REQUEST FOR APPLICATIONS

For

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Learning Collaborative for Louisiana Medicaid Behavioral Health Agencies

Issued by

LSUHSC Center for Evidence to Practice

Application Release Date: Monday, August 3, 2026

APPLICATIONS MUST BE RECEIVED BY SUNDAY, AUGUST 16, 2026

Notice of application will be sent Tuesday, August 18, 2026

Please direct questions to the Center for Evidence to Practice at EvidencetoPractice@lsuhsc.edu

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1. TRAINING OVERVIEW

A. INTRODUCTION

The Center for Evidence to Practice (Center for E2P) has written this Request for Application (RFA) in order to identify behavioral health practitioners in Louisiana who are equipped to successfully participate in ***Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*** training and implementation.

Due to the identified need for Medicaid behavioral health services specific to children and their caregivers, TF-CBT has been selected by the Louisiana Department of Health (LDH) - Office of Behavioral Health (OBH) as an evidence-based program that will be expanded statewide. OBH has published a Medicaid service definition for TF-CBT in their LA Medicaid Behavioral Health Services Provider Manual.

The **goal of this RFA** is to help providers determine if this EBP is a good fit for their clinicians, organization, and the communities they serve. *It should also help providers determine if they are able to commit to the expectations of participating in this training opportunity and of delivering the EBP.* The application requests information about the providers' qualifications, the services they provide to Louisiana Medicaid-insured children and families, and their readiness to participate in the training and to deliver the EBP. The trainer, Kelly Wilson, LCSW, along with the Center for E2P staff, will be reviewing applications based on the ***Application and Selection Process (Section 3) to select providers that are best able to take advantage of this training opportunity and to sustain delivery of the EBP.***

Through this Request for Applications (RFA), the Center for E2P and TF-CBT trainer and consultant, Kelly Wilson, LCSW, look forward to identifying a strong cohort to participate in this training and learning collaborative opportunity.

B. INFORMATION ABOUT THE LOUISIANA CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between the Louisiana Department of Health (LDH) – Office of Behavioral Health (OBH) and the Louisiana State University Health Sciences Center, New Orleans (LSUHSC-NO) – School of Public Health, which is tasked with improving access to evidence-based behavioral health practices for Louisianian children and families insured by Medicaid. Our mission is to support the state and its agencies, organizations, communities, and providers in selecting and implementing evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and address challenges related to sustaining quality practice. For more information on E2P please visit our website and subscribe to our newsletter for updates.

C. CONTINUING EDUCATION CREDITS

The Center is a continuing education (CE) pre-approval organization through the Louisiana State Board of Social Work Examiners (LABSWE) and the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider (ACEP). Upon the conclusion of training, trainees who have complied with the Training Guidelines, met the minimum time requirements, and completed the post-training evaluation, will receive a certificate of completion containing their CE hours. For trainees whose credentials are outside of LABSWE and NBCC; the Center encourages applying for CE hours with their respective licensing board independently upon renewal.

Trainees who do not adhere to the Training Guidelines or who do not meet the minimum time requirements will have the opportunity to receive a certificate of participation denoting the number of hours completed. This certificate can then be used to apply for CE hours independently with their respective licensing board upon renewal.

D. Training Commitment Expectation and Form

Dedication and commitment to training are of the utmost importance when participating in any training opportunity offered by the Center. These trainings are typically very costly and would be a significant financial investment for practitioners and agencies were they to enroll independently. *However, the Center offers these trainings at zero cost to trainees*. Due to this, **we emphasize the necessity of completing all components and adhering to the Training Guidelines for those selected to join this training.** Should an individual or agency drop out of this opportunity, it may impact whether or not they are selected for future training opportunities offered through E2P. ***All participants must demonstrate their commitment to participating in all days of training and consultation as well as actively using the model with clients.***

This training and implementation program aims for participating Medicaid providers to successfully implement TF-CBT in their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate children and families for TF-CBT, deliver the model to fidelity, and sustain the model long-term.

Upon selection, all applicants will be required to complete a **TRAINING COMMITMENT** between their agency, themselves, and E2P to indicate their commitment to completing all training components in their entirety as presented in this RFA.

