

---

## **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.

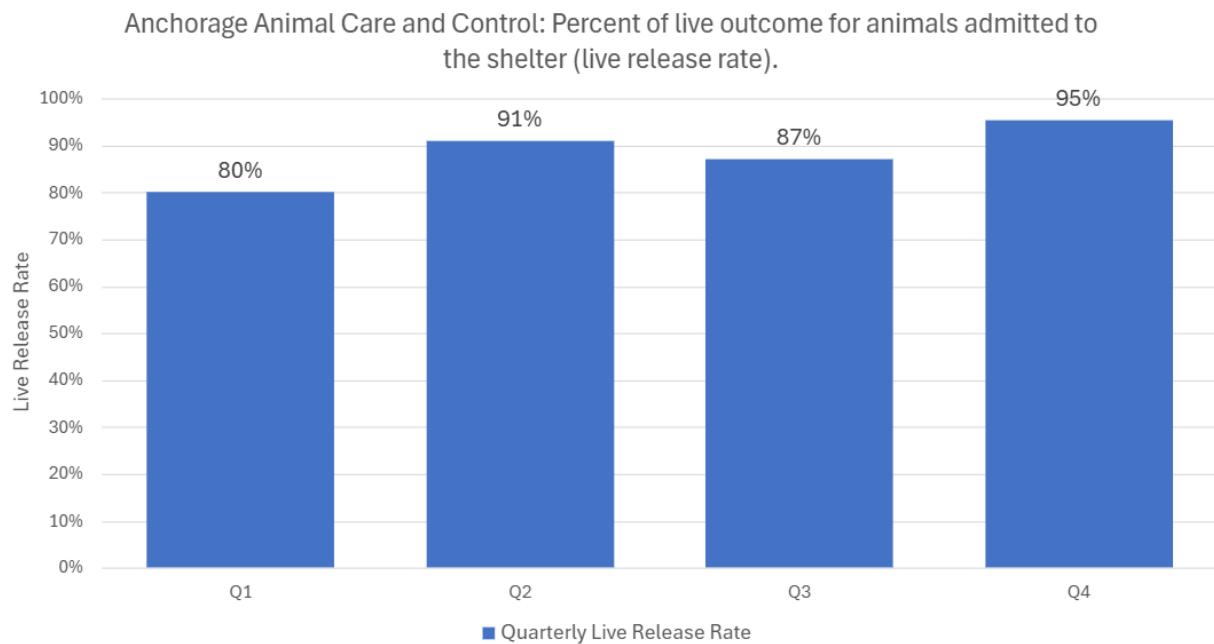
**Accomplishment Goals**

- 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.

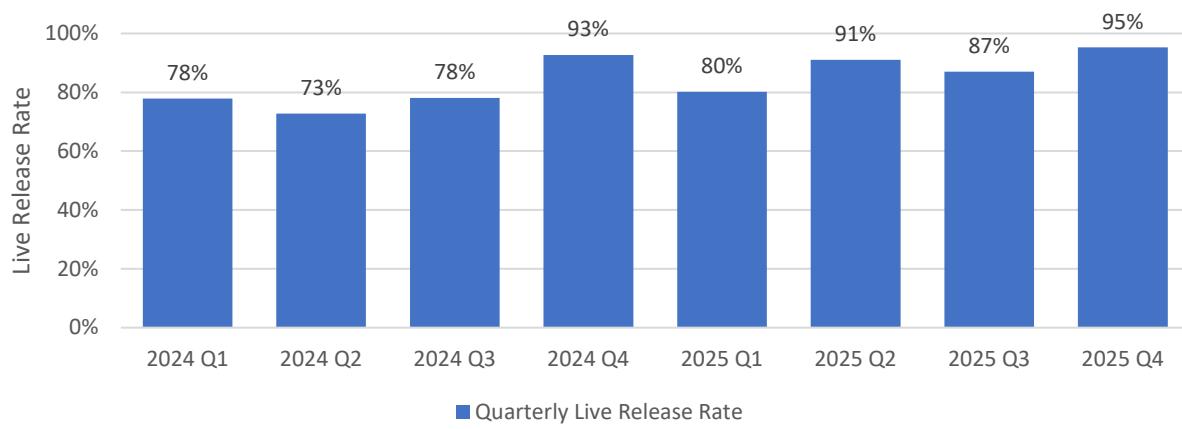
**Performance Measure**

Progress in achieving our goals will be measured by:

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



Anchorage Animal Care and Control: Percent of live outcome for animals admitted to the shelter (live release rate).



---

**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, thiamin, 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**

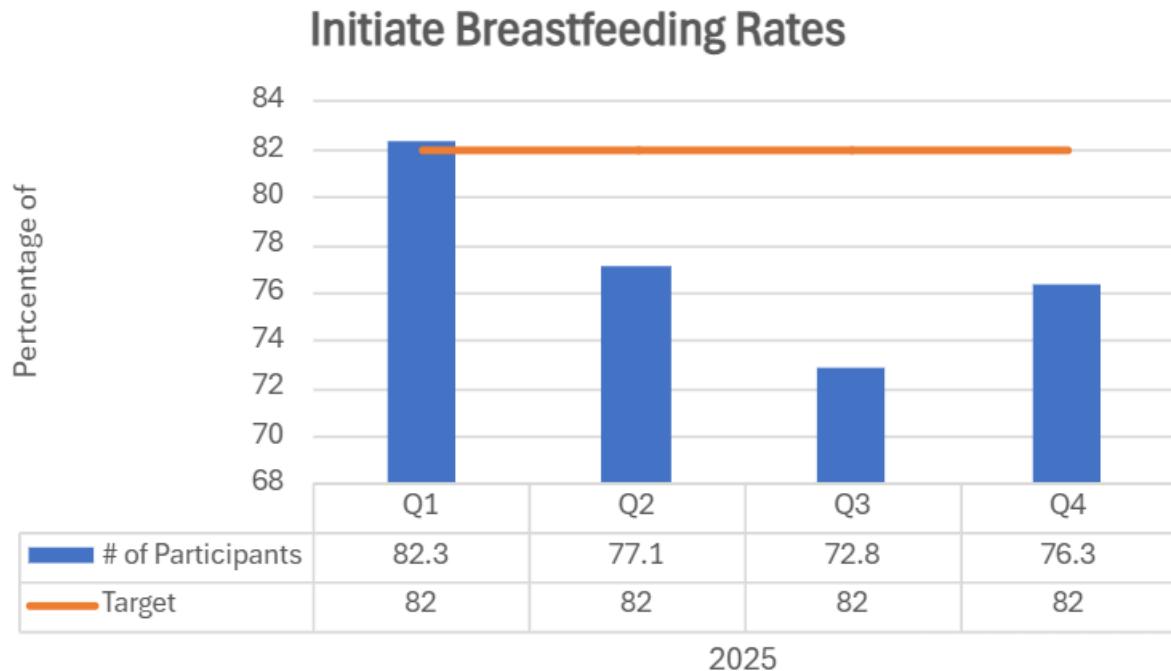
Progress in achieving our goals will be measured by:

## Performance Measure #2: Enrollment rate in WIC



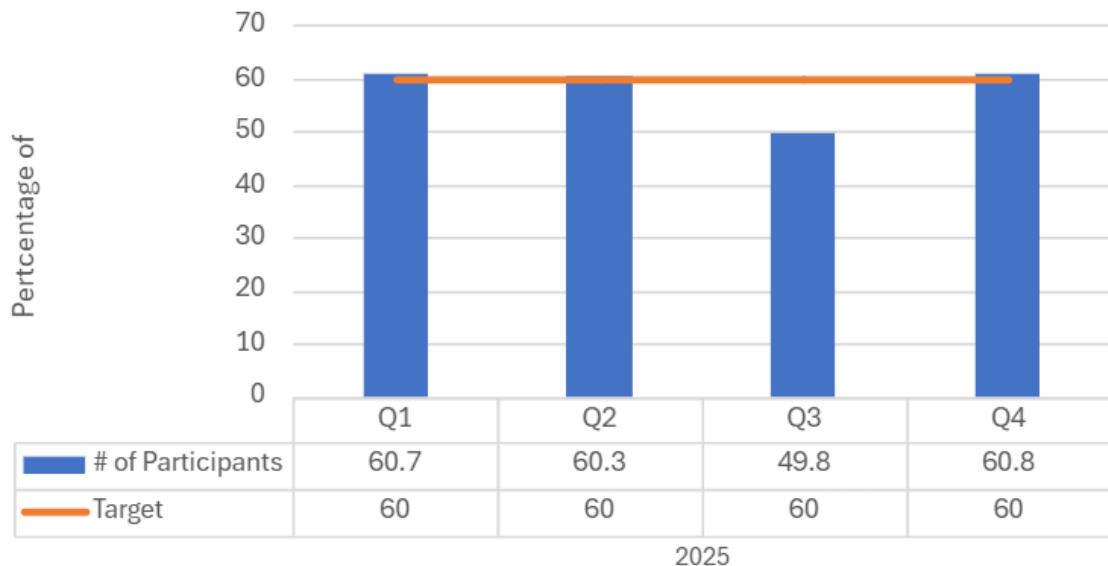
Goal is to provide WIC services to a minimum quarterly average of 90% of total eligible WIC participants in the Municipality of Anchorage.

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



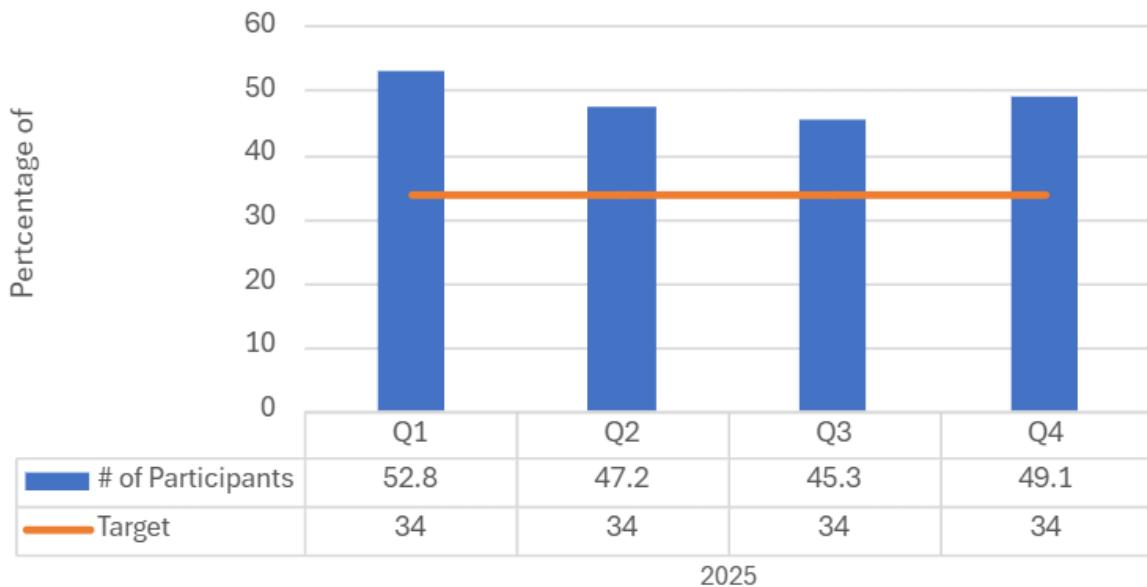
A 76.3% breastfeeding initiation rate was met for the 4th quarter by the WIC program short of the 82% goal.

## 6-Month Breastfeeding Rates



A 60.8% 6-month breastfeeding rate was met for the 4th quarter by the WIC program, meeting the goal of 60%.

## 12-Month Breastfeeding Rates



A 49.1% 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 3,820 equals 90% of eligible WIC participants. Data provided by State of Alaska during each Competitive grant cycle (2025).

**Explanatory note:**

Goal is to provide WIC services to a minimum quarterly average of 90% of total eligible WIC participants in the Municipality of Anchorage.

Q3 & Q4 Target # was reduced to 3,820 due to new grant target numbers received from the State of Alaska for the beginning of a new grant cycle starting on 07/01/2025.

