

# Increasing Capacity of a Medicaid Behavioral Health Workforce: Strengthening Training Models Through Adaptive Implementation Supports

*Describing the impact of implementing Evidence-Based Practices (EBPs) within the Louisiana Behavioral Health Workforce through Adaptive Implementation Supports and how this can be considered for other states.*

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## ***2025 APHA Annual Meeting & Expo***

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**LSU Health**  
NEW ORLEANS  
School of Public Health

LOUISIANA  
DEPARTMENT OF HEALTH

# Conflicts of Interest (COI)

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- No financial support or conflicts to report.

# The History of the Center

2016: Survey of Youth Related Services

2017: Survey of Adult Related Services

2018: Center for Evidence to Practice (E2P)

2021: Mental Health Crisis Response (MHCR)

2024: Gaps & Needs Assessment Survey

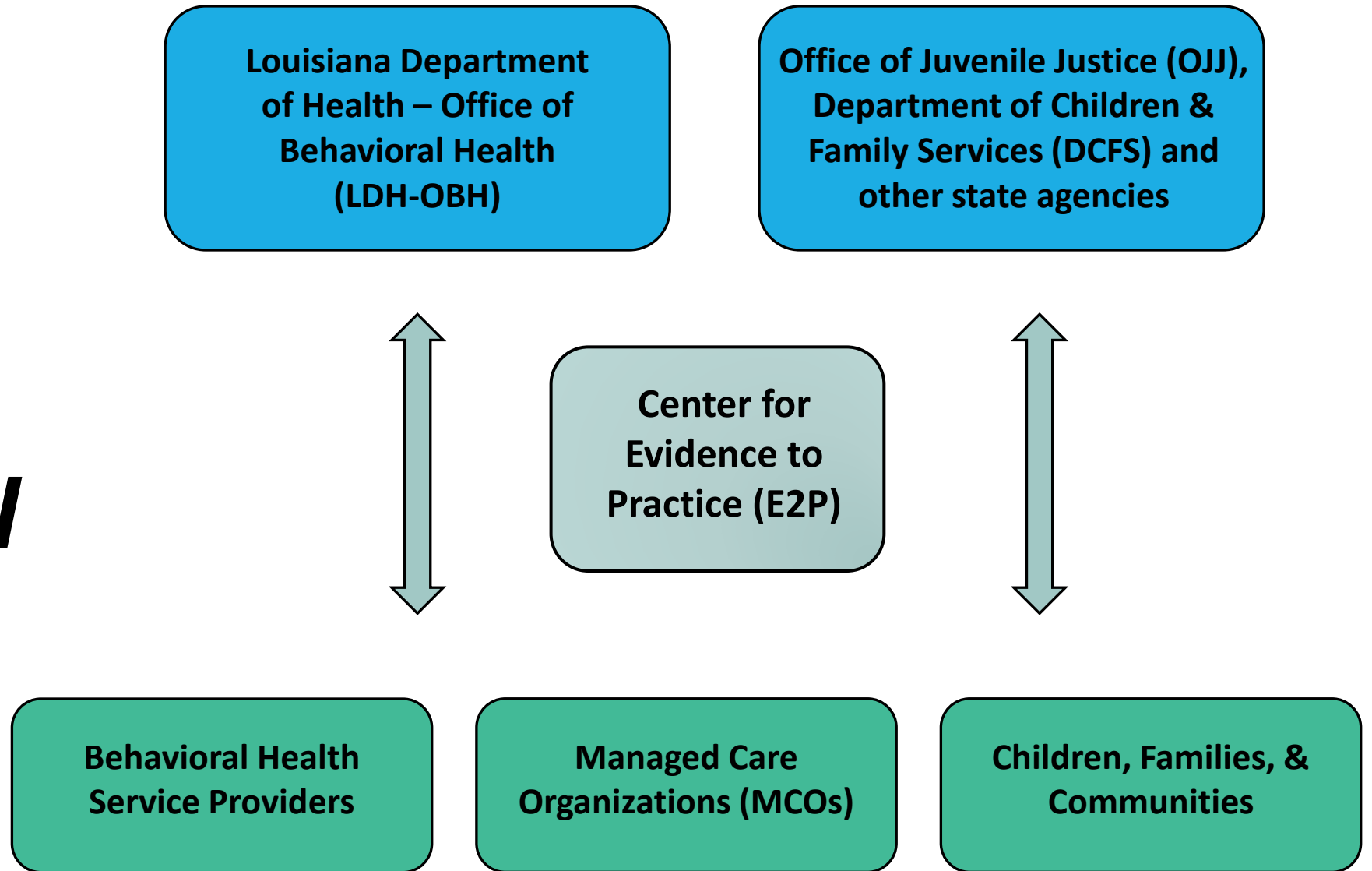
# The Center for Evidence to Practice (E2P)



