Department of Health and Human Services

Anchorage: Performance. Value. Results.

Mission

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

Core Services

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

Accomplishment Goals

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

Performance Measures

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

6/30/2011	93
9/30/2011	93

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

6/30/2011	72
9/30/2011	72

*NOTE: Revised measure to assess responsiveness to the public versus closing or resolving cases that oftentimes includes factors outside of the control of HHS.

Measure #3: Percent of DHHS services and programs supported by grant and non-property tax dollars.

2010	67
6/30/2011	61
9/30/2011	61

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

Purpose

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

Direct Services

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

Accomplishment Goals

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

Performance Measures

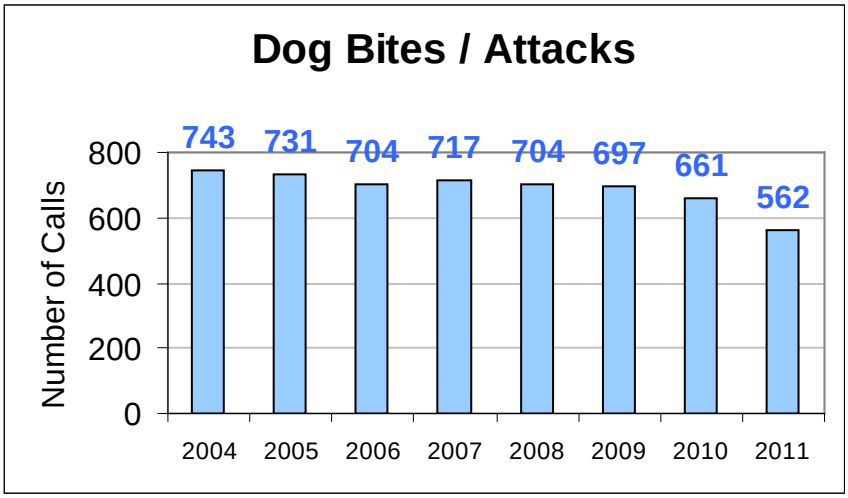
Administration

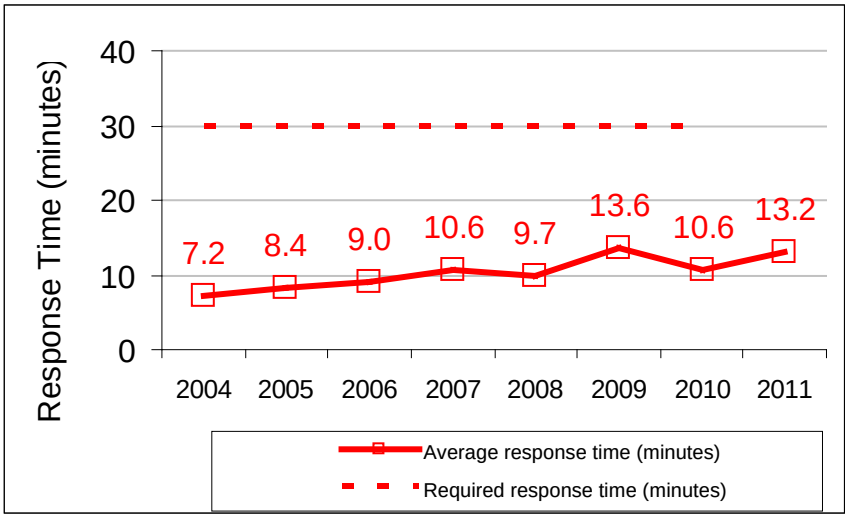
Measure #4: Number of material financial audit exceptions identified by MOA internal audit or in the SOA or Federal granting agencies' single audit.

