

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: April 21, 2025

APPLICATIONS MUST BE RECEIVED BY MAY 30, 2025

All applicants will be notified by June 18, 2025

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 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 (pg. 455-470) 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 the 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

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 is a social work pre-approval organization through the Louisiana State Board of Social Work Examiners (LABSWE). Additionally, the National Board for Certified Counselors (NBCC) approved the Center to become an NBCC Approved Continuing Education Provider (ACEP). Pending completion of training, complying with [Center Training Guidelines & Expectations](#), meeting the required amount of training minutes, and completing the end-of-training evaluation, participants should receive a CE certificate for their participation in this training opportunity. For those whose credentials are outside of the LABSWE and NBCC; upon receiving the CE certificate, the Center encourages participants to submit the certificate to their 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 (pg. 455-470), can be found by [clicking here](#).

OBH has been **APPROVED** by CMS (the federal Medicaid authority) to use temporary federal funding for incentivized payments to DBT providers for delivery of DBT. OBH has directed 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 time for each of the required training days and times** to fully participate in this training opportunity.* For in-person training, 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

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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 people 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 (programmatic 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 11 days of training (5 Half-Day + 3 Half-Day + 3 Half-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 third training cohort will include four (4) teams with up to 30 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. If clinicians work in different locations, serving different clients, they must report to the same Supervisor for DBT programming. 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 (at least 2 members of the team); additional members of the team may be provisionally licensed for mental health practice under board-approved supervision. Students and trainees (i.e., interns, externs, and postdoctoral fellows) are not eligible to participate in this training protocol.

F. DBT LEADERSHIP DEVELOPMENT MEETING

Clinicians' clinical leadership and DBT Team Leaders must have attended the DBT Leadership Development Meeting prior to applying. This was held on Thursday, April 10, 2025, 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) 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 before beginning the training protocol.

Upon being accepted into this DBT Learning Collaborative cohort, your agency will begin preparation for DBT programing. This includes reviewing referral pathways, marketing options, reviewing caseloads for DBT clinicians, establishing learning time for the DBT team, etc. 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. DBT program supervisors and the DBT team leader will be required to attend this kick-off call that will be two 2-hour meetings to begin DBT lift off activities.

H. DBT TRAINING COMMITMENT

Prior to beginning the training, the selected agencies/DBT teams will have identified at least 10-15 clients who meet diagnostic criteria for BPD/have challenges with emotional 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 clients who are at least 13 years old. Supervisors who do not generally carry a caseload have the option to provide individual DBT therapy with 1 client AND concurrently run a DBT skills group.

Clinicians will be expected to demonstrate delivery of DBT interventions to clients 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 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 bi-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>
DBT INFORMATIONAL WEBINAR	<i>The webinar is scheduled for Friday, March 7, 2025, at 12:00pm CST. For those interested in attending you can register by CLICKING HERE.</i>
DBT LEADERSHIP IMPLEMENTATION ORIENTATION CALL	<i>This will be executed on Thursday, April 10, 2025, from 11:00am-2:00pm CDT. Attendance is from agency leadership is mandatory for provider teams interested in applying for training. Those who are interested can register by CLICKING HERE.</i> <i>For those who did not attend, please contact Helen Best directly (Helen Best: (206) 251-5134 or hbest@ticllc.org) for more information.</i>
RFA APPLICATION PERIOD	April 21, 2025 – May 30, 2025
RFA NOTICE OF APPLICATION STATUS	June 18, 2025
DBT TRAINING COMMITMENT DUE	July 7, 2025

J. DBT VIRTUAL TRAINING REQUIREMENTS

<u>Training</u>	<u>Date & Time</u>	<u>Description and Required Attendance</u>
2 X 2-HR TEAM LEADER CONSULTATION	July 25, 2025 @ 9am-11am CDT August 22, 2025 @ 9am-11am CDT	Team leaders/Supervisors
5 HALF-DAY KICK OFF	September 22-26, 2025 9:00am-1:00pm CDT	Overview of DBT/getting started Attendance: all DBT clinicians
3 HALF-DAY BOOSTER	December 2-4, 2025 9:00am-1:00pm CST	Individual sessions Attendance: all DBT clinicians
TEAM CONSULTATION	September 26, 2025 – June 30, 2026	18 x 60 minutes every other week (includes coaching review) Attendance: all DBT clinicians
3 HALF-DAY BOOSTER	February 24-26, 2026 9:00am-1:00pm CST	Case Conceptualizations Attendance: all DBT clinicians

