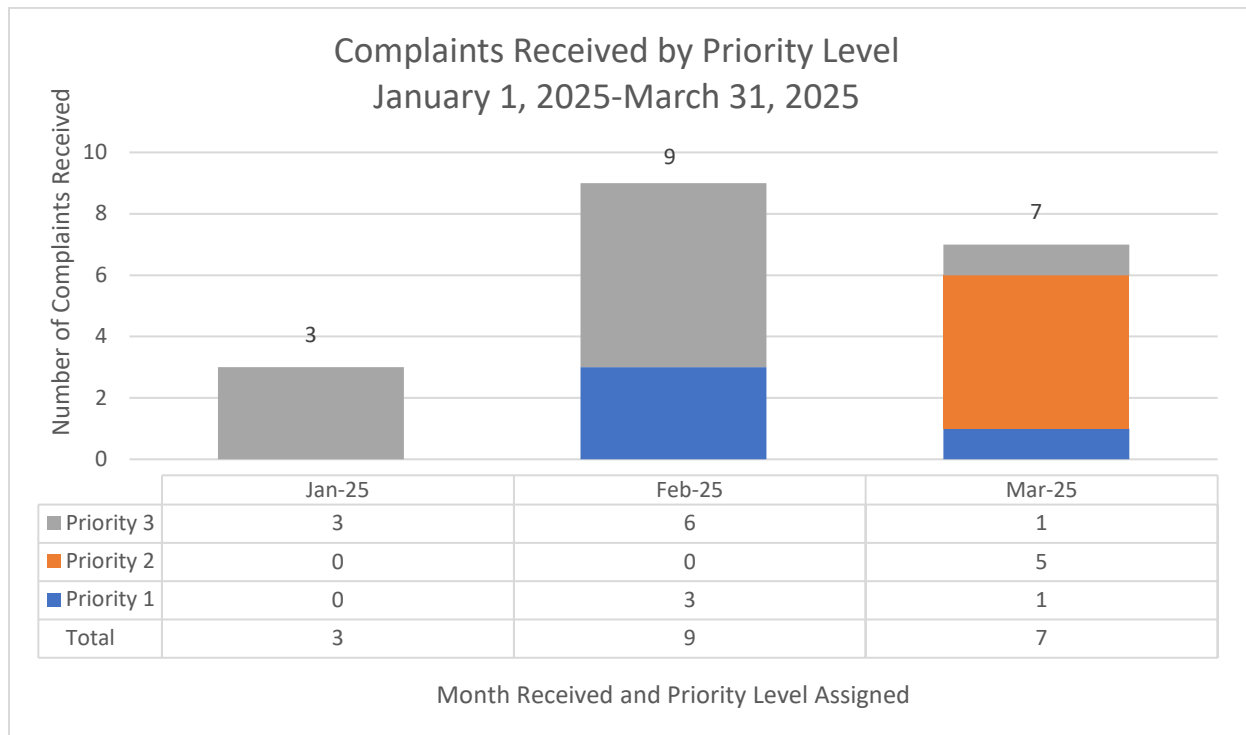
#### Performance Measure #5: Number of complaints received



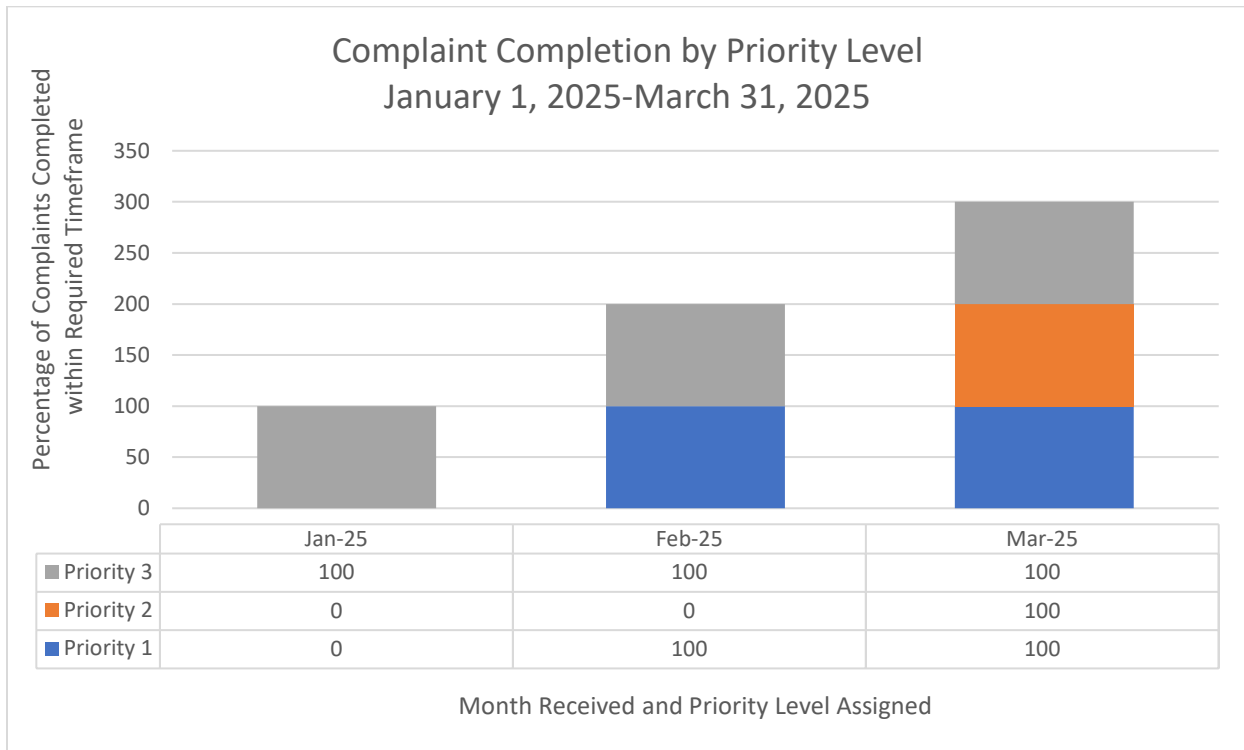
**Performance Measure #6: Number of complaints specific to each type of facility**



**Performance Measure #7: Number of complaints per priority level**



**Performance Measure #8: Percentage of complaints per priority level completed within required timeframe**



Explanatory note:

CCL's target goal is to complete all steps involved in investigations within required timeframes 80% of the time.

---

**Clinical Services**  
**Anchorage Health Department**  
Anchorage: Performance. Value. Results.

---

**Purpose**

Clinical Services focuses on the health of the community by providing preventive health care services to at-risk Alaskans.

**Direct Services**

- **Disease Prevention Clinic**
  - Epidemiology Investigations: Identifying trends in infectious diseases in the community and ensuring appropriate referral for treatment.
  - Tuberculosis (TB) Screening, Treatment, and Case Management: Proactive and reactive activities in the community to ensure that all TB cases within the MOA are assessed, managed, and treated.
  - Immunizations: Preventative childhood and adult vaccines are offered on site at the Public Health clinic and at outreach events.
- **Sexual Health Clinic**
  - Testing and treatment for STIs
  - Family planning and counseling
  - Birth control administration.
- **Well Baby Clinic**
  - Infant well-baby exams and referral out to providers in community to establish primary care and additional treatment as needed.
- **Blood-Lead Screening Clinic**
  - Early childhood lead screening and referral to providers in community for follow-up and treatment as needed.
  - All age groups for lead screening with concerns about lead exposure. Referrals as needed for cleanup and or treatment.

