

Anchorage Health Department



**Anchorage
Health
Department**

**Municipal
Manager**

**Anchorage
Health
Department**

Director

**Public
Information
Officer**

Administration

Public Health

**Clinical
Services**

**Human
Services**

**Housing
Services**

Anchorage Health Department

Description

The Anchorage Health Department (AHD) protects and improves the public health, safety, and well-being of people in our community.

Health (907)343-6718
825 L Street, Anchorage AK 99501
<https://www.muni.org/Departments/health>

Department Services

AHD is the local public health authority for the Municipality of Anchorage (MOA). AHD aligns and partners with the three MOA public safety agencies: Anchorage Police Department, Anchorage Fire Department, and Office of Emergency Management.

- Safeguard public health and safety by:
 - Preventing, diagnosing, investigating, and treating communicable diseases;
 - Adult and childhood immunizations;
 - Screenings and treatments for diseases and conditions such as Tuberculosis, sexually transmitted infections, and HIV/AIDS;
 - Epidemiology and surveillance for communicable diseases;
 - Providing population based primary prevention services focused on areas such as nutrition, chronic disease, and unintended pregnancy prevention;
 - Assuring a safety net of services for vulnerable residents including people experiencing homelessness, victims of domestic violence and sexual assault, seniors, persons experiencing disabilities, and clients of the Anchorage Safety Patrol and Safety Center;
 - Ensuring health equity and access to information and services, including rental and utility bill relief as well as low barrier emergency shelter for people experiencing homelessness and fleeing domestic violence situations; and
 - Monitoring, licensing, and enforcing regulations in municipal code regarding animal care and control, child care, and environmental health (air quality, food safety and sanitation, noise).
- Strengthen the community's ability to improve its own health and well-being by:
 - Informing, educating, and empowering people about health and human services issues such as aging, managing physical and mental disabilities, and assuring safe, affordable, and high quality though assessable childcare;
 - Mobilizing and funding community partnerships to identify and resolve public health issues like homelessness, Adverse Childhood Experiences, and early childhood education;
 - Distributing funding for accessible and affordable housing options for low and moderate-income families, including mobile home repairs; and
 - Developing evidence-based recommendations, plans, and policies that support system-level population health improvements such as substance misuse.
- Prepare and plan for coordinated public health emergency response capabilities by:
 - Supporting the delivery of mass care services (i.e. sheltering people and pets);
 - Augmenting mass casualty or medical surge response activities; and

- Conducting rapid distribution of medications and vaccines during a disease outbreak.

Divisions

- The Director oversees the Anchorage Health Department, including the direct supervision of the Deputy Director, Division Managers, Medical Officer, and Public Information Officer. The Director serves as staff representative for the Municipality on the Health & Human Services Commission and Assembly Health Policy Committee.
- The Administration Division is overseen by the Deputy Director and includes Administrative Support; Fiscal; and Grants and Contracts Management. This Division oversees the Animal Care and Control Program contract and provides staff representation for the Municipality on the Animal Control Advisory Board and the Senior Citizens Advisory Commission.
- The Human Services Division oversees the Child Care Licensing program; Community Safety and Development (HUD housing); Sexual Assault Response Team, and Senior Services and Emergency Outreach. This Division also oversees the Anchorage and Chugiak Senior Center Program contracts. The Division provides staff support to the Housing, Homeless, and Neighborhood Development Commission (HHAND).
- The Public Health Division oversees the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Emergency Preparedness and Response; and Environmental Health Services which includes Food Safety and Sanitation and Air Quality. The Division supports the Anchorage Women's Commission, oversees the Anchorage Safety Center/Safety Patrol contract and the department Safety Program.
- The Housing Services Division oversees the Housing and Homeless Services; Alcohol Tax funding coordination; and the coordination of Community Resources. The Division oversees the implementation of grants and contracts associated with homelessness, emergency cold weather sheltering, substance misuse, early childhood education/prevention, and the Anchorage Domestic Violence and Sexual Assault Intervention Program. The Division provides staff representation for the Assembly Housing & Homelessness Committee.
- The Clinical Services Division oversees the Community Health Nursing Program, including the Reproductive Health Clinic; Disease Prevention and Control; and Health Information Management; Emerging Infectious Disease Program; and the Epidemiologist.

Department Goals that Contribute to Achieving the Mayor's Mission:



Good Government – Ensuring ethical and accountable government, balancing the budget, and delivering quality, effective government services.

- Enhance readiness to respond to public health emergencies by training Anchorage Health Department staff as members of the Crisis Health Action Team (CHAT).



Safe Streets and Trails – Creating a safer, healthier Anchorage for all by addressing homelessness, investing in crisis response services and public health, cleaning up our parks, trails and public spaces, and staffing up our public safety departments.

- Improve responsiveness to public health complaints.

- Reduce days non-compliant with federal air quality standards by monitoring key indicators and developing strategies to reduce air pollution.
- Improve public health in the community by maintaining surveillance systems that detect and provide a timely response to public health needs including infectious diseases.
- Improve response to animal-bites/attacks complaints in the Municipality.
- Maximize industry compliance with safe food handling practices by inspecting facilities and effectively enforcing regulations.



Building Our Future – Laying the foundation for a more prosperous future through housing solutions, economic development and investments in childcare, public infrastructure and quality of life.

- Increase community and agency partnerships in public health initiatives.
- Improve public health of the next generation through education, counseling, and supporting infant breastfeeding.
- Improve the quality of life for Aging and Disability Resource Center clients through information referral and options counseling to support cost-effective decisions about long-term service and support needs.
- Increase the well-being of children and the public through response to reports of child treatment concerns (abuse, neglect, injury, supervision, safety hazards, etc.) in childcare facilities.

Health Department Summary

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Division				
HD Administration	5,277,132	5,383,633	5,413,811	0.56%
HD Clinics	1,555,861	2,130,904	2,116,528	(0.67%)
HD Director	390,791	590,045	519,437	(11.97%)
HD Housing and Homelessness	3,820,720	9,098,292	9,067,458	(0.34%)
HD Human Services	1,449,253	1,529,778	1,540,174	0.68%
HD Public Health	1,676,714	1,896,614	1,921,088	1.29%
Direct Cost Total	14,170,471	20,629,266	20,578,496	(0.25%)
Intragovernmental Charges				
Charges by/to Other Departments	3,387,782	3,374,386	3,406,583	0.95%
Function Cost Total	17,558,253	24,003,652	23,985,079	(0.08%)
Program Generated Revenue	(3,268,472)	(2,976,605)	(1,479,880)	(50.28%)
Net Cost Total	14,289,781	21,027,047	22,505,199	7.03%
Direct Cost by Category				
Salaries and Benefits	5,098,711	6,877,358	6,895,824	0.27%
Supplies	153,846	155,004	155,004	-
Travel	7,082	4,825	4,825	-
Contractual/OtherServices	8,739,455	13,564,901	13,495,665	(0.51%)
Debt Service	36,966	3,940	3,940	-
Equipment, Furnishings	134,410	23,238	23,238	-
Direct Cost Total	14,170,471	20,629,266	20,578,496	(0.25%)
Position Summary as Budgeted				
Full-Time	61	60	58	(3.33%)
Part-Time	2	2	2	-
Position Total	63	62	60	(3.23%)

Health

Reconciliation from 2025 Revised Budget to 2026 Proposed Budget

	Direct Costs	Positions		
		FT	PT	Seas/T
2025 Revised Budget	20,629,266	59	2	-
2025 One-Time Adjustments				
- Reverse 2025 1Q - ONE-TIME - Assembly Amendment - Public Schools Safety Training & Analysis - HD & APD use	(75,000)	-	-	-
Changes in Existing Programs/Funding for 2026				
- Salaries and benefits adjustments including the addition of one (1) Medical Officer position funded with the reduction of: one (1) partial Nursing Supervisor position, two (2) Senior Public Health Nurse positions, and existing operating and grant budget	18,466	(2)	-	-
- Fleet	5,764	-	-	-
2026 Continuation Level	20,578,496	57	2	-
2026 Proposed Budget Changes				
- None	-	-	-	-
2026 Proposed Budget	20,578,496	57	2	-

This reconciliation represents the actual position counts. The position counts on the Department and Division reports may include positions that are budgeted in multiple fund centers, which may result in a position being counted multiple times.

Health

Division Summary

HD Administration

(Fund Center # 222000, 221000, 272000, 239000, 227000, 211079, 252000, 224000, 225000, 262000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	1,416,484	1,882,592	1,912,770	1.60%
Supplies	31,329	22,680	22,680	-
Travel	3,065	-	-	-
Contractual/Other Services	3,800,357	3,468,661	3,468,661	-
Equipment, Furnishings	21,046	9,700	9,700	-
Manageable Direct Cost Total	5,272,281	5,383,633	5,413,811	0.56%
Debt Service	4,851	-	-	-
Depreciation/Amortization	-	-	-	-
Non-Manageable Direct Cost Total	4,851	-	-	-
Direct Cost Total	5,277,132	5,383,633	5,413,811	-
Intragovernmental Charges				
Charges by/to Other Departments	59,566	(89,180)	(88,853)	(0.37%)
Function Cost Total	5,336,698	5,294,453	5,324,958	0.58%
Program Generated Revenue by Fund				
Fund 101000 - Areawide General	433,137	428,400	428,400	-
Program Generated Revenue Total	433,137	428,400	428,400	-
Net Cost Total	4,903,561	4,866,053	4,896,558	0.63%
Position Summary as Budgeted				
Full-Time	16	14	14	-
Position Total	16	14	14	-

Health Division Detail HD Administration

(Fund Center # 222000, 221000, 272000, 239000, 227000, 211079, 252000, 224000, 225000, 262000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	1,416,484	1,882,592	1,912,770	1.60%
Supplies	31,329	22,680	22,680	-
Travel	3,065	-	-	-
Contractual/Other Services	3,800,357	3,468,661	3,468,661	-
Equipment, Furnishings	21,046	9,700	9,700	-
Manageable Direct Cost Total	5,272,281	5,383,633	5,413,811	0.56%
Debt Service	4,851	-	-	-
Non-Manageable Direct Cost Total	4,851	-	-	-
Direct Cost Total	5,277,132	5,383,633	5,413,811	0.56%
Intragovernmental Charges				
Charges by/to Other Departments	59,566	(89,180)	(88,853)	(0.37%)
Program Generated Revenue				
404210 - Animal Licenses	129,570	128,000	128,000	-
406510 - Animal Shelter Fees	274,850	274,850	274,850	-
406520 - Animal Drop-Off Fees	7,529	7,500	7,500	-
407050 - Other Fines & Forfeitures	17,673	18,000	18,000	-
408380 - Prior Year Expense Recovery	3,505	-	-	-
408550 - Cash Over & Short	10	-	-	-
408580 - Miscellaneous Revenues	-	50	50	-
Program Generated Revenue Total	433,137	428,400	428,400	-
Net Cost				
Direct Cost Total	5,277,132	5,383,633	5,413,811	0.56%
Charges by/to Other Departments Total	59,566	(89,180)	(88,853)	(0.37%)
Program Generated Revenue Total	(433,137)	(428,400)	(428,400)	-
Net Cost Total	4,903,561	4,866,053	4,896,558	0.63%

Position Detail as Budgeted

	2024 Revised		2025 Revised		2026 Proposed	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Administrative Coordinator	1	-	1	-	1	-
Administrative Officer	3	-	1	-	1	-
Junior Administrative Officer	1	-	1	-	1	-
Legal Secretary I	1	-	1	-	1	-
Principal Administrative Officer	2	-	1	-	1	-
Program & Policy Director	1	-	1	-	1	-
Senior Administrative Officer	2	-	4	-	4	-
Senior Office Associate	2	-	1	-	1	-
Senior Staff Accountant	3	-	3	-	3	-
Position Detail as Budgeted Total	16	-	14	-	14	-

Health
Division Summary
HD Clinics
(Fund Center # 246000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	1,137,389	1,897,809	1,876,098	(1.14%)
Supplies	71,876	106,755	106,755	-
Travel	4,017	1,625	1,625	-
Contractual/Other Services	266,853	122,107	129,442	6.01%
Equipment, Furnishings	75,726	2,608	2,608	-
Manageable Direct Cost Total	1,555,861	2,130,904	2,116,528	(0.67%)
Debt Service	-	-	-	-
Depreciation/Amortization	-	-	-	-
Non-Manageable Direct Cost Total	-	-	-	-
Direct Cost Total	1,555,861	2,130,904	2,116,528	-
Intragovernmental Charges				
Charges by/to Other Departments	(226,182)	(281,715)	(281,280)	(0.15%)
Function Cost Total	1,329,679	1,849,189	1,835,248	(0.75%)
Program Generated Revenue by Fund				
Fund 101000 - Areawide General	30,341	66,000	66,000	-
Program Generated Revenue Total	30,341	66,000	66,000	-
Net Cost Total	1,299,338	1,783,189	1,769,248	(0.78%)
Position Summary as Budgeted				
Full-Time	20	20	18	(10.00%)
Part-Time	1	1	1	-
Position Total	21	21	19	(9.52%)