2007	1
2008	3
2009	2
2010	1
2010	1
6/30/2011	0
9/30/2011	0

Animal Control

Measure #5: Average number of hours to respond to a dog bite/attack complaint. *





Emergency Preparedness

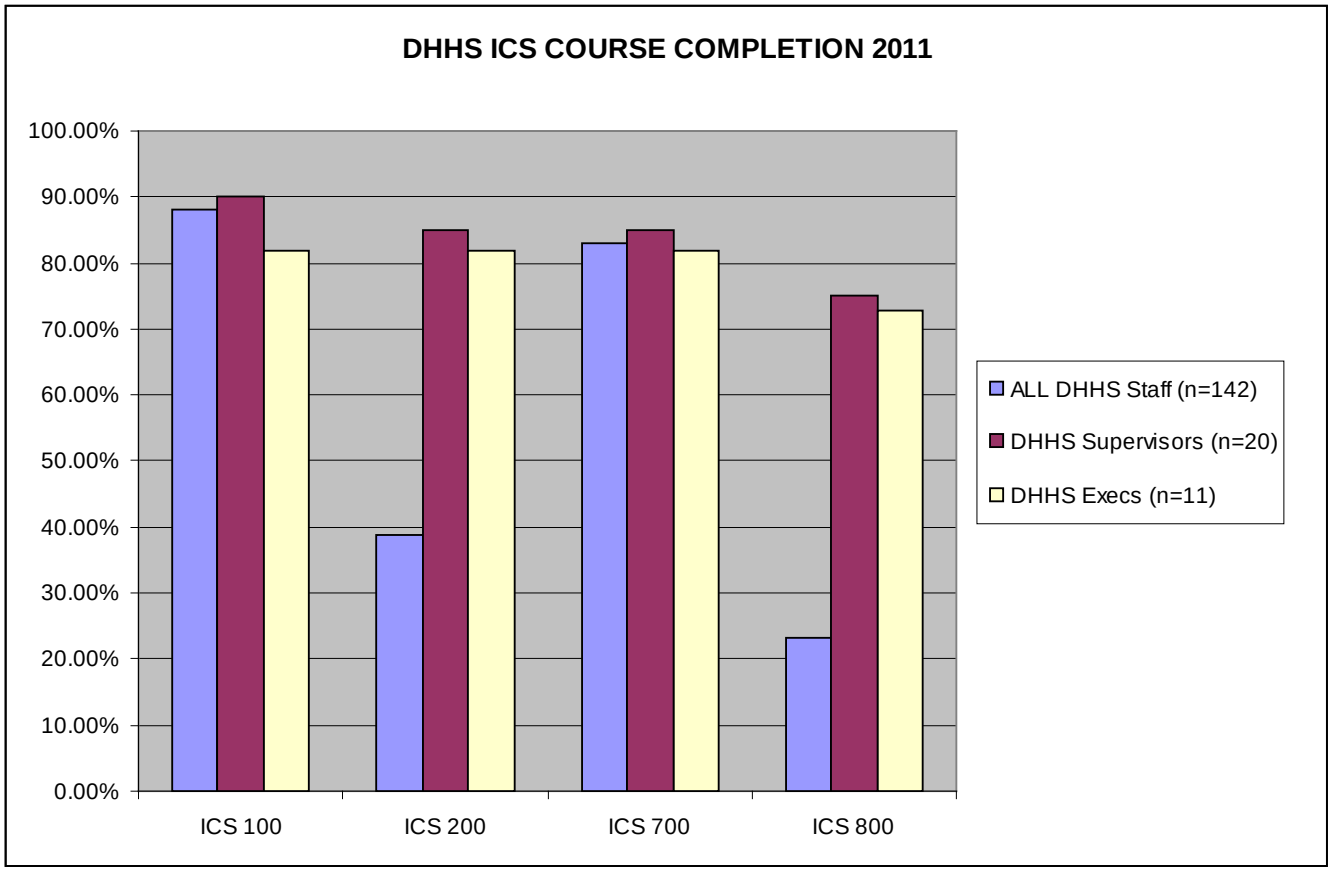
Measure #6: Percentage of personnel trained in emergency response procedures, including FEMA-certified DHHS personnel and Medical Reserve Corps (MRC) members who have participated within the last 12 months in DHHS plan development, review or drills.

Staff	ICS 100			ICS 200			ICS 700			ICS 800		
All	**2010**	**2011**	**%**	**2010**	**2011**	**%**	**2010**	**2011**	**%**	**2010**	**2011**	**%**
1st QTR	**89.06** (n=129)	**85.03** (n=147)	**-4.03**	**39.84** (n=129)	**34.69** (n=147)	**-5.15**	**76.56** (n=129)	**75.51** (n=147)	**+1.05**	**8.59** (n=129)	**19.73** (n=147)	**+1.14**
2nd QTR	**77.08** (n=144)	**87.41** (n=143)	**+10.33**	**32.64** (n=144)	**39.16** (n=143)	**+6.52**	**65.97** (n=144)	**83.22** (n=143)	**+17.25**	**4.17** (n=144)	**23.78** (n=143)	**+19.61**
3rd QTR	**83.57** (n=140)	**88.03** (n=142)	**+4.46**	**36.43** (n=140)	**38.73** (n=142)	**+2.30**	**71.43** (n=140)	**83.10** (n=142)	**+11.66**	**7.14** (n=140)	**23.24** (n=142)	**+16.09**
Supervisors	**2010**	**2011**	**%**	**2010**	**2011**	**%**	**2010**	**2011**	**%**	**2010**	**2011**	**%**
1st QTR	**90.48** (n=21)	**90.48** (n=21)	**-**	**85.71** (n=21)	**85.71** (n=21)	-	**80.95** (n=21)	**80.95** (n=21)	**-**	**14.29** (n=21)	**61.90** (n=21)	**+47.61**
2nd QTR	**86.36** (n=22)	**100** (n=20)	**+13.64**	**81.82** (n=22)	**95** (n=20)	**+13.18**	**77.27** (n=22)	**95** (n=20)	**+17.73**	**13.64** (n=22)	**85** (n=20)	**+71.36**
3rd QTR	**91.30** (n=22)	**90.00** (n=20)	**-1.30**	**82.61** (n=22)	**85.00** (n=20)	**+2.39**	**82.61** (n=22)	**85.00** (n=20)	**+2.39**	**21.74** (n=22)	**75.00** (n=20)	**+53.26**
Executives	**2010**	**2011**	**%**	**2010**	**2011**	**%**	**2010**	**2011**	**%**	**2010**	**2011**	**%**
1st QTR	**88.89** (n=9)	**80** (n=10)	**-8.89**	**88.89** (n=9)	**80** (n=10)	**-8.89**	**66.67** (n=9)	**70** (n=10)	**+3.32**	**44.44** (n=9)	**70** (n=10)	**+25.56**
2nd QTR	**80** (n=10)	**80** (n=10)	**-**	**80** (n=10)	**80** (n=10)	**-**	**60** (n=10)	**80** (n=10)	**+20**	**40** (n=10)	**70** (n=10)	**+30**
3rd QTR	**88.89** (n=10)	**81.82** (n=11)	**-7.07**	**88.89** (n=10)	**81.82** (n=11)	**-7.07**	**77.78** (n=10)	**81.82** (n=11)	**-4.04**	**44.44** (n=10)	**72.73** (n=11)	**+28.29**

