



Louisiana's Behavioral Health Workforce – Feasibility and Lessons Learned from the Capacity and Sustainability Funding Pilot

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Addressing sustainability & feasibility challenges in an EBP scale-up initiative.

State-Wide Approaches to Address Behavioral Health Workforce Development

2024 APHA Annual Meeting & Expo
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Conflicts of Interest (COI)



- No financial support or conflicts to report.

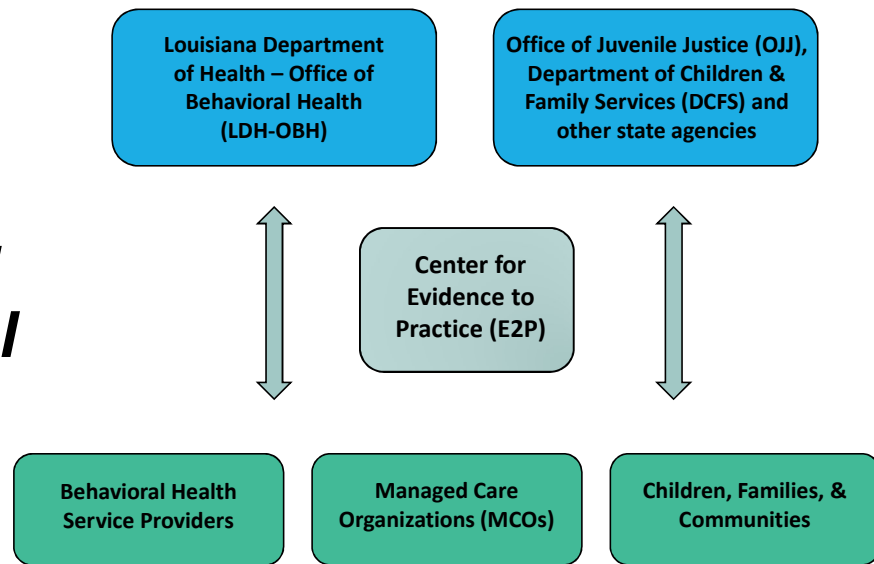
The Center for Evidence to Practice (E2P)



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



Working Together Towards Improved Behavioral Health





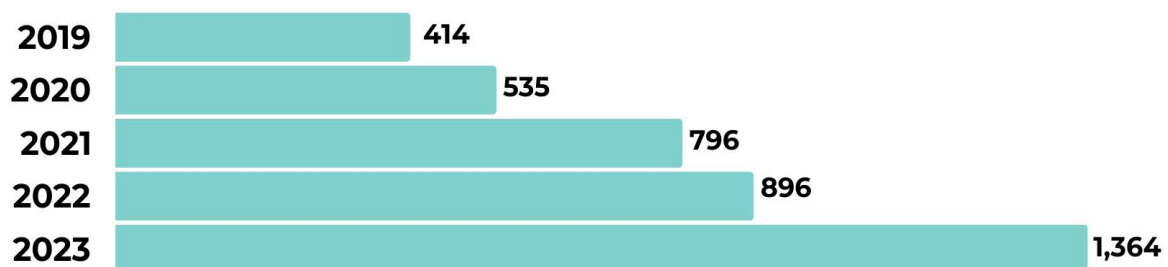
EBPs offered in...

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



EBP Trained Professionals/Year*

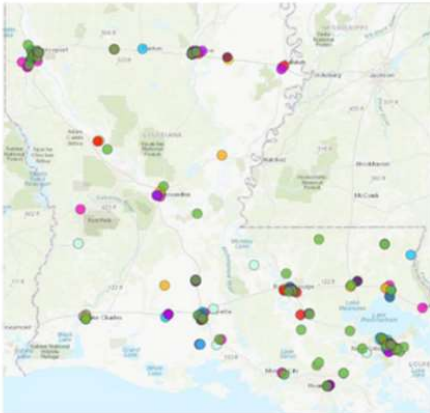
E2P focuses on trauma, disruptive behaviors, and parent-child relationships, aligning with the needs identified within Louisiana and the current research on youth needs^{1,2,3}.