Health Division Detail

HD Clinics

(Fund Center # 246000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	1,137,389	1,897,809	1,876,098	(1.14%)
Supplies	71,876	106,755	106,755	-
Travel	4,017	1,625	1,625	-
Contractual/Other Services	266,853	122,107	129,442	6.01%
Equipment, Furnishings	75,726	2,608	2,608	-
Manageable Direct Cost Total	1,555,861	2,130,904	2,116,528	(0.67%)
Debt Service	-	-	-	-
Non-Manageable Direct Cost Total	-	-	-	-
Direct Cost Total	1,555,861	2,130,904	2,116,528	(0.67%)
Intragovernmental Charges				
Charges by/to Other Departments	(226,182)	(281,715)	(281,280)	(0.15%)
Program Generated Revenue				
406160 - Clinic Fees	7,843	26,000	26,000	-
406180 - Reproductive Health Fees	6,736	40,000	40,000	-
408380 - Prior Year Expense Recovery	1,099	-	-	-
460070 - MOA Property Sales	14,663	-	-	-
Program Generated Revenue Total	30,341	66,000	66,000	-
Net Cost				
Direct Cost Total	1,555,861	2,130,904	2,116,528	(0.67%)
Charges by/to Other Departments Total	(226,182)	(281,715)	(281,280)	(0.15%)
Program Generated Revenue Total	(30,341)	(66,000)	(66,000)	-
Net Cost Total	1,299,338	1,783,189	1,769,248	(0.78%)

Position Detail as Budgeted

	2024 Revised		2025 Revised		2026 Proposed	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Family Service Counselor	1	-	1	-	1	-
Family Service Specialist	1	-	1	-	1	-
Medical Officer	1	-	1	-	2	-
Nurse Supervisor I	2	-	2	-	-	-
Nurse Supervisor II	1	-	1	-	2	-
Public Health Nurse	6	-	6	-	6	-
Senior Family Service Aide	5	-	5	-	5	-
Senior Office Associate	1	-	1	-	1	-
Senior Public Health Nurse	2	1	2	1	-	1
Position Detail as Budgeted Total	20	1	20	1	18	1

Health Division Summary

HD Director

(Fund Center # 212000, 211000, 215000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	386,230	510,365	514,757	0.86%
Supplies	60	540	540	-
Travel	-	-	-	-
Contractual/Other Services	660	75,200	200	(99.73%)
Manageable Direct Cost Total	386,950	586,105	515,497	(12.05%)
Debt Service	3,840	3,940	3,940	-
Depreciation/Amortization	-	-	-	-
Non-Manageable Direct Cost Total	3,840	3,940	3,940	-
Direct Cost Total	390,791	590,045	519,437	-
Intragovernmental Charges				
Charges by/to Other Departments	3,837,018	3,893,156	3,924,342	0.80%
Function Cost Total	4,227,808	4,483,201	4,443,779	(0.88%)
Program Generated Revenue by Fund				
Fund 101000 - Areawide General	683	-	-	-
Program Generated Revenue Total	683	-	-	-
Net Cost Total	4,227,125	4,483,201	4,443,779	(0.88%)
Position Summary as Budgeted				
Full-Time	2	2	2	-
Part-Time	1	1	1	-
Position Total	3	3	3	-

Health Division Detail

HD Director

(Fund Center # 212000, 211000, 215000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	386,230	510,365	514,757	0.86%
Supplies	60	540	540	-
Travel	-	-	-	-
Contractual/Other Services	660	75,200	200	(99.73%)
Manageable Direct Cost Total	386,950	586,105	515,497	(12.05%)
Debt Service	3,840	3,940	3,940	-
Non-Manageable Direct Cost Total	3,840	3,940	3,940	-
Direct Cost Total	390,791	590,045	519,437	(11.97%)
Intragovernmental Charges				
Charges by/to Other Departments	3,837,018	3,893,156	3,924,342	0.80%
Program Generated Revenue				
408380 - Prior Year Expense Recovery	683	-	-	-
Program Generated Revenue Total	683	-	-	-
Net Cost				
Direct Cost Total	390,791	590,045	519,437	(11.97%)
Charges by/to Other Departments Total	3,837,018	3,893,156	3,924,342	0.80%
Program Generated Revenue Total	(683)	-	-	-
Net Cost Total	4,227,125	4,483,201	4,443,779	(0.88%)

Position Detail as Budgeted

	2024 Revised		2025 Revised		2026 Proposed	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Director Health & Human Services	1	-	1	-	1	-
Medical Officer	-	1	-	1	-	1
Public Information Officer	1	-	1	-	1	-
Position Detail as Budgeted Total	2	1	2	1	2	1

Health
Division Summary
HD Housing and Homelessness
(Fund Center # 244000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	354,778	396,773	365,939	(7.77%)
Supplies	4,116	3,150	3,150	-
Travel	-	-	-	-
Contractual/Other Services	3,461,825	8,696,869	8,696,869	-
Equipment, Furnishings	-	1,500	1,500	-
Manageable Direct Cost Total	3,820,720	9,098,292	9,067,458	(0.34%)
Debt Service	-	-	-	-
Depreciation/Amortization	-	-	-	-
Non-Manageable Direct Cost Total	-	-	-	-
Direct Cost Total	3,820,720	9,098,292	9,067,458	-
Intragovernmental Charges				
Charges by/to Other Departments	2,125	2,687	2,575	(4.17%)
Function Cost Total	3,822,844	9,100,979	9,070,033	(0.34%)
Program Generated Revenue by Fund				
Fund 101000 - Areawide General	2,391,081	1,496,725	-	(100.00%)
Program Generated Revenue Total	2,391,081	1,496,725	-	(100.00%)
Net Cost Total	1,431,763	7,604,254	9,070,033	19.28%
Position Summary as Budgeted				
Full-Time	3	3	3	-
Position Total	3	3	3	-

Health
Division Detail
HD Housing and Homelessness
(Fund Center # 244000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	354,778	396,773	365,939	(7.77%)
Supplies	4,116	3,150	3,150	-
Travel	-	-	-	-
Contractual/Other Services	3,461,825	8,696,869	8,696,869	-
Equipment, Furnishings	-	1,500	1,500	-
Manageable Direct Cost Total	3,820,720	9,098,292	9,067,458	(0.34%)
Debt Service	-	-	-	-
Non-Manageable Direct Cost Total	-	-	-	-
Direct Cost Total	3,820,720	9,098,292	9,067,458	(0.34%)
Intragovernmental Charges				
Charges by/to Other Departments	2,125	2,687	2,575	(4.17%)
Program Generated Revenue				
408380 - Prior Year Expense Recovery	106	-	-	-
450010 - Transfer from Other Funds	-	1,496,725	-	(100.00%)
460070 - MOA Property Sales	2,390,975	-	-	-
Program Generated Revenue Total	2,391,081	1,496,725	-	(100.00%)
Net Cost				
Direct Cost Total	3,820,720	9,098,292	9,067,458	(0.34%)
Charges by/to Other Departments Total	2,125	2,687	2,575	(4.17%)
Program Generated Revenue Total	(2,391,081)	(1,496,725)	-	(100.00%)
Net Cost Total	1,431,763	7,604,254	9,070,033	19.28%

Position Detail as Budgeted

	2024 Revised		2025 Revised		2026 Proposed	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Administrative Officer	2	-	2	-	2	-
General Services Manager	1	-	1	-	1	-
Position Detail as Budgeted Total	3	-	3	-	3	-

Health

Division Summary

HD Human Services

(Fund Center # 233000, 261000, 254000, 242000, 236000, 241000, 235000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	325,460	390,121	403,933	3.54%
Supplies	(7,481)	12,066	12,066	-
Travel	-	2,000	2,000	-
Contractual/Other Services	1,120,485	1,120,591	1,117,175	(0.30%)
Equipment, Furnishings	10,789	5,000	5,000	-
Manageable Direct Cost Total	1,449,253	1,529,778	1,540,174	0.68%
Debt Service	-	-	-	-
Depreciation/Amortization	-	-	-	-
Non-Manageable Direct Cost Total	-	-	-	-
Direct Cost Total	1,449,253	1,529,778	1,540,174	-
Intragovernmental Charges				
Charges by/to Other Departments	(160,903)	(183,973)	(184,158)	0.10%
Function Cost Total	1,288,350	1,345,805	1,356,016	0.76%
Program Generated Revenue by Fund				
Fund 101000 - Areawide General	29,459	37,030	37,030	-
Program Generated Revenue Total	29,459	37,030	37,030	-
Net Cost Total	1,258,891	1,308,775	1,318,986	0.78%
Position Summary as Budgeted				
Full-Time	5	4	4	-
Position Total	5	4	4	-

Health

Division Detail

HD Human Services

(Fund Center # 233000, 261000, 254000, 242000, 236000, 241000, 235000)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	325,460	390,121	403,933	3.54%
Supplies	(7,481)	12,066	12,066	-
Travel	-	2,000	2,000	-
Contractual/Other Services	1,120,485	1,120,591	1,117,175	(0.30%)
Equipment, Furnishings	10,789	5,000	5,000	-
Manageable Direct Cost Total	1,449,253	1,529,778	1,540,174	0.68%
Debt Service	-	-	-	-
Non-Manageable Direct Cost Total	-	-	-	-
Direct Cost Total	1,449,253	1,529,778	1,540,174	0.68%
Intragovernmental Charges				
Charges by/to Other Departments	(160,903)	(183,973)	(184,158)	0.10%
Program Generated Revenue				
406170 - Sanitary Inspection Fees	26,608	37,030	37,030	-
408380 - Prior Year Expense Recovery	2,852	-	-	-
Program Generated Revenue Total	29,459	37,030	37,030	-
Net Cost				
Direct Cost Total	1,449,253	1,529,778	1,540,174	0.68%
Charges by/to Other Departments Total	(160,903)	(183,973)	(184,158)	0.10%
Program Generated Revenue Total	(29,459)	(37,030)	(37,030)	-
Net Cost Total	1,258,891	1,308,775	1,318,986	0.78%

Position Detail as Budgeted

	2024 Revised		2025 Revised		2026 Proposed	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Family Service Specialist	1	-	1	-	1	-
General Services Manager	1	-	1	-	1	-
Junior Administrative Officer	1	-	-	-	-	-
Principal Administrative Officer	2	-	2	-	2	-
Position Detail as Budgeted Total	5	-	4	-	4	-

Health

Division Summary

HD Public Health

(Fund Center # 245000, 232000, 238000, 243000, 256000, 240500, 233500)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	1,478,370	1,799,698	1,822,327	1.26%
Supplies	53,945	9,813	9,813	-
Travel	-	1,200	1,200	-
Contractual/Other Services	89,275	81,473	83,318	2.26%
Equipment, Furnishings	26,849	4,430	4,430	-
Manageable Direct Cost Total	1,648,440	1,896,614	1,921,088	1.29%
Debt Service	28,274	-	-	-
Depreciation/Amortization	-	-	-	-
Non-Manageable Direct Cost Total	28,274	-	-	-
Direct Cost Total	1,676,714	1,896,614	1,921,088	-
Intragovernmental Charges				
Charges by/to Other Departments	(123,841)	33,411	33,957	1.63%
Function Cost Total	1,552,873	1,930,025	1,955,045	1.30%
Program Generated Revenue by Fund				
Fund 101000 - Areawide General	383,770	948,450	948,450	-
Program Generated Revenue Total	383,770	948,450	948,450	-
Net Cost Total	1,169,103	981,575	1,006,595	2.55%
Position Summary as Budgeted				
Full-Time	15	17	17	-
Position Total	15	17	17	-

Health

Division Detail

HD Public Health

(Fund Center # 245000, 232000, 238000, 243000, 256000, 240500, 233500)

	2024 Actuals Unaudited	2025 Revised	2026 Proposed	26 v 25 % Chg
Direct Cost by Category				
Salaries and Benefits	1,478,370	1,799,698	1,822,327	1.26%
Supplies	53,945	9,813	9,813	-
Travel	-	1,200	1,200	-
Contractual/Other Services	89,275	81,473	83,318	2.26%
Equipment, Furnishings	26,849	4,430	4,430	-
Manageable Direct Cost Total	1,648,440	1,896,614	1,921,088	1.29%
Debt Service	28,274	-	-	-
Non-Manageable Direct Cost Total	28,274	-	-	-
Direct Cost Total	1,676,714	1,896,614	1,921,088	1.29%
Intragovernmental Charges				
Charges by/to Other Departments	(123,841)	33,411	33,957	1.63%
Program Generated Revenue				
406170 - Sanitary Inspection Fees	380,442	946,500	946,500	-
407080 - I&M Enforcement Fines	834	1,500	1,500	-
407090 - Administrative Fines, Civil	-	300	300	-
408380 - Prior Year Expense Recovery	2,409	-	-	-
408400 - Criminal Rule 8 Collect Costs	85	150	150	-
Program Generated Revenue Total	383,770	948,450	948,450	-
Net Cost				
Direct Cost Total	1,676,714	1,896,614	1,921,088	1.29%
Charges by/to Other Departments Total	(123,841)	33,411	33,957	1.63%
Program Generated Revenue Total	(383,770)	(948,450)	(948,450)	-
Net Cost Total	1,169,103	981,575	1,006,595	2.55%

