REQUEST FOR APPLICATIONS

For

Child-Parent Psychotherapy

Learning Collaborative for Louisiana Medicaid Behavioral Health Agencies

ChildParent Psychotherapy

Issued by

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

Center for Evidence to Practice

Application Release Date: Wednesday, September 9, 2026

APPLICATIONS MUST BE RECEIVED BY SUNDAY, SEPTEMBER 27, 2026

Please direct questions to the Center for Evidence to Practice at
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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 ***Child-Parent Psychotherapy (CPP)*** training and implementation.

Due to the identified need for Medicaid behavioral health services specific to children and their caregivers, CPP 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 CPP (pg. 403-411) 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 Louisiana Medicaid-insured children and families, and their readiness to participate in the training and to deliver the EBP. The trainers, Dr. Amy Dickson, Psy.D., and Dr. Julie Larrieu, 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 for Applications (RFA), the Center for E2P and CPP Certified trainers, Dr. Amy Dickson, Psy.D., and Dr. Julie Larrieu, Ph.D., 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 the Louisiana Department of Health (LDH) – Office of Behavioral Health (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 Louisianian 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 the Center for 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 Worker Examiners (LABSWE) and the National Board of 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 Expectations and Form

Dedication and commitment to this training is 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 the Center. ***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 providers to successfully implement CPP in their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate children and families for CPP, 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/manuals will be provided by the Center.

2. SCOPE OF WORK

A. Information About Child-Parent Psychotherapy

(Source: LA Medicaid Provider Manual)

Child-Parent Psychotherapy (CPP) is an evidence-based intervention model for children aged 0-6 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship. The relationship between the caregiver and child is the focus of the treatment, thus this is a dyadic treatment model.

B. Target Population Characteristics

CPP serves children 0-6 years of age who have experienced at least one traumatic event and are experiencing behavior, attachment, and/or mental health problems, post-traumatic stress disorder (PTSD) because of

experienced trauma. CPP is also used to treat parents and caregivers of traumatized children.

CPP may help when:

1. Children have been through scary or painful events such as:
    a. Loss of a loved one
    b. Separation
    c. Serious medical procedures
    d. Abuse or violence in the home or community
2. Children show difficult behaviors
3. Children have a change in placement or caregivers
4. Family member have physical health or mental health difficulties
5. Caregivers would like help with parenting and improving parent-child relationships

C. Philosophy and Treatment Approach

Child-Parent Psychotherapy (CPP) is a dyadic treatment with both the parent/caregiver and child, because caregivers are the most important people in their children's lives. Parents/caregivers know their children best and are central to their development. Stressful experiences affect the parent-child relationship, and young children rely on their parents/caregivers to feel safe. When difficult things happen, young children need parents and caregivers to help them with the following:

1. Make sense of what their family went through;
2. Know what they can expect in the future; and
3. Learn to cope with challenging negative emotions

D. CPP Goals

The goals of CPP are to:

- Reduce PTSD symptoms in the child
- Reduce behavior problems in the child
- Increase the child/parent attachment security
- Reduce PTSD and other mental health symptoms in the parent/caregiver

E. Learning Collaborative Approach

The Training and Implementation Process will follow the Learning Collaborative model of training set by http://www.childparentpsychotherapy.com, which was adapted from the National Child Traumatic Stress Network. All training will be executed virtually and will take place over eighteen (18) months. At the conclusion of this 18-month training and consultation process, clinicians should ideally be eligible to become CPP Rostered. During this training and consultation process, selected clinicians will be required to:

- Attend all training sessions,
- Participate in at least 70% of consultation calls,
- Engage the model with at least 4 families

Multiple organizations will be selected to join this training opportunity, and each are encouraged to send multiple clinicians and/or supervisors to join training. This approach systematically addresses both organizational and clinical-level factors that are believed to influence uptake of a model within an organization. Defining features of the LC approach include:

1) targeting multiple levels within an organization (clinicians, supervisors, senior leaders) by structuring information for specific roles
2) encouraging shared learning across participants
3) organizing teams within each organization to make process improvements at the organizational and

clinical levels

Each CPP team will be required to have the following staff:

Senior Leader Administrators, who must be able to:

- Provide oversight of day-to-day activities of core team members (i.e., the clinical supervisor(s) and clinicians participating in trainings), including ensuring fidelity measures are completed
- Participate in all required CPP training components (including attending at least the first day of the live training); participating in all 3 days of the first Learning Session is preferable. Attending Learning Sessions 2 and 3 is recommended but not required
- Participate in one-hour monthly meeting with your agency team to assess progress and identify any concerns or needs. Inform CPP Trainers of any concerns, needs, or issues

Clinical Supervisors who hold a master's or doctoral degree and must:

- Provide clinical CPP supervision at least twice a month to CPP clinicians participating in the training
- Receive CPP training in full with participating CPP clinicians, including attending all days of the 3 live Learning Sessions
- Participate in Learning Collaborative Consultation Calls twice per month with your clinicians in their call groups
- Participate in a one-hour call with the CPP trainer once a month to discuss issues unique to supervision of CPP
- Engage in CPP treatment with at least 2 cases over the course of the Learning Collaborative
- Participate in one-hour monthly meeting with your agency team and Senior Leader to discuss progress and any concerns or needs
- Complete all fidelity measures and monitor the completion of fidelity measures of your CPP clinicians

3-5 Clinicians who hold a master's or doctoral degree must:

- Receive CPP training in full, including attending all days of the 3 live Learning Sessions
- Participate in Learning Collaborative Consultation Calls twice per month
- Engage in CPP treatment with at least 4 cases over the course of the Learning Collaborative
- Participate in clinical CPP supervision at least twice a month with your CPP supervisor
- Participate in one-hour monthly meeting with your agency team and Senior Leader to discuss progress and any concerns or needs
- Complete all fidelity measures required of the CPP training team

Training includes: 3 Learning Sessions held over an 18-month period with 6-month spans of semi-monthly consultation calls which start at the conclusion of the first Learning Session.

1. Learning Session 1 consists of three (3) consecutive, full days of live training
2. Six (6) months of semi-monthly consultation calls
3. Learning Session 2 consists of two (2) consecutive, full days of training
4. Six (6) months of semi-monthly consultation calls
5. Learning Session 3 consists of two (2) consecutive, full days of training
6. Six months of semi-monthly consultation calls

During each Learning Session, participants engage in a variety of activities targeting agency teams as well as individual affiliate tracks (senior leader, supervisor, and clinician). Goals of the learning sessions include:

1) providing exposure and skill practice related to the intervention
2) supporting teams in engaging with one another to build a collaborative network
3) supporting understanding of the training and implementation methodology (such as focusing on local

expertise and embedding practices).

The tracking of change is an integral part of CPP, as well as essential to understanding what is working well within the training and implementation. The E2P and CPP trainers will collaborate with selected agencies to develop an outcomes monitoring plan. Support will be provided in the development of the operational procedures for collecting and regularly reporting/reviewing data with E2P and CPP trainers. Monitoring requirements will be discussed during training.

All training and consultation components will take place via Zoom; all practitioners must have access to a computer or other device with audio-visual capability (i.e. a camera and microphone) and a stable internet connection to participate in the training.

Upon achieving CPP Rostered status, licensed practitioners will be able to specifically use an EBP tracking code to document the delivery of this model within Outpatient Therapy. The EBP Tracking code for CPP (EB02) is outlined in the Louisiana Medicaid Behavioral Health Services Provider Manual on pages 406-413. Practitioners can also reference the EBP Qualifications & Billing Guide, which provides a summary of the EBP tracking codes and Medicaid billing guidance. Upon certification, it is ***highly recommended*** that practitioners utilize the EB02 tracking codes to document the utilization of the EBP model.

F. CPP 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 CPP and directly involved in:

1) supporting clinicians and supervisors in maintaining fidelity to CPP,
2) recruiting staff to participate in learning and using CPP,
3) integrating CPP into the culture of the agency, and
4) demonstrating a commitment to CPP through 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 CPP 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 CPP 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 CPP 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 five (5) separate CPP-specific Agency Leadership Meetings. These meetings are intended to offer agency leadership support in supervising their staff who are learning and implementing the CPP 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. Continuing education (CE) credit will be offered for each of these meetings.