NOTE: The table above compares the actual percent of course completion for the first three quarters (January – September) of 2010 with the same period of 2011. The percentages change, in part, due to the fluctuation in the number of DHHS Staff from quarter to quarter. The percentages may increase or decrease when staffing changes up or down by three or more. Despite staff fluctuations, the department has increased the number of staff fully trained in ICS Procedures.

Emergency Preparedness (continued)

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



This table outlines the 2011 DHHS ICS Course Completion results for the ICS Courses listed.

Emergency Preparedness (continued)

NOTE: This chart outlines the 2011 DHHS ICS Course Completion results for the ICS Courses listed.

ICS Course	ALL DHHS Staff		DHHS Supervisors		DHHS Execs	
	YTD 2011 (N=145)	2010 (N=138)	YTD 2011 (N=22)	2010 (N=22)	YTD 2011 (N=9)	2010 (N=10)
ICS 100	**87.59%**	86.96%	**95.45%**	86.36%	**88.89%**	80.00%
ICS 200	**39.31%**	36.96%	**90.91%**	81.82%	**88.89%**	80.00%
ICS 700	**83.45%**	74.64%	**90.91%**	77.27%	**88.89%**	60.00%
ICS 800	**22.76%**	7.97%	**72.73%**	13.64%	**77.78%**	40.00%

100: Introduction to Incident Command System
200: ICS for Single Resources and Initial Action Incidents
700: NIMS (National Incident Management System) An Introduction
800: National Response Framework, An Introduction

ICS 100 and 700 are required for all non-supervisory DHHS Staff.
ICS 100, 200, 700 and 800 are required for all DHHS Supervisors and Executives

Emergency Preparedness (continued)

Measure #7: Percentage of DHHS employees that affirmatively respond (indicate they are available for service) to quarterly test of emergency call down procedures.*

DHHS All Hands Call Down Exercise			
Quarter	**1st Quarter 2011**	**2nd Quarter 2011**	**3rd Quarter 2011**
TOTAL	64% (n=131)	66% (n=128)	61% (n=142)

*NOTE: New measure. DHHS Utilizes the Rapid Reach Emergency Call Down System to notify all staff of any event requiring a DHHS emergency response and what steps to take to respond. Rapid Reach is a telephonic notification and verification software system.

Public Health Division
Department of Health and Human Services

Anchorage: Performance. Value. Results

Purpose

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

Direct Services

Safeguard public health by:

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

Accomplishment Goals

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

Performance Measures

Epidemiology

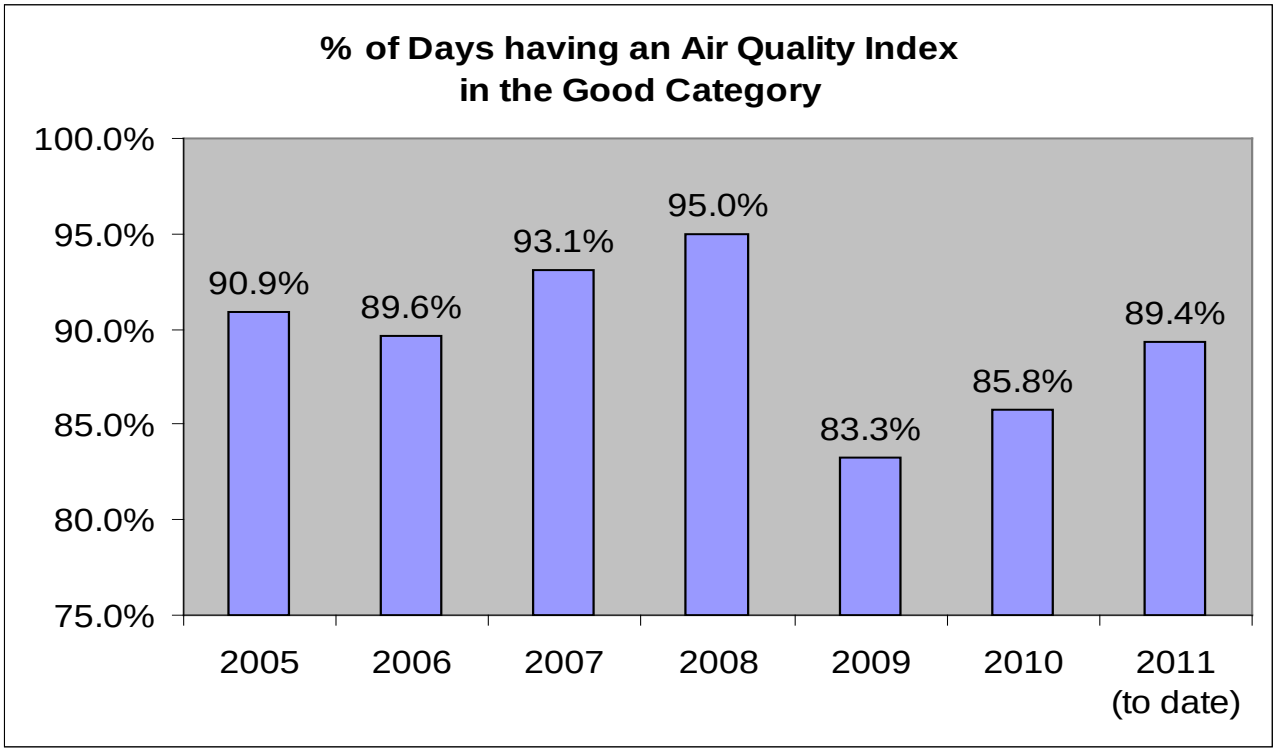
Measure #8: Percent of identified close contacts to a smear positive sputum tuberculosis (TB) case who are contacted for clinical evaluation within 2 weeks and number of TB cases annually.

Year	Number of TB cases	Number of identified close contacts	% of identified close contacts reached for clinical evaluation within 2 weeks*
2009	11	22	50%
2010	14	46	26 seen for 56.5%
6/30/2011	8	19	17 seen for 89%
9/30/2011	20	63	20 seen for 32% 4 seen with 3 weeks for 6% 39 seen within 4 weeks for 62%*

Air Quality

Measure #9: Percent of days in the year having an Air Quality Index (AQI) value of "Good".

- 2005 – 90.9
- 2006 – 89.6
- 2007 – 93.1
- 2008 – 95.0
- 2009 – 86.0
- 2010 – 88.5
- 6/30/2011 – 84.0
- 9/30/2011 - 89.4

