



# MID-YEAR EBP Workforce Training Report 2022

**The Center for Evidence to Practice**



**LSU Health**  
NEW ORLEANS  
School of Public Health

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*Prepared for the Louisiana Department of Health - Office of Behavioral Health*

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# ABOUT THE CENTER FOR EVIDENCE TO PRACTICE—EBP TRAINING PROJECT

## The Center

In 2018, the Center for Evidence to Practice was created to increase access to evidence-based programs (EBPs) that address key behavioral health needs for Medicaid-insured children and families in Louisiana. These efforts are accomplished through a partnership between the LSU School of Public Health, the Louisiana Office of Behavioral Health (OBH), and Louisiana Medicaid.

## Mission

The Center's mission is to support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and address challenges related to sustaining quality practice.

## Partnership

The Center's partnership with OBH, Medicaid, behavioral health practitioners, and managed care organizations is vital to deliver behavioral health EBPs, expand the capacity of EBP-trained practitioners, increase access to EBPs, and better serve Medicaid enrolled youth and families throughout Louisiana.

## Looking Ahead

The work that is being executed by the Center continues to be needed for the licensed mental health community. This work is more important than ever as our behavioral health workforce is facing severe shortages and every treatment accessed must be delivered with quality. No Medicaid practitioner time can afford to be wasted with unproven approaches.

*"Keep these webinars and trainings coming! Our community needs this support and training for practitioners."*

**–Center Webinar Participant**

# EVIDENCE-BASED PRACTICES

## Highlights

The Center has grown in the first half of 2022 in its delivery of EBP training to licensed mental health professionals. These efforts have been executed in order to further enhance Medicaid behavioral health practice. In light of COVID-19 and its associated variants, all EBP trainings have been executed through the Center virtually this year.

Additionally, in January 2022, the Center became a Continuing Education (CE) Authorizing Entity through the Louisiana State Board of Social Work Examiners (LABSWE). This authorization allows us greater efficiency in accepting and distributing CEU credits to social workers that participate in our training and webinar opportunities, while continuing to consistently apply for LPC/LMFT CEUs through their respective board.

## RFAs and Informational Webinars

With a purposeful increase in EBP training opportunities scheduled this year, we released multiple Request for Applications (RFAs). In conjunction with the RFA releases in the last six months, the Center provided informational webinars to inform practitioners about these training opportunities and explore the fit of the EBP with them and their agency/practice. The webinars provided an overview of the EBP model, training expectations, and the environments needed to successfully implement the model. The application was also reviewed with participants to explain and address questions about the RFA process.

These meetings were well attended and recorded. The recordings and FAQ sheets were maintained on the Center's website. **Table 1.1** outlines the dates, the number of participants registered, and the number that attended these EBP informational webinars.

**Table 1.1 – EBP Informational Webinar Dates and Participation**

EBP Training	TF-CBT	PCIT
Webinar Date	February 15, 2022	February 17, 2022
Number Registered	166	90
Number Attended	90	48

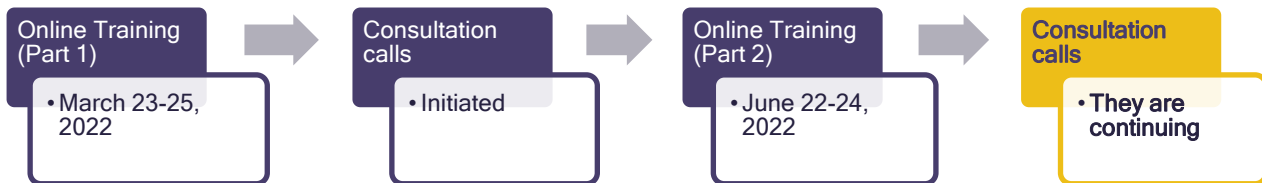
## Current EBP Training & Progress

There are currently four EBP trainings that the Center is in the process of executing. Three out of four of the trainings have completed the online virtual training segment and have moved to the consultation call process. The progress of each of the four trainings is illustrated below. The items marked in yellow indicate where the current point in the training process.

### 1. Eye Movement and Desensitization Reprocessing (EMDR)

Carol Miles, MSW, LCSW - Three Rivers Training Center

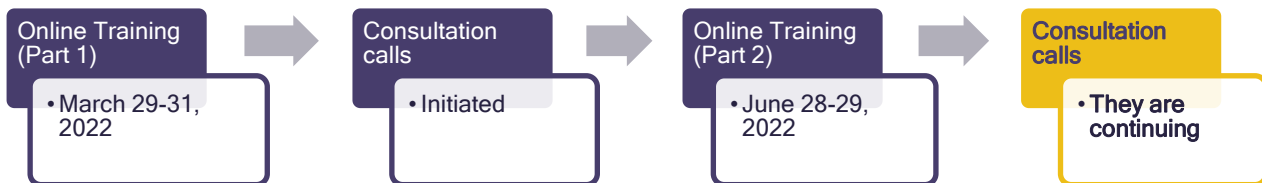
Training Timeline:



### 2. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Kelly Wilson, LCSW - Kelly Wilson Counseling & Consulting, LLC

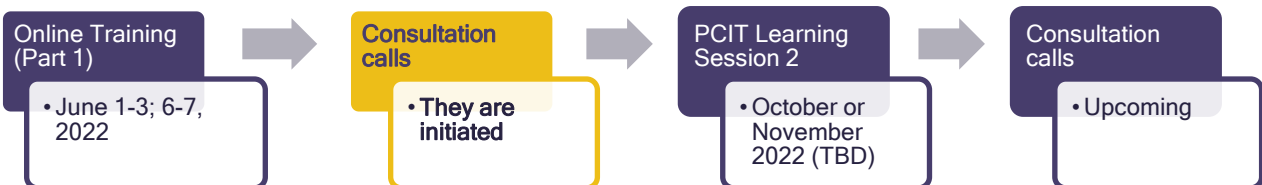
Training Timeline:



### 3. Parent-Child Interaction Therapy (PCIT)

Amy Herschell, Ph.D. training group- Early Childhood Innovations Center, LLC

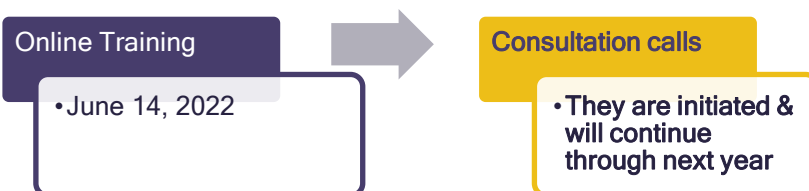
Training Timeline:



### 4. Preschool and Youth PTSD Treatment (PPT/YPT)

Devi Murphy, PhD - Tulane University, Department of Psychiatry and Behavioral Sciences

Training Timeline:



## EBP Training Applications, Attendance & Certificates

Table 1.2 lists the four EBP trainings and the progress of participants. Participants receive CEU certificates for their participation in the training through the Louisiana State Board of Social Work Examiners (LABSWE) and Louisiana Counseling Association (LCA). CEUs are issued as training is completed. EBP certifications are issued by the respective trainer in collaboration with the Center. Note: CEUs have not yet been issued for all June 2022 trainings as of this mid-year report. These will be included in the year-end report.

**Table 1.2 – EBP Training Attendance and Participation Numbers**

EBP Training	# of Applicants	# Accepted	# Lost to Attrition	# Currently Enrolled (as of 6/2022)	# of CEUs Distributed (as of 6/2022)
EMDR	110	40	7	33	1,440 CEUs
TF-CBT	98	30	4	26	507 CEUs
PCIT	49	12	1	11	357.5 CEUs
PPT/YPT	53	36	3	35	210 CEUs

### EBP Training Attrition

To reduce the number of practitioners lost to attrition, the Center introduced interventions at the beginning of trainings to limit losses. This includes multiple email and phone call reminders. The Center now also seeks confirmation of attendance prior to the second portion of online training by issuing attendance verification surveys. With these efforts, there are observed reductions in attrition and the Center will continue to monitor. As always, unforeseen circumstances arise with practitioners that lead them drop out of training. The Center tracks these circumstances, which include change in availability/scheduling conflicts, medical situations, family emergencies, childcare concerns, and employment changes.

### CPP Training

In the past six months, there has been interest from providers and stakeholders in another Child-Parent Psychotherapy (CPP) training. The last CPP cohort was pre-pandemic and it faced challenges due to the change in training format (in-person to virtual) and length of training/certification (18 months). To explore the fluctuating current environment, CPP trainers and the Center offered an informational webinar to gauge the level interest and if a new training cohort would be advisable given previous issues faced by practitioners. CEUs were offered for

social workers and counselors for their attendance. **Table 1.3** lists the CPP informational webinar participation outcomes.

**Table 1.3 – CPP Informational Webinar Participation**

	CPP Informational Webinar
Webinar Date	May 31, 2022
# Registered	216
# Attended	122
# of CEUs Distributed	84 CEUs

Based on webinar participation and discussions, a CPP Readiness to Implement Questionnaire was created and is being distributed to the participants. The questionnaire gauges the capacity practitioners to complete training and implement CPP with fidelity. The questionnaire was released in mid-June 2022 and participants have until July 20, 2022 to submit responses. The Center has scheduled a meeting with CPP trainers in August to discuss the results.

### Future EBP Schedule

Due to increased demand for EBP trainings, the Center has collaborated with trainers to create a vision for the next application cycle of EBPs. The current plan is outlined in **Table 1.4**.

**Table 1-4 – Projected EBP Training Schedule**

Schedule	PCIT	EMDR	TF-CBT
RFA Release Date	July 12, 2022	July 15, 2022	August 8, 2022
Informational Webinar	July 21, 2022	July 22, 2022	August 17, 2022
Application Due Date	August 2, 2022	August 10, 2022	August 26, 2022
Notice of Acceptance	August 22, 2022	August 17, 2022	September 6, 2022
Kick-Off Call	September 8, 2022	August 31, 2022	September 13, 2022
Training Dates (Part 1)	October 17-19, 2022	September 28-30, 2022	October 11-13, 2022
Training Dates (Part 2)	April 2023 (TBD)	November 2-4, 2022	February 8-9, 2023



## Triple P Training

Triple P (Positive Parenting Program) is an evidence-based parenting program that is used in more than 30 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing.

The Center has met with Triple P America, Inc. and will coordinate a future Triple P Level 4 EBP training for licensed mental health practitioners in Louisiana. The goal of this first effort is to train 20 practitioners. We plan to finalize the contract within the coming weeks to initiate the planning phase for executing this training.

## Key Stakeholder Relationships

In an effort to stay abreast of the challenges and strengths mental health practitioners are experiencing in the field, we have facilitated several stakeholder meetings in the last six months. These meetings are scheduled quarterly and are described below.

### 1. Implementation Team Meetings

There were two Implementation Team meetings within the past six months. The members of this group consist of various leaders from the mental health community throughout the state, and include the Office of Behavioral Health (OBH). The goals of these meetings are to aid the Center in understanding the needs of the behavioral health workforce, generate ideas on best response options, and receive feedback on Center approaches to meet identified needs.

**Table 1.5** lists the Implementation Team meeting dates and attendance for the first half of 2022.

**Table 1.5 – Implementation Team Quarterly Meeting Attendance**

Meeting Date	Number of Participants
February 10, 2022	22
May 12, 2022	20

## 2. Managed Care Organization (MCO) Meetings

There were two MCO meetings executed in the past six months. The members of this group consists of at least one person representing each of the six Louisiana MCOs. The goals of these meetings are to relay practitioner concerns related to EBP implementation, understand MCO processes to support their provider networks, get feedback on training priorities to enhance their networks, and garner MCO support and assistance with Center projects. The main accomplishments of these recent meetings were outlining expectations and processes in regard to the Capacity & Sustainability Funding opportunity that is detailed later in this report. **Table 1.6**, lists the MCO meeting dates and attendance.

**Table 1.6 – MCO Quarterly Meeting Attendance**

Meeting Date	Number of Participants
February 17, 2022	32
May 19, 2022	31

## EBP Website Map

The Center updates its website map annually. The map lists providers, the EBPs they are currently trained to offer, the provider's MCO affiliations, and agency contact information to aid in the referral to these quality services. This resource is utilized by community stakeholder and referring entities across the state to improve referral accuracy and reduce frustration with accessing care. The update is currently underway and announcements will be made to our listserv of providers and state leaders regarding its completion.

