

State of Alaska
FY2002 Governor's Operating Budget
Performance Measures

Department of Health and Social Services

Department of Health and Social Services

Key Performance Measures for FY2002

Measure: The percent of ordered restitution and community work service that is paid or performed by the Juvenile Offender.

(Developed jointly with Legislature in FY2001.)

Current Status:

Development of the community work service component is on track. The DJJ hopes to have FY2000 data by December 2000.

Benchmark:

For the restitution measure the benchmark is 79%

For the community work service measure the benchmark is 83%

Background and Strategies:

This performance measure consists of two aspects that provide a gauge of DJJ's effectiveness in assisting delinquent youth in being accountable to their victim and communities for their delinquent behavior, and in encouraging youth providing restoration to victims and communities for the damage resulting from their delinquent behavior.

Definition: This measure consists of:

- The percentage of restitution paid for cases where there was a restitution order (either by the court or the Probation Officer). This measure is determined at case closure.
- The percentage of community work service performed for cases where there was a community work service order (either by the court or the Probation Officer). This measure is determined at case closure.

Case closures occur when a court order has been given to close a case, a court order has expired, or informal adjustment has been made by the Probation Officer.

Measure: The percentage of child protective services legitimate reports of harm assigned for an investigation will increase to 90% for FY2001.

(Developed jointly with Legislature in FY2001.)

Current Status:

Preliminary information for the first quarter of FY2001 shows the total number of legitimate reports of harm assigned for investigation was 92%. Historically, first quarter caseloads are lower than the last three quarters of a fiscal year and the percent of assigned cases is expected to go down slightly.

Note: Due to the seasonality involved in Reports of Harm, data for a full fiscal year will be used for comparison purposes.

Benchmark:

In FY1997, 73.6% of legitimate reports of harm were assigned for investigation in Alaska.

Background and Strategies:

Increased number of child protection workers to respond to more reports; better training and less turnover among these workers.

Percent of legitimate reports of harm assigned for investigation:

FY1997: 73.6%

FY1998: 77.3%
FY1999: 78.1%
FY2000: 88.8%
FY2001 Preliminary: 92%

Measure: Child Health Improvements - Increase the number of 2-year olds fully immunized to 90% by the year 2001.

(Developed jointly with Legislature in FY2001.)

Current Status:

The percentage of fully immunized 2-year-olds for calendar year 1999 was 80.1%.

Benchmark:

69% were immunized by the end of 1996.

Background and Strategies:

In 1997, the Department launched a major initiative to increase the rate of fully immunized two-year-olds. In three years, we have jumped up 20 positions, going from 48th to 28th in national rankings. Now, over 80% of our two-year-old children have received their recommended vaccines. Alaska's comprehensive public-private initiative to increase childhood immunization rates will be extended through 2002 to achieve the highest possible immunization rates and to assure that Alaska children in school and daycare will have all required immunizations by the fall of 2001.

Measure: Child Health Improvements - Decrease rates of smoking by middle school students.

(Not yet addressed by Legislature.)

Current Status:

The Youth Risk Behavior Survey (YRBS) is a survey tool given in schools to a random sample of students in various grades. In 1999, according to the YRBS data, 21% of middle school students reported smoking within the last 30 days. (Sample did not include Anchorage students.)

Benchmark:

In 1995, according to the YRBS data, 25% of middle school students reported smoking within the last 30 days. (Statewide sample.)

Background and Strategies:

According to information gleaned from the YRBS, between early 1995 and early 1999 there was a 7% decrease in overall current smoking for high school youth in Alaska. During this same period of time there was a 1% decrease in smokeless tobacco use. Plans are underway for the YRBS to be administered statewide in the spring of 2001. The new parental consent law for surveys has significantly increased the burden on local school districts. The value of the YRBS data may be compromised as a result of the constraints that the new law imposes on districts.

During the 1999 survey, the Anchorage School district did not participate, so the state 1995 to state 1999 comparisons listed above do not include Anchorage for 1999. We are continuing to do analysis to determine changes for the various age groups and will have additional data within the next six months. However, preliminary analysis indicates much larger increases for the younger children (i.e. 9th grade vs. 12th grade). Utilizing tobacco settlement dollars and other funds in an on-going public-private partnership, the Department intends to intensify the effort to decrease smoking and use of smokeless tobacco by youth for the next several years. These efforts will include counter-marketing efforts, enforcement of laws prohibiting sales to minors, etc. An increased focus will be related to the use of smokeless tobacco since the decline in that area has been so minimal.

Measure: API 2000 Community Implementation Plan - Decrease the average number of publicly funded psychiatric hospital days used per hospitalized person. (SB 281, modified)

(Developed jointly with Legislature in FY2001.)

Current Status:

In FY00 the average was 10 days.

Benchmark:

In FY98 the average stay was 14 days. (excludes data on consumers in residence at API longer than 6 months)

Background and Strategies:

The purpose of the Community Mental Health/API 2000 Project (CMHP) is to replace the aging API with a new facility, make it possible to safely operate with reduced inpatient capacity by increasing and enhancing community-based mental health and substance abuse services in Anchorage, and further improve inpatient hospital care provided within API.

The new and enhanced services that are a part of the CMHP were designed to specifically impact the number of admissions to API from the Anchorage area and reduce the number of patient days. These new and enhanced Anchorage community services either are -- or are coming -- on line at this time. The first new service started in October of 1999, providing intensive, extended care services for 6 long-term API patients. Enhanced and expanded crisis respite care started in September of 2000, and enhanced detoxification and residential dual diagnosis services began in October of 2000.

Measure: Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001.

(Not yet addressed by Legislature.)

Current Status:

There was a small increase to 2.67 gallons per capita for FY99.

Benchmark:

The benchmark for this measure is 3.46 gallons in FY85. Per capita consumption was 2.51 in FY98.

Background and Strategies:

We know that the prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older but does not acknowledge the state's significant (and increasing) visitor population.

The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation. In relation to this strategy the Division advocates for positive change through legal and regulatory initiatives. Other strategies used by the Division include but are not limited to: encourage activities and initiatives that will change community standards and emphasize healthy lifestyles; encourage traditional and alternative social activities that are alcohol and drug free. The twenty year old excise tax has not recently been adjusted for inflation and cost may no longer be a deterrent.

The data indicates Alaska's consumption rate may not continue the decrease experienced in prior years. (From FY90 to FY98 Alaska experienced an overall decline). The rate (gallons per capita) decreased from 2.64 in FY97 to 2.51 in FY98.

Measure: Percent of ATAP families meeting Federal Work Participation rates.

(Added by Legislature in FY2001 version.)

Current Status:

In March 2000, 38% of all Temporary Assistance families were in countable work activities and had sufficient hours to meet the federal participation rate requirements. At that time, almost 55% of Temporary Assistance families were in countable work activities but not all had enough hours of participation to count in the federal participation rate calculation.

According to the U.S. DHHS Third Annual Report to congress on the TANF program, Alaska ranked 8th in the nation for the percentage of adults in unsubsidized employment and in the average number of hours for adults in unsubsidized employment. Only one state ranked higher in both of these critical measures of success.

Benchmark:

Federal law requires that states meet work participation requirements:

- FFY 1997 25% of all families
- FFY 1998 30%
- FFY 1999 35%
- FFY 2000 40%
- FFY 2001 45%
- FFY 2002 50%

However, every state's federal work participation rate is adjusted by a caseload reduction credit that reflects the state's success in moving families off of assistance and into employment. In FFY 2000, Alaska caseload reduction credit was 29%. Based on the caseload reduction credit, Alaska's work participation target was 11%. Thus Alaska more than met the adjusted federal participation requirement.

Background and Strategies:

The Temporary Assistance program is a work-focused program to help Alaskans plan for self-sufficiency and to make a successful transition from welfare-to-work. Federal law requires the state to meet work participation requirements. Failure to meet federal participation rates results in fiscal penalties.

Measure: Percentage of Alaskan providers participating in the Medical Assistance program.
(Developed jointly with Legislature in FY2001.)

Current Status:

	Enrolled	Participating	Percent Participating
Physicians	3,806	802	21.07
Physicians(group)	115	96	83.48
Dentists	490	192	39.18
Dentists(group)	21	15	71.43
Pharmacies	198	115	58.08
Hospitals	25	25	100.00
Nursing Homes	15	15	100.00

Enrolled: 8,040
 Participating: 2,358
 All Other*: 5,682
 % Participating: 29.33%

* The all other category includes all enrolled providers who are not participating. A participating provider is defined as a provider that has billed Medicaid for services one or more times in the past calendar year. Please see benchmark narrative.

Benchmark:

The Division has measured participation by physicians, pharmacies, dentists, inpatient hospitals, and nursing homes during FY2000. Participation rates compare licensed Alaskan providers with Medicaid enrolled and participating providers (i.e. those providers reimbursed for services).

Background and Strategies:

This is a measure of Alaska's medical assistance clients' access to medical services through the same network of medical providers available to the balance of the State's population.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● The Percent of Ordered Restitution and Community Work Service That is Paid or Performed by the Juvenile Offender.			X		

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● The percentage of child protective services legitimate reports of harm assigned for an investigation will increase to 90% for FY2001. ● Child Health Improvements - Increase the number of 2-year olds fully immunized to 90% by the year 2001. ● Child Health Improvements - Decrease Rates of smoking by middle school students. ● API 2000 Community Implementation Plan - Decrease the number of psychiatric hospital days used per person that are publicly funded. ● Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001. ● Percent of ATAP families meeting Federal Work Participation rates. ● Percentage of Alaskan providers participating in the Medical Assistance program. 	X	X	X X X X		

Public Assistance

Key Performance Measures for FY2002

Measure: Welfare to Work - Welfare Caseload (Governor's Indicator)

(Not yet addressed by Legislature.)

Current Status:

Temporary Assistance for Needy Families (TANF) Caseload

The Average Monthly AFDC/TANF Caseloads by Fiscal Year FY1997 through FY2000 are as follows:

FY1997	12,096 AFDC families
FY1998	10,514 TANF
FY1999	9,191 TANF
FY2000	7,987 TANF

Three years of welfare reform in Alaska have brought some remarkable achievements. The average caseload for FY2000 was 34% below FY1997, the year before welfare reform was implemented. In FY2000 the average monthly number of TANF cases receiving cash assistance was 7,987 or 4,109 fewer cases than the FY1997 AFDC caseload level of 12,096.

Background and Strategies:

This indicator measures changes in the size of the AFDC caseload prior to July, 1997 and the Temporary Assistance for Needy Families (TANF) caseload after that date. The TANF caseload includes the Alaska Temporary Assistance Program and the Native Family Assistance Program begun by Tanana Chiefs Conference in October, 1998. Due to differences in reporting methods between the AFDC and the TANF programs, consistent and comparable numbers are not available for any levels lower than the division region level. Caseload data is available at the community and census area level for the Alaska Temporary Assistance Program beginning in October, 1997

Measure: Welfare - Savings to State (Governor's Indicator)

(Not yet addressed by Legislature.)

Current Status:

Temporary Assistance for Needy Families (TANF) Cash Benefit Expenditures:

The Total AFDC/TANF Cash Benefit Expenditures by Fiscal Year FY1997 through FY2000 are as follows:

FY1997	\$115,204.5 AFDC
FY1998	\$ 90,903.0 TANF
FY1999	\$ 75,014.5 TANF
FY2000	\$ 63,948.8 TANF

Spending on welfare payments to recipients continues to decline. In FY2000 cash benefits expenditures declined to \$63.9 million, a 44% decline from the \$115.2 million spent in FY1997, the year before welfare reform took effect.

Background and Strategies:

This indicator measures the decline over recent years in the total cash benefit amount paid to families under the prior AFDC program and the TANF programs. It includes benefit expenditures paid by the Native Family Assistance Program. The measure reflects both caseload decline and the reduced monthly benefit amounts received by families due to increased earnings and other changes in policy. The difference in benefit expenditures between FY 1994 (AFDC) and FY 2000 (TANF) was \$58.6 million.

Some of the savings from reduced monthly benefit expenditures have allowed federal TANF dollars to be used for a variety of purposes which save state general fund dollars: Child Care, Head Start programs, and child protection services. Saved state and federal funds have also been reinvested into efforts to prepare more recipients for work.

Measure: Adult Public Assistance (APA) Caseload (Governor's Indicator)
(Not yet addressed by Legislature.)

Current Status:

The Average Monthly APA Caseloads by Fiscal Year FY1996 through FY2000 are as follows:

FY1996	10,884 APA cases
FY1997	11,487
FY1998	11,990
FY1999	12,655
FY2000	13,312

The number of elderly and disabled Alaskans who rely on the APA program to meet basic needs has steadily increased, a trend that is expected to continue. The FY2000 average monthly APA caseload was 13,312 up 5.2% compared to FY1999.

Background and Strategies:

This indicator measures the growth in the Adult Public Assistance program which serves very needy elderly, blind and disabled Alaskans. The growth in this program mirrors conditions nationwide and can be attributed to a combination of earlier identification and treatment of disabilities, and increased longevity. The caseload size of the program is sustained by the long-term nature of the needs of these recipients.

Alaska Temporary Assistance Program

Key Performance Measures for FY2002

Measure: Please see the performance measures under the Public Assistance Administration BRU.
(Developed jointly with Legislature in FY2001.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please see the performance measures under the Public Assistance Administration BRU.		X			

Energy Assistance Program

Key Performance Measures for FY2002

Measure: Benefits paid are accurate.
(Developed jointly with Legislature in FY2000.)

Current Status:

The Home Heating Assistance payment accuracy rate was 94.5% in FFY2000.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Benefits paid are accurate.		X			

Medical Assistance

Key Performance Measures for FY2002

Measure: The average time the division takes from receiving a claim to paying it. (SB)

(Developed jointly with Legislature in FY2000.)

Current Status:

Six month average: 11.03 days.

Benchmark:

We have reviewed historical data and the average time to pay a claim has remained around 11 days. We believe that is the benchmark to maintain.

Background and Strategies:

The assumption is that the timely payment of medical claims gives providers incentive to participate in the Medicaid Program. Therefore, the legislature and the division are interested in a measure of how timely the division responds to or pays claims.

Measure: The number of errors per claim processed categorized by the type of provider. (SB)

(Developed jointly with Legislature in FY2000.)

Current Status:

	Percent of Claims Paid with		Average # of errors per claims paid
	No errors	2 or more errors	
All Providers	73.54	4.54	.47
Inpatient Hosp.	63.24	4.53	.95
IHS Clinic	77.15	2.60	.46
Physician(individual)	71.49	6.22	.52
Physician(group)	68.80	4.80	.69
Dentist(individual)	71.44	11.79	.44
Dentist(group)	76.55	10.53	.42
Home & Community Based Care	74.55	5.44	.55
Pharmacy	82.98	1.11	.23
Mental Health Agcy	69.41	7.65	.56

Background and Strategies:

This is a measure of the providers ability to file error-free claims which reduces the work necessary to process claims. Those provider types experiencing more problems filing error-free claims are targeted for additional training. We assume that providers who do not experience problems in getting claims paid are much more likely to continue participating in the Medicaid Program.

Measure: The percentage of total funds that are used to pay claims compared to the percent used for administration of the division. (SB)

(Developed jointly with Legislature in FY2000.)

Current Status:

97.3 percent of total funds are used to pay claims.
3.7 percent of total funds are used to administer the Division.

Background and Strategies:

This is a fiscal measure of the State's administrative overhead necessary to support the medical assistance programs.

Measure: The percentage of the providers who are participating in the medical assistance program. (SB)
(Developed jointly with Legislature in FY2001.)

