Increasing Capacity of a Medicaid Behavioral Health Workforce: Strengthening Training Models Through Adaptive Implementation Supports

Describing the impact of implementing Evidence-Based Practices (EBPs) within the Louisiana Behavioral Health Workforce through Adaptive Implementation Supports and how this can be considered for other states.

National Dialogues on Behavioral Health
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The History of the Center

- 2016: Survey of Youth Related Services
- 2017: Survey of Adult Related Services
- 2018: Center for Evidence to Practice (E2P)
- 2021: Mental Health Crisis Response (MHCR)
- 2024: Gaps & Needs Assessment Survey

The Center for Evidence to Practice (E2P)

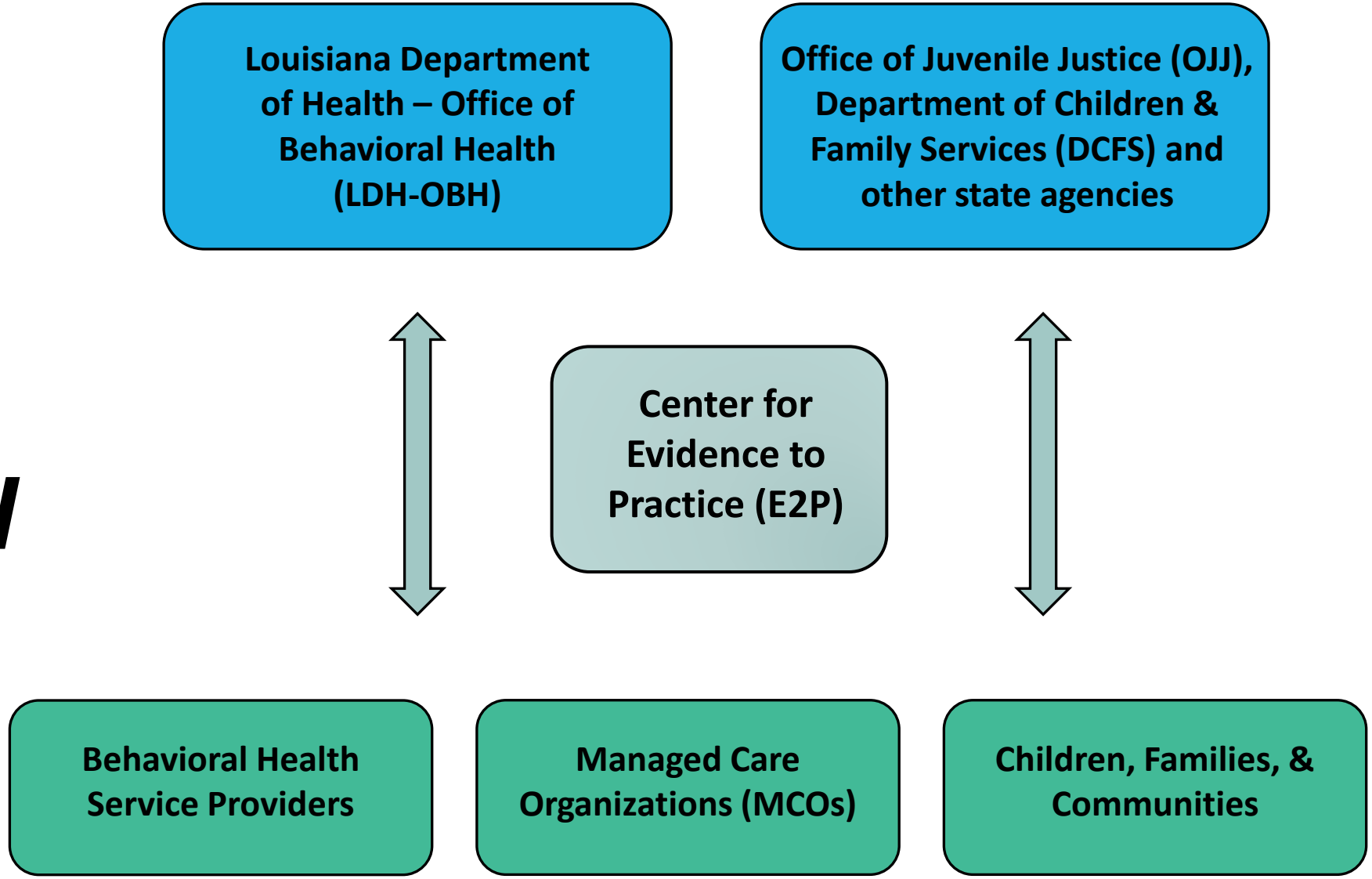
Expanding Access to Evidence-Based Practices (EBPs) in Behavioral Health

