



Office of Mental Health

**Managing and Deescalating Challenging Behaviors in Hospital and Congregate Settings
ECHO
RFP#OMH124
Questions & Answers**

Eligibility Criteria

Q1. I am writing to ask a question about the RFP that was just released for project ECHO. Are for-profit agencies excluded from this RFP?

A1. For-profits are excluded from being awarded this RFP.

Q2. A nonprofit is interested in partnering with a consulting firm that has lots of experience running project ECHO projects and significant BH expertise. They are able to offer CMEs for doctors and CEs for social workers, but they are not an academic institution. In addition, they are a sanctioned replication partner with UNM Project ECHO®. Would they be an eligible partner as an entity with “authority to train and issue certifications in recognized evidence-based practices, including proprietary evidence-based practices”?

A2. Yes

Q3. Can an organization subcontract with a separate organization/individual to deliver trainings in different parts of the state?

A3. Yes

Q4. Can an organization subcontract with a licensed Continuing Education Provider to deliver a portion of the training?

A4. Yes

Q5. Are there specific requirements (i.e. degree, licensure, experience) on the types of individuals who can deliver training?

A5. Whoever delivers trainings should have experience and expertise on the subject matter outlined in the RFP as it may apply in hospital or residential setting. As such, this might include certain degrees or licensure like MD, LMSW, RN, Peer Advocate, PA, NP, LCAT.

OMH involvement

Q6. For spoke outreach, will the state/NYSDOH provide a list of BH providers to the grantee as a starting point?

A6. OMH will work with the grantee to help identify OMH licensed providers appropriate for the training and encourage participation from providers.

Q7. Will OMH support outreach to the programs to encourage participation and case presentation?

A7. OMH will support with outreach to programs to encourage participation. The grantee will be responsible for eliciting case presentations.

Q8. Will OMH attend cohort meetings and/or case presentations?

A8. OMH will attend ECHO sessions.

Q9. Will OMH have an evaluative role beyond the reporting and evaluation laid out in the RFP.

A9. OMH will work closely with the grantee to ensure all contract deliverables are met and to monitor the effectiveness of the curriculum over the course of the grant period.

Cohorts

Q10. For the annual 4-8 cohorts, can the participating providers be counted in multiple cohorts, provided that the session series are of different topics/focus areas?

A10. Yes. However, OMH's goal with this RFP is to provide this training opportunity to as many providers as possible in all regions of New York state.

Q11. Is 26 sessions/year the required minimum as per the "bi-weekly" clinic? Can we schedule the sessions as appropriate (due to slow summer months, holidays) as long as we have 26 sessions/year?

A11. The creation of the ECHO schedule should take into account holidays, slower summer months etc. The ECHO schedule can consider appropriate factors to maximize provider participation. Furthermore, there may be instances where doing weekly sessions as opposed to bi-weekly sessions for a given curriculum may be appropriate.

Q12. The RFP mentions that there is a minimum of 4 cohorts, and max of 8 per year, and bi-weekly sessions. Is there a requirement for the minimum number of sessions per cohort?

A12. OMH will help guide and approve ECHO curriculum. Sessions per cohort should not be less than 6 sessions.

Q13. How long does each training cohort need to be trained? The RFP specifies a minimum of 4 cohorts to be served annually, and bi-weekly clinics. Do these bi-weekly clinics need to occur the duration of the year, or a portion of the year?

A13. Training cohorts should have 6-8 sessions depending on the topic. Cadence of cohort sessions can vary.

Q14. The RFP mentions that each cohort should consist of no less than 6 hospitals and RTF providers per cohort with a minimum of 4 cohorts. Does this mean that a project needs to serve at least 48 providers (6 hospitals and 6 RTFs * 4 cohorts) or 24 providers (3 hospital and 3 RTFs *4 cohorts)?

A14. Each cohort can range from 10-20 participating providers. There need not be equal number of hospital and RTF.

Q15. The RFP mentions that Project ECHO will be conducted on a bi-weekly basis and it refers to a minimum of 4 cohorts in a year. Does this mean that each cohort gets bi-weekly “clinic” for a year or is this more of a staggered approach where each cohort gets 3 months of bi-weekly “clinic”?

