



Exploring Behavioral Health Services for Youth & Families in Louisiana- Part 2

Evidence- Based Practice (EBP) Utilization, Areas for Growth, and Strengths

Introduction

This brief is part of a three-part series describing the findings from a 2024 assessment of behavioral health services for youth and families in Louisiana. The **study*** was performed by the LSU Center for Evidence to Practice as part of its collaboration with the Louisiana Department of Health (LDH)- Office of Behavioral Health (OBH). **This brief describes a mixed-methods study that captured provider perceptions of the services offered to youth and families, served primarily using Medicaid, across Louisiana.**

The findings describe how providers are maintaining Medicaid contracts to serve referrals who are socioeconomically stressed with histories of trauma. These agency leaders and individual providers are using evidence-based practices (EBPs) to meet behavioral health needs. Readers will discover that EBPs are being utilized at higher frequency than reported in previous years¹ and with room for continued growth. This is critical as EBPs are tied to improved outcomes in behavioral healthcare systems and many of these models are endorsed and supported by LDH-OBH and Louisiana’s Medicaid plan. The implementation and sustainment of EBPs play a vital role in behavioral health care to ensure treatment effectiveness, accountability, and cost-efficiency — especially for populations with complex needs.²

***The study was a three-pronged approach** to assessing services for youth and their families in Louisiana. The first approach was to **analyze Medicaid claims** including information on diagnoses, services provided, and location of services throughout Louisiana. The next step was a **statewide behavioral health provider survey** to understand their perceptions of services and on the state of the workforce. Finally, to better understand the findings generated by the survey, three **focus groups of providers** were gathered to explain what they believed the findings suggested.

Gaps and needs assessments, like the survey and focus groups described in this brief, are vital for identifying strengths and deficits to guide resource allocation, highlight challenging areas, and consider promising strategies for increasing accessibility of quality care and ultimately improving outcomes. This brief explores how EBPs are currently being used and is intended to inform LDH, Medicaid Managed Care Organizations (MCOs), and behavioral health providers in planning resource allocation, workforce development, and clinically responsive programming.

Methodology

The findings reported in this brief result from a **mixed-methods study**, beginning with a **survey** of children’s behavioral health providers and agency leaders which was administered in fall 2024. This was a voluntary,

¹ Phillippi, S., Beiter, K., Thomas, C. & Vos, S (2020). Identifying gaps and using evidence-based practices to serve the behavioral health treatment needs of Medicaid-insured children. *Children & Youth Services Review*. <https://doi.org/10.1016/j.chilyouth.2020.105089>

² Connor L, Dean J, McNett M, Tydings DM, Shrout A, Gorsuch PF, Hole A, Moore L, Brown R, Melnyk BM, Gallagher-Ford L. Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review. *Worldviews Evid Based Nurs*. 2023 Feb;20(1):6-15. doi: 10.1111/wvn.12621. Epub 2023 Feb 8. PMID: 36751881.

convenience sample and the exact number of those receiving the survey throughout the state is not known. However, the demographics of the respondent sample show a representation of agencies and individual providers from across Louisiana, including a mix of urban and rural locations.

