

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:
 - a. Environmental and Occupational Epidemiology (EOE) Projects Evaluation**
 - i.** entails training of Department’s Environmental and Occupational Epidemiology (“EOE”) staff on program evaluation principles and methods, and other related topics;
 - ii.** evaluation of the effectiveness of Department’s Environmental Health Assessment Program (EHAP, formerly SHINE), the Oregon Worker Illness and Injury Prevention Program (OWIIPP), and the Environmental Public Health Tracking (“EPHT”) Program; and
 - iii.** other technical assistance related to surveillance and environmental program development/planning/evaluation to Department’s EOE staff, including developing an evaluation strategy for EOE public health surveillance and intervention programs that is consistent with guidelines from the Centers for Disease Control and Prevention (CDC). Activities also include drafting evaluation strategy reports and preparing manuscripts and presentations that describe EOE program activities, processes and results and assisting in the development of evaluation plans for grant applications.
 - b. HIV Morbidity Monitoring Surveillance Project (MMP).** MMP involves collection of data on persons in Oregon infected with HIV through a combination of medical record abstractions and patient interviews to generate population-based estimates of the characteristics of Oregonians infected with HIV and the care they receive and the extent of need for care and support services. Department and others will use these data to allocate resources to HIV prevention programs and to programs that provide care and support services to Oregonians infected with HIV. As part of this project, public health personnel from the Oregon Office of Disease Prevention, HIV/STD/TB Section, will collect data on:
 - i.** the occurrence of opportunistic infections, laboratory test results, and other data describing the provision and impact of treatments for HIV,
 - ii.** health care utilization,
 - iii.** ongoing HIV risk behaviors,
 - iv.** care seeking behaviors,
 - v.** the quality of life, and
 - vi.** acceptance and adherence to prescribed antiretroviral therapy.
 - c. 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.

- d. **Oregon Housing Opportunities in Partnership (OHOP) Evaluation.** Assistance to Department's HIV Part B Program in evaluating, for compliance with HUD guidelines, the use of HOPWA grant funds received by the Department from HUD, including but not limited to consultation during the Department's implementation of an electronic, web-based data system, survey of individuals receiving HOPWA assistance (both ongoing and new), interviews with project staff and partnering professionals to evaluate program successes and identify areas of improvement, and additional analysis of existing housing-related needs assessment data.
- e. **School-Based Health Centers (SBHC) projects.** Assistance to the DHS State Program Office in developing three surveys: an Oregon county level survey to determine SBHC expansion interest in preparation for 2009 Legislative Policy Option Package development. A Community College survey to assess current health facilities available and the feasibility of the SBHC model in this setting. A SBHC Program Evaluation and Impact Study - design a multi-component survey using a variety of methodologies including individual clinic-based health outcomes and SBHC population based outcomes related to a variety of health risks, conditions and/or status.
- f. **Evaluation of the Oregon Asthma Program.** Assess the level of adoption and use by healthcare providers of the recently developed state guidelines related to asthma care and explore barriers and facilitators related to adoption of the guidelines.
- g. **Evaluation of a Smokefree Policy in Subsidized Multi-Unit Housing.** Describe reactions to the smokefree policy among building managers and tenants; assess how often tenants leave because of the policy and the stability of their subsequent housing; assess how often former smokers attribute their quitting to the policy; describe enforcement activities, tenant complaints, and dispute resolutions; and determine economic impact the policy.
- h. **Oregon Fetal Alcohol Syndrome Surveillance System.** The Office of Family Health, Public Health Division, has a cooperative agreement with the Centers for Disease Control and Prevention to conduct Fetal Alcohol Syndrome (FAS) Surveillance in Oregon with the purpose of ascertaining the prevalence of FAS among children in Oregon, as per CDC case definition, using established methodology.