LSU Health NEW ORLEANS School of Public Health

LOUISIANA DEPARTMENT OF HEALTH

Center for Evidence to Practice

Working Together Towards Improved Behavioral Health

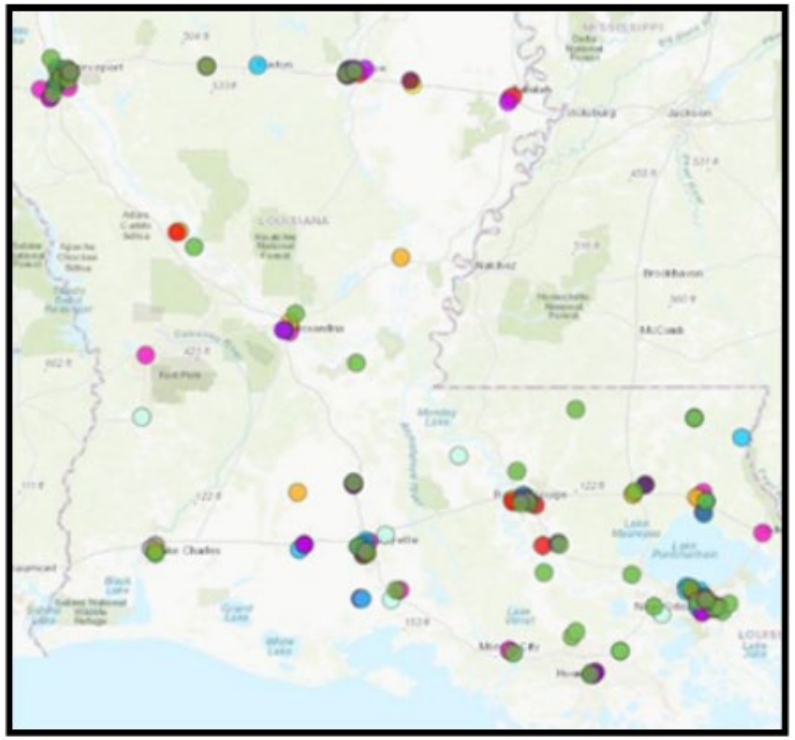


EBPs offered in…

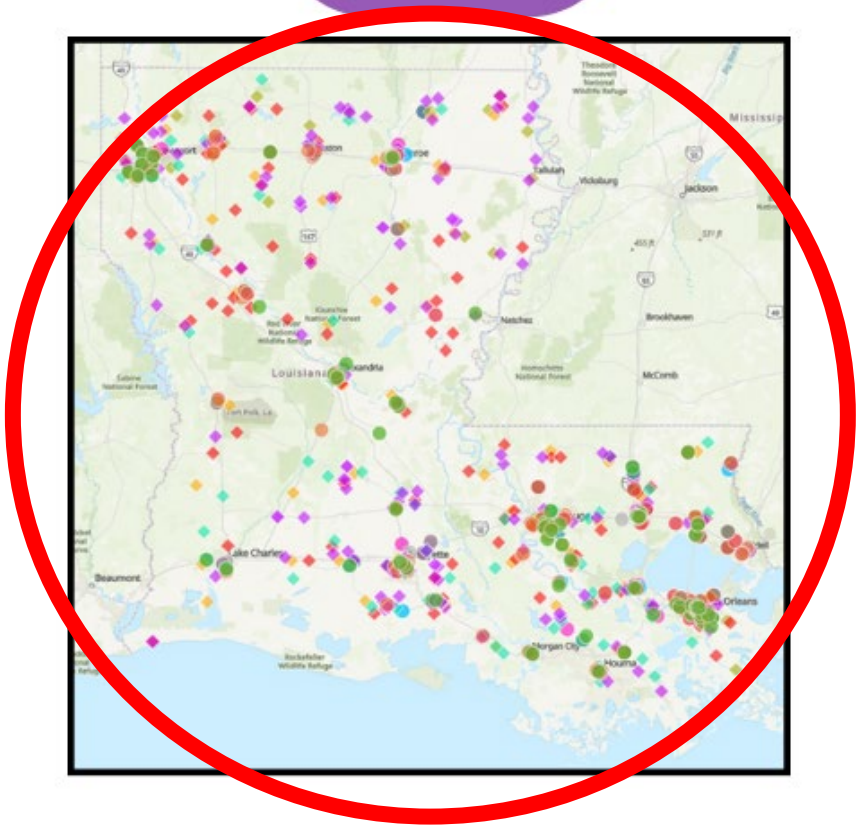
Evidence-Based Practices (EBPs)	
1. CPP	Child-Parent Psychotherapy
2. PCIT	Parent-Child Interaction Therapy
3. YPT	Youth PTSD Treatment
4. PPT	Preschool PTSD Treatment
5. PPP	Positive Parenting Program - Triple P (Level 4)
6. TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
7. EMDR	Eye Movement Desensitization and Reprocessing
8. DBT	Dialectical Behavioral Therapy