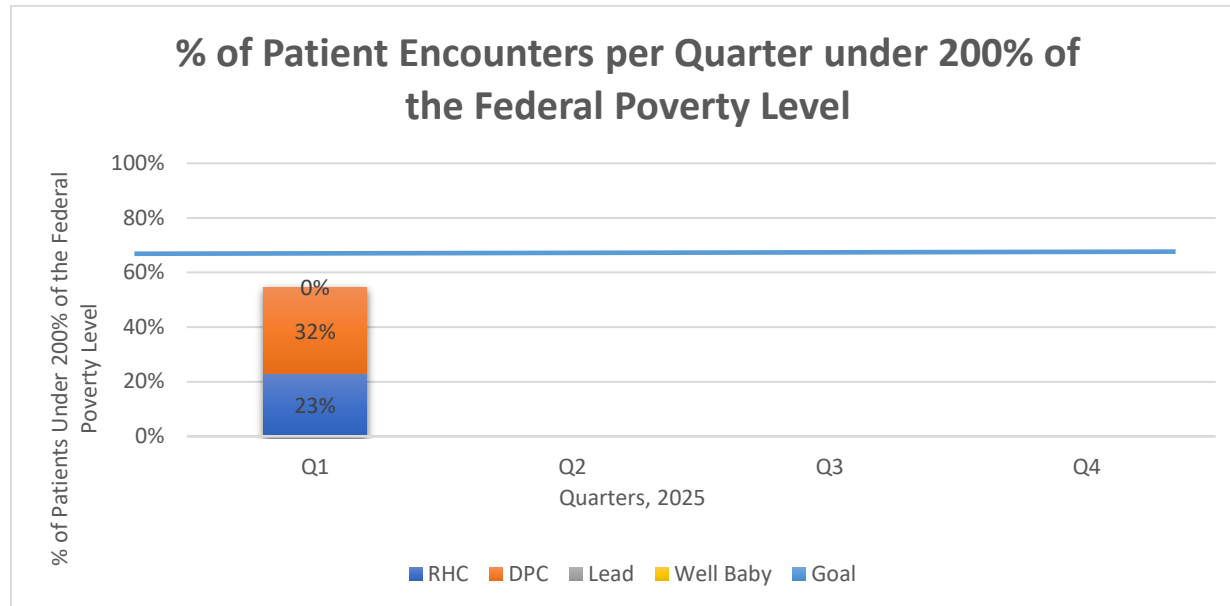
**Accomplishment Goals**

- Through advertising and outreach programs, we aim to increase the number of patients seen by Clinical Services at or below 200% of the Federal Poverty Level.
- The proportion of patients seen that are at or below 200% of the Federal Poverty Level, as a segment of total patients seen, should also continually increase as we connect financially stable patients with Primary Care Providers.
- The Public Health Nursing Grant begins to aid in medical expenses via the Sliding Scale for Medical Services form when patients are at or below 200% of the Federal Poverty Level.

## Performance Measure

Progress in achieving our goals shall be measured by:

### Performance Measure #9: Percent of eligible patients served.



Explanatory note:

Lead and Well baby had no patients seen under 200% poverty level. 55% of patients served by the clinic are at or below 200% of the Federal Poverty Level per Direct Service area. We made significant improvements to the structure of our Electronic Health Record which allowed for more accurate reporting of our services.

---

**Environmental Health**  
**Anchorage Health Department**  
Anchorage: Performance. Value. Results.

---

**Purpose**

The Environmental Health Program promotes, advocates, and educates about air quality issues and food safety; inspects and permits a variety of business establishments; administers health and noise permits; and conducts plan reviews for new and changing businesses within the MOA.

**Direct Services**

- Provide regulated public facilities with health permits
- Enforce numerous sections of the Anchorage Municipal Code including Title 15, 15.30 10.80 and 16.60, which regulate health, clean air, retail marijuana sales, and food
- Support hundreds of new and growing businesses by conducting initial plan reviews, providing opening inspections, changes of ownership, and remodel plan review approvals
- Respond to local air quality complaints and be responsible for various air quality projects
- Provide noise, special land use, conditional land use, and temporary food establishment permits
- Respond to public health complaints from all the code areas we regulate
- Provide training and testing services for food workers to obtain their basic training

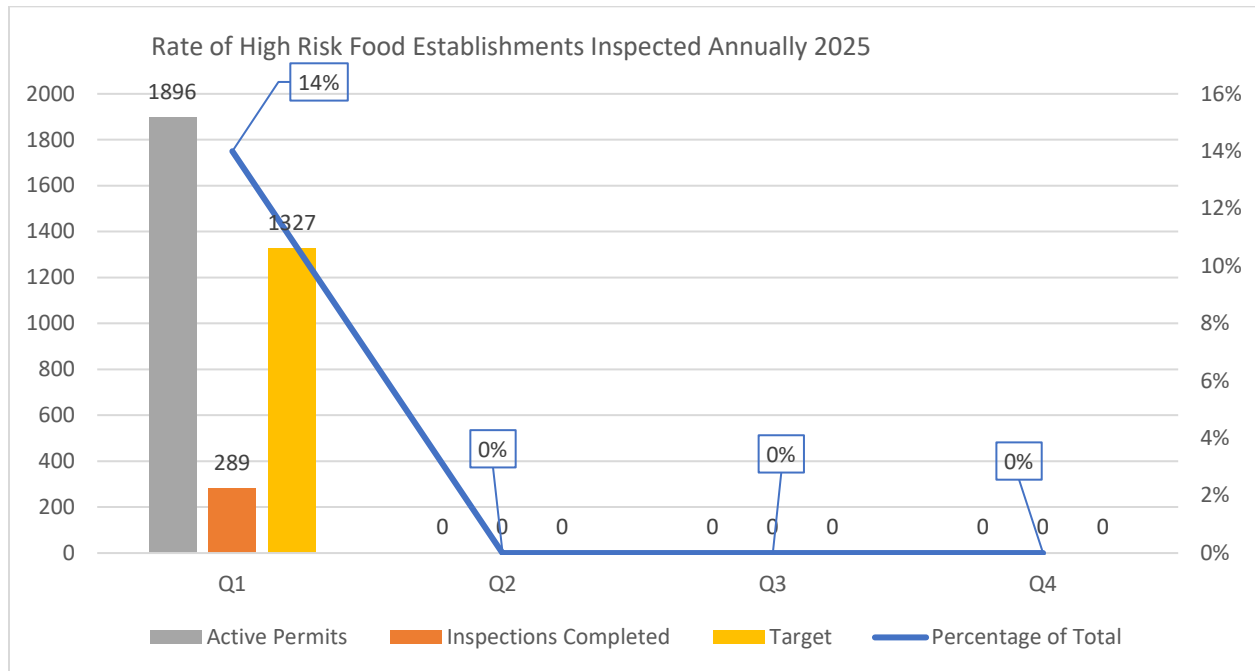
**Accomplishment Goal**

- Safeguard public health by requiring commercially sold food to be safe, wholesome, unadulterated, and honestly presented.

**Performance Measure**

Progress in achieving our goal will be measured by:

## Performance Measure #10: Percent of highest risk food establishments inspected annually



### Explanatory note:

Seventy percent (70%) of completed permitted and highest risk, scoring 10+ points on the risk assessment, of food establishments will be inspected 1x / annually in compliance with AMC 16.60. This will help safeguard public health in the MOA by requiring commercially sold food to be safe, wholesome, unadulterated, and honestly presented in compliance with AMC 16.60.

Environmental Health was able to complete 14% out of the 70% goal in Q1. Winter is generally a slower season and the expectation is things will pick up again in Q2.

---

## **Community Safety and Development**

### **Anchorage Health Department**

Anchorage: Performance. Value. Results.

---

#### **Purpose**

The Community Safety and Development's (CSD) purpose is to strengthen the Municipality's neighborhoods by responsibly utilizing federal funding to expand and improve housing, community facilities, and public services.

#### **Direct Services**

- Administer the Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) for the purpose of developing viable communities, by providing decent affordable housing, suitable living environments, supporting public facilities and public services, and supporting economic development that benefits low to moderate income families and individuals.
- Administer HOME Investment Partnerships Program (HOME) awards from the federal government for the purpose of providing decent affordable housing opportunities to low and very low-income individuals and families through activities such as tenant based rental assistance, housing rehabilitation, assistance to home buyers, and new construction of homes.
- Administer the Emergency Solutions Grant (ESG) for the purpose of funding local government and federally recognized non-profit organizations who engage people experiencing homelessness or people who are at risk of being homeless.