A15. Cohorts need not run for the full year. A more staggered approach is acceptable.

Q16. How is a “cohort” defined and differentiated? Are cohorts defined by:

- a. OMH region
- b. Population served (children vs adults)
- c. Setting

A16. There is some latitude with regards to defining a cohort. Segmenting the population of participants is necessary in so far as ECHO sessions are most effective when the number of participating providers ranges from 10-20. Therefore, a cohort is differentiated by time segment. However, it is acceptable if cohort curriculums change over time. For example, 'violent behavior exhibited by patients with intellectual/developmental disabilities' might be a subsection of each cohort's curriculum or it might prove to be a focus in year 1 and year 2 and then less of focus thereafter. If it behooves the grantee to create cohorts defined by region, that is acceptable though not necessary. Because hospitals serve both children and adults in their emergency departments, it is not necessary to segment cohorts by child vs. adult. Furthermore, it might benefit participants within a cohort if there was a mix of hospital and RTF staff.

Q17. Is there a required minimum or maximum length for each cohort? What activities, if any, in addition to the bi-weekly meeting/case review are there?

A17. There is no maximum length. Cohorts should not be less than 6 sessions. Activities for participation will be, at a minimum, meetings/case reviews. However, grantee should also provide reading material and other resources for participants to review outside of meeting hours.

Q18. In the call it is specified that clinics will be bi-weekly. Please clarify if 26 clinics is expected in the calendar year or if bi-weekly clinics are expected each educational cycle?

A18. See Q11-15 answers above.

Q19. Please clarify what is meant by “a series of minimum of 4 ECHO annual cohorts and a maximum of 8 annual cohorts, consisting of no less than 6 hospital and Residential Treatment Facility providers per cohort”.

A19. See Q11-15 answers above.

Participating Organizations

Q20. In addition to RTFs and hospital settings identified in the RFP, are there additional congregate settings that should be considered? If so, please identify them.

A20. OMH is focusing on hospital settings and RTFs for this RFP. However, OMH recognizes that other treatment settings could benefit from this training and reserves the right to request Outpatient programs, Children’s Crisis Residences or Critical Time Transition Programs be included in later cohorts should it be deemed appropriate.

Q21. “After initial cohorts of hospitals and Residential Treatment Facility staff, future curricula will include mental health community providers as well to foster collaboration between levels of patient care.” Does this mean we will be able to reach out to MH Outpatient Providers for cases after the 1st year, but not necessarily include all of the MH providers in the Cohort?

A21. In later cohorts, it may be appropriate to include outpatient providers to participate. Participants should be committed to attending sessions in which didactic lessons and case presentations are both components. Although it depends on the number of cohort participants, each participant will likely be required to provide a case.

Location of training

Q22. Are trainings (clinics) delivered at the training organization’s site, or the site of trainees?

A22. Trainings will be virtual, adhering to the ECHO model.

Q23. Do clinics (trainings) need to be in person or can they be virtual?

A23. See Q22 answer above.

Cohort expectations

Q24. Are hospitals / congregate settings going to be required to participate by the New York State Office of Mental Health or is participation in each cohort voluntary? What expectations will be communicated to these programs in terms of participation?

A24. Hospitals/Congregate settings will not be required to participate. However, once an organization has signed up for a cohort, they will be expected to participate for every session of the cohort. OMH will work with grantees to come up with participation expectations for organizations.

Q25. Will each organization participating in a cohort be required to present a case and/or cases?

A25. Each Participant will be expected to present at least one case.

Q26. What are the expectations for follow up with providers after a cohort is completed?

A26. After each cohort, participants should be supplied with all materials from the ECHO and a way to connect with OMH's Office of Hospital Care and Community Transitions should follow-up be necessary.

Q27. Are there any expectations for follow up with participants after their case review?

A27. Given the cadence of ECHOs, it is likely that some cases will already have reached their conclusions prior to the case presentation. However, for those cases still in progress, the grantee will be responsible for following up with participant; at a minimum referring provider to OMH's Office of Hospital Care and Community Transitions.