Utilization of EBPs Growth

2019



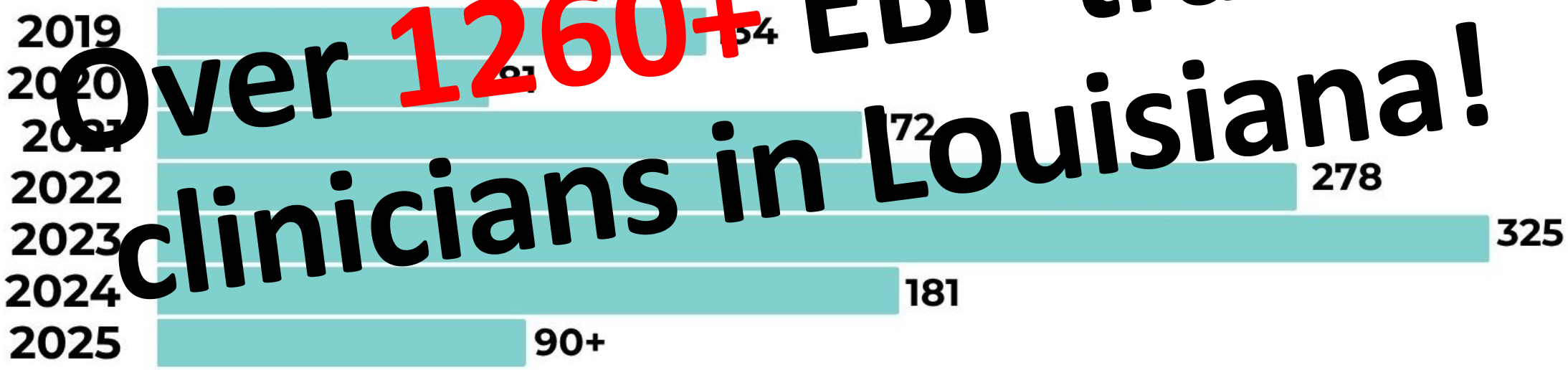
2024



- CPP
- EMDR
- FFT
- FFT-CW
- HB
- MST
- NFP
- PAT
- PCIT
- Triple P
- PPT
- TF-CBT
- YPT

EBP Trained Professionals/Year*

E2P focuses on trauma, disruptive behaviors, and parent-child relationships, aligning with the needs identified within Louisiana and the current research on youth needs[1,2,3].



*some trained professionals may be duplicative

Over 1260+ EBP trained clinicians in Louisiana!