Current Status:

	Enrolled	Participating	Percent Participating
Physicians	3,806	802	21.07
Physicians(group)	115	96	83.48
Dentists	490	192	39.18
Dentists(group)	21	15	71.43
Pharmacies	198	115	58.08
Hospitals	25	25	100.00
Nursing Homes	15	15	100.00

Enrolled: 8,040
 Participating: 2,358
 All Other: 3,370
 % Participating: 29.33%

* The all other category includes all enrolled providers who are not participating. A participating provider is defined as a provider that has billed Medicaid for services one or more times in the past calendar year. Please see benchmark narrative.

Benchmark:

The Division has measured providers enrolled and providers participating in the Medicaid Program during FY2000. An enrolled provider is any provider that has been enrolled in the Medicaid claims payment system as a provider of a service covered under Medicaid. A participating provider is defined as a provider that has billed Medicaid for services one or more times in the past calendar year. The "all other" category listed in this performance measure includes all enrolled providers who are not participating. Non-participating providers may include, but are not limited to, providers that have switched services (for example, a generalist now providing EMT services), providers that are no longer in business, or providers that are eligible to provide more than one services, but have not billed for any one of those services (for example, a large hospital may bill for many different services, but not all in the past calendar year).

Background and Strategies:

This is a measure of Alaska's medical assistance clients' access to medical services through the same network of medical providers available to the balance of the State's population.

Measure: Health care coverage, children-Medicaid & Denali KidCare enrolled children. (GI)
(Not yet addressed by Legislature.)

Current Status:

Monthly number of Medicaid & Denali KidCare enrolled children:
 September, 2000 52,409
 August, 2000 54,869
 July, 2000 53,893
 June, 2000 54,597
 May, 2000 54,310
 April, 2000 52,663

Six month average: 53,790

Background and Strategies:

As part of Governor Tony Knowles' Smart Start for Alaska's Children initiative, the Medicaid program was expanded to incorporate the new federal Children's Health Insurance Program (CHIP). Under this expansion, children through age

18 and pregnant women are eligible for health care coverage if their family income is below 200 percent of the federal poverty level. The expanded coverage of children and pregnant women is called Denali KidCare to reflect the new emphasis on outreach and improved access to simplified eligibility processes. The expanded coverage began March 1, 1999.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● The average time the division takes from receiving a claim to paying it. (SB)		X			
● The number of errors per claim processed categorized by the type of provider. (SB)		X			
● The percentage of total funds that are used to pay claims compared to the percent used for administration of the division. (SB)		X			
● The percentage of the providers who are participating in the medical assistance program. (SB)		X			
● Health care coverage, children-Medicaid & Denali KidCare enrolled children. (GI)		X			

Medicaid Services

Key Performance Measures for FY2002

Measure: Please see Medical Assistance BRU performance measures.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please see Medical Assistance BRU performance measures.		X			

Catastrophic and Chronic Illness Assistance (AS 47.08)

Key Performance Measures for FY2002

Measure: Please see Medical Assistance BRU performance measures.
(Developed jointly with Legislature in FY1999.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please see Medical Assistance BRU performance measures.			X		

Public Assistance Administration

Key Performance Measures for FY2002

Measure: Percentage of adults receiving temporary assistance who have earned income. (SB 281)

(Developed jointly with Legislature in FY2001.)

Current Status:

1. The percentage of Temporary Assistance adults with earned income was 32% in March 2000.
2. The percentage of closed Temporary Assistance cases with earned income was 40% in March 2000.

Background and Strategies:

Ultimate goal is case closure with earnings. Goal for 2002 is 40% of Temporary Assistance (TA) adults have earned income, and 50% of case closures have earned income. One strategy is the "Work First" program, including use of contracted case management and supportive services. Another is using employment service specialists and counselors to aid in job search. The method used to measure job entry (obtained employment) mirrors that required by the federal government for the TANF High Performance Bonus, using data from the Alaska Department of Labor.

Measure: Rate of payment accuracy for ATAP payments & Food Stamps. (SB 281)

(Developed jointly with Legislature in FY2001.)

Current Status:

1. Temporary Assistance payment accuracy rate was 97% in SFY00.
2. Food Stamp payment accuracy rate was 93% in SFY00.

Background and Strategies:

Accurate benefits ensure clients have the amount of benefits to which they are entitled. Fluctuating benefits cause budget issues for clients and impact their ability to gain self-sufficiency. The Quality Assessment Reviews evaluate payment accuracy using statistically valid desk reviews. The goal for 2002 is 94% accuracy in Food Stamps and 98% accuracy in Temporary Assistance.

Measure: Rate of job retention among adults receiving temporary assistance. (SB 281)

(Developed jointly with Legislature in FY2001.)

Current Status:

The rate of job retention of Temporary Assistance adults was 80% in FFY2000.

Background and Strategies:

Job retention enables families to reduce or eliminate dependency on welfare. Our goal in FY2002 is 85% rate of job retention. Case management, supportive services and child care payments are strategies to enable job retention. The method used to measure job retention mirrors that required by the federal government for the TANF High Performance Bonus, using quarterly data from the Alaska Department of Labor.

Measure: Percent of ATAP families meeting Federal Work Participation rates. (SB 281)

(Developed jointly with Legislature in FY2001.)

Current Status:

In March 2000, 38% of all Temporary Assistance families were in countable work activities and had sufficient hours to meet the federal participation rate requirements.

In March 2000, almost 55% of Temporary Assistance families were in countable work activities but did not have enough hours of participation to count in the federal participation rate calculation.

According to the US DHHS Third Annual Report to Congress on the TANF program, Alaska ranked 8th in the nation for the percentage of adults in unsubsidized employment and in the average number of hours for adults in unsubsidized employment. Only one state ranked higher in both of these critical measures of success.

Benchmark:

Federal law requires that states meet work participation requirements:

- FFY 1997 25% of all families
- FFY 1998 30%
- FFY 1999 35%
- FFY 2000 40%
- FFY 2001 45%
- FFY 2002 50%

However, every state's federal work participation rate is adjusted by a caseload reduction credit that reflects the state's success in moving families off of assistance and into employment. In FFY 00 Alaska's caseload reduction credit was 29%. Based on the caseload reduction credit, Alaska's work participation target was 11%. Thus, Alaska more than met the adjusted federal participation rate requirement.

Background and Strategies:

Temporary Assistance is a work-focused program designed to help Alaskans plan for self-sufficiency and to make a successful transition from welfare to work. Federal law requires the state to meet work participation requirements. Failure to meet federal participation rates results in fiscal penalties.

As Alaska's TA caseload declines, a growing portion of the families require more intensive services just to meet minimal participation requirements. Enhancement of TA Work Services will serve to identify and address client challenges to participation.

Measure: Percentage of ATAP adults who left assistance because they become employed, who receive day care assistance. (SB 281)

(Developed jointly with Legislature in FY2001.)

Current Status:

Moving forward on developing proposed targets and gathering baseline data.

Background and Strategies:

Child care from the Department of Education is critical to families newly independent of Temporary Assistance. This measure indicates usage of child care assistance by Temporary Assistance clients who have worked their way off welfare. Some Temporary Assistance families will leave the program with employment without requiring child care, however, those that do need it must have ready access to the Child Care Assistance program.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Percentage of adults receiving temporary assistance who have earned income.		X			
● Rate of payment accuracy for ATAP payments and Food Stamps.		X			
● Rate of job retention among adults receiving temporary assistance.		X			

Budget Request Unit — Public Assistance Administration

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Percent of ATAP families meeting Federal Work Participation rates.		X			
● Percentage of ATAP adults who left assistance because they become employed, who receive day care assistance.		X			

Public Assistance Administration

Key Performance Measures for FY2002

Measure: Please see the performance measures under the Public Assistance Administration BRU.
(Developed jointly with Legislature in FY2001.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please see the performance measures under the Public Assistance Administration BRU.		X			

Public Assistance Field Services

Key Performance Measures for FY2002

Measure: Please see the performance measures under the Public Assistance Administration BRU.
(Developed jointly with Legislature in FY2001.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please see the performance measures under the Public Assistance Administration BRU.		X			

Work Services

Key Performance Measures for FY2002

Measure: Please see the performance measures under the Public Assistance Administration BRU.
(Developed jointly with Legislature in FY2001.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please see the performance measures under the Public Assistance Administration BRU.		X			

Child Care Benefits

Key Performance Measures for FY2002

Measure: Please see the performance measures under the Public Assistance Administration BRU.
(Developed jointly with Legislature in FY2001.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please see the performance measures under the Public Assistance Administration BRU.		X			

Medical Assistance Administration

Key Performance Measures for FY2002

Measure: The average time the division takes from receiving a claim to paying it. (SB)

(Developed jointly with Legislature in FY2000.)

Current Status:

Six month average: 11.03 days.

Benchmark:

We have reviewed historical data and the average time to pay a claim has remained around 11 days. We believe that is the benchmark to maintain.

Background and Strategies:

The assumption is that the timely payment of medical claims gives providers incentive to participate in the Medicaid Program. Therefore, the legislature and the division are interested in a measure of how timely the division responds to or pays claims.

Measure: The number of errors per claim processed categorized by the type of provider. (SB)

(Developed jointly with Legislature in FY2000.)

Current Status:

	Percent of Claims Paid with		Average # of errors per claims paid
	No errors	2 or more errors	
All Providers	73.54	4.54	.47
Inpatient Hosp.	63.24	4.53	.95
IHS Clinic	77.15	2.60	.46
Physician(individual)	71.49	6.22	.52
Physician(group)	68.80	4.80	.69
Dentist(individual)	71.44	11.79	.44
Dentist(group)	76.55	10.53	.42
Home & Community Based Care	74.55	5.44	.55
Pharmacy	82.98	1.11	.23
Mental Health Agcy	69.41	7.65	.56

Background and Strategies:

This is a measure of the providers ability to file error-free claims which reduce the work necessary to process claims. Those provider types experiencing more problems filing error-free claims are targeted for additional training. We assume that providers who do not experience problems in getting claims paid are much more likely to continue participating in the Medicaid Program.

Measure: The percentage of total funds that are used to pay claims compared to the percent used for administration of the division. (SB)

(Developed jointly with Legislature in FY2000.)

Current Status:

96.3 percent of total funds are used to pay claims.
3.7 percent of total funds are used to administer the Division.

Background and Strategies:

This is a fiscal measure of the State's administrative overhead necessary to support the medical assistance programs.

Measure: The percentage of the providers who are participating in the medical assistance program. (SB)
(Developed jointly with Legislature in FY2000.)

Current Status:

	Enrolled	Participating	Percent Participating
Physicians	3,806	802	21.07
Physicians(group)	115	96	83.48
Dentists	490	192	39.18
Dentists(group)	21	15	71.43
Pharmacies	198	115	58.08
Hospitals	25	25	100.00
Nursing Homes	15	15	100.00

Enrolled: 8,040
 Participating: 2,358
 All Other: 3,370
 % Participating: 29.33%

* The all other category includes all enrolled providers who are not participating. A participating provider is defined as a provider that has billed Medicaid for services one or more times in the past calendar year. Please see benchmark narrative.

Benchmark:

The Division has measured providers enrolled and providers participating in the Medicaid Program during FY2000. An enrolled provider is any provider that has been enrolled in the Medicaid claims payment system as a provider of a service covered under Medicaid. A participating provider is defined as a provider that has billed Medicaid for services one or more times in the past calendar year. The "all other" category listed in this performance measure includes all enrolled providers who are not participating. Non-participating providers may include, but are not limited to, providers that have switched services (for example, a generalist now providing EMT services), providers that are no longer in business, or providers that are eligible to provide more than one services, but have not billed for any one of those services (for example, a large hospital may bill for many different services, but not all in the past calendar year).

Background and Strategies:

This is a measure of Alaska's medical assistance clients' access to medical services through the same network of medical providers available to the balance of the State's population.

Measure: Health care coverage, children-Medicaid & Denali KidCare enrolled children. (GI)
(Not yet addressed by Legislature.)

Current Status:

Monthly number of Medicaid & Denali KidCare enrolled children:
 September, 2000 52,409
 August, 2000 54,869
 July, 2000 53,893
 June, 2000 54,597
 May, 2000 54,310
 April, 2000 52,663

Six month average: 53,790

Background and Strategies:

As part of Governor Tony Knowles' Smart Start for Alaska's Children initiative, the Medicaid program was expanded to incorporate the new federal Children's Health Insurance Program (CHIP). Under this expansion, children through age

18 and pregnant women are eligible for health care coverage if their family income is below 200 percent of the federal poverty level. The expanded coverage of children and pregnant women is called Denali KidCare to reflect the new emphasis on outreach and improved access to simplified eligibility processes. The expanded coverage began March 1, 1999.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● The average time the division takes from receiving a claim to paying it. (SB)		X			
● The number of errors per claim processed categorized by the type of provider. (SB)		X			
● The percentage of total funds that are used to pay claims compared to the percent used for administration of the division. (SB)		X			
● The percentage of the providers who are participating in the medical assistance program. (SB)		X			
● Health care coverage, children-Medicaid & Denali KidCare enrolled children. (GI)		X			

Medical Assistance Administration

Key Performance Measures for FY2002

Measure: Please refer to Medical Assistance Administration BRU performance measures.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please refer to Medical Assistance Administration BRU performance measures.		X			

Medicaid State Programs

Key Performance Measures for FY2002

Measure: Please refer to Medical Assistance Administration BRU performance measures.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please refer to Medical Assistance Administration BRU performance measures.		X			

Health Purchasing Group

Key Performance Measures for FY2002

Measure: Please refer to Medical Assistance Administration BRU performance measures.
(Developed jointly with Legislature in FY2000.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please refer to Medical Assistance Administration BRU performance measures.		X			

Certification and Licensing

Key Performance Measures for FY2002

Measure: Please refer to Medical Assistance Administration BRU performance measures.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please refer to Medical Assistance Administration BRU Performance Measures.		X			

Hearings and Appeals

Key Performance Measures for FY2002

Measure: Please refer to Medical Assistance Administration BRU performance measures.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Please refer to Medical Assistance Administration BRU performance measures.		X			

Purchased Services

Key Performance Measures for FY2002

Measure: Percentage of closed cases for children placed in alternative permanent homes in which a recurrence of substantiated abuse and neglect occurs 6 and 12 months after case closure. (SB 281).
(Developed jointly with Legislature in FY2001.)

Current Status:

The division continues to gather data for this measurement.

Benchmark:

The recommended baseline year is FY1997.

Background and Strategies:

- Homestudy Writers Grant funds made available for third party evaluation of future adoptive homes.
- Training for Adoptive Parents of Special Needs Children is a newly funded community grant program.
- Project SUCCEED is a community-based grant program to help recruit, study, prepare, and follow up with adoptive homes.

Measure: Percentage of permanent adoptive and guardianship homes that are disrupted 6, 12, and 24 months after placement.
(Developed jointly with Legislature in FY2001.)

Current Status:

The division continues to gather data for this measurement.

Benchmark:

The recommended baseline year is FY1997.

Background and Strategies:

- Homestudy Writers Grant funds made available for third party evaluation of future adoptive homes.
- Training for Adoptive Parents of Special Needs Children is a newly funded community grant program.
- Project SUCCEED is a community-based grant program to help recruit, study, prepare, and follow up with adoptive homes.

Measure: Number of children harmed while in custody. (SB 281).
(Developed jointly with Legislature in FY2001.)

Current Status:

The division continues to gather data for this measurement.

Benchmark:

The recommended baseline year is FY1997.

Background and Strategies:

- Developed APSIN Flag Project.
- Increased foster parent training.

- Developed new Foster Care Licensing Manual.
- Lowered caseloads for licensing workers when child care licensing was transferred to Department of Education.

