REQUEST FOR APPLICATIONS

For

Dialectical Behavioral Therapy (DBT)

Learning Collaborative for Louisiana Medicaid Behavioral Health Agencies

Treatment Implementation Collaborative
Disseminating Evidence Based Practices across the Continuum of Care

Issued by

LSUHSC-NO Center for Evidence to Practice

Center for Evidence to Practice

Application Release Date: Monday, August 17, 2026

APPLICATIONS MUST BE RECEIVED BY TUESDAY, SEPTEMBER 1, 2026

All applicants will be notified by Friday, September 4, 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 practitioner teams in Louisiana who are equipped to successfully participate in ***Dialectical Behavioral Therapy (DBT)*** training and implementation.

Due to the identified need for Medicaid behavioral health services specific for treating trauma, DBT 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, 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.

The **goal of this RFA** is to help providers determine if DBT 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 the readiness to participate in the training and to deliver the EBP. The trainer(s) from the Treatment Implementation Collaborative (TIC) team, along with the Center for E2P staff, will review applications based on the ***Applicant 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 the TIC team, 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 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 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 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 DBT in their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate adolescents and families for DBT, 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 DBT

(Source: LA Medicaid Provider Manual)

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 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.

Additionally, LDH-OBH 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), which can be found using the following link: LDH Behavioral Health Provider Manual.

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 using the following link: Information About Enhanced DBT Rates.

LA Medicaid MCOs 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)

B. Training Population Characteristics

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. Philosophy and Treatment Approach

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 objective of this DBT training is to support the adoption and implementation of DBT by behavioral health providers and organizations in Louisiana who serve trauma-exposed, Medicaid-insured children, families, and adults. Providers should be able to demonstrate the capacity to identify and engage appropriate clients for DBT, deliver the model to fidelity, and sustain the model long-term. Over approximately one year, clinicians and supervisors will learn the DBT model and how to implement systems and infrastructure for long-term sustainability of the model. Once the course is complete, clinicians will be highly recommended to continue pursuing certification.

LDH-OBH and the LSUHSC-NO Center for Evidence to Practice are working with TIC to support provider teams that will implement comprehensive DBT programs.

The training protocol will span a total of twelve months and will include:

- Eleven (11) half-days of training
  - Learning Session 1: 5 Half-Days
  - Learning Session 2: 3 Half-Days
  - Learning Session 3: 3 Half-Days
- Ongoing bi-weekly consultation during training and as needed post-training
- After-hours DBT skills phone coaching, and
- Submission of:
  - Audiovisual recordings of individual DBT sessions
  - Audiovisual recordings of DBT skills groups
  - Written case conceptualizations.

The focus and goal of the training protocol is to assist organizations and teams with implementing comprehensive DBT programs.

Clinicians will be expected to demonstrate delivery of DBT interventions to clients during the training protocol, which will be evidenced via consultation with trainers and review of the 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 complete the ENTIRE training program with no delays due to personal or professional reasons.

This fourth 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 and serve the same client group with individual therapy, skills training groups, as well as coaching and consultation team. If clinicians work in different locations and/or serve different clients, they must report to the same Supervisor for DBT programming.

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.

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 the 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 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.

F. DBT Leadership Development Meeting

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 DBT and directly involved in:

1. Supporting clinicians and supervisors in maintaining fidelity to DBT.
2. Recruiting staff to participate in learning and using DBT.
3. Integrating DBT into the culture of the agency.
4. Demonstrating a commitment to DBT 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 DBT 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 DBT 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 DBT 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 DBT-specific Agency Leadership Meetings. These meetings are intended to offer agency leadership support in supervising their staff who are learning and implementing the DBT 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 protocol requirements.