From 2019-2024:

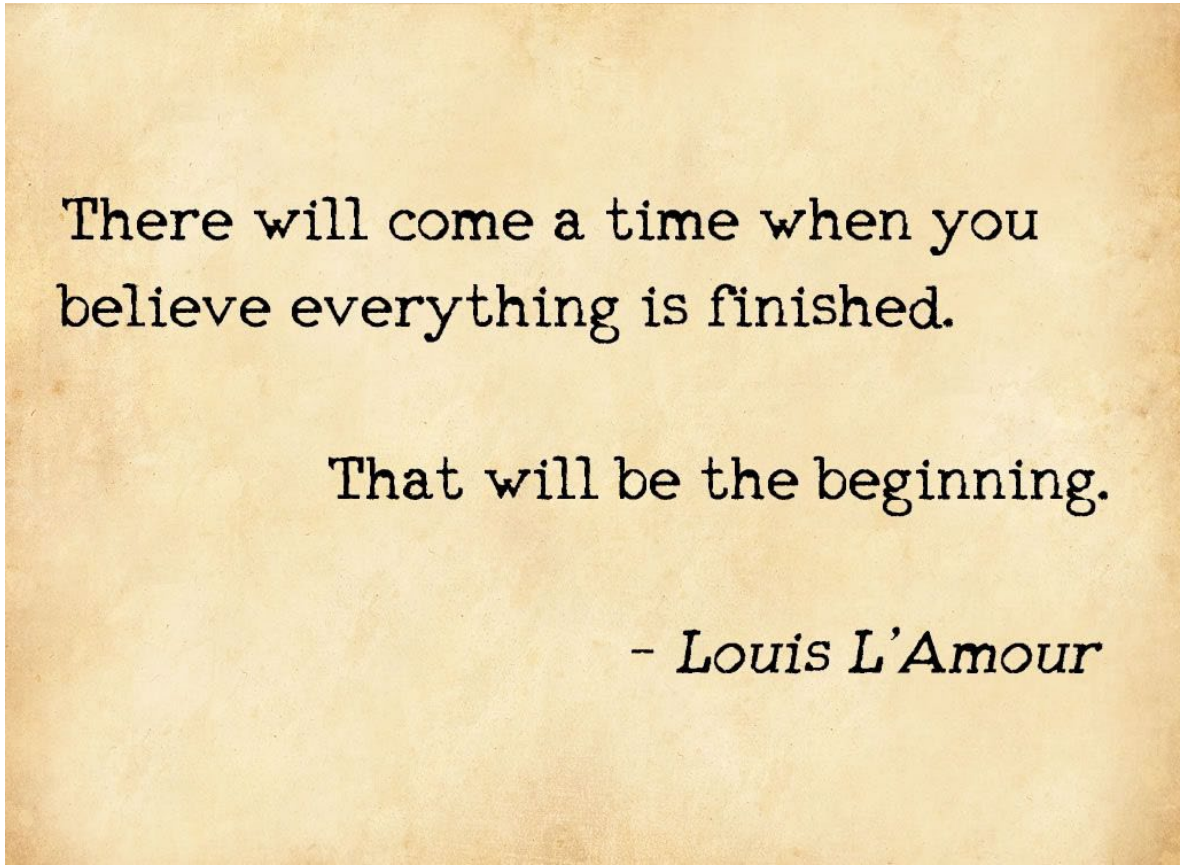
Center for Evidence to Practice

After **32 training cohorts** of **8 EBPs:**

- Survival analysis revealed wide variation by EBP treatment model, ranging from a **low of 19% to a high of 88%.**
- **Attrition rates** among providers delivering EBPs are around **30-35%.**

Training is **NOT** enough!