Position Detail as Budgeted

	2024 Revised		2025 Revised		2026 Proposed	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Administrative Officer	1	-	1	-	1	-
Air Quality Specialist II	1	-	1	-	1	-
Community Health Supervisor	1	-	1	-	1	-
Environmental Sanitarian I	3	-	2	-	2	-
Environmental Sanitarian II	2	-	2	-	2	-
Environmental Sanitarian III	1	-	2	-	2	-
Environmental Sanitarian IV	1	-	1	-	1	-
General Services Manager	1	-	1	-	1	-
Junior Administrative Officer	-	-	1	-	1	-
Permit Clerk III	1	-	1	-	1	-
Principal Administrative Officer	1	-	2	-	2	-
Senior Administrative Officer	1	-	1	-	1	-

Position Detail as Budgeted

	2024 Revised			2025 Revised			2026 Proposed	
	<u>Full Time</u>	<u>Part Time</u>		<u>Full Time</u>	<u>Part Time</u>		<u>Full Time</u>	<u>Part Time</u>
Senior Office Associate	1	-		1	-		1	-
Position Detail as Budgeted Total	15	-		17	-		17	-

Health Operating Grant and Alternative Funded Programs

Program	Fund Center	Award Amount	Expected Expenditures	Expected Expenditures	Expected Balance at	Personnel			Program Expiration
			Thru 12/31/2024	in 2025	End of 2025	FT	PT	S/T	
FY25 HUMAN SERVICES MATCHING GRANT (State Grant-Direct includes Required Match from General Funds) Provide operating funds to various non-profit social services agencies providing essential human services based on recommendations developed by the Social Services Task Force.	224000	804,229	402,115	402,115	-	-	-	-	Jun-25
FY25 WOMEN, INFANTS & CHILDREN (WIC) (State Grant - Revenue Pass Thru) Provide nutrition screening, education and supplemental food to low income pregnant, breastfeeding or postpartum women, infants and young children who are at nutritional risk.	232000	1,401,047	700,523	700,523	-	15.00	1.20	-	Jun-25
FY25 HIV PREVENTION AND PARTNER (State Grant - Revenue Pass Thru) Expand AIDS education outreach, testing of high-risk individuals, and HIV disease investigation.	246000	124,009	62,005	62,005	-	0.50	-	-	Jun-25
FY25 PUBLIC HEALTH NURSING (State Grant - Direct) Provide immunizations, prevention and control of communicable diseases (i.e. tuberculosis, measles, sexually transmitted diseases), reproductive health services and community outreach.	246000	3,205,500	1,602,750	1,602,750	-	29.00	2.00	-	Jun-25
FY25 CHILD CARE LICENSING (State Grant - Revenue Pass Thru) Provide for staff to enforce the state and municipal child care licensing regulations.	235000	1,674,661	837,330	837,330	-	12.00	-	-	Jun-25
AIR QUALITY PUBLIC AWARENESS (State Grant - Revenue Pass Thru) Provides funds from AK DOT/PF to prepare a public awareness campaign on ways to reduce winter air pollution.	256000	279,903	139,951	139,951	-	0.70	-	-	Mar-25
EMERGENCY SOLUTIONS GRANT (Federal Grant) Program provides funding to engage homeless individuals and families living on the streets, improve the quality and numbers of emergency shelters, provide essential services to shelter residents, prevent families and individuals from becoming homeless and rapid re-housing homeless families and individuals.	242000	155,133	155,133	-	-	-	-	-	Nov-24
		163,790	163,790	-	-	0.08	-	-	Nov-24
		166,518	44,000	122,518	-	0.08	-	-	Sep-25
		164,572	22,000	140,000	2,572	0.08	-	-	Dec-24
FYF25 TEEN AND UNINTENDED PREGNANCY PREVENTION (State Grant - Direct) This grant is designed to educate providers and/or young men and women about the prevention of unintended pregnancies. The main program goal is a reduction in the % of non-marital pregnancies through the prevention of unintended pregnancies.	246000	95,000	47,500	47,500	-	0.45	-	-	Jun-25
FY25 PUBLIC HEALTH PREPAREDNESS AND RESPONSE FOR BIOTERRORISM (State Grant - Revenue Pass Thru) Provide for public health preparedness and response for bioterrorism, infectious diseases and other public health threats and emergency training and education.	240500	566,825	283,413	283,413	-	3.00	-	-	Jun-25
FY25 AGING DISABILITY RESOURCE CENTER (State Grant - Revenue Pass Thru and Direct) Provides for an integrated point of entry into the long-term care system. Information, assistance and options counseling on a complex system is provided to increase access and support for consumers.	233000	209,581	100,000	109,581	-	1.57	-	-	Jun-25
ADRC MEDICAID ADMINISTRATIVE CLAIM PROGRAM (State Grant - Revenue Pass Thru) Provide Medicaid Administrative reimbursable services to eligible individuals for the SOA Medicaid Administrative Claiming Program (MACP).	233000	601,718	300,859	300,859	-	4.14	-	-	Jun-25
AHFC - CASE MANAGEMENT (State Grant - Revenue Pass Thru) Provide Alaska Housing Finance Corporation with case management services for residents at Chugach View and Chugiak Manor public housing sites to enable elderly and/or disabled residents to remain independent in their homes.	233000	140,961	70,481	70,481	-	1.00	-	-	Jun-25
SOA COVID-19 HEALTHY & EQUITABLE COMMUNITIES GRANT (State Grant - Revenue Pass Thru)	240500	2,049,480	1,024,740	1,024,740	-	-	-	-	May-25

Health Operating Grant and Alternative Funded Programs

Program	Fund Center	Award Amount	Expected Expenditures	Expected Expenditures	Expected Balance at	Personnel			Program Expiration
			Thru 12/31/2024	in 2025	End of 2025	FT	PT	S/T	
Prescribed activities & strategies to promote and build healthy and equitable communities around the state with an emphasis on high risk, underserved population groups.									
HUD CARES CV-1 CDBG (Federal Grant) The funding for this grant was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to prevent, prepare for and respond to the COVID-19 Pandemic.	242000	1,070,086	611,000	459,086	-	2.00	-	-	Dec-25
HUD CARES CV-1 ESG (Federal Grant) Funding authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136 to prevent, prepare for and respond to the COVID-19 Pandemic among individuals and families who are homeless or are receiving homeless assistance.	242000	521,193	521,193	-	-	-	-	-	Closed
HUD CARES CV-2 ESG (Federal Grant) Funding authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136 to prevent, prepare for and respond to the COVID-19 Pandemic among individuals and families who are homeless or are receiving homeless assistance.	242000	3,774,024	3,774,024	-	-	-	-	-	Closed
HUD CARES CV-3 CDBG (Federal Grant) The funding for this grant was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to prevent, prepare for and respond to the COVID-19 Pandemic.	242000	1,991,655	1,393,000	401,000	197,655	2.00	-	-	Mar-25
CDBG - COMMUNITY DEVELOPMENT BLOCK GRANT (Federal Grant and Program Projected Generated Program Income) Projects and activities benefit low income and homeless families, the jurisdiction's needs related to affordable housing, community development and homelessness. The overarching goal is to provide decent housing and suitable living environments and economic opportunities for low-income persons and families through all levels of government and for profit and non-profit agencies.	242000	1,632,907 1,742,968 1,720,154 1,818,770 1,948,478 1,982,622 1,887,494 1,877,033	1,590,000 1,698,782 1,690,000 1,803,027 1,721,000 876,793 555,000 469,258	42,907 44,186 30,154 15,743 227,478 805,000 1,100,000 820,000	- - - - - 300,829 232,494 587,775	- - - 2.25 2.35 2.50 2.50	- - - - - - - -	- - - - - - - -	Feb-25 Mar-25 Mar-25 Mar-25 Oct-25 Mar-26 Jul-26 Sep-27
HOME - ARP 2021 Program to have HUD approvable allocation plan in conjunction with the priorities and goals of the 2018-2022 Consolidated Plan, to help meet the current housing and homelessness crisis now rather than the regular long term schedule of projects. With requirements of Home Program listed in 24 CFR with specified American Rescue Plan information. This is one time funds.	244000	2,713,359	-	965,291	1,748,068	2.30			Sep-30
HOME - HOME INVESTMENT PARTNERSHIPS PROGRAM (Federal Grant and Projected Program Generated Program Income) Program designed to create affordable housing for low-income people the jurisdiction can use HOME funds for new construction of housing, housing rehabilitation, assistance to homebuyers, rental assistance, site acquisition, site improvements, relocation and Section 8 assistance.	242000	850,239 552,470 1,020,985 492,364 857,961 1,036,644 778,755 773,536 661,005	847,547 550,000 1,009,019 492,364 807,000 920,000 607,000 229,707 317,201	2,692 2,470 11,966 - 50,961 116,644 150,000 543,829.00 243,804	- - - - - - 21,755.00 - 100,000.00	- - - - - - - - -	- - - - - - - - -	- - - - - - - - -	Dec-24 Dec-24 Dec-24 Jan-25 Jul-25 Jul-25 Dec-26 Jan-27 Nov-27
Program for acquisition, new construction, rehabilitation and operating cost assistance for rental housing.									Pending
Total Grant and Alternative Operating Funding for Department		43,507,629	28,439,505	11,876,977	3,191,148	86.00	3.20	-	
Total General Government Operating Direct Cost for Department				20,578,496		57.00	2.00	-	
Total Operating Budget for Department				32,455,473		143.00	5.20	-	

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.

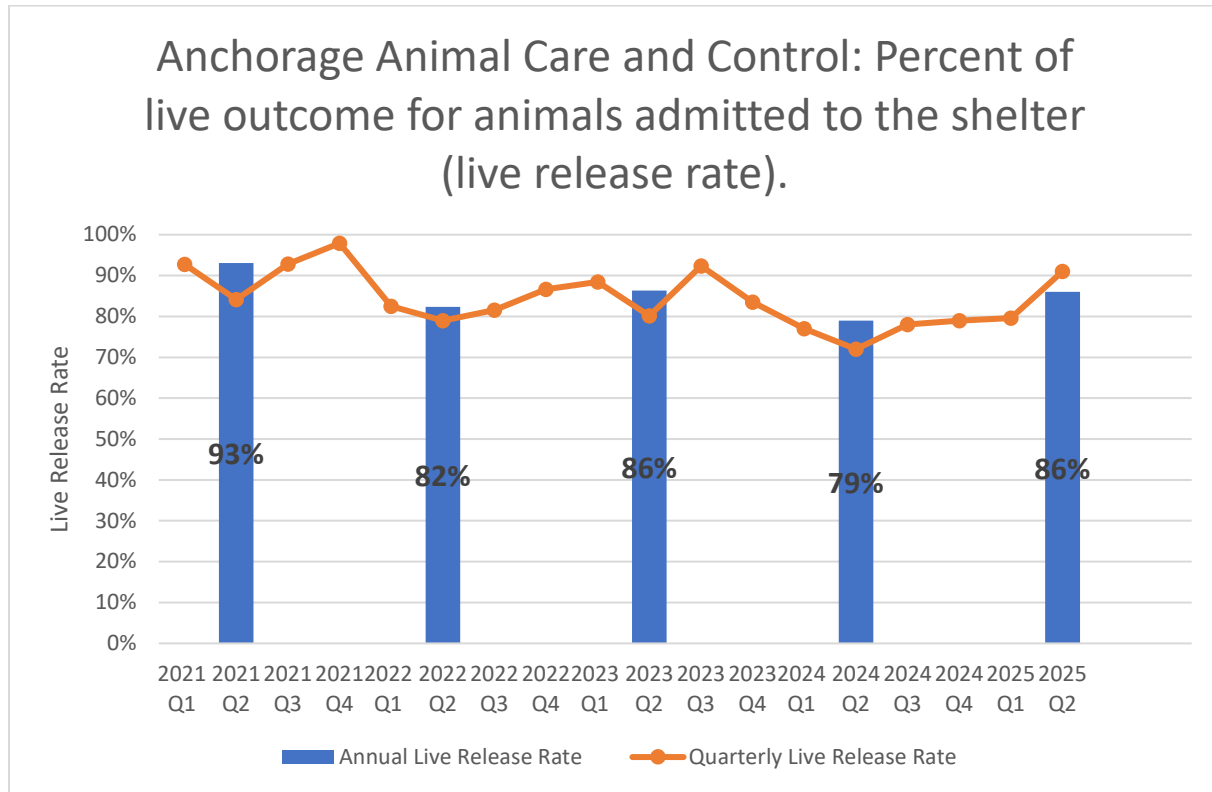
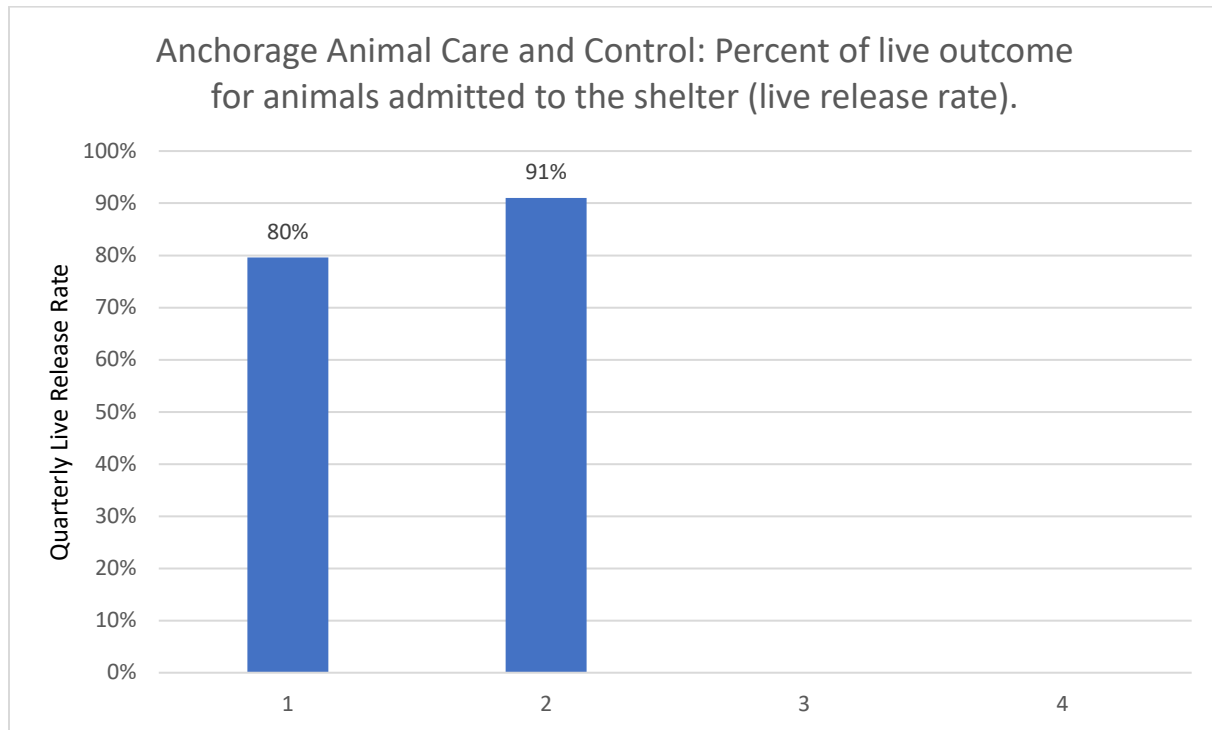
Accomplishment Goals