E. Training Costs

There will be no cost to agencies for the course itself; however, agencies must financially commit to the time and effort required to complete the training and the delivery of the EBP. Agencies and clinicians must set aside the allotted training time to fully participate in this training opportunity, including any expectations outside of training (e.g. reading training manuals and related materials, completing web-based training, changing operations to accommodate delivery of the EBP). Trainees are encouraged to work with their agency leadership to ensure their schedules are open and available to complete all training components without other work obligations interfering.

For in-person training, the provider is responsible for covering the cost of travel and travel time. If applicable, training materials/manuals will be provided by the Center.

2. SCOPE OF WORK

A. Information about TF-CBT

(Source: LA Medicaid Provider Manual)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a component-based, hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.

B. Target Population Characteristics

TF-CBT was created for young people who have developed significant emotional or behavioral difficulties following exposure to a traumatic event (e.g., loss of a loved one, physical abuse, sexual abuse, domestic or community violence, motor vehicle accidents, fires, tornadoes, hurricanes, industrial accidents, terrorist attacks).

TF-CBT may benefit children with a known trauma history who are experiencing significant posttraumatic stress disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. In addition, TF-CBT may benefit children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing childhood traumatic grief can also benefit from the treatment.

TF-CBT may be delivered to children aged 3-18 years and their parents. TF-CBT may not be appropriate for the following:

- Acutely suicidal youths;
- Adolescents with current para-suicidal behaviors (self-cutting or non-fatal self-harm);
- Youth with extensive inappropriate/illicit substance use;
- Youth with a history of significant behavioral problems present before the trauma exposure;
- Youth with significant conduct problems (aggressive, destructive).

C. PHILOSOPHY AND TREATMENT APPROACH

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is designed to help youth 3-18 years of age and their parents overcome the negative effects of traumatic life events, such as child sexual or physical abuse. TF-CBT aims to treat serious emotional problems such as posttraumatic stress, fear, anxiety, and depression by teaching children and parents new skills to process thoughts and feelings resulting from traumatic events.

TF-CBT is a structured, short-term treatment model that integrates cognitive and behavioral interventions with traditional child-abuse therapies. Its focus is to help children talk directly about their traumatic experiences in a supportive environment. TF-CBT components are described by the acronym PPRACTICE:

- Psychoeducation
- Parenting
- Relaxation
- Affective modulation
- Cognitive coping
- Trauma narrative
- In-vivo exposure
- Conjoint sessions with caregivers
- Enhancing safety and resilience

Typically, TF-CBT is implemented through 12 to 18 weekly sessions. These aim to provide the parents and children with the skills to better manage and resolve distressing thoughts, emotions, and reactions related to traumatic life events. The sessions also aim to improve the safety, comfort, trust, and growth of the child and to develop parenting skills and family communication.

D. TF-CBT GOALS

The overall goal of TF-CBT is to process traumatic memories and experiences and sort out the emotions attached to those experiences. After effective TF-CBT therapy, the client is expected to experience:

- Improving child PTSD, depressive and anxiety symptoms
- Improving child externalizing behavior problems (including sexual behavior problems if related to trauma)
- Improving parenting skills and parental support of the child, and reducing parental distress
- Enhancing parent-child communication, attachment, and ability to maintain the safety
- Improving child's adaptive functioning

- Reducing shame and embarrassment related to traumatic experiences

Learn more about the TF-CBT model by accessing the TF-CBT National website, which is accessible using the following link: https://tfcbt.org/about-tfcbt/

E. Learning Collaborative Approach

The objectives of this TF-CBT training are to support the adoption and implementation of TF-CBT by behavioral health organizations in Louisiana that serve trauma-exposed children and families. Over one year, clinicians and supervisors will learn the TF-CBT model, along with how to implement systems and infrastructure for the long-term sustainability of TF-CBT.

