

Program Element #19: Program Design and Evaluation (PDES) Services

- 1. General Description.** Funds provided under this Agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, to deliver the following Public Health Program Design and Evaluation Services (PDES) during the term of this Agreement and to the satisfaction of OHA:
 - a. HIV Morbidity Monitoring Surveillance Project (MMP).**

The Medical Monitoring Project (MMP) is a CDC-funded supplemental public health surveillance project on persons with HIV and AIDS in ongoing health care. Public Health personnel from OHA, Public Health Division (PHD), Center for Public Health Practice, HIV/STD/TB Program will collaborate with PDES personnel to conduct interviews and medical record reviews of a stratified random sample of patients with HIV in Oregon.
 - b. HIV Part B Services Evaluation Project.**

The purpose of funds provided under this Program Element of the Agreement is to have PDES provide technical assistance to the HIV Part B Services Evaluation Project in the identification of methods, processes and best practices needed for the evaluation of the HIV Part B Services Evaluation Project's effectiveness and to assess the needs of persons living with HIV AIDS in Oregon. PDES may both directly conduct needs assessments, surveys, and studies as well as on occasion provide technical oversight to others identified by the HIV Part B Services Evaluation Project program as providing these activities.
 - c. Administration of Behavioral Risk Surveys Unit.**

The purpose of this project is to have PDES management of the operation of the Survey Unit, to include technical oversight of the Survey Unit, and management of the PDES portion of the Survey Unit budget. The Survey Unit is responsible for coordination of the Behavioral Risk Factor Surveillance System (BRFSS) and the Oregon Healthy Teens (OHT) surveys. The BRFSS is a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The objective of the BRFSS is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. BRFSS data is collected monthly via telephone survey, and the data is managed and analyzed on an annual schedule. Factors assessed by the BRFSS include tobacco use, physical activity, dietary practices, safety-belt use, and use of cancer screening services, among others. Oregon Healthy Teens (OHT) is Oregon's effort to monitor the health and well-being of adolescents. An anonymous and voluntary research-based survey, OHT is conducted biennially among 8th and 11th grade students statewide. The OHT survey incorporates data from two preceding youth surveys: the YRBS and the Student Drug Use Survey. Both surveys are funded through multiple programs and sources. PDES will provide input to the fiscal aspects of this project. In addition, PDES will provide guidance on technical and statistical aspects of data weighting, management, and dissemination. PDES will also prepare and review the statistical weights for the versions of the survey and for various combinations of surveys needed to analyze the data to meet CDC and program specifications.
 - d. Support for the Center for Medicaid and Medicare Innovation (CMMI) Grant.**

The purpose of these Program Element services is for PDES to provide support to the State Epidemiologist in conducting statewide surveillance activities for the CMMI grant. The CMMI grant aims for states to design or test delivery system and payment reforms of health care transformation. The statewide effort must improve health, improve health care, and lower costs. Oregon's grant focuses on innovation in three areas: 1) innovation/rapid learning, 2) delivery models and 3) payment models.