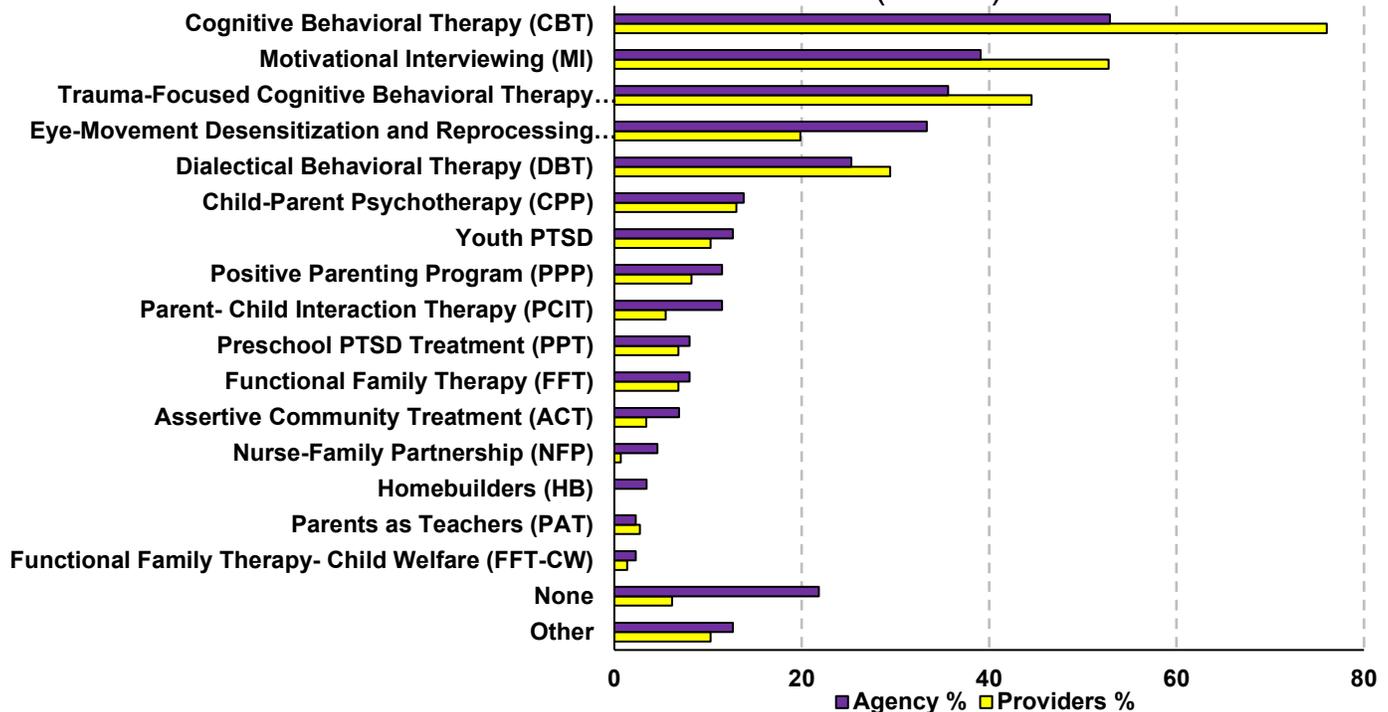
To more accurately interpret the results of the survey warranting further exploration, three **focus groups** of providers and agency leaders were conducted to garner their impressions of the survey findings and examine how they believed the results might be best understood.

Statewide EBP Utilization: Agency Leadership and Provider Views

Data from **87 agency leaders** (i.e., executive directors, clinical directors, etc.) and **146 individual clinical providers from across Louisiana, reflect a growing awareness and utilization of a menu of LDH-OBH supported EBPs.** Survey responses reveal variations in training, access, and infrastructure that indicate these EBPs are not reaching their full potential in clinical care, both in terms of access and implementation.

As illustrated in Figure 1, **Cognitive Behavioral Therapy (CBT) was the most widely reported approach to care**, with 53% (n= 46) of agencies and 76% (n=111) of clinical providers identifying this practice. Although CBT is a common practice approach and the foundation for many EBPs, it is a broadly defined approach that varies a great deal in how it is trained and implemented. A more specific variation of CBT, with a more clearly defined model of training and delivery, is **Trauma-Focused CBT (TF-CBT)**, which was reported to be utilized by 36% (n=31) of agencies and 45% (n=65) of responding clinicians. Other commonly implemented EBPs included **Motivational Interviewing (MI)** (39% [n=34] agencies and 53% [n=77] clinicians), **Eye Movement Desensitization and Reprocessing (EMDR)** (33% [n=29] agencies and 20% [n=29] clinicians), and **Dialectical Behavior Therapy (DBT)** (25% [n=22] agencies and 30% [n=43] clinicians). Notably, **22% of agencies reported that they do not use any EBPs—a finding that suggests room for continued growth and dissemination of these treatment models in Louisiana.**

Figure 1: Percentage of Agencies and Providers Using Evidence-Based Practices (n=233)

