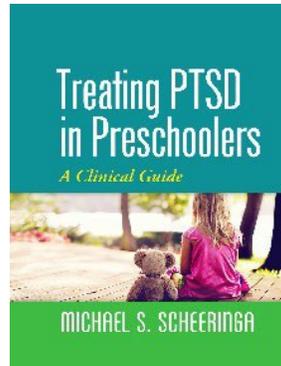


REQUEST FOR APPLICATIONS

For

Preschool PTSD Treatment/Youth PTSD Treatment (PPT/YPT) Training and Implementation Services

Learning Collaborative for Louisiana Medicaid Behavioral Health Agencies



Issued by

LSUHSC-NO, School of Public Health- Center for Evidence to Practice



Application Release Date: Friday, January 23, 2026

APPLICATIONS MUST BE RECEIVED BY THURSDAY, FEBRUARY 19, 2026

All applicants will be notified by Wednesday, February 25, 2026

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 practitioners in Louisiana who are equipped to successfully participate in **Preschool PTSD Treatment/Youth PTSD Treatment (PPT/YPT)** training and implementation.

Due to the identified need for Medicaid behavioral health services specific to children and their caregivers, PPT/YPT has been selected by the Louisiana Department of Health (LDH) - Office of Behavioral Health (OBH) as an evidence-based program that will be expanded statewide. OBH has published a Medicaid service definition for PPT/YPT (pg. 422-429) in their [LA Medicaid Behavioral Health Services Provider Manual](#).

The **goal of this RFA** is to help providers determine if this EBP is a good fit for their clinicians, organization, and the communities 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 their readiness to participate in the training and to deliver the EBP. The trainer, Dr. Devi Murphy, Ph.D., along with 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.**

Through this Request of Applications (RFA), the Center for E2P and the trainer look forward to identifying a strong cohort to participate in this training and learning collaborative opportunity.

B. INFORMATION ABOUT THE LOUISIANA CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between LDH-OBH and the Louisiana State University Health Sciences Center, New Orleans (LSUHSC-NO) – 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 E2P please visit our [website](#) and [subscribe](#) to our newsletter for updates.

C. CONTINUING EDUCATION CREDITS

The Center is a continuing education (CE) pre-approval organization through the Louisiana State Board of Social Work Examiners (LABSWE) and the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider (ACEP). Upon the conclusion of training, trainees who have complied with the Training Guidelines, met the minimum time requirements, and completed the post-training evaluation, will receive a certificate of completion containing their CE hours. For trainees whose credentials are outside of LABSWE and NBCC; the Center encourages applying for CE hours with their respective licensing board independently upon renewal.

Trainees who do not adhere to the Training Guidelines or who do not meet the minimum time requirements will have the opportunity to receive a certificate of participation denoting the number of hours completed. This certificate can then be used to apply for CE hours independently with their respective licensing board upon renewal.

D. TRAINING COMMITMENT AND EXPECTATIONS

Dedication and commitment to this training is of the utmost importance to participating in any training opportunity offered by the Center. These trainings are typically very costly and would be a significant financial investment for practitioners and agencies were they to enroll independently. *However, the Center offers these trainings at zero cost to trainees.* Due to this, **we emphasize the necessity of completing all components and adhering to the Training Guidelines for those selected to join this training.** Should an individual or agency drop out of this opportunity, it may impact whether or not they are selected for future training opportunities offered through E2P. ***All participants must demonstrate their commitment to participating in all days of training and consultation as well as actively using the model with clients.***

This training and implementation program aims for participating Medicaid agencies to successfully implement Triple P in their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate children and families for Triple P, deliver the model to fidelity, and sustain the model long-term.

Upon selection, all applicants will be required to complete a [TRAINING COMMITMENT](#) between their agency, themselves, and E2P to indicate their commitment to completing all training components in their entirety as presented in this RFA.

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). Trainees are encouraged to work with their agency leadership to ensure their schedules are open and available to complete all training components without other work obligations interfering.

For in-person training, the provider is responsible for covering the cost of travel and travel time. If applicable, training materials will be provided by the Center.

2. SCOPE OF WORK

A. INFORMATION ABOUT PPT/YPT

(Source: [LA Medicaid Provider Manual](#))

Preschool PTSD Treatment (PPT) and Youth PTSD Treatment (YPT) are evidence-based cognitive behavioral therapy interventions for post-traumatic stress disorder (PTSD) and trauma-related symptoms. They were developed by Dr. Michael Scheeringa of the Department of Psychiatry and Behavioral Sciences at Tulane University. The protocol is applicable to all types of traumatic events. Sessions are conducted one-on-one with each child, but caregivers are encouraged to participate by observing the sessions, either from another room using a video monitor or in person.