- e.** Support for Health Promotion and Chronic Disease Prevention (HPCDP) Evaluations.
- (a) The goals of the program are to address the leading causes of death and disability (tobacco, use, obesity, cardiovascular disease and cancer). HPCDP emphasizes evidence-based strategies for chronic disease prevention, early detection and self-management.
 - (b) The purpose of these Program Element services is for PDES to provide support to HPCDP to evaluate various projects. Evaluation needs emerge annually according to new directions in evidence-based strategies, CDC guidance, and funding opportunities. PDES will provide evaluation support on specific projects, to be specified in an annual Statement of Work. PDES will lead evaluation projects and provide technical support on projects that HPCDP leads.
- f.** Support for Surveillance of Marijuana Use and Related Outcomes in Oregon.
- (1) This proposed scope of work was requested by the Oregon Public Health Division (OPHD) Director's Office. The work would be directed by the state epidemiologist, Katrina Hedberg.
 - (2) The purpose of this work Provide technical assistance, analytic capacity, and content expertise to assist OPHD with developing and implementing a comprehensive surveillance system for tracking marijuana use and related outcomes in Oregon.
- g.** Data Needs Assessment Update.
- This proposed scope of work is for providing support to the State Health Officer/State Epidemiologist in updating the 2011 Data Needs Assessment, developing a communications plan, and providing updated tables and reports to various stakeholders.
- h.** Public Health Modernization Economic Analysis.
- (1) In July 2015, the Oregon legislature passed House Bill 3100, which sets forth a path to modernize Oregon's public health system so that it can more proactively meet the needs of Oregonians. A contract was awarded to a consulting firm (BERK Consulting) to develop a tool to assess the extent to which state and local public health authorities are currently meeting the foundational capabilities and foundational programs for governmental public health; to provide technical assistance to state and local public health authorities as they complete their assessments; to collect and review assessment reports for accuracy; to determine the projected cost for full implementation of the foundational capabilities and foundational programs for governmental public health in Oregon; and to summarize assessment findings in a final report due June 2016.
 - (2) The purpose of this work is for PDES to conduct an economic analysis that would translate the incremental costs identified in the BERK report for full implementation of the foundational capabilities and programs into quantified outcome metrics, to help communicate to lawmakers and key stakeholders about the value of investing in the full foundational capabilities and programs. A description of the methodology and preliminary results will be due in June 2016; final report due in September 2016.
- i.** Support for PDMP program; Opioid Prescribing Guidelines Task Force
- The purpose of this work is for PDES to provide support for the upcoming state Opioid Prescribing Guidelines Task Force. This task force is sponsored by the state office of Violence and Injury Prevention, in conjunction with its Prescription Drug Monitoring Program (PDMP). The task force will meet between April and October, 2016, and PDES staff will provide evaluation-related and planning support as requested.

j. Reproductive Health Program Assessment

The purpose of this assessment is to help the Reproductive Health (RH) Program better understand program utilization numbers that suggest drops in enrollment. RH program data show drops in utilization between 2014 and 2015 among all age groups, particularly among women under age 40. Declines were slightly higher at rural compared to urban clinics, and rates of decline were similar at FQHC and non-FQHC clinics. Visits that used private insurance, C-CARE, or Title X as a payment source declined substantially. Numbers of OHP-funded visits remained relatively stable, even though about 1 in 3 C-CARE-enrolled clients switched to OHP. The purpose of this work will be to help explore and assess potential evaluation strategies to better understand these trends, and to help implement prioritized data collection and analysis strategies.

k. Technical Assistance to the Accountability & Metrics Subcommittee, Public Health Advisory Board

The purpose of this work is to have PDES provide technical assistance to the Accountability & Metrics Subcommittee of the Public Health Advisory Board on public health data systems and feasibility of population health measures. PDES will also provide consultation and technical oversight to Public Health Division staff who are assisting the Subcommittee on assessment of data availability, feasibility of data collection, analysis, and reporting.

l. Support for Oregon Immunization Program

The purpose of this work is for PDES to conduct an evaluation of survey data on Oregonians who have chosen exemption instead of immunization for their children or themselves. Conduct content analysis of qualitative data and provide brief report of findings. PDES will also provide statistical consultation on an as-needed basis.

m. Support for Injury and Violence Prevention Program

The purpose of this work is for PDES to provide technical consultation and technical writing services on the supplemental prescription dose overdose (PDO) prevention grant. Activities will focus on assisting clinics and health systems in Oregon institutionalize recently developed opioid prescribing guidelines.

2. Definitions Specific to PDES.

a. Part B: OHA's Human Immunodeficiency Disease (HIV) Client Services Program.

b. HIV Care and Treatment Program: OHA's program within Public Health that provides services to persons living with HIV/AIDS.

c. HIA: Health Impact Assessment.

3. Procedural and Operational Requirements.

a. General Requirements. All services supported in whole or in part with funds provided under this Agreement for this Program Element must be delivered in accordance with the following general procedural and operational requirements and to OHA satisfaction.

(1) Staffing Requirements and Staff Qualifications. LPHA must assign qualified staff to provide the services, as may be required by the nature of the particular service. Assigned staff should include doctoral level psychologists, health educators, sociologists, medical epidemiologists, and masters-level research staff, as appropriate.

