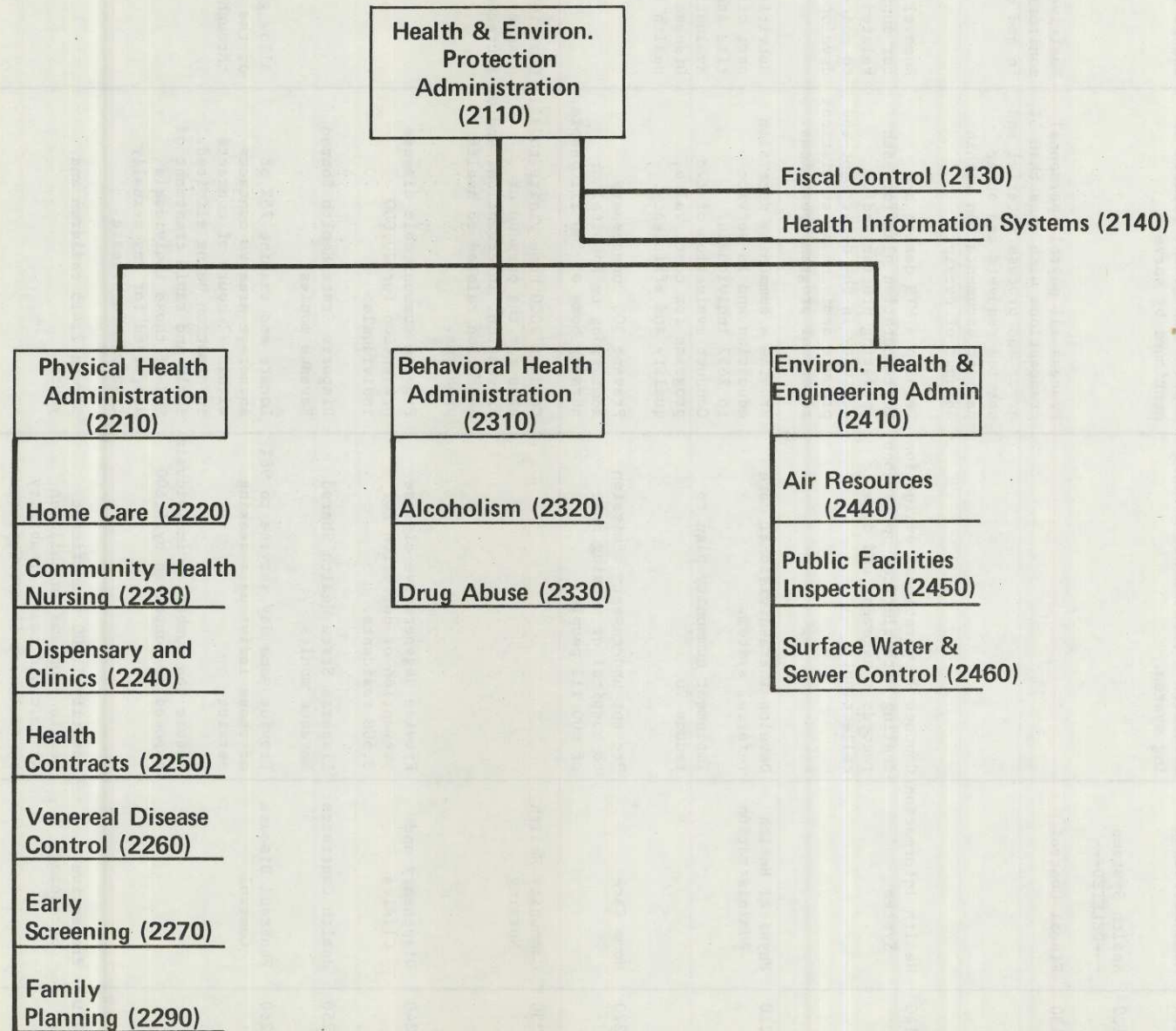


ORGANIZATION CHART

Department of Health and Environmental Protection



DEPT. Health and Environmental Protection		MAJOR OBJECTIVES FOR 1978	MAJOR OBJECTIVES FOR 1979	MAJOR PROGRAM CHANGES FOR 1979
CODE	BUDGET UNIT			
2110	Administration	Establish a performance monitoring system.	Improve management climate as mentioned by survey	Change in management style
2120	Health Systems ---DELETED---			
2130	Fiscal Control		Process all payroll/personnel transactions with less than 3% error and process material and service requests and other payment documentation within 48 hour of receipt.	Positive error feedback and monitoring system and control in and out time parameter.
2140	Health Information System	Conduct 9 operational evaluations dealing with clerical operations records management and data collection.	Develop a MIS design and implementation plan for each operating program and/or activity in the department and produce semi-annual statistical report of program operations.	Removal of responsibilities for support services not related to MIS, freeing staff to concentrate on systems development.
2210	Physical Health Administration	Develop intra-divisional care referral system. Implement community plan to reduce VD	Provide a community nutrition education and in-service to 2652 individuals. Conduct evaluation of two programs for cost, value, quality and efficiency.	Nutritionist status from part time contract to full time staff. Evaluation of Venereal Disease Clinic and Community Health Nursing
2220	Home Care	Prevent unnecessary admission to hospital or nursing home of 600 ill people.	Prevent 300 unnecessary admissions to hospital or nursing home of 180 ill people.	
2230	Community Health Nursing		Conduct 9000 home visits to all ages for the purpose of prevention, intervention, and/or education related to health problems.	Coordinating with discharge planners at hospitals to increase number of referrals.
2240	Dispensary and Clinics	Provide degenerative disease prevention or detection for 3,500 residents.	Provide communicable disease prevention for 20,000 individuals	
2250	Health Contracts	Disperse State Health Shared Revenue monies	Disperse State Health Shared Revenue monies	
2260	Venereal Disease Control	Provide same day service to 98% of those individuals seeking service. Reduce the number of individuals exposed to gonorrhea by 5,600	Locate and examine 75% of Anchorage Area VD contacts within 72 hours of contacts information being elicited. Early and rapid treatment of 98% of those individuals diagnosed for any sexually transmitted disease.	Allow greater accessibility of the clinic's services through evening clinics.
2270	Preventive Screening	Identify 1,200 significant health problems in children which could cause disability by adulthood if not detected early.	Screen 2,415 children and youth	
2290	Family Planning	Deliver birth control methods to 3,362 women ages 20-44. Deliver birth control method to 2,000 teenagers ages 12-19.	Provide Family Planning services to 2,000 females under 19. Provide Family Planning services to 4,440 females over 19.	Increase community outreach and provide 2 evening clinics per month.
2310	Health Administration	Develop an approved comprehensive coordinated service delivery document for provision of alcohol abuse, drug abuse and mental health services.	Develop unified contract supervision and management system. Develop operational efficiency within division.	Creation of a grants and contract unit and reconstruction of division functionally rather than programatic.