---

**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**

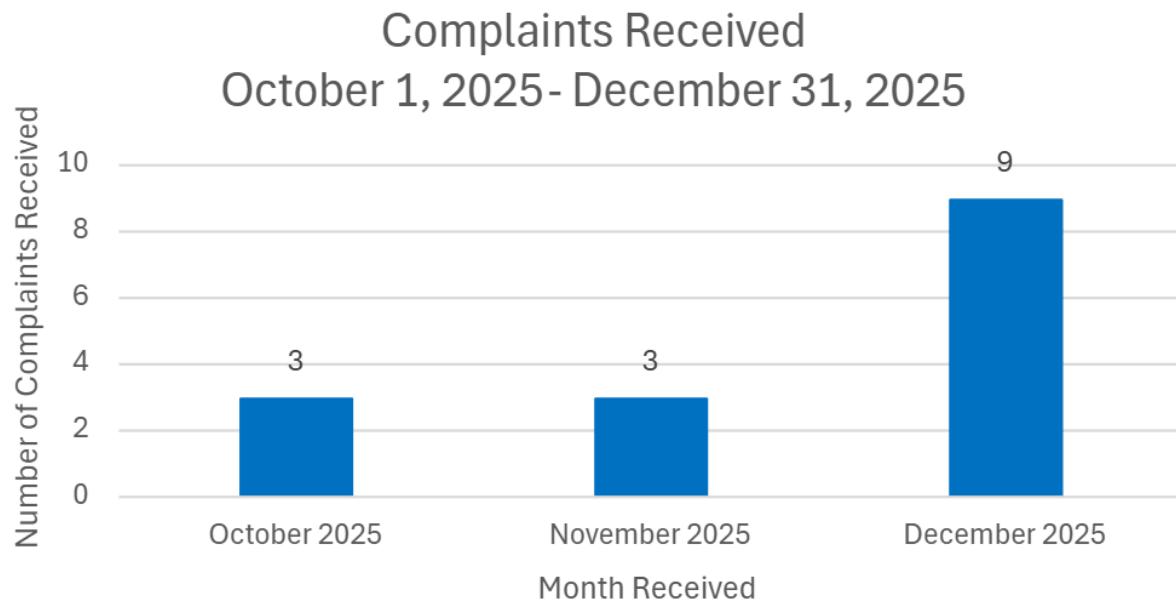
- CCL's goal is to close all complaint investigations within the required timeframes, which is done by prioritizing complaints with an established framework that identifies Priority 1, 2, and 3 for licensed homes and centers, and all unlicensed facilities:
  - Priority 1: Investigate as soon as possible 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
- o 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

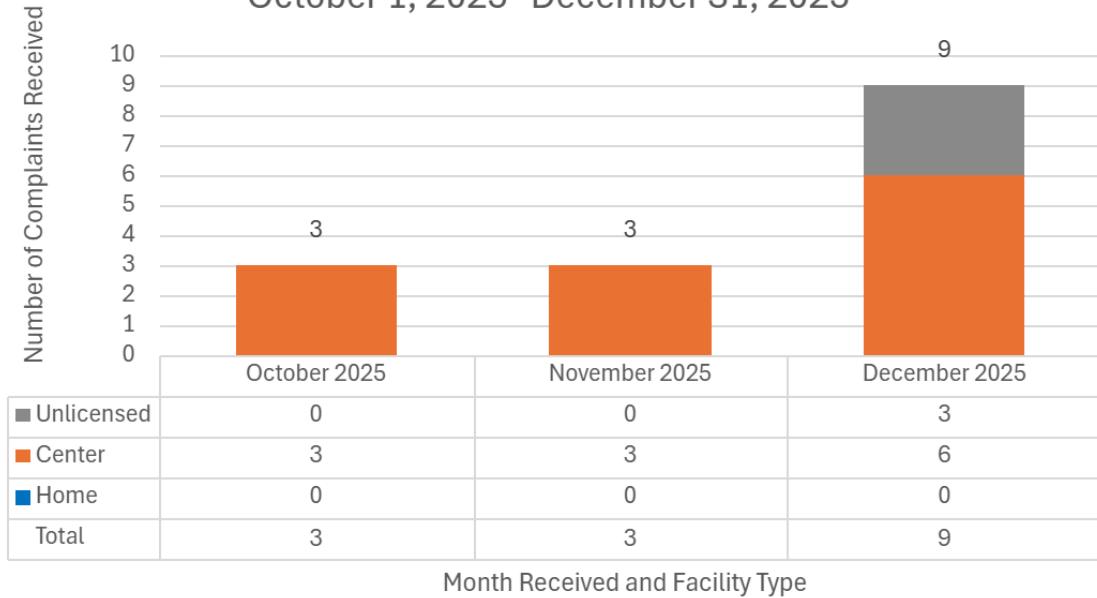
Progress in achieving our goals will be measured by:

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



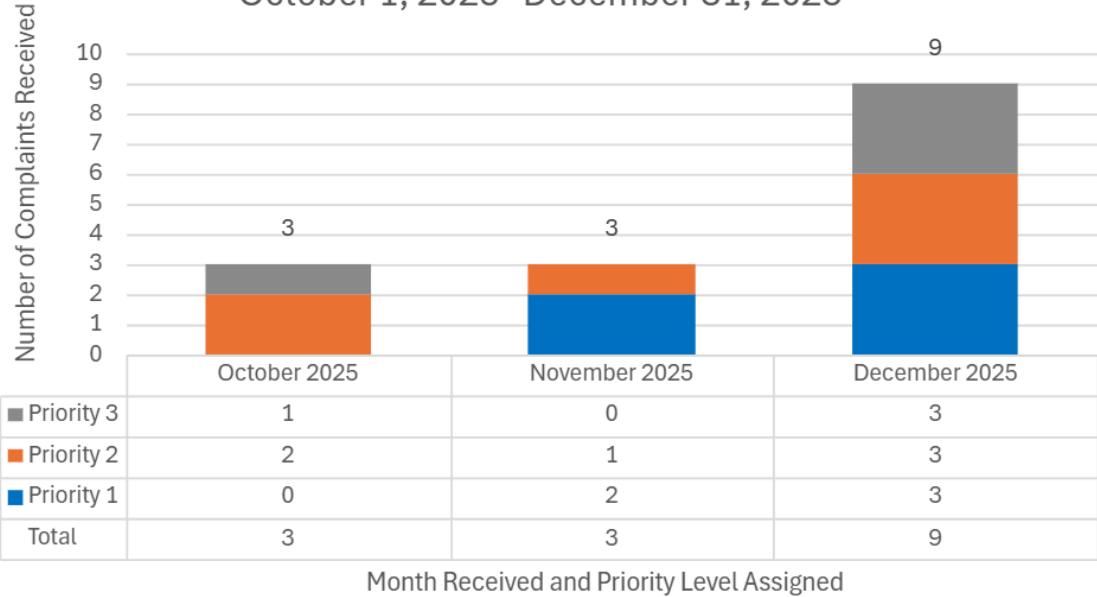
**Performance Measure #6: Number of complaints specific to each type of facility**