- (2) PDES Activities. LPHA shall conduct the following activities as necessary or appropriate to deliver PDES supported in whole or in part with funds provided under this Agreement for this Program Element:
- (a) Research and evaluation related to disease etiology and prevention, specifically, the collection of disease etiology and prevention data that are collected for the purpose of improving the performance of public health programs by understanding which members of the public are benefiting from current program, and by assisting OHA in identifying gaps in current public health service delivery.
 - (b) Development and establishment of collaborative relationships with research institutes and universities that possess specialized expertise in the field of the protection of public health, and that can assist OHA in improving its understanding of public health issues and in refining its design of public health programs.
 - (c) Development and establishment of collaborative relationships with other governmental agencies (such as county-level social services) and non-governmental organizations for the purpose of the design and evaluation of public health and other programs designed to serve the public interest in Oregon.
 - (d) Design, development and conduct of research surveys with the Oregon public on subjects related to the administration of public health and other programs. Research surveys must be designed to produce statistically significant, empirically objective scientific data, and to adhere to currently accepted academic methodological standards for the design of research surveys. Research surveys may, subject to OHA approval and the nature of the public health purpose for which the survey is being designed and conducted, take the form of a mail survey, in-person interviews, telephone survey, a focus-group discussion, or other such form of research instrument as shall be appropriate and effective for the purpose for which the survey is designed.
 - (e) Compiling, analyzing, and synthesizing PDES project reporting data or survey data for the purpose of producing peer-reviewed and other academic research monographs, reports, and summaries for use by OHA, state and local governmental agencies, or federal governmental agencies.
 - (f) Subject to OHA approval, the composition of peer-reviewed and other academic research monographs, reports, and summaries on topics related to public health and other subjects for use and submission to governmental oversight agencies by OHA, state and local governmental agencies, or federal governmental agencies.
 - (g) Subject to OHA approval, the design, drafting, and conduct of competitive solicitations for the award of federal, state or private grant funds made available through OHA to private and governmental organizations. The design and conduct of competitive solicitations may, subject to the nature and circumstances associated with the grant funding made available through OHA, include the design of evaluation forms or instruments for monitoring the effective administration of grant funds awarded to grantees, and the subsequent monitoring of delivery of the services allowable under the grant.
 - (h) In collaboration with OHA management and staff, provide technical assistance, guidelines, tools, and training in methodologies, management, organizational structure and staffing resources essential for program evaluation operations.

b. Procedural and Operational Requirements Specific to Particular PDES Services. Each of following specific PDES services must be delivered in accordance with the indicated procedural and operational requirements and to OHA satisfaction:

(1) *HIV Morbidity Monitoring Surveillance Project (MMP).*

- (a)** The Medical Monitoring Project (MMP) is a CDC-funded supplemental public health surveillance project on persons with HIV and AIDS in ongoing health care. Public Health personnel from the OHA, Public Health Division (PHD), Center for Public Health Practice, HIV/STD/TB Program will collaborate with PDES personnel to conduct interviews and medical record reviews of a stratified random sample of patients with HIV in Oregon.
- (b)** In accordance with the MMP multi-site protocol developed by the CDC and participating states, a Project Coordinator from the Local Public Health Authority must fulfill the duties of MMP Project Coordinator under the supervision of a physician who is a Medical Epidemiologist with OHA's HIV/STD/TB Program. The MMP Project Coordinator must do the following: 1) Arrange and participate in conference calls with CDC project officer as frequently as requested by CDC; 2) Participate in monthly national MMP conference calls; 3) Coordinate recruitment and project participation of facilities selected for participation by CDC; 4) Coordinate recruitment of patients selected for participation by CDC from lists submitted by participating facilities; 5) Supervise patient interviews and medical record reviews during data collection phase of MMP; 6) Coordinate activities related to change in sampling methods from practice-based sampling to case registry based sampling.
- (c)** In accordance with the MMP multi-site protocol developed by the CDC and participating states, a qualified analyst from LPHA must fulfill the duties of MMP Data Manager/Analyst under the supervision of the Medical Epidemiologist described in (b) above. The Data Manager/Analyst must do the following: 1) Manage tracking data, interview and abstraction data, and minimal data set using software applications and/or programs supplied by the CDC; 2) Submit recently uploaded interview data, abstraction data and minimum data set to CDC and its contracted data management company (DCC) on a periodic basis using encryption software provided by CDC; 3) Perform quality assessment reviews before data submission and respond to CDC and DCC requests for data correction and resubmission; 4) Conduct data analysis on a CDC provided SAS analytic file, or dataset built from uploaded interview data and abstraction data; 5) Conduct additional data analysis on subgroups of interest to HIV services in Oregon, consulting with the doctoral level epidemiologist, described above, to generate estimates for main variables of interest; 6) Assist in developing reports and preparing manuscripts based on local, regional and national data sets.
- (d)** In accordance with the MMP multi-site protocol developed by the CDC and participating states, interviewers/abstractors from LPHA must work with interviewers/abstractors from OHA HIV/STD/TB Program to fulfill the duties of MMP patient interview and medical record abstraction under the supervision of the Medical Epidemiologist and MMP Project Coordinator described in (b) above. The interviewers must do the following: 1) Work with participating patients, and physicians or their office staff to arrange for and conduct personal patient interviews; 2) Collect study specified information from medical records of participating patients; 3) Complete medical record abstraction forms, which include general information (office visits, hospitalizations and ER visits), as well as data on HIV-related diagnoses and treatments. (e.g., laboratory results, medical