- 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:

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

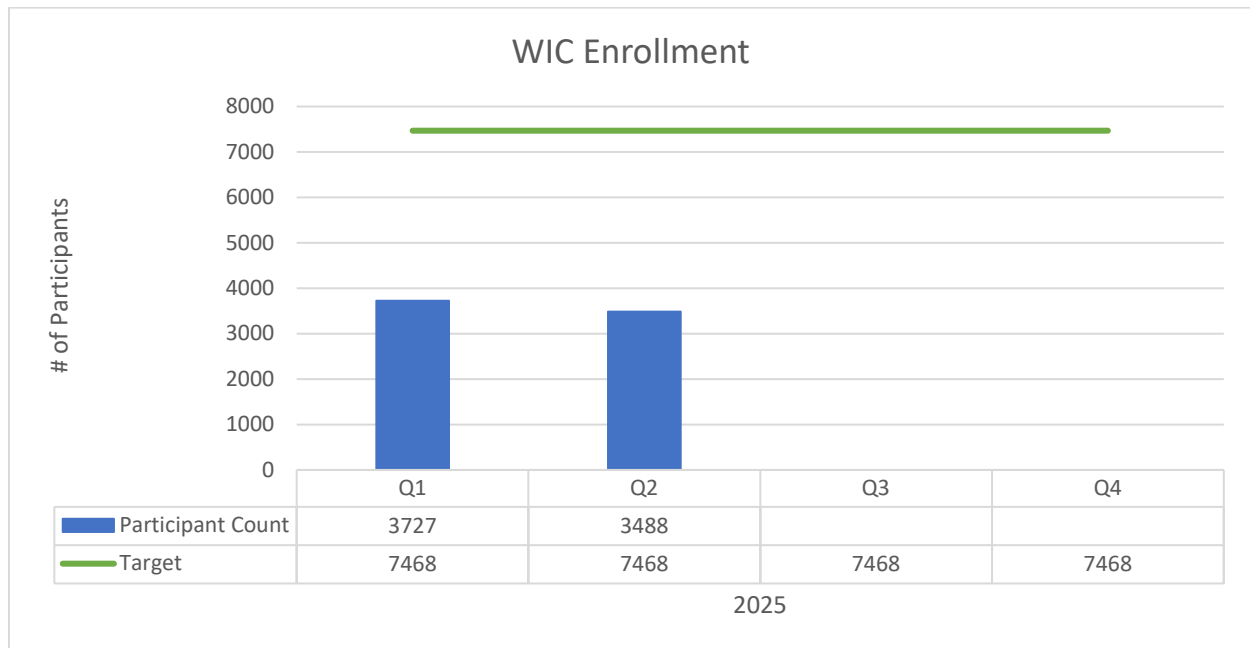
- Nutrition Information specific to each individual client including maintain healthy weight, meal planning, label reading, picky eating, caring for new baby, shopping on budget
- EBT vouchers to purchase free, healthy foods
- Referrals including medical, dental, healthcare, childcare, housing, immunizations. 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

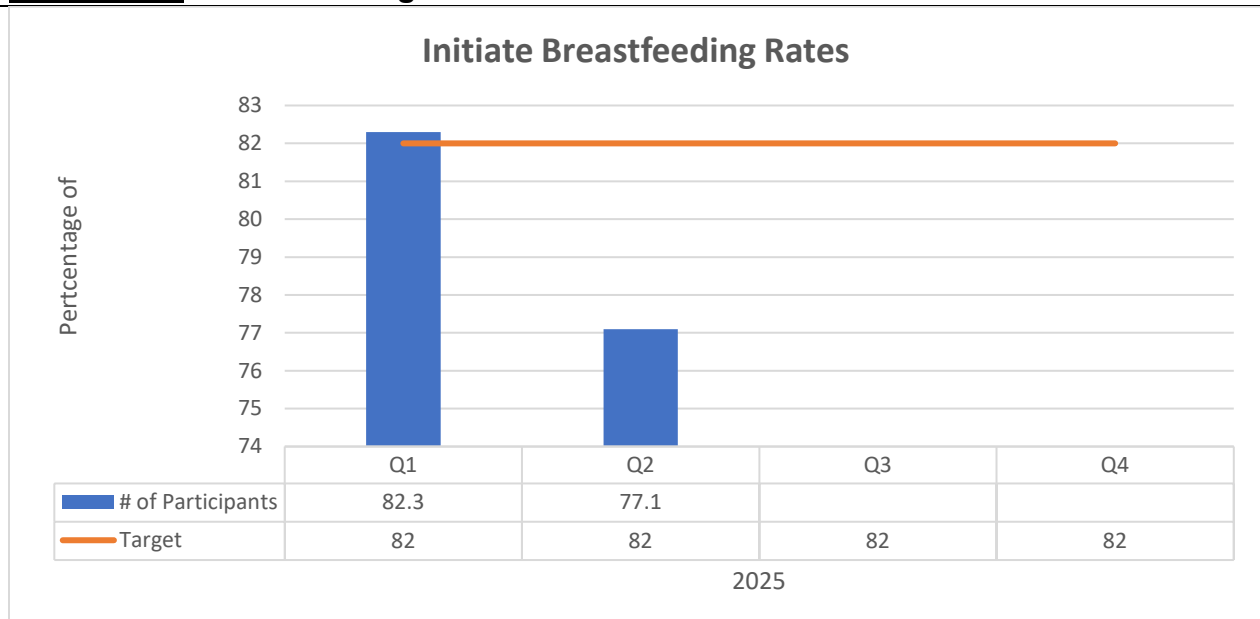
- Improves the growth of nutritionally at-risk infants and decreases incidence of iron deficiency anemia in children.
- Have a positive effect on children's diet and diet-related outcomes with increased amounts of nutrient dense food options providing higher intake of iron, vitamin C, thamin, niacin, 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.

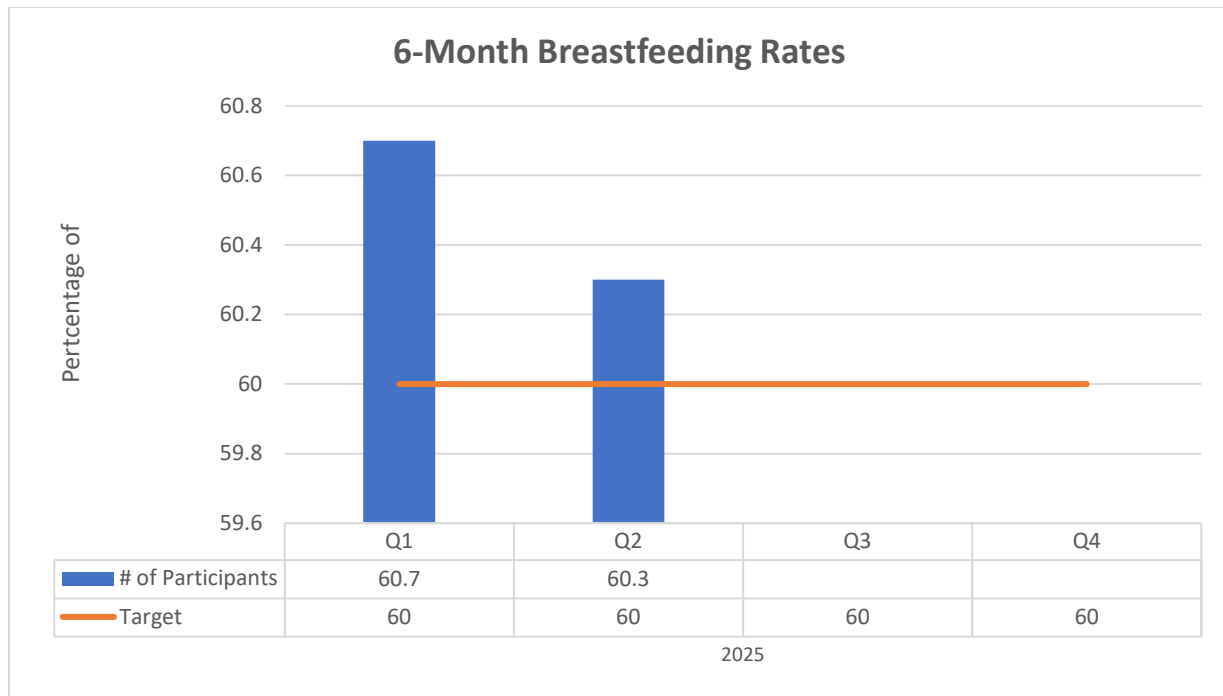
Performance Measures

Progress in achieving our goals will be measured by:

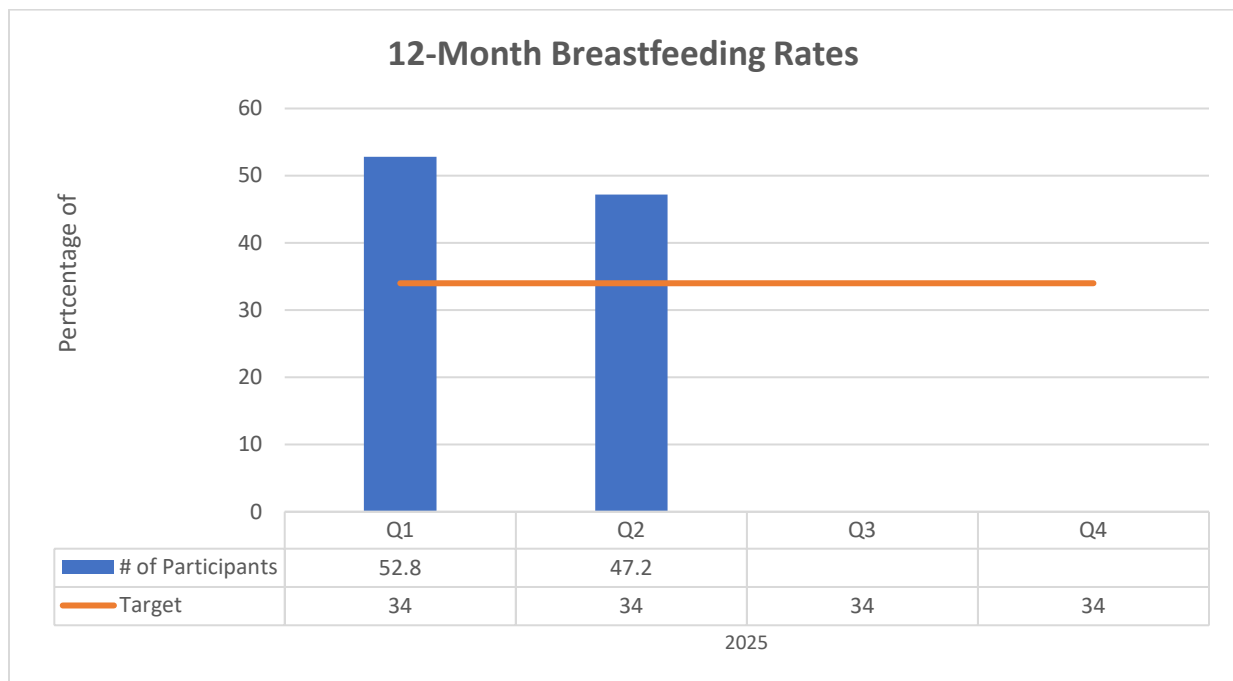
Measure #2: Enrollment rate in WIC

Data provided by State of Alaska during each Competitive grant cycle (2024). A 76% breastfeeding initiation rate was met for the 2nd quarter by the WIC program short of the 82% goal.