Complaints Received by Facility Type  
October 1, 2025- December 31, 2025

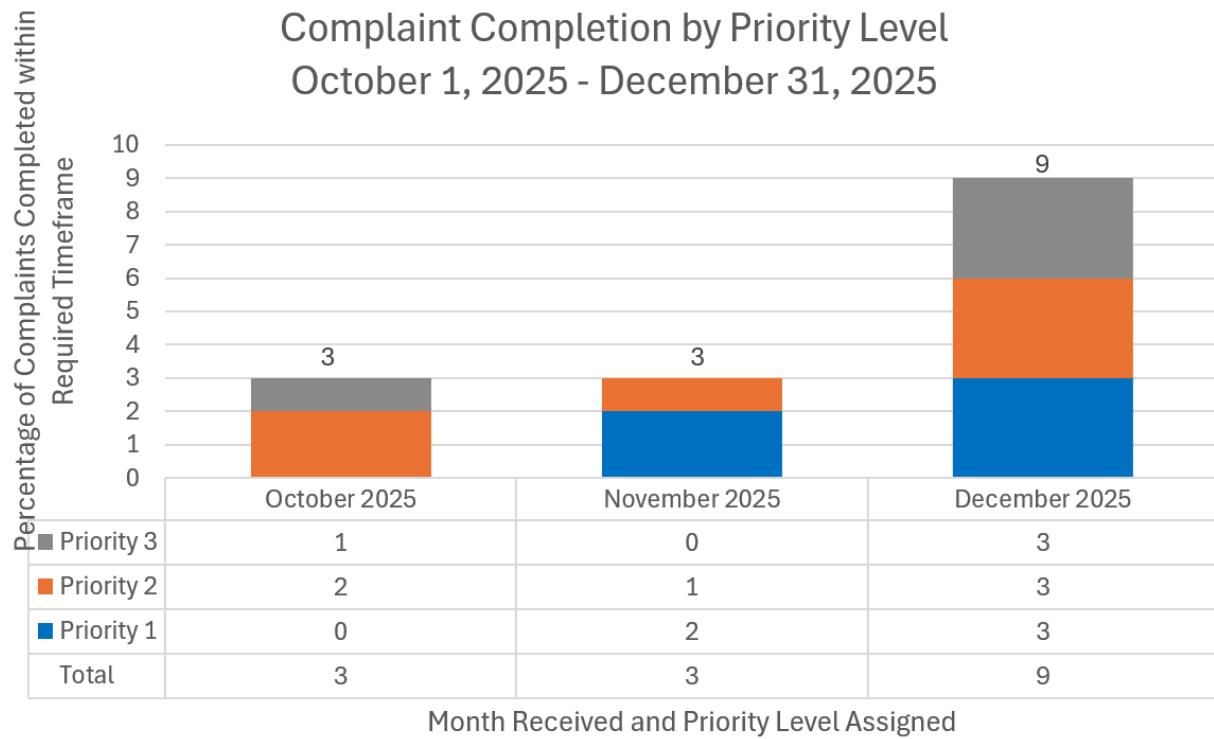


**Performance Measure #7: Number of complaints per priority level**

Complaints Received by Priority Level  
October 1, 2025- December 31, 2025



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



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**

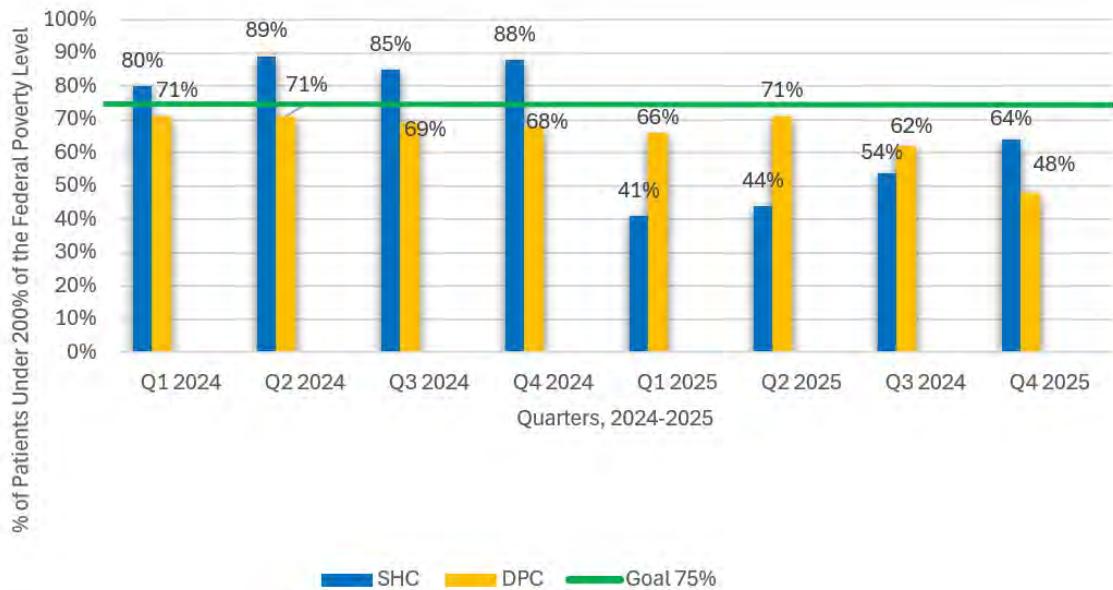
- Through advertising and outreach programs, we aim to increase the number of patients seen by Clinical Services at or below 200% of the Federal Poverty Level.
- The proportion of patients seen that are at or below 200% of the Federal Poverty Level, as a segment of total patients seen, should also continually 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.

#### % of Patient Encounters per Quarter under 200% of the Federal Poverty Level



We currently do not collect financial information during outreach events. These events are primarily focused around low income communities and provide services free of charge. We will work to collect that data moving forward, and expect to see the percentage of patients under the 200% Federal Poverty Level increase to be above our 75% goal.