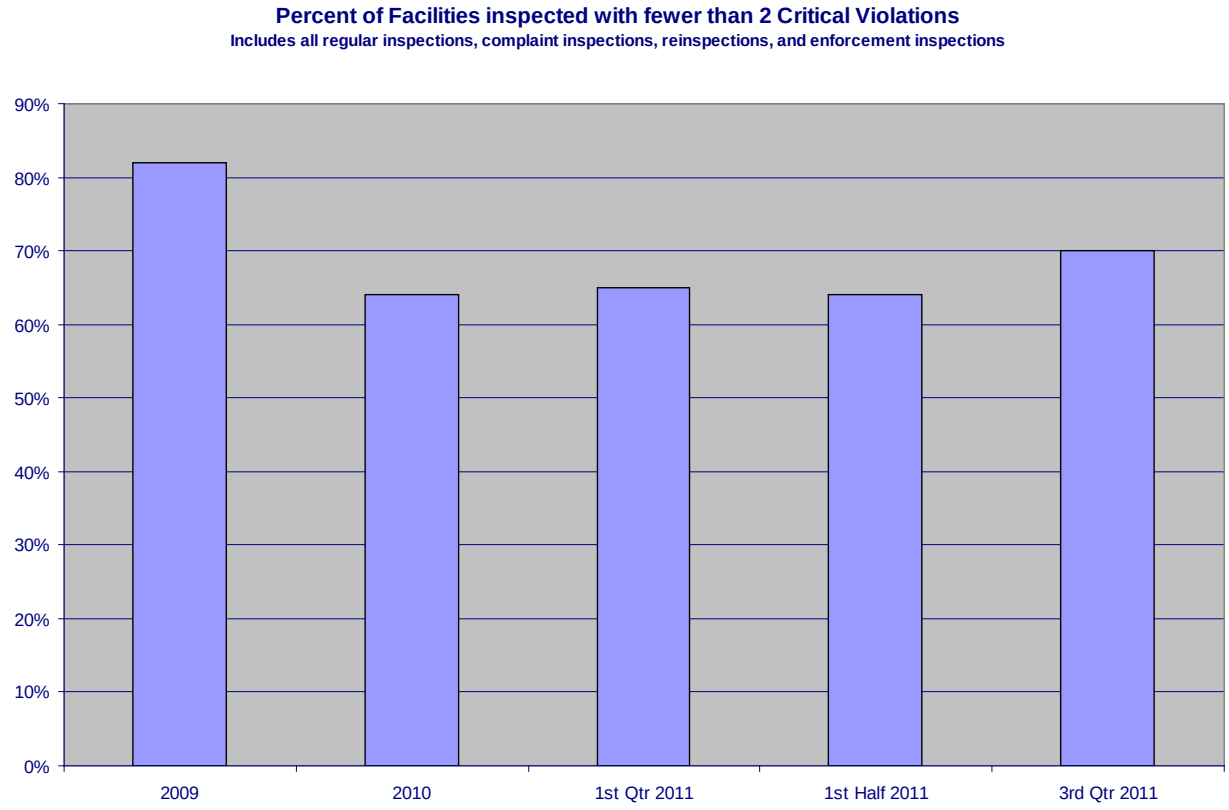


Note: The apparent decrease in the percentage of good air quality days between 2008 and 2009 is a consequence of the inclusion of additional monitors in the Anchorage network. The addition of new monitors increases the probability of at least one of them measuring air pollution levels high enough to bump air quality out of the good category. Thus, the apparent reduction in the percentage of good air quality days may not reflect any real degradation in air quality.

Food Safety

Measure #10: Percent of food establishments inspected with fewer than two critical items.

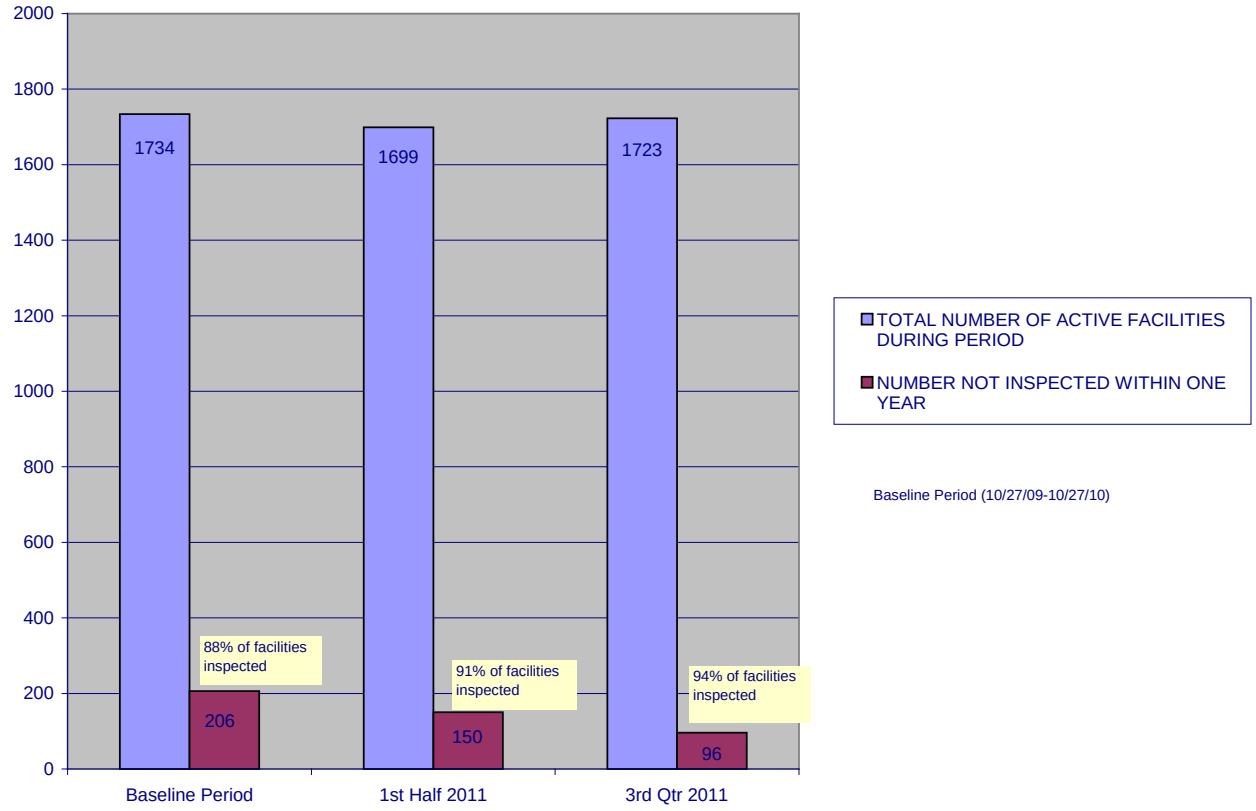
Year	Percent of food establishments inspected with fewer than two critical items.
2007	81
2008	79
2009	82
2010	64
6/30/2011	65
9/30/2011	70



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

Food Safety (continued)