Measure: Average length of time spent in out of home care for children who have been abused or neglected.
(Developed jointly with Legislature in FY2001.)

Current Status:
 The division continues to gather data for this measurement.

Benchmark:
 The recommended baseline year is FY1997.

- Background and Strategies:**
- Continue Project SUCCEED and Balloon Project to help move children towards permanency.
 - Strengthen case review system at 3 month, 6 month, and 9 months that the child stays in custody.
 - Monitor wait time for parents to receive treatment services.
 - Increase services to parents and families, such as alcohol treatment and mental health counseling.
 - Strengthen family support services.

Measure: Number of foster homes operating at greater than licensed capacity. (SB 281).
(Added by Legislature in FY2001 version.)

Current Status:
 The division continues to gather data for this measurement.

Benchmark:
 The recommended baseline year is FY1997.

- Background and Strategies:**
- Continue foster care recruitment campaign.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Percentage of closed cases for children placed in alternative permanent homes in which a recurrence of substantiated abuse and neglect occurs 6 and 12 months after case closure. (SB 281).			X		
● Percentage of permanent adoptive and guardianship homes that are disrupted 6, 12, and 24 months after placement.			X		
● Number of children harmed while in custody. (SB 281).			X		
● Average length of time spent in out of home care for children who have been abused or neglected.			X		

Budget Request Unit — Purchased Services

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Number of foster homes operating at greater than licensed capacity. (SB281).			X		

Family Preservation

Key Performance Measures for FY2002

Measure: The performance measure for this component is set up at the BRU level. Please see the performance measures under the Purchased Services BRU.
(Not yet addressed by Legislature.)

Benchmark:

The performance measure for this component is set up at the BRU level. Please see the performance measures under the Purchased Services BRU.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> The performance measure for this component is set up at the BRU level. Please see the performance measures under the Purchased Services BRU. 			X		

Subsidized Adoptions & Guardianship

Key Performance Measures for FY2002

Measure: The performance measure for this component is set up at the BRU level. Please see the performance measures under the Purchased Services BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> The performance measure for this component is set up at the BRU level. Please see the performance measures under the Purchased Services BRU. 			X		

Residential Child Care

Key Performance Measures for FY2002

Measure: The performance measure for this component is set up at the BRU level. Please see the performance measures under the Purchased Services BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● The performance measure for this component is set up at the BRU level. Please see the performance measures under the Purchased Services BRU.			X		

Court Orders and Reunification Efforts

Key Performance Measures for FY2002

Measure: The performance measure for this component is set up at the BRU level. Please see the performance under the Purchased Services BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● The performance measure for this component is set up at the BRU level. Please see the performance under the Purchased Services BRU.			X		

Front Line Social Workers

Key Performance Measures for FY2002

Measure: Percentage of legitimate reports of harm investigated. (SB 281 and Governor's Indicators).
(Developed jointly with Legislature in FY2001.)

Current Status:

Preliminary information for the first quarter of FY2001 shows the total number of legitimate reports of harm assigned for investigation was 92%. Historically, first quarter caseloads are lower than the last three quarters of a fiscal year and the percent of assigned cases is expected to go down slightly.

Benchmark:

FY1997; 73.6% of legitimate reports of harm were assigned for investigation in Alaska.

Background and Strategies:

Increased number of child protection workers to respond to more reports; better training and less turnover among these workers.

Set targets for field offices working towards responding to 100 percent of legitimate reports of harm.

Percent of legitimate reports of harm were assigned for investigation.

FY1997: 73.6%

FY1998: 77.3%

FY1999: 78.1%

FY2000: 88.8%

FY2001 Preliminary: 92%

Measure: Number of closed cases in which there is reoccurrence of abuse or neglect. (SB 281).
(Added by Legislature in FY2001 version.)

Benchmark:

Benchmark: The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Background and Strategies:

- Train workers on case planning and risk assessment.
- Strengthen case review system at 3 month, 6 month, and 9 months that the child stays in custody.

Measure: Average number of out-of-home placements before a permanent home is found for a child.
(Not yet addressed by Legislature.)

Benchmark:

The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Background and Strategies:

- Increase placement options allowing for more appropriate placements of children.
- Increase foster parent and resident care provider training, providing them with more knowledge and skills to handle children in their care.
- Start Homestudy Writing Contract to identify permanent families as quickly as possible.

- Continue Project SUCCEED and Balloon Project to help move children towards permanency.
- Continue training workers on concurrent planning, which helps shorten the time children wait.
- Started Alaska Adoption Exchange for children who need permanent homes and for families who want to adopt.

Measure: Children awaiting permanent placement for 2 years or more. (Governor's Indicators).
(Not yet addressed by Legislature.)

Benchmark:

The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Background and Strategies:

- Increase placement options allowing for more appropriate placements of children.
- Increase foster parent and resident care provider training, providing them with more knowledge and skills to handle children in their care.
- Start Homestudy Writing Contract to identify permanent families as quickly as possible.
- Continue Project SUCCEED and Balloon Project to help move children towards permanency.
- Continue training workers on concurrent planning, which help shorten the time children wait.
- Started Alaska Adoption Exchange for children who need permanent homes and for families who want to adopt.

Measure: Number of children substantiated as abused or neglected. (SB 281 and Governor's Indicators).
(Added by Legislature in FY2001 version.)

Benchmark:

The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Background and Strategies:

- Workers are trained in conducting child abuse and neglect investigations.
- Policy and Procedures are clearly written for determining whether the investigation is substantiated or not.

Measure: Number of children in state custody longer than 18 months and 36 months. (SB 281).
(Added by Legislature in FY2001 version.)

Benchmark:

The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Background and Strategies:

- Continue Project SUCCEED and Balloon Project to help move children towards permanency.
- Strengthen case review system at 3 month, 6 month, and 9 months that the child stays in custody.
- Monitor wait time for parents to receive treatment services.
- Increase services to parents and families, such as alcohol treatment and mental health counseling.
- Strengthen family support services.

Measure: Average length of time child spends in state custody, considered by category. (SB 281).
(Added by Legislature in FY2001 version.)

Benchmark:

The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Background and Strategies:

- Continue Project SUCCEED and Balloon Project to help move children towards permanency.
- Strengthen case review system at 3 month, 6 month, and 9 months that the child stays in custody.
- Monitor wait time for parents to receive treatment services.
- Increase services to parents and families, such as alcohol treatment and mental health counseling.
- Strengthen family support services.

Measure: Turnover rate of division by region. (SB 281).
(Added by Legislature in FY2001 version.)

Benchmark:

The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Background and Strategies:

- Continue training for all workers.
- Continue training for all supervisors and managers.
- Hire more child protection workers to decrease caseloads.
- Continue to find ways to improve communication and morale.

Measure: Child abuse and neglect worker caseload. (Governor's Indicators).
(Not yet addressed by Legislature.)

Benchmark:

The recommended baseline year is FY1997. The Division continues to gather data for this measurement.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Percentage of legitimate reports of harm investigated. (SB 281 and Governor's Indicators).		X			
● Number of closed cases in which there is reoccurrence of abuse or neglect. (SB 281).			X		
● Average number of out-of-home placements before a permanent home is found for a child.			X		
● Children awaiting permanent placement for 2 years or more. (Governor's Indicators).			X		
● Number of children substantiated as abused or neglected. (SB 281 and Governor's Indicators).		X			

Budget Request Unit — Front Line Social Workers

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Number of children in state custody longer than 18 months and 36 months. (SB 281).			X		
● Average length of time child spends in state custody, considered by category. (SB 281).			X		
● Turnover rate of division by region. (SB 281).		X			
● Child abuse and neglect worker caseload. (Governor's Indicators).			X		

Front Line Social Workers

Key Performance Measures for FY2002

Measure: The performance measure for this component is set up at the BRU level. Please see the performance measures under the Family and Youth Services BRU.
(Developed jointly with Legislature in FY2001.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> The performance measure for this component is set up at the BRU level. Please see the performance measures under the Family and Youth Services BRU. 			X		

Family and Youth Services Management

Key Performance Measures for FY2002

Measure: The performance measures for this BRU are established under the Purchased Services and the Front Line Social Workers BRU's.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● The performance measures for this BRU are established under the Purchased Services and the Front Line Social Workers BRU's.			X		

Family and Youth Services Management

Key Performance Measures for FY2002

Measure: The performance measure for this component is set up at the BRU level. Please see the performance measures under the Family and Youth Services BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> The performance measure for this component is set up at the BRU level. Please see the performance measures under the Family and Youth Services BRU. 			X		

Family and Youth Services Staff Training

Key Performance Measures for FY2002

Measure: The performance measures for this BRU are established under the Purchased Services and the Front Line Social Workers BRU's.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> The performance measures for this BRU are established under the Purchased Services and the Front Line Social Workers BRU's. 			X		

Family and Youth Services Staff Training

Key Performance Measures for FY2002

Measure: The performance measure for this component is set up at the BRU level. Please see the performance measures under the Family and Youth Services BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> The performance measure for this component is set up at the BRU level. Please see the performance measures under the Family and Youth Services BRU. 			X		

Child Protection Legal Assistance

Key Performance Measures for FY2002

Measure: This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's. 		X			

Office of Public Advocacy

Key Performance Measures for FY2002

Measure: This component is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and Front Line Social Workers BRU.

(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This component is for pass through funds and the performance measures for the Division of Family and Youth Services is set up under the Purchased Services and the Family and Youth Services BRU. 			X		

Public Defender Agency

Key Performance Measures for FY2002

Measure: This component is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This component is for pass through funds and the performance measures for the Division of Family and Youth Services is set up under the Purchased Services and the Family and Youth Services BRU. 			X		

Juvenile Justice

Key Performance Measures for FY2002

Measure: The Percent of Ordered Restitution and Community Work Service That is Paid or Performed by the Juvenile Offender.

(Revised from Legislature's FY2001 version.)

Current Status:

Development of the community work service component is on track. The DJJ hopes to have FY2000 data by mid February 2001.

Benchmark:

For the restitution measure the benchmark is 79%.

For the community work service measure the benchmark is 83%.

Background and Strategies:

This performance measure consists of two aspects that provide a gauge of DJJ's effectiveness with assisting delinquent youth in being accountable to his or her victim and community for their delinquent behavior, as well as the youth providing restoration to his or her victim and community for their delinquent behavior.

Definition: This measure consists of:

- The percentage of restitution paid for cases where there was a restitution order (either by the court or the Probation Officer). This measure shall be determined at case closure. Case closures occur when a court order has been given to close a case, a court order has expired, or informal adjustment has been made by the Probation Officer.
- The percentage of community work service performed for cases where there was a community work service order (either by the court or the Probation Officer). This measure shall be determined at case closure. Case closures occur when a court order has been given to close a case, a court order has expired, or informal adjustment has been made by the Probation Officer.

Measure: The Percent of Offenders Released from Long Term Treatment Who Either Improved Their Grade Point Average, or Obtained Additional Educational Credits While in Long Term Treatment.

(Revised from Legislature's FY2001 version.)

Current Status:

Development of the educational credits measure continues and is on track. The DJJ hopes to have benchmark data as well as current data by mid February 2001.

Benchmark:

Under development.

Measure: Number of Escapes From Juvenile Institutions.

(Revised from Legislature's FY2001 version.)

Current Status:

Development of this measure is on track. The DJJ hopes to have FY2000 data by mid February 2001.

Benchmark:

The benchmark for this measure is the average number of escapes that occurred during FY1995 through FY1997: 9.

Measure: The percentage of residents leaving institutions receiving aftercare services will increase from the FY98 baseline of 47%.

(Developed jointly with Legislature in FY2001.)

Current Status:

Development of this measure is on track. The DJJ hopes to have FY2000 data by mid February 2001.

Benchmark:

The benchmark for this measure is 47%.

Measure: Percentage of Juvenile Offenders that Re-Offend.

(Revised from Legislature's FY2001 version.)

Current Status:

Development of the probation services component is on track. The DJJ hopes to have benchmark data as well as current data by March 2001.

Refinement of the facilities measure continues. The DJJ hopes to have benchmark data as well as current data by mid February 2001.

Benchmark:

Under development.

Measure: The percent of juvenile intakes completed in 30 days or less will increase over time.

(Revised from Legislature's FY2001 version.)

Current Status:

Development of this measure is on track. The DJJ hopes to have FY2000 data by mid February 2001.

Benchmark:

The benchmark for this measure is 69.9%

Measure: The percent of referrals receiving an active response will improve over time.

(Revised from Legislature's FY2001 version.)

Current Status:

Development of this measure is on track. The DJJ hopes to have FY2000 data by mid February 2001.

Benchmark:

The benchmark for this measure is 92%.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● The percentage of restitution paid will be at least 82% of the amount ordered. The number of community work service hours will be 92% of the amount ordered. ● 90% of youth in the long-term treatment will receive an educational assessment which meets all Alaska State Educational Standards and results in an educational plan. 			X		
			X		

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● 90% of this cohort will attain an improved GPA and/or obtain additional educational credits during their stay at the facility. ● The number of escapes from institutions will be maintained or reduced as measured against the historical pattern averaged over the last three year period of nine per year. ● The percentage of residents leaving institutions receiving aftercare services will increase from the FY98 baseline of 47%. ● Re-offense rates for probation field services and juvenile facilities will be maintained or decreased from the established baseline. ● The percentage of juvenile intakes completed in 30 days or less will improve from the FY98 baseline of 55% in order to ensure swift action and promote accountability. ● The percentage of referrals receiving an active response, which includes a parent/juvenile conference, referral for service or informal supervision, will improve from the FY98 baseline of 92%. 			X		
			X		
			X		
		X			
		X			

McLaughlin Youth Center

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Fairbanks Youth Facility

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Nome Youth Facility

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Johnson Youth Center

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.		X			

Bethel Youth Facility

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Mat-Su Youth Facility

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Ketchikan Regional Youth Facility

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Delinquency Prevention

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Probation Services

Key Performance Measures for FY2002

Measure: Performance Measures are shown at the BRU level - Juvenile Justice.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Performance Measures are shown at the BRU level - Juvenile Justice.			X		

Human Services Community Matching Grant

Key Performance Measures for FY2002

Measure: This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's. 			X		

Human Services Community Matching Grant

Key Performance Measures for FY2002

Measure: This component is for pass through funds and the performance measures for the Division of Family and Youth Services are set up in Purchased Services and the Family and Youth Services Management BRU.

(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This component is for pass through funds and the performance measures for the Division of Family and Youth Services is set up under the Purchased Services and the Family and Youth Services BRU. 			X		

Maniilaq Social Services

Key Performance Measures for FY2002

Measure: To maintain a 24-hour shelter for women and children averaging 305 client nights quarterly.
(Not yet addressed by Legislature.)

Measure: To provide 224 quarterly hours of crisis referral and information in crisis line and advocacy services.
(Not yet addressed by Legislature.)

Measure: To provide approximately 99 client hours per quarter to one-on-one counseling.
(Not yet addressed by Legislature.)

Measure: To provide nine parenting classes per quarter.
(Not yet addressed by Legislature.)

Measure: To provide educational play activities for an average of 45 children per quarter.
(Not yet addressed by Legislature.)

Measure: To provide support, information, referrals, and counseling to 14 perpetrators per quarter.
(Not yet addressed by Legislature.)

Measure: To maintain outreach with the 11 villages and 27 safe home providers once a year.
(Not yet addressed by Legislature.)