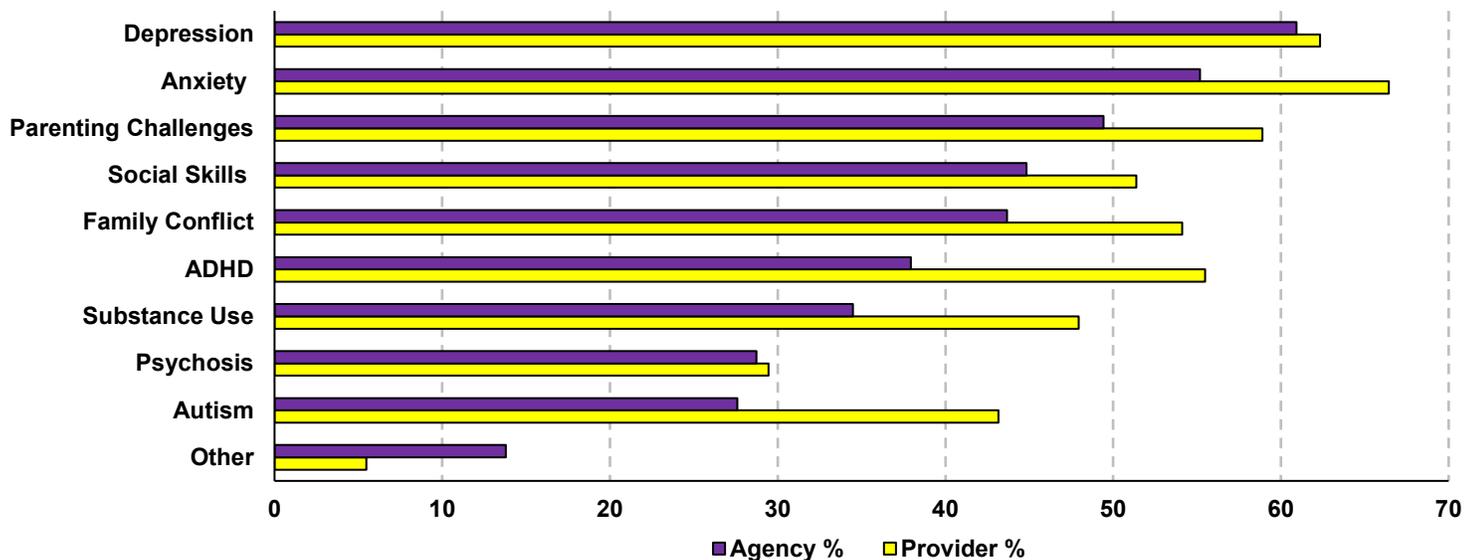


Note: percentages do not add up to 100% due to "select all apply" format of question

EBPs Needed to Target Clinical Needs

When asked what **behavioral health concerns EBPs were most needed to address**, both agency leaders and clinical providers prioritized **depression, anxiety, and parenting challenges**. Sixty-one percent (n=53) of agency leaders and 62% (n=91) of clinicians identified depression as a top need to expand EBPs to help address, followed by anxiety, cited by 55% (n=48) of agencies and 66% (n=97) of clinicians. Parenting challenges were also frequently mentioned (49% [n=43] agencies and 59% [n= 86] of clinicians). ADHD and family conflict related issues also appeared high (see Figure 2). These identified needs align with diagnostic categories reflected in Louisiana’s Medicaid claims data (see Brief 1 [here](#)), where ADHD, depression related conditions, conduct related conditions, and adjustment disorder were most prevalent.

Figure 2: Behavioral Health Needs EBP Expansion Could Help Most with According to Agency Leaders and Individual Providers (n=233)



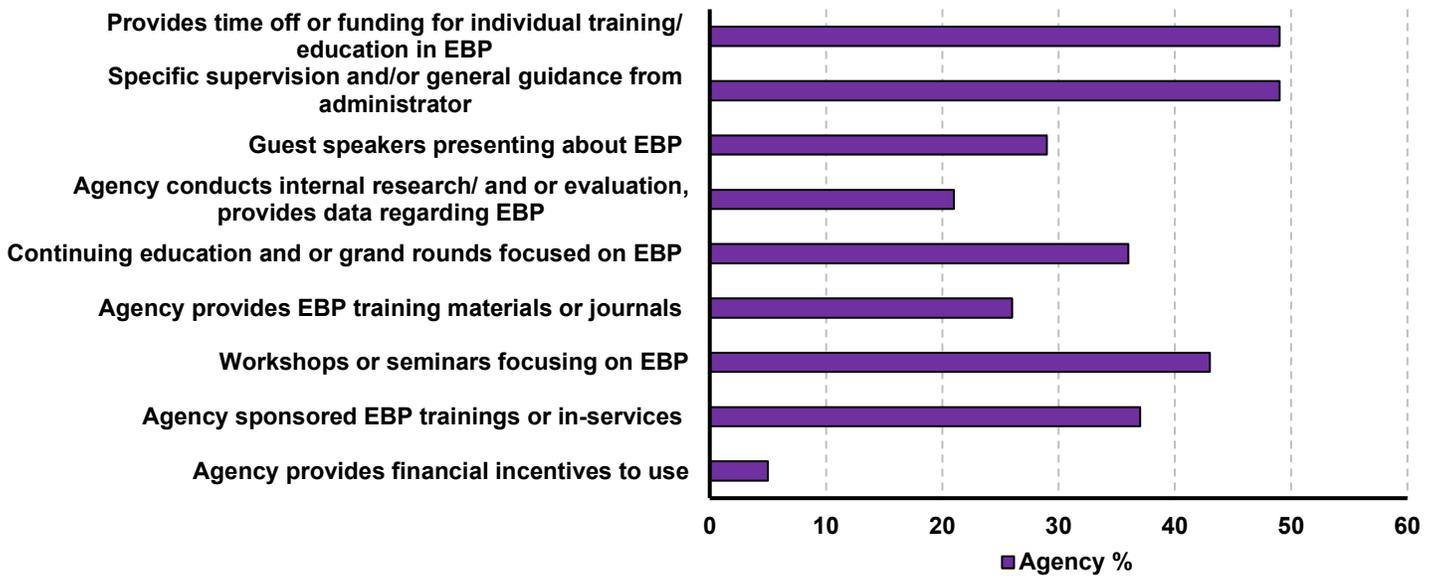
Note: percentages do not add up to 100% due to "select all apply" format of question

