

# REQUEST FOR APPLICATIONS

For

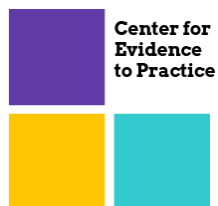
## Dialectical Behavioral Therapy (DBT)

Learning Collaborative for Louisiana Medicaid  
Behavioral Health Agencies



Issued by

**LSUHSC Center for Evidence to Practice**



Application Release Date: Monday, November 27, 2023

**APPLICATIONS MUST BE RECEIVED BY JANUARY 5, 2024**

All applicants will be notified by Monday, January 22, 2024

Please direct questions to the Center for Evidence to Practice at  
[EvidencetoPractice@lsuhsc.edu](mailto:EvidencetoPractice@lsuhsc.edu)

# TABLE OF CONTENTS

|  |                                     |
|--|-------------------------------------|
| 1. TRAINING OVERVIEW.....  | 3                                   |
| A. Introduction .....  | 3                                   |
| B. Information about the Louisiana Center for Evidence to Practice ..... | 3                                   |
| C. Continuing Education Credits .....                                    | 4                                   |
| D. Training Commitment Expectations and Form .....                       | 4                                   |
| E. Training Costs.....   | 4                                   |
| 2. SCOPE OF WORK .....   | 5                                   |
| A. Introduction About Dialectical Behavioral Therapy.....                | 5                                   |
| B. Training Population.....  | 5                                   |
| C. Training Approach.....  | 6                                   |
| D. DBT Goals .....   | 7                                   |
| E. Learning Collaborative Approach.....                                  | 7                                   |
| F. DBT Agency – Administrative Requirements.....                         | <b>Error! Bookmark not defined.</b> |
| G. Preparation Phase.....  | 8                                   |
| H. DBT Training Commitment.....  | 8                                   |
| I. DBT Application Timeline .....  | 9                                   |
| J. DBT Virtual Training Requirements .....                               | 9                                   |
| K. DBT Ongoing Training Requirements.....                                | 10                                  |
| L. Sustaining EBP Practice & Achieving EBP Qualification .....           | 10                                  |
| 3. APPLICATION AND SELECTION PROCESS .....                               | 11                                  |
| A. Eligibility Requirements .....  | 11                                  |
| B. Application Review Process .....                                      | <b>Error! Bookmark not defined.</b> |
| C. DBT Informational Webinar Recording.....                              | 12                                  |
| D. Application Materials.....  | 12                                  |
| E. Application Checklist.....  | 13                                  |
| F. Notification of Application Status .....                              | 14                                  |
| G. Non-Discriminatory Policy .....                                       | 14                                  |

# 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 practitioner teams in Louisiana who are equipped to successfully participate in ***Dialectical Behavioral Therapy (DBT)*** training and implementation.

DBT has been selected by the Office of Behavioral Health (OBH) as an evidence-based program that will be expanded statewide, to serve youth as well as adults. OBH has published a Medicaid service definition for DBT in their [LA Medicaid Behavioral Health Services Provider Manual](#).

Through this Request for Applications (RFA), the Center for E2P along with Dr. Shari Manning, PhD, and Dr. Katherine Ann Comtois, PhD, MPH with the [Treatment Implementation Collaborative \(TIC\)](#), look forward to identifying a strong cohort to participate in this training and learning collaborative opportunity.

The **goal of this RFA** is to help providers determine if this EBP is a good fit for their clinicians, organization, and the youth, families, and adults 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 Medicaid-insured children and families, and readiness to participate in the training and to deliver the EBP. Dr. Shari Manning, PhD, Dr. Katherine Ann Comtois, PhD, MPH, and 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.***

## B. INFORMATION ABOUT THE LOUISIANA CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between the Louisiana Department of Health – Office of Behavioral Health and the Louisiana Health Sciences Center – School of Public Health, which is tasked with improving access to evidence-based behavioral health practices for Louisianan 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 the E2P please visit our [website](#) and [subscribe](#) to our newsletter for updates.

### C. CONTINUING EDUCATION CREDITS

The Center for E2P is a CEU social work pre-approval organization through the Louisiana State Board of Social Work Examiners (LABSWE). Additionally, our CEU applications are typically approved through the Louisiana Counseling Association (LCA). Upon meeting the required amount of training minutes and completing the end-of-training evaluation, participants will receive a CEU certificate. For those whose credentials are outside of the LABSWE and LCA, CEU certificates may be submitted to the appropriate licensing board for approval.