---

**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

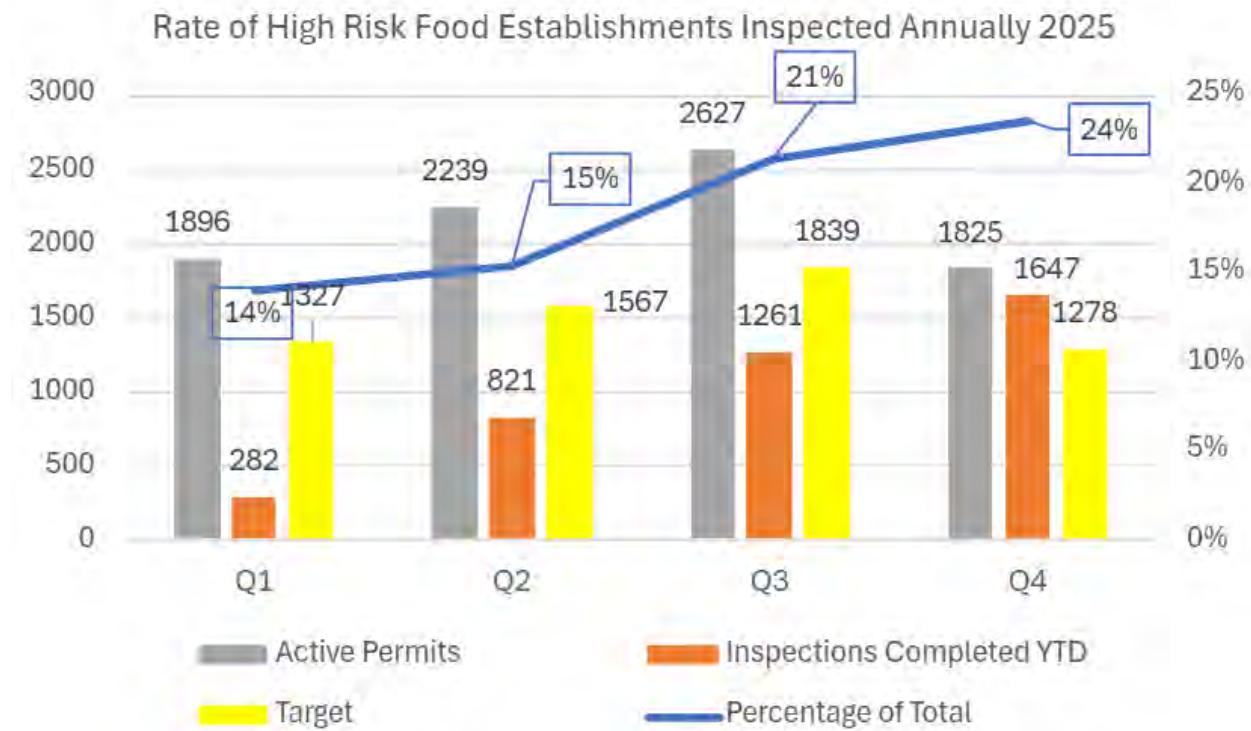
**Accomplishment Goal**

- 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 a total of 1647 inspections YTD in Q4, raising the total 6% closer to the end of year target. This is also due to the number of new active permits seen in the summertime from things like food trucks and other summer reliant businesses and events.

---

**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.

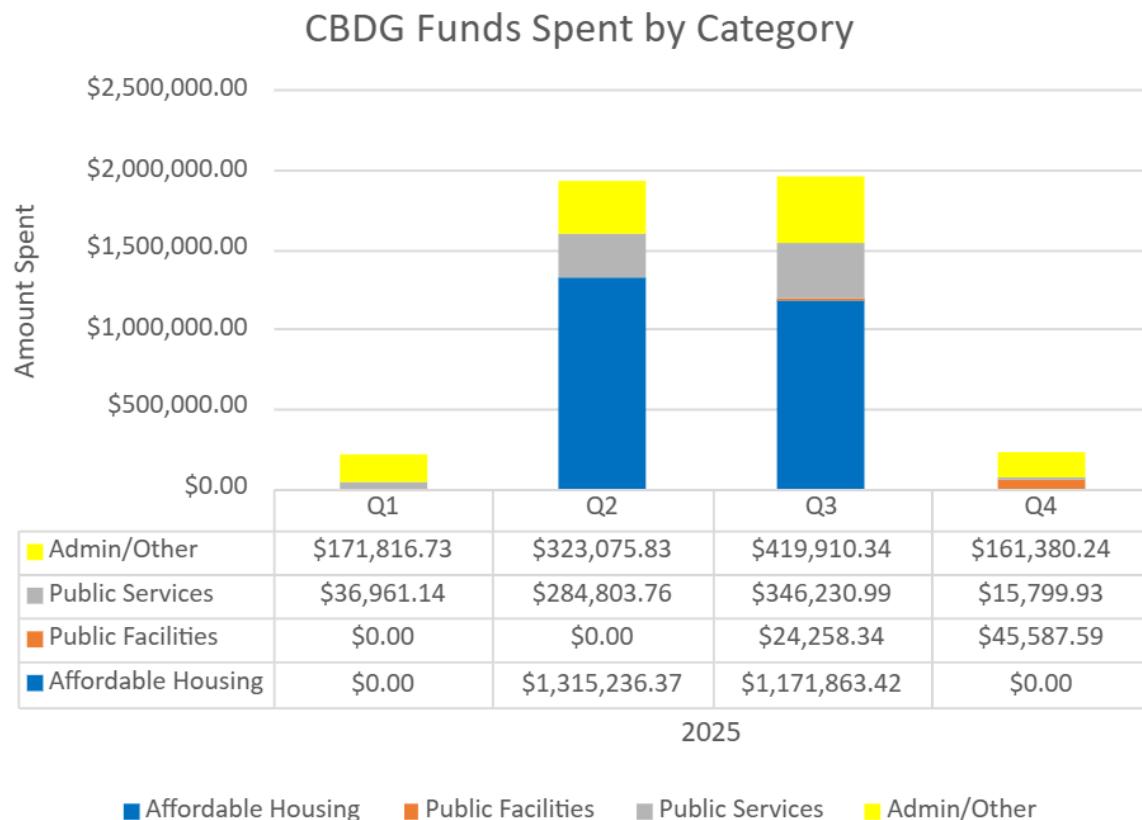
## **Accomplishment Goals**

- 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.

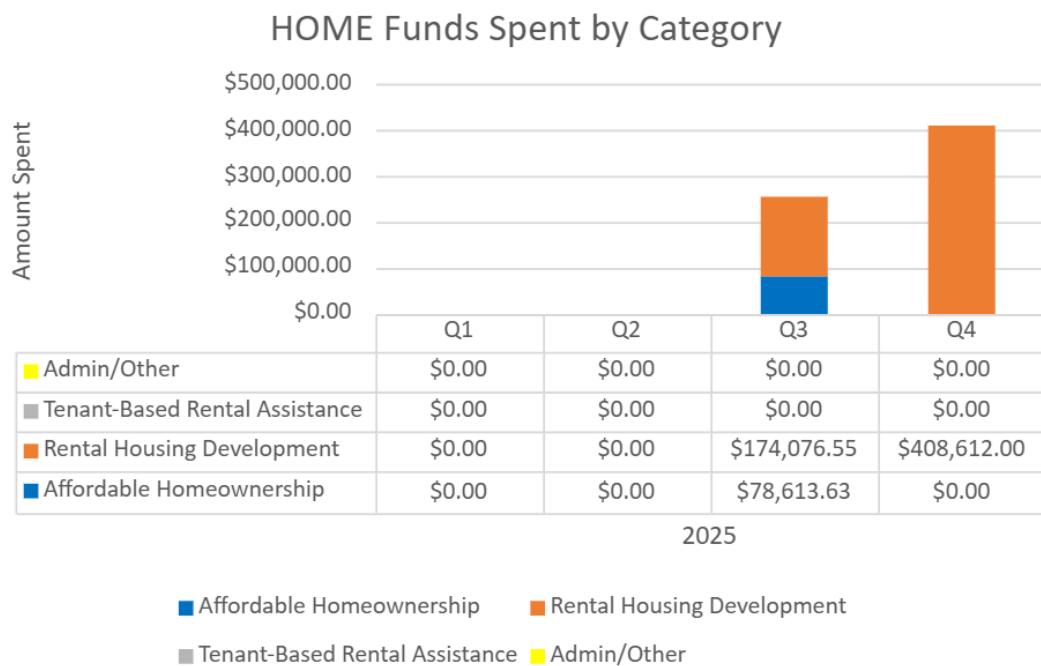
## **Performance Measures**

Progress in achieving goals shall be measured by:

