A State & University Partnership For Innovating a Public Health Ecosystem

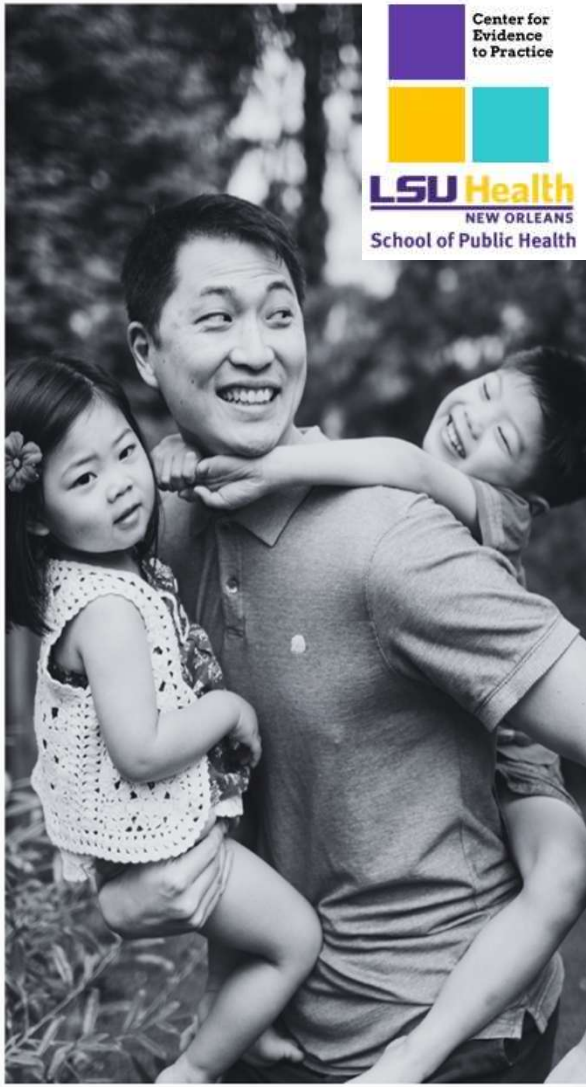
To Advance Evidence-Based Practices (EBPs) in Louisiana Children's Behavioral Health: The Evolution of the Center for Evidence to Practice

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APHA 2026 Roundtable Discussion







Center for Evidence to Practice
LSU Health NEW ORLEANS School of Public Health

PURPOSE

LET'S START TOGETHER:

What does it take for a state-university partnership to make evidence-based behavioral health practices routine and sustainable?

Partnership Architecture | **Implementation Supports** | **Infrastructure for Scale**

Learning Outcome

Describe how state and local partnerships, paired with implementation supports, can advance EBP uptake and inform other states.

WHY NOW

The evidence-to-practice gap was visible

<60%

of Medicaid-funded mental health services reported using EBPs in the 2017 Louisiana survey.

Even fewer reported structured training, fidelity monitoring, manualized treatment protocols, and ongoing supervision.