### D. TRAINING COMMITMENT EXPECTATIONS AND FORM

Dedication and commitment to this training is the utmost importance to participating in this training opportunity. *These trainings are typically very costly and would be a significant financial investment for practitioners if they were to participate on their own, however, if an agency/practitioner team is chosen for this opportunity, it is provided at no cost to them.* With that in mind, **for each entity that is chosen for this training opportunity, we emphasize the necessity of completing all the training components as intended.** Should an entity drop out of this opportunity, it can impact their selection in a future training opportunity offered through E2P.

All chosen applicants are required to commit to participating in the training in its entirety. Upon selection, all applicants will be required to complete a **TRAINING COMMITMENT** between the applicant and E2P. ***As this is a free, state-funded training, all participants must demonstrate their commitment to participate in ALL training days and to actively use the training approach with clients.***

LDH has developed policy and guidelines for the delivery of DBT under Louisiana Medicaid. The DBT Service Definition as listed in the LDH Medicaid Behavioral Health Services Provider Manual, Appendix E-11, can be found by [clicking here](#).

OBH has requested approval from CMS (the federal Medicaid authority) to use temporary federal funding for incentivized payments to DBT providers for delivery of DBT. Pending CMS approval, OBH will direct the Medicaid MCOs to reimburse for DBT services using the psychotherapy reimbursement rates in combination with an “add-on” payment. Additional information about these proposed incentivized payments can be found by [clicking here](#).

### 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). *That means that agencies and clinicians must set aside the **allotted each of the required training days and times** to fully participate in this training opportunity.* For in-person trainings, the provider is responsible for covering the cost of travel and travel time. Training manuals will be provided by the Center for E2P.

## **2. SCOPE OF WORK**

---

### **A. INTRODUCTION ABOUT DIALECTICAL BEHAVIORAL THERAPY**

**Dialectical Behavioral Therapy (DBT)** is a comprehensive, multi-diagnostic, behavioral intervention designed to treat both adults and children/adolescents with severe mental disorders and out-of-control cognitive, emotional and behavior patterns, including suicidal and/or self-harming behaviors.

DBT was originally developed as a treatment for individuals with Borderline Personality Disorder (BPD). BPD is characterized by a range of self-destructive behaviors (including self-injury, suicidality, substance use, as well as problems in interpersonal relationships) which may be best understood as the consequences of the inability to effectively regulate emotions. Over the years, DBT has demonstrated effectiveness in treating a wide range of disorders, most of which are associated with difficulties in regulating emotions and associated cognitive and behavioral patterns.

DBT is a research-based, empirically validated treatment delivered via four modalities – individual therapy, group skills training, telephone coaching and participation by DBT-trained providers in weekly Consultation Team meetings.

### **B. TRAINING POPULATION**

DBT was created for use with children, adolescents, and adults. DBT is a treatment for people with multiple, severe problems across multiple domains of functioning, which may include, but are not limited to the following:

- Borderline Personality Disorder
- Suicide and non-suicidal self injury (NSSI)
- Drug dependence

- Major drug dependence
- Opiate use
- Eating disorders
- Emotional dysregulation
- Impulsiveness Impulsivity
- Anger
- Interpersonal aggression
- Trauma

DBT may require adaptation for use with individuals with a psychotic disorder; these individuals typically need additional support, or have their psychotic disorder symptoms well-managed concurrent with DBT.

There is a sizable and growing body of literature demonstrating the effectiveness of DBT in persons with mild or moderate intellectual disabilities and in persons with Autism Spectrum Disorders (ASDs). With adaptations, DBT should be considered as a legitimate therapy option for persons with intellectual disabilities.

### **C. TRAINING APPROACH**

Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral change, problem-solving focus, and acceptance-based strategies. These equally valuable skill sets are blended through a focus on dialectical processes. A “dialectical approach” is taken to treat patients with multiple disorders and to encourage flexibility in thought processes and behavioral styles used in the treatment strategies.