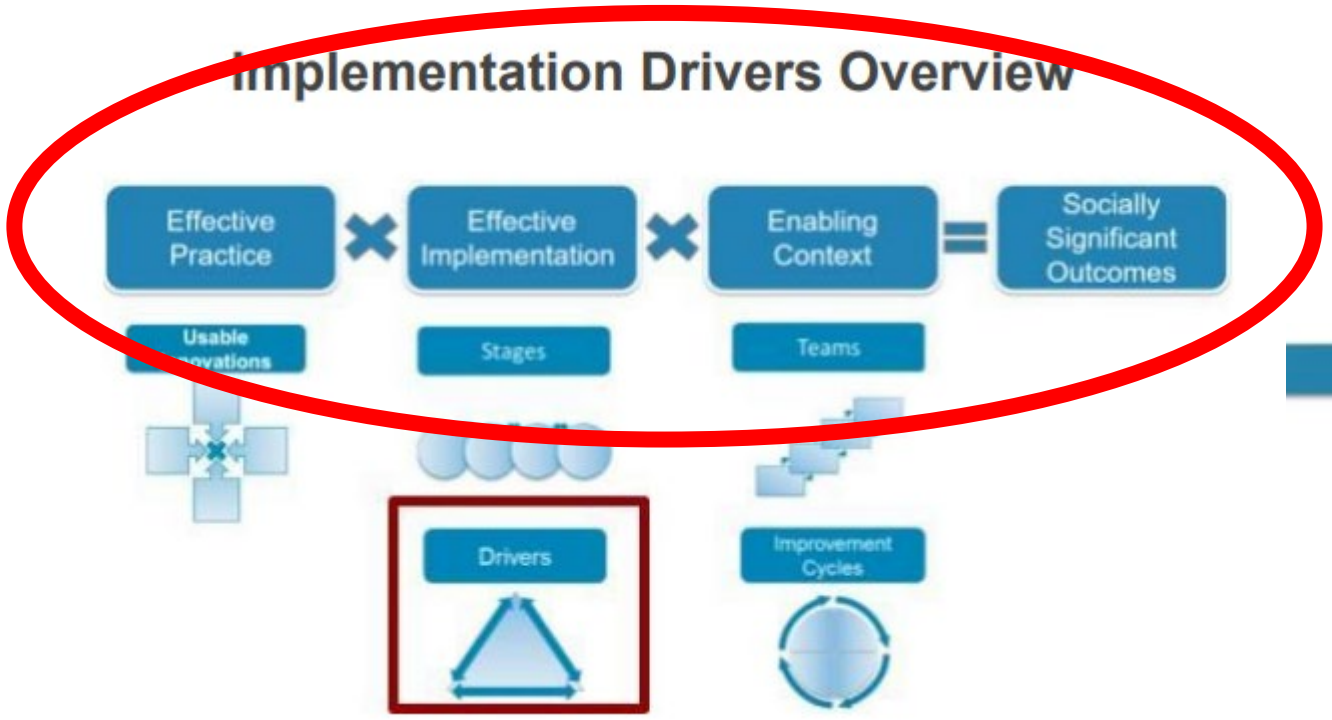
Sustainability



Hypothesis

Through exposure to a range of training and implementation strategies across EBPs, E2P recognizes the ***critical role of agency leadership*** *in the successful implementation of EBPs.* ***Agency leadership support, advocacy and problem-solving*** *is particularly important to clinicians' completion of the EBP training and consultation requirements.*

National Implementation Research Network (NIRN)