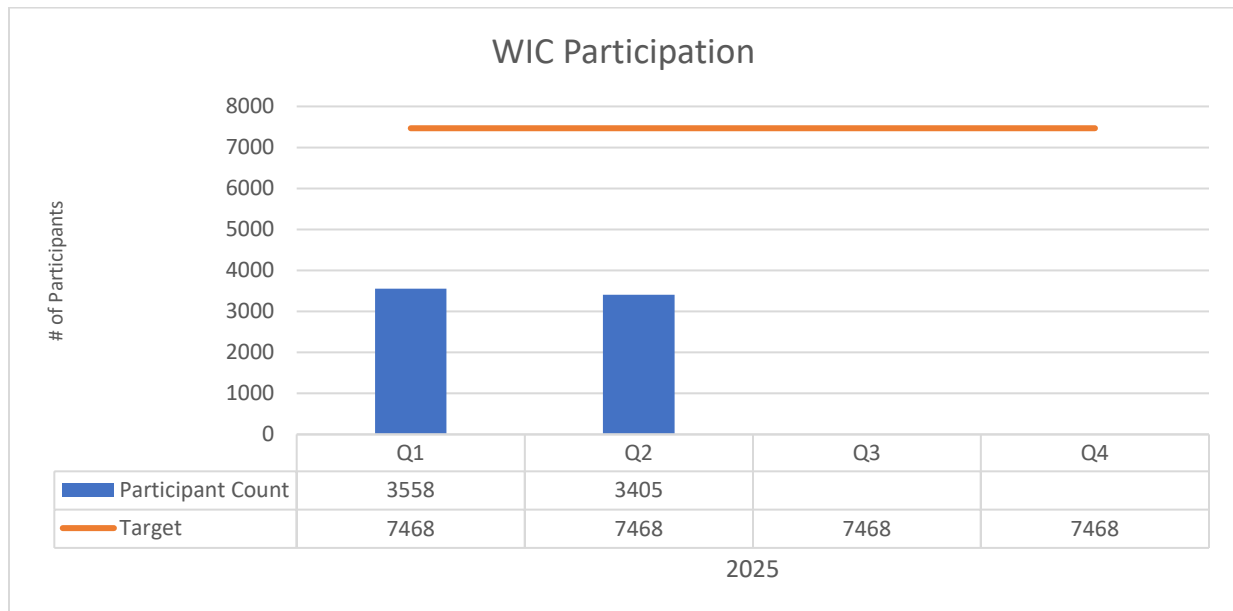
Measure #3: Breastfeeding rate for those enrolled in WIC



The 60% 6-month breastfeeding rate was met for the 4th quarter by the WIC program.



A 47.2% 12-month breastfeeding rate was met for the 4th quarter by the WIC program, exceeding the goal of 34%.

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 (2024). Participation remains short of the 75% goal.

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

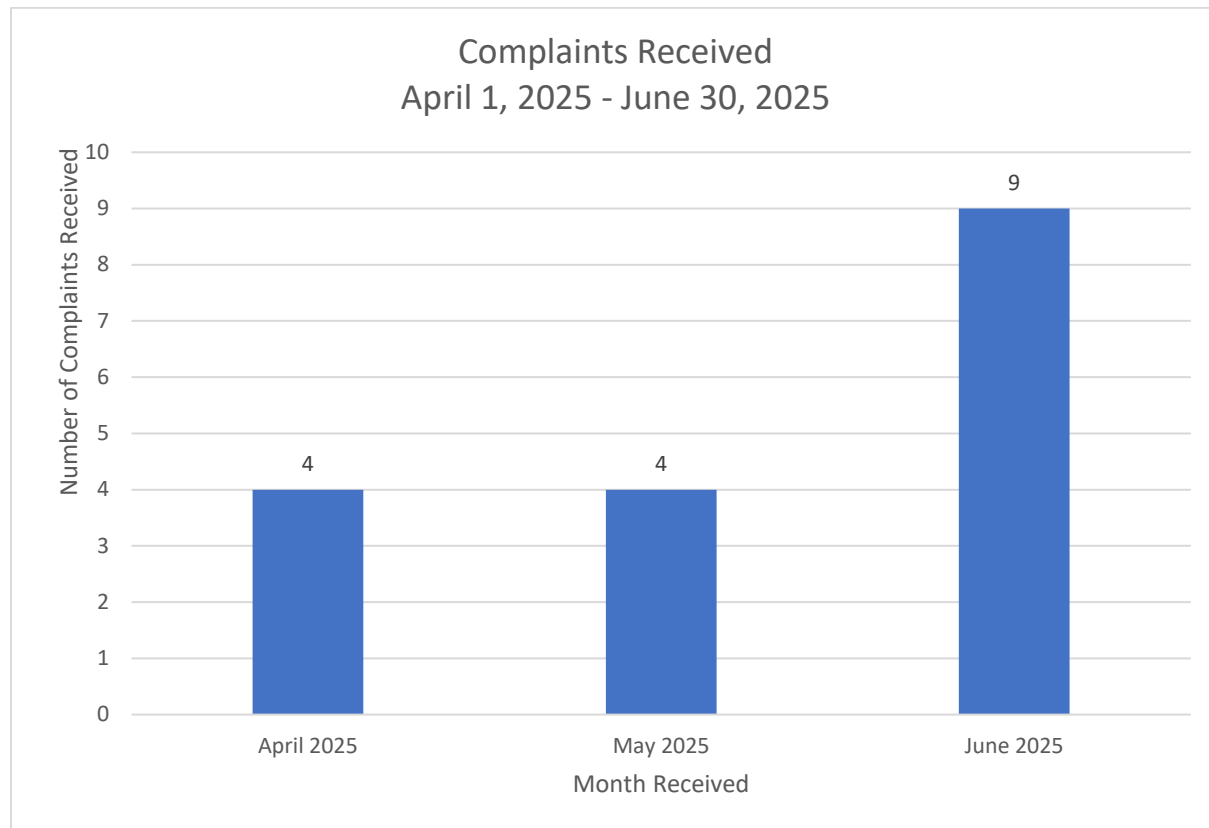
- CCL's goal is to close all complaint investigations within the required timeframes, which is done by prioritizing complaints with an established framework that identifies Priority 1, 2, and 3 for licensed homes and centers, and all unlicensed facilities:
 - Priority 1: Investigate as soon as possible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

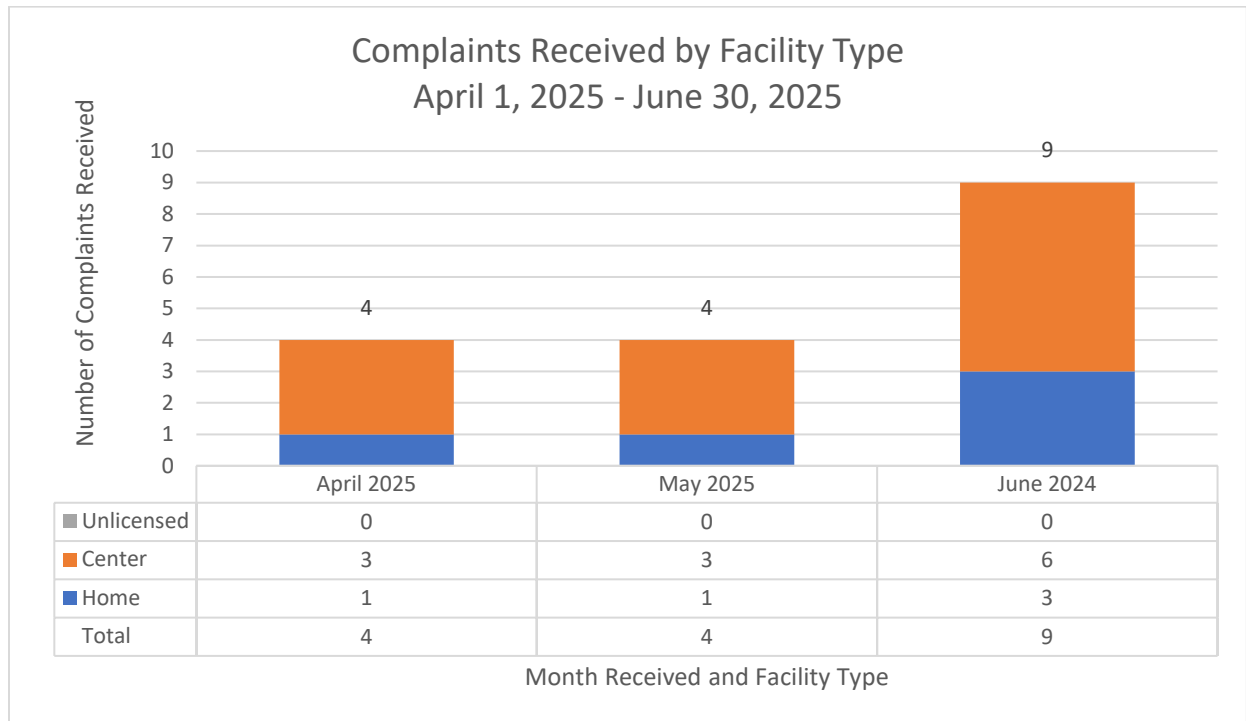
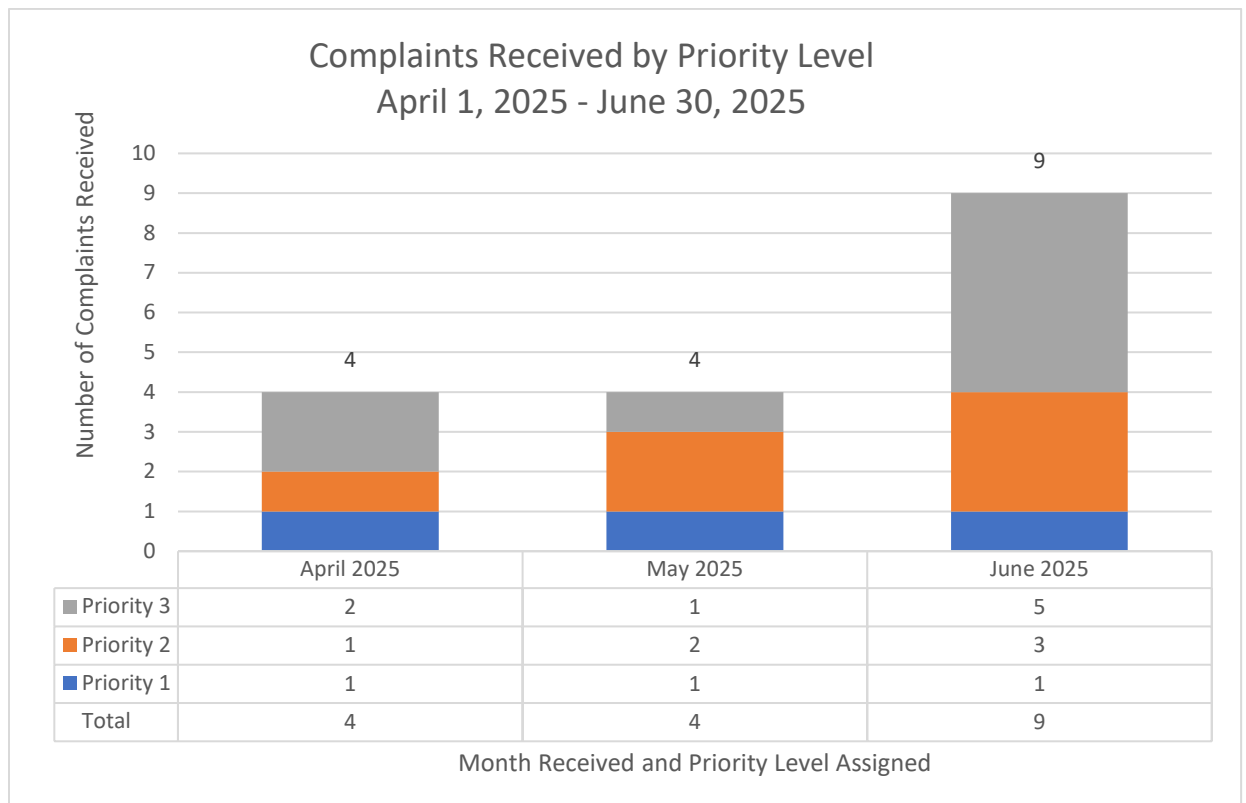
- v. Concerns involving child to caregiver ratios not being met
- vi. Concerns of health/safety hazards in the facility
- vii. Exposure of children to high-risk situations including exposure to physical hazards and encounters with individuals or animals posing a possible danger
- viii. A violation of 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