#### **Accomplishment Goals**

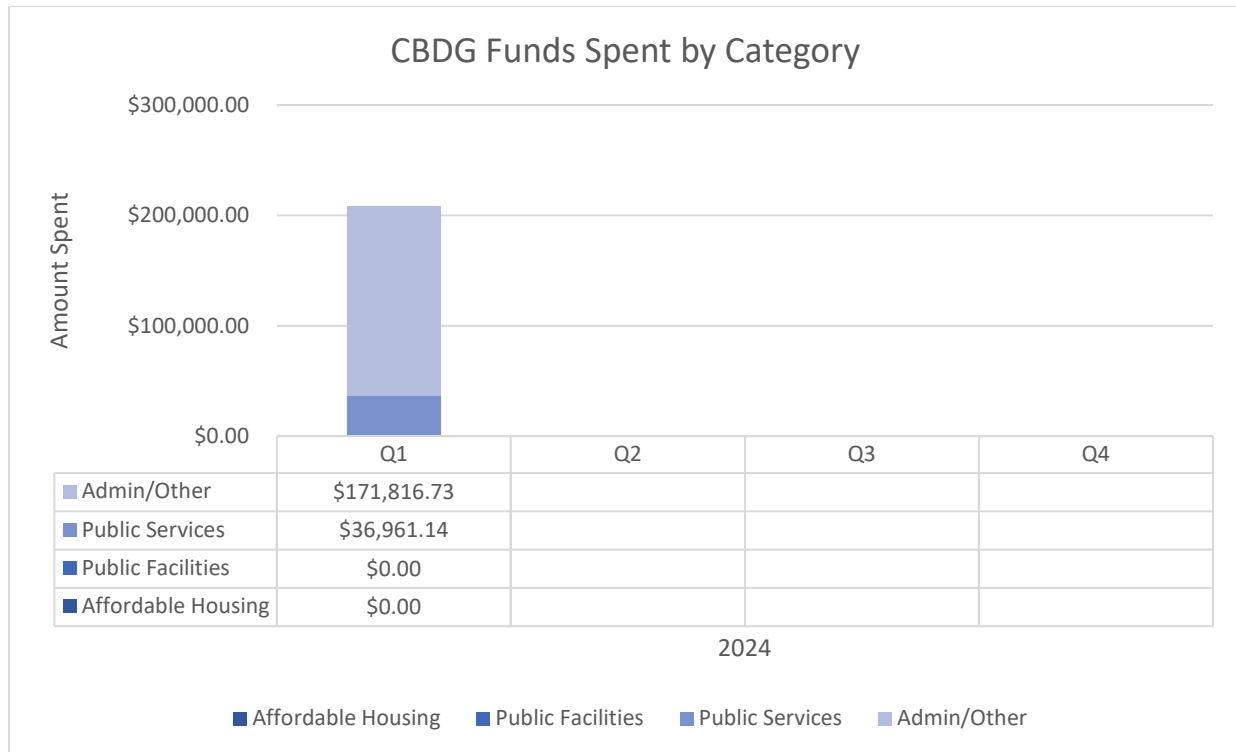
- Ensure a minimum of 70% of CDBG funds (excluding administrative costs) support activities that improve the quality of life for people with low or moderate incomes.
- Fulfill the HOME funding requirement that the Municipality of Anchorage (MOA) matches \$.25 (25 cents) of every dollar in program funds generating community resources in support of affordable housing.
- Ensure that ESG funds are appropriately used within these five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, Homeless Management Information System (HMIS). Up to 7.5% of a recipient's allocation can be used for administrative activities.

#### **Performance Measures**

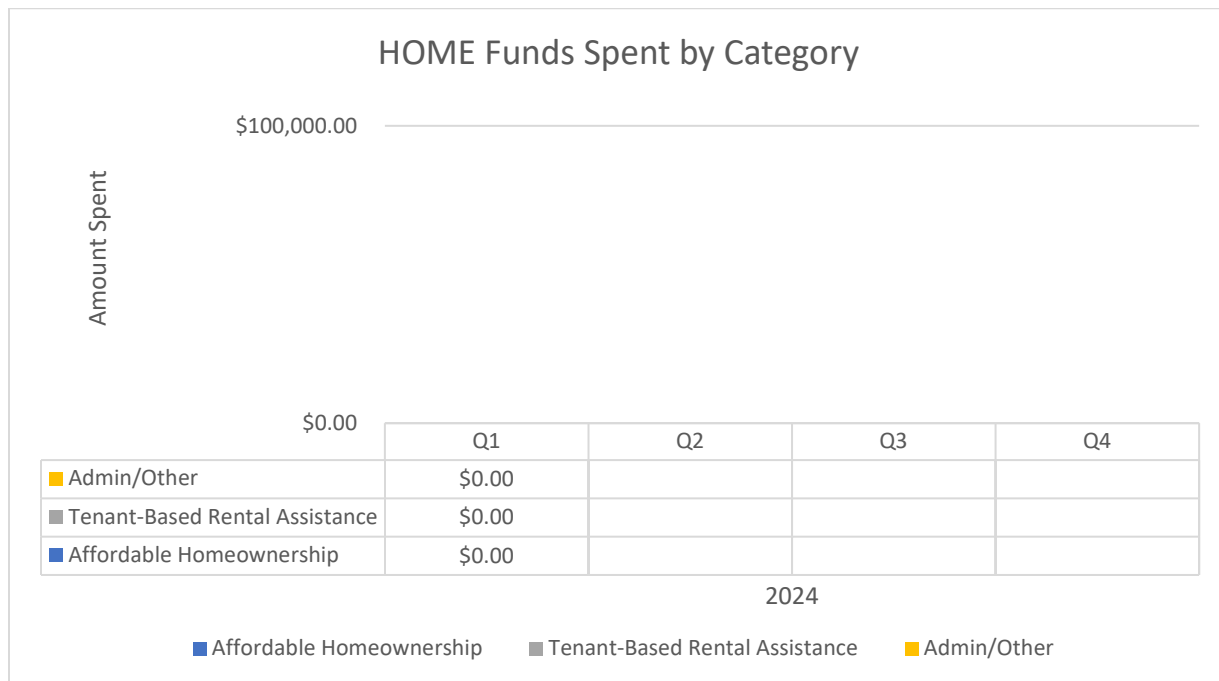
Progress in achieving goals shall be measured by:



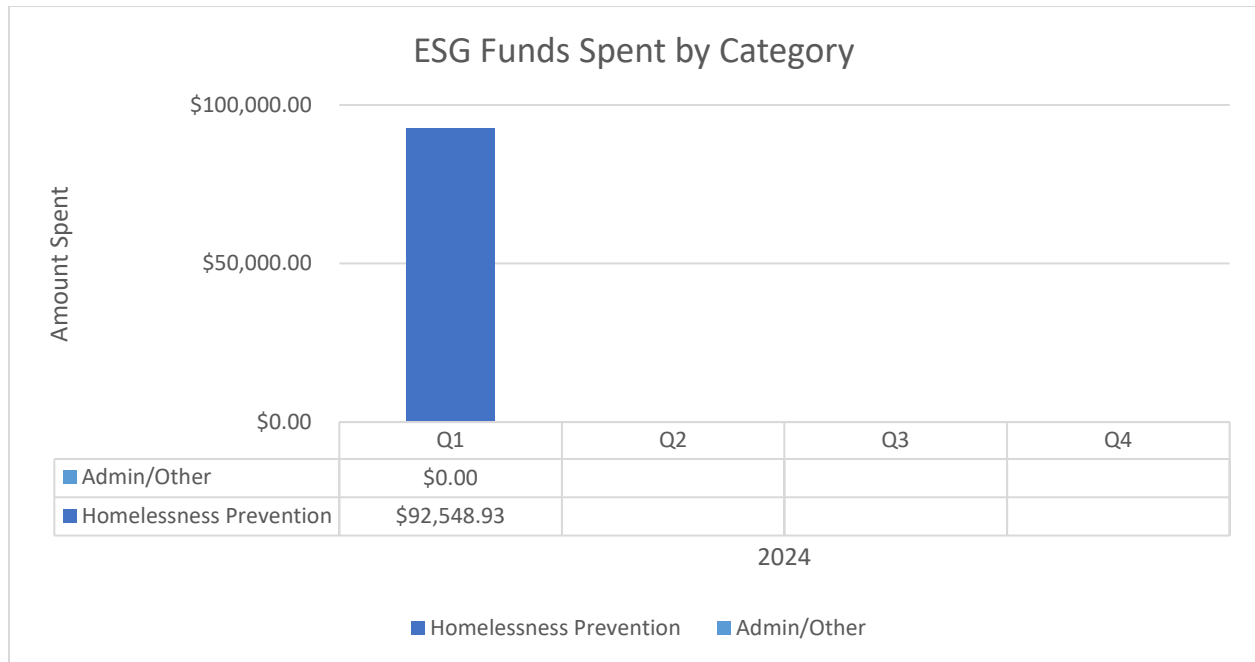
### Performance Measure #11: Amount of CDBG spent annually by category



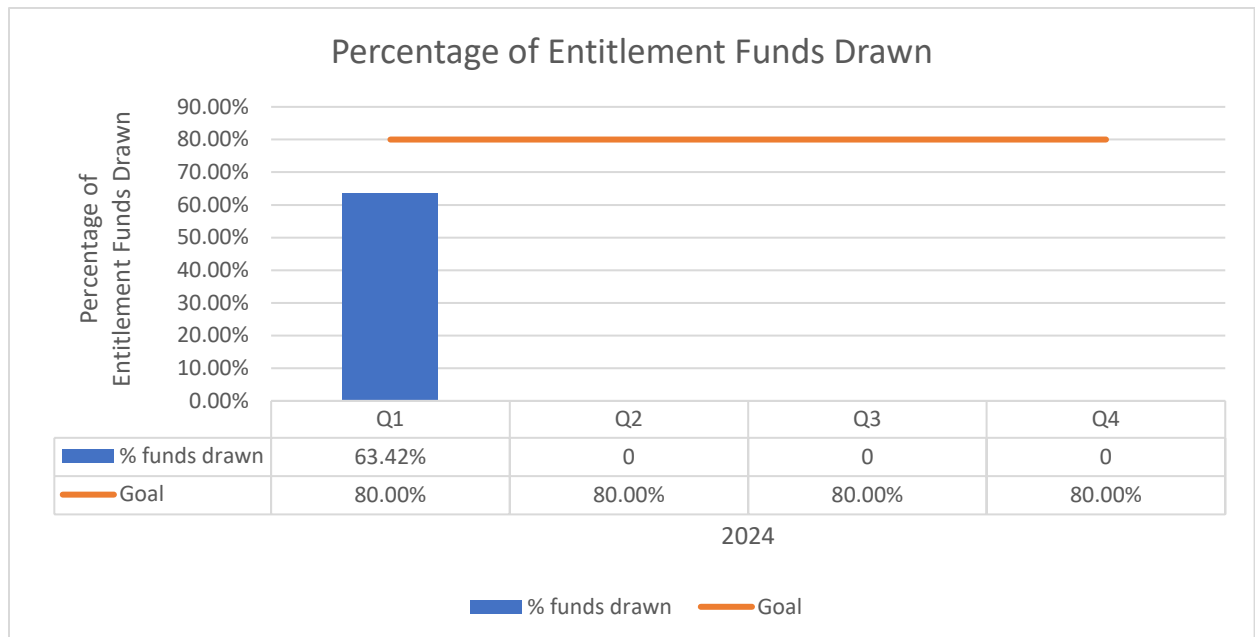
### Performance Measure #12: Amount of HOME funding spent annually by category



### Performance Measure #13: ESG funds spent annually by category



### Performance Measure #14: Percent of entitlement funds drawn each program year (with a goal of 80%)



---

## **Aging and Disability Resource Center**

### **Anchorage Health Department**

Anchorage: Performance. Value. Results.

---

#### **Purpose**

The Anchorage Aging and Disability Resource Center (ADRC) ensures that our community's senior and disabled citizens have access to the information, resources and supports needed to lead full, healthy lives.

#### **Direct Services**

- Provide information and referral services and assist with access to public assistance benefits.
- Administer the person-centered intake as the first step in the Medicaid waiver process and provide long term care options and options counseling services.
- As funding allows, provide rental assistance to households at risk of losing their current housing and utility assistance to households at risk of utility shut off.
- Coordinate services on-site to senior and disabled residents of the Chugach View and Manor
- Act as the Municipal liaison to the Anchorage Senior Activity Center and the Chugiak Eagle River Senior Center
- Collaborate with all Anchorage agencies providing services to seniors and those with disabilities, participate in all related Anchorage events, and provide outreach services to the Anchorage community on a regular basis.

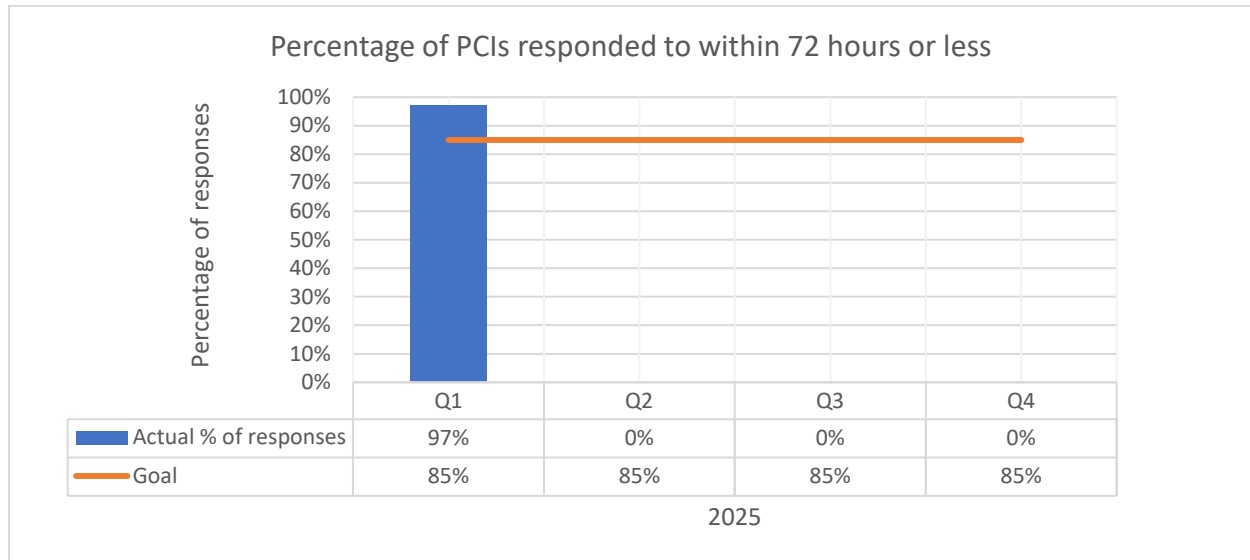
#### **Accomplishment Goals**

- The person-centered intake is the door through which many households enter the ADRC seeking long term care for themselves or a loved one and is the gateway to finding the resources needed to improve quality of life.
- The person-centered intake process is the opportunity for the ADRC Resource Specialist to assist with options counseling and identify services that can bridge a gap such as personal care services and other home and community-based services.