Measure: To make at least six major public presentations per year.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To maintain a 24-hour shelter for women and children averaging 305 client nights quarterly.		X			
● To provide 224 quarterly hours of crisis referral and information in crisis line and advocacy services.		X			
● To provide approximately 99 client hours per quarter to one-on-one counseling.		X			
● To provide nine parenting classes per quarter.		X			
● To provide educational play activities for an average of 45 children per quarter.		X			

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To provide support, information, referrals, and counseling to 14 perpetrators per quarter.		X			
● To maintain outreach with the 11 villages and 27 safe home providers once a year.		X			
● To make at least six major public presentations per year.		X			

Maniilaq Public Health Services

Key Performance Measures for FY2002

Measure: Increase the percentage of two year old children who are fully immunized so that all Public Health Nursing Centers meet or exceed the statewide average for children fully immunized for 4/3/1/3.

(Not yet addressed by Legislature.)

Current Status:

The 1998 C.A.S.A. (immunization status review methodology) average percentage for two year olds served in PHN Centers was 74.9% fully immunized. In 1997 the percentage was 71%. The statewide percentage for two year olds fully immunized as measured by the National Immunization Survey (NIS) for 1998 was 81.3%. The goal for the end of the year 2000 is to achieve 90% fully immunized two year olds.

Background and Strategies:

The Nursing Component has significantly increased the work focus on the immunization of young children since 1997. In 1996, the NIS placed Alaskan two year olds at 69% fully protected. Public Health Nurses across the state increased the amount of clinic time devoted to immunizations, activated recall systems for children who were behind on vaccines, built community coalitions, and led the communities in creative community based solutions to improve the childhood immunization rates. PHNs increased the percentage of clinical time spent on immunizations from 14% in 1996 to 29% in 1998, representing a significant shift in work priorities. With the focus on childhood immunizations, the rates have begun to rise, and more Alaskan children are protected. This intensified immunization effort must continue to assure that newborns and children moving to Alaska are protected as additional progress is made toward the goal of 90% fully immunized two year olds. Several areas persist with unacceptably low rates requiring more PHN time and energy to achieve adequate protective levels of immunizations. Areas in Alaska with rapid population growth and low public health staffing continue at risk with low immunization levels for young children. With additional funding for direct service staff in these targeted areas in FY 01, we expect the same success as we have accomplished in other parts of Alaska in these past two years from educating parents, giving more shots, working with private and public providers, and promoting awareness of the importance of protecting children against these diseases.

Measure: Public Health Nursing: Reduce the incidence of morbidity/mortality from influenza/pneumonia in high risk individuals. Provide Hepatitis B screening and surveillance.
(Not yet addressed by Legislature.)

Measure: Community health aide training and supervision: Provide three field trips to each village for CHA orientation, education, and reviews.
(Revised from Legislature's FY2002 version.)

Measure: Emergency Medical Services: Conduct two emergency medical technician workshops and two emergency trauma training courses for search and rescue personnel an the general public. Conduct one CPR class.
(Not yet addressed by Legislature.)

Measure: Eye Care Services: Maintain an optometry clinic in Kotzebue and travel once per year to each village.
(Not yet addressed by Legislature.)

Measure: Prematernal Home: Provide a six bed residential facility for expectant mothers in the later stages of pregnancy.
(Not yet addressed by Legislature.)

Measure: Audiology services: Provide 15 weeks of audiology services, including one trip to each village and four weeks of service in Kotzebue.
(Not yet addressed by Legislature.)

Measure: Home Care Services: Provide services to non-Medicaid eligible clients and full operational support to enable Maniilaq to provide home care services to all clients clinically eligible for services.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Increase the percentage of two year old children who are fully immunized so that all Public Health Nursing Centers meet or exceed the statewide average for children fully immunized for 4/3/1/3. 			X		
<ul style="list-style-type: none"> ● Public Health Nursing: Reduce the incidence of morbidity/mortality from influenza/pneumonia in high risk individuals. Provide Hepatitis B screening and surveillance. 		X			
<ul style="list-style-type: none"> ● Community health aide training and supervision: Provide three field trips to each village for CHA orientation, education, and reviews. 		X			
<ul style="list-style-type: none"> ● Emergency Medical Services: Conduct two emergency medical technician workshops and two emergency trauma training courses for seach and rescue personnel an the general public. Conduct one CPR class. 		X			

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Eye Care Services: Maintain an optometry clinic in Kotzebue and travel once per year to each village. ● Prematernal Home: Provide a six bed residential facility for expectant mothers in the later stages of pregnancy. ● Audiology services: Provide 15 weeks of audiology services, including one trip to each village and four weeks of service in Kotzebue. ● Home Care Services: Provide services to non-Medicaid eligible clients and full operational support to enable Maniilaq to provide home care services to all clients clinically eligible for services. 		X X X X			

Maniilaq Alcohol and Drug Abuse Services

Key Performance Measures for FY2002

Measure: To provide 30 to 90 days of intermediate care treatment to a maximum of 10 clients.
(Not yet addressed by Legislature.)

Measure: To maintain 80 percent bed utilization.
(Not yet addressed by Legislature.)

Measure: To refer to aftercare 100 percent of clients completing the outpatient component.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To provide 30 to 90 days of intermediate care treatment to a maximum of 10 clients.		X			
● To maintain 80 percent bed utilization.		X			
● To refer to aftercare 100 percent of clients completing the outpatient component.		X			

Maniilaq Mental Health and Developmental Disabilities Services

Key Performance Measures for FY2002

Measure: To manage 350 cases.
(Not yet addressed by Legislature.)

Measure: To provide 90 village trips.
(Not yet addressed by Legislature.)

Measure: To respond to 50 emergency contacts after hours.
(Not yet addressed by Legislature.)

Measure: To provide 7 training workshops for the community or other human services providers.
(Not yet addressed by Legislature.)

Measure: To reduce the need for APH admissions to 7.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To manage 350 cases.		X			
● To provide 90 village trips.		X			
● To respond to 50 emergency contacts after hours.		X			
● To provide 7 training workshops for the community or other human services providers.		X			
● To reduce the need for APH admissions to 7.		X			

Norton Sound Social Services

Key Performance Measures for FY2002

Measure: To increase to 20 the number of families provided preventive service treatment.
(Not yet addressed by Legislature.)

Measure: To increase to 30 the number of children/youth provided services for abuse or neglect.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To increase to 20 the number of families provided preventive service treatment.		X			
● To increase to 30 the number of children/youth provided services for abuse or neglect.		X			

Norton Sound Public Health Services

Key Performance Measures for FY2002

Measure: Increase the percentage of two year old children who are fully immunized so that all Public Health Nursing Centers meet or exceed the statewide average for children fully immunized.
(Not yet addressed by Legislature.)

Measure: Public health nursing: To increase to 400 the number of sexually transmitted disease clients screened by public health nurses.
(Not yet addressed by Legislature.)

Measure: Prematernal home: To increase to 90 the number of beds for women admitted to the prematernal home.
(Not yet addressed by Legislature.)

Measure: Prematernal home: To increase to 10 the number of beds for teens admitted to the prematernal home.
(Not yet addressed by Legislature.)

Measure: Audiology: To increase to 1,250 the number of comprehensive audiologic assessments performed.
(Not yet addressed by Legislature.)

Measure: Infant Learning: To increase to 35 the number of children enrolled in the infant learning program.
(Not yet addressed by Legislature.)

Measure: Community health aide training and supervision: To increase to 55 the number of CHAs completing training (including continuing medical education).
(Not yet addressed by Legislature.)

Measure: Community health aide training and supervision: To increase to 30 the number of supervisory contacts by health corporation personnel.
(Not yet addressed by Legislature.)

Measure: Emergency medical services: To increase to 50 the percent of level one communities with trained EMTs.
(Not yet addressed by Legislature.)

Measure: Emergency medical services: To increase to 40 the number of first aid and CPR courses taught.
(Not yet addressed by Legislature.)

Measure: EMS ambulance support: To continue providing financial and technical support for the maintenance of the Nome community ambulance.
(Not yet addressed by Legislature.)

Measure: Health clinic: To increase to 1,600 the number of patient encounters at the midlevel practitioner clinic in Unalakleet.

(Not yet addressed by Legislature.)

Measure: Eye care services: To increase to 1,500 the number of patient encounters.

(Not yet addressed by Legislature.)

Measure: Eye care services: To maintain at 16 the number of communities served.

(Not yet addressed by Legislature.)

Measure: Home care services: to provide services to non-Medicaid eligible clients and full operational support to enable Norton Sound Health Corporation to provide home care services to all clients clinically.

(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Increase the percentage of two year old children who are fully immunized so that all Public Health Nursing Centers meet or exceed the statewide average for children fully immunized for 4/3/1/3.			X		
● Public health nursing: To increase to 400 the number of sexually transmitted disease clients screened by public health nurses.		X			
● Prematernal home: To increase to 90 the number of beds for women admitted to the prematernal home.		X			
● Prematernal home: To increase to 10 the number of beds for teens admitted to the prematernal home.		X			
● Audiology: To increase to 1,250 the number of comprehensive audiologic assessments performed.		X			
● Infant Learning: To increase to 35 the number of children enrolled in the infant learning program.		X			
● Community health aide training and supervision: To increase to 55 the number of CHAs completing training (including continuing medical education).		X			
● Community health aide training and supervision: To increase to 30 the number of supervisory contacts by health corporation personnel.		X			
● Emergency medical services: To increase to 50 the percent of level one communities with trained EMTs.		X			

Component — Norton Sound Public Health Services

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Emergency medical services: To increase to 40 the number of first aid and CPR courses taught.		X			
● EMS ambulance support: To continue providing financial and technical support for the maintenance of the Nome community ambulance.		X			
● Health clinic: To increase to 1,600 the number of patient encounters at the midlevel practitioner clinic in Unalakleet.		X			
● Eye care services: To increase to 1,500 the number of patient encounters.		X			
● Eye care services: To maintain at 16 the number of communities served.		X			
● Home care services: to provide services to non-Medicaid eligible clients and full operational support to enable Norton Sound Health Corporation to provide home care services to all clients clinically.		X			

Norton Sound Alcohol and Drug Abuse Services

Key Performance Measures for FY2002

Measure: To increase to 33 the number of persons completing treatment plans.
(Not yet addressed by Legislature.)

Measure: To increase to 80 the percent of utilization of available beds in residential treatment settings.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To increase to 33 the number of persons completing treatment plans.		X			
● To increase to 80 the percent of utilization of available beds in residential treatment settings.		X			

Norton Sound Mental Health and Developmental Disabilities Services

Key Performance Measures for FY2002

Measure: Community mental health center: To increase to 235 the number of admissions to community mental health center services.
(Not yet addressed by Legislature.)

Measure: Community mental health center: To increase to 12,350 the number of hours of direct client services.
(Not yet addressed by Legislature.)

Measure: Chronically mentally ill: To increase to 5,200 the number of hours of service received by the chronically or severely mentally ill.
(Not yet addressed by Legislature.)

Measure: Developmental disabilities: To increase to 11 the number of clients receiving respite care.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Community mental health center: To increase to 235 the number of admissions to community mental health center services.		X			
● Community mental health center: To increase to 12,350 the number of hours of direct client services.		X			
● Chronically mentally ill: To increase to 5,200 the number of hours of service received by the chronically or severely mentally ill.		X			
● Developmental disabilities: To increase to 11 the number of clients receiving respite care.		X			

Norton Sound Sanitation

Key Performance Measures for FY2002

Measure: To increase to 131 the number of public facilities Inspections, investigations, and compliance referrals.

(Not yet addressed by Legislature.)

Measure: To limit to 10 the number of confirmed illnesses due to food-borne disease or inadequate sanitation in public facilities.

(Not yet addressed by Legislature.)

Measure: To maintain the number of food service facilities with critical violations at 20 percent of those inspected.

(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To increase to 131 the number of public facilities Inspections, investigations, and compliance referrals.		X			
● To limit to 10 the number of confirmed illnesses due to food-borne disease or inadequate sanitation in public facilities.		X			
● To maintain the number of food service facilities with critical violations at 20 percent of those inspected.		X			

Southeast Alaska Regional Health Consortium

Key Performance Measures for FY2002

Measure: Rural substance abuse: To increase to 24 the number of community meetings regarding alcohol/drug use and abuse.
(Not yet addressed by Legislature.)

Measure: Rural substance abuse: To increase to 50 the number of clients completing treatment plans on an outpatient basis.
(Not yet addressed by Legislature.)

Measure: Raven's Way: To increase to 12 the number of youth admitted to treatment.
(Not yet addressed by Legislature.)

Measure: Raven's Way: To increase to 10 the number of youth completing treatment plans.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Rural substance abuse: To increase to 24 the number of community meetings regarding alcohol/drug use and abuse.			X		
● Rural substance abuse: To increase to 50 the number of clients completing treatment plans on an outpatient basis.			X		
● Raven's Way: To increase to 12 the number of youth admitted to treatment.			X		
● Raven's Way: To increase to 10 the number of youth completing treatment plans.			X		

Southeast Alaska Regional Health Consortium Public Health Services

Key Performance Measures for FY2002

Measure: Maintain or increase the number of training courses provided to, and supervisory contacts with, community health aides and community health practitioners.
(Not yet addressed by Legislature.)

Current Status:

During FY 99, the CHATS grant program supported 63 training courses directly related to the provision of community health aide services predominantly in rural areas where more advanced medical personnel are unavailable. During FY99, CHATS grant funds helped support over 1,500 training courses and over 11,000 supervisory contacts to CHA/Ps employed by the Southeast Regional Health Consortium.

Background and Strategies:

The CHATS grant program provides funds for training and supervision of CHA/Ps. CHA/Ps are located predominantly in rural areas where more advanced medical personnel are unavailable. During FY99, CHATS grant funds helped support over 1,500 training courses and over 11,000 supervisory contacts to CHA/Ps statewide.

Measure: To increase to 44 the number of community health aides completing training (including continuing medical education).
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Maintain or increase the number of training courses provided to, and supervisory contacts with, community health aides and community health practitioners.		X			
● To increase to 44 the number of community health aides completing training (including continuing medical education).		X			

Southeast Alaska Regional Health Consortium Alcohol and Drug Abuse

Key Performance Measures for FY2002

Measure: Rural substance abuse: To increase to 24 the number of community meetings regarding alcohol/drug use and abuse.
(Not yet addressed by Legislature.)

Measure: Rural substance abuse: To increase to 50 the number of clients completing treatment plans on an outpatient basis.
(Not yet addressed by Legislature.)

Measure: Raven's Way: To increase to 12 the number of youth admitted to treatment.
(Not yet addressed by Legislature.)

Measure: Raven's Way: To increase to 10 the number of youth completing treatment plans.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Rural substance abuse: To increase to 24 the number of community meetings regarding alcohol/drug use and abuse.		X			
● Rural substance abuse: To increase to 50 the number of clients completing treatment plans on an outpatient basis.		X			
● Raven's Way: To increase to 12 the number of youth admitted to treatment.		X			
● Raven's Way: To increase to 10 the number of youth completing treatment plans.		X			

Southeast Alaska Regional Health Consortium Mental Health Services

Key Performance Measures for FY2002

Measure: To increase to 500 the number of contacts with community family service workers for mental health counseling services.
(Not yet addressed by Legislature.)

Measure: To increase to 10 the number of presentations provided in communities on mental health prevention/education issues.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● To increase to 500 the number of contacts with community family service workers for mental health counseling services.		X			
● To increase to 10 the number of presentations provided in communities on mental health prevention/education issues.		X			

Kawerak Social Services

Key Performance Measures for FY2002

Measure: This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's. 			X		

Kawerak Social Services

Key Performance Measures for FY2002

Measure: This component is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU.

(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This component is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU. 			X		

Tanana Chiefs Conference Public Health Services

Key Performance Measures for FY2002

Measure: Maintain or increase the number of training courses provided to, and supervisory contacts with, community health aides and community health practitioners (CHA/Ps).
(Not yet addressed by Legislature.)