# EBP TRAINING EVALUATIONS

## Evaluation Feedback

To further strengthen the work of the Center, we continually provide opportunities for trainees to provide feedback. Below is a summary of feedback from the last four EBP trainings.

### EMDR Online Training: Part 1

#### OVERALL TRAINING ASSESSMENT:

- More than 80% of participants agreed or strongly agreed that trainers were knowledgeable and well prepared; the training was well organized and easy to follow; and, the skills gained were usable with participants confident in their ability to apply in practice.
- 56.6% of participants agreed or strongly agreed that they preferred online to in-person training. Clarifying, it might be useful to include in-person sessions in future trainings.
- 86.7% desired to keep EBP trainings online as an option after the pandemic.

#### MAIN TAKEAWAYS VOICED BY TRAINEES REGARDING TRANSFER OF SKILLS TO PRACTICE:

- Using EMDR as the primary focus of practice.
- Confidence to integrate skills learned into practice
- Found EMDR to be effective and appreciated resources for practice

**OVERALL EBP LEARNING & TRAINING EXPERIENCE: 4.73 out of 5 (95%)**

*"I LOVED all the resources for working with kids. The practice teams were also really helpful."*

**–Center EMDR Trainee**

### TF-CBT Online Training: Learning Session 1

#### OVERALL TRAINING ASSESSMENT:

- Over 80% of participants agreed or strongly agreed that trainers were knowledgeable and well prepared, skills gained were usable, that they would recommend this training

to other behavioral health practitioners, and participants were confident in their ability to apply in practice.

- 74.1% of participants agreed that the training was well organized and easy to follow
- Less than half of the respondents agreed they preferred online training to in-person, with many reporting a neutral opinion to the training being in person or virtual.
- The majority of participants wanted an online EBP training option to be available post-pandemic

#### MAIN TAKEAWAYS VOICED BY TRAINEES REGARDING TRANSFER OF SKILLS TO PRACTICE:

- Will include TF-CBT in their practice
- The trauma assessment/narrative and the Socratic techniques were liked by participants
- Respondents felt confident in their ability to implement TF-CBT in their practices with children and other clients, but felt it would be a gradual change

OVERALL EBP LEARNING & TRAINING EXPERIENCE: 4.85 out of 5 (97%)

*“I come across a lot of children with extensive trauma. I would definitely like to use TF-CBT. The role of the caregiver in this process now makes more sense to me.”*

**–Center TF-CBT Trainee**

### **PCIT Online Training: Learning Session 1**

#### OVERALL TRAINING ASSESSMENT:

- All 12 respondents agreed or strongly agreed that the trainers were knowledgeable and prepared; the training was well organized; the skills learned will be implemented in future practice; and, they would recommend the training to other behavioral health practitioners.
- Over half of the respondents preferred online training instead of in-person, and the other responses were neutral

- A majority of participants also wished to have online EBP training as an option post-pandemic

MAIN TAKEAWAYS VOICED BY TRAINEES REGARDING TRANSFER OF SKILLS TO PRACTICE:

- The skills from PRIDE training were found very useful for helping children's behavioral issues
- They valued learning the PCIT model for work with children

OVERALL EBP LEARNING & TRAINING EXPERIENCE: 4.83 out of 5 (97%)

*"I am so excited to get started using PCIT! One thing I loved the most was the labeled praise. I'm using many of the components of PCIT with my child clients already. I was very impressed with this training!"*

**–Center PCIT Trainee**

### PPT/YPT Online Training

OVERALL TRAINING ASSESSMENT:

- Over 90% of participants agreed that the trainers were knowledgeable and prepared; the training was well organized; the skills learned applied in their own practices; and, they would recommend this training to others.
- Less than half of respondents preferred online to in-person training, and several of participants also were neutral on training in-person vs. virtual
- More than half desired to have an online option post-pandemic

MAIN TAKEAWAYS VOICED BY TRAINEES REGARDING TRANSFER OF SKILLS TO PRACTICE:

- Participants discovered new ways to improve their practice and the experience of young patients
- PTSD models were mentioned often as one of the valued portions of the course
- All of the materials provided supplemented the course well

OVERALL EBP LEARNING & TRAINING EXPERIENCE: 4.81 out of 5 (96%)

*"I thoroughly enjoyed this entire session. What I loved most was how detailed and easy learning was to comprehend trauma with kids."*

**–Center PPT/YPT Trainee**

## **Common Themes from the Online Trainings**

1. *All of the training courses had participants agree that the training could be applied to their practice with time and they valued the skills they learned*
  - They also wanted continued resources sent by the Center
2. *Overall, the most disliked portion of training was the length of time for each session and the amount of material*
  - Many felt there was too much material for such a short timeframe and it often felt forced into sessions
  - Courses might benefit from having more sessions to disperse information so there is no rush and sessions are shorter
  - Participants felt their attention spans decrease during the longer sessions
3. *For the most liked portion of the trainings, participants valued break-out sessions, role playing, and practice sessions to gain hands on experience*
  - This was preferred to long lectures
  - Participants felt they learned more and retained the information better by participating in the discussions and role-play scenarios
4. *The main concerns regarding implementing what they learned in practice was remembering all of the information and adapting to the new style of treatment*
  - Participants shared that they need time to implement their new knowledge in practice and wanted the opportunity to ask questions during implementation
  - Many asked for ongoing resources, updates, and refreshers on materials

# SUPPLEMENTAL TRAINING OPPORTUNITIES

## Transformation Transfer Initiative (TTI)

In a continued effort to assist states in transforming mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI was awarded to Louisiana early in 2022. This work is executed in partnership with the National Association of State Mental Health Program Directors (NASMHPD).