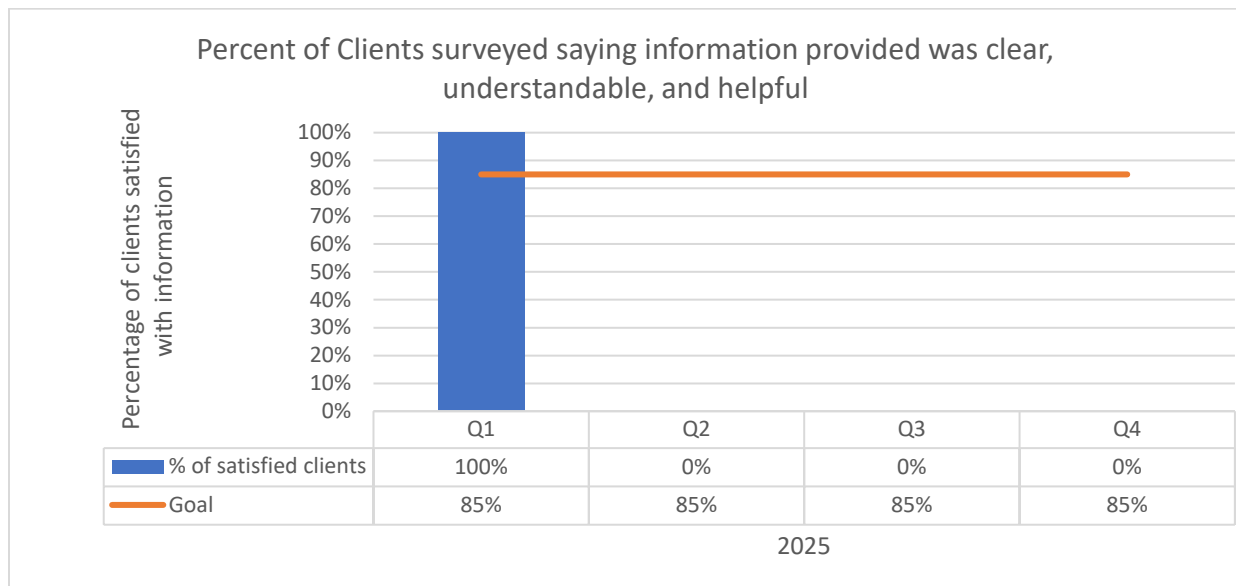
#### **Performance Measures**

Progress in achieving our goals will be measured by:

**Performance Measure #15: Percent of person-centered intakes responded to within 72 hours of request.**



**Performance Measure #16: Percent of clients surveyed saying information provided was clear, understandable, and helpful.**



**Explanatory note:**

The percentage of person-centered intakes (PCI) responded to within 72 hours of request is an indication of how well the ADRC is serving the Anchorage Bowl and those seeking support to lead fully, healthy lives. 85% of all surveyed receive clear information they can understand. Quarterly client surveys are an indication of how well the ADRC administered the person-centered intake process. This survey question is an indication that a client received the information needed to improve their quality of life.

---

## **Housing & Homelessness Services**

### **Anchorage Health Department**

Anchorage: Performance. Value. Results.

---

#### **Purpose**

The Housing and Homelessness' purpose is to address homelessness by working with individuals and families in need by referring them to the appropriate housing options, advocating for affordable housing policies, and coordinating with community service providers to support stable housing initiatives; as well as being dedicated to working with community partners by providing grant funding that supports addressing early education & prevention to provide services that work to prevent Adverse Childhood Experiences, and prevent the exposure Adverse Childhood Experiences; as well as domestic violence & sexual assault programs that provide crisis assistance, legal advocacy, mental health support, and trauma-informed care, including housing for community members affected by domestic violence or sexual assault.

#### **Direct Services**

- Provide shelter oversight to the organizations contracted with that provide services and to ensure health and safety for those who utilize shelter services.
- Monitor the total number of shelter exits into permanent housing.
- Partner with social service providers and nonprofit organizations to facilitate service coordination enhancing impacts of addressing systematic barriers to housing and homelessness.
- Ensure ongoing communication and guidance to maintain compliance with grant deliverables while offering any necessary supports.

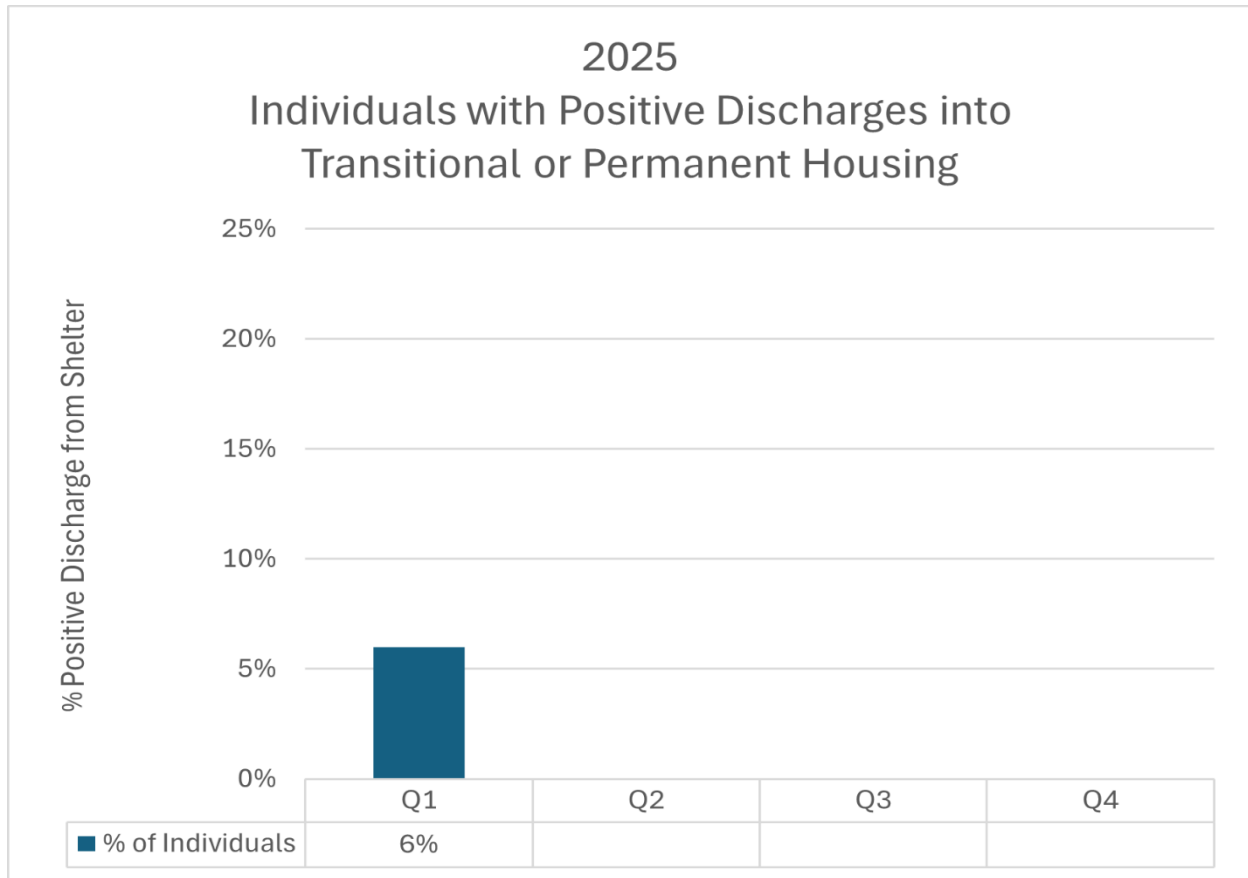
#### **Accomplishment Goals**

- Increase the rate of individuals or families exiting low-barrier shelters into transitional or permanent housing by utilizing demonstrated need for shelter supports such as various case management and supportive services within the Municipality
- Increase the number of community members and organizations served through the Early Education and Prevention services to reduce and ultimately prevent child abuse and neglect, sexual assault, and domestic violence and track the number served through STAR, AWAIC and Victims for Justice
- Continued service of supporting community partners who provide trauma therapy, in order to continue supporting community members accessing trauma therapy services.