G. DBT Application Timeline

Event	Timeline
DBT INFORMATIONAL WEBINAR	*The webinar was held on Wednesday, August 5, 2026, at 12:00pm CDT. For those who were unable to attend, a previously recorded webinar is available as a free course on our E2P:Learn online platform. You can register to take the course using the following link:* ***CLICKING HERE.***
DBT LEADERSHIP IMPLEMENTATION ORIENTATION CALL	This was executed on **Friday, August 14, 2026**, from 9:00am-12:00pm CDT. Attendance is from agency leadership is **mandatory** for provider teams interested in applying for training.
RFA APPLICATION PERIOD	Monday, August 17, 2026 – Tuesday, September 1, 2026
RFA NOTICE OF APPLICATION STATUS	Friday, September 4, 2026

H. DBT Virtual Training Timeline

Training	Date & Time	Required Attendees
TRAINING COMMITMENT & TEXTBOOK REQUEST FORM DUE	Thursday, September 17, 2026	All DBT clinicians enrolled in training
3 X 2-HR TEAM LEADER CONSULTATION	Tuesday, September 8, 2026 @ 9am-11am CDT Tuesday, September 22, 2026 @ 9am-11am CDT Tuesday, October 27, 2026 @ 9am-11am CDT	DBT team leaders and supervisors
5 HALF-DAY KICK OFF	Monday-Friday, October 5-9, 2026, 9am-1pm CDT	Intro to DBT: All DBT clinicians
3 HALF-DAY BOOSTER	Tuesday-Thursday, December 1-3, 2026, 9am-1pm CST	Individual Sessions: All DBT clinicians
3 HALF-DAY BOOSTER	Tuesday-Thursday, February 16-18, 2027, 9am-1pm CST	Case Conceptualizations: All DBT clinicians
TEAM CONSULTATION	September 28, 2026 – June 30, 2027	Total of 18 X 60-minute biweekly sessions: All DBT clinicians

CE Eligibility: *The total number of hours for the DBT training will be* ***approximately 44.0 hours*** *and participants will be eligible to receive up to* ***approximately 44.0 of CE hours*** *if 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 credit.*

I. DBT ONGOING REQUIREMENTS

Training	Date & Time	Descriptions & Required Attendance
ONLINE SKILLS	September 28, 2026 – January 31, 2027	3 months to complete asynchronous DBT skills training modules: All DBT clinicians
SESSION TAPES (Individual, Team, and Skills)	December 4, 2026-March 31, 2027	**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 11, 2027 - June 30, 2027	**Pass Case Conceptualization:** Submit 2 on different clients: All DBT clinicians

J. SUSTAINING EBP PRACTICE & ACHIEVING EBP QUALIFICATION

Each of the clinicians on the DBT team must have the same DBT Program supervisor and have agency leadership support to carry an initial caseload of DBT training cases immediately following the first installation of DBT didactic training. Provider teams are encouraged to start working with DBT cases as soon as possible after the didactic training, which will help them to better understand and learn the DBT model. Each clinician on a provider team should aim for an initial caseload of at least three (3) DBT cases, which will offer the ability to practice the DBT model while allowing the balance to provide usual treatment to other 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 given that the agency commits to supporting the clinicians in devoting a higher proportion of clinical 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
- Engaging in ongoing supervision and learning opportunities

Agency leadership will be expected to provide support to the DBT program and DBT clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the DBT program. Each agency is expected to find additional ways in which agency leadership can best support the DBT program and will need to identify an administrator who will take responsibility for ongoing support.

Agency leadership will also be expected to participate in quarterly DBT agency leadership meetings with LDH-OBH, the Center for E2P, and TIC representatives. After year one of DBT training, DBT clinicians will be expected to increase their DBT caseload as a year of experience with the DBT model should easily allow for an increase in the DBT caseload. Agency establishment of the DBT program should also allow for sufficient outreach and referral pathways such that the DBT team will likely experience 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 over the course of the training year. It is suggested that the DBT teams begin maintaining a program waitlist to ensure that the program remains strong and viable after the conclusion of the training collaborative.

Long-term capacity of DBT programs may vary across 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.