In Louisiana this initiative is focused on developing training for the Medicaid behavioral health provider networks to improve workforce competencies related to rendering behavioral health services to LGBTQ+ populations. The Center has identified, interviewed, and previewed trainings from several national subject matter experts, with the goal to identify consultants/trainers to train our mental health practitioners who provide:

1. Adult crisis intervention services through the Louisiana Crisis Response System, and
2. Evidence-based treatment programs to children and families through Medicaid-funded services

The Center has identified and recommend contracting with the following consultants/trainers for planning, training development, and training facilitation:

### 1. JABARI LYLES:

#### *Qualifications/Experience:*

- Expert trainer / consultant with The Center of Excellence for LGBTQ+ Behavioral Health Equity
  - Featured in Webinar: Sexual Orientation and Behavioral Health 101
- Former Liaison and Director of LGBTQ Affairs with the City of Baltimore, Office of the Mayor
- Former GLSEN Facilitator, Education Manager and Executive Director

#### *Role on the TTI Project:*

- Needs assessment and training development - consultation services for the

development of a survey and training needs assessment for the Louisiana behavioral health workforce

- Training on introductory concepts about sexual orientation, gender identity and expression (SOGIE) and LGBTQ+ cultural competency for service providers.

Topics include:

- Building empathy and understanding, creating space to ask questions about stereotypes and assumptions
- Understanding that people will make mistakes, mechanics for justice and accountability when things go wrong, focusing on the experience of the person harmed
- Creating welcoming, affirming organizations

*Sustainability Planning:*

- Outreach, resource identification, and stakeholder engagement among the LGBTQ+ advocacy and support community in Louisiana

## 2. KELLY WILSON, LCSW

*Qualifications/Experience:*

- National expert trainer for Trauma-Focused CBT
  - Contracted with Center for Evidence to Practice for TF-CBT training
  - Familiarity with the Louisiana behavioral health workforce
- Co-author of “Implementing Trauma-Focused CBT for LGBTQ Youth and their Caregivers” Manual

*Role on the TTI Project:*

- Needs assessment and training development - consultation services for the development of a survey and training needs assessment for the Louisiana behavioral health workforce
- Development of training on clinical considerations in working with LGBTQ+.

Topics include:

- Case Conceptualization with LGBTQ+ clients - using a strengths-based approach - what will promote, protect, facilitate progress in treatment
- Working with families - integrating family acceptance into treatment
- Trauma treatment with LGBTQ+
- Human trafficking, trauma and LGBTQ+ populations



### 3. WES WARE

#### *Qualifications/Experience:*

- Strategist and consultant that has worked on advocacy and justice issues at the intersection of race and gender in Louisiana, including experience with police reform for trans population, advocacy for trans youth in courts
- Founder and former director of BreakOUT!; a youth-led LGBTQ+ organization
- Deep understanding of unique context of supporting LGBTQ+ community in Louisiana

#### *Role on the TTI project:*

- Strategy consulting on training development
- Lessons learned from previous projects supporting LGBTQ+ community in Louisiana, such as:
  - Challenges / strategies for linking to community supports
  - Working with rural communities with limited LGBTQ support
  - Shifting landscape of anti-trans legislation
  - Concerns about law enforcement in crisis response for LGBTQ
- Training for trainers on important considerations in training on LGBTQ+ competencies in Louisiana
  - Emphasis on having knowledge about LGBTQ+ population, but not making assumptions about any individual

### 4. ADDITIONAL EXPERTISE

Additional experts may be contracted for specialized / advance training once the training strategy has been developed in consultation with the experts above.

## **Family Interaction Training (FIT)**

Within the past year, Amy Herschell, Ph.D. from Early Childhood Innovations Center, LLC (ECIC) discussed the opportunity for the Center to provide Family Interaction Training (FIT) for professionals that work with children. FIT is a behavioral training program developed by the Centers for Disease Control (CDC) and the Association of University Centers on Disabilities (AUCD) designed to help caregivers of young children with disruptive behavior. FIT materials were developed for professionals who work with young children but who are not necessarily

mental health experts, to help caregivers learn evidence-based parenting strategies to prevent or reduce challenging behaviors.

After discussions with OBH, FIT training was approved to be offered through the Center. The FIT training is evidence-informed and not limited to licensed mental health professionals; it is open to all audiences that work with children. That includes, but not limited to, behavioral health agencies, child welfare agencies, child advocacy centers, Early Head Start and Head Start Centers, child care providers, Nurse Practitioners, and Pediatricians. The training itself is complete in six hours.

The Center hosted two FIT Informational Webinars to inform the public about the training opportunity. We also offered CEUs for social workers and counselors through the LABSWE and LCA for the second webinar date. **Table 2.1** outlines the participation in FIT Informational Webinars.

**Table 2.1 – FIT Informational Webinar Participation**

	FIT Informational Webinar
<b>Webinar Dates</b>	February 8, 2022 June 16, 2022
<b># Registered</b>	297
<b># Attended</b>	168
<b># of CEUs Distributed</b>	56

There is observable evidence in the interest for FIT training, and the FIT RFA has been released. We have already received over 30 applications in June alone, and applications don't close until the middle of July. The goal is to have 100 participants in FIT training this Fall.

## **Introduction to Trauma Theory: Diagnosis and Treatment**

The Center received permission to move forward with Bill White, LCSW from The Center for Psychological Trauma, LLC and Juliet Catrett, LCSW from Psychological Wellness Institute, LLC to offer a background, primer to EMDR training. Our goal is to have the first cohort of 20 participants in this first two-day event. The course objectives and deliverables are as follows:

1. Establish foundational knowledge of trauma related disorders.
2. Introduce the effects of child maltreatment on neurodevelopment and attachment.
3. Teach participants how to diagnose and provide trauma informed care related to PTSD, CPTSD, Personality Disorders, and dissociation.

4. Provide an introduction to the treatment of trauma related disorders.
5. Reinforce the importance of seeking consultation to enhance proficiency when working with this population.

# COMMUNICATIONS & OUTREACH

## Website Analytics

Over the past six months, there has been notable growth in our Center's website use. The Center's website had 111,253 page views, a 541% increase compared to the previous six months. Session activity increased by 221% and the average session duration also increased by 160% compared to the previous six months. Of all the visitors to the website, 51% were new visitors and 49% were returning users. The bounce rate (users that visit the homepage and exit without browsing other pages) decreased by -14% compared to the previous six months. Notably, the greatest increase in sessions and page views coincided with the release of the various EBP funding opportunities that occurred during February 2022 and March 2022 around EMDR, TF-CBT and PCIT.