CE 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 & Time</u>	<u>Descriptions and Required Attendance</u>
ONLINE SKILLS	September 22, 2025 – January 31, 2026	3 months to complete asynchronous training focused on DBT skills training modules Attendance: all DBT clinicians
SESSION TAPES (Individual, Team, and Skills)	December 4, 2025-March 31, 2026	Individual Submissions: Pass Coaching role play Pass Individual session on 2 different clients – submit 3 tapes Team Submissions: Pass Consultation Team tape Pass Skills Group tape
TEAM CASE CONCEPTUALIZATIONS	February 26, 2026-June 30, 2026	Pass Case Conceptualization: Submit 2 on different clients Attendance: all DBT clinicians

L. SUSTAINING EBP PRACTICE & ACHIEVING EBP QUALIFICATION

Each of the DBT team clinicians must have the same DBT Program supervisor 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 DBT caseloads, and engaging in ongoing supervision and learning opportunities. Agency leadership will be expected to provide support to the DBT program and the clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the DBT program and by engaging in marketing the program to develop and maintain referral resources. Each agency will likely determine additional ways in which agency leadership can best support its DBT program and should expect to identify an individual in administration who will take responsibility for this ongoing support. Agency leadership will also be expected to participate in quarterly DBT agency leadership meetings with LDH-OBH, the Center for Evidence to Practice, and the Treatment Implementation Collaborative representatives. 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

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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 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.

LA Medicaid MCAs reimburse DBT at the following rates:

- \$200 for 60 minutes of DBT individual therapy, with an expected 60-minute session of DBT individual therapy per client per week
- \$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 at the following link:

[Specialized Behavioral Health Services – CPT Codes \(pg. 3 in red\)](#)

3. APPLICATION AND SELECTION PROCESS

A. ELIGIBILITY REQUIREMENTS FOR APPLICATION

Selection will be based on 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 practitioners’ 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 (and currently) treating Medicaid enrollees.*

Additionally, only complete applications will be considered. All applicants MUST submit a signed Agency Agreement with their DBT application. 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 held a DBT informational webinar where attendees had the opportunity to learn more about the modality and the training process. It was facilitated by Helen Best, Center for Evidence to Practice: Dialectical Behavioral Therapy (DBT) RFA

M.Ed. from the Treatment Implementation Collaborative (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 April 10th, 2025. 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.*

C. APPLICATION REVIEW PROCESS

Upon receiving all of the applications, 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 Fall 2025 with the Treatment Implementation Collaborative. **This DBT Learning Collaborative is limited to four (4) agencies.**

1.) The **DBT APPLICATION** is to be completed by each applicant and can be accessed by filling out the **online application (through REDCap)** by [CLICKING HERE](#). **Please note, each DBT Application must upload an Agency Agreement. The **SAME AGENCY AGREEMENT** must be uploaded for all DBT Team members.

2.) The **AGENCY AGREEMENT** is a fillable PDF and can be completed through **Adobe PDF (or a similar PDF viewing/editing software)** by leadership at the agency requesting participation in the DBT training. The Agency Agreement must be signed by the Agency Director and a clinical Supervisor. You can access the **AGENCY AGREEMENT** by [CLICKING HERE](#). **Please note: the SAME Agency Agreement MUST be submitted through the DBT Application by the DBT Team Leadership and all applicants from their respective agencies (i.e. all applicants from one agency must have the same Agency Agreement)**

BOTH FORMS MUST BE SUBMITTED THROUGH THE DBT APPLICATION BY MAY 30, 2025, 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 THE 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 that the agency leadership understands the commitment and support needed to implement and sustain a comprehensive DBT program. The DBT Leadership meeting was conducted on November 8th, 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.**
- **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 July 22, 2025, and August 22, 2025 @ 9:00am-11:00am CDT.
 - **5 HALF-DAY KICK-OFF:** All DBT team members must attend trainings from September 22-26, 2025 @ 9:00am-1:00pm CDT.
 - **3 HALF-DAY BOOSTER:** The DBT team members must attend trainings from December 2-4, 2025 @ 9:00am-1:00am CST.
 - **3 HALF-DAY BOOSTER:** The DBT team members must attend trainings from February 24-26, 2025 @ 9:00am-1:00am CST.
 - **TEAM CONSULTATION CALLS:** The DBT team members must attend 18 Bi-Weekly 60-minute consultation calls.
- Submit a **DBT 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 and **AGENCY AGREEMENT** that must be completed on your behalf by your agency leadership. **The SAME AGENCY AGREEMENT must be uploaded for the DBT Team Leadership & DBT Applications.**

F. NOTIFICATION OF APPLICATION STATUS

Applicants will be notified via email by **Friday, June 18, 2025** 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, national origin, ethnicity, religion, color, age, sexual orientation, sex, ability status, or gender identity.

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