This training collaborative consists of:

1. A 4-hr **MANDATORY** Pre-Requisite TF-CBT Assessment Training
    a. Scheduled for **THURSDAY, AUGUST 27, 2026**, from **8:00am-12:00pm CDT**
    b. Accepted applicants MUST attend this Assessment Training to fully understand the scope and commitment of the TF-CBT training as well as receive an introduction to executing assessment with TF-CBT clients
2. An 11-hr online, self-paced course titled "TF-CBT Web 2.0" to be completed independently before the first learning session
    a. Note: this training has a cost of approximately $36 which is to be paid by either the trainee or the agency at which they are employed
    b. This online course can be accessed using the following link: http://tfcbt2.musc.edu
3. 37.5 hours of training, split into two learning sessions
    a. Learning Session 1: Tuesday-Thursday, September 22-24, 2026, from 9:00am-4:30pm CDT
    b. Learning Session 2: Tuesday-Wednesday, December 8-9, 2026, from 9:00am-4:30pm CST
4. 12.0 hours of Consultation, which will take place as monthly 1-hr calls for up to twelve (12) months following training, October 2026-September 2027

All training and consultation components will take place via Zoom; all practitioners must have access to a computer or other device with audio-visual capability (i.e. a camera and microphone) and a stable internet connection to participate in the training.

Upon achieving TF-CBT certification, licensed practitioners will be able to use an EBP tracking code to document the delivery of this model within outpatient therapy. The EBP Tracking code for TF-CBT (EB07), as outlined in the Louisiana Medicaid Behavioral Health Services Provider Manual on pages 435-444. Practitioners can also reference the EBP Qualifications & Billing Guide, which provides a summary of the EBP tracking codes and Medicaid billing guidance. Upon certification, it is ***highly recommended*** that practitioners utilize the EB07 to document the utilization of the EBP model, TF-CBT.

F. TF-CBT Leadership Development Meetings

The Center has found that having agency leadership (e.g., CEO, supervisors, and other decision-makers) directly involved in the implementation of an EBP is key to its long-term success. Strategies of engaged leadership include being knowledgeable about TF-CBT and directly involved in:

1) supporting clinicians and supervisors in maintaining fidelity to TF-CBT,
2) recruiting staff to participate in learning and using the EBP,
3) integrating the EBP into the culture of the agency, and
4) demonstrating a commitment to the EBP through follow-through with the implementation plan.

In addition, each agency should also consider how their policies might support or conflict with EBP

practice and identify ways to integrate TF-CBT into their policies and procedures.
Examples may include:

- Considering an applicant's knowledge of (or openness to) EBPs in hiring decisions and integrating information about TF-CBT into new employee orientations
- Setting participation in EBP supervision as a regular requirement
- Creating processes to track fidelity and measures in electronic medical records
- Integrating TF-CBT into clinical documentation
- Recognizing EBP clinicians formally in performance reviews and merit raises and informally in newsletters, websites etc.

Agencies with clinicians accepted into this training opportunity will be expected to have agency leadership representation at four (4) separate TF-CBT-specific Agency Leadership Meetings. These meetings are intended to offer agency leadership support in supervising their staff who are learning and implementing the TF-CBT model. The meetings are also intended to give insight into the commitment to training and consultation expected of clinicians and will serve to assist leadership in working with their clinicians' schedule to ensure they are able to properly commit to the training requirements.

G. TF-CBT Application Timeline

Event	Date(s)
TF-CBT RFA OPENS	Monday, August 3, 2026
TF-CBT RFA CLOSES	SUNDAY, AUGUST 16, 2026
NOTICE OF APPLICATION STATUS	Tuesday, August 18, 2026