## Performance Measures

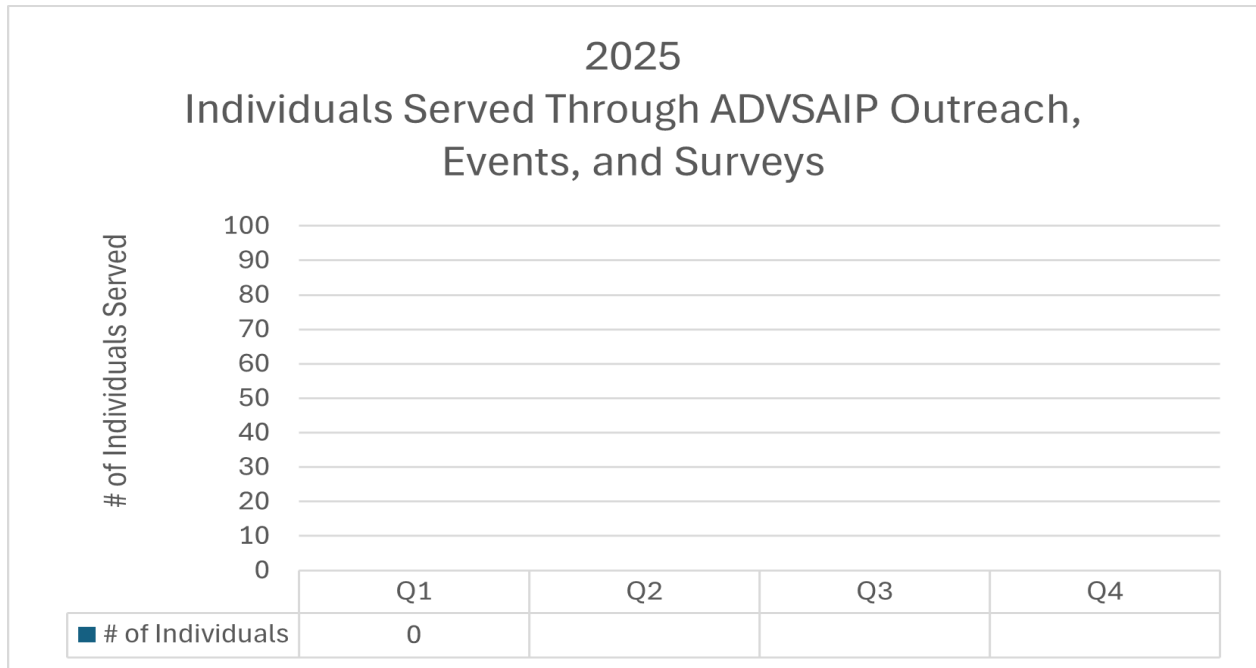
Progress in achieving goals will be measured by:

**Performance Measure #17 Percent of individuals with successful shelter exits into housing.**



PVR data for Q1 is incomplete as these are new metrics HHS is reporting. Q2 will include complete data for both Q1 and Q2 as we refine the data gathering process.

**Performance Measure #18 Total number of individuals served through ADVSAIP outreach events and surveys to demonstrate impact on the community.**



PVR data for Q1 is incomplete as these are new metrics HHS is reporting. Q2 will include complete data for both Q1 and Q2 as we refine the data gathering process.

---

## **Emergency Preparedness and Response**

### **Anchorage Health Department**

Anchorage: Performance. Value. Results.

---

#### **Purpose**

The purpose is to mitigate and minimize the impact of disasters and diverse emergencies on community health. The Emergency Preparedness & Response Program (EP Program) uses the all-hazards planning approach of prevention/mitigation, preparedness, response, and recovery to bolster community resilience in public health emergencies and disasters.

#### **Direct Services**

- Develop emergency response leadership, supplies, and emergency plans for all hazards emergencies.
- Conduct all-hazards drills, tabletops, and full-scale exercises with internal and local community healthcare partners.
- Support a multidisciplinary and multiagency effort to reduce community risks to emergencies and disasters.

#### **Accomplishment Goals**

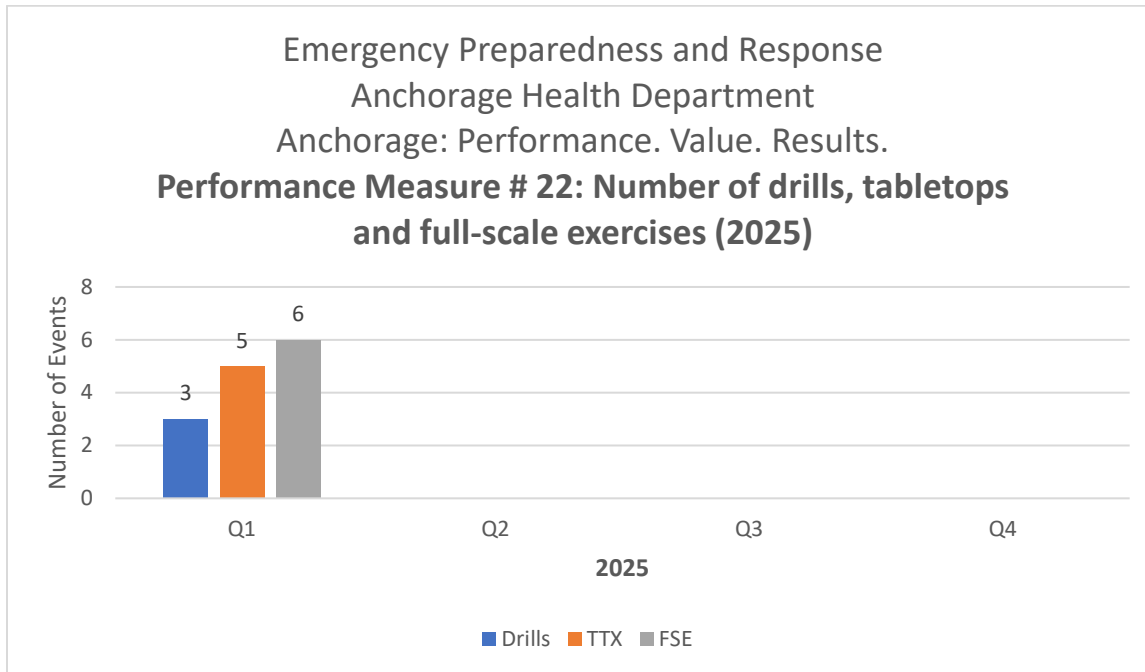
- The EP Program will improve emergency preparedness & response readiness and will minimize adverse impacts to the community during public health emergencies.

#### **Performance Measures**

Progress in achieving our goals will be measured by:



**Performance Measure #22: Number of drills, tabletop and full-scale exercises conducted annually.**



**Explanatory note:**

The Emergency Preparedness (EP) Program practices (conducts drills, tabletops, and full-scale exercises) and maintains equipment to ensure rapid response to Mass Care, Mass Casualty and Mass Prophylaxes in public health emergencies. The activities being measured will improve the community's health and safety by having well-trained and knowledgeable staff conducting and practicing activities in advance of when needed. The EP Program will conduct and/or participate in up to two Functional Drills, one Tabletop Exercise (TTX) and a minimum of one Full Scale Exercise (FSE) annually.

---

## Performance Measure Methodology Sheet

### Anchorage Animal Care & Control Anchorage Health Department

---

<b>Performance Measure #1: Percent of live outcome for all animals admitted to the shelter.</b>
---

**Type**

Effectiveness

**Accomplishment Goal Supported**

Maximize the percentage of animals with live outcomes, meaning they were either claimed by their owner or adopted from the shelter.

**Definition**

The ASPCA Live Release Rate measures animals with a live outcome (claimed or adopted) as a percentage of all animals admitted to the shelter.