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



# ***Working Together Towards Improved Behavioral Health***



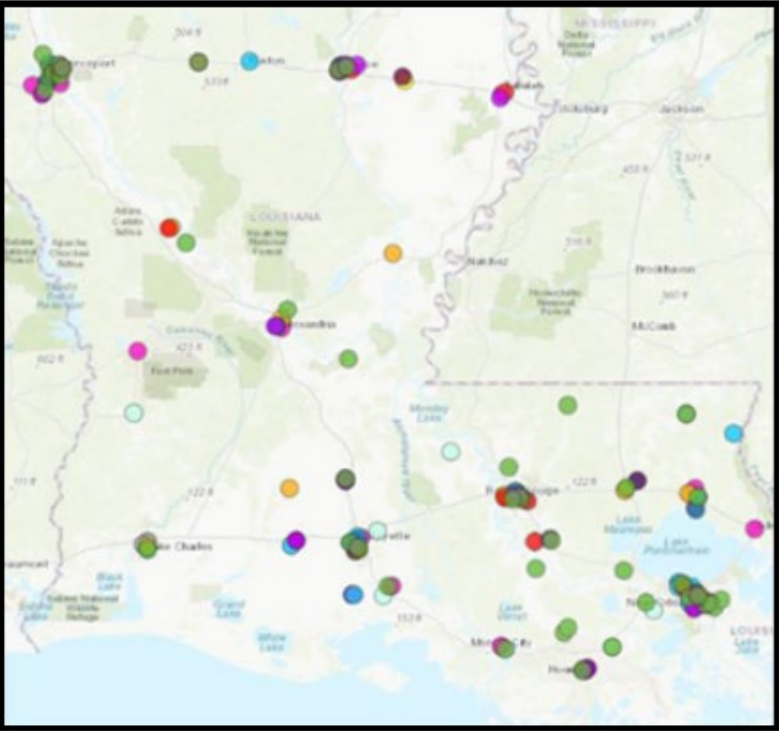
# EBPs offered in...