## MailChimp Communications

We have issued twenty-six (26) MailChimp campaigns in regard to the EBP programming since January 2022. These campaigns have advertised upcoming webinars, training opportunities, and reminders of application deadlines. We have an average 36% open rate for our email campaigns. In regard to audience subscribers for MailChimp, we have grown 14%-- from 2,476 subscribers to 2,820 subscribers that receive our email communications.

# CAPACITY & SUSTAINABILITY FUNDING OPPORTUNITY PROGRAM

## Background & Introduction

In the fall of 2020, the Center further explored how financial aspects of implementing and sustaining EBPs were impacting Louisiana Medicaid-funded behavioral health providers. Ronnie Rubin, Ph.D. (Center consultant) facilitated interviews with behavioral health stakeholders from across Louisiana examine the financial aspects of training, implementing, and sustaining EBPs. The Study Brief is available at [Study Brief: Financial and Policy Challenges to Evidence-Based Practice \(EBP\) Implementation: Insights from Louisiana Providers](#).

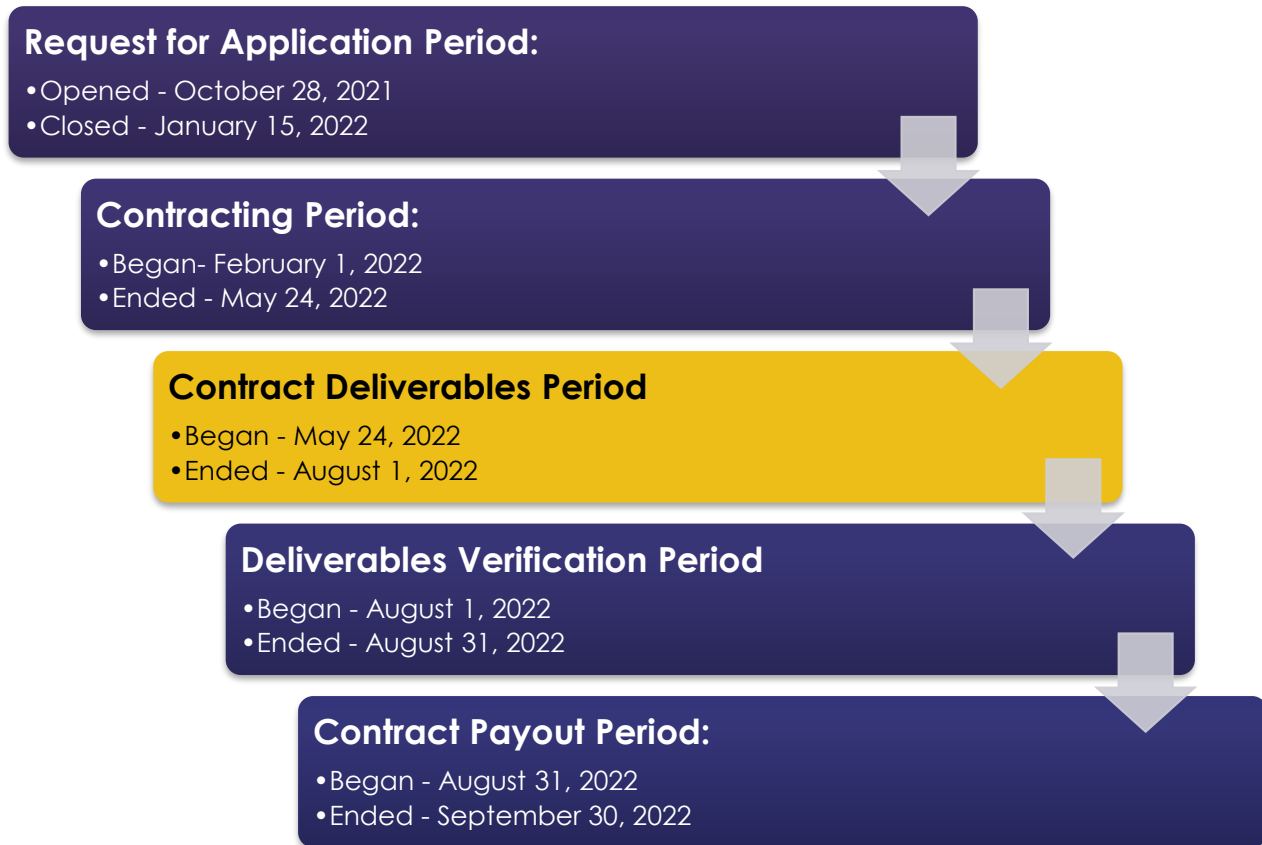
In addition to financial aspects, tracking utilization of EBP services is critical to understanding their availability and impact on children and families receiving Medicaid-funded services. The Louisiana Department of Health designated a series of EBP Tracking Codes to be used with Medicaid billing for identifying EBP sessions within the Medicaid Claims data. To date, there has been little use of these EBP tracking codes. See [Study Brief: Provider Survey of Use of EBP Billing Codes vs. Utilization](#) for more information. To use these tracking codes, EBP practitioners must achieve EBP Qualification, be credentialed to provide the EBP with the MCOs, and integrate tracking codes in their electronic health records and billing procedures. All activities that incur additional direct and indirect costs to providers.

The Louisiana Office of Behavioral Health earmarked federal block grant dollars to offset some of these costs associated with achieving EBP qualification, retaining EBP qualified clinicians, integrating EBP billing procedures, and expanding the delivery of EBP services. The Center, in partnership with OBH, was tasked with implementing the funding opportunity. Medicaid practitioners and agencies meeting the EBP benchmark detailed in the Capacity and Sustainability RFA may receive awards between \$3,500 to \$40,000.

**Figure 3.1** outlines the Capacity & Sustainability project timeline. The *Request for Applications Period* was when practitioners could apply for this funding opportunity. The *Contracting Period* was when the practitioners provided documentation to contract with LSUHSC School of Public Health for this funding opportunity. We are currently in the *Contract Deliverables Period* where the practitioners are verifying their EBP certified status with their MCOs in order to utilize the EBP Tracking Code(s) in their billing. We are also just beginning *Deliverables Verification Period* where the Center will verify the claims submitted to their MCO through the [Capacity & Sustainability Program - E2P Claims Verification Form](#). The final phase

will be the *Contract Payout Period*, when verified deliverables will allow agencies to receive payment for using EBP models.