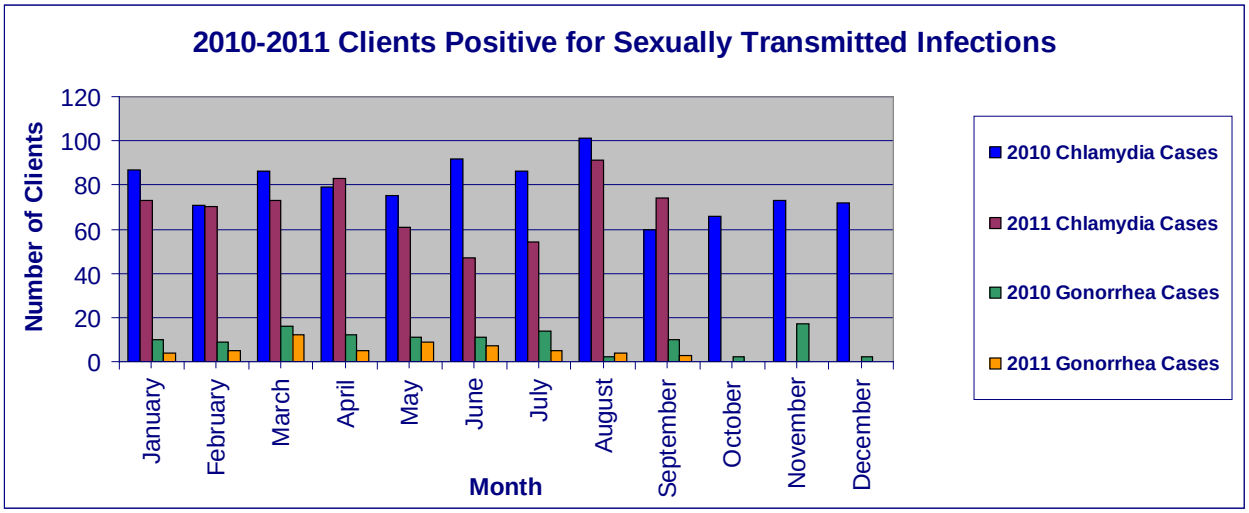
Measure #11: Percent of active establishments inspected within the last 12 months.*



Clinical Services

Measure #12: Percent testing positive for Chlamydia or gonorrhea who are treated within 14 days of DHHS being informed of positive test results.

Year	Percent testing positive for Chlamydia or gonorrhea who are treated within 14 days of DHHS being informed of positive test results.
2008	97.0
2009	100.0
2010	99.2
6/30/2011	100.0
9/30/2011	100.0



Note: This chart shows the trends of the number of clients seen in the MOA Health Clinic on a monthly basis during 2010 and the through the 3rd quarter of 2011 that were positive for either Gonorrhea or Chlamydia.

*Percentage of clients treated within 14 days of testing positive for CT & GC is determined by a monthly audit of charts.

Department of Health and Human Services
Human Services Division

Anchorage: Performance. Value. Results.

Purpose

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

Direct Services

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

Accomplishment Goals

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

Performance Measures

Performance in achieving goals shall be measured by:

Child Care Licensing

Measure #13: Average number of days to close a Child Care Facility complaint.

2009	49
2010	28
6/30/2011	29.5
9/30/11	34

Child Care Assistance

Measure #14: Average number of days to issue Child Care Assistance eligibility.

2009	30
2010	26
6/30/2011	32.5
9/30/2011	23

Women, Infants, and Children

Measure #15: Percentage of mothers with newborns who continue breastfeeding their newborns through 6 months of age.

2009	not available
2010	36%
6/30/2011	44%
9/30/2011	42%

Safety Links

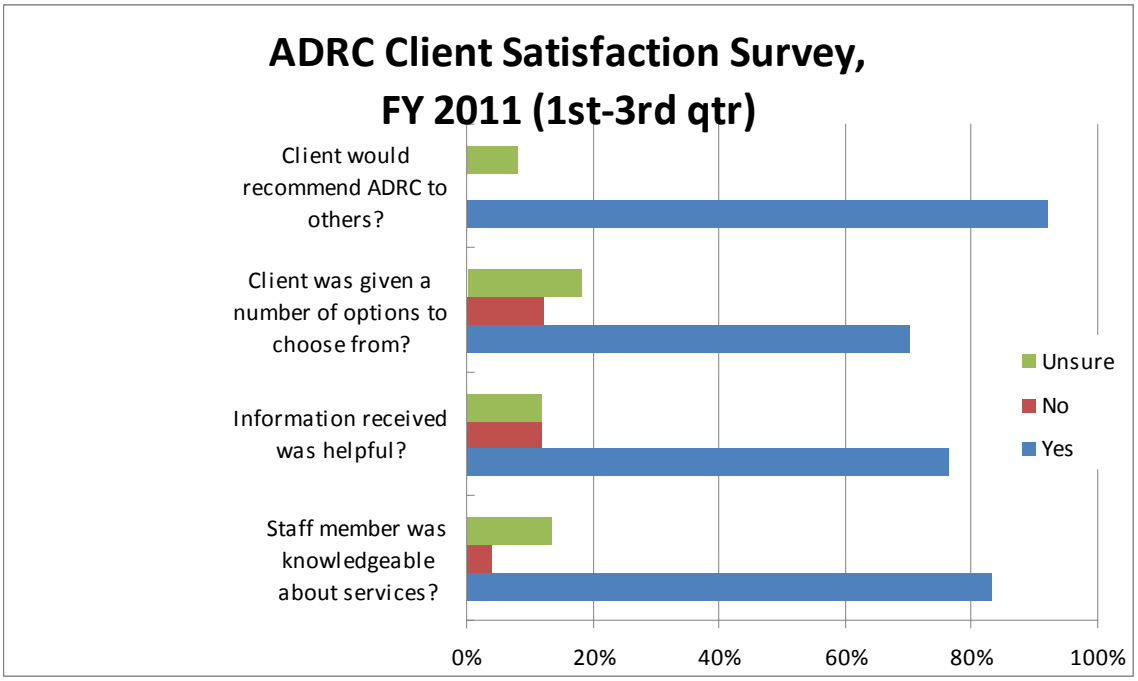
Measure #16: 75% of HUD program funding under contract to serve low and moderate income households. (Safety Links – Neighborhoods)