The project requires epidemiological oversight for the surveillance design, and implementation, as well as technical assistance to the FAS project staff and manager. The FAS Surveillance System, funded through a CDC Cooperative Agreement, involves case finding, ascertainment, and collection of data on children born in Oregon between January 1, 2001 and December 31, 2006. Data collection is conducted using birth certificate records, Medicaid data, and abstraction of hospital birth records and pediatric clinic records.

2. Definitions Specific to the PDES.

- a. **Part B:** Department's Human Immunodeficiency Disease (HIV) Client Services Program.
- b. **OHOP:** Oregon Housing Opportunities in Partnership, a joint State program with Oregon Housing and Community Services.
- c. **HUD:** US Department of Housing and Urban Development.
- d. **HOPWA:** Housing Opportunities for People with AIDS, a HUD program.
- e. **FAS:** Fetal Alcohol Syndrome
- f. **FASSLink:** Fetal Alcohol Syndrome Surveillance database provided by the Centers for Disease Control and Prevention.

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:
 - i. **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, and medical epidemiologists and masters-level research staff, as appropriate.
 - ii. **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 Department 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 Department 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 Department 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 Department, State and local governmental agencies, or Federal governmental agencies.
- (F.) Subject to Department 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 Department, State and local governmental agencies, or Federal governmental agencies.
- (G.) Subject to Department approval, the design, drafting, and conduct of competitive solicitations for the award of Federal, State or private grant funds made available through Department 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 the Department, include the design of evaluation forms or instruments for monitoring the effective administration of grant funds awarded to grantees, and the subsequent monitoring grantees' delivery of the services allowable under the grant.
- (H.) In collaboration with Department 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:

i. Environmental and Occupational Epidemiology Projects Evaluation.

(A.) Environmental and Occupational Epidemiology Program:

LPHA will provide evaluation training and other program-related technical assistance to the Department's EOE staff.

(B.) OWIIPP Program Evaluation:

- (I.) LPHA must collaborate with the Department through its Oregon Worker Illness and Injury Prevention Program (OWIIPP) to develop and revise performance measurement and evaluation questions and plans that fit the needs of the program.
- (II.) LPHA must plan and conduct partnership and other evaluations that serve to promote continuing collaboration of state agencies, private insurance companies and other stakeholders who work together to establish data-driven injury prevention and intervention projects.
- (III.) LPHA must assist the Department, through its OWIIPP program in an evaluation of the worker health data surveillance system (in alignment with CDC's guidelines for evaluating public health surveillance systems), documenting previous evaluation findings, and developing evaluation plans for new grant awards and new funding opportunities for occupational disease and injury surveillance.
- (IV.) LPHA must assist the Department, through its OWIIPP program with planning and documentation including the development of program plan/logic models, and using the models as standards for program evaluations.
- (V.) LPHA must assist the Department, through its OWIIPP program in prioritizing and developing plans for additional evaluation goals, as needed.

(C.) EHAP Program Evaluation:

- (I.) LPHA must collaborate with Department to develop and implement evaluation plans for Oregon's Environmental Health Assessment Program (EHAP – formerly called 'SHINE') that fit the needs of the program as determined by program staff.
- (II.) LPHA must assist Department in documenting previous evaluation findings and developing evaluation plans for new grant awards and new funding opportunities for occupational disease and injury surveillance.
- (III.) LPHA must assist Department in prioritizing additional evaluation goals that are in alignment with CDC's guidelines for evaluating public health systems.

(D.) Environmental Public Health Tracking Program Evaluation:

- (I.) LPHA must collaboratively develop and update the evaluation plan for the Department's Environmental Public Health Tracking program. In developing the evaluation plan, LPHA must assist Department in identifying critical elements of Department's EPHT staff activities and planning processes that would benefit from evaluation. LPHA's evaluation plan must be based on a comparison of objectives accomplished compared with planned goals and objectives. LPHA must develop systems flow charts of program activities and

assist Department in developing and prioritizing EPHT program evaluation goals. LPHA must develop preliminary evaluation plans, conceptual frameworks for evaluation, and evaluation instruments, using CDC guidelines for evaluating surveillance systems. LPHA must meet and work with Department's EPHT staff at least one workday per week during the term of this Agreement to develop the evaluation plan.