Practice Quality Elements

Agency Strategies to Support EBP Implementation

The survey asked agency leaders about several key **factors known to increase quality and adherence when implementing EBPs**. Agencies reported a wide variation in their approaches. As shown in Figure 3, **just under half (49% n=43) of agencies reported offering their providers supervision and/or specific supervisory and/or general guidance from an administrator (49%/ n=43)**. Expert consultation is one of the highest standards for supporting EBP implementation, and less than half of these agencies reported such supervision. **Very few (5% n=4) offered financial incentives (e.g., higher pay) for their trained clinicians to offer EBPs**, which are often more intensive and require different caseload management. This variation in support for the implementation and sustainment of EBPs indicates an important area of focus for improving access to these services and supporting the workforce offering them.

Figure 3: Tools Agencies Use to Increase Quality and Fidelity of EBP Implementation (n= 87)



Note: percentages do not add up to 100% due to "select all apply" form of question

Individual Provider Strategies to Support EBP Implementation

When asked about **approaches useful for learning and adopting EBPs**, individual providers (n=143) stated that **training / continuing education programs** (71% n=101) and **independent learning** (e.g., reading, podcasts, videos) **related to specific EBPs** (54% n=77) **were their most used methods**. **Consultation with EBP experts, which is one of the highest standards for supporting EBP implementation, was indicated by only one out of five individual providers** (21% n=30). Supervision, including group, peer supervision, and/or individual supervision, were the least selected as methods for implementation (18% n=25). Overall, this low rate of structured support, both internal and external, can raise concerns about potential lapses in adhering to model fidelity, especially for more complex EBPs that require specialized consultation and skill reinforcement over the course of training. This is another area for targeted support for providers to increase quality and impact of EBP models in Louisiana.

Challenges to Offering and Sustaining EBPs Identified by Providers and Agencies

Workforce Shortages

Both agencies and providers pointed to **staffing limitations as a primary barrier to EBP implementation**. **Agencies struggle to hire clinicians** (52% n=45) who they described as either **already trained in EBPs** for specific conditions or client needs (such as substance use or trauma) **or are willing to pursue certification**. A similar sentiment was shared by individual providers. Over one-third (40% n= 58) stated that there were not enough clinicians to adequately support the demand for care.

Cost and Reimbursement

The **high costs associated with EBP training, consultation, and ongoing supervision were frequently cited as a barrier, particularly by smaller agencies and those serving rural communities**. Specifically, 60% (n= 87) of individual providers noted **"funding/payment" as their number one barrier**. Many EBPs require

time-intensive protocols and additional documentation—costs that are not fully reimbursed under current Medicaid structures. Consequently, providers may lack both the financial and administrative capacity (e.g., billing department) to adopt and sustain EBPs. **Despite barriers, only a small percentage of agencies (3% n=3) and providers (2% n=3) reported terminating their Medicaid contracts with Louisiana MCOs.**

Insights from Focus Groups

Focus group findings suggest **practitioners and agencies recognize unique value in EBPs** and indicate a **strong desire for continued system improvement and workforce development to continue to expand these models.** Focus group members suggested EBPs remain underutilized and need improved referral processes. According to these groups, challenges persist in maintaining supervisors and funding for EBPs they see as effective, such as trauma focused EBPs, PCIT, and CBT which they believe are warranted to meet the needs of our Louisiana populations.