Current Status:

During FY99, the CHATS grant program support 104 training courses directly to the provision of community health aide services and over 2,500 supervisory contacts to CHA/Ps employed by the Tanana Chiefs Conference.

Background and Strategies:

The CHATS grant program provides funds for training and supervision of CHA/Ps. CHA/Ps are located predominantly in rural areas where more advanced medical personnel are unavailable. During FY99, CHATS grant funds help support over 1,500 training courses and over 11,000 supervisory contacts to CHA/Ps statewide.

Measure: To increase to 85 the number of community health aides completing training (including medical education).
(Not yet addressed by Legislature.)

Measure: To increase to 50 the number of supervisory contacts by health corporation personnel.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Maintain or increase the number of training courses provided to, and supervisory contacts with, community health aides and community health practitioners (CHA/Ps).		X			
● To increase to 85 the number of community health aides completing training (including medical education).		X			
● To increase to 50 the number of supervisory contacts by health corporation personnel.		X			

Tanana Chiefs Conference Alcohol and Drug Abuse Services

Key Performance Measures for FY2002

Measure: Comprehensive alcohol program: To increase to 165 the number of persons admitted to treatment on an outpatient basis.
(Not yet addressed by Legislature.)

Measure: Comprehensive alcohol program: To increase to 70 the number of persons completing treatment plans on an outpatient basis.
(Not yet addressed by Legislature.)

Measure: Regional drug abuse prevention: To increase to 15 the number of village visits.
(Not yet addressed by Legislature.)

Measure: Regional drug abuse prevention: To increase to 250 the number of participants in educational presentations on substance abuse.
(Not yet addressed by Legislature.)

Measure: Recovery camps: To increase to 20 the number of persons admitted to treatment at family recovery camps.
(Not yet addressed by Legislature.)

Measure: Recovery camps: To increase to 15 the number of persons completing treatment at family recovery camps.
(Not yet addressed by Legislature.)

Measure: *This component is currently developing a new reporting system with measures that will help both grantee and department in tracking progress of programs.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Comprehensive alcohol program: To increase to 165 the number of persons admitted to treatment on an outpatient basis.		X			
● Comprehensive alcohol program: To increase to 70 the number of persons completing treatment plans on an outpatient basis.		X			
● Regional drug abuse prevention: To increase to 15 the number of village visits.		X			
● Regional drug abuse prevention: To increase to 250 the number of participants in educational presentations on substance abuse.		X			

Component — Tanana Chiefs Conference Alcohol and Drug Abuse Services

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Recovery camps: To increase to 20 the number of persons admitted to treatment at family recovery camps. 		X			
<ul style="list-style-type: none"> ● Recovery camps: To increase to 15 the number of persons completing treatment at family recovery camps. 		X			
<ul style="list-style-type: none"> ● *This component is currently developing a new reporting system with measures that will help both grantee and department in tracking progress of programs. 		X			

Tanana Chiefs Conference Mental Health Services

Key Performance Measures for FY2002

Measure: Community mental health center: To increase to 94 the number of admissions to community mental health center services.
(Not yet addressed by Legislature.)

Measure: Community mental health center: To increase to 910 the number of hours of direct client services.
(Not yet addressed by Legislature.)

Measure: Chronically mentally ill: To increase to 130 the number of hours of services received by the chronically or severely mentally ill.
(Not yet addressed by Legislature.)

Measure: Fetal alcohol syndrome: To maintain at 23 the number of fetal alcohol syndrome clients served.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Community mental health center: To increase to 94 the number of admissions to community mental health center services.		X			
● Community mental health center: To increase to 910 the number of hours of direct client services.		X			
● Chronically mentally ill: To increase to 130 the number of hours of services received by the chronically or severely mentally ill.		X			
● Fetal alcohol syndrome: To maintain at 23 the number of fetal alcohol syndrome clients served.		X			

Tlingit-Haida

Key Performance Measures for FY2002

Measure: This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This BRU is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU's. 			X		

Tlingit-Haida Social Services

Key Performance Measures for FY2002

Measure: This component is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This component is for pass through funds and the performance measures for the Division of Family and Youth Services is set up under the Purchased Services and the Family and Youth Services BRU. 			X		

Tlingit-Haida Alcohol and Drug Abuse Services

Key Performance Measures for FY2002

Measure: This component is for pass through funds and the performance measures for the Division of Family and Youth Services are set up under the Purchased Services and the Front Line Social Workers BRU.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> This component is for pass through funds and the performance measures for the Division of Family and Youth Services is set up under the Purchased Services and the Family and Youth Services BRU. 			X		

Yukon-Kuskokwim Health Corporation Public Health Services

Key Performance Measures for FY2002

Measure: Maintain or increase the number of training courses provided to, and supervisory contacts with, community health aides and community health practitioners (CHA/Ps).
(Not yet addressed by Legislature.)

Current Status:

During FY99, the CHATS grant program supported 720 training courses directly related to the provision of community health aide services and over 700 supervisory contacts to CHA/Ps employed by the Yukon Kuskokwim Health Corporation.

Background and Strategies:

The CHATS grant program provides funds for training and supervision of CHA/Ps. CHA/Ps are located predominantly in rural areas where more advanced medical personnel are unavailable. During FY99, CHATS grant funds help support over 1,500 training courses and over 11,000 supervisory contacts to CHA/Ps statewide.

Measure: Community health aide training and supervision: To increase to 160 the number of community health aides completing training (including continuing medical training).
(Not yet addressed by Legislature.)

Measure: Community health aide training and supervision: To increase to 250 the number of supervisory contacts by health corporation personnel.
(Not yet addressed by Legislature.)

Measure: Emergency medical services: To increase to 15 the percent of level one communities with trained Emergency Medical Technicians I.
(Not yet addressed by Legislature.)

Measure: Emergency medical services: To increase to 90 the number of first aid and CPR courses taught.
(Not yet addressed by Legislature.)

Measure: Injury prevention: To continue to provide injury prevention training to the 48 villages in the Yukon-Kuskokwim Delta.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> Maintain or increase the number of training courses provided to, and supervisory contacts with, community health aides and community health practitioners (CHA/Ps). 		X			

Component — Yukon-Kuskokwim Health Corporation Public Health Services

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Community health aide training and supervision: To increase to 160 the number of community health aides completing training (including continuing medical training).		X			
● Community health aide training and supervision: To increase to 250 the number of supervisory contacts by health corporation personnel.		X			
● Emergency medical services: To increase to 15 the percent of level one communities with trained Emergency medical technician I's.		X			
● Emergency medical services: To increase to 90 the number of first aid and CPR courses taught.		X			
● Injury prevention: To continue to provide injury prevention training to the 48 villages in the Yukon-Kuskokwim Delta.		X			

Yukon-Kuskokwim Health Corporation Alcohol and Drug Abuse Services

Key Performance Measures for FY2002

Measure: Regional ADA: To increase to 1200 the number of outpatient sessions.
(Not yet addressed by Legislature.)

Measure: Regional ADA: To increase to 400 the number of aftercare sessions.
(Not yet addressed by Legislature.)

Measure: Phillips Ayagnirvik (alcohol treatment center): To increase to 18 the number of clients per treatment cycle of 42-56 days.
(Not yet addressed by Legislature.)

Measure: Phillips Ayagnirvik (alcohol treatment center): To increase to 100 the percentage of intermediate care and outpatient clients who receive aftercare.
(Not yet addressed by Legislature.)

Measure: Bethel safety action program: To provide intervention services to the court for 100 percent of persons convicted of DWI and other related alcohol offenses.
(Not yet addressed by Legislature.)

Measure: Youth substance abuse: To increase to 235 the number of community/school educational presentations about the extent of the substance abuse problem in the region and ways in which it can be alleviated.
(Not yet addressed by Legislature.)

Measure: Youth substance abuse: To increase to 9 the number of village alcohol education counselors.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Regional ADA: To increase to 1200 the number of outpatient sessions.		X			
● Regional ADA: To increase to 400 the number of aftercare sessions.		X			
● Phillips Ayagnirvik (alcohol treatment center): To increase to 18 the number of clients per treatment cycle of 42-56 days.		X			
● Phillips Ayagnirvik (alcohol treatment center): To increase to 100 the percentage of intermediate care and outpatient clients who receive aftercare.		X			

Component — Yukon-Kuskokwim Health Corporation Alcohol and Drug Abuse Services

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Bethel safety action program: To provide intervention services to the court for 100 percent of persons convicted of DWI and other related alcohol offenses.		X			
● Youth substance abuse: To increase to 235 the number of community/school educational presentations about the extent of the substance abuse problem in the region and ways in which it can be alleviated.		X			
● Youth substance abuse: To increase to 9 the number of village alcohol education counselors.		X			

Yukon-Kuskokwim Health Corporation Mental Health Services

Key Performance Measures for FY2002

Measure: General mental health services: To increase to 35 the number of admissions to community mental health center services.
(Not yet addressed by Legislature.)

Measure: General mental health services: To increase to 6,440 the number of hours of direct client services.
(Not yet addressed by Legislature.)

Measure: Community support program: To increase to 395 the number of hours of service received by the chronically or severely mentally ill.
(Not yet addressed by Legislature.)

Measure: Crisis respite: To increase to 100 the percentage of clients needing and seeking crisis respite services who will be provided with those services.
(Not yet addressed by Legislature.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● General mental health services: To increase to 35 the number of admissions to community mental health center services.			X		
● General mental health services: To increase to 6,440 the number of hours of direct client services.			X		
● Community support program: To increase to 395 the number of hours of service received by the chronically or severely mentally ill.			X		
● Crisis respite: To increase to 100 the percentage of clients needing and seeking crisis respite services who will be provided with those services			X		

State Health Services

Key Performance Measures for FY2002

Measure: Increase the percentage of children fully immunized at age two

(Developed jointly with Legislature in FY2001.)

Current Status:

The percentage of fully immunized 2-year-olds for calendar year 1999 was 80.1%.

Benchmark:

69% were immunized by the end of 1996.

Background and Strategies:

In 1997, the Department launched a major initiative to increase the rate of fully immunized two-year-olds. In three years, we have jumped up 20 positions, going from 48th to 28th in national rankings. Now, over 80% of our two-year-old children have received their recommended vaccines. Alaska's comprehensive public-private initiative to increase childhood immunization rates will be extended through 2002 to achieve the highest possible immunization rates and to assure that Alaska children in school and daycare will have all required immunizations by the fall of 2001.

Measure: Identify Rate of TB (Tuberculosis) cases by race

(Developed jointly with Legislature in FY2001.)

Current Status:

1999 Alaska TB rate = 9.8 per 100,000 population

- Alaska Native = 39.4/100,000
- Asian/Pacific Islander = 43.0/100,000
- Black = 0
- White = 1.5/100,000

Benchmark:

1996 Alaska TB rate = 16.0/100,000 population

Background and Strategies:

Tuberculosis has been a long-standing problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, which included 10% of the entire state budget in 1946, led to one of the state's most visible public health successes—major reductions in TB across the state. Now this disease is reemerging and with it the threat of treatment resistant strains of the disease. Inadequate resources to monitor and educate those most at risk have resulted in outbreaks in three geographic areas this past year. Significant new resources are needed to do the case finding, diagnostic tests and treatment follow-up required to keep the disease in check.

Measure: Identify Rate of Hepatitis A

(Not yet addressed by Legislature.)

Current Status:

1999 Alaska Hepatitis A Rate = 2.4 per 100,000

Benchmark:

1996 Hepatitis B Rate = 2.6 per 100,000 population

Background and Strategies:

Alaska has suffered from large and recurrent outbreaks of Hepatitis A that has resulted in thousands of cases and numerous hospitalizations over time. Aggressive control activities were not successful until the vaccine became

available in the early 1990's. With use of the vaccine Hepatitis A, the disease burden has been greatly reduced. Efforts are still needed to make sure maximum immunization levels are reached and maintained.

Measure: Identify Rate of Hepatitis B

(Not yet addressed by Legislature.)

Current Status:

1999 Hepatitis B Rate = 2.9 per 100,000 population

Benchmark:

1996 Hepatitis B Rate = 2.6 per 100,000 population

Background and Strategies:

Hepatitis B vaccine became available in the early 1980s. Prior to that time Alaska had among the highest rates in the country. Well-organized immunization efforts in the 1980s brought rates to very low levels. Unfortunately because of historically high disease rates, many persons who had Hepatitis B in the past are now suffering from associated disease like cancer of the liver and liver failure. Current immunization efforts must be maintained to keep from "turning back the clock".

Measure: Identify rate of child hospitalizations and fatalities related to injury

(Developed jointly with Legislature in FY2002.)

Current Status:

Fatalities for children 0-19 in 1998 were:

Homicide	2.3/100,000
Suicide	8.4/100,000

Hospitalizations for Alaskan children 0-19 related to injury (non-fatal) in 1998 were:

Intentional injuries	83.3/100,000
Unintentional Injuries	410.4/100,000
Unintentional Injury	21.0/100,000

Benchmark:

Fatalities for children 0-19 in 1996 were:

Homicide	4.8/100,000
Suicide	9.2/100,000
Unintentional Injury	29.0/100,000

Child hospitalizations for children 0-19 related to injury in 1996 were:

Intentional injuries	82.6/100,000
Unintentional Injuries	416.8/100,000

Background and Strategies:

The Alaska Trauma Registry and Vital Statistics systems provide information on deaths and hospitalizations related to injury to children. The Division of Public Health has set targets for FY 2002 for reducing child hospitalizations related to injury to 74 per 100,000 due to intentional injuries and 375 per 100,000 due to unintentional injuries. The data provide very useful information for evaluating and refining child and adolescent injury prevention strategies. The decreases in fatalities shown above between 1996 and 1998 suggest strong improvement in the effort to reduce unintentional injuries, homicides and suicides among children 0-19.

Measure: Decrease Rates of smoking by middle school students

(Not yet addressed by Legislature.)

Current Status:

In 1999, according to the YRBS data, 21% of middle school students reported smoking within the last 30 days. (Sample did not include Anchorage students)

Benchmark:

In 1995, according to the YRBS data, 25% of middle school students reported smoking within the last 30 days. (Statewide sample)

Background and Strategies:

According to information gleaned from the Youth Risk Behavior System (YRBS), between early 1995 and early 1999 there was a 7% decrease in overall current smoking for high school youth in Alaska. During this same period of time there was a 1% decrease in smokeless tobacco use. Plans are underway for the YRBS to be administered statewide in the spring of 2001. The new active parental consent law for surveys has increased significantly the burden on local school districts. The value of the YRBS data may be compromised as a result of the constraints that the new law imposes on districts.

The YRBS is a survey tool that in schools to a random sample of students in various grades. During the 1999 survey, the Anchorage School district did not participate in the survey, so the state 1995 to state 1999 comparisons listed above do not include Anchorage for 1999. We are continuing to do analysis to determine changes for the various age groups and will have additional data within the next six months. However, preliminary analysis indicates much larger increases for the younger children (i.e. 9th grade vs. 12th grade). Utilizing tobacco settlement dollars and other funds, in an on-going public-private partnership, the Department intends to intensify the effort to decrease smoking and use of smokeless tobacco by youth for the next several years. These efforts will include counter-marketing efforts, enforcement of laws prohibiting sales to minors etc. An increased focus will be related to the use of smokeless tobacco, since the decline in that area has been so minimal.

Measure: Decrease Rates of alcohol use among high school students

(Not yet addressed by Legislature.)