G. CPP Application Timeline

Event	Date(s)
CPP RFA OPENS	Wednesday, September 9, 2026
CPP Informational Webinar	Friday, September 18, 2026, 12:00pm-1:00pm CDT Register for this call
CPP RFA CLOSES	SUNDAY, SEPTEMBER 27, 2026
NOTICE OF APPLICATION STATUS	Monday, October 5, 2026

H. CPP Virtual Training Timeline

EVENTS	DATE
TRAINING COMMITMENT DUE	Monday, October 12, 2026
TEXTBOOK REQUEST FORM DUE	Monday, October 12, 2026
CPP MANDATORY PRE-WORK MEETING	Monday, October 19, 2026, 1:00pm-3:00pm CDT
LEARNING SESSION 1 (LS1)	Wednesday-Friday, November 4-6, 2026, 8:30am-5:00pm CST
LS1 CE Eval Deadline	Friday, November 13, 2026
LEARNING SESSION 2 (LS2)	Thursday-Friday, April 8-9, 2027, 8:30am-5:00pm CDT
LS2 CE Eval Deadline	Friday, April 16, 2027
LEARNING SESSION 3 (LS3)	Thursday-Friday, October 7-8, 2027, 8:30am-5:00pm CDT
LS3 CE Eval Deadline	Friday, October 15, 2027
CONSULTATION CALL COMMITMENT	1-hr calls twice per month for eighteen (18) months

CE Eligibility: *The total number of hours required for participants to attend all parts of the CPP training will be approximately* ***56.0 hours.*** *Participants will be eligible to receive up to* ***approximately 45.50 CE hours*** *should they participate in all training components and meet the online training requirements. Trainees missing more than fifteen (15) minutes of instruction outside of the scheduled break time on any given day of the training will be* ***ineligible*** *to receive CE credit.*

I. CPP Agency Leadership Meeting Schedule

EVENTS	DATE
CPP AGENCY LEADERSHIP MEETING #1	Friday, October 16, 2026, 12:00pm-1:00pm CDT
Ldrshp Mtg #1 CE Eval Deadline	Friday, October 23, 2026
CPP AGENCY LEADERSHIP MEETING #2	Tuesday, January 19, 2027, 12:00pm-1:00pm CST
Ldrshp Mtg #2 CE Eval Deadline	Tuesday, January 26, 2027
CPP AGENCY LEADERSHIP MEERTING #3	Tuesday, May 11, 2027, 12:00pm-1:00pm CDT
Ldrshp Mtg #3 CE Eval Deadline	Tuesday, May 18, 2027
CPP AGENCY LEADERSHIP MEETING #4	Tuesday, September 7, 2027, 12:00pm-1:00pm CDT
Ldrshp Mtg #4 CE Eval Deadline	Tuesday, September 14, 2027
CPP AGENCY LEADERSHIP MEETING #5	Tuesday, November 30, 2027, 12:00pm-1:00pm CST
Ldrshp Mtg #5 CE Eval Deadline	Tuesday, December 7, 2027

J. Sustaining CPP Practice and Achieving CPP Rostered Status

For best results throughout the training and consultation process, agency leadership will be expected to provide support to clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the CPP program.

Additionally, as soon as clinicians begin training, they are encouraged to identify potential cases with which they can begin practicing the CPP model. In addition to the training and consultation requirements, the following is also necessary to become CPP Rostered:

1. Treatment of at least four (4) different families with the model

2. Completion of at least sixteen (16) session with at least two (2) families
3. Dyadic sessions conducted with at least two (2) families
4. Starting treatment and completing until at least the foundational phase with at least one (1) case
5. Presentation at least twice during consultation
6. Completion of the Fidelity Forms for at least two (2) CPP cases

Following the completion of the full course and implementation program, agencies will be expected to independently sustain CPP, including:

- Facilitating ongoing referrals and engagement
- Maintaining a caseload
- Ensuring supportive supervision, leadership, and policy.