With their recognition of the effectiveness of EBPs, the **challenges of funding and billing for these services were consistently noted as barriers.** Recommendations from the focus groups for **improving EBP sustainability included offering specialized reimbursement rates, as well as increasing investment in training and creating training programs within organizations.** There was also a call for flexibility in adapting EBPs to meet the specific needs of local populations while ensuring that EBP implementation aligns with Medicaid and billing requirements. Trauma-informed practices and models for crisis team training were highlighted as key areas of interest, with programs like PCIT receiving particular recognition by some participants for its effectiveness in involving parents and families.

System Strengths and Opportunities

Despite challenges, Louisiana's behavioral health system has notable strengths that can serve as a foundation for future progress in EBP delivery. **High provider interest in EBPs demonstrates motivation for growth. Many agencies are already building the potential EBP workforce pipeline,** with 73% (n=80) offering clinical internships for students and 58% (n=50) providing supervision toward clinical licensure for graduates. This career path also exists in sizable agencies employing Louisiana's potential EBP trained clinicians. Just under half (43% n=47) of the agencies responding employ more than twenty-one people. Additionally, Medicaid was indicated as the most used form of payment for services (78% of agencies and 75% of providers). This underscores that agencies and providers recognize the importance of sustaining MCO affiliations to meet the growing mental health needs of Medicaid populations in Louisiana.

Recommendations to Continue Support of EBPs for Youth & Families

1. Investigate Gaps Among Agencies Not Using EBPs

Given that over one in five agencies reported not using any evidence-based practices, Louisiana should conduct targeted follow-up to better understand the barriers these agencies face. This includes examining issues related to training access, workforce capacity, funding, and organizational readiness. Insights from this exploration can inform tailored strategies to expand the reach of EBPs in new areas of the state and continue to expand access to quality care.

2. Strengthen the Workforce Pipeline to Sustain EBPs

Efforts to recruit, train, and retain behavioral health professionals should be strategically aligned across the career continuum—from students and interns to provisionally licensed and fully licensed clinicians. Strengthening supervision opportunities to support EBP delivery, promoting behavioral health career pathways, and offering incentives for EBP training and retention are critical to building a sustainable and skilled workforce prepared to deliver high-quality care. Louisiana should explore ways to increase EBP supervision opportunities through financially feasible (e.g., shared time and cost) approaches with agencies and providers.

3. Expand or Introduce EBPs that Address Priority Needs

To better address the most pressing client needs identified by providers — including ADHD, substance use, trauma, anxiety, depression, and parenting challenges — Louisiana should regularly evaluate which EBPs could be further scaled or added to the system services array. This includes clarifying and improving referral pathways so that individuals and families can more easily access best-practice interventions that align with their needs.

4. Broaden Focus to Include Adult-Serving EBPs

While efforts to support EBPs for children and families remain essential and have been largely successful, it is equally important to identify models that can support transitional-aged youth and adults. Building on Louisiana's success in expanding EBPs, growing the reach to include these populations can help address intergenerational needs and strengthen overall behavioral health outcomes for our state.

5. Promote EBP Adoption Through Incentives and Ongoing Support

Louisiana should continue to explore both mainstream and innovative strategies to promote EBP adoption and sustained use. This includes expanding access to EBP specific consultation, supervision, and peer support in areas where EBPs are currently underutilized. Aligning incentives with EBP fidelity and offering implementation supports can help ensure that practices are not only adopted but delivered with quality that is sustained over time.

Conclusion

Louisiana has made notable progress in promoting EBPs across its behavioral health system and providers value these models as effective treatment options for their clients. Challenges remain, particularly in access, training, and supervision in many areas of the state. By leveraging existing assets and pursuing strategic investments in infrastructure and policy, the state can continue to expand high-quality, research driven care to more children, youth, and families. With sustained leadership and coordination, Louisiana is emerging as a national model for mental health access and effective EBP expansion.

The next brief in this series will explore the workforce stability, opportunities, and challenges in Louisiana's behavioral healthcare system for youth and families, providing additional context to the claims-data findings introduced in Brief #1 (which can be found [here](#)) and the findings described in this Brief.

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The Center's partnership with the state focuses on creating a trained workforce, increasing access to EBPs, and examining improved utilization of EBPs to better serve the behavioral health needs of youth and families throughout Louisiana. More information on the Center is available at <https://laevidencetopractice.com/>