H. TF-CBT Virtual Training Timeline

Event	Date(s)
TF-CBT AGENCY LEADERSHIP MEETING #1	Tuesday, August 25, 2026, 12:00pm-1:00pm CDT
TF-CBT TRAINING COMMITMENT AND TEXTBOOK REQUEST FORM DUE	Wednesday, August 26, 2026
MANDATORY ASSESSMENT TRAINING	Thursday, August 27, 2026, 8:00am-12:00pm CDT
11-HR TF-CBT 2.0 WEB COURSE DUE	Monday, September 21, 2026
LEARNING SESSION (LS) 1	Tuesday-Thursday, September 22-24, 2026 9:00am-4:30pm CDT
LS1 CE EVAL DUE	Thursday, October 1, 2026
TF-CBT AGENCY LEADERSHIP MEETING #2	Tuesday, October 20, 2026, 12:00pm-1:00pm CDT
LEARNING SESSION (LS) 2	Tuesday-Wednesday, December 8-9, 2026 9:00am-4:30pm CST
LS2 CE EVAL DUE	Wednesday, December 16, 2026
TF-CBT AGENCY LEADERSHIP MEETING #3	Tuesday, December 15, 2026, 12:00pm-1:00pm CST
TF-CBT AGENCY LEADERSHIP MEETING #4	Tuesday, March 16, 2027, from 12:00-1:00pm CDT
TF-CBT AGENCY LEADERSHIP MEETING #5	Tuesday, June 8, 2027, from 12:00pm-1:00pm CDT
CONSULTATION CALL COMMITMENT (FINALIZED DURING LS1)	Monthly 1-hr Consultation Calls for 12 months

CE Eligibility: *The total number of hours for the TF-CBT training will be* ***approximately 41.5 hou****rs and participants will be eligible to receive up to* ***approximately 41.5 CE hours*** *if they participate in all training components and meet the online training requirements. Trainees missing more than 15 minutes of instruction outside of the scheduled break time on any given day of the training will be*

ineligible *to receive continuing education credit.*

I. Sustaining TF-CBT Practice and Achieving TF-CBT Qualifications

For best results throughout the training and consultation process, agency leadership will be expected to provide support to clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the TF-CBT program.

Additionally, as soon as clinicians begin training, they are encouraged to identify potential cases with which they can begin practicing the model. Successful delivery and completion of the model with at least three (3) different clients (one of which must have caregiver involvement) and presentation of at least one of these cases during consultation, is necessary to become TF-CBT Certified.

Following the completion of the full course and implementation program, agencies and providers will be expected to independently sustain TF-CBT, including:

- Facilitating ongoing referrals and engagement
- Maintaining a caseload
- Ensuring supportive supervision, leadership, and policy

The Center for Evidence to Practice expects all selected agencies/clinicians to complete the entire course and all consultation calls. Consultation calls have shown to be integral to growing and sustaining EBP practices. To further develop TF-CBT confidence and competence, clinicians will be required to participate in 1-hour monthly consultation calls for twelve (12) months following training. These calls will be offered from October 2026-September 2027. The purpose of these calls is to help support clinicians in implementing TF-CBT with their clients. Once all components are complete, clinicians will be expected to continue pursuing national TF-CBT certification and take the required TF-CBT Therapist Certification Program Knowledge-Based Test administered through the National TF-CBT Therapist Certification Program.

J. Post-Training Follow-Up Surveys

Following training, the Center for E2P will maintain regular contact with the provider agency and clinicians to track progress toward TF-CBT Certified status. A part of this contact will consist of a six (6) month and one (1) year follow-up survey to be administered 6 months and 1 year following the last day of training, respectively.

Clinicians who completed all training days will be contacted via email by a member of the E2P team to complete a short survey to gather information on the progress of TF-CBT implementation, including any possible barriers to implementation. Completion of this training protocol in totality will require participation in these surveys. All accepted participants will be expected to submit a response.

Should a clinician leave the provider agency with whom they joined training, said clinician will be expected to provide a viable email address by which the Center can contact them to complete these surveys.

3. APPLICATION AND SELECTION PROCESS

A. Eligibility Requirements and Expectations

Selection will be determined based on organizational readiness for TF-CBT implementation, acceptance of Medicaid-insured families, and relevance of TF-CBT to the population served by the applicant organization. ***In recognition of the extensive duration of the training process and necessity for inter-***

practitioner support, preference will be given to organizations with multiple practitioners applying to be trained. Organizations must also demonstrate understanding of the necessary changes to practitioners' caseload in order for a trainee to include TF-CBT in their sessions. ***We highly encourage participation from supervisors and administrators as their understanding and support of the model contributes to long-term sustainability.***

Training Acceptance Criteria: *Qualified behavioral health agencies/providers will be those who:* serve Medicaid-insured individuals and/or provide clinical therapy services to children and their caregivers in Louisiana free of charge; are licensed (or actively working towards licensure) in Louisiana; and are actively (i.e. currently) treating children and their caregivers.