**Figure 3.1 - Capacity & Sustainability Program Timeline**



**Table 3.2.** describes the total number of applicants in the RFA process close to 60. During the process of gathering details and contracts through LSUHSC School of Public Health, the number of qualifying applicants decreased to 42. Reasons agencies were ineligible, or unable to contract, included not being Medicaid provider, not billing Medicaid, lack of time/availability, not being fully certified/trained in specified EBP, and not being fully certified/trained in time to meet the funding timeline.

**Table 3.2 – Progression of Applicants that were able to Contract**

	Number of Applicants
# of RFA Applicants	59
# Unable to Contract	16
# Successfully Contracted	42

**Tables 3.3 and 3.4** describe the agencies and practitioners contracted to participate in the EBP Capacity & Sustainability program. There are more sole practitioners than agencies participating in this opportunity totaling \$388,000 in available funds to support their work. EMDR and TF-CBT are the two most identified EBPs being delivered for this funding opportunity.

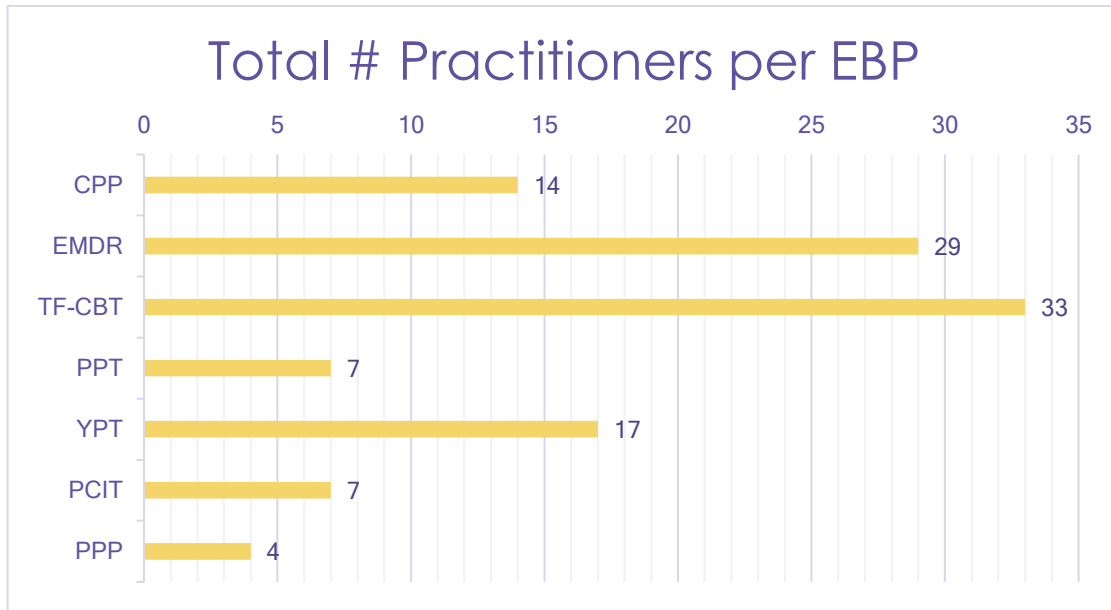
**Table 3.3 - Summary of EBP Capacity and Sustainability Program Contracts**

	All		Agency		Sole Practitioner	
	N	%	n	%	n	%
All	42	100.0	11	100.0	31	100.0
Agency Type						
NA	31	73.8	.	.	31	100.0
Private Agency	7	16.7	7	63.6	.	.
Non-profit 503c organization	3	7.1	3	27.3	.	.
Human Services District	1	2.4	1	9.1	.	.
Multiple Locations						
No	40	95.2	9	81.8	31	100.0
Yes	2	4.8	2	18.2	.	.
Multiple Practitioners						
No	32	76.2	2	18.2	30	96.8
Yes	10	23.8	9	81.8	1	3.2
Multiple EBPs						
No	16	38.1	2	18.2	14	45.2
Yes	26	61.9	9	81.8	17	54.8

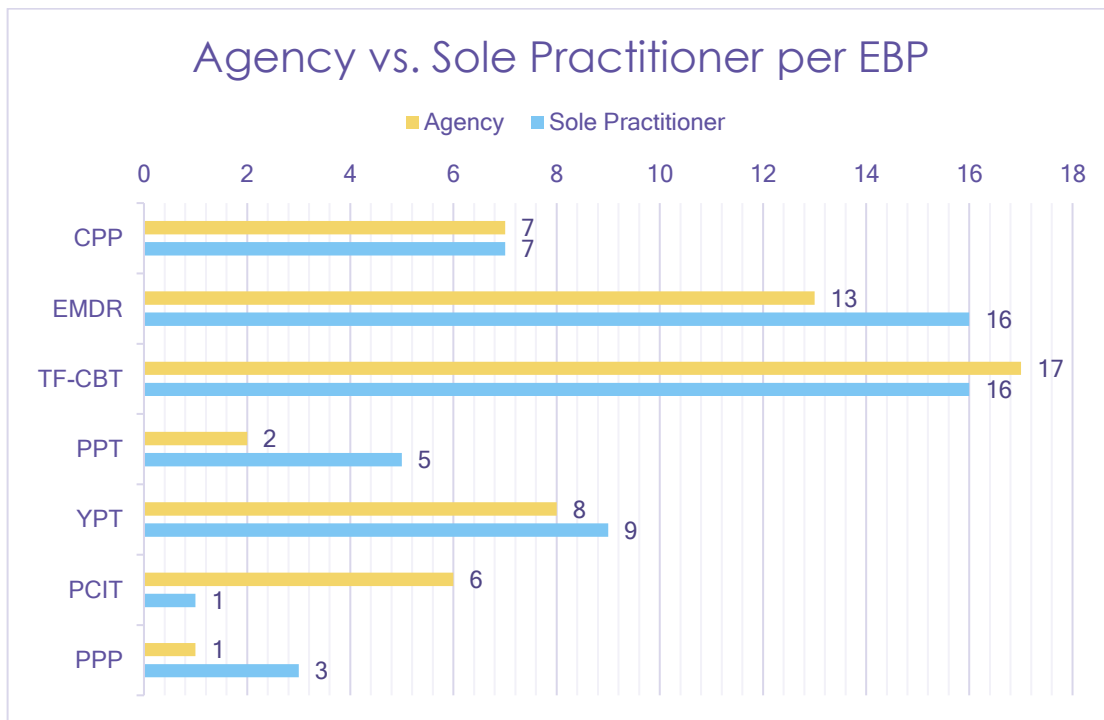
**Table 3.4. - EBP Capacity and Sustainability Program Practitioner Details**

