



**Evaluation of the New York State Assisted  
Outpatient Treatment Program  
Request for Proposals 2023**

**Questions & Answers**

**Q1. As a non-profit CMA providing AOT services, is our agency eligible to apply?**

A1. AOT providers are not the target audience as it will be important to maintain objectivity in evaluating AOT services. If an agency has experience with mixed methods evaluations of services and/or programs in health care and/or court-ordered services, however, it is technically eligible to apply.

**Q2. On page 6 of the RFP under section 2.4 Eligible Agencies, it states “Eligible applicants are not-for-profit agencies and research and academic institutions, including think tanks, evaluators, and consultancies, that have experience with mixed methods evaluations of services and/or programs in health care and/or court-ordered services.” Could you please confirm whether research or evaluation firms also must be not-for-profit firms?**

A2. Research or evaluation firms do not need to be not-for-profit.

**Q3. Regarding “maximum feasible participation of certified minority and women-owned business enterprises (MWBEs)” as stated on page 11 under section 3.5, would this requirement be fulfilled if the proposing firm is MWBE certified?**

A3. Yes

**Q4. Will OMH consider proposals for a 3-year work plan?**

A4. No.

**Q5. Will IRB approval and/or Data Use Agreements be required for access to data provided by OMH? If yes, what assistance, if any, will OMH offer in expediting approval?**

A5. Yes, OMH will support the evaluator with IRB approval and DUAs, as needed. OMH has experience developing DUAs for most data types relevant to this scope of work.

**Q6. Will OMH provide a liaison to assist in accessing and compiling data files?**

A6. Yes.

**Q7. Will OMH provide non-Medicaid claims data for state and/or county-funded services?**

A7. Please refer to Reference Document 3 in the pre-submission uploads section of the grants gateway for all available data sources.

**Q8. Will OMH provide pharmacy claims data for non-Medicaid respondents?**

A8. No, OMH does not have access to pharmacy data for AOT participants who are not enrolled in Medicaid.

**Q9. Will OMH provide data related to access to and receipt of housing services?**

A9. OMH can provide data related to housing, but it will be limited to housing types captured in the Child and Adult Integrated Reporting System (CAIRS). Those housing types are: private residence; housing with supports, either permanent (e.g., scattered site supportive housing, supported housing, supported single room occupancy) or temporary (e.g., OMH Licensed housing, crisis residence, halfway house, HIV/AIDS housing); residential treatment facility, nursing home or adult home; unstable housing (e.g., couch surfing, living with family/friend, imminent eviction); homeless; unknown.

**Q10. Will OMH support a data exchange request by the Contractor for access to criminal justice data in support of the evaluation?**

A10. Yes.

**Q11. In multiple places, the RFP references “voluntary respondents” and “comprehensive package of voluntary services” as comparators to AOT respondents and services. Is the intent to access respondents who have entered formal voluntary agreements in lieu of a court order? If yes, will OMH provide a data source for the identification of such respondents?**

A11. OMH can obtain and share aggregate data reported by counties and can highlight counties with higher numbers of individuals under “voluntary agreements.” However, there is no formal, standardized way to track these individuals; it is highly variable from county to county.

**Q12. Will the Commissioner of Mental Health send a letter to all relevant county officials, program directors, and other relevant persons requesting their full cooperation with the AOT evaluation?**

A12. The Office of Mental Health appreciates the suggestion that it communicate the need for cooperation with the evaluation described in the RFP with relevant stakeholders, including applicable county officials and affected programs. Such communication will be made at the appropriate juncture in the implementation process if deemed necessary by OMH.

**Q13. In sections 2.9 and 6.5, the operating budget, 2-year project budget, and budget narrative are mentioned. Are you requesting two (2) budgets and two (2) budget narratives? This would include the organization’s operating budget, operating budget narrative, a 2-year project budget, and a 2-year project budget narrative?**

A13. OMH requires one budget document be submitted which details how the funding described in the RFP will be spent over the 2-year period and one budget narrative document that explains the logic or calculations that make up the budget. Additionally, the budget narrative also asks

that all Agency's applying to this RFP explain how their Agency manages their operating budget.

**Q14. Are for-profit organizations eligible to apply if they adhere to the 15% indirect rate cap?**

A14. Please refer to Section 2.4 - Eligible Agencies on page 6 of the RFP.

**Q15. Does the 15% indirect rate cap also apply to subcontractors?**

A15. Yes.

**Q16. How might interested parties access the Appendices referenced in the RFP? If through Grants Gateway, is there a way to access the files while waiting for our organization to be assigned an account?**

A16. The Appendices are the same as the Reference Documents available on the Grants Gateway.

**Q17. Are agencies that participated in the original independent evaluation eligible to submit a proposal in response to the current RFP?**

A17. Past participation does not impact eligibility.

**Q18. The OMH website states that the evaluators responsibilities are detailed in Section 5.4. Section 5.4 is also referenced multiple times on pages 16-18. When the RFP refers to section 5.4, should the applicants be referencing section 5.2 of the RFP?**

A18. Yes.