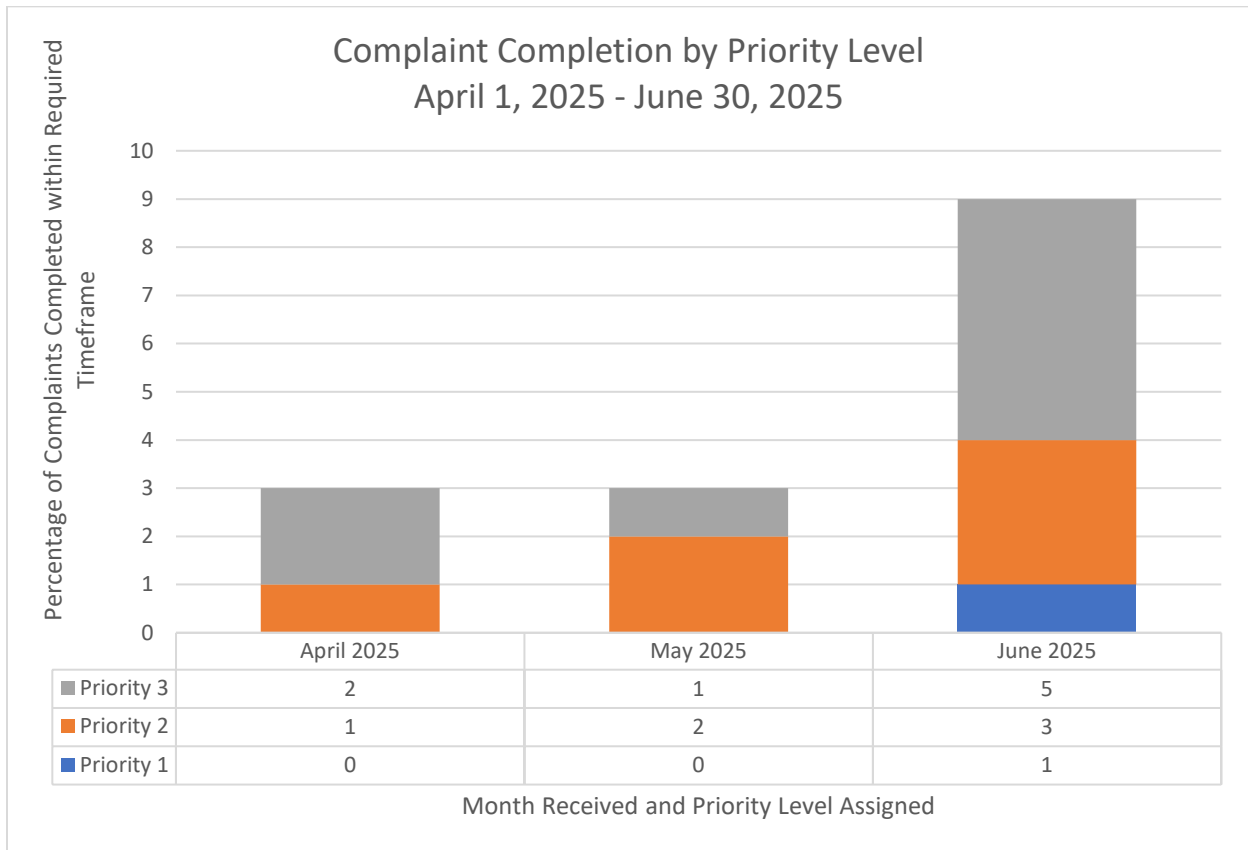
Progress in achieving our goals will be measured by:

Measure #5: Number of complaints received



Measure #6: Number of complaints specific to each type of facility**Measure #7: Number of complaints per priority level**

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

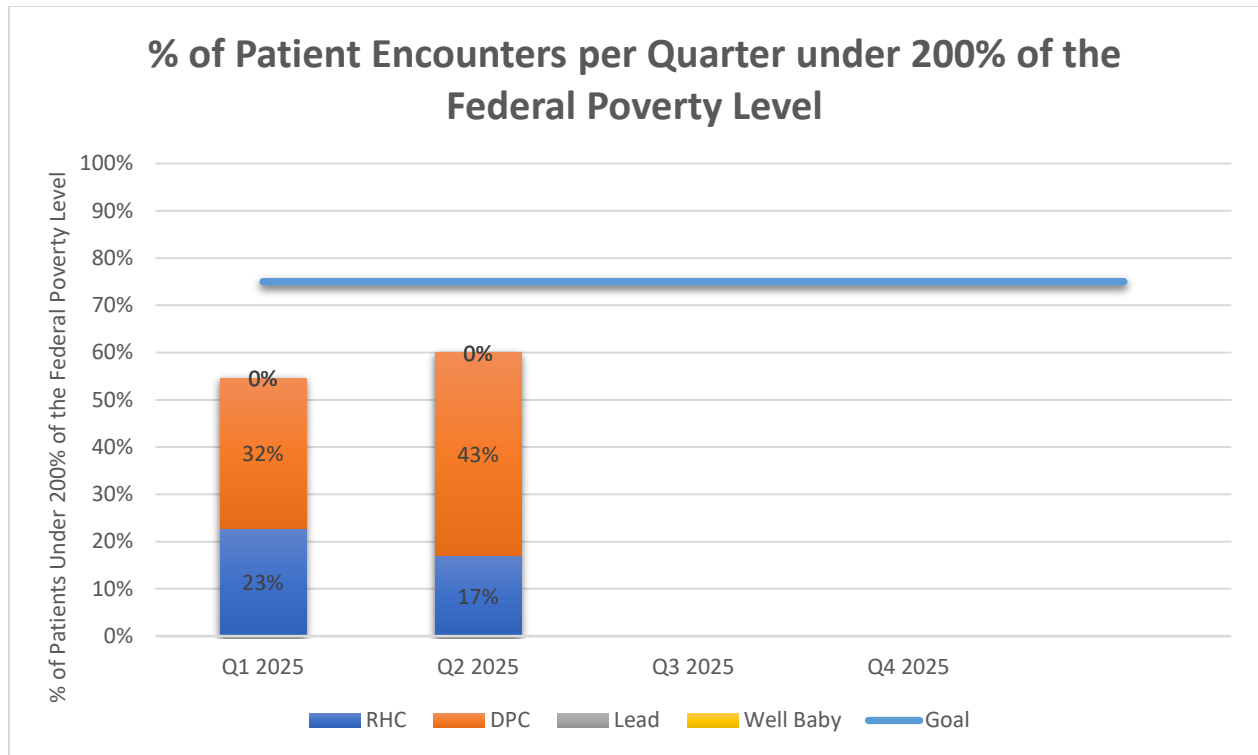
- Disease Prevention Clinic
 - Epidemiology Investigations: Identifying trends in infectious diseases in the community and ensuring appropriate referral for treatment.
 - Tuberculosis (TB) Screening, Treatment, and Case Management: Proactive and reactive activities in the community to ensure that all 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:

Measure #9: Percent of eligible patients served.

Explanatory note:

We made significant improvements to the structure of our Electronic Health Record which allowed for more accurate reporting of our services and hope to see us getting closer to target.

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

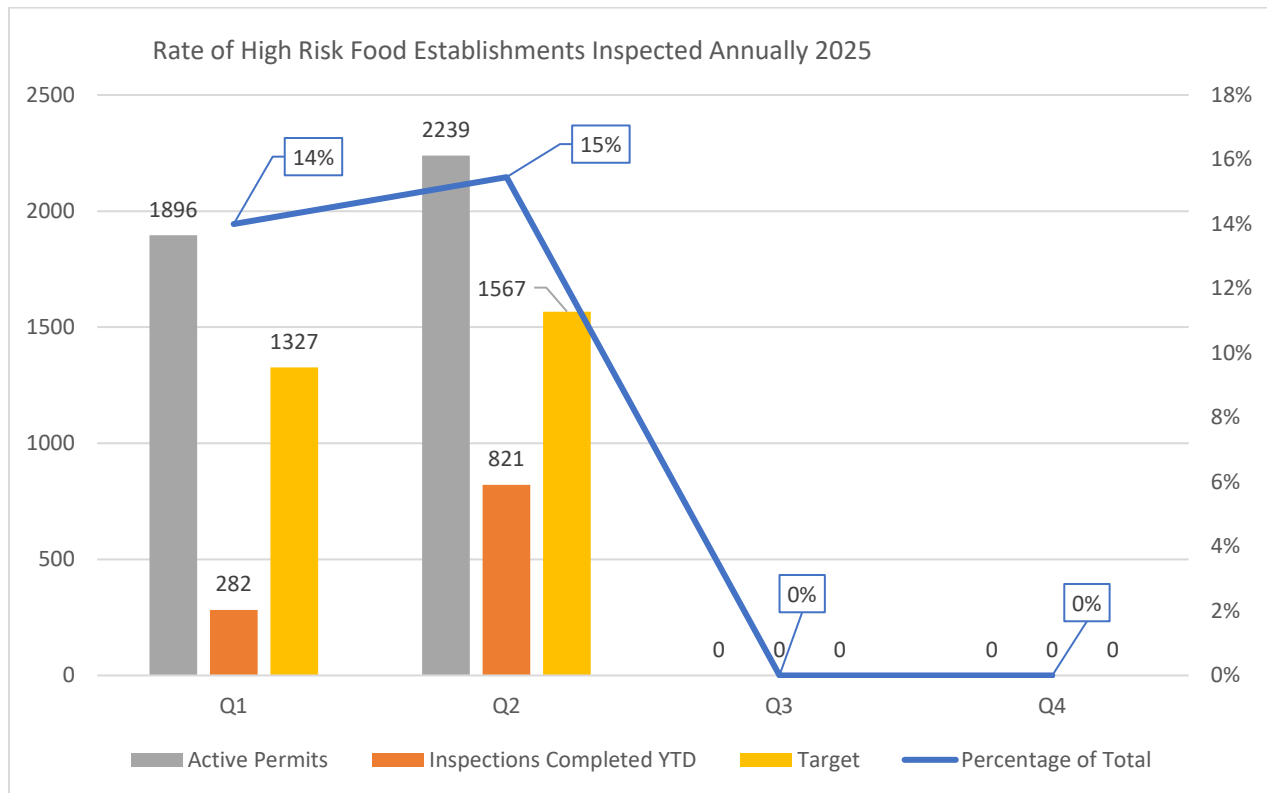
- Provide regulated public facilities with health permits
- Enforce numerous sections of the Anchorage Municipal Code including Title 15, 15.30 10.80 and 16.60, which regulate health, clean air, retail marijuana sales, and food
- Support hundreds of new and growing businesses by conducting initial plan 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:

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 346 inspections in Q2 raising the goal only 1%. 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. Q3 should see a significant rise towards the goal. Environmental Health is also undergoing a software switch it uses for daily operations and is requiring time to manage the conversion.