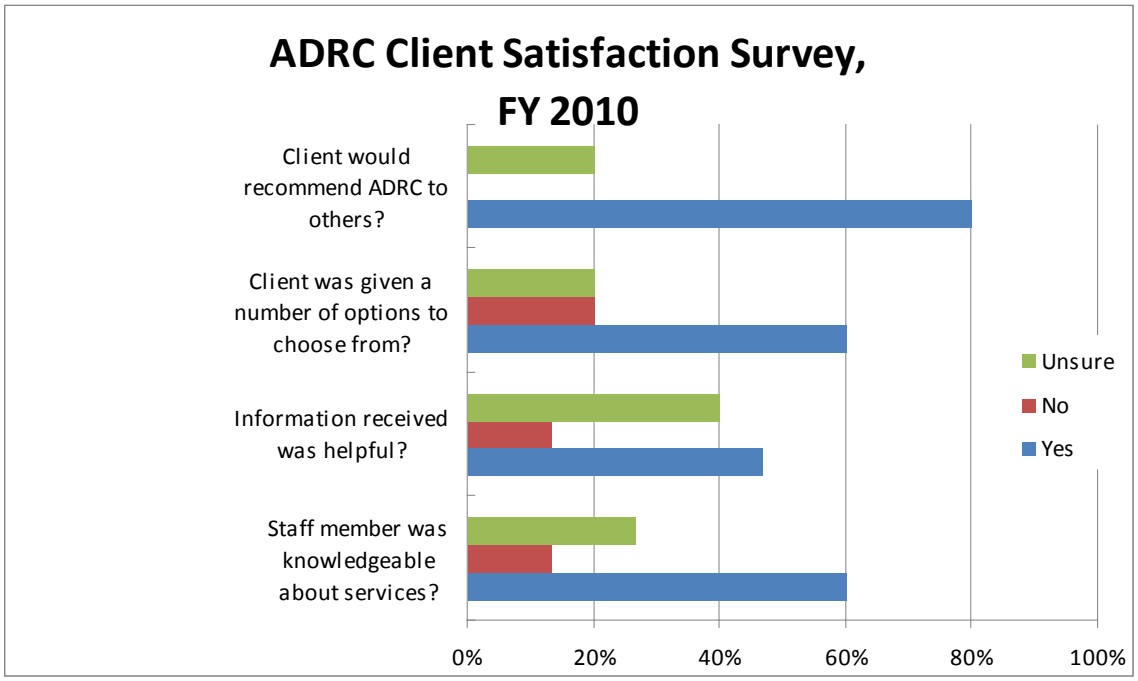
6/30/2011	85%
9/30/2011	34%

Note: The cumulative total of 34% from January 1, 2011 through September 30, 2011 is due to the delay in the 2011 HUD grant agreements because of federal deficit issues. Thus HUD funding was not released until September 2011.

Senior Services

Measure #17: Percentage of Aging and Disability Resource Center (ADRC) clients who indicate that their situation improved as a result of the long-term care referrals





Performance Measure Methodology Sheet

Department-Wide Division
Health and Human Services Department

(includes Public Health and Human Services)

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

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

Programs will maintain a monthly and annual report of complaints.

Frequency

Quarterly and annually

Measured By

Programs maintain a log of open complaints.

Reporting

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

Used By

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

*Although considered, this measure does not include Animal Control as the response requirements by contract are 30 minutes for high priority calls. Also does not include Air Quality or Childcare Assistance as these are more informational driven rather than complaint-based.

Performance Measure Methodology Sheet

Department-Wide Division
Health and Human Services Department

(includes Public Health and Human Services)

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

Type

Effectiveness

Accomplishment Goal Supported

Improve responsiveness to public health complaints considered medium priority.

Definition

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

Data Collection Method

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

Frequency

Quarterly and annually

Measured By

Programs maintain a log of complaints in process.