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

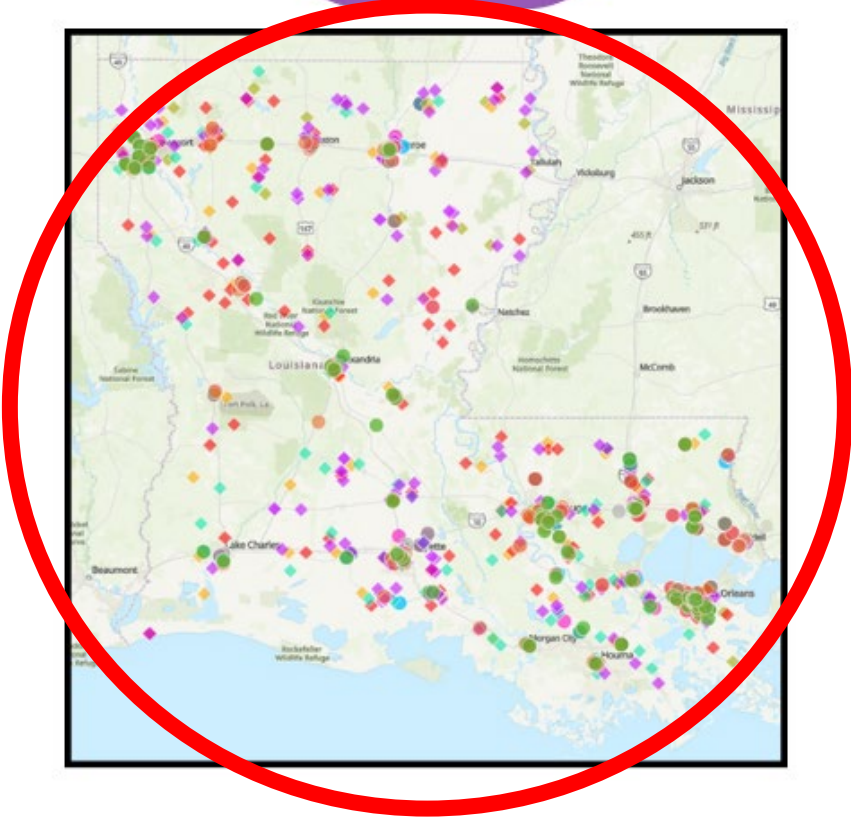
# Utilization of EBPs Growth



2019



2024



- CPP
- EMDR
- FFT
- FFT-CW
- HB
- MST
- NFP
- PAT
- PCIT
- Triple P
- PPT
- TF-CBT
- YPT

# 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<sup>1,2,3</sup>.



\*some trained professionals may be duplicative

# From 2019-2024:

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After **32 training cohorts of 8 EBPs:**

- Survival analysis revealed wide variation by EBP treatment model, ranging from a **low of 19% to a high of 88%**.
- **Attrition rates** among providers delivering EBPs are around **30-35%**.

Training is **NOT** enough!

# Sustainability

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There will come a time when you  
believe everything is finished.

That will be the beginning.