DEPT. Health and Environmental Protection		MAJOR OBJECTIVES FOR 1978	MAJOR OBJECTIVES FOR 1979	MAJOR PROGRAM CHANGES FOR 1979
CODE	BUDGET UNIT			
2310	Mental Health Function		Provide program review, evaluation, statistical analysis and technical assistance.	Addition of grants and contract unit in division allows more time to provide direct service support.
2320	Alcoholism	Reduce work inefficiency of 500 employees with alcohol related problems by implementing an employee assistance program.	Provide program review, evaluation, statistical analysis and technical assistance.	Addition of grants and contract unit in division allows more time to provide direct services support.
2330	Drug Abuse	Realize 44 out of 120 long term treatment successes.	Provide program review, evaluation, statistical analysis and technical assistance.	Addition of grants and contract unit in division allows more time to provide direct services support.
2410	Environmental Health Administration		Develop management training plan for Program Managers.	
2420	Environmental Engineering --DELETED--			
2430	Sanitation --DELETED--		Inspect Public facilities to acceptable public health standards.	Additional qualified sanitarian to support increased workload.
2450	Public Facilities Inspection		Respond to all public nuisance compliants within 5 working days.	
2460	Surface Water and Sewer Control		Monitor public well quality and inspect all new on-site sewer and water systems. Sample area streams for quality.	Addition of water quality sampling to section.

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Administration	Unit No. 2100	SEC. Administration	Unit No. 2110
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OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS			1978	1979
		Work-load	Efficiency	Effectiveness		
1. Improve management climate as measured by survey	# Percentile Increase			x	30%	65%
2. Submit all grants into approval processes in a timely manner.	# Number of Grants	x			6%	6%
	# Number of Processes	x			3%	3%
	# Number Submitted Before Due Date			x	3%	6%
	# Number Funded Without Problems (all are funded)		x		4%	6%
	# Audit Exceptions		x		Unknown	2%
3. Stabilize Organization.	# Work Program Exceptions		x		Unknown	

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

- As a result of an organization and management audit done in early 1978, problems were identified mainly in the organizational climate (Lane Study).
- Special consideration is often needed from office of Management and Budget, Health Commission and others.
- A number of things have impacted the Health Department not the least of which is reorganization. This has had a dramatic effect on how well we produce.

CHANGES FROM CURRENT OPERATIONS:

- This represents a change in the style of management.
- Start earlier.
- No changes.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

- Develop written policy, procedures, goals, standards and job descriptions and enforce them.
- Develop a timetable and accountability matrix and hold people accountable.
- Compare 1978 and 1979 work program for significant increase or decrease in productivity.

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Administration	Unit No. 2100	SEC. Fiscal Control	Unit No. 2130		
OBJECTIVES		PERFORMANCE INDICATORS					
		DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
1. During 1979 process all payroll/personnel transactions with error factor of less than three percent.		Volume of Transaction	x			2540	2600
		Errors		x		6%	3%
		After the Fact Code Changes			x	130	50
		Volume of Transactions	x			3100	3900
		Error Rate		x		2%	2%
2. During 1979 process material and service requests and other payment documentation within 48 hours of receipt.		Final Action Delay		x		1 to 14 days	2 days

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. A number of payroll or personnel action form changes have been necessary due to employee, clerical or system error. These create some problems in getting accurate paychecks to the employee.
2. Service providers believe that anything put into the system may disappear because of inadequate information flow.

CHANGES FROM CURRENT OPERATIONS:

1. Provide a positive error feedback and monitoring system.
2. Control in and out time parameter.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

1. (a) Provide adequate training
(b) Provide positive feedback from personnel and payroll department.
(c) Establish error reporting system.
2. (a) Time stamp all incoming documentation.
(b) Report and analyze all pending items.
(c) Return all rejected items within four hours.

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DEPT.	Health and Environmental Protection	Unit No.	2000	DIV.	Administration	Unit No.	2100	SEC.	Health Information Systems	Unit No.	2140	
OBJECTIVES						PERFORMANCE INDICATORS						
						DESCRIPTION			Work-load	Efficiency	Effectiveness	1978
1. Develop a MIS design and implementation plan for each operating program and/or activity in the department. 2. Maintain the level of support available on the departments mini-computer system 3. Produce a semi-annual statistical report of program operations.						# of reviews completed	x				20	
						# of Staff Hours per evaluation		x			70	
						# of plans completed			x		20	
						# of Budget Units Served	x				4	8
						# of Terminal Hours available each day.			x	7.8	15	
						% of class 1 service request answered within 15 minutes		x		94	98	
						# of reports produced	x			2	2	
						# of program activities included			x	9	13	
						# of months time lag from end of period to publication of report		x		9	6	

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

The Lane Study and various other studies over the years have shown the need for a strong information system (MIS) capability in the Department of Health. If this capability is not further developed we can expect the continuation of management guesses in many programs. This is not an acceptable situation in light of the emphasis put on scientific management. Further we currently have two new program managers and anticipate normal turnover. Each new manager requires considerable support in development of their operating policies and information needs.