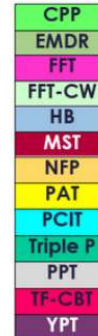
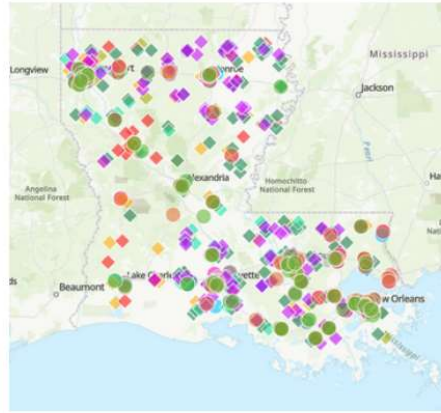
*some trained professionals may be duplicative

Utilization of EBPs Growth

2019



2023

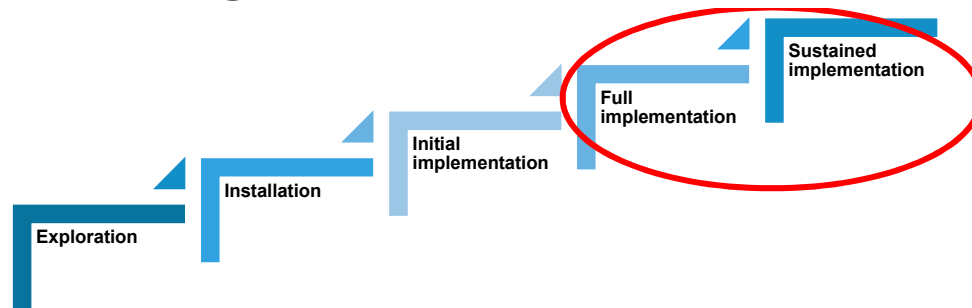


But...



In Louisiana, the underutilization of EBP billing codes (EBP tracking codes) has led to challenges such as underestimating EBP usage and inadequate provider compensations.

Stages of Implementation



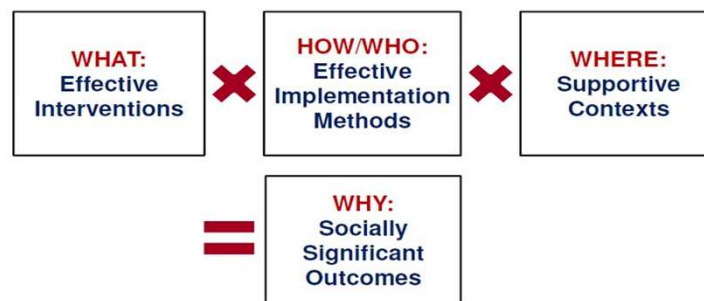
New innovations generally take 2-4 years from conception to full implementation

(Fixsen et al 2005, review of international implementation evidence across multiple fields)

Ghate and Bumbarger (2019), Implementation science and practice – an Introduction. Griffith University, Brisbane.

See also: Blase KA, Van Dyke M, Fixsen DL & Bailey FW (2012) Implementation Science: key concepts, themes and evidence for practitioners in educational psychology In *Handbook of Implementation Science for Psychology in Education* Kelly B and Perkins D (eds) Cambridge University Press 2012

If any one of these are missing, the intended outcomes won't be achieved:



Sources: Dean Fixsen, National Implementation Research Network (NIRN) <http://nirn.fpg.unc.edu/> and Active Implementation Hub <http://implementation.fpg.unc.edu/>



Hypothesis

Additional funding will encourage the delivery of EBPs in the Medicaid provider network, encourage providers to continue to learn EBPs, and provide support and recognition of the time and costs that go into these models, and help work out the challenges of using the EBP tracking codes.