Note: Only complete applications will be considered. Applications consist of two components, the Agency Agreement and the Individual Application. All applicants, ***including sole practitioners****, must submit a* ***FULLY FILLED*** *and* ***SIGNED*** *Agency Agreement with their Individual Application in order to be considered as having a "complete application". All applicants from a given agency must be listed on the same Agency Agreement and each applicant must submit a copy of the same Agency Agreement via the upload portal on the Individual Application.*

B. TF-CBT Informational Webinar and Introduction to TF-CBT Online Course

The Center for Evidence to Practice has previously hosted a TF-CBT Webinar where attendees had the opportunity to meet the trainer, learn about the basics of the modality, and get an overview of the application process. A question and answer (Q&A) session followed. This previous informational webinar was recorded and added as a free course on our learning platform, E2P:Learn. ***If you plan on applying to the upcoming TF-CBT training, it is highly recommended that you take this free online course to learn more about the model and training requirements.*** Individuals who already have an account can login and self-enroll. If an applicant has an account and has taken the course previous to 2024, they will need to re-take it as the content matter has changed.

Make an account here: Register for a FREE Account
Sign-Up for the course here: Introduction to TF-CBT

C. Application Review Process

Upon the closure of the application window, an initial review will be executed to assess which of the applicants meet the threshold requirements outlined in the **Eligibility Requirements.** Following the initial review, the E2P staff will meet with the trainer(s) and review the applicants based on their individual trainee application and agency agreement responses.

D. Application Materials

The **TF-CBT** online training is scheduled to start in **Fall 2026.** The course instructor is Kelly Wilson, LCSW for this training opportunity. The course is limited to **30 participants.**

1. The **TRAINEE APPLICATION** can be accessed via REDCap and must be completed by each applicant by **SUNDAY, AUGUST 16, 2026.**
2. The **AGENCY AGREEMENT** must be filled out and signed **ELECTRONICALLY** using **Adobe Acrobat (or a similar PDF editing/filling software)** by leadership from the agency requesting participation in the training**. All applicants from the same agency must submit the same Agency Agreement**. *Sole practitioners are also* ***required*** *to submit an Agency Agreement on behalf of themselves.* The Agency Agreement **MUST BE SUBMITTED in the Individual Application via REDCap** by **SUNDAY, AUGUST 16, 2026.**

BOTH FORMS MUST BE SUBMITTED TO BE CONSIDERED FOR THIS TRAINING OPPORTUNITY

E. Application Checklist

- □ Please review the **Request for Application (RFA)** to be aware of training expectations.
- □ *(HIGHLY RECOMMENDED)* **WATCH RECORDING OF THE INFORMATIONAL WEBINAR via E2P:Learn** to ensure that applicants are aware of the training expectations and time commitment.
- □ **SAVE ALL IMPORTANT TRAINING DATES:** See **pg. 7 of the RFA** for important dates and deadlines.
- □ Submit a **TRAINEE APPLICATION** on behalf of yourself as an applicant. Acceptance into the program will be evaluated on an individual basis based on the application responses.
- □ Submit an **AGENCY AGREEMENT** on behalf of your agency. *This step is necessary for those that are sole practitioners as well, please fill it out on behalf of yourself.*

F. Artificial Intelligence (AI) Policy

Applications that appear to have been completed with the assistance of AI will not be considered. Additionally, due to confidentiality concerns, the Center strictly prohibits the use of all AI notetakers in training. If selected to join training, participants will be expected to ensure that any AI notetakers are DISABLED prior to the start of training: otherwise, we will remove them from the meeting manually. Not following these guidelines could lead to removal from the training and may affect your eligibility for future opportunities.

G. Non-Discriminatory Policy

The Center for Evidence to Practice appreciates diversity and does not discriminate based on race, national origin, religion, color, ethnicity, age, sex, ability status, sexual orientation, or gender identity.

Thank you for your commitment to serving Louisiana's children and families.
We look forward to reading your application!