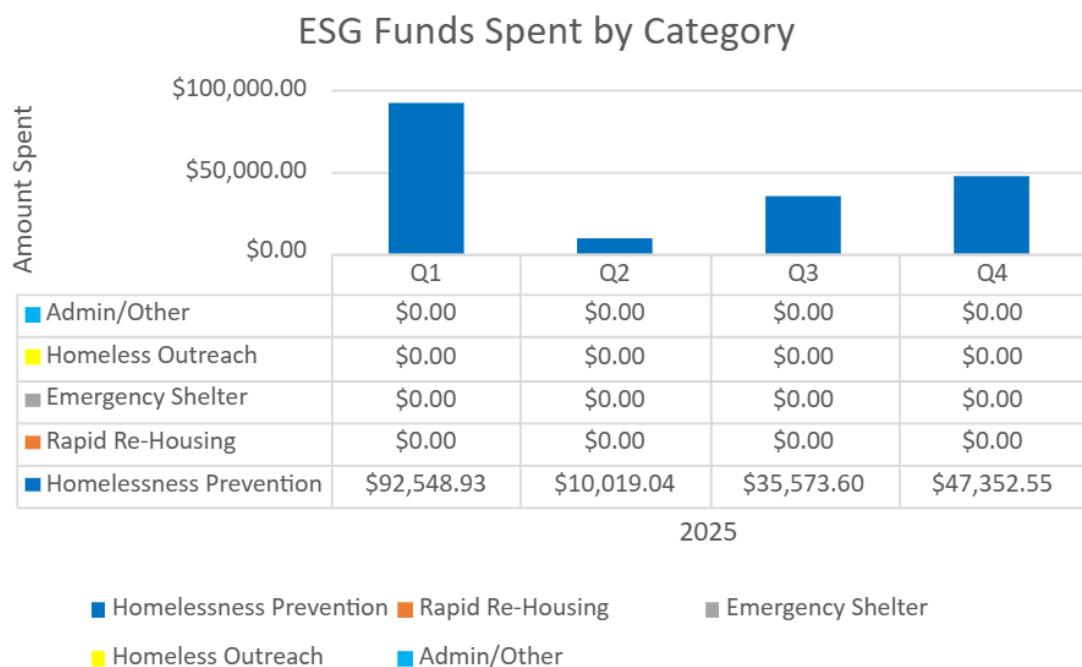
**Performance Measure #11: Amount of CDBG spent annually by category**



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

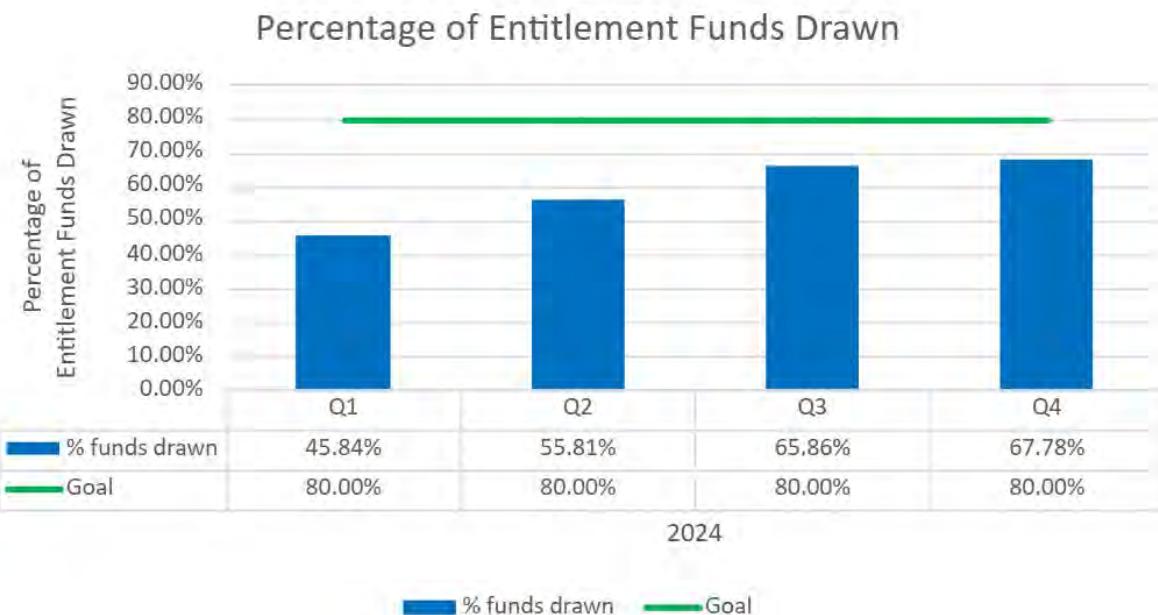


## Performance Measure #13: ESG funds spent annually by category



There was an admin error on Q1 of this report that caused some figures and categories to not be included in the Q1 report. Q2 report contains all relevant data and thus may look slightly different than Q1 report. Q3 & Q4 data is accurate

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



CSD created a more accurate way to measure this PVR based on the grant timelines, which meant revising the past measures. Data will vary slightly from previous PVRs.

---

**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**

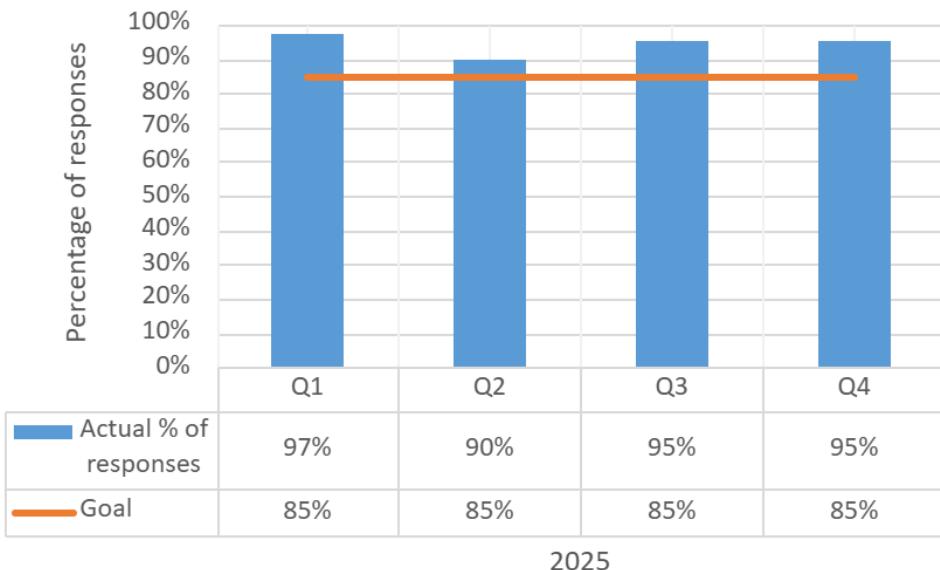
- The person-centered intake is the door through which many households enter the ADRC seeking long term care for themselves or a loved one and is the gateway to finding the resources needed to improve quality of life.
- The person-centered intake process is the opportunity for the ADRC Resource Specialist 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:

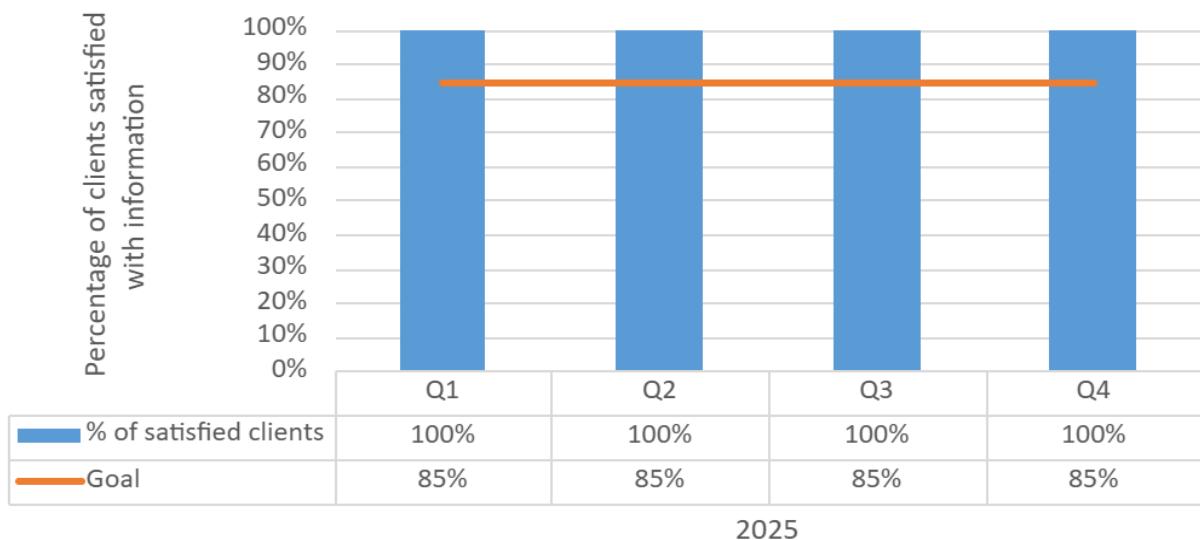
**Performance Measure #15: Percent of person-centered intakes responded to within 72 hours of request.**

Percentage of PCIs responded to within 72 hours or less



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

Percent of Clients surveyed saying information provided was clear, understandable, and helpful



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.

---

**Housing & Homelessness Services**  
**Anchorage Health Department**  
Anchorage: Performance. Value. Results.

---

## **Purpose**

The Housing Services Division stands as a cornerstone in our department's mission, bolstering public health by addressing the critical nexus between housing stability and personal well-being. By advocating for housing resources and providing essential shelter and outreach services to those experiencing homelessness, the division actively mitigates health disparities, fosters preventive care, and promotes community resilience. The division cultivates a healthier, more equitable society, aligning seamlessly with our department's commitment to advancing public health outcomes for all individuals including people experiencing homelessness.

## **Direct Services**

- Embracing the municipality's "Housing First" approach, the division prioritizes immediate access to permanent housing without preconditions, recognizing stable housing as fundamental to public health.
- Through funding of wraparound services encompassing mental health support, substance abuse treatment, and case management, the division contracts with entities that address the multifaceted challenges faced by individuals experiencing homelessness.
- Collaborative partnerships with social service providers, healthcare providers, and nonprofit groups enable effective coordination of services, maximizing impact and addressing systemic barriers to housing and health.
- By implementing preventive health initiatives, engaging in data-informed decision-making, and advocating for housing policies, the division strives to reduce health disparities, promote health equity, and enhance overall community well-being.

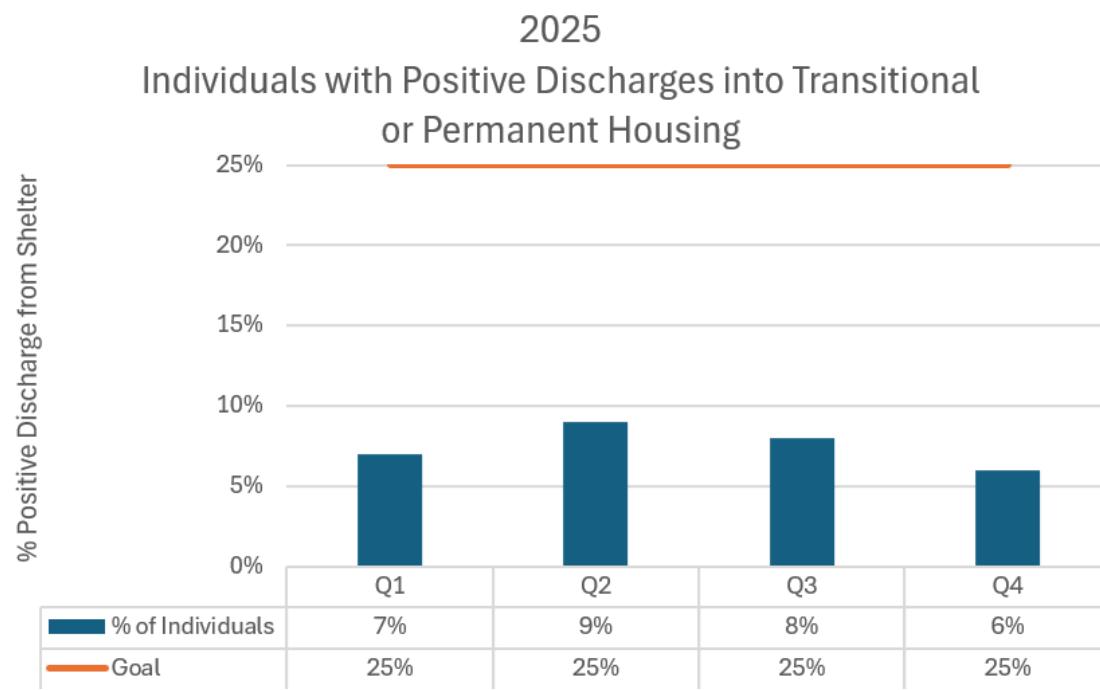
## **Accomplishment Goals**

- Increase the rate of successful housing placements through streamlined intake processes, expanded housing options, and enhanced case management support.
- Connect with clients experiencing homelessness to provide outreach services
- Advocate for the passage of housing-related policies or funding allocations at the local or state level within legislative cycles to address housing affordability and homelessness issues.
- Implement a comprehensive data collection and evaluation system to track key performance indicators, monitor program outcomes, and identify areas for improvement, resulting in actionable insights and informed decision-making processes.

