Center for Evidence to Practice

LSU Health NEW ORLEANS School of Public Health

SIRC 2026 ANNUAL CONFERENCE

From Training to Sustained Practice

Adaptive Implementation Supports in a Medicaid Behavioral Health Workforce

Lisa Staples, MPH, Gabrielle Gonzalez, PhD, MPH; Brian Bumbarger, PhD; Stephen Phillippi, PhD

Center for Evidence to Practice | LSU Health Sciences Center School of Public Health

LET'S START TOGETHER

Slido Word Cloud — Access via QR Code to the right

In one word:

“What’s missing between training and sustained practice?”

Your responses will build a live word cloud that frames the problem we'll spend the next 15 minutes solving together. Paper copies of every prompt are available if you prefer not to use a phone.

THE PROBLEM

Training ≠ Sustained Practice

Louisiana Department of Health – Office of Behavioral Health (LDH-OBH) & Medicaid investments in Evidence-Based Practice (EBP) training assume workforce capacity will translate into service delivery — an assumption that does not clearly define how training leads to sustained practice.

1,147

Medicaid-serving clinicians trained across **eight EBP models** in Louisiana

19–88%

Range of certification completion across all training cohorts

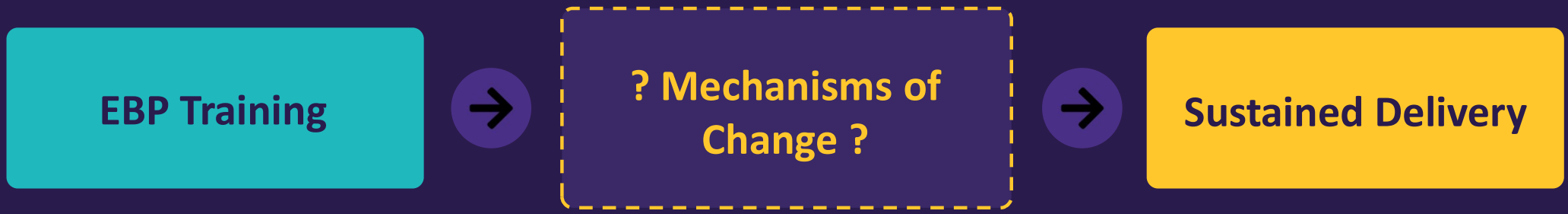
30–35%

Attrition of already-trained practitioners

Source: 2025 Annual Report, Center for Evidence to Practice (LSUHSC School of Public Health)

WHY TRAINING DOESN'T ALWAYS LEAD TO PRACTICE

What's Missing Between Training and Sustained Delivery



What's actually missing between the two boxes:

- Coaching and support after training ends
- Leadership that reinforces and prioritizes the practice
- Systems and workflows that support day-to-day use

Source: Aldridge et al., 2023

OUR IMPLEMENTATION APPROACH

Guided by the Implementation Equation

Successful implementation requires more than training alone.



Evidence-Based Practice (EBP) | **Change of Practice** | **Implementation Team** | **Supports & Interventions** | **Enhanced Quality Care**

Source: The Center for Implementation (2025), Implementation Equation (V2025.01), adapted from NIRN Active Implementation Frameworks.

APPLYING THE IMPLEMENTATION EQUATION

Building supports where they matter most with Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

We applied the equation with cross-sector engagement, from training to certification and sustained delivery.



Readiness Screening

Assess agency and clinician readiness before training begins.



Embedded Consultation

Ongoing EBP implementation support during and after training days.



Leadership Accountability & Touch Points

Agency leaders engaged early and continually to set expectations.



Fidelity Monitoring

Auditing capabilities built into the delivery pathway.



Learning Community with Advanced Trainings

Peer engagement to reduce isolation in under-resourced settings.

IMPLEMENTATION SUPPORT IN ACTION

Observed Barrier ▶ Adaptive Support

Implementation factors that sit between training and sustained delivery.

Limited implementation readiness	→	Readiness and fit screening
Leadership disengagement	→	Leadership accountability
Difficulty applying new skills in practice	→	Embedded consultation (6 months-1.5 years)
Fidelity drift	→	Fidelity monitoring & feedback
Limited peer and ongoing support	→	Learning community & advanced training opportunities





YOUR TURN — SLIDO POLL

“What's the biggest challenge to sustaining a new practice in your setting?”