Comprehensive DBT addresses five components, or functions, of treatment:

1. capability enhancement (skills training)
2. motivational enhancement (individual behavioral treatment plans)
3. generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment)
4. structuring of the environment (programmatically emphasis on reinforcement of adaptive behaviors)
5. capability and motivational enhancement of therapists (therapist team consultation group)

DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance.

## **D. DBT GOALS**

Behaviors targeted in individual therapy sessions are as follows:

- life-threatening behavior
- therapy-interfering behavior
- quality of life-interfering behavior
- behavioral skills

DBT targets these behaviors in the service of achieving DBT's main goal, which is defined as the individual in treatment creating "a life worth living."

## **E. LEARNING COLLABORATIVE APPROACH**

The Louisiana Office of Behavioral Health and the LSU Center for Evidence to Practice are working with the Treatment Implementation Collaborative to support teams that will implement comprehensive DBT programs. The training protocol will take a total of twelve months, including a total of 7 days of training (3-Day + 2-Day + 2-Day), biweekly consultation, and the submission of session recordings and written case conceptualizations. The focus and goal of the training protocol is to assist organizations and teams with implementing comprehensive DBT programs and enabling them to meet criteria to access the proposed incentivized rate (pending CMS approval).

This first training cohort will include four (4) teams with up to 32 individual participants. There must be a minimum of 4 clinicians per team. It is best if teams work in the same location, serving the same client group with individual therapy, skills training groups, coaching and consultation team. Submission of an application does not guarantee a slot. Providers will receive confirmation of which clinicians were approved by the LSU CEP Admin Team. Please review the criteria below when applying for your clinicians. Participating clinicians must have completed a terminal graduate degree in the mental health field and be licensed for independent practice. Students and trainees (i.e., interns, externs, postdoctoral fellows) are not eligible to participate in this training protocol.

## **F. DBT LEADERSHIP DEVELOPMENT MEETING**

Clinicians' clinic leadership and DBT Team Leaders must have attended the DBT Leadership Development Meeting prior to applying. This was executed on November 8, 2023 from 11:00am-2:00pm CDT. ***If your agency was unable to attend, please contact Helen Best (Helen Best: (206) 251-5134 or [hbest@ticllc.org](mailto:hbest@ticllc.org)) from the Treatment Implementation Collaborative (TIC) to see if this training is a good fit for you and your DBT team.***

## **G. PREPARATION PHASE**

**Clinicians must have HIPAA-compliant means to record individual therapy and skills group sessions prior to beginning the training protocol.**

Upon being accepted to this DBT Learning Collaborative cohort, your agency will enter a phase in which you will be expected to prepare for your participation in the training. The trainers will host a kick-off call for all accepted agencies/DBT teams, in which they will provide more information on the training and answer any questions or concerns you may have.

## **H. DBT TRAINING COMMITMENT**

Prior to beginning the training, the selected agencies/DBT teams will have identified at least 10-15 consumers who meet diagnostic criteria for BPD/have challenges with emotion dysregulation, and who would be interested to enroll in a new (or existing) DBT program. It is best practice to thoroughly educate clients about both the lifelong benefits of learning DBT skills and the commitment expectations regarding program participation.

All DBT team clinicians must commit to participating fully in each component of this training collaborative. Participation of each member in each component of the training is essential to the integrity of the DBT team and to the success of the program implementation. Each clinician must be fully trained in all parts of the intervention process in order to carry a DBT caseload. During the training protocol, all participating clinicians must have direct clinical contact as part of a comprehensive DBT program via providing individual DBT therapy with at least 2-3 consumers at least 13 years old. Supervisors who do not generally carry a caseload have the option to provide individual DBT therapy with 1 consumer AND concurrently run a DBT skills group.

Clinicians will be expected to demonstrate delivery of DBT interventions to consumers during the training protocol. This will be evidenced through consultation with trainers and review of recorded sessions. During the implementation phase of the program, each independently-licensed DBT team member will be expected to record intervention sessions, which will be submitted to the trainers for review and feedback.

Clinicians must be able to participate in weekly DBT Team consultations as part of the training protocol and on an ongoing basis once the protocol ends, provide after-hours DBT skills phone coaching, and submit recordings of individual DBT sessions, DBT skills groups, and written case conceptualizations. Clinicians must be able to complete the ENTIRE training program with no delays due to personal or professional reasons.