Methods

The **EBP Capacity and Sustainability Funding Project (C&S)** directed additional funds to Licensed Mental Health Professionals (LMHPs) who offered the seven (7) EBPs in Medicaid-funded outpatient therapy services. *This was captured through the integration of EBP tracking codes in Medicaid claims submissions.*

PROJECT GOALS: To offset the costs to providers by:

- 1) achieving EBP qualifications for Medicaid providers
- 2) integrating EBP tracking codes within claims processes
- 3) deliver EBP services, with consideration of volume



Funding Mechanism

- Funding amounts ranged from \$3500 - \$10,000 per service location.
- Agencies with multiple locations were eligible for up to \$40,000.
- Funding was determined based on the number of EBP-qualified practitioners using the EBP claim codes during the 5-month contract period (March-July 2022).
- A “volume bonus” of \$3,000 was also available for delivering multiple sessions of an EBP to multiple clients (three or more EBP sessions with at least three clients).

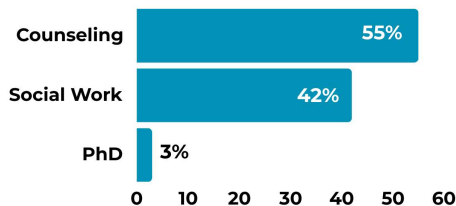
Study Sample



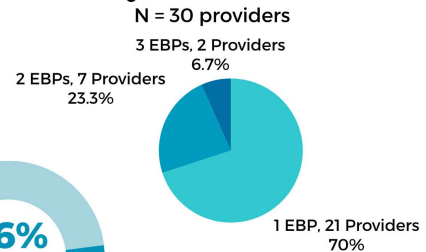
C&S Provider Engagement

- 150 potential applicants
- 59 applications received
- 42 contracted
- 30 providers (25 agencies) participated

Provider License Type (%)



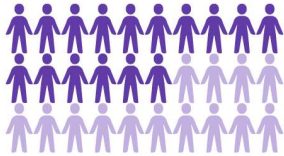
Clinician Qualified in 1 or More EBPs



I would recommend this type of funding opportunity to other EBP providers because it brings awareness to all of the hard work, training, and experience that professionals within this field are utilizing.

--C&S Program Participant

Financial Impact



- **30 providers** (25 agencies) were awarded funding for service delivery
- **14 providers** received a “volume bonus” for service delivery

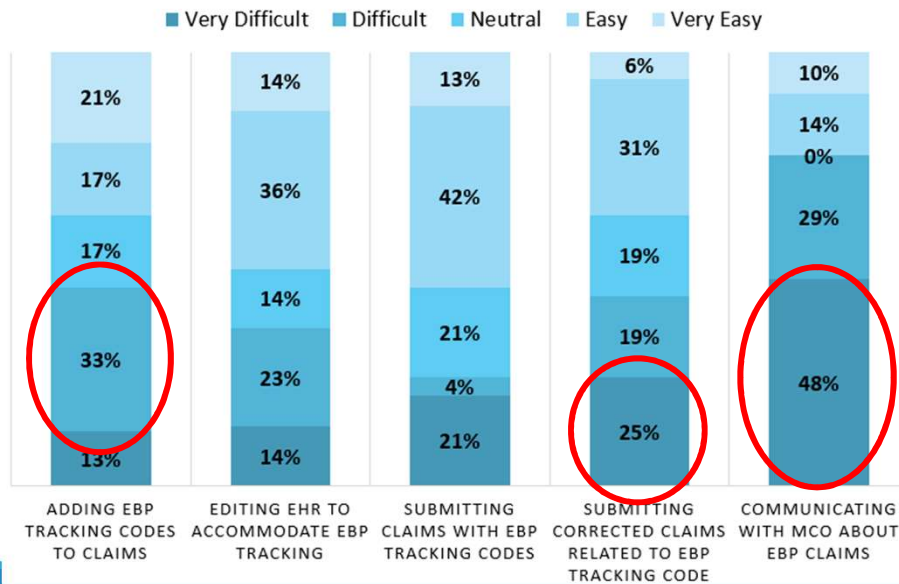
Funding Utilization vs. Funding Allotted