Current Status:

In 1999, according to YRBS data, 46.9 % of high school students reported having had at least one drink of alcohol in the past 30 days. 34.4% reported at least one binge drinking episode (five or more drinks in a row) in the past 30 days. (Anchorage students not included in the sample)

Benchmark:

In 1995, according to YRBS data, 47.5 % of high school students reported having had at least one drink of alcohol in the past 30 days. 31.3 % reported at least one binge drinking episode in the past 30 days. (Statewide sample)

Background and Strategies:

See explanation of the Youth Behavior Risk Survey (YRBS) provided under key indicator measure: "decrease rates of smoking by middle school students." The YRBS is the survey tool that provides information on this measure. If a sufficient and reliable sample of the state's high school students cannot be identified under the active parental consent requirement, the measurement of alcohol use among high school students may not be possible in the future, until another method can be devised. Efforts to reduce youth drinking are on going and varied.

Measure: Identify Life expectancy for all Alaskans by race

(Not yet addressed by Legislature.)

Current Status:

For 1998:	Life expectancy at birth for all Alaskans	= 75.4 years
	Alaska Natives	= 70.3 years
	White	= 76.2 years

Benchmark:

For 1996:	Life expectancy at birth for all Alaskans	= 74.5 years
	Alaska Natives	= 69.3 years
	White	= 75.4 years

Background and Strategies:

In the last three decades, dramatic increase in life expectancy has been realized by reducing infant mortality across Alaska. Fewer deaths due to infectious disease and injury among children and youth have also contributed to

improvement in life expectancy. Continuing to improve birth outcomes, injury prevention, and prevention of chronic and infectious diseases will result in continuation of the trend toward longer life expectancy for the population as a whole, and for Alaska Natives in particular.

Measure: Decrease Teen birth rate, age 15-19
(Not yet addressed by Legislature.)

Current Status:

For 1998: 48.4 births per 1000 girls aged 15-19

Benchmark:

For 1996: 51.5 births per 1000 girls aged 15-19

Background and Strategies:

The teen birth rate has in 1998 reached the Healthy Alaskans 2000 goal of fewer than 50 per 1,000 girls aged 15-19, down from 66.2 in 1990. Activities to educate on the risks associated with unmarried and teen child bearing, together with increased access to reliable contraception may have influenced these numbers.

Measure: Decrease Teen suicide rate (per 100,000 aged 15-19 years)
(Not yet addressed by Legislature.)

Current Status:

For 1998: 37.0 per 100,000

Benchmark:

For 1996: 38.3 per 100,000

Background and Strategies:

Teen suicide continues to be a major concern in Alaska, being nearly four times the U.S. rate of 9.5 per 100,000 (the level for Alaskans of all ages is 23.7 in 1998, about twice the U.S. rate of 10.3). Numerous activities at the state and local level over the past several years have been directed specifically to identifying youth at risk and providing the individual and group education and intervention needed to help prevent/reduce teen suicides.

Measure: The percentage of families who are qualified for the services of the infant learning program who are enrolled in the program.
(Added by Legislature in FY2002 version.)

Current Status:

For FY2000, 84% of children qualified received EI/ILP services

Benchmark:

This is a new measure.

Background and Strategies:

1602 children were enrolled in the Infant Learning Program in FY2000 and there were 307 on the waitlist* for services as of June 30, 2000 for a total of 1909 eligible children.

*waitlist = children who are not eligible for Part C, who have been referred for screening, evaluation or enrollment in early intervention services and who have been waiting greater than 45 days for these services

Status of FY2001 Performance Measures

Achieved On track Too soon to tell Not likely to achieve Needs modification

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Increase the percentage of children that are fully immunized at age two.		X			
● Identify Rate of TB (Tuberculosis) cases by race	X				
● Identify Rate of Hepatitis A	X				
● Identify Rate of Hepatitis B	X				
● Identify Rate of child hospitalizations and fatalities related to injury	X				
● Decrease Rates of smoking by middle school students			X		
● Decrease Rates of alcohol use among high school students			X		
● Identify Life expectancy for all Alaskans by race	X				
● Decrease Teen birth rate, age 15-19		X			
● Decrease Teen suicide rate (per 100,000 aged 15-19 years)			X		

Alcohol and Drug Abuse Services

Key Performance Measures for FY2002

Measure: Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons.

(Not yet addressed by Legislature.)

Current Status:

The twenty year old excise tax has not recently been adjusted for inflation and cost may no longer be a deterrent. The data indicates Alaska's consumption rate may not continue the decrease experienced in prior years. (From FY90 to FY98 Alaska experienced an overall decline). The rate (gallons per capita) decreased from 2.64 in FY97 to 2.51 in FY98 with a small increase to 2.67 gallons per capital for FY99.

Benchmark:

The benchmark for this measure is 3.46 gallons in FY85. Per capita consumption was 2.51 in FY98.

Background and Strategies:

We know that the prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older but does not acknowledge the state's significant (and increasing) visitor population.

The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation. In relation to this strategy the Division advocates for positive change through legal and regulatory initiatives. Other strategies used by the Division include but are not limited to: encourage activities and initiatives that will change community standards and emphasize healthy lifestyles; encourage traditional and alternative social activities that are alcohol and drug free.

Measure: Track the total number of new convictions and reduce the number of repeat convictions in state district and superior courts on charges of driving while intoxicated (DWI). (SB281)

(Revised from Legislature's FY2001 version.)

Current Status:

Felony DWI cases showed a slight decrease since 1997. For 1997 and 1998 convictions were 322 and 326 respectively. Convictions for 1999 were 317.

Benchmark:

227 DWI convictions in 1996.

Background and Strategies:

Driving while under the influence of alcohol (DWI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. Recent DWI data for shows that approximately 45 - 48 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

DWI conviction data are collected and maintained by the State of Alaska Court System. Felony DWI data are included as a separate conviction category in regularly published reports. Misdemeanor DWI conviction data, however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DWI data should be collected as a separate category.

There are many variables that have an impact on a reduction in the number of DWI convictions, including enforcement efforts and prosecutor caseloads. However, we know that reductions in DWI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DWI. Other strategies used by the Division include but are not limited to: distribution of useful and effective information to targeted populations; Identification of people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

Measure: Reduce the number of state criminal convictions on alcohol or drug-related charges.
(Not yet addressed by Legislature.)

Current Status:

Drug & alcohol related misdemeanor offenses increased from 2,404 in FY97 to 3,067 in FY98. Felony offenses also increased to 836 in FY98 from 791 in FY97.

Benchmark:

FY93, misdemeanor convictions totaled 2,317. Felony convictions totaled 478.

Background and Strategies:

Convictions for drug and alcohol-related offenses, like DUI convictions, offer a clear picture of the negative consequences of use of alcohol and other drugs. Between FY93 and FY97, felony convictions increased from 478 to 791. Misdemeanor convictions have increased from 2,317 to 3,067.

There are a number of factors that impact this indicator including local and statewide enforcement, changes in laws, and prosecution. A reduction in the number of alcohol and other drug related charges can be attributed to early intervention and appropriate, timely treatment for offenders. Other strategies used by the Division include but are not limited to: support community-based processes that build partnerships and provide more effective prevention and treatment services; identify people with problems as early as possible and refer them for appropriate services; develop sufficient resources to meet community needs for appropriate levels of treatment for adults, youth and special populations; and, addressing the treatment needs of persons in the criminal justice system.

Measure: Reduce the number of alcohol-related injuries requiring hospitalization.
(Not yet addressed by Legislature.)

Current Status:

Alcohol related injuries increased from 898 in FY 96 to 1028 in FY97 and 1040 in FY98. Data from previous years is as follows: 1991, 732; 1992, 789; 1993, 805; 1995, 734. Given the generally upward trend and the nature of the data being collected to measure this indicator the Division along with the Advisory Board are deliberating on whether to continue with this indicator in its current form.

Benchmark:

732 cases in FY91.

Background and Strategies:

Injuries involving the use of alcohol represent a significant and costly negative impact consequence.

The Alaska Trauma Registry, which collects the information from every hospital in the state, tracks all injuries requiring hospitalization. It collects data on involvement with alcohol. The number seemed to peak in 1993 and start a downward trend. However, the number of injuries in 1998 showed sharp increase from 1997. These injuries typically involve young people. They affect the injured individuals, families, and sometimes, entire villages. They require the most expensive level of medical care provided in an emergency room or trauma center.

The efforts that are most likely to impact this indicator are those which seek to restrict access to alcohol or other drugs through public policy advocacy. Early intervention and treatment services have also been shown to have a positive impact on this indicator.

Measure: Reduce the number of 12-hour protective custody holds.

(Not yet addressed by Legislature.)

Current Status:

Protective custody holds declined from 2,273 in FY98 to 2,109 in FY99, but significantly increase to 2322 in FY00. The data collected for FY00 may be in part due to the need for increased treatment capacity in Alaska rather than an upward trend. The newest data remains well under the benchmark.

Benchmark:

FY91, 2,878 12 hour protective custody holds.

Background and Strategies:

AS 47.37 provides that persons incapacitated by alcohol may be taken into custody in order to protect them and others from the negative consequences of their incapacitation. If suitable detoxification facilities are not available, they are taken to Department of Correction facilities. They are held until protective custody is no longer necessary or for up to twelve hours. During 1996 the Division began to place more emphasis on early intervention for late stage, chronic alcoholics. This is the population most likely to require protective custody.

As treatment programs work with communities to provide more appropriate services and timely interventions, the number of protective custody holds should decrease. Community partnerships, resource expansion and community training in involuntary commitment procedures contribute to the reduction in the number of 12-hour protective custody holds.

Measure: Reduce the rate of binge or chronic drinking by adults.

(Revised from Legislature's FY2001 version.)

Current Status:

The CDC has changed the information that is being collected. The Division along with the Advisory Board are deliberating on whether this indicator will continue to be used.

Measure: Monitor the indicators in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003.

(Not yet addressed by Legislature.)

Current Status:

To the extent possible all indicators have been updated. In their current form several indicators require reassessment as indicators. These indicators include drug and alcohol related convictions, injuries requiring hospitalization, and the rate of chronic and binge drinking.

Benchmark:

The project was begun in FY99.

Background and Strategies:

In FY99 a structured consensus building process culminated in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003. This plan defines the results adopted by the Division that same year. As a consequence, the Division evaluates its effectiveness by measurable outcomes for the result "Alaskans living free from the negative consequences of alcohol and other drug use".

To continue our early success continued structured consensus building processes which integrate and positively address all the needs of the state's population negatively affected by alcohol and other drug abuse are needed.

Measure: By the FY 2002 competitive grant cycle monitor, using the Management Information System and grants management processes, funded programs compliance with program performance (outcome) reporting.
(Not yet addressed by Legislature.)

Current Status:

Programmatic and administrative grant management functions are beginning the second year of redesign and testing to provide decision makers with quality program outcome information.

Benchmark:

The evolution and benchmark of outcome based grant funding for the Division began in FY98. This was the first year of a competitive grant cycle in which outcome requirements were in solicitations for grant applications.

Background and Strategies:

In FY98 the Division began to fund alcohol and other drug treatment and prevention services based upon a funded program's proposed outcomes and impacts on target populations. Prior to the implementation of outcome based funding, reporting on program impacts focused on the quantity of services delivered rather than client and community well being, or outcomes which have better meaning.

An extensive audit conducted by the Legislative Audit Division in FY99 documented several weaknesses in our reporting and monitoring functions. Since completion of the audit the Division has been in the process of rewriting the policies and procedures which are used to monitor and administer the Division approved substance abuse treatment and prevention programs.

Several work groups made up of Division staff and external stake holders continue their work on the Division's revised policies and procedures. These efforts have produced positive results in making the substantial change required to use outcome based measurement as the measure of success or failure. The Division intends to continue this structured consensus building process which promotes outcome based monitoring and compliance management practices.

Measure: Reduce the number of infants affected by prenatal exposure to alcohol as reported to the Alaska Birth Defects Registry. (SB281)
(Added by Legislature in FY2002 version.)

Current Status:

The current data used is based on birth year 1998. Since this is a new reporting system, and because reports can be made on a child through the sixth birthday, this data will change as more reports are made.

Benchmark:

134 children, born in 1998, have been reported to the Alaska Birth Defects Registry with the prenatal exposure to alcohol code number, as of November 1999.

Background and Strategies:

The Alaska Birth Defects Registry began collecting data on infant birth defects in 1996. Prenatal exposure to alcohol became a reportable birth defect/condition in 1998. Unlike all other birth defects that must be reported within the first year following birth, alcohol-related birth defects (ARBD) can be reported up through the age of six. Data collection procedures are fairly recent so benchmark numbers are for reports made for birth year 1998.

In an effort to increase our knowledge regarding the true number of children born with alcohol-related birth defects, we have, since 1998, been increasing the capacity for diagnosis of FAS/ARBD across the state. For this reason we expect to see an increase in the number of reports to the Alaska Birth Defect Registry over the next five years and then beginning in FY06, we will begin to see a steady decrease in births prenatally exposed to alcohol. Over the next 5 years we are implementing a statewide public education campaign to change the public norm about drinking during pregnancy-no amount of alcohol during pregnancy is safe. We also will be developing targeted interventions aimed at women identified at-risk of giving birth to a child with FAS/ARBD-increasing treatment, health care and other appropriate services for this population.

Measure: Track the number of new admissions as a percentage of total admissions to treatment programs for alcohol and drug abuse. (SB281)

(Added by Legislature in FY2002 version.)

Current Status:

This is a new measure for FY2002. The Division will need to analyze and review all implications of the measure in order to establish base line statistics and a benchmark.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001.			X		
● Reduce the number of convictions in state district and superior courts on charges of driving while under the influence (DUI) of alcohol.			X		
● Reduce the number of state criminal convictions on alcohol or drug-related charges.			X		
● Reduce the number of alcohol-related injuries requiring hospitalization.			X		
● Reduce the number of 12-hour protective custody holds.			X		
● Reduce the rate of binge or chronic drinking by adults.			X		
● Monitor the indicators in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003.		X			
● By the FY 2002 competitive grant cycle monitor, using the Management Information System and grants management processes, funded programs compliance with program performance (outcome) reporting.			X		

Administration

Key Performance Measures for FY2002

Measure: Monitor the indicators in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003.

(Not yet addressed by Legislature.)

Current Status:

To the extent possible all indicators have been updated. In their current form several indicators require reassessment as indicators. These indicators include drug and alcohol related convictions, injuries requiring hospitalization, and the rate of chronic and binge drinking.

Benchmark:

The project was begun in FY99.

Background and Strategies:

In FY99 a structured consensus building process culminated in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003. This plan defines the results adopted by the Division that same year. As a consequence, the Division evaluates its effectiveness by measurable outcomes for the result "Alaskans living free from the negative consequences of alcohol and other drug use".

To continue our early success, continued structured consensus building processes which integrate and positively address all the needs of the state's population negatively affected by alcohol and other drug abuse are needed.

Measure: By the FY 2002 competitive grant cycle monitor, using the Management Information System and grants management processes, funded programs' compliance with program performance (outcome) reporting.

(Not yet addressed by Legislature.)

Current Status:

Programmatic and administrative grant management functions are beginning the second year of redesigned and testing to provide decision makers with quality program outcome information.

Benchmark:

The evolution and benchmark of outcome based grant funding for the Division began in FY98. This was the first year of a competitive grant cycle in which outcome requirements were in solicitations for grant applications.

Background and Strategies:

In FY98 the Division began to fund alcohol and other drug treatment and prevention services based upon a funded program's proposed outcomes and impacts on target populations. Prior to the implementation of outcome based funding, reporting on program impacts focused on the quantity of services delivered rather than client and community well being, or outcomes which have better meaning.