**Data Collection Method**

Anchorage Animal Care and Control (AACC) facility operator tracks intake and outcome types for all animals that come into the shelter.

**Frequency**

Annually or as needed

**Measured By**

The data on intake and outcome type will be recorded in the Chameleon database by AACC facility staff when intakes/outtakes occur. Intake and outcome types are compiled monthly and annually by AACC staff pulling a report from the Chameleon database.

**Reporting**

The Anchorage Health Department Contract Administrator receives reports from the AACC operator monthly and calculates the performance measure from these reports.

**Used by**

Performance information will be used by the AACC facility operator, the Contract Administrator, Anchorage Health Department Leadership, and the Animal Control Advisory Board to review annual progress and to determine short and long-term priorities to maintain overall progress towards the goal.

---

**Performance Measure Methodology Sheet  
Women, Infants & Children**

**Anchorage Health Department**

---

**Performance Measure #2: Enrollment rate in WIC**  
**Performance Measure #3: Breastfeeding rate for those enrolled in WIC**  
**Performance Measure #4: Participation rate of those enrolled in WIC**

**Type**

Effectiveness

**Accomplishment Goal Supported**

- a) Improves the growth of nutritionally at-risk infants and decreases incidence of iron deficiency anemia in children.
- b) Have a positive effect on children's diet and diet-related outcomes with increased amounts of nutrient dense food options providing higher intake of iron, vitamin C, thamin, niacin, and vitamin B6.
- c) Increase regular medical care and immunizations for children and pregnant women.
- d) Increase breastfeeding rates among WIC participants by receiving breastfeeding advice and support.

**Definition**

The Women, Infant's & Children (WIC) Program aims to protect the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, specialized information on healthy eating and referrals of medical attention.

**Data Collection Method**

- a) Improves the growth of nutritionally at-risk infants and decreases incidence of iron deficiency anemia in children. **Run the High-Risk Blood Readings: HGB <9 or HCT <30 report on SPIRIT Utilities.**
- b) Have a positive effect on children's diet and diet-related outcomes with increased amounts of nutrient dense food options providing higher intake of iron, vitamin C, thiamin, niacin, and vitamin B6. **Run the Obese 2–5-year-olds on SPIRIT Utilities and the overweight Infant and Children on SPIRIT Utilities to measure reduction rates and see if our participants fall below the average line.**

- c) Increase regular medical care and immunizations for children and pregnant women. **Spirit Clinic reports: Referrals. This shows the breakdown of all the mandated referrals WIC staff have provided each month including ATAP, Immunizations, Lead, ESPDT/ILP, Drug and Alcohol Services, Medicaid/DKC, Food Stamps Plus others the team may have felt needed or requested.**
- d) Increase breastfeeding rates among WIC participants by receiving breastfeeding advice and support. **Run the Breastfeeding Initiation and Duration report on Spirit Utilities that keeps counts of Every breastfed, never breastfed, and currently breastfeeding.**

### **Frequency**

Monthly

### **Measured By**

The WIC Program Manager and WIC Customer Service Supervisor will run SPIRIT reports needed each month for tracking data. This data is tracked in excel documents that document caseload data and progress towards PVR goals. Each report is saved as either a spreadsheet for continuous tracking or within a word document for updating on monthly/quarterly reports.

### **Reporting**

The WIC Program Manager will create and report out the performance measure report quarterly using the data ran monthly.

### **Used by**

AHD Municipality of Anchorage, State of Alaska WIC Program

---

## Performance Measure Methodology Sheet

### Child Care Licensing Anchorage Health Department

---

**Performance Measure #5: Number of complaints received**  
**Performance Measure #6: Number of complaints specific to each type of facility**  
**Performance Measure #7: Number of complaints per priority level**  
**Performance Measure #8: Percentage of complaints per priority level completed within required timeframe**

#### Type

Effectiveness

#### Accomplishment Goal Supported

MOA/CCL is a grantee of the SOA/Child Care Program Office (CCPO), through distribution of the federal Child Care Development Block Grant (CCDBG). This office exceeds SOA requirements for investigative response times. This goal supports CCL's effort to respond to complaints within timeframes established by internal policies, based on complaint priority level.

#### Definition

CCL's on-site response time for complaints received and the timeframe to close complaints are being measured. The purpose of these measures is to ensure CCL is helping to ensure children's health, safety, and wellbeing is prioritized in child care facilities.

#### Data Collection Method

Response times: Days to implement required response times assigned to each priority level will measure responses to complaints received.

Complaint closures: Implementing the complaint-closure timeframes assigned per priority level of each complaint will measure effectiveness in closing complaints.

These timeframes were chosen as they exceed SOA requirements for response times and closure timeframes, and they prioritize children's safety.

#### Frequency

Quarterly

#### Measured By

Measurements are compiled into word documents by CCL's supervisor and/or a designated CCL administrative support staff. The State of Alaska is working on the completion of a new statewide child care database system that will house all

data points and is currently scheduled to be rolled out around Oct. 1, 2024.

**Reporting**

Reports are created by CCL's supervisor, and/or a designated CCL administrative support staff.

**Used by**

Performance measurement information will be used by the supervisor to evaluate overall team and individual specialist's performance for response and completion times. Response and closure times are measured by SOA/Dept. of Public Assistance and by federal Office of Child Care through audits to ensure compliance with federal requirements.

---

## Performance Measure Methodology Sheet

### Clinical Services Anchorage Health Department

---

<b>Performance Measure #9: Percent of eligible patients served.</b>
---

**Type**

Effectiveness

**Accomplishment Goal Supported**

To provide assessment, treatment, education, and prevention services to the Anchorage community as a safety net provider.

**Definition**

75% of patients served at 200% or below the federal poverty level is the measure being assessed. This measure is implemented to prevent and mitigate the spread of infections and diseases throughout the community. We accomplish this by reducing barriers to healthcare services for residents such as inability to pay or access to a healthcare provider. We assist income eligible patients in obtaining more comprehensive care from local Primary Care Providers. This ensures that our resources are efficiently being used for at-risk Alaskans.

**Data Collection Method**

Data will be collected through the clinic EMR/InSight via data queries. The data sets analyzed will include patient charts, clinic schedules and sliding scale fee schedules aggregated to the percentage of clinic encounters through which household income falls at or below 200% of the Federal Poverty Level. This methodology has been chosen to ensure that all residents in the Municipality of Anchorage are able to access healthcare testing and treatment regardless of financial ability to pay for these services.

**Frequency**

Monthly

**Measured By**

Data will be sourced and compiled by the Health Application Database Programmer and stored on the Municipality's secure network drive by the Clinical Services Quality Improvement Officer.

**Reporting**

The AHD Quality Improvement Officer will be responsible for generating this report quarterly.

**Used by**

Performance information will be used by the Clinical Services Leadership team and AHD's Leadership team.



---

## Performance Measure Methodology Sheet

---

### Environmental Health Anchorage Health Department

---

<b>Performance Measure #10: Percent of highest risk food establishments inspected annually</b>
--

**Type**

Effectiveness

**Accomplishment Goal Supported**

Safeguard public health by requiring commercially sold food to be safe, wholesome, unadulterated, and honestly presented.

**Definition**

Seventy percent of completed permitted type 3 (highest risk), scoring 10+ points on the risk assessment, of food establishments will be inspected 1x / annually in compliance with AMC 16.60. This will help safeguard public health in the MOA by requiring commercially sold food to be safe, wholesome, unadulterated, and honestly presented in compliance with AMC 16.60.

**Data Collection Method**

Anchorage Health Department will run a report in our current or new software program that will give us the number of type 3 or high risk inspected 1x annually.

**Frequency**

Annually or as needed

**Measured By**

An Environmental Health team member will run the report that will compile the data. The data will be stored electronically.

**Reporting**

The Anchorage Health Department Environmental Health team member will create annual reports.

**Used by**

Performance information will be used by the Environmental Health Program Manager and the Environmental Health Standardization Officer to identify training and work assignment needs and parameters.