## I. DBT APPLICATION TIMELINE

| <u>Event</u>                                  | <u>Timeline</u>  |
|---|--|
| <b>DBT INFORMATIONAL WEBINARS</b>             | <del>Delivered on</del> These webinars were repeated over three dates (Oct. 18; Oct. 24; and Nov. 2, 2023). Webinars offered interested agencies/clinicians the opportunity to learn more about the DBT Training Collaborative and to ask questions about expectations of participating providers.   |
| <b>DBT TRAINING PROTOCOL ORIENTATION CALL</b> | This was executed on November 8, 2023, from 11:00AM-2:00PM CDT. Attendance was necessary for interested provider teams that wish to submit an application to participate in the training.<br><br><i>For those that did not attend, please contact Helen Best directly (Helen Best: (206) 251-5134 or <a href="mailto:hbest@ticllc.org">hbest@ticllc.org</a>) for more information.</i> |
| <b>RFA APPLICATION PERIOD</b>                 | November 27, 2023-January 5, 2024  |
| <b>RFA NOTICE OF APPLICATION STATUS</b>       | January 22, 2024   |
| <b>DBT TRAINING COMMITMENT DUE</b>            | February 6, 2024   |

## J. DBT VIRTUAL TRAINING REQUIREMENTS

| <u>Training</u>                          | <u>Date &amp; Time</u>  | <u>Description and Required Attendance</u>  |
|--|---|---|
| <b>2 X 2-HR TEAM LEADER CONSULTATION</b> | February 8, 2024 @ 2pm-4pm CDT<br>February 20, 2024 @ 2pm-4pm CDT | Team leaders/Supervisors  |
| <b>5 HALF-DAY KICK OFF</b>               | February 26-March 1, 2024<br>9:00am-1:00pm CDT                    | Overview of DBT/getting started<br>Attendance: all DBT clinicians                             |
| <b>3 HALF-DAY BOOSTER</b>                | April 16-18, 2024<br>9:00am-1:00pm CDT                            | Individual sessions<br>Attendance: all DBT clinicians   |
| <b>TEAM CONSULTATION</b>                 | March 4-November 22, 2024   | 18 x 60 minutes every other week (includes coaching review)<br>Attendance: all DBT clinicians |
| <b>3 HALF-DAY BOOSTER</b>                | June 25-27, 2024<br>9:00am-1:00pm CDT                             | Case Conceptualizations<br>Attendance: all DBT clinicians                                     |

**CEU Eligibility:** The total amount of hours for the DBT training will be **approximately 42.5 hours** and participants will be eligible to receive up to **approximately 42.5 of CE hours** if they participate in **all** training components and meet the online training requirements.

## K. DBT ONGOING TRAINING REQUIREMENTS

| <u>Training</u>  | <u>Date &amp; Time</u>        | <u>Descriptions and Required Attendance</u>   |
|--|-------------------------------|---|
| <b>ONLINE SKILLS</b>   | February 26-June 28, 2024     | 3 months to complete asynchronous training focused on DBT skills training modules<br>Attendance: all DBT clinicians |
| <b>SESSION TAPES</b><br><i>(Individual, team and Skills)</i> | March 4, 2024 – July 31, 2024 | 4 x individual sessions, 1 skill, 1 team, coaching role play<br>Attendance: all DBT clinicians                      |
| <b>TEAM CASE CONCEPTUALIZATIONS DUE</b>                      | July 1, 2024                  | 6 case Conceptualizations per team<br>Attendance: all DBT clinicians  |

## L. SUSTAINING EBP PRACTICE & ACHIEVING EBP QUALIFICATION

Each of the DBT team clinicians, must commit, and have agency leadership support, to carry an initial caseload of DBT training cases immediately following the initial DBT didactic training. Starting with training cases as soon as possible after the didactic training, is critical to learning the DBT model. An initial caseload of at least 3 DBT cases starting after the didactic training, can provide the ability to truly learn and practice the DBT model, while providing some balance with the ability to provide “treatment as usual” services to other agency clients. Delivery of DBT to only 1-2 clients, may not provide sufficient practice to learn the model at the same pace as other training participants. Clinicians and agencies can also consider having clinicians serve more than 3 initial DBT training cases, if the agency determines to support the clinician(s) to devote a higher proportion of clinician time to the DBT program.