An extensive audit conducted by the Legislative Audit Division in FY99 documented several weaknesses in our reporting and monitoring functions. Since completion of the audit the Division has been in the process of rewriting the policies and procedures which are used to monitor and administer the Division approved substance abuse treatment and prevention programs.

Several work groups made up of Division staff and external stake holders continue their work on the Division's revised policies and procedures. These efforts have produced positive results in making the substantial change required to use outcome based measurement as the measure of success or failure. The Division intends to continue this

structured consensus building process which promotes outcome based monitoring and compliance management practices.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Monitor the indicators in the Governor's Advisory Board on Alcoholism and Drug Abuse (Advisory Board) State Plan for Alcohol and Drug Abuse Services, 1999-2003. ● By the FY 2002 competitive grant cycle monitor, using the Management Information System and grants management processes, funded programs compliance with program performance (outcome) reporting. 			X		
			X		

Alcohol Safety Action Program (ASAP)

Key Performance Measures for FY2002

Measure: Track the total number of new convictions and reduce the number of repeat convictions in state district and superior courts on charges of driving while intoxicated (DWI). (SB281)
(Revised from Legislature's FY2001 version.)

Current Status:

Felony DWI cases showed a slight decrease since 1997. For 1997 and 1998 convictions were 322 and 326 respectively. Convictions for 1999 were 317.

Benchmark:

227 DUI convictions in 1996.

Background and Strategies:

Driving while under the influence of alcohol (DWI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. DWI data for 1998 show that 45.2 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

DWI conviction data are collected and maintained by the State of Alaska Court System. Felony DWI data are included as a separate conviction category in regularly published reports. Misdemeanor DWI conviction data, however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DUI data should be collected as a separate category.

There are many variables that have an impact on a reduction in the number of DWI convictions, including enforcement efforts and prosecutor case loads. However, we know that reductions in DWI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DWI. Other strategies used by the Division include but are not limited to: distribution of useful and effective information to targeted populations; Identification of people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

Measure: Reduce the number of state criminal convictions on alcohol or drug-related charges.
(Not yet addressed by Legislature.)

Current Status:

Drug & alcohol related misdemeanor offenses increased from 2,404 in FY97, to 3,067 in FY98 and decreased to 2531 in FY99. Felony offenses increased from 791 in FY97 to 836 in FY98 and decreased to 809 in FY99.

Benchmark:

FY93, misdemeanor convictions totaled 2,317. Felony convictions totaled 478.

Background and Strategies:

Convictions for drug and alcohol-related offenses, like DWI convictions, offer a clear picture of the negative consequences of use of alcohol and other drugs. Between FY93 and FY97, felony convictions increased from 478 to 791. Misdemeanor convictions have increased from 2,317 to 3,067. The small decrease in convictions recorded in FY98 may be an indicator that statewide efforts to reduce charges are finding results.

There are a number of factors that impact this indicator including local and statewide enforcement, changes in laws, and prosecution. A reduction in the number of alcohol and other drug related charges can be attributed to early intervention and appropriate, timely treatment for offenders. Other strategies used by the Division include but are not limited to: support community-based processes that build partnerships and provide more effective prevention and

treatment services; identify people with problems as early as possible and refer them for appropriate services; develop sufficient resources to meet community needs for appropriate levels of treatment for adults, youth and special populations; and addressing the treatment needs of persons in the criminal justice system.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Reduce the number of convictions in state district and superior courts on charges of driving while under the influence (DUI) of alcohol ● Reduce the number of state criminal convictions on alcohol or drug-related charges. 			X X		

Alcohol and Drug Abuse Grants

Key Performance Measures for FY2002

Measure: Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons.

(Not yet addressed by Legislature.)

Current Status:

The data indicates that Alaska's consumption rate is continuing to decline. Since FY90 Alaska has experienced a steady decline with the most recent years rates of 2.64 and 2.51 gallons per capita for FY97 and FY98 respectively.

Benchmark:

The benchmark for this measure is 3.46 gallons in FY85. Per capita consumption was 2.51 in FY98.

Background and Strategies:

We know that the prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older but does not acknowledge the state's significant (and increasing) visitor population.

The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation. In relation to this strategy the Division advocates for positive change through legal and regulatory initiatives. Other strategies used by the Division include but are not limited to: encourage activities and initiatives that will change community standards and emphasize healthy lifestyles; encourage traditional and alternative social activities that are alcohol and drug free.

Measure: Reduce the number of convictions in state district and superior courts on charges of driving while under the influence (DUI) of alcohol.

(Not yet addressed by Legislature.)

Current Status:

Felony DUI case increases since 1997 have for the most part leveled. For 1997 and 1998 convictions were 322 and 326 respectively.

Benchmark:

227 DUI convictions in 1996.

Background and Strategies:

Driving while under the influence of alcohol (DUI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. DUI data for 1997 show that 30 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

DUI conviction data are collected and maintained by the State of Alaska Court System. Felony DUI data are included as a separate conviction category in regularly published reports. Misdemeanor DUI conviction data, however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DUI data should be collected as a separate category.

There are many variables that have an impact on a reduction in the number of DUI convictions, including enforcement efforts and prosecutor case loads. However, we know that reductions in DUI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DUI. Other strategies used by the Division include but are not limited to: distribution of useful and effective information to targeted populations; Identification of

people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

Measure: Reduce the number of state criminal convictions on alcohol or drug-related charges.

(Not yet addressed by Legislature.)

Current Status:

Drug & alcohol related misdemeanor offenses increased from 2,404 in FY97 to 3,067 in FY98. Felony offenses also increased to 836 in FY98 from 791 in FY97.

Benchmark:

FY93, misdemeanor convictions totaled 2,317. Felony convictions totaled 478.

Background and Strategies:

Convictions for drug and alcohol-related offenses, like DUI convictions, offer a clear picture of the negative consequences of use of alcohol and other drugs. Between FY93 and FY97, felony convictions increased from 478 to 791. Misdemeanor convictions have increased from 2,317 to 3,067.

There are a number of factors that impact this indicator including local and statewide enforcement, changes in laws, and prosecution. A reduction in the number of alcohol and other drug related charges can be attributed to early intervention and appropriate, timely treatment for offenders. Other strategies used by the Division include but are not limited to: support community-based processes that build partnerships and provide more effective prevention and treatment services; identify people with problems as early as possible and refer them for appropriate services; develop sufficient resources to meet community needs for appropriate levels of treatment for adults, youth and special populations; and addressing the treatment needs of persons in the criminal justice system.

Measure: Reduce the number of alcohol-related injuries requiring hospitalization

(Not yet addressed by Legislature.)

Current Status:

Alcohol related injuries increased from 898 in FY 96 to 1028 in FY97. Data from previous years is as follows: 1991, 732; 1992, 789; 1993, 805; 1995, 734. Given the generally upward trend and the nature of the data being collected to measure this indicator the Division along with the Advisory Board are deliberating on whether to continue with this indicator in its current form.

Benchmark:

732 cases in FY91.

Background and Strategies:

Injuries involving the use of alcohol represent a significant and costly negative impact consequence. The Alaska Trauma Registry, which collects the information from every hospital in the state, tracks all injuries requiring hospitalization. It collects data on involvement with alcohol. The number seemed to peak in 1993 and start a downward trend. However, the number of injuries in 1998 showed sharp increase from 1997. These injuries typically involve young people. They affect the injured individuals, families, and sometimes entire villages. They require the most expensive level of medical care, that provided in an emergency room or trauma center.

The efforts that are most likely to impact this indicator are those which seek to restrict access to alcohol or other drugs through public policy advocacy. Early intervention and treatment services have also been shown to have a positive impact on this indicator.

Measure: Reduce the number of 12-hour protective custody holds.

(Not yet addressed by Legislature.)

Current Status:

Protective custody holds declined from 2,273 in FY98 to 2,109 in FY99.

Benchmark:

FY91, 2,878 12 hour protective custody holds.

Background and Strategies:

AS 47.37 provides that persons incapacitated by alcohol may be taken into custody in order to protect them and others from the negative consequences of their incapacitation. If suitable detoxification facilities are not available, they are taken to Department of Correction facilities. They are held until protective custody is no longer necessary or for up to twelve hours. During 1995 and 1996 the Division began to place more emphasis on early intervention for late stage, chronic alcoholics. This is the population most likely to require protective custody.

As treatment programs work with communities to provide more appropriate services and timely interventions, the number of protective custody holds decreases. Community partnerships, resource expansion and community training in involuntary commitment procedures contribute to the reduction in the number of 12-hour protective custody holds.

Measure: Reduce the rate of binge or chronic drinking by adults.

(Not yet addressed by Legislature.)

Current Status:

The CDC has changed the information that is being collected. The Division along with the Advisory Board are deliberating on whether this indicator will continue to be an indicator.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001.			X		
● Reduce the number of convictions in state district and superior courts on charges of driving while under the influence (DUI) of alcohol.			X		
● Reduce the number of state criminal convictions on alcohol or drug-related charges.			X		
● Reduce the number of alcohol-related injuries requiring hospitalization			X		
● Reduce the number of 12-hour protective custody holds.			X		
● Reduce the rate of binge or chronic drinking by adults.			X		

Community Grants - Prevention

Key Performance Measures for FY2002

Measure: Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons.
(Not yet addressed by Legislature.)

Current Status:

The data indicates that Alaska's consumption rate is continuing to decline. Since FY90 Alaska has experienced a steady decline with the most recent years rates of 2.64 and 2.51 gallons per capita for FY97 and FY98 respectively.

Benchmark:

The benchmark for this measure is 3.46 gallons in FY85. Per capita consumption was 2.51 in FY98.

Background and Strategies:

We know that the prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older but does not acknowledge the state's significant (and increasing) visitor population.

The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation. In relation to this strategy the Division advocates for positive change through legal and regulatory initiatives. Other strategies used by the Division include but are not limited to: encourage activities and initiatives that will change community standards and emphasize healthy lifestyles; encourage traditional and alternative social activities that are alcohol and drug free.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001. 			X		

Community Action Against Substance Abuse Grants

Key Performance Measures for FY2002

Measure: Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons.

(Not yet addressed by Legislature.)

Current Status:

The data indicates that Alaska's consumption rate is continuing to decline. Since FY90 Alaska has experienced a steady decline with the most recent years rates of 2.64 and 2.51 gallons per capita for FY97 and FY98 respectively.

Benchmark:

The benchmark for this measure is 3.46 gallons in FY85. Per capita consumption was 2.51 in FY98.

Background and Strategies:

We know that the prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older but does not acknowledge the state's significant (and increasing) visitor population.

The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation. In relation to this strategy the Division advocates for positive change through legal and regulatory initiatives. Other strategies used by the Division include but are not limited to: encourage activities and initiatives that will change community standards and emphasize healthy lifestyles; encourage traditional and alternative social activities that are alcohol and drug free.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001. 			X		

Correctional ADA Grant Services

Key Performance Measures for FY2002

Measure: Reduce the number of 12-hour protective custody holds.
(Not yet addressed by Legislature.)

Current Status:

Protective custody holds declined from 2,273 in FY98 to 2,109 in FY99.

Benchmark:

FY91, 2,878 12 hour protective custody holds.

Background and Strategies:

AS 47.37 provides that persons incapacitated by alcohol may be taken into custody in order to protect them and others from the negative consequences of their incapacitation. If suitable detoxification facilities are not available, they are taken to Department of Correction facilities. They are held until protective custody is no longer necessary or for up to twelve hours. During 1995 and 1996 the Division began to place more emphasis on early intervention for late stage, chronic alcoholics. This is the population most likely to require protective custody.

As treatment programs work with communities to provide more appropriate services and timely interventions, the number of protective custody holds decreases. Community partnerships, resource expansion and community training in involuntary commitment procedures contribute to the reduction in the number of 12-hour protective custody holds.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Reduce the number of 12-hour protective custody holds.			X		

Rural Services Grants

Key Performance Measures for FY2002

Measure: Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons.

(Not yet addressed by Legislature.)

Current Status:

The data indicates that Alaska's consumption rate is continuing to decline. Since FY90 Alaska has experienced a steady decline with the most recent years rates of 2.64 and 2.51 gallons per capita for FY97 and FY98 respectively.

Benchmark:

The benchmark for this measure is 3.46 gallons in FY85. Per capita consumption was 2.51 in FY98.

Background and Strategies:

We know that the prevalence and severity of alcohol-related problems among Alaskans is directly related to the amount of alcohol consumed. The data, as collected, are based on total alcohol purchased at the wholesale level and the number of Alaskans who are 14 years of age and older but does not acknowledge the state's significant (and increasing) visitor population.

The strategies that impact this indicator most readily are those that address public policy issues such as the number of licensed outlets and their hours of operation. In relation to this strategy the Division advocates for positive change through legal and regulatory initiatives. Other strategies used by the Division include but are not limited to: encourage activities and initiatives that will change community standards and emphasize healthy lifestyles; encourage traditional and alternative social activities that are alcohol and drug free.

Measure: Reduce the number of alcohol-related injuries requiring hospitalization.

(Not yet addressed by Legislature.)

Current Status:

Alcohol related injuries increased from 898 in FY 96 to 1028 in FY97. Data from previous years is as follows: 1991, 732; 1992, 789; 1993, 805; 1995, 734. Given the generally upward trend and the nature of the data being collected to measure this indicator the Division along with the Advisory Board are deliberating on whether to continue with this indicator in its current form.

Benchmark:

732 cases in FY91.

Background and Strategies:

Injuries involving the use of alcohol represent a significant and costly negative impact consequence. The Alaska Trauma Registry, which collects the information from every hospital in the state, tracks all injuries requiring hospitalization. It collects data on involvement with alcohol. The number seemed to peak in 1993 and start a downward trend. However, the number of injuries in 1998 showed sharp increase from 1997. These injuries typically involve young people. They affect the injured individuals, families, and sometimes entire villages. They require the most expensive level of medical care, that provided in an emergency room or trauma center.

The efforts that are most likely to impact this indicator are those which seek to restrict access to alcohol or other drugs through public policy advocacy. Early intervention and treatment services have also been shown to have a positive impact on this indicator.

Measure: Reduce the rate of binge or chronic drinking by adults.
(Not yet addressed by Legislature.)

Current Status:

The CDC has changed the information that is being collected. The Division along with the Advisory Board are deliberating on whether this indicator will continue to be an indicator.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Reduce the annual per capita alcohol consumption by people aged 14 and over from 2.55 to 2.25 gallons by FY2001.			X		
● Reduce the number of alcohol-related injuries requiring hospitalization.			X		
● Reduce the rate of binge or chronic drinking by adults.			X		

Community Mental Health Grants

Key Performance Measures for FY2002

Measure: Increase the percentage of mental health consumers receiving services who show improved functioning as a result of the services. (SB 281, modified)
(Developed jointly with Legislature in FY2000.)

Current Status:

In FY00, 20% of those consumers sampled showed improved functioning (higher GAF score) between initial intake and final contact. Given the serious nature of chronic mental illness, a great deal of improvement is not expected. Instead the focus of treatment is to maintain consumers' current level of functioning and to avoid the need for inpatient treatment.

Benchmark:

FY99 benchmark was 0% showing improved functioning (higher GAF score) as a result of services. Percentage is not necessarily a reflection on services but more probably related to the very small sample size; the Division struggled with grantee data submission issues.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> Increase the percentage of mental health consumers receiving services who show improved functioning as a result of the services. (SB 281, modified) 		X			

Community Developmental Disabilities Grants

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Increase the number of developmental disabilities consumers who receive services from the division. (SB 281, modified) 		X			
<ul style="list-style-type: none"> ● Decrease the length of time that developmentally disabled consumers are on a waiting list before receiving services. (SB 281, modified) 		X			

Community Developmental Disabilities Grants

Key Performance Measures for FY2002

Measure: Increase the number of developmental disabilities consumers who receive services from the Division. (SB 281, modified)
(Developed jointly with Legislature in FY2000.)