1. **Training access**
   Limited pathways into high-quality EBP training

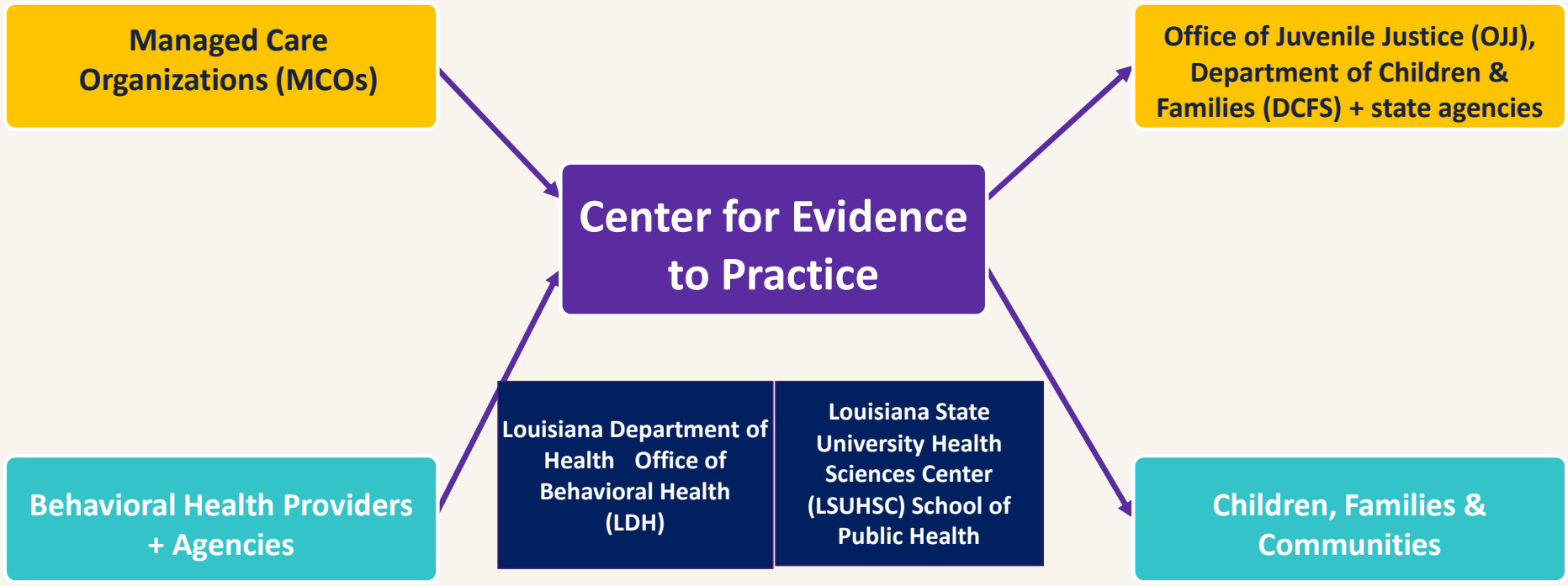
2. **Implementation**
   Support needed beyond a one-time workshop

3. **Sustainability**
   Funding, billing, retention, and supervision barriers

The response was not another training alone. It was a statewide support for infrastructure.

PARTNERSHIP ARCHITECTURE

A partnership designed as an intermediary



Synthesis & Translation • Implementation Support • Service Delivery

Interactive Systems Framework (ISF)

EVOLUTION

The Center Evolved by Responding to the System



2016

LA Medicaid Expansion

31st state to expand Medicaid under the Affordable Care Act

2017

Needs Assessment

Gaps in EBP use and implementation supports

2018

Center Formed

EBPs identified, EBP training initiated, and E2P Learn platform created

2021

Interactive Louisiana EBP Map

EBP providers and agencies identified state-wide

2023

Statewide Scale

Continuing Education (CE) Approved Entity and stronger application readiness processes

2024

Agency Systems Supports

EBP implementation supports, data visualization, system integration

2025

Provider Dashboard

Credentialing communication and advanced trainings

The evolution is not finished. Each phase added infrastructure around provider and agency needs.

THE RESULT

Bringing the Need to Action

*Due to the findings of the 2017 Needs Assessment, the Center for Evidence to Practice focuses on **trauma, disruptive behaviors, and parent-child relationships,** aligning with current research on youth needs[1,2,3].*

Evidence-Based Practices (EBPs) at the Center:

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

THE OPERATING MODEL

Implementation support extends beyond training

SELECT

- Readiness Assessment
- Leadership Engagement
- EBP-Specific Application

PREPARE

- High-Quality Training
- Consultation & Supervision
- Fidelity Monitoring

IMPLEMENT

- Billing Guidance
- Referral Supports
- MCO Coordination

SUSTAIN

- CE Opportunities + Special Populations consideration
- Advanced Training
- EBP Map + EBP Dashboard

Implementation supports are matched to where providers and agencies are in the journey towards sustainability.