Following the completion of training and consultation, providers will be expected to independently sustain this EBP, including facilitating ongoing referrals and engagement, maintaining caseload, and engaging in ongoing supervision and learning opportunities. After year one of DBT training, we expect that trained DBT clinicians can and should increase their DBT caseload; additional experience with the DBT model should allow for an increase in the DBT caseload, and agency establishment of the DBT program should allow for sufficient outreach and referral pathways, such that the DBT team should be experiencing an increase in demand and can expand the numbers of clients served in DBT. DBT clinicians and agencies should plan for this increase in DBT program capacity. It is suggested that the DBT teams begin maintaining a program waitlist, thereby ensuring that the program remains strong and viable after the conclusion of the training collaborative.

Long-term capacity of DBT programs may look different ways in different agencies and communities; some DBT clinicians/agencies may commit DBT clinicians to “full time” DBT with Center for Evidence to Practice: Dialectical Behavioral Therapy (DBT) RFA

caseloads of 14-18 DBT clients per clinician, while other DBT clinicians/agencies may maintain partial caseloads of 4-6 DBT clients per clinician, while those clinicians deliver other services alongside DBT.

OBH has requested approval from CMS (the federal Medicaid authority) to use temporary federal funding for incentivized payments to DBT providers for delivery of DBT.

Pending CMS approval, OBH will direct the Medicaid MCOs to reimburse for DBT services using the psychotherapy reimbursement rates in combination with an “add-on” payment, which will bring the total rates to the following:

- \$200 for 60 minutes of DBT individual therapy, with an expected 60-minute session of DBT individual therapy per client per week, and;
- \$177.68 per client for DBT group psychotherapy, for an expected 120-150 minute DBT skills training group session per client per week.

Additional billing guidance can be found here:

[https://ldh.la.gov/assets/docs/BehavioralHealth/DBT\\_ARPA\\_Provider\\_Incentives\\_11\\_06\\_2023.pdf](https://ldh.la.gov/assets/docs/BehavioralHealth/DBT_ARPA_Provider_Incentives_11_06_2023.pdf)

### 3. APPLICATION AND SELECTION PROCESS

---

#### A. ELIGIBILITY REQUIREMENTS FOR APPLICATION

Selection will be based upon, providing behavioral health services to Medicaid-insured youth, families, and adults, organizational readiness for this EBP implementation and relevance of this EBP to the population served by the applicant organization. ***Preference will be given to agencies with multiple practitioners applying to be trained and demonstrated organizational leadership support for the EBP, in recognition of the long training process DBT entails, and necessity of inter-practitioner support.*** Organizations must also demonstrate understanding of the necessary changes to practitioner caseload in order for a trainee to include DBT in their schedule.

***Training Acceptance Criteria: Qualified behavioral health AGENCIES will be those who serve Medicaid-insured individuals are licensed (or actively working towards licensure); and are actively (currently) treating Medicaid enrollees.***

**Additionally, only complete applications will be considered, and all should include the individual Trainee application AND the signed Agency Agreement.** If a group of clinicians chooses to independently form a DBT team, then this team should submit the agency agreement.

## B. DBT INFORMATIONAL WEBINAR & DBT LEADERSHIP MEETING

The Center for Evidence to Practice hosted three (3) separate DBT informational webinars where attendees had the opportunity to learn more about the modality and the training process. It was facilitated by Helen Best, M.Ed. from the Treatment Implementation Collaborative ([www.ticllc.org](http://www.ticllc.org)). [CLICK HERE](#) to view the DBT Informational Webinar as well as access the PowerPoint slides and Q&A responses. Watching this webinar recording is highly encouraged prior to submitting your DBT application materials, as it will be helpful in identifying if DBT is the right fit for your agency, understanding the training requirements, and more.

The Center for E2P also hosted a webinar-based DBT Leadership Meeting on November 8<sup>th</sup>, 2023. This leadership meeting was required for agency leadership of applying agency teams. If you did not have agency leadership attend this meeting, please contact **Helen Best** from the Treatment Implementation Collaborative (TIC) to see if this training is a good fit for you and your DBT team. She can be reached either by phone or by email at **(206) 251-5134** or [hbest@ticllc.org](mailto:hbest@ticllc.org).