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 DBT Certification 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 DBT 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 organization's readiness for DBT implementation, acceptance of Medicaid-insured clients, and relevance of DBT to the population(s) served by the applicant organization. ***In recognition of the extensive duration of the DBT training process and necessity for inter-practitioner support, preference will be given to organizations with multiple practitioners applying to be trained and agencies with demonstrated organizational leadership support for DBT.*** Organizations must also demonstrate understanding of the necessary changes to practitioners' caseload in order for a trainee to include DBT 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 will be those who:* serve Medicaid-insured individuals and/or provide clinical therapy services to children and their caregivers in Louisiana free of charge; have at least two (2) staff who are terminally licensed; and are actively (i.e. currently) treating Medicaid clients.

For DBT implementation, at least two (2) of the clinicians elected to join this training from a qualified behavioral health agency must have completed a graduate degree in the mental health field and be terminally licensed for independent practice. 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.*

Note: Only complete applications will be considered. Applications consist of two components, the Agency Agreement and the Individual Application. All applicants 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.*

Submission of an application does not guarantee a slot. Providers will receive confirmation of which clinicians were approved by the Center for E2P Team. Please be sure to review the criteria thoroughly before applying and/or having your clinicians apply.

B. Informational Webinar and Introduction to DBT Online Course

The Center for E2P previously hosted a DBT Webinar where attendees had the opportunity to learn about the basics of the modality and get an overview of the application process. It was facilitated by Helen Best, M.Ed. from the TIC team (www.ticllc.org). A question and answer (Q&A) session followed. This informational webinar was recorded and the Q&A summarized; both have been added to the DBT RFA webpage for those who were unable to attend. A different webinar was also recorded and has been added as a free course on our learning platform, E2P:Learn. ***If you plan on applying to the upcoming DBT 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 DBT

The Center for E2P also hosted a webinar-based DBT Leadership Meeting on August 14, 2026. 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 TIC team 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 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(s) to further review the applicants based on their individual application and agency agreement responses.

D. Application Materials

The **DBT** online training protocol is scheduled to begin in Fall 2026 with TIC. **This DBT Learning Collaborative is limited to four (4) agencies.**

1. The **DBT APPLICATION** can be accessed via REDCap and must be completed by each applicant by **TUESDAY, SEPTEMBER 1, 2026.**
2. The **AGENCY AGREEMENT** must be filled out and signed ELECTRONICALLY using **Adobe Acrobat (or a similar PDF filling/editing software)** by leadership from the agency requestion participation in the training**. All applicants from the same agency must submit the same Agency Agreement**. *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 **TUESDAY, SEPTEMBER 1, 2026.**

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

E. Application Checklist

- ☐ Review the **Request for Applications (RFA)** to be aware of understand the application requirements and 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.
- ☐ *(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 July 30th, and attendance was mandatory for all agencies who wish to apply for training.

- *(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 TIC: ***Helen Best: (206) 251-5134 or mailto:hbest@ticllc.org.***

- ☐ **SAVE ALL IMPORTANT TRAINING DATES:** *See **pgs. 8-9 of the RFA** for an exhaustive list of important dates and deadlines.*
  - **THREE X 2-HOUR TEAM LEADER CONSULTATION:** All DBT team leaders must attend team leader consultation meetings on
    - Tuesday, September 8, 2026 @ 9:00am-11:00am CDT
    - Tuesday, September 22, 2026 @ 9:00am-11:00am CDT
    - Tuesday, October 27, 2026 @ 9:00am-11:00am CDT
  - **5 HALF-DAY KICK-OFF:** All DBT team members must attend training
    - Monday-Friday, October 5-9, 2026 @ 9:00am-1:00pm CDT.
  - **3 HALF-DAY BOOSTER:** All DBT team members must attend training
    - Tuesday-Thursday, December 1-3, 2026 @ 9:00am-1:00am CST.
  - **3 HALF-DAY BOOSTER:** All DBT team members must attend training
    - Tuesday-Thursday, February 16-18, 2027 @ 9:00am-1:00am CST.
  - **TEAM CONSULTATION CALLS:** The DBT team members must attend a total of 18 of the 60-minute biweekly 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 the application responses.
- ☐ Submit an **AGENCY AGREEMENT** on behalf of your agency, which must be completed by your agency's leadership. **The SAME AGENCY AGREEMENT must be uploaded by all clinicians applying from the same agency.**

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, 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!