CHANGES FROM CURRENT OPERATIONS:

During 1978 the Health Systems section was reorganized and responsibilities for support services not related to the units primary mission were relocated elsewhere, thus freeing the staff to concentrate on systems development work. Continued emphasis will be placed upon raising the percentage of time spent in systems development as compared to systems operation. Our 1978 goal was to reduce the operational support to 30%. This will rise in late 78 and early 1979 as new data systems are implemented but should fall to 25% by late 1979 as the individual programs assume much of the responsibility for their own data preparation and entry.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Develop a MIS Plan for each unit. 2. Implement a nursing scheduling system. 3. Maintain Mini-Computer Support 4. Publish Semi-Annual Reports | <ul style="list-style-type: none"> * Acquire needed resources * Develop timeline plan * Identify internal and external data needs * Identify required resources and possible alternatives * Publish a plan * Develop a conceptual design * Identify and acquire needed resources * Prepare detailed design specifications * Write Computer Software * Train staff * Add additional terminals * Train program staff in use * Review weekly processing schedules * Automate report generation cycles * Refine reporting requirements * Add additional program activities * Reduce lag time in report preparation by 33% |
|--|--|

DEPT.	Unit No.	DIV.	Unit No.	SEC.	Unit No.
Health and Environmental Protection	2000	Physical Health	2200	Administration	2210

OBJECTIVES	DESCRIPTION	PERFORMANCE INDICATORS				1978	1979
		Work-load	Efficiency	Effectiveness			
1. Provide community nutrition education, consultation, and In-service training to 2652 individuals.	# Of individuals served	x				2652	
	# of consultations	x				740	
	# of community education programs	x				30	
	# of instaff training sessions	x				22	
2. Develop intra-divisional coordination and cooperation through organized meetings of staff.	# of Manager's meeting	x				46	
	# of staff meetings	x				10	
	# of news sheets	x				12	
3. Conduct evaluation of two programs for cost, value, quality and efficiency.	# of programs (2)	x				2	
	# of Consultation Visits	x				6 days	

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. The contract nutritionist in one month of service has had numerous requests for assistance and training. The Alaska Health Plan outlined three objectives for nutrition of which one was set as priority "Encourage development and coordination of nutrition education programs for the residents of the area".
2. It is essential that information be disseminated for it affects the public. Without such meetings common goals are lost.
3. The Federal, State and local government are concerned about cost effectiveness, program value and quality. Staff needs objective appraisal and assistance.

CHANGES FROM CURRENT OPERATIONS:

1. Nutritionist status from Part-time contract to full-time staff.
2. No change- improved format.
3. Venereal Disease clinic was evaluated two years ago for quality. Plan to include cost effectiveness. Community Health Nursing has not been evaluated.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

1. Nutritionist to hold community workshops, speak to groups, set up consultation schedule and training sessions for staff.
2. Staff meetings on regular basis to be maintained and strengthened.
3. Arrange for evaluation of Venereal Disease and Community Health Nursing Programs.

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Home Care	Unit No. 2220		
OBJECTIVES		PERFORMANCE INDICATORS					
		DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
Prevent 300 unnecessary admission to hospital or nursing home of 180 ill people.		# of admissions	x			250	300
		# of skilled visits	x			2250	2250
		# of semi-skilled visits	x			750	1000
		Cost per skilled visit		x		\$80	\$80
		Cost per semi-skilled visit		x		\$50	\$50

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. Federal regulations of Title XVIII and XIX state specific criteria for certification of Home Health Agency, with certification, skilled nursing care, physical therapy, speech therapy and health aide services are directly reimbursed and occupational therapy and social worker are indirectly reimbursed. Certified Home Health Agencies offer a lower cost alternative to institutionalization, in part, reimbursed from Title XVIII and XIX. One third of Home Health Agency clients require health aide services to be able to remain in their homes even though skilled care is given.
2. A minimum of 5000 Anchorage area residents need home care either skilled, semi-skilled or both.*
3. Reimbursables - skilled services are reimbursed at \$40 per visit, each visit approximately 1½ hours in length. Semi-skilled are reimbursed at \$32 per visit, each visit approximately three hours in length.

* 1976 statistics of Federal congressional budget office on Budget Management Report.

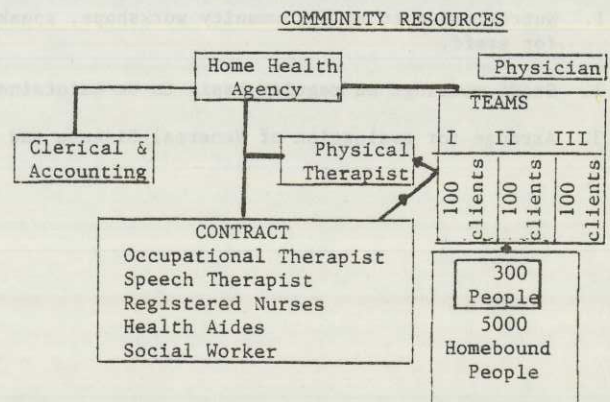
CHANGES FROM CURRENT OPERATIONS:

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

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

Objective: Prevent unnecessary institutional admission of 180 ill people.