WHAT CHANGED

Scale came with measurable reach

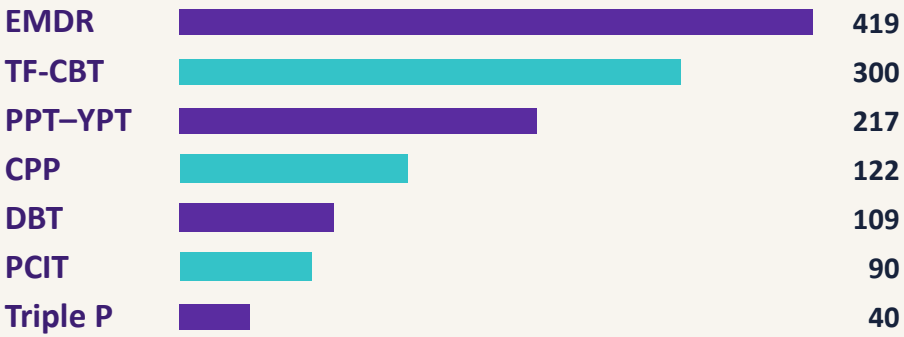
45
EBP Cohorts

1,297
Clinicians Trained*

322
Qualified Providers

97%
Rated 2025 Trainings 4+ of 5

TRAINING IMPACT



**The source notes some duplicate representation in the trained total.*

Infrastructure Outcomes

- Interactive EBP Referral Map
- Referral Decision Support Tools
- CE Approved-Entity for Workforce Development
- E2P Learn Asynchronous Online Platform
- MCO Resource Hub
- Certified Provider Dashboard

WHAT WE WOULD TELL ANOTHER STATE

Five Transferable Lessons

1	**Start with a shared needs assessment**	***Build around system gaps***, not a preselected training catalog.
2	**Fund the intermediary function**	Coordination, translation, and technical assistance require ***durable capacity.***
3	**Treat readiness as an implementation strategy**	***Engage agency leadership*** before clinicians begin long training pathways.
4	**Build infrastructure around friction points**	***Billing, referrals, credentialing, and data*** can determine whether EBPs endure.
5	**Use data to adapt the partnership**	***Track progress***, reach, quality, and emerging provider needs.

These are design principles, not a fixed recipe. Adaptation is the work.

PERSISTENT CHALLENGES

What still requires collective problem-solving



Billing Complexity

EBP tracking codes and credentialing processes can create implementation friction.



Referral Inefficiency

Referrals may not precisely connect youth with appropriate evidence-based services.



Workforce Constraints

Shortages, caseloads, turnover, and long training pathways affect scale and sustainment.

The partnership's value is not that barriers disappear. It is that the system has a structure for surfacing and addressing them together.

ADVANCING HEALTH EQUITY

Reducing Structural Barriers to Sustained Care



MEDICAID-FUNDED with emphasis on under-resourced, and rural settings

This work advances health equity by reducing structural barriers to sustained EBP delivery where they are needed most.

Reduce clinician attrition

Fewer trained practitioners are lost after certification.

Expand equitable access

Strengthened training-to-certification pathways reach underserved communities.

Improve quality of care for Medicaid children and families

More clinicians are equipped and supported to deliver EBPs consistently over time.

This is exactly where sustained EBP delivery is hardest and most needed.

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TABLE DISCUSSION

Which partnership design choice would most strengthen evidence-to-practice work in your setting?

15 minutes:
2 min reflection • 10 min discussion • 3 min action planning

01 What is your system's biggest implementation friction point?

02 Who is missing from the partnership table?

03 What intermediary function needs durable ownership?

Takeaway: Build the structure that helps partners learn, adjust, and sustain together.

Thank You

I want to thank Louisiana Department of Health – Office of Behavioral Health (LDH-OBH) for investing in this work and the Center for Evidence to Practice staff and students.

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https://linktr.ee/EvidenceToPractice



REFERENCES:

1. *Cho, E., Wood, P. K., Taylor, E. K., Hausman, E. M., Andrews, J. H., & Hawley, K. M. (2019). Evidence-Based Treatment Strategies in Youth Mental Health Services: Results from a National Survey of Providers. Administration and Policy in Mental Health, 46(1), 71–81. https://doi.org/10.1007/s10488-018-0896-4*
2. *Kooij, L. H., van der Pol, T. M., Daams, J. G., Hein, I. M., & Lindauer, R. J. L. (2022). Common elements of evidence-based trauma therapy for children and adolescents. European Journal of Psychotraumatology, 13(1), 2079845. https://doi.org/10.1080/20008198.2022.2079845*
3. *Lieneman, C. C., Brabson, L. A., Highlander, A., Wallace, N. M., & McNeil, C. B. (2017). Parent-Child Interaction Therapy: current perspectives. Psychology Research and Behavior Management, 10, 239–256. https://doi.org/10.2147/PRBM.S91200*