---

## Performance Measure Methodology Sheet

### Community Safety and Development Anchorage Health Department

---

**Performance Measure #11: Amount of CDBG spent annually by category**  
**Performance Measure #12: Amount of HOME funding spent annually by category**  
**Performance Measure #13: ESG funds spent annually by category**  
**Performance Measure #14: Percent of entitlement funds drawn each program year (with a goal of 80%)**

#### Type

Effectiveness

#### Accomplishment Goal Supported

HUD annual entitlement funds through Community Development Block Grants (CDBG) support projects that improve the quality of life for people with low or moderate incomes. Current projects include Alaska Literacy Program Building Improvements, Mobile Home Repair Program, Choosing Our Roots, Sitka Place Case Management, New Life Development, RurAL CAP Homeless Outreach, and Nine Star Net2Ladder.

HUD annual entitlement funds through the HOME Investment Partnerships Program (HOME) to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people. Current projects include Spenard East Phase 2 and Tenant Based Rental Assistance.

HUD annual entitlement funds through the Emergency Solution Grant (ESG) program provide funding for street outreach, emergency shelter, homelessness prevention, rapid re-housing, data collection, and administrative activities associated with the ESG program. Our current project focuses on the Aging and Disability Resource Center (ADRC) Homelessness Prevention.

#### Definition

Tracking HUD annual entitlement funds measures the department's ability to select projects that address critical and unmet community needs such as housing rehabilitation, public facilities, infrastructure, job creation, and public services in a compliant and expeditious manner, benefiting low to moderate income families and individuals.

#### Data Collection Method

The Municipality of Anchorage (MOA) submits a Consolidated Action Plan (Con Plan) annually, outlining the intended distribution of dollars received from the

Department of Housing and Urban Development (HUD). Upon approval, information regarding the awarded funds is entered into the Integrated Disbursement and Information System (IDIS), accessed through HUD, for each of the designated grantors. Grantors report project data through invoicing, which is then submitted into IDIS. IDIS provides instant information to HUD. Funds are tracked through the Systems, Applications, and Products (SAP) system.

**Frequency**

Monthly

**Measured By**

The measurement is done through submission of data into IDIS by the CSD Senior Staff Accountant. IDIS provides instant information to HUD who aggregates the data at the national level to provide program results. The CSD Senior Staff Accountant also compiles data internally through SAP. When all data is entered for a program year it is compiled into the Consolidated Annual Performance and Evaluation Report (CAPER) and is sent to HUD for review. The CAPER includes both money spent and project outcomes (units built, clients served, etc.) for the program year and tracks progress toward the goals set in the Con Plan.

**Reporting**

The CSD Principal Administrative Officer receives reports from the CSD Senior Staff Accountant and calculates the performance measures from these reports.

**Used by**

Performance information will be used by the CSD Principal Administrative Officer, the Anchorage Health Department's Fiscal Team, the Human Services Division Manager, and HUD to review annual progress and to determine short and long-term priorities as they pertain to the overall progress of the goal.

---

## Performance Measure Methodology Sheet

### Aging and Disability Resource Center Anchorage Health Department

---

**Performance Measure #15: Percent of person-centered intakes responded to within 72 hours of request.**

**Performance Measure #16: Percent of clients surveyed saying information provided was clear, understandable, and helpful.**

#### Type

Efficiency

#### Accomplishment Goal Supported

This measurement seeks to maximize the percentage of time in which person-centered intakes (PCI) are responded to. A targeted response within 72 hours of the request is the goal set to ensure a client receives information needed to finding resources to improve the quality of life through options counseling and identification of services needed to lead full, healthy lives. Quarterly client surveys are an indication of how well the ADRC administered the person-centered intake process. This survey question is an indication that a client received the information needed to improve their quality of life. The goal is that 85% of those who received a PCI received clear information they were able to understand.

#### Definition

The response time provides measures how efficiently the ADRC team is responding to PCI requests and serving the Anchorage Bowl community in providing information needed for Long Term Services and Supports (LTSS) they may be eligible for and options that may be best suited to meet their needs. The survey reports the satisfaction level of those who received information.

#### Data Collection Method

The ADRC tracks intake calls and inquiries through a call log and collects demographic information to determine potential eligibility for service and support options, including Medicaid Home and Community Based (HCBS) waivers, Community First Choice (CFC), and Personal Care Services (PCS), community funded supports, private pay services, and other options.

#### Frequency

Monthly

**Measured By**

The data received during the intake process, response time, and outcome type will be recorded in the call log and reviewed by the Senior and Emergency Outreach Program Manager.

**Reporting**

The Senior and Emergency Outreach Program Manager receives reports quarterly and calculates the performance measure from these reports.

**Used by**

Performance information will be used by the Senior and Emergency Outreach Program Manager and Anchorage Health Department Leadership to review progress and determine future short and long-term priorities to maintain overall progress towards the goal.

---

## Performance Measure Methodology Sheet

### Housing & Homelessness Services

#### Anchorage Health Department

---

**Performance Measure #17: Percent of individuals with successful shelter exits into housing.**

**Performance Measure #18: Total number of individuals served through ADVSAIP outreach events to demonstrate impact on the community.**

#### Type

Effectiveness

#### Accomplishment Goal Supported

- Increase the number of families or individuals exiting the low- barrier shelter into either transitional or permanent housing.
- Increased numbers of community members and organizations who are served by Prevention and Early Education services and continued services to community members through trauma therapy services.

#### Definition

Tracking the specified information allows the HHS team to continue to support the community by administering funding and providing oversight to the shelter programs and show the need within the community to continue to support such programs that provide prevention and early education. Continued support of shelter programs strengthens the probability of successful shelter exits, consisting of exiting shelter into housing, while the continued supports of prevention and early education programs to provide various types of care for the community.

#### Data Collection Method

Data will be collected through the reports received by the Housing & Homelessness team. The data will then be reviewed and documented to show how many families or individuals exiting the low- barrier shelter into either transitional or permanent housing, as well as the data showing how the increase in early education and prevention and continued trauma therapy impacts the community, programs who provide services in early education and prevention demonstrate the numbers of community members served through various programs and the types of specific services each program provides .

**Frequency**

Quarterly

**Measured By**

The data regarding the percentage of individuals who transition into housing and utilization and the number of those in the community served through the ADVSAIP programs will be recorded by community partner staff who work with the populations served. Those community partners will track and relay the information via emailed reports to the Homelessness Response Coordinators who will provide the information to the Housing & Homelessness Program Manager.

**Reporting**

The Anchorage Health Department Housing & Homelessness Program Manager will create and report out the performance measure report quarterly using the data ran XYZ.

**Used by**

Performance information will be used by the Housing Services division staff and Anchorage Health Department Leadership to review quarterly progress and to determine short and long-term priorities to maintain overall progress towards the goal.

---

## Performance Measure Methodology Sheet

### Emergency Preparedness and Response Anchorage Health Department

---

<b>Performance Measure #22: Number of drills, tabletop and full-scale exercises conducted annually.</b>
---

**Type**

Effectiveness

**Accomplishment Goal Supported**

Increase AHD and community preparedness and response effectiveness.

**Definition**

The performance measure is defined as the numbers of trainings and practice activities to improve the AHD health disaster effectiveness of the emergency preparedness and response for our community.

**Data Collection Method**

The measurement process will be carried out by creating, conducting, and participating in drills, exercises, and trainings as stipulated by Centers for Disease Control (CDC) as required measures. The measure best captures the improvement in emergency preparedness and response efficiency.

**Frequency**

Annually

**Measured By**

This is measured by the EP Program team through the PHEP grant requirements as workplan reports. The data/reports are stored electronically on the Municipality of Anchorage's G-Drive.

**Reporting**

EP Program manager will create these performance measure reports and report on this annually.

**Used by**

This performance measurement information is used by the State of Alaska grantors, the CDC, the EP Program manager, by AHD leadership, and the Office of Emergency Management.



**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.