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



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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Community Health Nursing	Unit No. 2230			
OBJECTIVES			PERFORMANCE INDICATORS					
			DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
1. Conduct 9000 home visits to all ages of the population for the purpose of prevention, intervention, and/or education related to health problems.			# of home visits	x			7436	9000
			cost per home visit		x		\$34	\$34
			# of home visits nurse/day			x	2.8	3
2. Conduct Well Child Conference with families of newborn babies			# of newborn babies served	x			953	1096
			Cost per baby per visit		x		\$24	\$24
			# of Well Child Conference visits performed	x			4765	5208
3. Provide nursing service to 800 persons in day care centers, quansi-institutions and nursery schools for communicable disease control, health education and health promotion.			# of persons served	x				800
4. Conduct classes, workshops, discussion groups and public speaking engagements for 4000 persons to provide health education and parenting guidance.			# of classes, workshops, discussion groups and public speaking engagements	x			678	188*
			# of individual contacts	x				4000
5. Conduct 11 workshops and provide 100 consultations dealing with general child care and parenting for day care center staff and parents.			# of workshops & consultations	x				111
			# of persons served	x				735

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

New referrals for community health nursing home visits are received at a rate of 3000 per year. Each request requires an average of three visits (9000 home visits). These referrals are in areas of maternal and child health, mental health, acute and chronic illness, child abuse, crippled childrens services and communicable disease. Well Child Conferences are in constant demand. Backlogs of two months still exist in about one half of neighborhood clinics. Requests for nursing service are increasing especially from Senior Citizen Centers, abused women shelters, Jess Lee Home, day care centers and nursery schools. Constant surveillance of the communicable disease level in the community must be maintained. Immunization by-law must be current on all children attending day care and all school age children. Requests for service in special areas such as Sudden Infant Death, Child abuse and neglect and parenting are received from other agencies as well as private citizens. Staff training for day care is essential and requests for this are increasing since day care centers require staff attendance & encourage or require parent participation. Working parents and staff seek consultation regarding selection and requirement on day care.

CHANGES FROM CURRENT OPERATIONS:

Hospitals are using the services of discharge planners who provide for follow-up care of patients at home thus increasing the number of referrals from this source. A Family Service specialist (Child care specialist) has been added to Community Health Nursing Staff, a transfer from Behavior Health Section. More involvement by Public Health Nurses in health education in day care centers is expected to occur with this change.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

Home visiting will have highest priority for increase in service in 1979. Well Child Conferences will remain stable or increase only slightly. Nursing service and health related community activities such as requests for parenting classes, assistance in establishing and maintaining good health practices in residential homes for patients, i.e., abused women in crisis center, Jesse Lee Home, Erickson's Boarding Home, etc.

* This category excludes community organization work which was formerly included here.

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EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. The 1977 incidence of communicable disease in Southcentral Region as reported by the State of Alaska's Annual Communicable Disease Report; (excluding venereal disease) reported 1161 cases of communicable disease or an incidence rate of 556 per 100,000 population. The report included; 2 case of diphtheria, 94 cases of dysentery, 513 cases of hepatitis, 44 cases of meningitis, 22 cases of mumps, 1 case of rubella, 5 cases of rheumatic fever.
2. The semi-annual report of the Physical Health Division, Department of Health & Environmental Protection, lists a total of 15 active (infectious) cases of tuberculosis reported in the Anchorage area during 1977.

CHANGES FROM CURRENT OPERATIONS:

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

T A S K

- | | |
|------------------------------------|--|
| 1. Communicable Disease Prevention | <ul style="list-style-type: none"> Epidemiology (disease investigations) Immunizations (childhood, adult, travel, flu) Preventative vaccines (rabies, hepatitis, meningitis) Screening tests (premarital) Diagnostic tests (hepatitis, strep infections) Disease treatments (strep infections) Public education on disease prevention |
| 2. Tuberculosis Prevention | <ul style="list-style-type: none"> Epidemiology (contact investigation) Screening tests (tine, PPD) Diagnostic tests (x-ray, sputum) Chest Clinics (Physician case consultation) Chemotherapy for prevention Chemotherapy for treatment Patient education |

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Health Contracts	Unit No. 2250			
OBJECTIVES			PERFORMANCE INDICATORS					
			DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
Disperse State Health Revenue Sharing Monies			Payments to Hospitals, Treatment Center and ARCA	x			10	10

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

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

CHANGES FROM CURRENT OPERATIONS:

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

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

Disperse State Health Revenue Sharing Monies

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

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Venereal Disease Control	Unit No. 2260		
OBJECTIVES		PERFORMANCE INDICATORS					
		DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
1. Early and rapid treatment of 98% of those individuals diagnosed for any sexually transmitted disease.		# of individuals diagnosed with sexually transmitted disease	x			4165	4655
		# of individuals receiving treatment for a sexually transmitted disease			x	4080	4560
2. Same day service to 98% of those individuals seeking service		# of individuals coming into clinic each day	x			8500/yr	9500/yr
		# of individuals seen in clinic each day			x	8330/yr	9310/yr
3. Locate and examine 75% of Anchorage area VD contacts within 72 hours of contacts information being elicited		# of contacts elicited	x			880	985
		% of contacts examined within 72 hours		x		75%	75%
		% of contacts examined			x	88%	88%
4. Attain a positivity rate of 2.9% for non-VD clinics in the Gonorrhea Screening Program		# of females screened	x			31,200	32,000
		% of cultures positive		x		2.7%	2.9%
		# of cultures positive (non TB clinics)			x	840	930
5. Present 75 community groups with an educational program on VD		# of groups taught	x			60	75
		# of individuals taught			x	2100	2625
						Based on 1st quarter 1978	
EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:							
1, 2, 3. Complications incurred as a result of untreated sexually transmitted diseases resulting in days lost from work, school and increased hospital costs for treatment of complications. 17% of females with gonorrhea will develop pelvic inflammatory disease and its complications.							
4. 80% of females with gonorrhea are asymptomatic therefore, most do not seek VD testing until complications (causing symptoms) have begun. Routine screening of females allows early diagnosis and treatment of the disease while still in its' asymptomatic stage.							
5. 10-15% of males will also be asymptomatic, thus spreading the disease without realizing they are infected. Education regarding the cause of sexually transmitted infections is necessary for awareness about the spread, transmission and complications of untreated disease.							
CHANGES FROM CURRENT OPERATIONS:							
Possible increase in evening clinic hours to two (2) evening clinics per week thus allowing greater accessibility of the clinic's services to the public.							
SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:							
1. 98% treatment of infected individuals		- use of lab procedures for same day treatment - field investigations on untreated patients 48 hours after confirmation of VD - follow-up on non-VD clinic patients 10 days after confirmation of VD - encourage use of epidemiology services by non-VD clinics - retest for VD after treatment					
2. 98% same day service		- schedule appointments for retests or retreatment of VD - walk-in clinic hours and Monday evening clinic					
3. Rapid examination of contracts		- full clinic staff for maximum patient load per day - full clinic staffing for more time used in field investigations - reviews of efficiency of contact work - reviews of interviewing techniques					
4. Improve effectiveness of Gonorrhea Screening		- periodic onsite visits - evaluation of Gonorrhea Screening program					
5. Increased community education		- continue current educational efforts - increase health agency awareness of educational services					