tests, prescribed medications, and other data as determined in collaboration with CDC; 4) Use computer hardware and software approved and provided by CDC for the project to perform data entry, review of patient medical records and collect data related to clinical care and outcomes. 5) Maintain the confidentiality of all interviewees and protect the data collected as described in the confidentiality policy of OHA; 6) Keep records of all activities related to each interviewee, such as date contacted, interview completed or refused, date abstraction forms completed.

- (e) In accordance with the MMP multi-site protocol developed by the CDC and participating states, the Lead Generator from LPHA will be responsible for locating current and accurate contact information for sampled persons. Duties will include searching databases including eHARS, local surveillance databases, the local AIDS Drug Assistance Program database, DMV, LexisNexis[®], Accurint[®], inmate locators, and any other databases that may provide leads for locating sampled persons. Additionally, for people without contact information, the Lead Generator will identify and contact most recent medical providers and/or case managers to assist in locating or contacting individuals. The Lead Generator will act as a liaison between the MMP team and core HIV surveillance and will be responsible for providing updated contact information to core surveillance to enter into the Enhanced HIV/AIDS Reporting System (eHARS). Lastly, the Lead Generator will be trained and able to serve as an interviewer and medical record abstractor as needed.
- (f) LPHA must maintain the confidentiality of any and all data collected on persons in Oregon infected with HIV to which it or its representatives may be granted access. Specifically, LPHA shall 1) limit access to data, that contains personal identification, to staff directly associated with the MMP project, 2) keep within the confines of a locked office, all data storage equipment (including electronic databases, computer equipment, etc.) associated with the MMP, 3) store in a locking file cabinet within the locked office, hard copies of reports, interviews, and disks containing personal identifiers, and 4) otherwise comply, with respect to the data associated with the MMP, with the information confidentiality and security requirements set forth in Appendix C. of CDC's "Guidelines for HIV/AIDS Surveillance" found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a1.htm>.

(2) *HIV Part B Services Evaluation Project.*

- (a) LPHA shall develop and implement methodology and tools necessary for OHA to administer interviews or surveys, analyze, and report on the service needs of persons living with HIV/AIDS and their affected family members. Methods may include but are not limited to conducting key informant interviews, survey by convenience sampling and or survey by representative sampling methodology, and service gaps analysis. Result of this work will be analyzed utilizing professionally accepted statistical methodology. The results will be summarized and reported in written format appropriate to community member participation.
- (b) LPHA shall analyze data as requested by OHA to meet the planning and evaluation goals of the Oregon HIV Care Coalition (OHCC) as required by the Ryan White CARE Act.