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

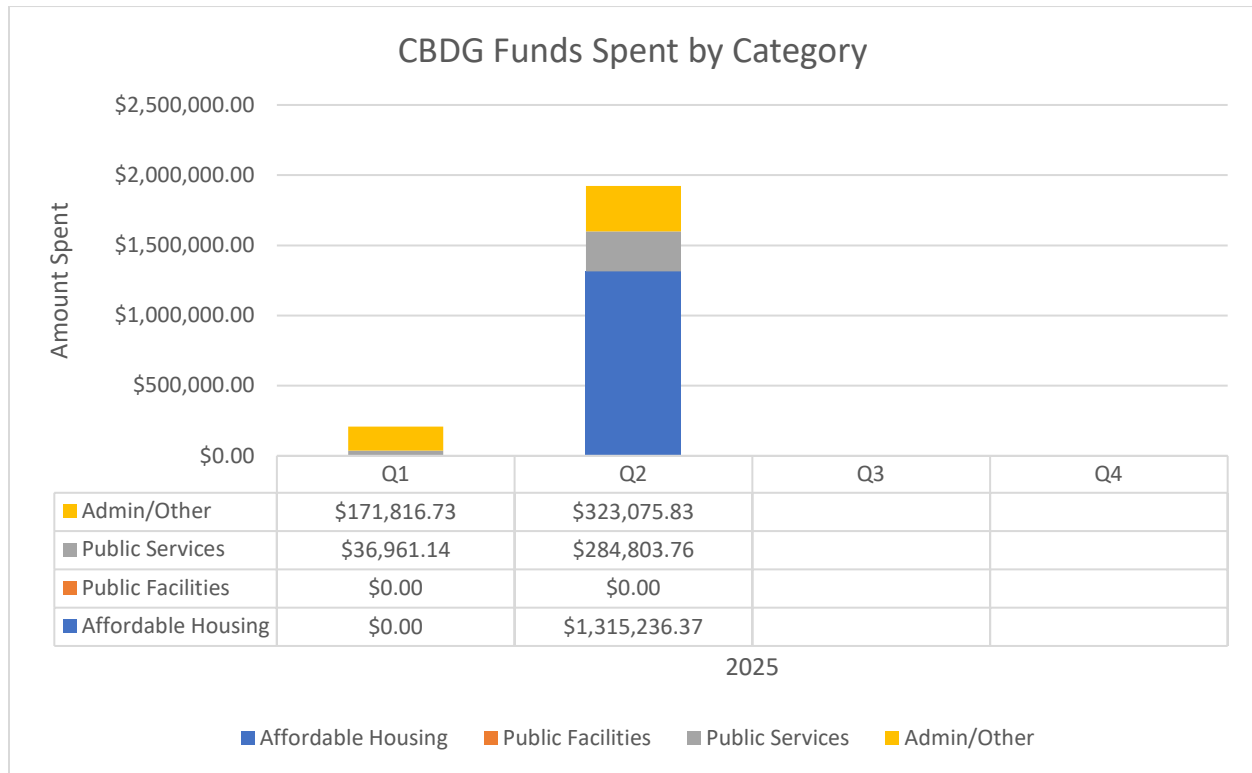
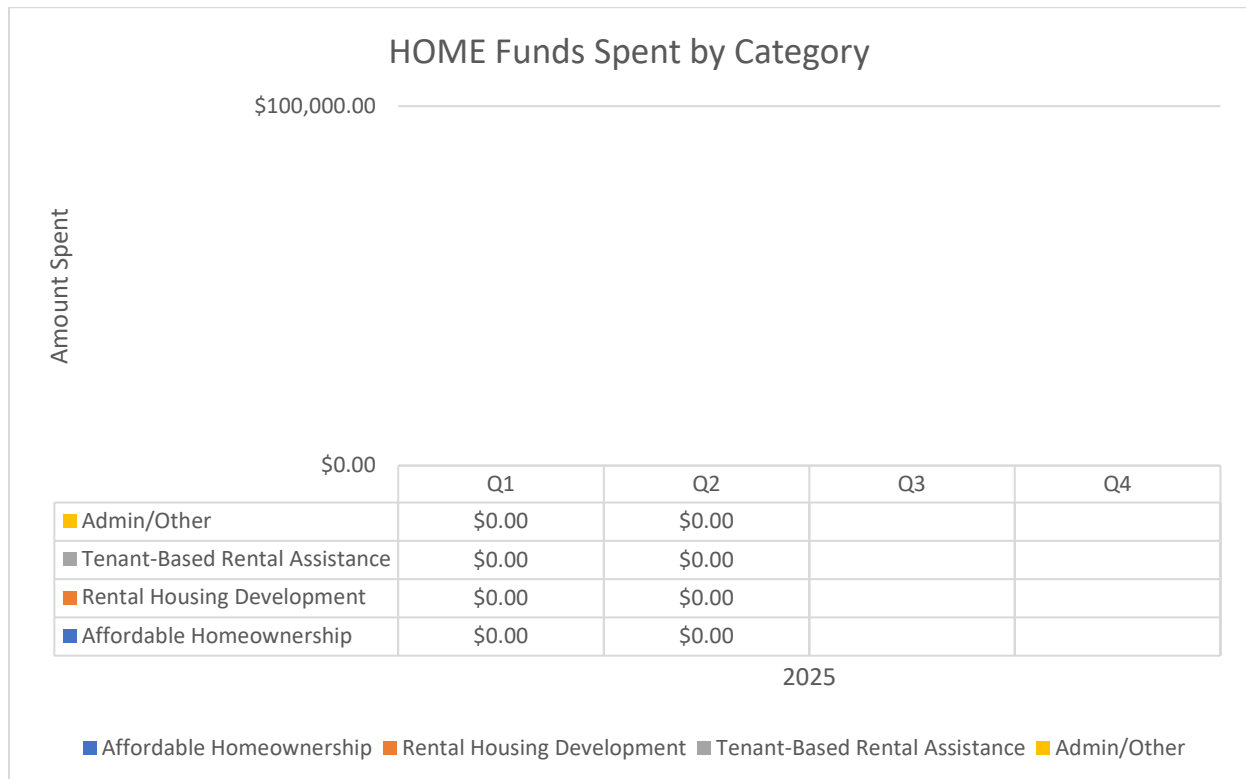
- Administer the Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) for the purpose of developing viable communities, by providing decent affordable housing, suitable living environments, supporting public facilities and public services, and supporting economic 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.

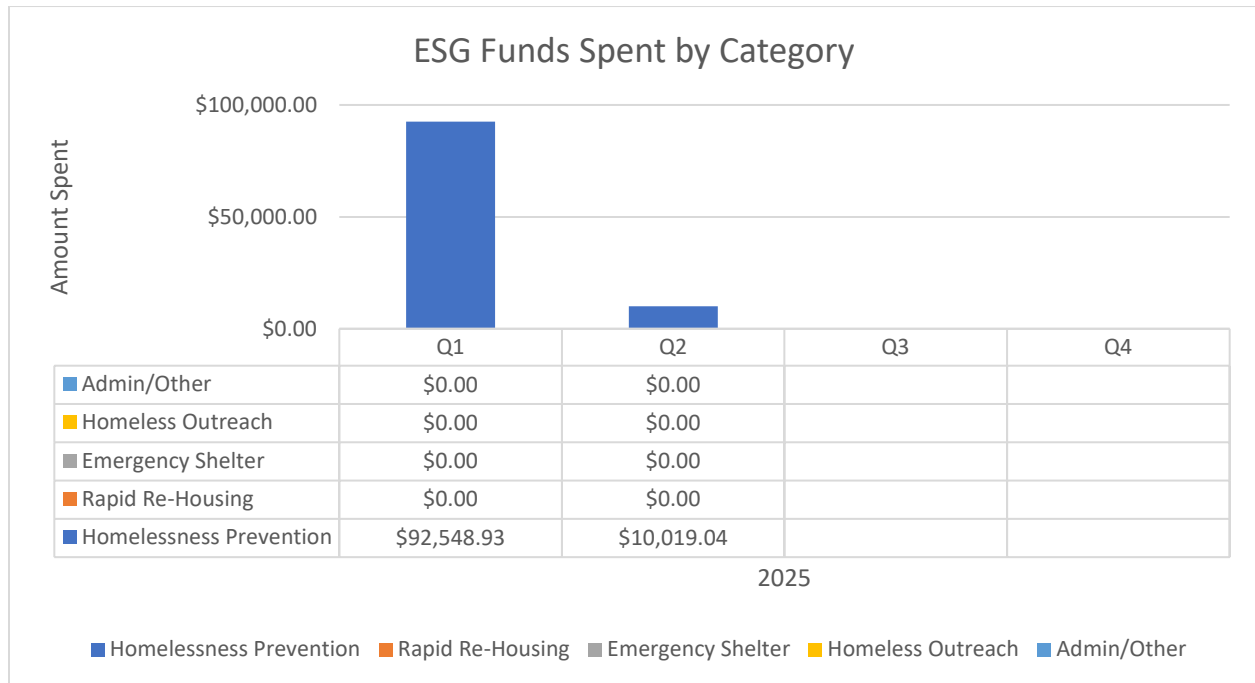
Accomplishment Goals

- 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.

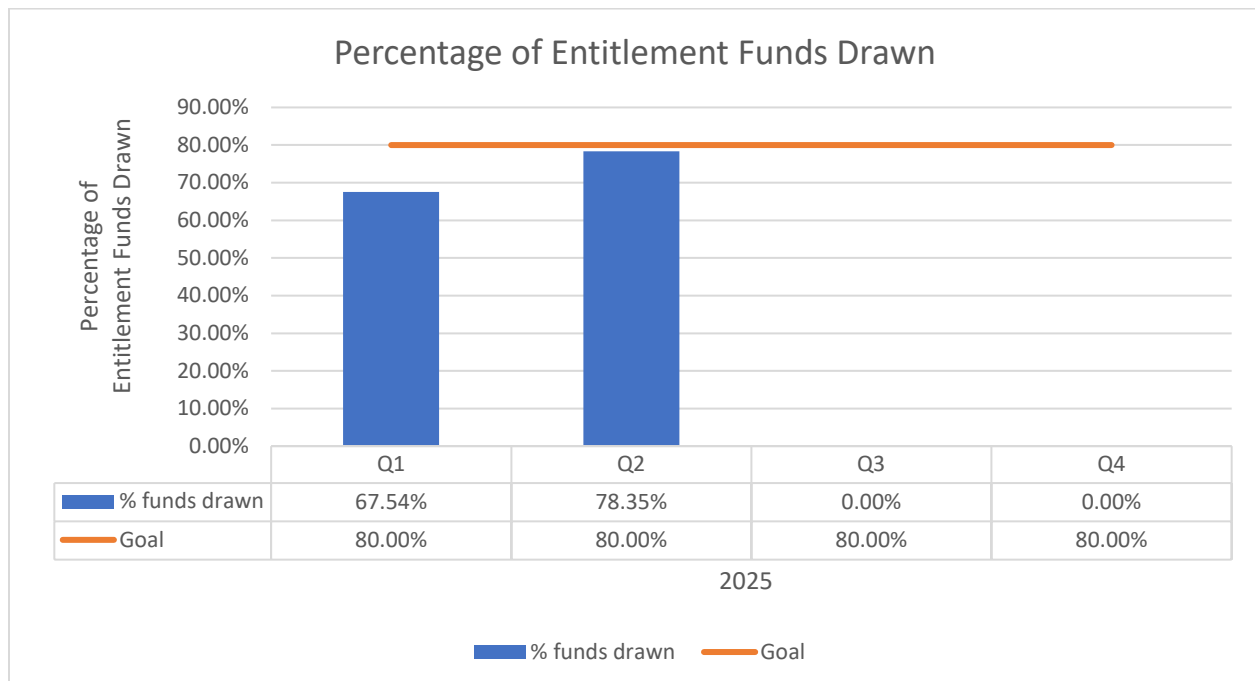
Performance Measures

Progress in achieving goals shall be measured by:

Measure #11: Amount of CDBG spent annually by category**Measure #12: Amount of HOME funding spent annually by category**

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.

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

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.

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.

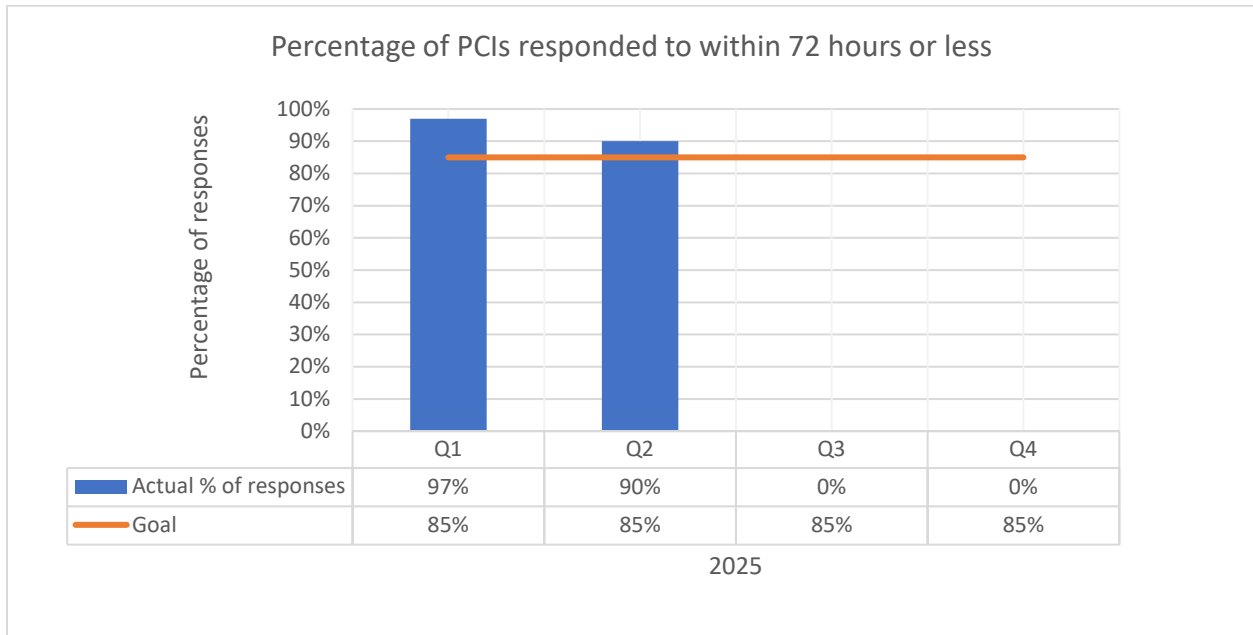
Accomplishment Goals

- 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.

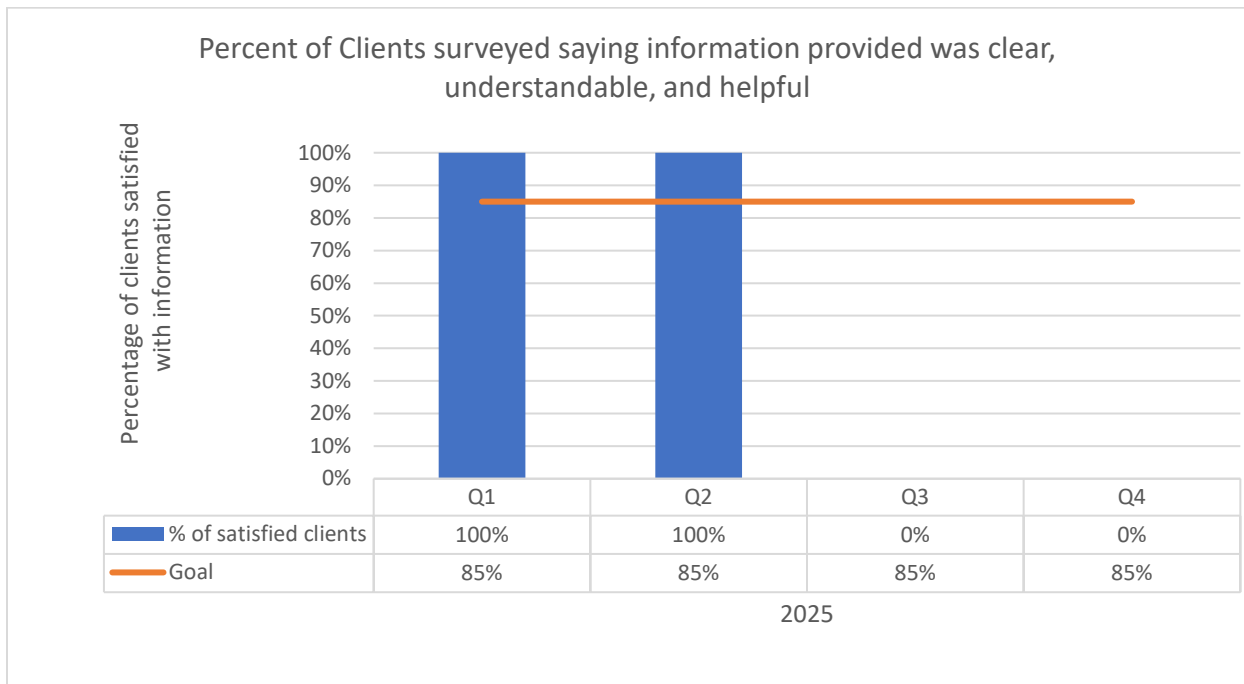
Performance Measures

Progress in achieving our goals will be measured by:

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



Measure #16: 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.