- (II.) LPHA must monitor Department's progress on activities required by the EPHT cooperative agreement with CDC and defined in the workplan developed by the EPHT program as part of that cooperative agreement, including community involvement activities, database inventory and data partner relationships, environmental public health capacity assessment activities and capacity building activities. LPHA must conduct confidential surveys of Department's EPHT staff and other agency and community participants in the EPHT program to develop these evaluations. LPHA must evaluate products generated by Department's EPHT program as to content, utility, and process.

ii. 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 Oregon Office of Disease Prevention and Epidemiology, HIV/STD/TB Program will interview a stratified random sample of patients with HIV in Oregon and review their medical records.
- (B.) In accordance with the MMP multi-site protocol developed by the CDC and participating states, a Research Analyst 4 (currently Kari Greene) must fulfill the duties of MMP Project Coordinator under the supervision of a physician who is a Medical Epidemiologist with the Department's HIV/STD/TB Program (currently Sean Schafer). The MMP Project Coordinator must do the following: 1) Convene periodic meetings of established healthcare provider and community advisory panels that advise the Department on participant recruitment and design and revision of the interview and chart-review instruments that may be added for local use; 2) Prepare and submit applications based upon a national protocol written by CDC and participating states to medical facility institutional review boards (IRBs) for project approval where required; 3) Arrange and participate in weekly conference calls with CDC project officer; 4) Participate in monthly national MMP conference calls; 5) Coordinate recruitment and project participation of facilities selected for participation by CDC; 6) Coordinate recruitment of patients selected for participation by CDC from lists submitted by participating facilities; 7) Supervise patient interviews and medical record reviews during data collection phase of MMP; 8) In consultation with Department, develop a comprehensive updated list of medical facilities caring for HIV-infected patients in Oregon for the purpose of generating a new sample of facilities for project year 2008-2009 and assist with analysis, reporting and communication of results to community members, providers and professional groups through written and oral reports.

- (C.) In consultation with the Medical Epidemiologist referred to in (B.) above, and staff, and CDC as necessary, a doctoral level epidemiologist from LPHA (currently Barbara Pizacani, PhD) will design a protocol that will supplement the MMP protocol to oversample specific subgroups of interest to HIV services in Oregon. The subgroup of current interest is rural residents, but future possibilities may include women, intravenous drug users (IDU's), African-Americans, Hispanics, or correctional inmates. The protocol and preliminary data analysis will be completed by July 31, 2008 and will include the following steps: 1) Acquisition of a list of sampled facilities generated by CDC with actual participation sample size for CDC-prescribed core MMP sample; 2) Determination of the sampling methodology used by CDC to generate the core sample; 3) Acquisition of list of the census of rural facilities used for rural augment, along with actual participant size; 4) Calculation of a set of weights to be used to generate statewide and rural/non-rural estimates for Oregon MMP data; 5) Consult with project analyst to generate estimates for main variables of interest, using software that takes into account the design effects introduced by oversample.
- (D.) In accordance with the MMP multi-site protocol developed by the CDC and participating states, a Research and Evaluation Supervisor from LPHA (currently Haiou He) 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 on a periodic basis via the SDN using encryption software provided by CDC; 3) Perform quality assessment reviews before data submission and respond to CDC's request 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 in (C.) above to generate estimates for main variables of interest, using software that takes into account the design effects introduced by oversample; 6) Assist in developing reports and preparing manuscripts based on local, regional and national data sets.
- (E.) 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 DHS 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 the department; 6) Keep records of all activities related to each interviewee, such as date contacted, interview completed or refused, data abstraction forms completed.