- *Louis L'Amour*

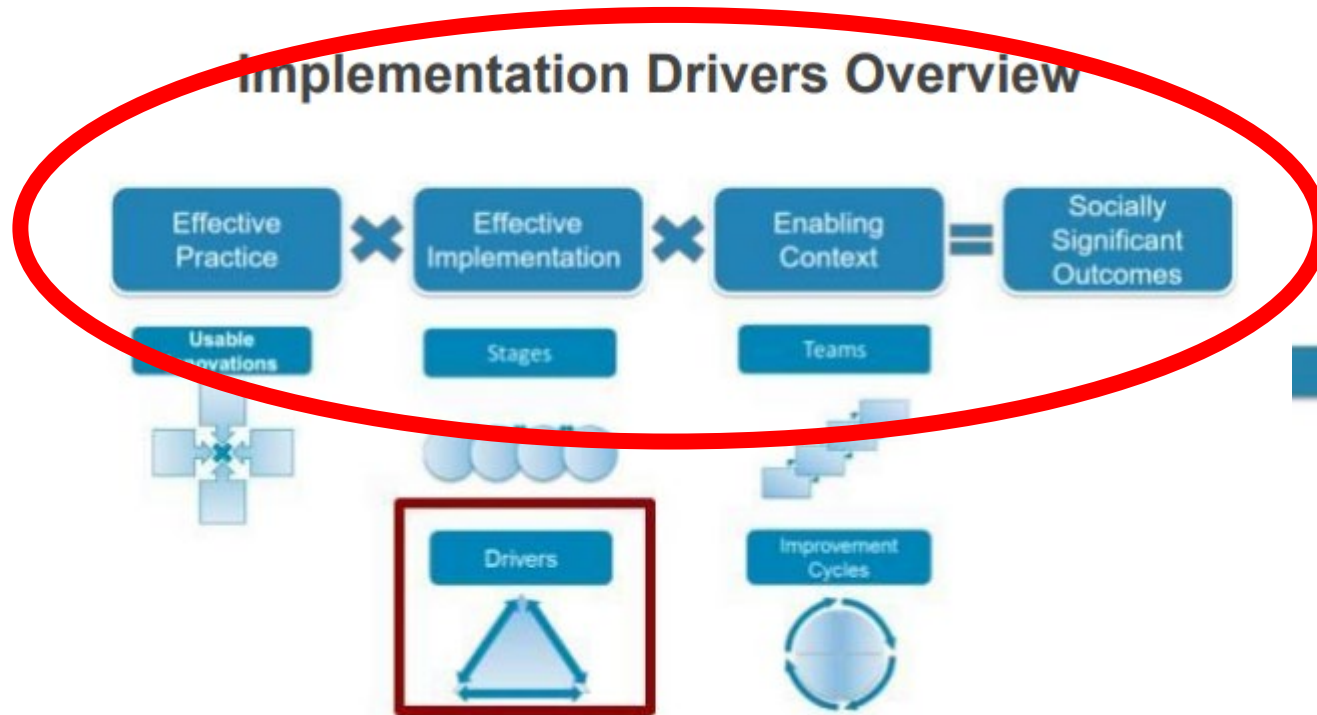
# Hypothesis

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*Through exposure to a range of training and implementation strategies across EBPs, E2P recognizes the **critical role of agency leadership** in the successful implementation of EBPs. **Agency leadership support, advocacy and problem-solving** is particularly important to clinicians' completion of the EBP training and consultation requirements.*

# National Implementation Research Network (NIRN)

## Implementation Drivers Overview



## Implementation Drivers



©Fixsen & Blase, 2008

# Method:

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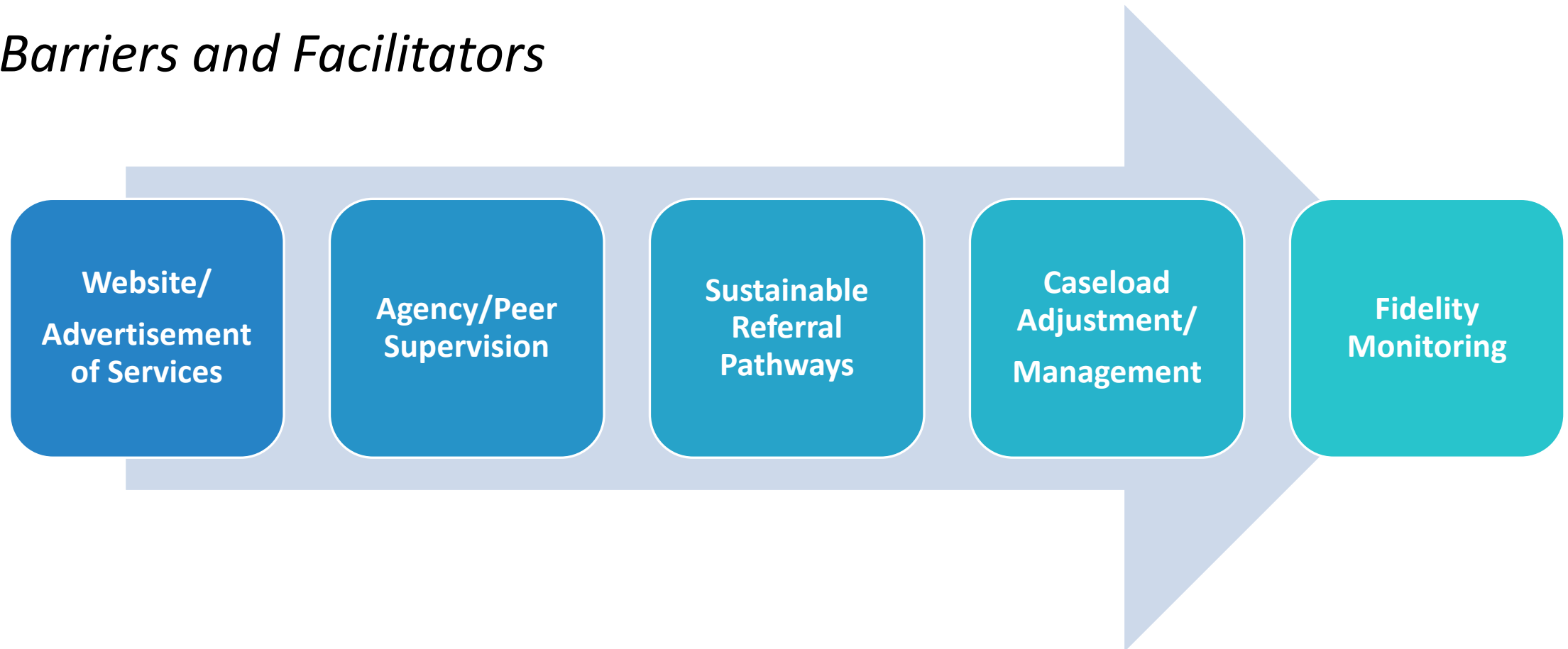
## Four (4) Leadership Meeting Model:

1. Before Training
2. Mid-way Through Training
3. Following Completion of Training
4. Following Completion of Consultation

# Tier 1: System & Environment

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## *Barriers and Facilitators*



# Tier 2: Implementors

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## *Barriers and Facilitators*

### **Clinicians:**

- Cherry Picking: Waiting for the **perfect case**
- Only taking 1-2 cases
- **Not preparing** for sessions
- **Schedule not conducive** to the model
- Attending but not participating in consultation calls
- Not seeking consultation when having difficulty with a case
- **Not tracking case progress**

### **Senior Leaders:**

- *Not leading regular team meetings*
- *Losing focus and not staying up to date on team participation*
- *Not using metrics to identify barriers to implementation*
- *Failing to recognize and celebrate successes*

# Evidence-Based Programs (EBP)

## Cost Benefit Analysis

### What do the numbers mean?

**Benefits Minus Costs:** How much more is gained than spent

**Benefit-Cost Ratio:** For every dollar spent, how many dollars are gained

**Chance Benefits Will Exceed Costs:** Probability the program yields net positive returns

Evidence-Based Programs (EBP)	Benefits Minus Costs	Benefit-Cost Ratio	Chance Benefits Will Exceed Costs
Child-Parent Psychotherapy (CPP)	\$77,733	\$15.63	96%
Eye Movement Desensitization & Reprocessing (EMDR)	\$9,946	\$12.57	82%
Parent-Child Interaction Therapy (PCIT)	\$32,936	\$8.87	95%
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	\$31,384	\$238.57*	100%
Positive Parenting Program (Triple P): Level 4	\$4,358	\$6.10*	97%

**Benefit-Cost Ratio Formula:** Total Benefits ÷ Net Program Cost. Asterisked values were not provided by WSIPP and were manually calculated (2025).

# EBP Cost Benefit Analysis

# Timeline of Impact:

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**November 2024:** Our *FIRST* Leadership Meeting (TF-CBT)