	All		Agency		Sole Practitioner	
	N	%	n	%	n	%
Applications	42		11		31	
Locations	47		16		31	
Practitioners	68		36		32	
EBPs, % of Practitioners						
CPP	14	20.6	7	19.4	7	21.9
EMDR	29	42.6	13	36.1	16	50.0
TF-CBT	33	48.5	17	47.2	16	50.0
PPT	7	10.3	2	5.6	5	15.6
YPT	17	25.0	8	22.2	9	28.1
PCIT	7	10.3	6	16.7	1	3.1
PPP	4	5.9	1	2.8	3	9.4
Total (practitioners)	111		54		57	
Amount \$	\$388,000		\$130,000		\$258,000	

**Figure 3.4a - Number of Practitioners for each Evidence-Based Practice (EBP)**



**Figure 3.4b - Number of Agency vs. Sole Practitioners for each EBP**





# REPORTS, PUBLICATIONS, CONFERENCE WORK

## **Annual Report Briefs**

There are currently three briefs being finalized that will be disseminated before the end of 2022.

## **Society for Implementation Research Collaboration (SIRC)**

A paper was submitted to SIRC earlier this year and is currently under review.

## **SIRC Annual Conference**

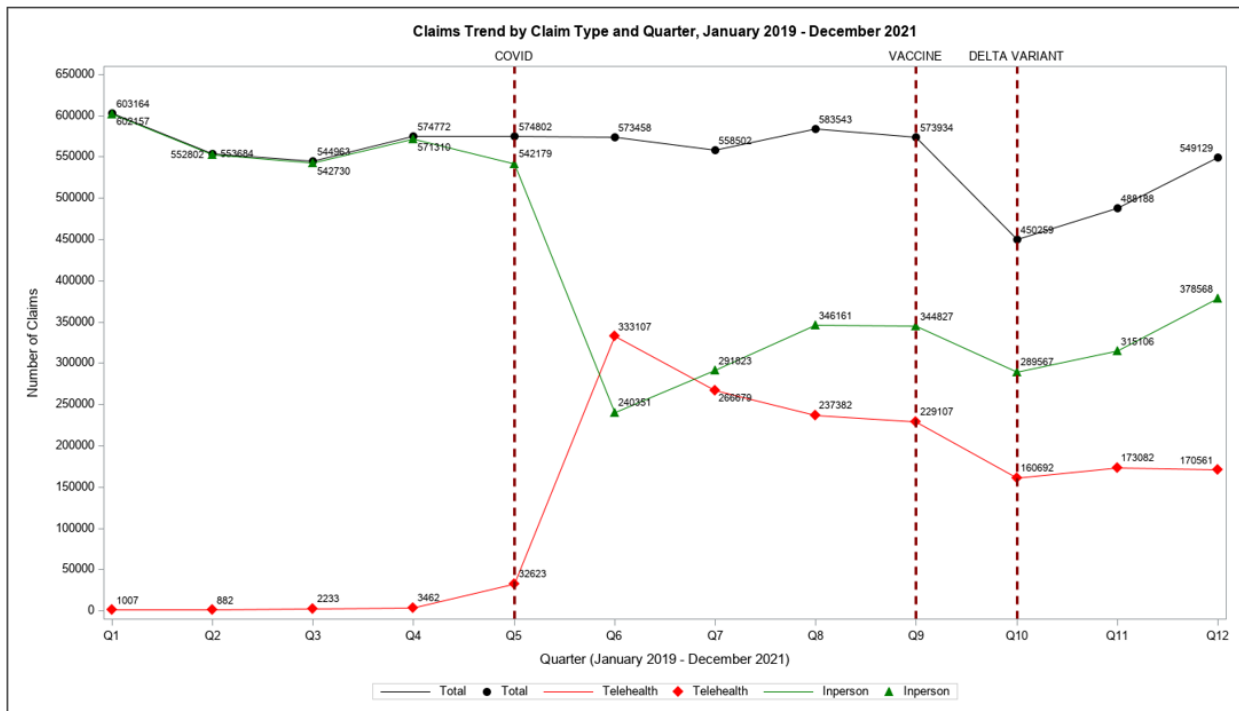
Drs. Stephen Phillippi and Brian Bumbarger (Center Consultant) will be speaking as a panelist at the upcoming SIRC Conference being held in September 2022.

# MEDICAID CLAIMS ANALYSIS

## Medicaid Data

Figures 4.1- 4.3, illustrate Medicaid claims data trends from January 2019-December 2021.