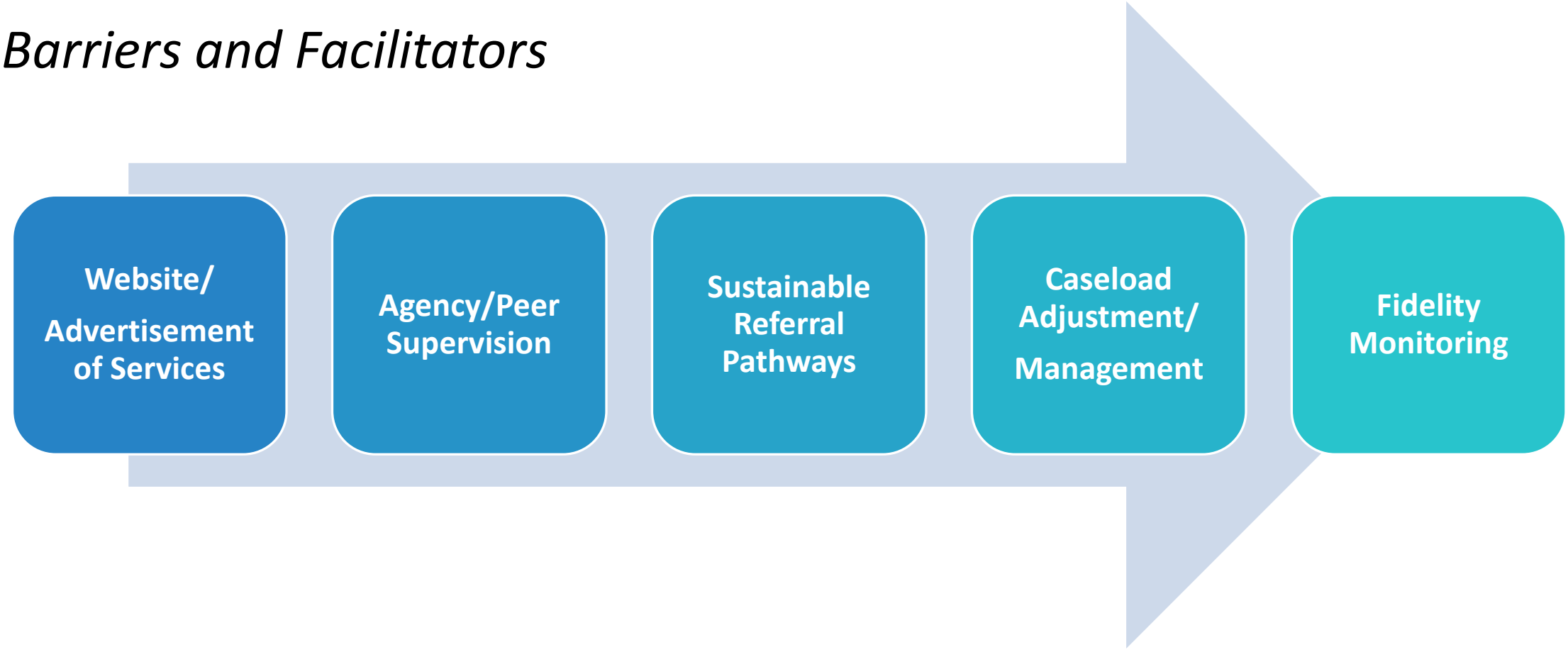
Method:

Four (4) Leadership Meeting Model:

1. Before Training
2. Mid-way Through Training
3. Following Completion of Training
4. Following Completion of Consultation

Tier 1: System & Environment

Barriers and Facilitators



Tier 2: Implementors

Barriers and Facilitators

Clinicians:

- Cherry Picking: Waiting for the **perfect case**
- Only taking 1-2 cases
- **Not preparing** for sessions
- **Schedule not conducive** to the model
- Attending but not participating in consultation calls
- Not seeking consultation when having difficulty with a case
- **Not tracking case progress**

Senior Leaders:

- *Not leading regular team meetings*
- *Losing focus and not staying up to date on team participation*
- *Not using metrics to identify barriers to implementation*
- *Failing to recognize and celebrate successes*

Evidence-Based Programs (EBP)

Cost Benefit Analysis

What do the numbers mean?

Benefits Minus Costs: How much more is gained than spent
Benefit-Cost Ratio: For every dollar spent, how many dollars are gained
Chance Benefits Will Exceed Costs: Probability the program yields net positive returns

Evidence-Based Programs (EBP)	Benefits Minus Costs	Benefit-Cost Ratio	Chance Benefits Will Exceed Costs
Child-Parent Psychotherapy (CPP)	$77,733	$15.63	96%
Eye Movement Desensitization & Reprocessing (EMDR)	$9,946	$12.57	82%
Parent-Child Interaction Therapy (PCIT)	$32,936	$8.87	95%
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	$31,384	$238.57*	100%
Positive Parenting Program (Triple P): Level 4	$4,358	$6.10*	97%

Benefit-Cost Ratio Formula: Total Benefits ÷ Net Program Cost. Asterisked values were not provided by WSIPP and were manually calculated (2025).

wsipp.wa.gov

EBP Cost Benefit Analysis

Timeline of Impact:

November 2024: Our ***FIRST*** Leadership Meeting (TF-CBT)

November 2024-October 2025: **25+ Leadership Meetings later**, engaging **120 agency leadership and clinicians** has led to:

- ❑ **August 2025:** Triple P Cohort success
  - ✓ **Nine (9) more Triple P Accredited clinicians (100% retention rate!)**
- ❑ **September 2025:** PCIT Cohort success
  - ✓ **93% retention rate**
- ❑ **October 2025:** EMDR Cohort success
  - ✓ **100% retention rate**