PPT/YPT is a manualized, 12-session cognitive-behavioral therapy protocol to treat children, ages 3 to 18 years, with posttraumatic stress disorder (PTSD) and trauma-related symptoms. The sessions are either with the therapist working individually with the child (with the caregiver observing as much as possible) or with the caregiver and child together.

The essential components of PPT/YPT include:

- Psychoeducation about posttraumatic stress disorder (PTSD) with pictorial aids for young children
- A focus on defiant behavior and discipline plans following trauma
- Identification of feelings and gradations of feelings
- Relaxation exercises as new coping skills
- Narrative techniques for recalling traumatic events
- In-office and homework exposure exercises
- Development of developmentally appropriate safety plans
- Relapse prevention session
- Attunement of caregivers to children’s internalized phenomena through observation of sessions and reflection with therapist
- Involvement of caregivers in every aspect of treatment
- Direct discussion of reluctance to attend therapy
- Time for caregivers to discuss their personal issues if appropriate

B. TARGET POPULATION CHARACTERISTICS

PPT and YPT are adapted for different age groups:

- Preschool PTSD Treatment (PPT) is used for children ages 3-6; and
- Youth PTSD Treatment (YPT) is used for children and youth ages 7-18

PPT involves the family or other support systems in the individual's treatment. At least one primary caregiver is involved in every therapy session where they are either in the room with the therapist and the child, observing the child’s sessions on TV, or talking alone with the therapist. Caregivers are also essential for conducting in vivo (outside the office) exposure exercises as homework with the children.

YPT also involves the parents/caregivers. Three sessions - session 1 (psychoeducation), session 2 (oppositional defiant behavior), and session 12 (review) – are joint parent-child sessions. For the other nine sessions, parents will join the therapist and children at the beginning briefly (less than 5 minutes) and then watch the children’s sessions on a monitor. This is flexible and youth have the option to opt out if the youth desires more privacy or the therapist believes the parent has boundary issues and would not respect the privacy of the youth.

C. PHILOSOPHY AND TREATMENT APPROACH

PPT/YPT both follow a 12-session protocol that aim to educate the caregiver and child on PTSD and implement techniques to help the child process the traumatic event, develop coping skills, and curb problematic behavior. The 12 sessions unfold as follows:

- Session 1:** Begins with a psychoeducation session in which the therapist and child discuss the concept of posttraumatic stress disorder (PTSD) and expectations for the remaining sessions.
- Session 2:** Is used to develop a discipline plan for oppositional behavior, in recognition of the comorbidity of oppositional defiant disorders with PTSD in very young children.
- Session 3:** Is used to practice the skills of identifying emotions.
- Session 4:** Therapists teach children three relaxation techniques.
- Session 5:** Children recount the narrative of their most distressing experience.
- Sessions 6-10:** Are used to expose the children to anxiety memories of the traumatic experience with drawings, mental imagery, and in vivo homework.
- Session 11:** Children are taught to cope with future trauma reminders.
- Session 12:** Used to review and consolidate autobiographical narratives.

D. GOALS

The goals of PPT/YPT is the reduction of PTSD symptoms in children and the reduction in functional impairment as a result of PTSD.

E. LEARNING COLLABORATIVE APPROACH

All training will be executed virtually and will take place over six (6) months. During this time, selected clinicians will be required to:

- Attend the eight (8) hour training day,
- Participate in at least 80% of consultation calls,
- Complete PPT/YPT with at least two (2) cases.

To be eligible to participate in training, clinicians must:

- Have a master's degree or higher in a mental health field and
- Be an independently licensed mental health service provider or be working under the supervision of a licensed mental health service provider.

Multiple organizations will be selected to join this training opportunity; each organization is encouraged to send clinicians and/or supervisors to the training, which occur over the course of a year.

The goal of this training and implementation program is for participating Medicaid agencies/clinicians to successfully implement PPT and/or YPT with children and families in their community. Providers should be able to demonstrate the capacity to identify and engage appropriate children and families for PPT and/or YPT, deliver the model to fidelity, and sustain the model long-term.

The Center for E2P expects all selected practitioners, supervisors, and administrators to complete all required responsibilities over the duration of the training. Once training is complete, clinicians will be expected to obtain the Advanced Training designation.

Upon achieving PPT and/or YPT Advanced Training designation, licensed practitioners will be able to use an EBP tracking code to document the delivery of this model within Outpatient Therapy. The EBP Tracking code for YPT (EB04) or PPT (EB05) is outlined in the [Louisiana Medicaid Behavioral Health Services Provider Manual on pages 428-429](#). Practitioners can also reference the [EBP Qualifications & Billing Guide](#), which provides a summary of the EBP tracking codes and Medicaid billing guidance. Upon achieving Advanced Training status, it is **highly recommended** that practitioners utilize the EB04 and/or EB05 tracking codes to document the utilization of the EBP model.