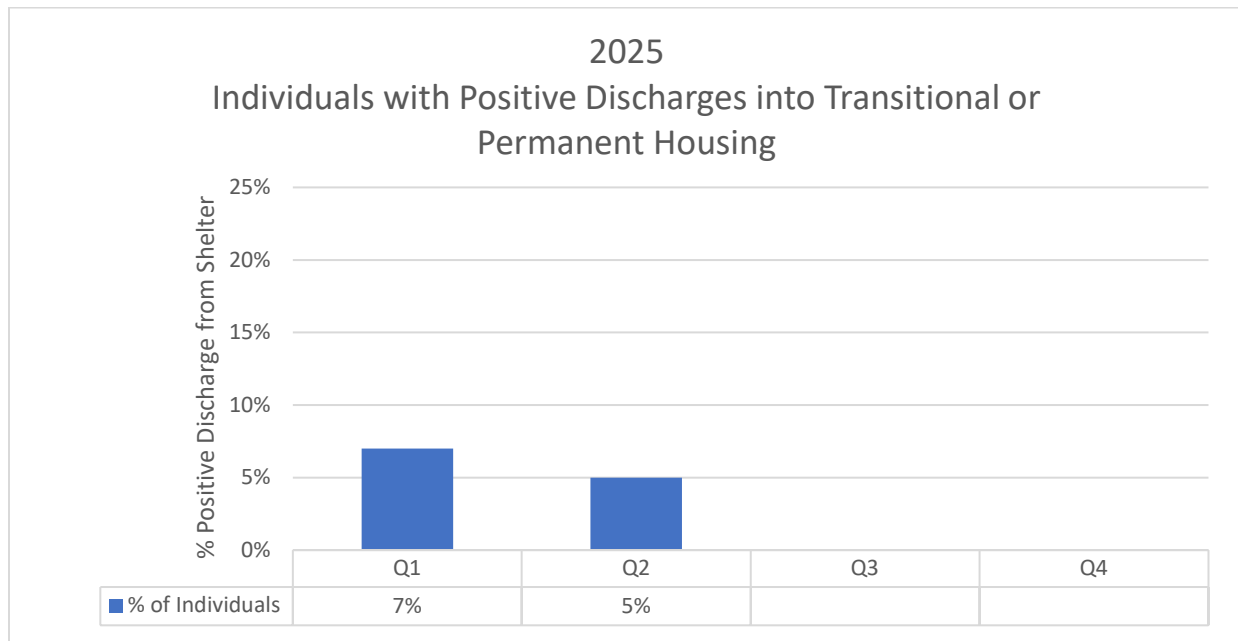
Accomplishment Goals

- 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

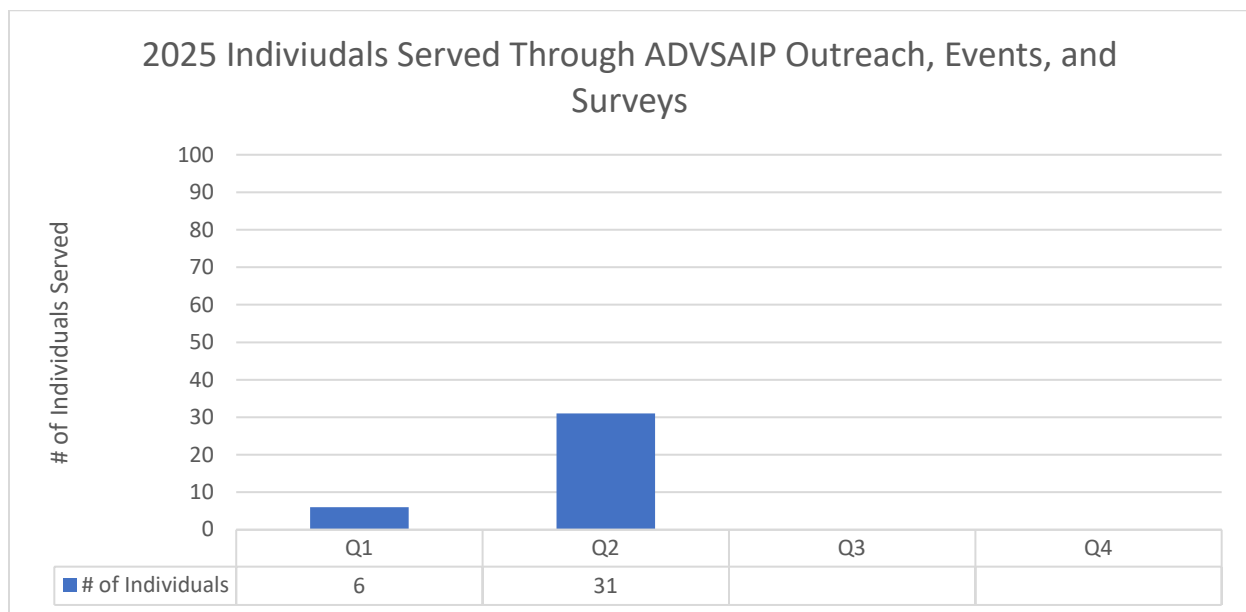
Progress in achieving goals will be measured by:

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



HHS changed PVRs on Q1 2025. The PVR report for Q1 contained incomplete data as a result of adjusting to the new format. Q2 report contains all relevant data and thus may look slightly different than Q1 report.

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



HHS changed PVRs on Q1 2025. The PVR report for Q1 contained incomplete data as a result of adjusting to the new format. Q2 report contains all relevant data and thus may look slightly different than Q1 report.

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.

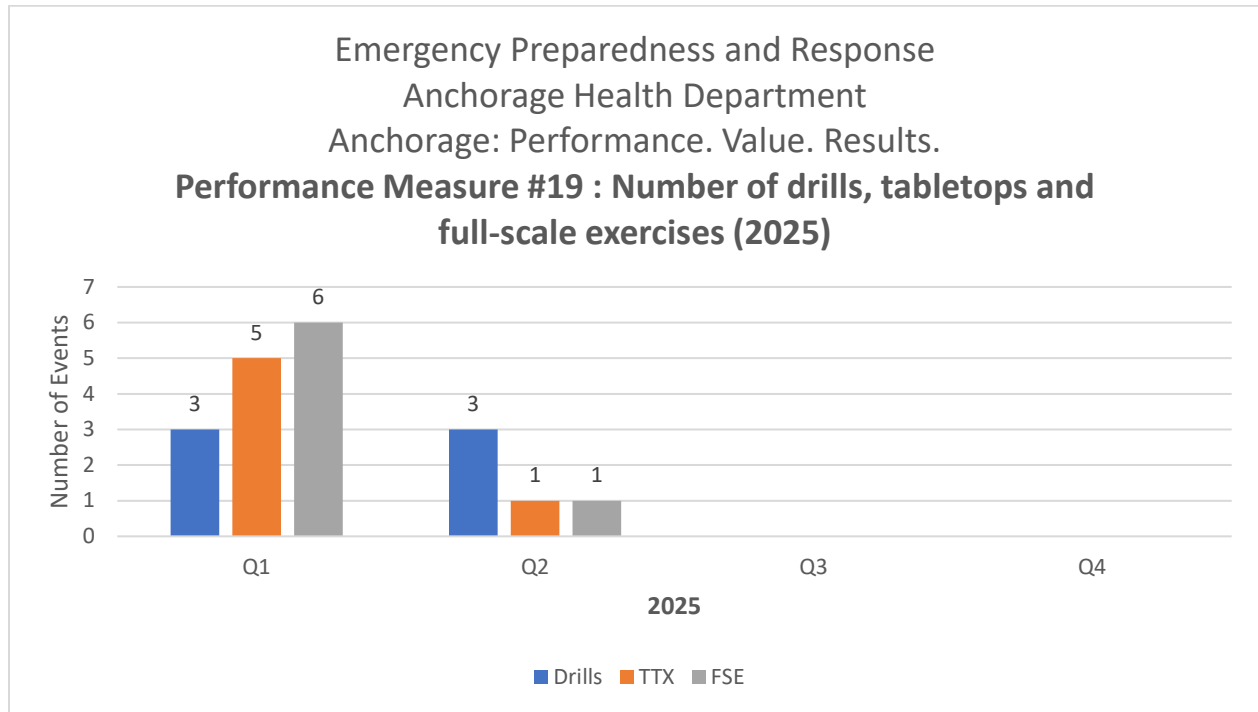
Accomplishment Goals

- 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:

Measure #19: Number of drills, tabletop and full-scale exercises conducted annually.



Explanatory note:

The Emergency Preparedness (EP) Program practices (conducts drills, exercises, and TTX) 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

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

Measure #2: Enrollment rate in WIC

Measure #3: Breastfeeding rate for those enrolled in WIC

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

Measure #5: Number of complaints received

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

Measure #7: Number of complaints per priority level

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

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

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

Measure #11: Amount of CDBG spent annually by category
Measure #12: Amount of HOME funding spent annually by category
Measure #13: ESG funds spent annually by category
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

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

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

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

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

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.

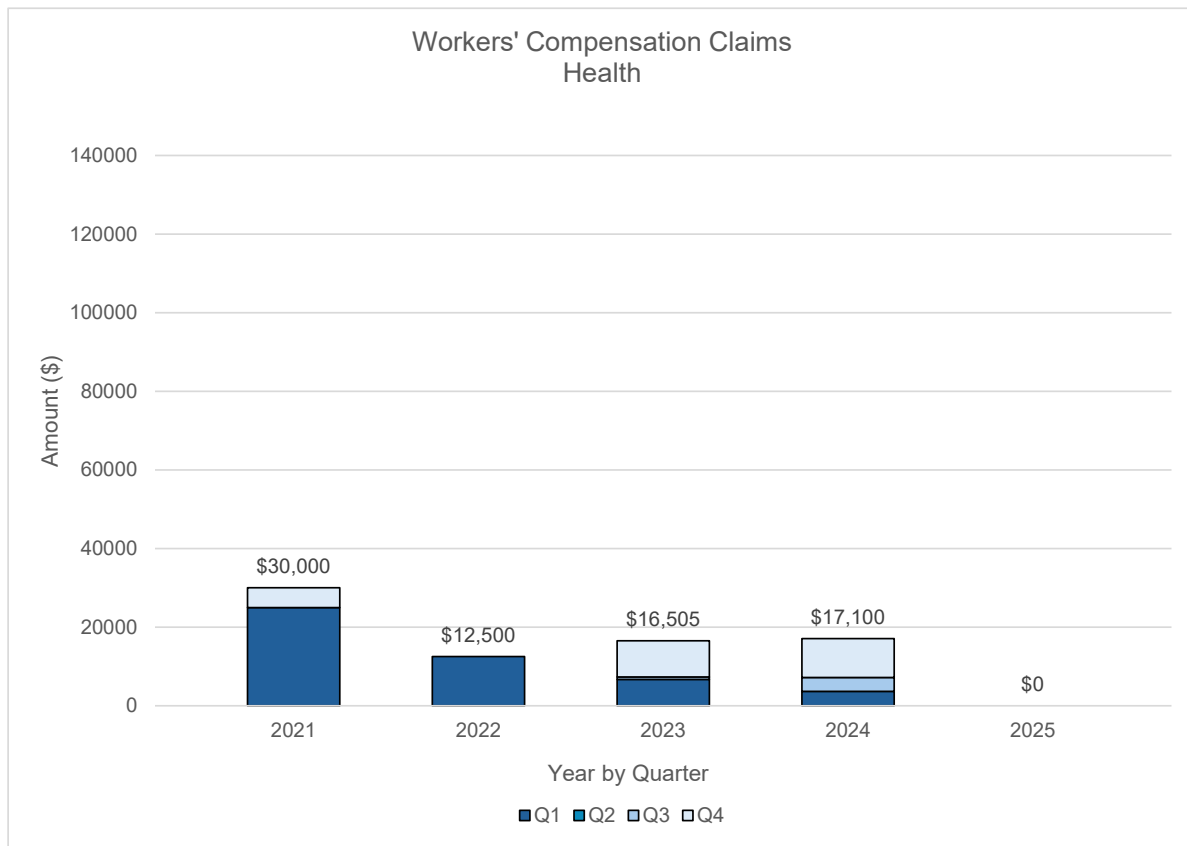
Used by

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.





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