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Department-Wide Division
Health and Human Services Department

Measure #3: Percent of DHHS services and programs supported by grant and non-property tax dollars.

Type

Effectiveness

Accomplishment Goal Supported

Increase grant funding based on type of service provided.

Definition

Provide a measurement for services supported by property tax dollars and non-property tax grant support.

Data Collection Method

The data/percentage is derived by comparison of the current budget year grant amounts to the current year's operating budget's direct costs.

Frequency

Quarterly and annually

Measured By

Comparing the proposed budget to grant expenditure

Reporting

Fiscal to assess percentage

Used By

The Division Manager and Director will consider the information to assess future grant needs and potential operating budget reductions.

Performance Measure Methodology Sheet

Administration Division
Health and Human Services Department

Measure #4: Number of material financial audit exceptions identified by MOA internal audit or in the SOA or Federal granting agencies' single audits.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

Annual review of internal audits and SOA and Federal audit reports

Frequency

Annually and when audit reports are received for review.

Measured By

Fiscal program staff

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Administration Division
Health and Human Services Department

Measure #5: Average number of hours to respond to an animal related dog bite/attack complaint.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Monthly and annual

Measured By

AACCC staff and officers

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Administration Division
Health and Human Services Department

Measure #6: Percentage of personnel trained in emergency response procedures, including FEMA-certified DHHS personnel and Medical Reserve Corps (MRC) members who have participated within the last 12 months in DHHS plan development, review or drills.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

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

Measured By

Emergency Preparedness Program Manager

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Administration Division
Health and Human Services Department

Measure #7: Percentage of DHHS employees that affirmatively respond (indicate they are available for service) to quarterly test of emergency call down procedures.*

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Monthly and annually (DHHS personnel); quarterly drills

Measured By

Emergency Preparedness Program Manager

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Public Health Division
Health and Human Services Department

Measure #8: Percent of identified close contacts to a smear-positive sputum tuberculosis (TB) case who are contacted for clinical evaluation within 2 weeks; and number of TB cases.

Type

Effectiveness

Accomplishment Goal Supported

Improve disease prevention and control by effective tracing of contacts.

Definition

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

Data Collection Method

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

Frequency

Annually

Measured By

Disease Prevention and Control Program Manager

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Public Health Division
Health and Human Services Department

Measure #9: Percent of days in the year having an Air Quality Index (AQI) value of "Good".

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

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

Measured By

Air Quality Program staff

Reporting

Pollutant levels are reported hourly in real-time on the DHHS/DEC Alaska Air Monitoring Network website**.**

Air Quality Program staff will maintain an annual report assessing CO and PM-10 levels by month.

Used By

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

Performance Measure Methodology Sheet

Public Health Division
Health and Human Services Department

Measure #10: Percent of food establishments inspected with fewer than two critical items.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Monthly and annually

Measured By

Food Safety and Sanitation Program Manager

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Public Health Division
Health and Human Services Department

Measure #11: Percent of active food establishments inspected within the last 12 months.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Quarterly and annually

Measured By

Food Safety and Sanitation Program Manager

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Public Health Division
Health and Human Services Department

Measure #12: Percent testing positive for Chlamydia or gonorrhea who are treated within 14 days of DHHS being informed of positive test results.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Annually

Measured By

Reproductive Health Clinic Program Manager.

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Human Services Division
Health and Human Services Department

Measure #13: Average number of days to close a child care facility complaint.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Monthly and annually

Measured By

Program Manager maintains a log of open complaints.

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Human Services Division
Health and Human Services Department

Measure #14: Average number of days to issue child care assistance eligibility.

Type

Effectiveness

Accomplishment Goal Supported

Increase the economic stability of low-income parents and their access to safe child care by reducing the amount of time it takes to issue a child care authorization.

Definition

Provide a measure of the average length of time that it takes to process a child care authorization.

Data Collection Method

Child Care Assistance Program Manager tracks the average length of time it takes from initial application to authorization (or eligibility determination) to be issued.

Frequency

Monthly and annually

Measured By

Program Manager maintains a log of authorizations in process.

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Human Services Division
Health and Human Services Department

Measure #15: Percentage of mothers with newborns who continue breastfeeding their newborns through 6 months of age.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Monthly and annually

Measured By

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

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Human Services Division
Health and Human Services Department

Measure #16: 75% of HUD program funding under contract to serve low to moderate income households *(Safety Links-Neighborhoods).*

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Date Collection Method

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

Frequency

Quarterly and annually

Measured By

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

Reporting

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

Used By

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

Performance Measure Methodology Sheet

Human Services Division
Health and Human Services Department

Measure #17: Percentage of Aging and Disability Resource Center (ADRC) clients who indicate that their situation improved as a result of the long-term care referrals.

Type

Effectiveness

Accomplishment Goal Supported

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

Definition

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

Data Collection Method

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

Frequency

Monthly, quarterly, and at 6 months

Measured By

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

Reporting

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

Used By

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