**November 2024-October 2025: 25+ Leadership Meetings later, engaging 120 agency leadership and clinicians** has led to:

**August 2025:** Triple P Cohort success

✓ **Nine (9) more Triple P Accredited clinicians (100% retention rate!)**

**September 2025:** PCIT Cohort success

✓ **93% retention rate**

**October 2025:** EMDR Cohort success

✓ **100% retention rate**

# Strengths & Challenges

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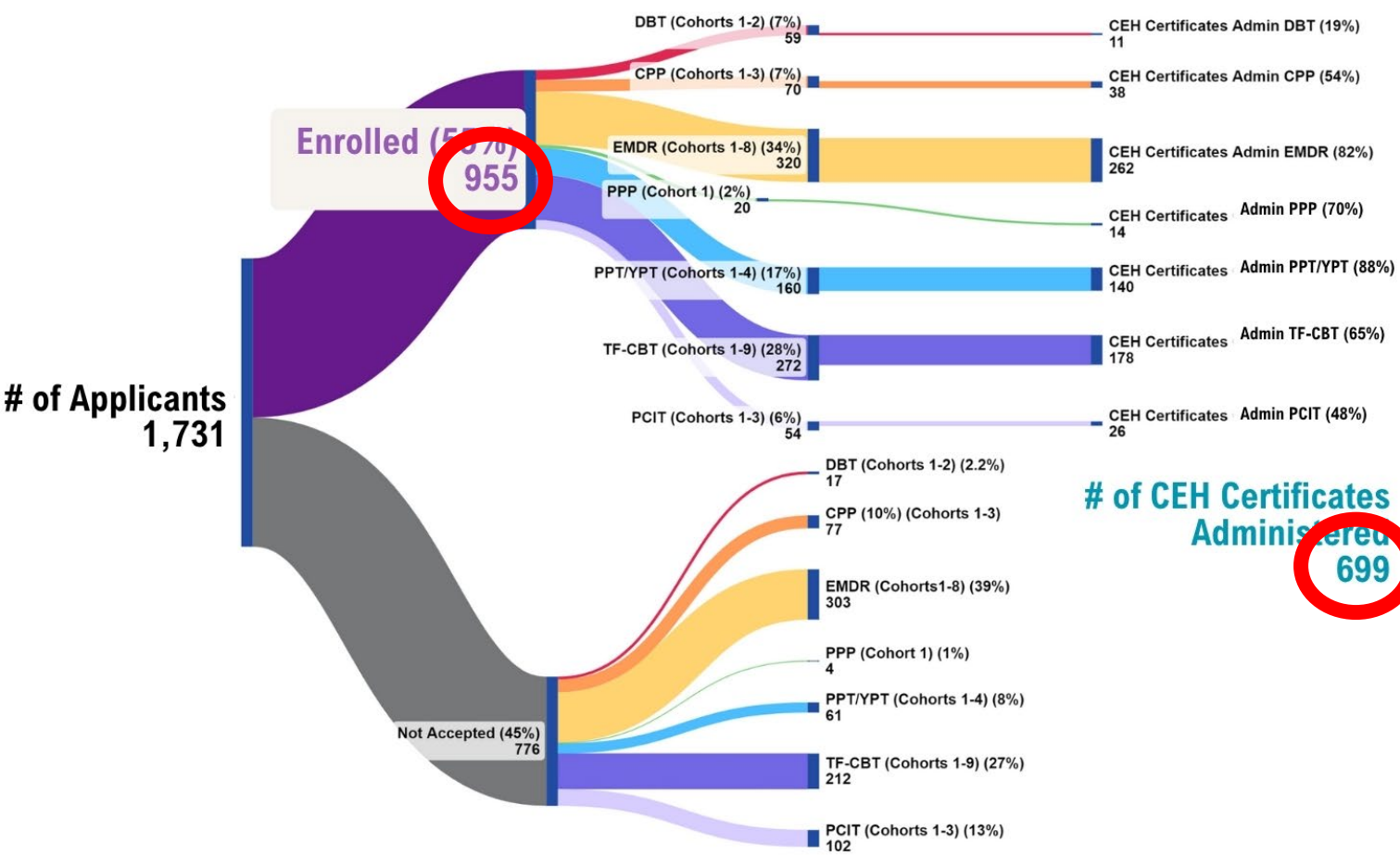
## Strengths:

- Importance of **why** this is needed
- **Proactive** approach to EBP implementation
- Built in **accountability**
- Creates a space for a **supportive environment**
- **Motivation & reinforcement** to stay engaged