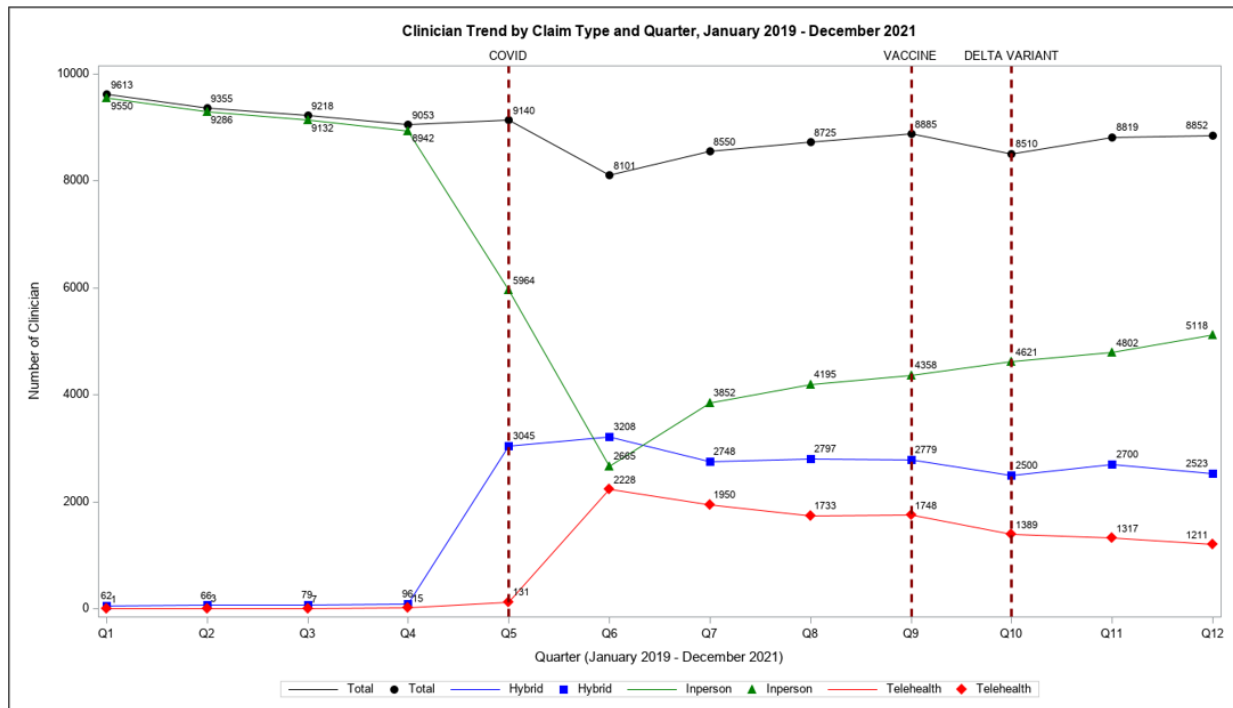
**Figure 4.1 - Total Claims: Place of Service by Quarter and COVID-19-related Events; January 2019 - December 2021**



### The primary findings are:

1. In Quarter 6 (April 2020 - June 2020) there was an initial drop of over half (55.7%) of all in-person claims at the onset of COVID-19 and the subsequent Stay at Home order; there was a simultaneous 92% increase of telehealth claims.
2. Claims data demonstrated a sustained use of Telehealth long after the onset of COVID-19, the Stay at Home Order had ceased and the Vaccine was released; From Quarter 7, Claims naming the place of service as Telehealth plateaued at nearly 40% of total claims and in-person at 60% of total claims.
3. The dip in total claims after the introduction of the vaccine is not reliably explained.

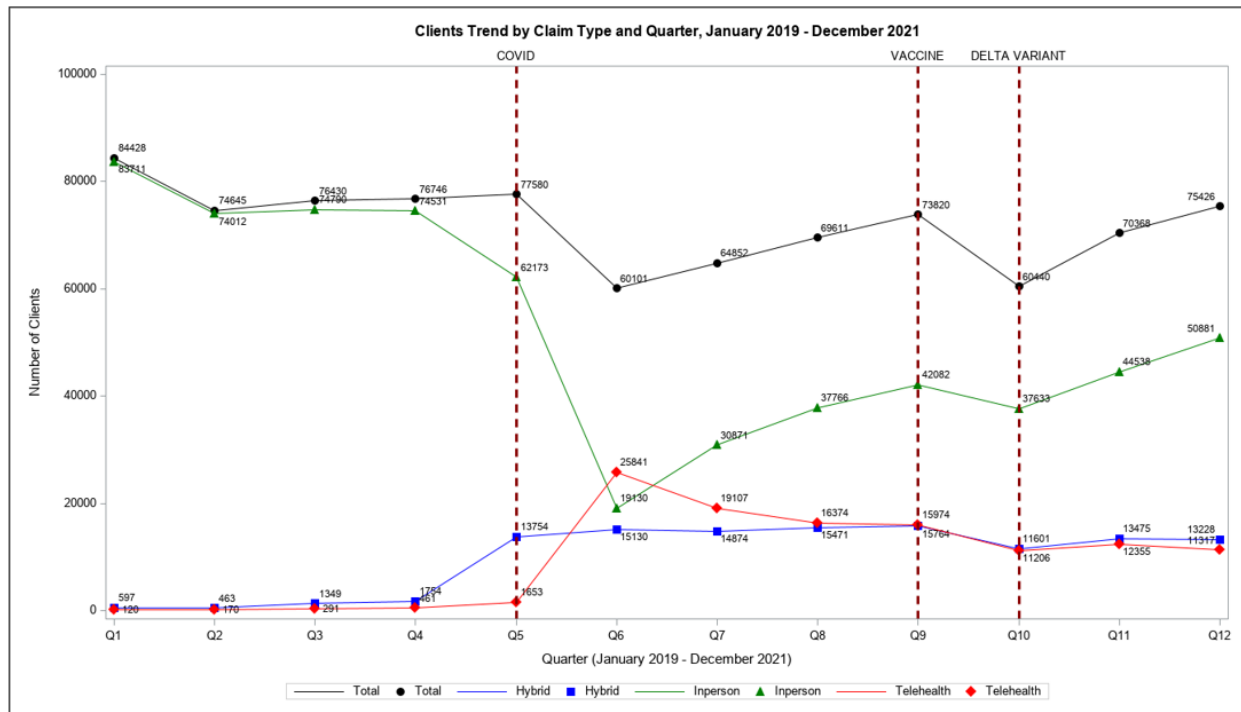
Figure 4.2 - Unique Clinicians: Place of Service by Quarter and COVID-19-related Events; January 2019 - December 2021



The de-duplicated claims reveal the following behaviors:

1. Clinicians provided care through Hybrid Telehealth, meaning a mix of in-person and several types of telehealth care, was more common than telehealth care alone.
2. Clinicians providing hybrid health and telehealth care have had persistent utilization for nearly 1.5 years after the initial dramatic shifts.

**Figure 4.3 - Unique Clients: Place of Service by Quarter and COVID-19-related Events; January 2019 - December 2021**



The de-duplicated claims reveal the following patterns:

1. The total number of clients dipped only after the Stay at Home Order and the emergence of the COVID Delta variant at 22.5% and 18.1% respectively, otherwise the number of total unique clients is currently 10.7% less than a Quarter 1 levels in January 2019.
2. In-person care among unique clients increased steadily after the Stay at Home Order, from 47.6% in Quarter 7 to 67.5% in Quarter 12. Clients seem to regard hybrid and telehealth similarly with an average utilization of 23.6% and 18.7% of total claims between the two, respectively.