**Q19. Could you please share who the incumbent (if any) was for the project?**

A19. There is no incumbent for this project; it is a new evaluation effort.

**Q20. Does OMH plan to give the evaluation team direct access to the complete PSYCKES database, or only to deidentified or aggregate data? Are there other state-level datasets to which OMH plans to facilitate access for the evaluation team, particularly for data before or after service provision/AOT discharge (e.g., DCJS)?**

A20. OMH would not provide direct access to the full PSYCKES database but could make available data for the study population (i.e., AOT-enrolled individuals and any individuals in identified comparison groups). OMH will also support the awardee in developing the appropriate data sharing/use agreements for data beyond service provision.

**Q21. Does PSYCKES include information on whether hospitalizations were involuntary versus voluntary, and/or short-term psychiatric holds?**

A21. PSYCKES data does not include information on voluntary/involuntary status at admission, but OMH is actively exploring external sources of data for involuntary hospitalizations that it would then aim to make available to the evaluator. PSYCKES data includes information on length of stay in emergency rooms or inpatient hospitalizations.

**Q22. Would OMH share a codebook or list of variables for PSYCKES with applicants?**

A22. More detail on the data available through PSYCKES is accessible through:  
[https://omh.ny.gov/omhweb/psyckes\\_medicaid/about/](https://omh.ny.gov/omhweb/psyckes_medicaid/about/)

**Q23. What is OMH’s operational definition of “voluntary comprehensive services”? Are there specific programs, practices, or activities that are expected to be included, beyond ACT/ICM?**

A23. Enhanced/voluntary agreements are arrangements made between local government units, mental health departments, and service recipients who may or may not also meet AOT Criteria. These agreements include services that are often similar to packages of court-ordered services and often include signed agreements between recipients and county providers. The core difference between enhanced/voluntary agreements and standard court-ordered treatment is the degree to which participation is voluntary.

**Q24. Is OMH interested in comparing outcomes for those enrolled in AOT with those enrolled in voluntary comprehensive services, or those eligible for such services but not necessarily enrolled?**

A24. OMH is interested in comparing outcomes between those enrolled in either type (i.e., AOT or voluntary comprehensive services). Applicants may also compare outcomes to those of individuals who would be "eligible" for AOT or enhanced/voluntary services (e.g., using propensity-matched controls who meet AOT criteria).

**Q25. What is OMH’s operational definition of “last resort” or “least restrictive setting”?**

A25. "Least restrictive setting" refers to the setting in which an individual can receive services in the community that can be substantiated and meet their needs, as defined by their current clinical presentation and in the context of their clinical history, including past engagement in care.

**Q26. The RFP references a “dedicated Project Manager.” Does this Project Manager need to be 100% allocated to this project, or can they be shared with other projects during its duration?**

A26. The project manager may have other projects/responsibilities, but the project management responsibilities for this evaluation should not be split across many staff.

**Q27. What type of education is required?**

A27. It is unclear to what this question refers.

**Q28. Page 4 of the RFP references focus groups that OMH conducted earlier this year with “individuals with personal experience with AOT, family members of individuals with such experience, advocates, and providers, to better understand the experience of**

receiving and providing services through AOT and to provide an opportunity for public feedback.” The RFP indicates that:

- o A thematic summary from all sessions is available in Appendix 4.
- o Detailed qualitative information from these groups is available to applicants upon request.

**Can you kindly direct me to the Appendix? I cannot find a link to it within the RFP or on the OMH website. I would also like to request a copy of the additional, more detailed, information.**

A28. The Appendix is located in the Pre-Submission uploads section of the Grants Gateway and titled “Reference Document 4: Focus Group Themes”. If you would like a copy of the additional detailed information emailed to you, you can request one at [OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov) but no hard copies can be mailed.

**Q29. Eligibility for Government Agencies: As a local government unit (lgu), we are interested in applying for this grant opportunity. The eligibility criteria within the RFP document do not explicitly mention government entities. However, I noticed that the proposal's homepage and OMH's website do refer to government agencies. Could you kindly confirm whether government agencies, like ours, are indeed eligible to apply for this grant?**

A29. Please refer to Section 2.4 - Eligible Agencies on page 6 of the RFP. The Grants Gateway includes government agencies in the event that an academic institution was registered as a government entity with the Grants Gateway.

**Q30. Project Scope - AOT Program Evaluation: Regarding the scope of the project, we would like to ascertain whether the intention is to conduct an evaluation solely for AOT programs within our own county (ie Albany County) or if it extends to reviewing AOT programs statewide. This clarification will assist us in tailoring our proposal accordingly.**

A30. The goal is to perform a statewide evaluation.

**Q31. Is our company eligible for the RFP? We are an evaluation consultancy that operates in New York State. We are a single proprietor LLC. We do evaluation and community research in New York State and nationally. But we are a .com and not a .org or .edu.**

A31. Yes, an LLC – with experience with mixed methods evaluation of services and/or programs in health care and/or court-ordered services—is eligible.