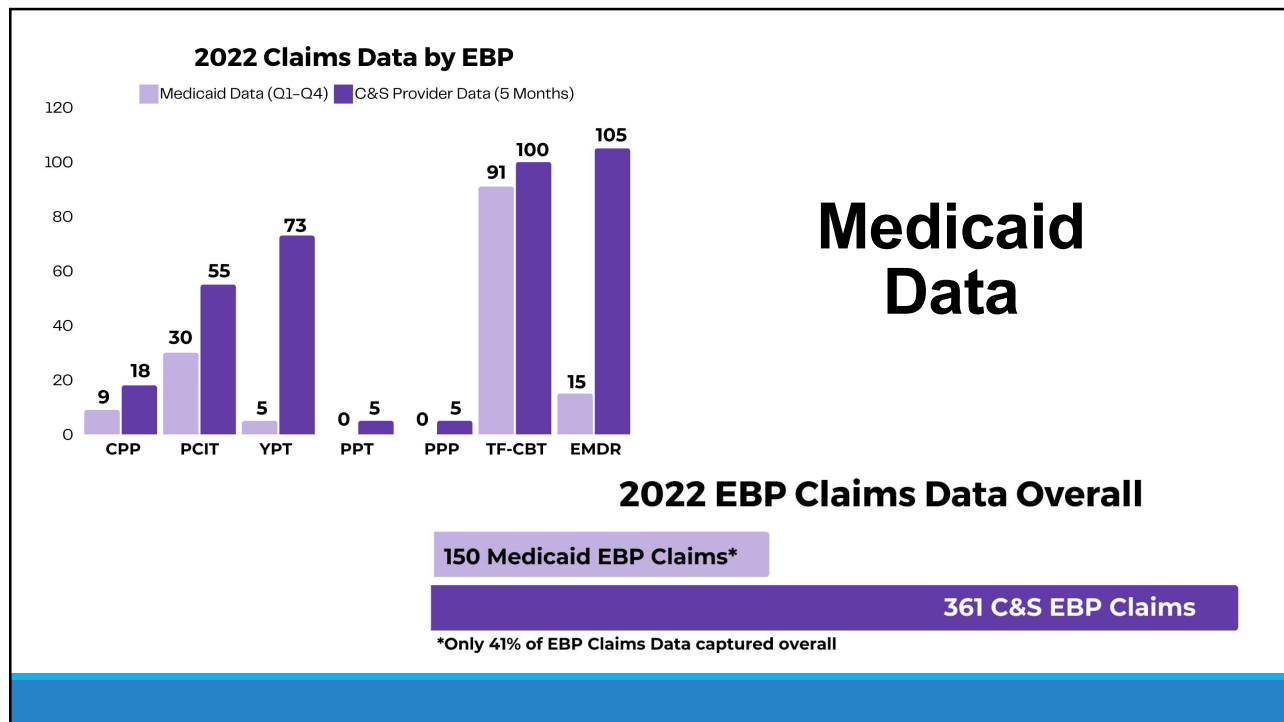


*Only 24% of overall funding utilized

“
A lot of providers either quit or change their course of action because of the expenses related to EBP practice. This funding opportunity provides the opportunity for providers to participate in trainings and receive some extra much-needed support.
--C&S Program Participant

Barrier to Implementation





Strengths & Challenges



STRENGTH: The funding opportunity raised awareness to LMHPs and increased motivation to achieve the EBP qualification.

Challenge: Expectations on the use of the EBP tracking codes had been in place several years before this funding, many of the MCOs had not ensured that they were compatible with provider billing systems and the MCO credentialing processes.

Limitation: This opportunity was only limited to LMHPs, it allotted a small sample size and limited audience for this pilot.



Future Direction

By increasing the adoption of EBP billing codes:

- Improve sustainability of EBP services
- Provide valuable data for Medicaid to adjust compensation.
- Ensure adequate support for LMHPs committed to high-quality care.

Recommendations:

1. *Allow this process to be less cumbersome to increase utilization.*
2. *Offer additional strategies to capture EBP utilization to include all service delivery models.*
3. *Embed this process in already existing infrastructures within Louisiana.*



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