- (c) LPHA shall contribute to grant writing projects as requested by OHA. Grant writing tasks may include researching and authoring statements of need.
 - (d) LPHA shall facilitate discussion with OHA program administration and community planning groups in the development of planning strategies, provide technical assistance in advising committees in their work, and assist in the identification of mechanisms for program design and implementation.
 - (e) LPHA shall evaluate the administrative agent and/or program components identified by OHA.
 - (f) LPHA shall, in consultation with OHA, develop a written annual work plan for the delivery of services to the PDES Part B Services Evaluation Project. This work plan shall be submitted by a date determined by OHA. LPHA shall obtain OHA approval of a work plan before implementing the provisions of the plan. Upon approval of a work plan by OHA, OHA will initiate a formal amendment to the current Agreement to incorporate the work plan. Changes to a work plan must be approved by OHA and shall only be implemented through a formal amendment to the current Agreement.
- (3) Administration of Behavioral Risk Surveys Unit. LPHA will complete the following tasks and produce the following deliverables in FY 2015:
- (a) Provide fiscal management of the PDES portion of the Survey Unit budget including oversight and consultation on survey systems, data management, weighting and dissemination.
 - (b) Facilitate Steering Committee and research/analytic advisory groups
 - (c) Develop annual BRFSS raked weights (landline and cell), approximately 20 weights per data year:
 - (1) Comparison to CDC core raking weights
 - (2) Update programming to reflect changes in CDC methods
 - (3) Create raking weights for state survey combinations
 - (4) Syntax
 - (5) Documentation
- (4) Support for the Center for Medicaid and Medicare Innovation (CMMI) Grant. LPHA responsibilities:
- (a) Determine which public health datasets can be used to generate Coordinated Care Organization (CCO) level measures; conduct analysis of public health indicators by race/ethnicity and CCO area.
 - (b) Summarize and disseminate public health indicators by race/ethnicity and CCO area.
 - (c) Develop a draft plan for public health risk factor surveillance to support health system transformation, including the Medicaid BRFSS and collection of race/ethnicity data; determine methodologies and timelines.
 - (d) Provide other technical support, as needed.

LPHA Responsibilities described above are subject to approval and direction of the State Epidemiologist.

- (5) Support for Health Promotion and Chronic Disease Prevention (HPCDP) Evaluations.
LPHA's responsibilities:
- (a) Staff deployed will be determined in consultation with HPCDP.
 - (b) Subject to OHA approval, develop project-specific plans and timelines at least annually.
 - (c) Subject to OHA approval, identify, convene, and facilitate stakeholder groups for evaluation projects as needed.
 - (d) Subject to OHA approval, propose, design, and execute data collection processes may include focus groups, case studies, interviews, surveys, and secondary data analyses and other methods as appropriate for each project.
 - (e) Subject to OHA approval, conduct data analyses as appropriate for each project.
 - (f) Subject to OHA approval, write, edit, and disseminate reports and publications as appropriate for each project.
 - (g) Subject to OHA approval, develop and execute a findings dissemination plan as appropriate for each project.
 - (h) Subject to OHA approval, develop and execute evaluation trainings for HPCDP grantees as needed.
- (6) Support for Surveillance of Marijuana Use and Related Outcomes in Oregon. LPHA's responsibilities:
- (a) Serve as OPHD lead in coordinating with multiple Oregon partners working with datasets or interpreting marijuana impact findings, including accessing, sharing and formatting data.
 - (b) Serve as OPHD lead in analytic planning for available datasets, interpreting findings, sharing results with key Oregon stakeholders.
 - (c) Participate in national and state workgroups on behalf of OPHD, including but not limited to:
 - CSTE national workgroup (standardizing surveillance practices across states)
 - SAMHSA workgroup (planning a survey of current users to supplement NSDUH)
 - ACLU workgroup (collaborating with other states and countries to measure impact of marijuana legalization)
 - RTI national workgroup (informing a national study of marijuana legalization impact)
 - CDC Region X meeting (standardizing surveillance and public health measures across states)
 - Colorado and Washington surveillance groups
 - (d) Attend planning meetings with Dr. Hedberg bi-weekly or monthly.
 - (e) Assemble and clean datasets.
 - (f) Execute analytic plans, summarize methods, display results in tables, and prepare Powerpoint slides with methods and results.

(7) Data Needs Assessment update.

LPHA's responsibilities:

- (a) Identify and/or confirm major databases, including additional databases that were not included in the original data needs assessment;
- (b) Re-organize the main database table and produce various sub-tables;
- (c) Engage OHA leadership, partners, and stakeholders in updating and re-designing the tables and communicating the results;
- (d) Identify gaps and determine methodology for prioritizing them; and
- (e) Produce full and brief reports for internal and external audiences.

The PDES work described above is subject to approval and direction of the State Health Officer/State Epidemiologist.