## C. APPLICATION REVIEW PROCESS

Upon receiving all the training applicants, an initial review of the applicants that meet the threshold requirements outlined in the **Eligibility Requirements** section will be executed. Following that initial review, the E2P staff will meet with the trainers and review the applicants based on their individual trainee application and agency agreement responses.

## D. APPLICATION MATERIALS

**Dialectical Behavioral Therapy (DBT)** training is scheduled to begin in early 2024 with the Treatment Implementation Collaborative. **This DBT Learning Collaborative is limited to four (4) agencies.**

- 1.) The **TRAINEE APPLICATION** is to be completed by each applicant and can be accessed by filling out the **online application (through Microsoft Forms)** by **CLICKING HERE.**
- 2.) The **AGENCY AGREEMENT** is to be completed through **Adobe PDF (a fillable PDF)** by an official at the agency requesting participation in the DBT training and signed by the Administrator and Supervisor. *If an applicant is a sole practitioner, they must submit an agency agreement on behalf of the DBT team that they have formed with other clinicians.* You can access the **AGENCY AGREEMENT** by **CLICKING HERE.**

The agency agreement **MUST BE EMAILED TO** [EvidenceToPractice@lsuhsc.edu](mailto:EvidenceToPractice@lsuhsc.edu) by **FRIDAY, JANUARY 5, 2024.**

Center for Evidence to Practice: Dialectical Behavioral Therapy (DBT) RFA

**\*BOTH FORMS MUST BE SUBMITTED BY JANUARY 5, 2024 TO BE CONSIDERED FOR THIS TRAINING OPPORTUNITY\***

## **E. APPLICATION CHECKLIST**

- Review the **Request for Applications (RFA) for Dialectical Behavioral Therapy (DBT)** to understand training requirements and expectations.
- (HIGHLY RECOMMENDED) ATTEND OR WATCH RECORDING OF THE INFORMATIONAL WEBINAR** so applicants are aware of the training expectations and time commitment. Accessible by [clicking here](#).
- (REQUIRED) ATTEND DBT LEADERSHIP MEETING** so agency leadership understand the commitment and support needed to implement and sustain a comprehensive DBT program. The DBT Leadership meeting was conducted on November 8<sup>th</sup>, and attendance was mandatory for all agencies wishing to submit RFAs.
- (REQUIRED IF YOU DID NOT ATTEND DBT LEADERSHIP MEETING) MEET DIRECTLY WITH HELEN BEST FROM TIC.** If your agency (or the individual practitioners who wish to form a DBT team) did not have leadership and clinical team representation at this training, agency leadership must reach out and schedule a meeting to consult directly with Helen Best with the Treatment Implementation Collaborative: **Helen Best: (206) 251-5134 or [hbest@ticllc.org](mailto:hbest@ticllc.org)**.
- Commit to All Training and Consultation Dates Below:**
  - TWO X 2-HOUR TEAM LEADER CONSULTATION:** All DBT team leaders must attend team leader consultation meetings on February 8 & 20, 2024 @ 2:00PM-4:00PM CDT.
  - 5 HALF-DAY KICK-OFF:** All DBT team members must attend trainings from February 26-March 1, 2024 @ 9:00AM-1:00PM CDT.
  - 3 HALF-DAY BOOSTER:** The DBT team members must attend trainings from April 16-18, 2024 @ 9:00AM-1:00PM CDT.
  - 3 HALF-DAY BOOSTER:** The DBT team members must attend trainings from June 25-27, 2024 @ 9:00AM-1:00PM CDT.
  - TEAM CONSULTATION CALLS:** The DBT team members must attend 18 Bi-Weekly 60-minute consultation calls.

Submit a **TRAINEE APPLICATION** on behalf of yourself as an applicant. Acceptance into the program will be evaluated on an individual basis based on a fully completed trainee application.

Submit an **AGENCY AGREEMENT** on behalf of your agency or your independently-formed DBT team. You can access the Agency Agreement by clicking this link: [DBT Agency-Agreement\\_11.27.23\\_Fillable-1.pdf \(laevidencetopractice.com\)](#)

## **F. NOTIFICATION OF APPLICATION STATUS**

Applicants will be notified via email by **Monday, January 22, 2024** regarding their status in the training.

## **G. NON-DISCRIMINATORY POLICY**

The Center for Evidence to Practice appreciates diversity and does not discriminate based on race, ethnicity, age, sexual orientation, and gender identity.

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