

**OTHE STATE AGENCY PILOT PROJECT (SECOND CYCLE)
FINAL CONTEXTUAL REPORT**

STATE OF _____

This report documents your state’s experience with compiling the Other State Agency (OSA) data. This includes, among others, methods used, special considerations on the data, exceptions made, known limitations of the data, crosswalk issues, problems or barriers in the collaborative process, and agency relationships that have a bearing on the accurate interpretation of the data. This report has two sections. Section I contains questions on the process used in implementing the project and Section II contains the technical notes on the completed OSA data table. States are strongly encouraged to consult with the OSA when completing Part II of this report.

SECTION I - PROCESS:

1. Of the agencies you approached to participate in the project, please check which OSA declined to participate/ not able to engage in the project:

- | | | |
|---|---|---|
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Vocational Rehab | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Education | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Others, specify: _____ | | |

2. Please check all applicable reasons cited by the OSA that prevented it from participating in the project:

Reasons	Corrections	Housing	Medicaid	SA	Voc Rehab	Educ	EI	JJ	CW	Other (specify)*:
#1 Agency cannot allocate resources for the project										
#2 Agency doesn't feel it fits within the project scope										
#3 Agency doesn't believe project is relevant										
#4 Agency believe that project is a duplication of an ongoing initiative										
#5 Agency did not provide response; no reason cited; did not return calls										
#6 Agency data not available, not accessible, IT issues, etc.										
#7 Other reasons (specify)										
a.										
b.										
c.										

* To report more ‘Other’ agency, please use the template found on the last page of this report.

3. Describe the approach(s) used to collect the data from the other state agencies? Please include all approaches used to engage the OSAs to participate in the project and specify if it was effective and if not, state what you could have done otherwise.

4. Based on your experience, what changes would you recommend in the following areas that would have enabled you to be more successful with this project?

a. Protocol

- No changes recommended
- Recommendations

b. Questions and Answers Forum

- No changes recommended
- Recommendations

c. Listserv and Webpage

- No changes recommended
- Recommendations

d. Monthly conference call

- No changes recommended
- Recommendations

e. Financial assistance (state transfers)

- No changes recommended
- Recommendations

f. Others suggestions or comments that would be helpful in the successful implementation of the project.

5. Please describe and approximate the state mental health agency resources used in working with the OSA to extract, report, and analyze the requested data.

Staff time (total staff hours worked on the project): _____
Programming time: _____ hours
Equipment and Software (specify) _____
Others (specify) _____

6. Please briefly describe how Medicaid is structured in your state.

7. What do you find as the most challenging part of the project?

SECTION II - DATA NOTES: *States are encouraged to consult with the OSA when completing this section of the report. Please replicate this section of the report for each OSA table that is completed.*

Check the OSA for which this section is completed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Vocational Rehab | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Education | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Others, specify: _____ | | |

1. Please describe data sources (e.g. client database, claims, financial statements, etc.) and methods used to compile the data reported for this Project.

2. Please provide any supplemental notes/comments to explain the reported data on the tables. If you used a crosswalk of state categories (e.g. Medicaid eligibility categories) or services to fit into the prescribed categories on the reporting tables, please include it in your response.

3. Service Category Descriptions – What services are included in each category? If different from the protocol, please state how these services are defined in your state and how it was classified or reclassified to fit the reporting tables.

4. Identification of persons that received services, un-duplication, and overlap – What method was used to identify/account for persons that received services? Were you able to un-duplicate the number of persons served across service types and across data strata? What method did you use to un-duplicate the number of persons? If you were able to calculate the client overlap with the state mental health agency, what method did you use?

5. Please describe and approximate the resources used by the OSA in compiling, extracting, and reporting the requested data.

Staff time (total staff hours worked on the project): _____
 Programming time: _____ hours
 Equipment and Software (specify) _____
 Others (specify) _____

To report more ‘Other’ agency (Part I question #2 continuation):

Reasons	Other (specify):	Other (specify):	Other (specify):	Other (specify):
1. Agency cannot allocate resources for the project				
2. Agency doesn't feel it fits within the project scope				
3. Agency doesn't believe project is relevant				
4. Agency believe that project is a duplication of an ongoing initiative				
5. Agency did not provide response; no reason cited; did not return calls				
6. Agency data not available, not accessible, IT system issues, etc.				
7. Other reasons (specify)				
a.				
b.				
c.				