The Center for Evidence to Practice expects all selected agencies/clinicians to complete the entire course and all consultation calls. Consultation calls have shown to be integral to growing and sustaining EBP practices. To further develop CPP confidence and competence, clinicians will be required to participate in 1-hour bi-monthly consultation calls for eighteen (18) months following training. These calls will be offered from November 2026-May 2027. The purpose of these calls is to help support clinicians in implementing CPP with their clients. Once all components are complete, clinicians will be expected to continue to pursue becoming CPP Rostered and submit the required CPP Learning Collaborative Minimum Training Requirements Verification Form through Child-Parent Psychotherapy.

K. Post-Training Follow-Up Surveys

Following training, the Center for E2P will maintain regular contact with the provider agency and clinicians to track progress toward CPP Rostered status. A part of this contact will consist of a six (6) month and one (1) year follow-up survey to be administered 6 months and 1 year following the last day of training, respectively.

Clinicians who completed all training days will be contacted via email by a member of the E2P team to complete a short survey to gather information on the progress of CPP implementation, including any possible barriers to implementation. Completion of this training protocol in totality will require participation in these surveys. All accepted participants will be expected to submit a response.

Should a clinician leave the provider agency with whom they joined training, said clinician will be expected to provide a viable email address by which the Center can contact them to complete these surveys.

3. APPLICATION AND SELECTION PROCESS

A. Eligibility Requirements and Expectations

Selection will be based on an organization's readiness for CPP implementation, acceptance of Medicaid- insured families, and relevance of CPP to the population served by the applicant organization. ***In recognition of the extensive duration of the training process and necessity for inter-practitioner support, preference will be given to organizations with multiple practitioners applying to be trained.*** Organizations must also demonstrate understanding of the necessary changes to practitioners' caseloads in order for a trainee to include CPP 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:*

- Have a master's degree or higher in a mental health field
- Are independently, terminally licensed mental health service provider **OR** are working under the

supervision of a terminally licensed mental health service provider
- Serve Medicaid-insured individuals and/or provide clinical therapy services to children and their caregivers in Louisiana free of charge
- 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. CPP Informational Webinar and Introduction to CPP Online Course

The Center for E2P will host a *CPP Informational Webinar* on **Friday, September 18, 2026, from 12:00pm-1:00pm CDT via Zoom**. This webinar will give individuals who are considering applying for CPP training the opportunity to meet the trainers and learn more about the application, training, and consultation process. A question and answer (Q&A) session will follow where potential trainees can gain clarification on whether this training or model is a good fit for them or their practice.

Register for this call: Register for the info webinar

A previously hosted CPP Webinar was recorded and has been added as a free course on our learning platform, E2P:Learn. ***If you missed the live webinar but still plan on applying to the upcoming CPP training, it is highly recommended that you 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 CPP

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 requirements outlined in the **Eligibility Requirements** section. 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

The **CPP** online training is scheduled to begin in **November 2026** with the CPP Training team, Dr. Julie Larrieu and Dr. Amy Dickson. **This CPP Learning Collaborative is limited to 45 participants.**

1. The **TRAINEE APPLICATION** can be accessed via REDCap and must be completed by each applicant by **SUNDAY, SEPTEMBER 27, 2026.**
2. The **AGENCY AGREEMENT** must be filled out and signed ELECTRONICALLY using **Adobe Acrobat (or a similar PDF editing/filling software)** by leadership from the agency requesting participation in the training. *Sole practitioners are also **required** to submit an Agency Agreement on behalf of themselves.* The agency agreement **MUST BE SUBMITTED in the Individual Application via REDCap by SUNDAY, SEPTEMBER 27, 2026**.

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

E. Application Checklist

- □ Please review the **Request for Applications (RFA)** to be aware of training expectations.
- □ *(HIGHLY RECOMMENDED)* **WATCH THE RECORDING OF THE INFORMATIONAL WEBINAR** via **E2P:Learn** to ensure that applicants are aware of the training expectations and time commitment.
- □ **SAVE ALL IMPORTANT TRAINING DATES:** See **pg. 8 of the RFA** for the 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 who are sole practitioners as well, please fill it out on behalf of yourself.*

F. 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.

G. 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 reading your application!