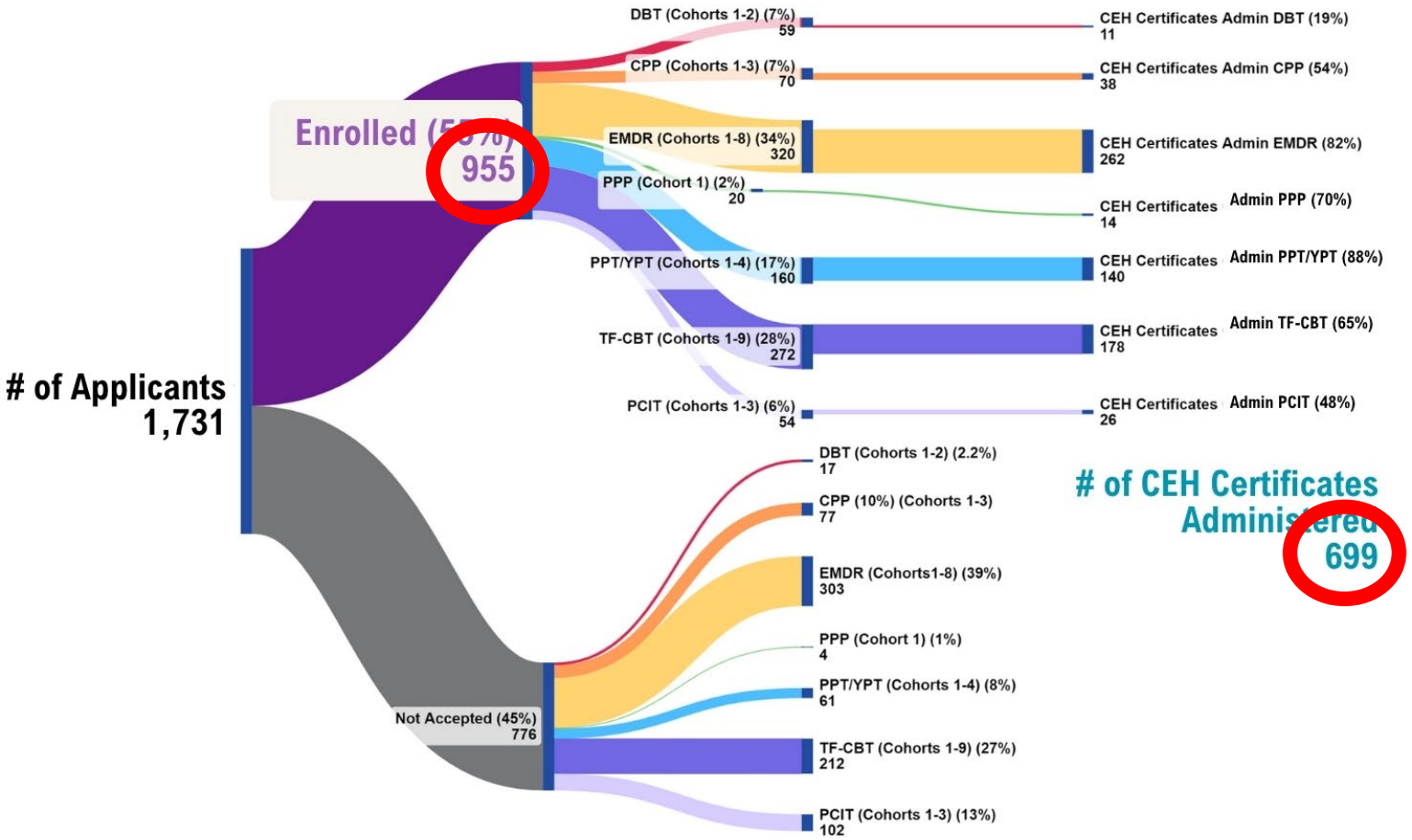
Strengths & Challenges

Strengths:

- Importance of **why** this is needed
- **Proactive** approach to EBP implementation
- Built in **accountability**
- Creates a space for a **supportive environment**
- **Motivation & reinforcement** to stay engaged