F. PPT/YPT LEADERSHIP DEVELOPMENT MEETINGS

The Center has found that having agency leadership (e.g., CEO, supervisors, and other decision-makers) directly involved in the implementation of an EBP is key to its long-term success. Strategies of engaged leadership include being knowledgeable about PPT/YPT and directly involved in:

1. Supporting clinicians and supervisors in maintaining fidelity to PPT/YPT.
2. Recruiting staff to participate in learning and using PPT/YPT.
3. Integrating PPT/YPT into the culture of the agency.
4. Demonstrating a commitment to PPT/YPT via follow-through with the implementation plan.

In addition, each agency should also consider how their policies might support or conflict with EBP practice and identify ways to integrate PPT/YPT into their policies and procedures.

Examples may include:

- Considering an applicant's knowledge of (or openness to) EBPs in hiring decisions and integrating information about PPT/YPT into new employee orientations.

- Setting participation in EBP supervision as a regular requirement.
- Creating processes to track fidelity and measures in electronic medical records.
- Integrating PPT/YPT into clinical documentation.
- Recognizing EBP clinicians formally in performance reviews and merit raises, and informally in newsletters, websites etc.

Agencies with clinicians accepted into this training opportunity will be expected to have agency leadership representation at three (3) separate PPT/YPT-specific Agency Leadership Meetings. These meetings are intended to offer agency leadership support in supervising their staff who are learning and implementing the PPT/YPT model. The meetings are also intended to give insight into the commitment to training and consultation expected of clinicians and will serve to assist leadership in working with their clinicians' schedule to ensure they are able to properly commit to the training requirements.

G. PPT/YPT APPLICATION TIMELINE

<u>Events</u>	<u>Date</u>
INFORMATIONAL WEBINAR:	LIVE: Thursday, January 22, 2026, 12-1pm CST OR Available as a FREE online course on E2P:Learn; Enroll HERE
REQUEST FOR APPLICATIONS (RFA) RELEASE:	Friday, January 23, 2026
APPLICATION DEADLINE:	THURSDAY, FEBRUARY 19, 2026
NOTICE OF APPLICATION STATUS:	Wednesday, February 25, 2026

H. PPT/YPT VIRTUAL TRAINING TIMELINE

<u>Events</u>	<u>Date</u>
TRAINING COMMITMENT & TEXTBOOK REQUEST FORM DUE:	Friday, March 6, 2026
PPT/YPT AGENCY LEADERSHIP MEETING #1:	Thursday, March 12, 2026, from 12-1pm CDT
PPT/YPT 8-HOUR TRAINING DAY:	Monday, March 16, 2026, from 8:30am-4:30pm CDT
TRAINING CE EVALUATION DUE:	Monday, March 23, 2026
PPT/YPT AGENCY LEADERSHIP MEETING #2:	Thursday, April 16, 2026, from 12-1pm CDT
PPT/YPT AGENCY LEADERSHIP MEETING #3:	Thursday, June 25, 2026, from 12-1pm CDT
CONSULTATION CALL COMMITMENT:	1-hr Weekly calls for 6 months

CE Eligibility: The total number of hours required for participants to attend all parts of the PPT/YPT training will be **approximately 8.0 hours**. Participants will be eligible to receive up to **approximately 8.0 CE hours** should they participate in all training components and meet the online training requirements. Trainees missing more than 15 minutes of instruction outside of the scheduled break time on any given day of the training will be **ineligible** to receive continuing education (CE) credit.

I. SUSTAINING EBP PRACTICE AND ACHIEVING EBP QUALIFICATIONS

As soon as clinicians begin training, they are encouraged to identify potential cases with which they can begin practicing the model.

Consultation calls have shown to be integral to growing and sustaining EBP practices. To further develop PPT/YPT confidence and competence, clinicians will be required to participate in **1-hour weekly consultation calls for six (6) months** following training. These calls will be offered from **January 2026-June 2026**. The purpose of these calls is to help support clinicians in implementing PPT/YPT with their clients.

Following the completion of the full course, consultation calls, and implementation program, agencies will be expected to independently sustain PPT/YPT, including:

- Facilitating ongoing referrals and engagement.

- Maintaining a caseload.
- Ensuring supportive supervision, leadership, and policy.

Agency leadership will be expected to provide support to the PPT/YPT program and the clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the PPT/YPT program.