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DEPT.	Health and Environmental Protection	Unit No.	2000	DIV.	Physical Health	Unit No.	2200	SEC.	Preventive Screening	Unit No.	2270						
OBJECTIVES						PERFORMANCE INDICATORS											
						DESCRIPTION	Work-load	Effi-ciency	Effec-tiveness	1978	1979						
1. Complete outreach efforts to Medicaid eligible children and youth.						# Medicaid eligible children	x			3,200	3,500						
						Elapsed time from eligibility to outreach contact			x	3 weeks	2 weeks						
						Cost per outreach effort		x		\$14	\$14						
						2. Screen 2,415 children and youth						# Clinic visits per year	x			1,794	2,415
Cost of clinic visit (exam and lab work)		x		46	34												
3. Detect 1,690 health problems in children and												Cost of follow-up/problem		x		33	23
												# Problems identified through			x	1,255	1,690
						# Problems tracked	x			1,255	1,690						
						4. Document treatment initiated in 50% of problems within 60 days of detection.						# Problems treated within 60-days of detection			x		50%

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

- 1, 2, 3, 4. Federal legislation provides for Early and Periodic Screening, Diagnosis and Treatment for Medicaid eligible children and youth between 0 and 21 years.

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

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

5, 6. In 1975 Alaska Vital Statistics Report, degenerative diseases (e.g., heart disease, malignant neoplasms, cerebrovascular disease, arteriosclerosis) are listed as accounting for 70% of all deaths in the U.S. In Alaska these diseases accounted for 43% of all deaths of 661 persons in 1975.

CHANGES FROM CURRENT OPERATIONS:

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

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

1. Outreach - letter to every new eligible child or youth.
 - home visit/telephone contact to every eligible child or youth.
 - utilize computerized information system.
2. Screen Children and Youth -
 - hold clinic up to 35 manhours per week.
 - employ a nurse practitioner full-time
3. Detect health problems, children and youth
 - offer variety of screening tests.
 - purchase titmus vision tester
 - utilize nurse practitioner as consultant/staff trainer in addition to providing screening services
 - maintain protocol through review by Medical Advisory Group.
4. Document treatment in 50% of cases in 60 days - use computerized information system.
5. Partial screening/education- Liaison with Health Associations.
 - Patient education.

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Physical Health	Unit No. 2200	SEC. Family Planning	Unit No. 2290			
OBJECTIVES			PERFORMANCE INDICATORS					
			DESCRIPTION	Work- load	Effi- ciency	Effec- tiveness	1978	1979
I. To provide Family Planning Services to <u>2000</u> females under 19 years of age.			I. (A) # of teenage clients to be served.	x			1600	2000
II. To provide Family Planning Services to <u>2600</u> females of low income (1)			(B) # of teenage clients served (1)			x	80%	100%
III. To provide Family Planning Services to <u>4440</u> females over 19 years of age.			II. (A) # of low income clients to be served.	x			1800	2600
(1) 150% of poverty			(B) # of low income clients served			x	100%	100%
(2) Revision of the anticipated # of clients seen due to: Relocation, New Telephone System, 6 months delay in hiring of teen outreach worker.			III. (A) # of clients to be served	x			3600	4400
			(B) # of clients served			x	107%	100%

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. Pregnancy in this age group results in interruptions in education and socialization process that cause permanent changes in life plan. 72% of mothers who have a first birth at age 15-17 receive welfare at 4.6 times the proportion of those who have a first birth at age 20-24.
2. It is this age group in which high risk pregnancies have a greater change of occurring. Adolescent mothers are 1.3 times more likely to suffer toxemia as a result of pregnancy or birth than women 20-24.
3. There are 200 abortions/year in this age group.
4. There are 468 births/year occurring in this age group.
5. It is estimated using the Morris type calculation that 2748 women aged 12-19 desire a contraceptive method.
6. It is estimated that there are 3352 low income women in Anchorage. 80% or 2680 of low income women desire a contraceptive method.
7. It is estimated that there are 2217 native women in Anchorage. 80% or 1773 of these women desire a contraceptive method at any one time.

CHANGES FROM CURRENT OPERATIONS:

1. Teenage Outreach - Teen and parent discussion groups in community schools, youth agencies, churches, etc.
2. Evening Family Planning clinics two times a month.
3. Re-establishment of Family Planning policy advisory committee.
4. Increase in community outreach i.e., speaking engagements, involvement in making a 30-minute TV documentary on teen pregnancy.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

1. Recruitment at community schools, church groups, native teen groups; ethnic, cultural, low income, women whose health status places them in high risk pregnancy categories.
2. Expanding clinic hours by regularly scheduling daily and nite clinics.
3. Initiate and expand referral system within and outside Health Department.
4. Increase public awareness through TV, radio, etc.
5. Clinic services will include - counseling, education, laboratory tests, physical exam, income assessment, and prescribing of birth control method for each client.
6. Special teenage services will include - individual counseling regarding attitudes and responsibilities surrounding their own sexual behavior.