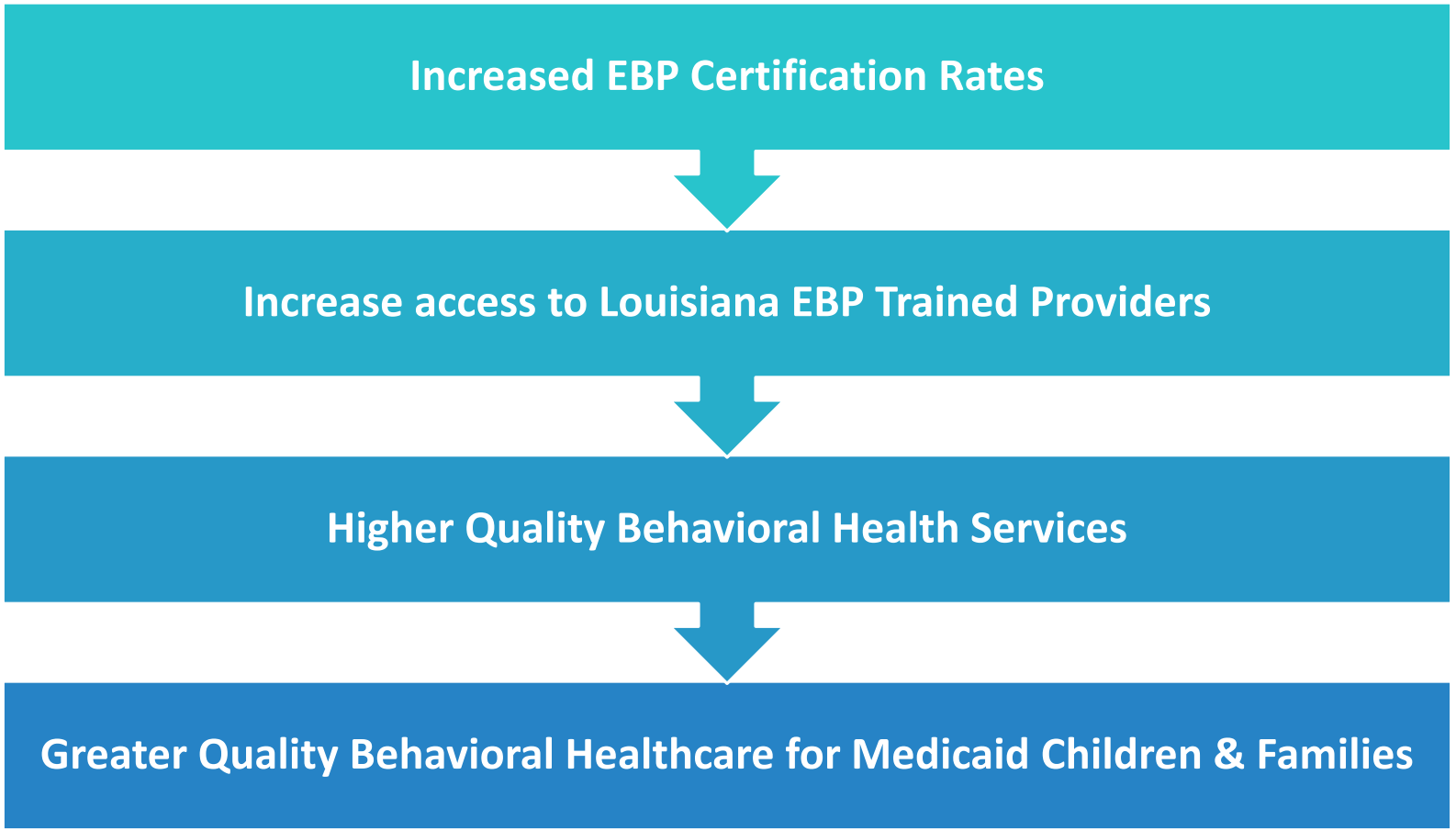
Challenges:

- *Who is the right audience for this?*
- *Leadership availability and engagement*
- *Communication across audiences*
- *Knowledge vs. Understanding of EBP*



2019-2024: 6-Year Sankey Diagram of the Center's EBP Training

Future Direction & Impact:



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Visit our E2P website to learn more!

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