3. APPLICATION AND SELECTION PROCESS

A. ELIGIBILITY REQUIREMENTS AND EXPECTATIONS

Selection will be based on organization's readiness for PPT/YPT implementation, acceptance of Medicaid-insured families, and relevance of PPT/YPT to the population served by the applicant organization. ***Preference will be given to organizations with multiple practitioners applying to be trained, in recognition of the long training process PPT/YPT entails and the necessity of inter-practitioner support.*** Organizations must also demonstrate an understanding of the necessary changes to practitioners' caseload in order for a trainee to include PPT/YPT in their sessions. ***We highly encourage participation from supervisors and administrators as their understanding and support of the model contributes to long-term sustainability.***

Training Acceptance Criteria: *Qualified behavioral health agencies/providers will be those who: serve Medicaid-insured individuals and/or provide clinical therapy services to children and their caregivers in Louisiana free of charge; are licensed (or actively working towards licensure); and are actively (i.e. currently) treating children and their caregivers.*

*Note: Only complete applications will be considered. Applications consist of two components, the Agency Agreement and the Individual Application. All applicants, **including sole practitioners**, must submit a **FULLY FILLED** and **SIGNED** Agency Agreement with their Individual Application to be considered as having a "complete application". All applicants from a given agency must be listed on the same Agency Agreement and each applicant must submit a copy of the same Agency Agreement via the upload portal on the Individual Application.*

B. INFORMATIONAL WEBINAR AND INTRODUCTION TO PPT/YPT ONLINE COURSE

The Center for E2P previously hosted a PPT/YPT Webinar where attendees had the opportunity to meet the trainer, learn about the basics of the modality, and get an overview of the application process. A question and answer (Q&A) session followed. This informational webinar was recorded and the Q&A summarized; both have been added to the PPT/YPT RFA webpage for those who were unable to attend. A different webinar was also recorded and added as a free course on our learning platform, [E2P:Learn](#). ***If you plan on applying to the upcoming PPT/YPT training, it is highly recommended that you either watch the recording and review the Q&A summary OR take the free online course to learn more about the model and training requirements.*** Individuals who already have an account can self-enroll.

**Make an account here: [Register for a FREE Account](#)
Sign-Up for the course here: [Introduction to PPT/YPT](#)**

C. APPLICATION REVIEW PROCESS

Upon the closure of the application window, an initial review will be executed to assess which of the applicants meet the threshold criteria outlined in the **Eligibility Requirements** section. Following the initial review, E2P staff will meet with the trainer to further review the applicants based on their individual application and agency agreement responses.

D. APPLICATION MATERIALS

The PPT/YPT online training is scheduled to start in **Winter 2026**. The course instructor for this training opportunity is Dr. Devi Murphy.

1. The **TRAINEE APPLICATION** can be accessed via REDCap and must be completed by each applicant by **THURSDAY, FEBRUARY 19, 2026**.
2. The **AGENCY AGREEMENT** must be filled out and signed **ELECTRONICALLY** by a supervisor and/or administrator at the agency requesting participation in the training using **Adobe Acrobat (or a similar PDF filling/editing software)**. *Even if an applicant is a sole practitioner, they must submit an agency agreement on behalf of themselves.* The agency agreement **MUST BE SUBMITTED in the Individual Application via REDCap by THURSDAY, FEBRUARY 19, 2026.**

BOTH FORMS MUST BE SUBMITTED TO BE CONSIDERED FOR THIS TRAINING OPPORTUNITY

E. APPLICATION CHECKLIST

- Please review the **Request for Application (RFA)** to be aware of training expectations.
- (HIGHLY RECOMMENDED)* **WATCH RECORDING OF THE INFORMATIONAL WEBINAR via E2P:Learn** to be aware of the training expectations and time commitment.
- SAVE ALL IMPORTANT TRAINING DATES:** See **pg. 7 of the RFA** for important dates and deadlines.
- Submit a **TRAINEE APPLICATION** on behalf of yourself as an applicant. Acceptance into the program will be evaluated on an individual basis, based on the application responses.
- Submit an **AGENCY AGREEMENT** on behalf of your agency. *This step is necessary for those that are sole practitioners as well, please fill it out on behalf of yourself.*

F. NOTIFICATION OF APPLICATION STATUS

Applicants will be notified via email by **Wednesday, February 25, 2026**, regarding their status in the training.

G. ARTIFICIAL INTELLIGENCE (AI) POLICY

Applications that appear to have been completed with the assistance of AI will not be considered. Additionally, due to confidentiality concerns, the Center strictly prohibits the use of all AI notetakers in training. If selected to join training, participants will be expected to ensure that any AI notetakers are **DISABLED** prior to the start of training; otherwise, we will remove them from the meeting manually. Not following these guidelines could lead to removal from the training and may affect your eligibility for future opportunities.

H. NON-DISCRIMINATORY POLICY

The Center for Evidence to Practice appreciates diversity and does not discriminate based on race, national origin, religion, color, ethnicity, age, sex, ability status, sexual orientation, or gender identity.

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