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Behavioral Health	Unit No. 2300	SEC. Administration	Unit No. 2310		
OBJECTIVES		PERFORMANCE INDICATORS					
		DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
1. Develop a unified contract supervision and management system.		1 Develop Unified Data System	x			0	1
		Increase on-site monitoring of contractors	x			6	12
		Timely feedback to contractors		x		5 weeks	3 weeks
2. Develop operational efficiency within division		2. Monitor contract compliance			x	annually	semi-annual
		Write RFP/contracts/grants	x			11	19
		Provide technical assistance		x		annually	quarterly
		Consolidate fiscal audit and contracts		x		4	1
		Increase word-processing capacity per secretary		x		4 pgs/day	6 pgs/day
3. Hold Provider Workshops		3. Service providers participating questionnaires sent providers	x		x	36	50
		questionnaires returned			x	51	75
4. Implement 24-hour crisis center						N/A	50
		4. Clients referred	x			0	N/A
5. Implement a program of long-range planning		Clients completing referral			x	0	N/A
		5. Data analysis performed	x			0	69
6. Implement on-going staff training		Long range plan document	x			1	1
		6. Training sessions held	x			1	3
		Work performance increased			x	N/A	N/A

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. The contract problems that the division faces are lack of clear, understandable and workable systems for collection and monitoring the information necessary to make a definitive judgment on the contracted programs, as documented in the fiscal and program audits, monthly and quarterly reports.
2. The Lane Study has pointed out that the fragmentation of the division, the division's system of delivery within the department, and the lack of proper tools greatly handicap efficient operation and attainment of objectives.
3. Report of 1977 workshop participants expressed interest in additional workshops.
4. Priority need for a 24-hour crisis center identified by the community based providers in the 1977 provider workshops.

CHANGES FROM CURRENT OPERATIONS: The Division was reorganized following the April 78 Lane & Touche-Ross Study:

1. Division restructured by functional rather than programmatic designations
 - a. program specialists responsible for program management and evaluation for each program area
 - b. creation of a Grants and Contracts officer for grant/contract/RFP writing/analysis with staff support.
2. Child abuse prevention consultation transferred to Physical Health Division.
3. Development of unified management information system
4. 24-Hour Community Crisis Intervention Center
5. Establishment of a word processing center
6. Treatment Alternatives to Street Crime program combined with drug abuse education counselors

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

1. Unified contract supervision/management system - Identify categories of program/fiscal data required by funding source
- Develop uniform coordinated system of reporting mechanisms for data
- Develop/implement system of monitoring/evaluating with feedback
- Coordinate provision of technical assistance to contractors
2. Operational efficiency - Grants & Contracts Officer to write RFP/contracts/grants; to monitor compliance activity; to provide expertise and technical assistance to contractors
- Development of "team" concept
3. Provider workshops - Update current information on services of community providers.
- Develop communications with community based providers on service gaps and overlaps
4. Crisis Center - Develop arrangement to fund Crisis Center
- Purchase equipment, supplies, rent office space, hire staff
- Establish written policies/procedures/program evaluation procedures
- Establish referral mechanisms by written agreement with service providers
5. Long-range planning - Research new methods of service provision in other parts of North America
- Perform on-going analysis of program data
- Develop communication and liaison with programs outside of Anchorage
6. Staff training - Implement training to increase competence levels of needed skills, knowledge, abilities
- Evaluate effectiveness of training and professional development activities.

DEPT.	Health and Environmental Protection	Unit No.	2000	DIV.	Behavioral Health	Unit No.	2300	SEC.	Administration	Unit No.	2310
OBJECTIVES						PERFORMANCE INDICATORS					
						DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
Mental Health Function Will: 7. Develop an optimally functioning mental health program plan in 1979, and complete essential administrative procedure with the contractors. 8. Secure necessary funds and implement component programs in 1979. 9. Develop and implement a program monitoring system by July 1, 1979, develop plans for improvement where deficient and provide technical assistance and coordinate training.						# of goals and objectives in Municipal Health Plan addressed			x	50	65
						# of components addressed RFP with one major contractor			x	7	8
						# of complaints with contractual provisions and Federal funding criteria			x	Unknown	70
						# of on-site visits	x			3	4
						# of hours of technical assistance	x			Unknown	200
10. Develop and implement an evaluation of all contractors in 1979 by monitoring the programmatic and fiscal functions of the contractors						# of contractors objectives			x	Unknown	90
						- fiscal					
						- program audits					
						- team site visitations					
NOTE: The responsibility for this function rests with the Division Director who will assign these objectives to the two (2) program managers shown in Budget Unit 2320 and 2350.											

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

7. Lane operational study indicates the need to more clearly meet the Community's goals
8. Municipal Health Commission has identified mental health as one of its priorities
9. Behavioral Health history of contractors failure to meet objectives
10. Municipality assumption of mental health powers in 1975

CHANGES FROM CURRENT OPERATIONS:

7. Contractors compliance is tested regularly using nationally accepted criteria and a standardized on-site review approach with regular compliance reports to contractors.
8. An evaluation plan with preset criteria which is quantifiable to the extent possible.
9. Increased emphasis on crisis intervention.
10. Behavioral Health team visitations and evaluations.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

7. Apply for State and Federal money, secure funding and implement mental programs using the request for proposal process.
8. Develop and implement a standardized monitoring system which includes analyzing data and site visits with follow-up to assure corrective action recommendations have been implemented.
9. Develop an overall evaluation plan including prioritized activities, quantifiable criteria, methodology and implementation schedule.
10. Conduct team evaluation.

DEPT.	Unit No.	DIV.	Unit No.	SEC.	Unit No.
Health and Environmental Protection	2000	Behavioral Health	2300	Alcoholism	2320
PERFORMANCE INDICATORS					
OBJECTIVES	DESCRIPTION			1978	
				1978	1979
1. Insure collection, analysis and submission of all required forms per schedule.	Complete and submit all reporting forms.			x	100%
2. Program standards review, evaluation, statistical analysis and technical assistance per schedule	On-site program visits: # of visits # of reports # of meetings attended			x x x	4 4 12
3. Provide inter-agency communications and coordination.	# of planning documents completed			x	4
4. Plan yearly and long-range programs of service delivery.	Recommendations Completed			x	1
5. Explore and plan development of Municipal "Troubled Employees" program.	Meet required deadlines			x	100%
6. Administer section and supervise staff.	Meet required deadlines			x	100%
7. Grants administration.					