- (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 (a) limit access to data, that contains personal identification, to staff directly associated with the MMP project, (b) keep within the confines of a locked office, all data storage equipment (including electronic databases, computer equipment, etc.) associated with the MMP, (c) store in a locking file cabinet within the locked office, hard copies of reports, interviews, and disks containing personal identifiers, and (d) 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>.
- (G.) Although the Centers for Disease Control and the Department’s Office of Disease Prevention have determined that MMP constitutes public health surveillance and not human subjects research, some independent medical facilities whose patients are randomly selected for participation may require institutional review and approval prior to submitting lists or patients for random selection or permitting patient contact and chart review. LPHA must assist the Department in the preparation and submission of applications to medical facility institutional review boards (IRBs) for project approval where required. The Department will ascertain which medical facilities will require IRB approval. LPHA must prepare and submit individual applications to each of these institutions based upon a national protocol written by CDC and participating states. LPHA must monitor progress of these applications and, with assistance of the Department, answer IRB requests for additional information and revise institution-specific protocols where necessary.

iii. HIV Part B Services Evaluation Project

- (A.) LPHA shall develop and implement methodology and tools necessary for Department 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 Department 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 facilitate discussion with Department 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.

- (D.) LPHA shall evaluate the administrative agent and/or program components identified by Department.
- (E.) LPHA shall, in consultation with Department, 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 Department. LPHA shall obtain Department approval of a work plan before implementing the provisions of the plan. Upon approval of a work plan by Department, Department will initiate an amendment to the current Agreement to incorporate the work plan. Changes to a work plan must be approved by the Department and shall be implemented through an amendment to the current Agreement.

iv. Oregon Housing Opportunities in Partnership (OHOP) Evaluation.

- (A.) LPHA shall develop and implement methodology and tools necessary for Department to administer interviews or surveys, analyze, and report on the housing needs of persons living with HIV/AIDS and their affected family members. Methods may be integrated with Part B Services Evaluation Project activities and 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 or conduct research literature reviews as requested by Department to meet the planning and evaluation goals of the OHOP program.
- (C.) LPHA shall contribute to grant writing projects as requested by Department. Grant writing tasks may include researching and authoring statements of need.

v. School Based Health Center Expansion Evaluation.

- (A.) Identify Oregon county level interest in SBHC expansion for 2009 legislative POP Development. Preliminary report needed: 3/09. Final report needed: 6/09. The estimated budget for (A.) and (B.) is \$50,000 dollars.
- (I.) Identify interest level and barriers to SBHC expansion in the 11 remaining Oregon counties where SCHCs are not located (see attached map).
 - (a.) Is there current interest in SBHC development at the county public health level and/or the school district level?
 - (b.) Why haven't these counties applied for SBHC grant application in the past?
 - (c.) What are the barriers to applying?
 - (d.) Should we consider other model alternatives?

- (II.) Identify interest level and barriers to SBHC expansion in Oregon counties with existing SBHCs:
 - (a.) What is the current interest level in SBHC development at the county public health level and/or at the school district level.
 - (b.) Were there schools that were interested that did not apply and why?
 - (c.) Should we be targeting school districts as opposed to county public health?

- (B.) Assess SBHC model expansion into a rural Oregon community college setting. Develop tools and methodology (internet, phone survey, and meet with IPO) Final report needed: 12/08.
 - (I.) Assess the current healthcare delivery system within rural Oregon community college system.
 - (II.) Assess demographics or rural community college population to anticipate medical needs.
 - (III.) Map Oregon community college locations, potential SBHC target campus.
 - (IV.) Assess administrative interest in improving community college campus health/mental health access and/or services.

- (C.) Design Program Evaluation and Impact Study Component-outline a design for a SBHC program evaluation and impact study that has multiple components using a variety of methodologies. Design would include individual clinic-based health outcomes and SBHC population based outcomes related to a variety of health risks, conditions or status. The estimated budget is \$20,000 dollars.

vi. Evaluation of the Oregon Asthma Program.