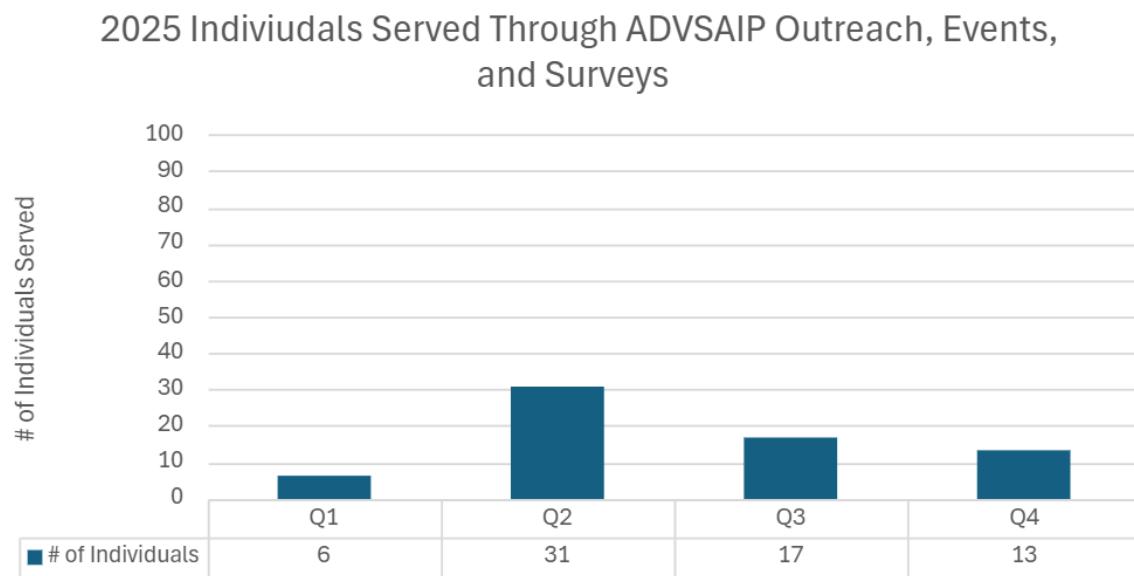
## Performance Measures

Progress in achieving goals will be measured by:

### Performance Measure #17: Percent of Golden Lion residents that transition into permanent housing, with a goal of 25%.



### Performance Measure #18: Percent of residents transitioned that utilized wraparound services



---

**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.

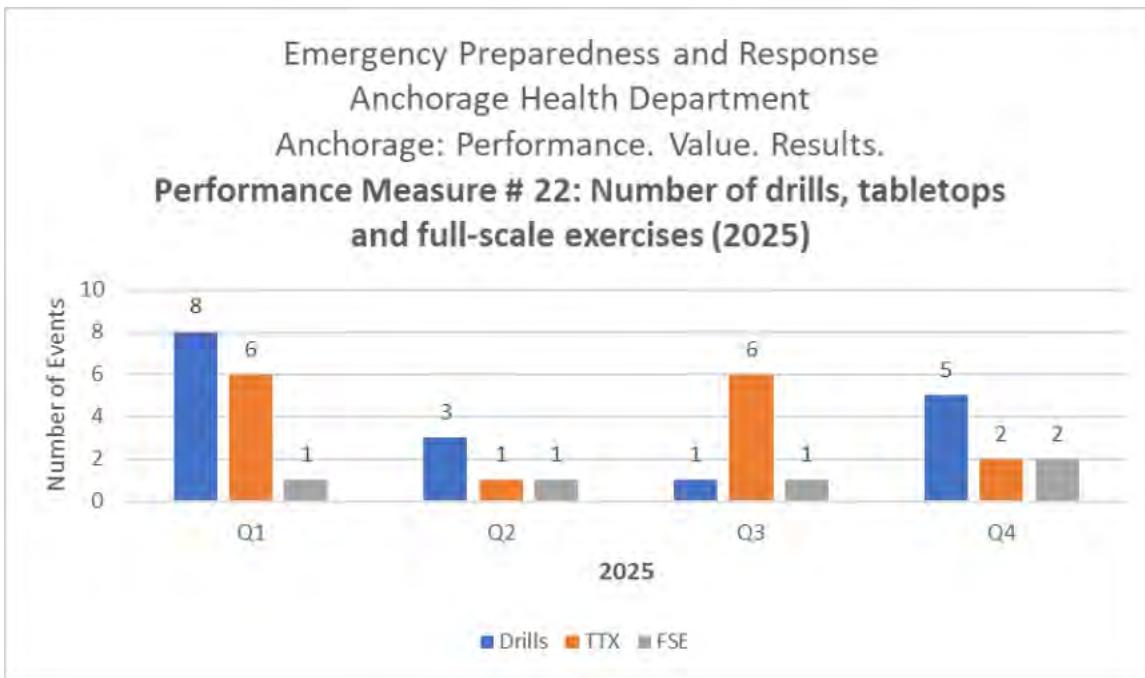
### **Accomplishment Goals**

- 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 #19 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**

---

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

**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, thiamin, 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**

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

**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**

---

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

**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**

---

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

**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 Golden Lion residents that transition into permanent housing, with a goal of 25%.**

**Performance Measure #18: Percent of residents transitioned that utilized wraparound services**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Maximize the percentage of residents at the Golden Lion location that will successfully transition into permanent housing while utilizing wraparound services to sustain permanent housing.

**Definition**

The total number of Golden Lion residents that have transitioned to permanent housing provides measures to how effective the case managers are at providing wraparound services to the residents.

**Data Collection Method**

Each person will work with a case manager at the Golden Lion, each case manager will record what wraparound services the person is receiving and when they go to housing.

**Frequency**

Quarterly

**Measured By**

The data on transitions to permanent housing and utilization of wraparound services will be recorded by the case managers working with the operator at the Golden Lion. They will relay the information via excel spreadsheet to the Homeless Behavioral Health Analyst (HBHA).

**Reporting**

The Anchorage Health Department Housing & Homelessness Program Manager will receive the report from the Homeless Behavioral Health Analyst.

**Used by**

Performance information will be used by the Housing Services division staff, 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**

---

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

**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.