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. State, Municipal Grant-in-aid regulations, contract program compliance reporting requirements.
 2. State Grant-in-aid regulations, contract program compliance requirements, State Grant objectives, Health Commission. State evaluations and recommendations, and actual need for improved management and service delivery.
 - 3,4. State grant, RFP, Contract, Health Commission, A-95, SCHPO requirements.
 5. Health Commission recommendation, Annual Health Plan and actual need requirements.
 6. Administrative, Personnel, OMB and internal management requirements.
 7. State and Municipal requirement.
- 1-7. Effective and efficient program management, administration meeting of requirements, implementation of goals and objectives regarding State Grant require this level of services and additional staff.

CHANGES FROM CURRENT OPERATIONS:

The tasks have not previously been performed adequately or in a way found to be acceptable by internal and external evaluation and funding agencies. Given current section staff of one Program Manager and one Secretary it is possible to perform at the level required or with the quality needed and desired. Additional staff will allow for activities required to meet objectives to perform and to be completed in a timely manner.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

1. Hire additional staff, computerize data processing and analysis, modify and refine reports and reporting requirements.
2. Hire additional staff, computerize data processing, improve management information system, develop performance and outcome criteria, conduct regular on-site evaluation and technical assistance visits.
3. Regular contact and task force, work group participation.
4. Hire additional staff, improve data collection, needs assessment and resource inventory capabilities.
5. Analyze pilot project findings, resource inventory, system alternatives and provide consultation, hire additional staff.
6. Hire additional staff, routinize office and performance functions.
7. Hire additional staff, modify reporting requirements, simplify review and approval process.

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Behavioral Health	Unit No. 2300	SEC. Drug Abuse	Unit No. 2330
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OBJECTIVES	PERFORMANCE INDICATORS					1978	1979
	DESCRIPTION	Work load	Efficiency	Effectiveness			
Drug Abuse Manager will:							
1. Develop an optimally functioning drug abuse program plan in 1979.	# of goals and objectives in Municipal Health Plan addressed			x		50	65
2. Capture funds and implement component programs in 1979.	# of components addressed in RFP	x				3	4
3. Develop and implement a program monitoring system by July 1, 1979, develop plans for improvement where deficient and provide technical assistance and coordinate training	% of compliance with contractual provisions and Federal Funding Criteria			x		Unknown	70
	# of on-site visits	x				12	16
	# of hours of technical assistance given	x				Unknown	200
4. Develop and implement an evaluation of all contractors in 1979.	% of contractors objectives achieved			x		Unknown	90

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. Lane operational study indicates the need to more clearly meet the Community's goals.
2. Municipal Health Commission has identified drug abuse as one of it's most important priorities
3. Behavioral Health history of contractors failure to meet objectives.

CHANGES FROM CURRENT OPERATIONS:

1. Contractors compliance is tested regularly using nationally accepted criteria and a standardized on-site review approach with regular compliance reports to contractors.
2. An evaluation plan with preset criteria which is quantifiable to the extent possible.
3. Behavioral Health history of contractors failure to meet objectives.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

1. Apply for State and Federal money, secure funding and implement program for juveniles using the request for proposal process.
2. Develop and implement a standardized monitoring system which includes analyzing data and site visits with follow-up to assure corrective action recommendations have been implemented.
3. Develop an overall evaluation plan including prioritized activities, quantifiable criteria, methodology and implementation schedule.
4. Conduct evaluation.

DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Environmental Health and Engineering	Unit No. 2400	SEC. Administration	Unit No. 2410		
OBJECTIVES		PERFORMANCE INDICATORS					
		DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
1. Develop management training plan for Program Mangers		# of hours required	x				120
		# of managers trained		x			4
2. Develop a cross-training program		# of hours required	x				80
		# of personnel trained		x			8
		# of personnel completing training			x		100
3. Develop a health education plan		# of hours required	x				160
		# of plan complete		x			100
		# of plan implemented			x		25

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. The division reorganization will place key people in management roles. The Lane Study identifies the need for increased management skills.
2. Vacation schedules, illness, and seasonal workload create a demand for staff outside their program.
3. The Lane Study and the Anchorage Health plan both speak to the need for health education. A dynamic educational program explaining the benefits of prevention will save money in code enforcement activities.

CHANGES FROM CURRENT OPERATIONS:

1. A definite plan will be developed to get management personnel to training classes.
2. The division training manual will be updated, and a training schedule will be developed.
3. The Program and Division Manager will work with the Department Educational Specialist to develop coordinated presentations in environmental health education.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Develop management training plan for Program Managers <ul style="list-style-type: none"> Identify management skill enhancement needed Identify training courses Schedule management people in these classes Evaluate class with each participant after attendance 2. Develop a cross-training program <ul style="list-style-type: none"> Update the training manual Those employees to be trained will be chosen and given a basic overview of their training Training personnel will be identified Weekly evaluation of training will be discussed with employee and Division Manager | <ol style="list-style-type: none"> 3. Develop a health education plan <ul style="list-style-type: none"> Identify major areas needing emphasis Identify target population groupings Develop presentation Test presentation on select groups, evaluate and refine presentation |
|--|---|

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Environmental Health and Engineering	Unit No. 2400	SEC. Public Facilities Inspection	Unit No. 2450		
OBJECTIVES		PERFORMANCE INDICATORS					
		DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979
1. Inspect food facilities to acceptable public health standards.		# of facilities to be inspected	x			883	959
		% of establishments receiving some type of educational program	x			less than 1%	5%
		% of establishments closed or legal action taken against		x		14%	10%
		% of establishments inspected as per objective			x	30%	75%
2. Inspect all beauty/barber shops as per the ordinance.		# of shops	x			150	175
		% of shops inspected as per objective			x	30%	75%
3. Inspect miscellaneous public facilities		# of miscellaneous facilities	x			275	300
		% of facilities inspected			x	15%	20%
4. Inspect all bathing facilities every sixty (60) days		# of facilities to be inspected	x			20	24
		% closure rate or legal action required	x			20%	15%
		% of facilities inspected as per objective			x	20%	50%
5. Inspect all day care and quasi institutions		# of facilities	x			105	119
		% inspected child care			x	35%	30%
		% quasi institutions inspected			x	60%	50%

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

Closure rate, legal action required to be taken for compliance, complaints received from the public and adulterated infected food which is being destroyed.