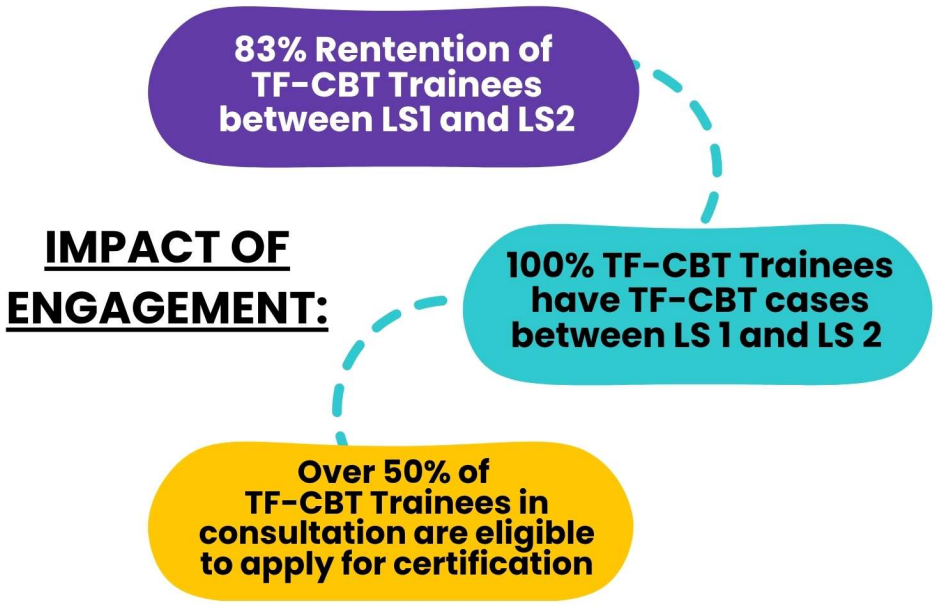
We'll watch the word cloud build live — responses shape the discussion on the next slide.

Paper version available

WHAT WE'RE LEARNING

Preliminary Outcomes from the Pilot

Early findings show strong leadership engagement and promising clinician retention across supported cohorts.



Pilot Period: 2024-2026

30+ EBP leadership meetings held with agency directors & supervisors

175+ Agency leaders engaged across six EBP models

83% Of leaders reported feeling knowledgeable to support clinicians throughout the EBP training journey

Source: 2025 Annual Report, Appendix B — EBP Leadership Engagement & Communities in Practice

SCALING THE APPROACH

Early Signals Across Additional EBP Models

Early results are showing an impact:

100% Triple P cohort retention, with 100% Triple P Accredited

100% EMDR cohort retention, with 71% achieving or eligible for EMDR Basic-Trained Status

7 clinicians are PPT or YPT Advanced Trained in less than 6 months

The model is being scaled to identify generalizable, replicable components across the other EBP models.

- Eye Movement Desensitization & Reprocessing (EMDR)
- Child-Parent Psychotherapy (CPP)
- Parent-Child Interaction Therapy (PCIT)
- Positive Parenting Program – Triple P
- Preschool PTSD Treatment (PPT)
- Youth PTSD Treatment (YPT)

ADVANCING HEALTH EQUITY

Reducing Structural Barriers to Sustained Care

Medicaid-funded, 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.

THE KEY TAKEAWAY

Workforce development is itself an implementation strategy — not just an event that precedes one.

When organizations provide the right supports, training is more likely to lead to lasting practice change. This helps turn ***workforce investments into sustained, equitable EBP delivery.***

LET'S BUILD TOGETHER — PADLET

Share one takeaway or lesson from your own context.

Post verbally or asynchronously — Padlet will display thoughts live so we can see collectively the compiled key takeaways and lessons.

Paper version available

KEY TAKEAWAYS

Three Ideas to Take Back to Your Setting

1



Training alone doesn't sustain practice

Mechanisms of change between training and delivery must be made explicit, not assumed.

2



Implementation Equation helps identify what else is needed

Successful implementation requires intentional supports and actions beyond training.

3



Workforce development IS implementation

Treat it as an ongoing strategy — with leadership accountability and learning community support.

IN A NUTSHELL

Training builds knowledge and skill.
Implementation turns knowledge into practice.
Fidelity protects quality.
Sustainability makes the practice *last.*



Center for Evidence to Practice

LSU Health NEW ORLEANS School of Public Health

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.

Lisa Staples, MPH
Program Manager

Lstapl@lsuhsc.edu

(504) 568-5734

https://linktr.ee/EvidenceToPractice



References

1. Aldridge, W. A., et al. (2023). *Understanding mechanisms of change in external implementation support: Advancing implementation research and practice.*
2. Aarons, G. A., Ehrhart, M. G., & Farahnak, L. R. (2014). The implementation leadership scale (ILS): Development of a brief measure of unit-level implementation leadership. *Implementation Science, 9*(45).
3. Center for Evidence to Practice. (2025). *Annual Report: Evidence-Based Practice Workforce Development and Implementation Outcomes*. LSU Health Sciences Center School of Public Health.
4. Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). *Core implementation components.* National Implementation Research Network.
5. The Center for Implementation. (2025). *Implementation Checklist Toolbox*. Retrieved from https://thecenterforimplementation.com/toolbox/implementation-checklist
6. The Center for Implementation (2025), Implementation Equation (V2025.01), adapted from NIRN Active Implementation Frameworks.