(8) Public Health Modernization Economic Analysis.

LPHA's responsibilities:

- (a) Finalize project scope and deliverables;
- (b) Identify stakeholders and availability of technical assistance and/or consultant resources;
- (c) Conduct research on Public Health improvement/modernization in other States and summarize findings;
- (d) Conduct literature and Internet review on economic analysis of public health systems and services and summarize findings;
- (e) Develop methodology for translating findings from the literature and other sources to the Oregon PH Modernization framework for foundational capabilities and programs;
- (f) Conduct analysis to extrapolate quantified benefits from the literature to the incremental costs of full investment in foundational capabilities and programs (i.e., the cost of closing the gaps identified in BERK study);
- (g) Produce draft of final report; and
- (h) Produce final report that can be made available at Legislative Days in September.

(9) Support for PDMP program; Opioid Prescribing Guidelines Task Force

LPHA's responsibilities:

- (a) Provide help organizing existing local or state or federal guidelines into a digestible cross walk;
- (b) Help design a pre-meeting online survey of task force members. Oversee implementation and produce a brief summary of the results before the first meeting;
- (c) Help organize and track brief decision or action points from large and subgroup meetings of the task force;
- (d) Take the lead on drafting the guidelines. Provide technical writing support and oversee solicitation of feedback from required task force members and state staff;

- (e) Provide other support in the planning or implementation of task force meetings as negotiated with the internal project team (led by Katrina Hedberg and Lisa Shields);
- (f) Potential activity: Develop a “lessons learned” report based on interviews with key informants and meeting minutes, summarizing challenges, successes, and lessons learned.

(10) Reproductive Health Program Assessment

LPHA’s responsibilities:

- (a) Collaborate with RH Program Staff to develop and refine evaluation plan.
- (b) Work with partnering agencies to implement data collection and analyses.
- (c) If necessary, develop sampling plan and protocols for participating Title X agency clinics.
- (d) Work with RH Staff and other stakeholders to develop tools and/or protocols to define and identify “discontinuers.”
- (e) Explore and prioritize best options for data collection to help assess trends in RH service discontinuation.
- (f) Present project at OHA Project Review Team, RH PAC meeting, and any other stakeholder groups, as needed.
- (g) Potentially help design supplemental methods as necessary with Planned Parenthood Title X clients.
- (h) Implement methods to collect data and/or act as liaison / TA with partnering agencies in their efforts to collect data.
- (i) Provide expertise for survey development and implementation, as needed.
- (j) Enter data into statistical software dataset and perform data quality checks.
- (k) Conduct data analysis and compilation of results into a report.
- (l) Report preliminary findings at a presentation to RH Coordinators at the fall RH Coordinators’ Meeting in late October 2016.
- (m) Submit brief report of initial frequencies by Jan 31, 2017.
- (n) Submit final report by Mar 31, 2017

(11) Technical Assistance to the Accountability & Metrics Subcommittee, Public Health Advisory Board

LPHA’s responsibilities:

- (a) Provide technical assistance to the Accountability & Metrics Subcommittee of the Public Health Advisory Board on public health data systems and feasibility of population health measures.
- (b) Provide consultation and technical oversight to staff assisting the Subcommittee on assessment of data availability, feasibility of data collection, analysis, and reporting.

(12) Support for Oregon Immunization Program

LPHA's responsibilities:

- (a) Meet with program staff to generate potential codes/themes for data.
- (b) Clean, code, and analyze open-ended survey data.
- (c) Prepare brief report of findings.
- (d) Provide statistical consultation as needed.

(13) Support for Injury and Violence Prevention Program

LPHA's responsibilities:

- (a) Help establish and attend meetings of an expert panel charged with assessing opioid-related clinical resources and compiling a toolkit of resources and training modules to help clinic and organizations implement Oregon's Opioid Prescribing Guidelines.
- (b) Assist with technical writing as needed for a variety of media (i.e. PowerPoint presentations, scripts for videos, text for brochures).
- (c) Help liaison with publishing organizations to finalize products.

4. **Reporting Obligations and Periodic Reporting Requirements.** In addition to the reporting requirements set forth in Section 8 of Exhibit E of this Agreement, LPHA shall develop and submit to OHA the reports described above in a manner acceptable to OHA.