Requests for inspections from operators who need their licenses from the State of Alaska (fulfill health requirement). Public complaints. Required by Municipal ordinance.

Closure of pools due to unsafe and dangerous conditions (death has been recorded when Health Department closure order was ignored).

CHANGES FROM CURRENT OPERATIONS:

Obtain one additional qualified sanitarian. Obtain proper tools (microwave oven testor, 35mm camera with film processing, slide projector)

Train more personnel to increase the number of inspections being conducted.

Utilize computer capability.

Train qualified people to inspect and enforce the regulations. Obtain proper tools (chemicals for testing, another test kit, sechi disc).

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

- | | |
|---|--|
| 1. Food service inspections | Establish a priority inspection list.
Initiate pertinent food service court cases.
Train qualified people and give them the proper tools.
Initiate short training programs as a precursor to certification of managers. |
| 2. Beauty and Barber shop | Re-establish proper inspection rate, train more inspectors in this area. |
| 3. Miscellaneous inspections | Inspect as time permits, establish priority list. |
| 4. Bathing inspections | Train staff to conduct bathing facility inspections. Implement computer program.
Establish priority inspection system. |
| 5. Child care, quasi institutions inspections | Establish priority inspection list. Act as a clearinghouse for permitting these establishments. |

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DEPT.	Health and Environmental Protection	Unit No.	2000	DIV.	Health	Unit No.	2400	SEC.	Public Facilities Inspection	Unit No.	2450					
OBJECTIVES						PERFORMANCE INDICATORS										
						DESCRIPTION	Work-load	Efficiency	Effectiveness	1978	1979					
6. Respond to public nuisance complaints within seven (7) to ten (10) days.						# of day response		x		7 and under	7-10					
						# of public nuisance complaints	x			915 & under	300					
						# of violation notices issued	x			30	15					
						7. Inspect public housing on a health priority basis.										
8. Remove as many junk vehicles as available time and personnel permit.						# of vehicles removed	x			3,000	500					
						# of days between notification and removal			x	10 days	15 days					

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

Existing ordinance Title 15 and Title 16.

CHANGES FROM CURRENT OPERATIONS:

Elimination of the programs titled "Public Housing", "Public Nuisance" and "Junk Vehicles" as separate programs; reduction of the staff from five (5) to two (2); and reassignment of the two (2) personnel to Public Facilities Section will greatly reduce the capability to respond to these program demands.

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

- | | |
|-------------------------------|--|
| 6. Public Nuisance Complaints | Respond within seven (7) to ten (10) days.
Log Complaints.
Issue Notices of Violation and prosecute. |
| 7. Public Housing | Establish response as determined by health authority. |
| 8. Junk Vehicles | Identify and report for removal as time permits. |

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DEPT. Health and Environmental Protection	Unit No. 2000	DIV. Environmental Health and Engineering	Unit No. 2400	SEC. Surface Water and Sewer Control	Unit No. 2460
PERFORMANCE INDICATORS					
OBJECTIVES	DESCRIPTION			1978	
				1978	1979
1. Develop community noise compliance map.	# of sites monitored	x		175	200
	# of minutes per site		x	20	15
	% of area in compliance with ordinance standards develop map		x		35%
2. Sample area streams for water quality.	# of streams studies	x			1
	% of stream studied	x			1
	publish report of findings	x			80%
	% of year sampled		x		1
3. Increased efficiency of plan review and engineering support services.	# of cases/plans reviewed	x		500	600
	# of times/case required for review (average) hours		x	2	1.5
	% of cases meeting submission requirements		x	50%	60%
	# of permits issued	x		2,350	2,500
4. Inspect all new on-site sewer and water systems	# of inspections requested	x		2,150	2,400
	% of total requested inspections		x	99%	99%
	# of inspections requested	x		1,000	1,000
5. Inspect per lending institution request sewer and water facilities	% of requests inspected		x	100%	100%
	# of estimated public wells	x		220	200
6. Monitor public well water quality.	# of wells sampled routinely		x	180	180
	% of wells sampled		x	82%	90%

EVIDENCE DEMONSTRATING THE NEED FOR THIS LEVEL OF SERVICE:

1. Increased noise complaints indicate more planning and monitoring is required.
2. Wastewater planning via Section 208 requires monitoring of stream water quality to determine effects of urban runoff.
3. Required by Title 21 of Municipal Code and Chapter 22 of State Code.
4. Increasing population density due to development utilizing on-site well and sewer requires strict code adherence to insure safe drinking water and sewage disposal.
5. Lending institutions request this service, which can result in upgrading substandard facilities and subsequently eliminate future complaints.
6. Required by Title 7 of State Code alerts department to conditions that may lead to health hazard.

CHANGES FROM CURRENT OPERATIONS:

1. Requires determination of compliance with ordinance imposed standards and posting of appropriate warning signs.
2. Adds water quality sample program to sections responsibilities and requires use of departmental laboratory facilities. Provides the Municipality with an internal source of water quality data for future planning needs.
3. None
4. None
5. None
6. None

SUMMARY OF PLAN FOR ACCOMPLISHING OBJECTIVES:

Develop noise compliance level map; monitor sites, compare to ordinance imposed standards, prepare map. Sample stream for Section 208 Wastewater planning; identify stream to be sampled and parameters to be studied, obtain sampling equipment, set up laboratory, sample stream, analyze data and report to Assembly. Educate public; identify problem areas, analyze operations to reduce duplication between sections, prepare guidelines for case processing. Inspect on-site sewer and well installations, investigate complaints, inspection existing facilities for code compliance. Inspect existing sewer and water facilities for code compliance as requested. Monitor water analysis receipts and obtain overdue samples.