Current Status:

In FY00, 2,460 consumers received service through the program's grants and waivers, representing a 26% increase in one year.

Benchmark:

In FY99, 1,953 consumers received services through the program's grants and waivers.

Measure: Decrease the length of time that developmentally disabled consumers are on a waiting list before receiving services. (SB 281, modified)
(Developed jointly with Legislature in FY2000.)

Current Status:

In FY00, the greatest length of time any consumer had been on the Waitlist was four years.

Benchmark:

In FY99, the greatest period of time a consumer was on the Waitlist was thirteen years.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> ● Increase the number of developmental disabilities consumers who receive services from the Division. (SB 281, modified) 		X			
<ul style="list-style-type: none"> ● Decrease the length of time that developmentally disabled consumers are on a waiting list before receiving services. (SB 281, modified) 		X			

Institutions and Administration

Key Performance Measures for FY2002

Measure: Decrease the average number of publicly funded psychiatric hospital days used per hospitalized person. (SB 281, modified)
(Developed jointly with Legislature in FY2001.)

Current Status:

In FY00 the average was 10 days.

Benchmark:

In FY98 the average stay was 14 days. (excludes data on consumers in residence at API longer than 6 months)

Background and Strategies:

The purpose of the Community Mental Health/API 2000 Project (CMHP) is to replace the aging API with a new facility, make it possible to safely operate with reduced inpatient capacity by increasing and enhancing community-based mental health and substance abuse services in Anchorage, and further improve inpatient hospital care provided within API.

The new and enhanced services that are a part of the CMHP were designed to specifically impact the number of admissions to API from the Anchorage area and reduce the number of patient days. These new and enhanced Anchorage community services either are -- or are coming -- on line at this time. The first new service started in October of 1999, providing intensive, extended care services for 6 long-term API patients. Enhanced and expanded crisis respite care started in September of 2000, and enhanced detoxification and residential dual diagnosis services began in October of 2000.

Measure: Increase the percentage of mental health and developmental disabilities provider programs reviewed for consumer satisfaction to at least 50%. (SB 281, modified)
(Developed jointly with Legislature in FY2000.)

Current Status:

In FY00, 56% of MH provider programs were reviewed and 43% of DD provider programs were reviewed.

Benchmark:

In FY99, 49% of MH provider programs were reviewed and 34% of DD provider programs were reviewed.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Decrease the average number of publicly funded psychiatric hospital days used per hospitalized person. (SB 281, modified)		X			
● Increase the percentage of mental health and developmental disabilities provider programs reviewed for consumer satisfaction to at least 50%. (SB 281, modified)		X			

Alaska Mental Health Board

Key Performance Measures for FY2002

Measure: Hold at least four Mental Health Board meetings and at least 4 other public forums on mental health issues throughout the year.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, the Board held four in-person Board meetings and four other public forums through the Mental Health Parity Task Force.

Measure: To define and collect statewide data on at least ten common performance measures for community based mental health services.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, we have defined more than 10 common performance measures for community based mental health services.

Measure: To develop at least six major publications or reports for consideration by policy makers regarding elements of public mental health services and funding.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, the Board wrote or contracted to have written six reports or publications.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Hold at least four Mental Health Board meetings and at least 4 other public forums on mental health issues throughout the year.		X			
● To define and collect statewide data on at least ten common performance measures for community based mental health services.		X			
● To develop at least six major publications or reports for consideration by policy makers regarding elements of public mental health services and funding.		X			

Governor's Council on Disabilities and Special Education

Key Performance Measures for FY2002

Measure: The Council will expand community participation by 100% and expand to 8 communities.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, the Council conducted 10 community forums in which over 150 people participated.

Measure: The Council will coordinate the preparation of 3 public documents that describe the use of the Developmentally Disabled Waitlist and Developmentally Disabled Home and Community Based Waivers.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, we prepared 3 public documents to inform the public about the Waitlist procedures or the use of Developmentally Disabled Waiver. As a result the Legislature passed HB 346 which requires routine reports from the department on the waitlist.

Measure: Sixteen people will enroll in the Business Development Training and twelve will submit business plan.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, ten people participated in the Council supported Business Development Training. Of these, six completed the course and submitted business feasibility plans.

Measure: Implementing the Council's Employment Incentives project, there will be a 300% increase in the use of Plan to Achieve Self-Sufficiency (PASS Plans).
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, only 3 new people had plans to achieve self support (PASS Plans).

Measure: The Council will produce 13 public policy documents to assist policymakers in making changes that improves the lives of people with disabilities.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, the Council developed 15 public policy documents used as tools for change in five life domains of employment, community living, health, education and housing.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● The Council will expand community participation by 100% and expand to 8 communities.		X			

Advisory Board on Alcoholism and Drug Abuse

Key Performance Measures for FY2002

Measure: Continued distribution of State Plan for Service Delivery

(Not yet addressed by Legislature.)

Current Status:

The Advisory Board continues to distribute the State Plan for Service Delivery to stakeholders throughout Alaska, using a variety of distribution channels including exhibits at conferences and the identification of new stakeholders in addressing Alaska's number one health problem.

Measure: Incorporation of State Plan desired results into Advisory Board legislative agenda.

(Not yet addressed by Legislature.)

Current Status:

The Advisory Board tracked 48 pieces of legislation basing its level of support or opposition on the guiding principles and strategies of the State Plan for Service Delivery.

Measure: Fulfillment of Board's statutory responsibility to monitor and review evaluation of state-funded programs.

(Not yet addressed by Legislature.)

Current Status:

In the Advisory Board quarterly meetings the status of program monitoring and evaluation was reviewed for all state funded programs visited by Division of Alcoholism and Drug Abuse site surveyors.

Measure: Use of State Plan indicators, strategies and performances measures as criteria for funding recommendations.

(Not yet addressed by Legislature.)

Current Status:

Division RFP's and the Advisory Board's funding recommendations required alignment with the State Plan. These core principles for sound service delivery were fundamental to evaluation and decision making for both the Division and the Advisory Board.

Measure: Emphasis on collaboration and leveraging funding in requests forwarded to the AMHTA.

(Not yet addressed by Legislature.)

Current Status:

38% of the requests made to the Alaska Mental Health Trust Authority for FY2002 and FY2003 involved collaboration with other AMHTA advocacy boards/commission.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Continued distribution of State Plan for Service Delivery		X			

Component — Advisory Board on Alcoholism and Drug Abuse

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Incorporation of State Plan desired results into Advisory Board legislative agenda.		X			
● Fulfillment of Board's statutory responsibility to monitor and review evaluation of state-funded programs.		X			
● Use of State Plan indicators, strategies and performances measures as criteria for funding recommendations.		X			
● Emphasis on collaboration and leveraging funding in requests forwarded to the AMHTA.		X			

Administrative Services

Key Performance Measures for FY2002

Measure: Cost of Administrative Services Personnel vs. Cost of Department Personnel.

(Added by Legislature in FY2000 version.)

Current Status:

Includes Comm. Office	Total		
DAS	DEPARTMENT	PERCENTAGE	
FY00 \$5,207.2	\$121,253.9	4.29%	

Measure: Percentage of Grievance/Complaints Resolved without Arbitration.

(Added by Legislature in FY2000 version.)

Current Status:

FY 2000 = 98%

Measure: Average Number of Days for Vendor Payments.

(Added by Legislature in FY2000 version.)

Current Status:

FY 2000 = 34 days

Measure: Percentage of Audit Exceptions that are resolved.

(Added by Legislature in FY2000 version.)

Current Status:

In FY99 a total of 8 audit exceptions occurred, all of which will be resolved by 6/30/2001.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Cost of Administrative Services Personnel vs. Cost of Department Personnel.		X			
● Percentage of Grievance/Complaints Resolved without Arbitration		X			
● Average Number of Days for Vendor Payments		X			
● Percentage of Audit Exceptions that are resolved.		X			

Commissioner's Office

Key Performance Measures for FY2002

Measure: Provide timely review and adoption of regulations.
(Not yet addressed by Legislature.)

Current Status:

Regulations filed with Lieutenant Governor within the time frame specified by law.

Measure: Provide for the timely notification of approval or denial of appeals by grantees and contractors.
(Not yet addressed by Legislature.)

Current Status:

Notification provided within the time frame specified by law.

Measure: To improve program coordination and consistency between Department divisions and between other state agencies.
(Not yet addressed by Legislature.)

Current Status:

Participate in Children's Cabinet and Welfare Reform Task Team. Form workgroups to accomplish department objectives.

Measure: To effectively communicate information on Department policies and programs to the general public.
(Not yet addressed by Legislature.)

Current Status:

Timely response to Governor's Office constituent inquiries through the Correspondence Tracking System. Increase timeliness of direct response to correspondence through monitoring of internal log.

Measure: Percent of Divisions that meet assigned performance measures.
(Added by Legislature in FY2000 version.)

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Provide for the timely review and adoption of Department regulations.		X			
● Provide for the timely notification of approval or denial of appeals by grantees and contractors.		X			
● To improve program coordination and consistency between Department divisions and between other state agencies.		X			
● To effectively communicate information on Department policies and programs to the general public.		X			

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Percent of divisions that meet assigned performance measures.			X		

Personnel and Payroll

Key Performance Measures for FY2002

Measure: Anticipate 50% of Classification Actions finalized within 10 work days.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, there were 450 classification actions. 44% of classification actions were finalized within 10 work days.

Measure: Anticipate 94% of Personnel Actions processed within 15 work days.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, 5,408 Personnel Actions were processed. 86% processed within 15 work days.

Measure: Anticipate 95% applicant profile approvals made within 3 work days.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, 7,513 applicant profiles were received. 100% of approvals were made within 4 work days.

Measure: Anticipate increasing training workshops in Worker's Comp for department employees by 5%.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, six training sessions were held for 117 employees. In FY2000, the Total Claims Reported was 121. 82 in Minor Claims and 39 in Lost Time Claims.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Anticipate 50% of Classification Actions finalized within 10 work days.		X			
● Anticipate 94% of Personnel Actions processed within 15 work days.		X			
● Anticipate 95% applicant profile approvals made within 3 work days.		X			
● Anticipate increasing training workshops in Worker's Comp for department employees by 5%.		X			

Administrative Support Services

Key Performance Measures for FY2002

Measure: Anticipate 92% of payments processed within 5 work days
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, there were 84,000 payments made and 2,242 Agency Receipts processed. Out of those, we processed 92% of payments/receipts within 5 work days of receipt of invoice.

Measure: Anticipate submitting 90% of Federal reports on time
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, 188 federal reports were submitted. Of those, 70% were processed on time and 30% processed 1-50 days late.

Measure: Anticipate turnaround time for Purchase Requisitions within average of 3 work days
(Not yet addressed by Legislature.)

Current Status:

In FY 2000 there were 818 Purchase Requisitions (PRs) received. Action was taken on 100% of Purchase Requisitions within 3 work days.

Measure: Anticipate processing 92% of all grant waivers and amendments within 3 work days and 8% within 5 work days.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, we received 102 requests from 246 grantees. 92% of Grant waivers and recommendations were processed within 3 work days and 8% within 7 work days.

Measure: Anticipate processing 85% of Revised Programs within 3 work days.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, there were 550 Revised Programs logged. 440 processed within 3 work days or 80%; the average processing time for Revised Programs was 2.1 days.

Measure: Anticipate processing 93% of Legislative Inquiries within 5 work days
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, there were 104 Legislative requests processed. Average processing time for Legislative inquiries was 5.6 work days.

Measure: Anticipate network up and running 99% of the time
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, network was up and running 8,736.5 hours during the year (or 99.7%).

Measure: Keep reported Email failures to less than 1% of volume of Email
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, zero percent - no lost Email.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Anticipate 92% of payments processed within 5 work days		X			
● Anticipate submitting 90% of Federal reports on time		X			
● Anticipate turnaround time for Purchase Requisitions within average of 3 work days		X			
● Anticipate processing 92% of all grant waivers and amendments within 3 work days and 8% within 5 work days.		X			
● Anticipate processing 85% of Revised Programs within 3 work days.		X			
● Anticipate processing 93% of Legislative Inquiries within 5 work days		X			
● Anticipate network up and running 99% of the time		X			
● Keep reported Email failures to less than 1% of volume of Email		X			

Health Planning & Facilities Management

Key Performance Measures for FY2002

Measure: Anticipate completing Certificate of Need (CON) reviews within 120 day statutory limit.
(Not yet addressed by Legislature.)

Current Status:

In FY2000, five Certificate of Need's were received. 100% were completed within 120 days.

Measure: Process 100% of grant payments within 15 days from receipt; close 93% grants within 90 days from completion.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, we received 55 active grants valued at \$5.2 million including 36 new grants at \$2.4 million. 94% of grant payments were made within 15 days; 100% of all grant agreements were closed out within 90 days of completion.

Measure: Anticipate 80% of capital projects completed on time and within budget.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, 16 capital projects were scheduled to be completed. 63%, 10 capital projects, were completed on time and on budget.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Anticipate completing Certificate of Need (CON) reviews within 120 day statutory limit.		X			
● Process 100% of grant payments within 15 days from receipt; close 93% grants within 90 days from completion.		X			
● Anticipate 80% of capital projects completed on time and within budget.			X		

Audit

Key Performance Measures for FY2002

Measure: Anticipate settling 100% of grants covered by State Single Audits.
(Not yet addressed by Legislature.)

Current Status:

FY99; Audit Reports Received were 85, Grants Covered were 289 with a dollar value of \$73,654,328; Grants Settled were 109 for 37.7%.

Measure: Follow up on 100% of Federal findings and questioned costs within 6 months.
(Not yet addressed by Legislature.)

Current Status:

In FY2000, we received 36 FY99 Federal Single Audit Reports. Of those, 90% were reviewed and settled within 6 months.

Measure: Anticipate providing Legislative Audit assistance with fieldwork.
(Not yet addressed by Legislature.)

Current Status:

In FY2000, we completed the fieldwork tasks assigned by Legislative Audit in 310 hours.

Measure: Anticipate completing 100% of special reviews within 90 days of request.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, 2 audits and 4 special reviews were requested. 100% were completed within 90 days.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Anticipate settling 100% of grants covered by State Single Audits.		X			
● Follow up on 100% of Federal findings and questioned costs within 6 months.		X			
● Anticipate providing Legislative Audit assistance with fieldwork.	X				
● Anticipate completing 100% of special reviews within 90 days of request.	X				

Facilities Maintenance

Key Performance Measures for FY2002

Measure: Conduct Building Condition Audits in support of programs.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, building condition audits were completed for all DHSS facilities which showed specific building deferred maintenance totalling \$7.8 million.

Measure: Implement Direct Digital Control (DDC) into all DHSS facilities.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, Direct Digital Control (DDC) implemented into 60% of DHSS facilities.

Measure: Implement Computerized Maintenance Management System (CMMS) in all DHSS facilities.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, 80% of DHSS facilities had Computerized Maintenance Management System (CMMS) implemented. Project on-going.

Measure: Implement new fire alarm systems in all DHSS facilities.
(Not yet addressed by Legislature.)

Current Status:

In FY 2000, new fire alarm systems were installed in two of DHSS facilities.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
● Conduct Building Condition Audits in support of programs.	X				
● Implement Direct Digital Control (DDC) into all DHSS facilities.		X			
● Implement Computerized Maintenance Management System (CMMS) in all DHSS facilities.		X			
● Implement new fire alarm systems in all DHSS facilities.		X			