## Challenges:

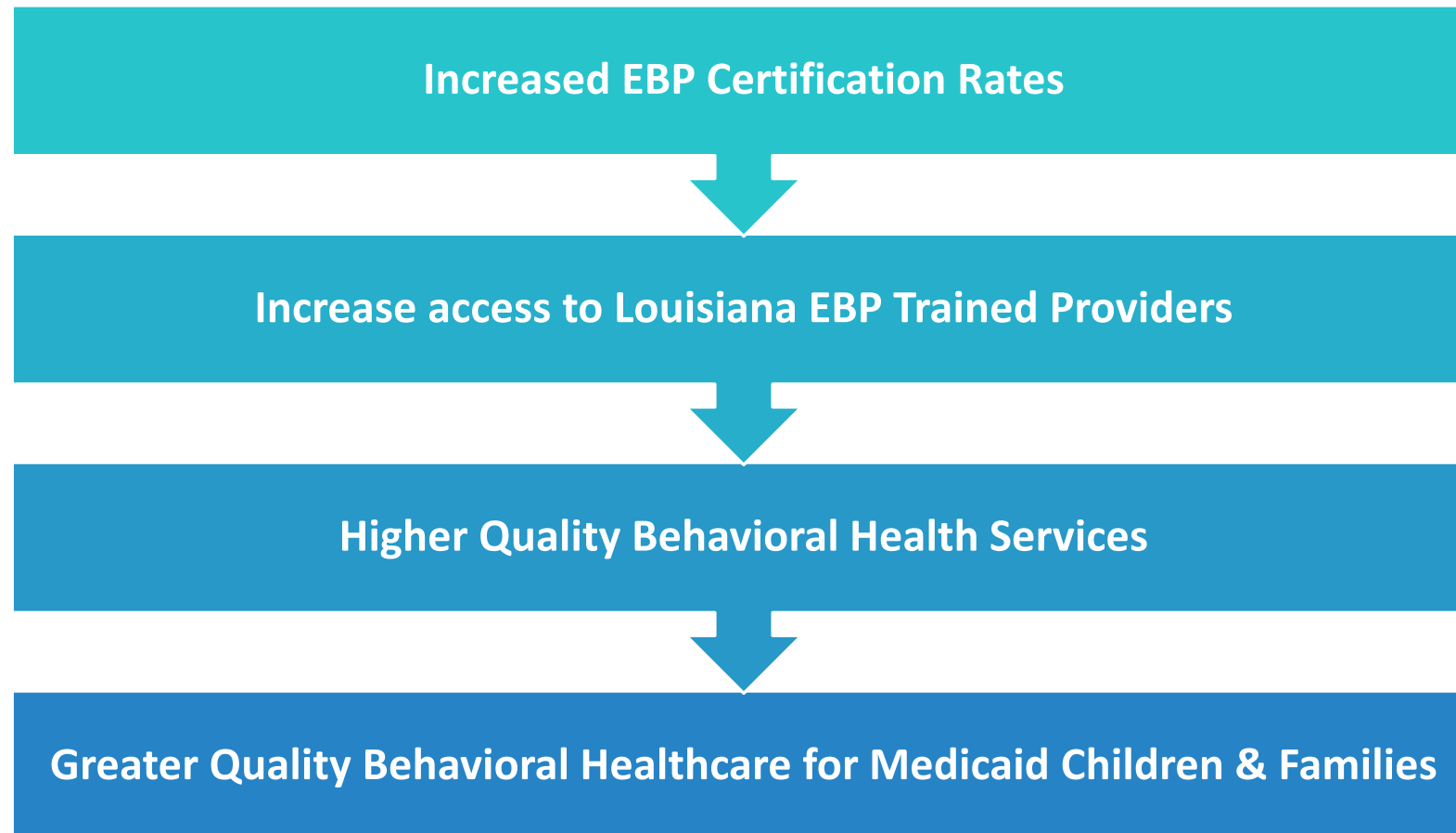
- *Who is the right audience for this?*
- *Leadership availability and engagement*
- *Communication across audiences*
- *Knowledge vs. Understanding of EBP*

# 2019-2024: 6-Year Sankey Diagram of the Center's EBP Training



# Future Direction & Impact:

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# Acknowledgements

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- Alice Yeh, MPH
- Brooke Dupre
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# Contact Information:

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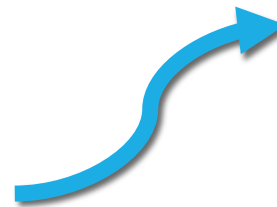
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*Visit our E2P website  
to learn more!*



# References

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**If you would like to connect to learn more, please share your contact information!**

Let's Connect!