- (A.) LPHA shall collect information by conducting key informant interviews. There will be two sources of respondents: individuals representing health plans, and stakeholders who have been involved in the development or have special knowledge of asthma-related clinical care in Oregon.
- (B.) LPHA shall work with the Asthma Program to develop semi-structured interview protocols for both groups of respondents. The protocols would overlap on many questions (for e.g., general perceptions about the guidelines and the Guide) but would also differ based on information best collected from each group—Health Plan respondents would know more about use of the Guide and collection of recommended patient data, while Stakeholder respondents would have more overarching opinions about how the process for developing and disseminating the Guide has worked, and conditions that appear linked to successful use.
- (C.) LPHA shall perform content analyses with information gathered from the interviews to create summarized “main themes” across primary evaluation questions.

vii. Evaluation of a Smokefree Policy in Subsidized Multi-Unit Housing.

- (A.) Guardian Management LLC, a large property management company with buildings in Oregon and elsewhere, recently agreed to establish a smokefree policy in all its units. LPHA shall coordinate with Guardian central management to introduce the evaluation plan to each apartment building manager, and encourage the participation from all managers.
- (B.) LPHA shall interview the managers of the 11 buildings to gain valuable information from them regarding policy implementation and enforcement, and to discuss methods for contacting tenants who leave; interview both smokers and nonsmokers who leave to assess housing stability among nonsmokers to compare to that of smokers.
- (C.) LPHA shall evaluate the attitudes of the building managers toward the smokefree policy, and describe their experience in policy implementation.
- (D.) LPHA shall evaluate reasons for departure and subsequent housing stability among tenants who leave Guardian apartments, either voluntarily or through eviction.
- (E.) LPHA shall evaluate the knowledge, attitudes and behaviors regarding smokefree policy among both smoking and nonsmoking tenants of lower socioeconomic status who remain in Guardian apartments.
- (F.) LPHA shall determine the economic impact of the policy as measured by pre- and post-policy turnover rates.

viii. Oregon Fetal Alcohol Syndrome Surveillance System.

- (A.) PDES will provide support to the FAS Manager and FAS staff regarding the FAS Surveillance System. PDES in collaboration with Department management and staff, provide technical assistance, guidelines, tools, and training in methodologies, management, data management and staffing resources essential for FAS Surveillance.
- (B.) PDES will provide support to the FAS Management regarding decisions relating to surveillance and/or processes and systems to complete FAS Cooperative Agreement requirements. This work requires access to databases with identifiable information, including, but not limited to birth certificate data, Medicaid data, hospital records and the FASSLink database.
- (C.) PDES will provide epidemiologic expertise to the FAS Manager and surveillance team on surveillance system activities, study and/or analytic design and analysis of data.
- (D.) PDES will provide the following activities:
 - (I.) Epidemiologic oversight and consultation for FAS surveillance policies, processes and activities.

- (II.) Assisting surveillance staff in prioritizing surveillance needs and activities.
 - (III.) Provide oversight of data management and abstraction activities.
 - (IV.) Mentoring of surveillance staff, particularly research analyst, in data management and statistical analysis activities.
 - (V.) Provide guidance to research analyst on conducting statistical analysis of the FAS Surveillance Program's FASSLink database.
- (E.) Final deliverable products are:
- (I.) Participation in monthly CDC Principle Investigator Conference Calls. Participation in monthly FAS Surveillance System staff meetings.
 - (II.) Review and comment on surveillance related documents, presentations, and manuscripts
 - (III.) By July 1, 2008, data collection for determining prevalence will be completed and the FASSLink database will be transferred to the CDC.
 - (IV.) Make recommendation to FAS Staff on surveillance system quality assurance (QA) procedures and analysis to determine effectiveness of ascertainment and validity of information gathered.
 - (V.) Make recommendations to FAS staff on maximizing data quality through the application of continuous QA procedures through June 2008.
 - (VI.) Provide consultation and guidance for any potential analysis of FASSLink and the interpretation of results by September 29, 2008.
 - (VII.) Maintain the confidentiality of all data collected and stored in the FASSLink database.

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 Department the reports described above in a manner acceptable to the Department.